



What can living with a critical illness mean to you?

Daily out-of-pocket expenses for fighting the disease while still paying your bills!



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PRESCRIPTIONS

Benefit coverage for
A Plus Benefits

Group Critical Illness Insurance

Provides lump-sum cash benefits that can help with daily expenses


Group Voluntary Critical Illness coverage from Allstate Benefits pays a lump-sum cash benefit to help you cover the out-of-pocket expenses associated with a critical illness.




group critical illness

No one knows what lies ahead on the road through life. Will you suffer a stroke or heart attack? The signs pointing to a critical illness are not always clear and may not be preventable, but our coverage can help offer financial protection in the event you are diagnosed.

Critical illness coverage can help offer peace of mind when a critical illness diagnosis occurs. Below is an example of how benefits might be paid.[†]



The employee chooses benefit coverage under his **Employer Approved Plan**




Three months after his annual wellness exam, the employee suffers a heart attack and is hospitalized for three days.

The employee continues to receive annual wellness exams. Three years later the employee is diagnosed with cancer and is hospitalized for three days. The employee is expected to make a full recovery.

Four months later the employee has another heart attack, is admitted to the hospital for three days and undergoes coronary artery bypass surgery.

Our Critical Illness insurance policy provided the following:

Wellness	\$ 200
Cancer	\$ 10,000
Heart Attack	\$ 10,000
Second Event	\$ 10,000
Bypass Surgery	\$ 2,500
Total Benefits:	\$32,700



[†]The example shown may vary from the plan your employer is offering. Your individual experience may also vary.

meeting your needs

Our critical illness coverage helps offer financial support should a covered illness be diagnosed.

- Guaranteed issue amounts available — which means no evidence of insurability required at initial enrollment*
- 3 Benefit Categories plus an Additional Wellness Benefit
- Benefits paid directly to you
- Coverage supplements your existing medical benefits
- Covered dependents receive 50% of your basic-benefit amount
- Premiums are affordable
- Continuation of coverage

*Enrolling after your initial enrollment period requires evidence of insurability.

your benefit coverage

A percentage of the basic-benefit amount is payable for each covered person in the Initial Critical Illness benefits, Cancer Critical Illness benefits, Second Event benefits, and an Additional benefit. **Benefit amounts are shown on page 2a.** See pages 3 and 4 for terms and conditions and page 4 for state variations.

INITIAL CRITICAL ILLNESS BENEFITS

Heart Attack (100%) - Pays a benefit when you have a heart attack. (A cardiac arrest is not a heart attack, and is not covered by this benefit.)

Stroke (100%) - Pays a benefit when you have a stroke.

Coronary Artery Bypass Surgery (25%) - Pays a benefit when you have coronary artery bypass surgery.

Major Organ Transplant (100%) - Pays a benefit when you have a heart, lung, liver, pancreas or kidney transplant (must be a human donor).

End Stage Renal Failure (100%) - Pays a benefit when you have peritoneal dialysis or hemodialysis.

Waiver of Premium (Employee only) - Pays your premium if you are disabled for 90 days in a row, due to a critical illness, as long as the disability lasts, up to 2 years.

Wellness tests
annually



A doctor visit
is scheduled



Tests are run and
results received



You get \$50
cash benefit

CANCER CRITICAL ILLNESS BENEFITS

Invasive Cancer (100%) - Pays a benefit when you are diagnosed with invasive cancer (includes Leukemia and Lymphoma).

Carcinoma in Situ (25%) - Pays a benefit when you are diagnosed with cancer in situ.

SECOND EVENT BENEFITS

Second Event Initial Critical Illness Benefit - Pays a benefit when you are diagnosed for the second time with a previously paid Initial Critical Illness Benefit.

Second Event Cancer Critical Illness Benefit - Pays a benefit when you are diagnosed for the second time with a previously paid Cancer Critical Illness Benefit.

ADDITIONAL BENEFIT

Wellness Benefit - Pays a benefit annually when you receive one of the following:

- Biopsy for skin cancer
- Blood test for triglycerides
- Bone Marrow Testing
- CA15-3, CA125, CEA and PSA (blood tests for breast, ovarian, colon and prostate cancer)
- Chest X-ray
- Colonoscopy
- Doppler screenings for carotids and peripheral vascular disease
- Echocardiogram
- EKG (Electrocardiogram)
- Flexible sigmoidoscopy
- Hemocult stool analysis
- HPV Vaccination (Human Papillomavirus)
- Lipid panel (total cholesterol count)
- Mammography, including Breast Ultrasound
- Pap Smear, including ThinPrep Pap Test
- Serum Protein Electrophoresis (test for myeloma)
- Stress test on bike or treadmill
- Thermography
- Ultrasound screening for abdominal aortic aneurysms

CERTIFICATE SPECIFICATIONS

Your Eligibility - Your employer decides who is eligible for your group (such as length of service and hours worked each week). Issue ages are 18 and over.

Dependent Eligibility/Termination - (a) Family members eligible for coverage are your spouse or domestic partner and children. (b) Coverage for children ends when the child reaches age 26, unless he or she continues to meet the requirements of an eligible dependent. (c) Spouse coverage ends upon valid decree of divorce or your death. (d) Domestic partner coverage ends when the domestic partnership ends or your death.

Termination of Coverage - Your coverage under the policy ends at the earliest of: the policy is canceled, you stop paying your premium, last day of active employment, you are no longer eligible, a false claim is filed, or when all critical illness benefits have been paid.

Continuation of Coverage - You may be eligible to continue your coverage when coverage under the policy ends. Details of your options are explained in the Continuation provision in your certificate of coverage.

BENEFIT CONDITIONS

Benefits are not payable for any critical illness diagnosed prior to the effective date. Benefits are also subject to the Pre-Existing Condition Limitation, as well as all other limitations and exclusions. All critical illnesses must meet the definitions and dates of diagnoses stated in the policy and be diagnosed by a physician while coverage is in effect. The date of diagnosis for each illness must be separated by 90 days. Emergency situations while you are outside the U.S. will be considered when you return to the U.S.

Pre-Existing Condition Limitation - (a) We do not pay benefits for a critical illness that is, caused by, contributed to by or results from, a pre-existing condition when the date of diagnosis is within 12 months after the effective date of coverage. (b) A pre-existing condition is a condition, whether diagnosed or not, for which symptoms existed within the 12-month period prior to the effective date; or (c) medical advice or treatment was recommended or received from a medical professional within 12 months prior to the effective date.

Exclusions and Limitations - We do not pay benefits for: (a) war, participation in a riot, insurrection or rebellion; (b) intentionally self-inflicted injury or action; (c) illegal activities or occupations; (d) suicide while sane, or self-destruction while insane, or any attempt at either; or (e) substance abuse, including alcohol, alcoholism, drug addiction, or dependence upon any controlled substance.

Stroke Exclusions - Does not include: Transient ischemic attacks (TIAs), head injury, chronic cerebrovascular insufficiency and reversible ischemic neurological deficits.

Coronary Artery Bypass Surgery Exclusions - Does not include: abdominal aortic bypass, balloon angioplasty, laser embolectomy, atherectomy, stent placement, or other non-surgical procedures.

Invasive Cancer Exclusions - Does not include: carcinoma in situ, tumors related to HIV, non-invasive or metastasized skin cancer, or early prostate cancer.

Carcinoma in Situ Exclusions - Does not include: other skin malignancies, pre-malignant lesions (such as intraepithelial neoplasia), or benign tumors or polyps.

Second Event Initial Critical Illness Benefit Conditions - There must be at least 12 months between each diagnosis. A covered person can receive a Second Event Benefit only once for each initial critical illness.

Second Event Cancer Critical Illness Benefit Conditions - There must be at least 12 months between each diagnosis. Not payable if the covered person receives treatment during that 12-month period. "Treatment" does not include maintenance drug therapy or routine follow-up office visits. A covered person can receive the benefit only once for each cancer critical illness.

STATE VARIATIONS

Utah (changes affect pages 3 and 4) - In the **Pre-Existing Condition Limitation** paragraph, item (a) is replaced with: We do not pay benefits for a critical illness that is, caused by, contributed to by or results from, a pre-existing condition when the date of diagnosis is within 6 months after the effective date of coverage; item (b) is replaced with: A pre-existing condition is a condition, whether diagnosed or not, for which symptoms existed within the 6-month period prior to the effective date; item (c) is replaced with: medical advice or treatment was recommended or received from a medical professional within 6 months prior to the effective date. In the **Exclusions and Limitations** paragraph, item (a) is replaced with: war, voluntary participation in a riot, insurrection or rebellion; item (c) is replaced with: voluntary participation in illegal activities or voluntary participation in illegal occupations.



Don't wait for a sign...

There are different signs that doctors look for when diagnosing critical illnesses. Being diagnosed with a critical illness can be one of the most frightening experiences anyone has to face, especially if you are unprepared. Don't wait before you start thinking about the future of your finances. You can rely on our Critical Illness Insurance to help give you peace of mind so you can cope with the challenges of treatment.

Budget friendly

Sometimes, undergoing expensive treatments for a critical illness is difficult if your money is tight. That's where we can help. Our supplemental benefit coverage pays in addition to your major medical insurance to help provide additional dollars that may be used to cover your out-of-pocket expenses.



Let our supplemental insurance help you and your family cover expenses for a critical illness, if and when one occurs. It's the financially smart thing to do.

It's never too early to prepare for the future.

This material is valid as long as information remains current, but in no event later than November 15, 2017. Group Critical Illness benefits provided by policy form GVCIP2, or state variations thereof.

Coverage is provided by Limited Benefit Supplemental Critical Illness Insurance. The policy does not provide benefits for any other sickness or condition. The policy is not a Medicare Supplement Policy. If eligible for Medicare, review Medicare Supplement Buyer's Guide available from Allstate Benefits.

This brochure highlights some features of the policy but is not the insurance contract. For complete details, contact your Allstate Benefits Agent. This is a brief overview of the benefits available under the Group Voluntary Policy underwritten by American Heritage Life Insurance Company (Home Office, Jacksonville, FL). Details of the insurance, including exclusions, restrictions and other provisions are included in the certificates issued.

The coverage does not constitute comprehensive health insurance coverage (often referred to as "major medical coverage") and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

This brochure is for use the A Plus Benefits enrollment which is sitused in: UT



Allstate
BENEFITS

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Benefit coverage for A Plus Benefits

group voluntary critical illness

benefit amounts

INITIAL CRITICAL ILLNESS BENEFITS

	PLAN
Heart Attack (100%)	\$10,000
Stroke (100%)	\$10,000
Coronary Artery Bypass Surgery (25%)	\$2,500
Major Organ Transplant (100%)	\$10,000
End Stage Renal Failure (100%)	\$10,000
Waiver of Premium (employee only)	Yes

CANCER CRITICAL ILLNESS BENEFITS

Invasive Cancer (100%)	\$10,000
Carcinoma in Situ (25%)	\$2,500

SECOND EVENT BENEFITS

Second Event Initial Critical Illness Benefit ¹	Yes
Second Event Cancer Critical Illness Benefit ²	Yes

ADDITIONAL BENEFIT

Wellness Benefit (per year)	\$50
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¹Pays same amount as Initial Critical Illness Benefit ²Pays same amount as Cancer Critical Illness Benefit

monthly premiums

\$10,000 BASIC BENEFIT AMOUNT

non-tobacco

AGES	EE	EE + SP	EE + CH	F
18-29	\$5.08	\$8.23	\$5.08	\$8.23
30-39	\$8.63	\$13.58	\$8.63	\$13.58
40-49	\$15.82	\$24.35	\$15.82	\$24.35
50-59	\$27.35	\$41.66	\$27.35	\$41.66
60-63	\$44.13	\$66.83	\$44.13	\$66.83
64+	\$56.72	\$85.69	\$56.72	\$85.69

tobacco

AGES	EE	EE + SP	EE + CH	F
18-29	\$7.55	\$11.95	\$7.55	\$11.95
30-39	\$13.74	\$21.23	\$13.74	\$21.23
40-49	\$28.66	\$43.62	\$28.66	\$43.62
50-59	\$47.56	\$71.96	\$47.56	\$71.96
60-63	\$78.02	\$117.67	\$78.02	\$117.67
64+	\$101.64	\$153.10	\$101.64	\$153.10

EE = Employee; EE + SP = Employee + Spouse; EE + CH = Employee + Child(ren); F = Family

Issue Ages: 18 and over if Actively at Work

Additional premiums listed on reverse.



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