



Critical Illness Insurance

Protection when faced with a critical illness diagnosis

THINK ABOUT THIS



Every 40 seconds,
an American will suffer
a heart attack[†]



Every 40 seconds,
someone in the U.S.
has a stroke[†]



By 2035, 45.1% of the U.S.
population is projected to
have some form of CVD^{††}

If you're diagnosed with a critical illness and it keeps you out of work, the impact to your finances can grow quickly. Critical Illness Insurance from Allstate Benefits can help ease your mind so you can focus on getting better.

Here's How It Works

- Select a benefit and premium amount to meet your needs
- Premiums will be deducted each pay period
- If you're diagnosed with a critical illness, file a claim and receive a lump-sum cash benefit*

Protecting Your Finances

You've worked hard for your savings - don't let a critical illness wipe them out.

- Protect your checking and savings
- Don't dip into your HSA or 401(k)



**Protecting insureds
for over 60 years**

Meeting Your Needs

- Guaranteed Issue coverage without a Pre-Existing Condition Limitation*
- Coverage can include your dependents
- Benefits paid regardless of any other medical or disability plan coverage
- Coverage may be continued; refer to your certificate for details

[†]Heart Disease and Stroke Statistics—2023 Update: A Report From the American Heart Association. ^{††}CVD = Cardiovascular Disease, <https://www.heart.org/en/news/2019/01/31/cardiovascular-diseases-affect-nearly-half-of-american-adults-statistics-show>*Please refer to the Exclusions and Limitations section of this brochure.



Meet Carlos

CHOOSE

Carlos signs up for Allstate Benefits Critical Illness Insurance during his employer's Open Enrollment.

USE

A few months later, Carlos learns he has a coronary artery disease. Here's his story:



Wellness Exam

Carlos' doctor detects a heart condition during his annual wellness exam



Diagnosis

After more tests and a visit to a cardiologist, Carlos is diagnosed with coronary artery disease



Decision

His doctor recommends surgery to remove a blockage and tells Carlos his recovery will take six to eight weeks



Surgery

Carlos has bypass surgery and is in the hospital for 4 days



Recovery

Carlos goes home to begin his recovery and has regular doctor visits

CLAIM

Carlos files a claim with his Allstate Benefits Critical Illness coverage through the convenient web portal, **MyBenefits***.

He receives a lump-sum cash benefit for:

- Fixed Wellness
- Coronary Artery Disease

*MyBenefits Claim Filing Portal

Offers 24/7 access to important information about your benefits. eSign, submit and check your claims (including claim history), request cash benefits to be direct deposited, make changes to personal information, and more.

Access: mybenefits.allstate.com

Here are some of the ways Carlos can use his cash benefits



Finances

Can help protect HSAs, savings, retirement plans and 401(k)s from being depleted



Travel

Can help pay for expenses while receiving treatment in another city



Home

Can help pay the mortgage, continue rental payments, or afford home repairs for after care



Expenses

Can help pay his family's living expenses, such as bills, electricity, and gas

The example above details a fictional situation; your individual experience may vary.
For a listing of benefits and benefit amounts, see pages 3, 4 and 5.

Group Critical Illness (GVCIP4)

Critical Illness Insurance from Allstate Benefits

BENEFIT AMOUNTS

Percentages below are based on the Basic Benefit Amount of
\$10,000(Plan 1), \$20,000(Plan 2) or \$30,000(Plan 3) chosen by your employer.

[†]Covered dependents receive 50% of your benefit amount.

INITIAL CRITICAL ILLNESS BENEFITS [†]	PLAN 1	PLAN 2	PLAN 3
Heart Attack (100%)	\$10,000	\$20,000	\$30,000
Stroke (100%)	\$10,000	\$20,000	\$30,000
End Stage Renal Failure (100%)	\$10,000	\$20,000	\$30,000
Major Organ Failure (100%)	\$10,000	\$20,000	\$30,000
Coronary Artery Disease (100%)	\$10,000	\$20,000	\$30,000
Waiver of Premium (employee only)	Yes	Yes	Yes
CANCER CRITICAL ILLNESS BENEFITS [†]	PLAN 1	PLAN 2	PLAN 3
Invasive Cancer (100%)	\$10,000	\$20,000	\$30,000
Carcinoma In Situ (25%)	\$2,500	\$5,000	\$7,500
REOCCURRENCE OF CRITICAL ILLNESS BENEFITS [†]	PLAN 1	PLAN 2	PLAN 3
Initial Critical Illness (same amount as Initial Critical Illness Benefit)	Yes	Yes	Yes
Cancer Critical Illness (same amount as Cancer Critical Illness Benefit)	Yes	Yes	Yes
RIDER BENEFITS	PLAN 1	PLAN 2	PLAN 3
Cardiopulmonary Enhancement Rider [†]			
Sudden Cardiac Arrest (100%)	\$10,000	\$20,000	\$30,000
Pulmonary Embolism (100%)	\$10,000	\$20,000	\$30,000
Pulmonary Fibrosis (100%)	\$10,000	\$20,000	\$30,000
Supplemental Critical Illness Rider [†]			
Benign Brain Tumor (100%)	\$10,000	\$20,000	n/a
Complete Loss of Hearing (100%)	\$10,000	\$20,000	n/a
Complete Loss of Sight (100%)	\$10,000	\$20,000	n/a
Complete Loss of Speech (100%)	\$10,000	\$20,000	n/a
Paralysis (100%)	\$10,000	\$20,000	n/a
Fixed Wellness Rider (per year)	\$50	\$50	\$50

PLAN 1		
BI-WEEKLY ISSUE AGE		
PREMIUMS		
AGE	EE, EE+CH	EE+SP, F
	Uni-Tobacco	
18-29	\$3.22	\$5.02
30-39	\$5.12	\$7.86
40-49	\$8.86	\$13.50
50-59	\$14.72	\$22.26
60-64	\$21.82	\$32.92
65+	\$28.98	\$43.68

PLAN 2		
BI-WEEKLY ISSUE AGE		
PREMIUMS		
AGE	EE, EE+CH	EE+SP, F
	Uni-Tobacco	
18-29	\$6.06	\$9.26
30-39	\$9.84	\$14.94
40-49	\$17.36	\$26.20
50-59	\$29.04	\$43.74
60-64	\$43.24	\$65.06
65+	\$57.58	\$86.56

PLAN 3		
BI-WEEKLY ISSUE AGE		
PREMIUMS		
AGE	EE, EE+CH	EE+SP, F
	Uni-Tobacco	
18-29	\$8.48	\$12.92
30-39	\$14.06	\$21.28
40-49	\$25.12	\$37.88
50-59	\$42.52	\$63.98
60-64	\$63.74	\$95.82
65+	\$85.22	\$128.02

PLAN 1		
MONTHLY ISSUE AGE		
PREMIUMS		
AGE	EE, EE+CH	EE+SP, F
	Uni-Tobacco	
18-29	\$6.96	\$10.87
30-39	\$11.07	\$17.02
40-49	\$19.19	\$29.22
50-59	\$31.86	\$48.21
60-64	\$47.25	\$71.31
65+	\$62.78	\$94.61

PLAN 2		
MONTHLY ISSUE AGE		
PREMIUMS		
AGE	EE, EE+CH	EE+SP, F
	Uni-Tobacco	
18-29	\$13.11	\$20.05
30-39	\$21.30	\$32.36
40-49	\$37.58	\$56.76
50-59	\$62.89	\$94.76
60-64	\$93.69	\$140.93
65+	\$124.74	\$187.53

PLAN 3		
MONTHLY ISSUE AGE		
PREMIUMS		
AGE	EE, EE+CH	EE+SP, F
	Uni-Tobacco	
18-29	\$18.36	\$27.99
30-39	\$30.45	\$46.11
40-49	\$54.42	\$82.07
50-59	\$92.12	\$138.61
60-64	\$138.09	\$207.58
65+	\$184.62	\$277.36

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

FOR HOME OFFICE USE ONLY - GVCIP4

Opt 1 - No Pre-Ex; 1.0U Base; CCILB: RCIB; RCCIB; SCI W/O; CER; 2U FWR;

Opt 2 - No Pre-Ex; 2.0U Base; CCILB: RCIB; RCCIB; SCI W/O; CER; 2U FWR;

Opt 3 - No Pre-Ex; 3.0U Base; CCILB: RCIB; RCCIB; CER; 2U FWR;

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For use in enrollments situated in: NJ. This rate insert is part of the approved brochure for NJ IMAC and is not to be used on its own.



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Benefits - Benefits paid upon diagnosis of one of the following conditions (subject to maximums as listed on pages 3 and 4)

INITIAL CRITICAL ILLNESS BENEFITS(Benefits paid once per covered person. When all benefits have been used, the coverage terminates)

Heart Attack - the death of a portion of the heart muscle due to inadequate blood supply. Cardiac arrest is not covered

Stroke - the death of a portion of the brain producing neurological sequelae including infarction of brain tissue, hemorrhage and embolization from an extra-cranial source. Transient ischemic attacks (TIAs), head injury, chronic cerebrovascular insufficiency and reversible

ischemic neurological deficits are not covered

End Stage Renal Failure - irreversible failure of both kidneys, resulting in peritoneal dialysis or hemodialysis. Renal failure caused by traumatic events, including surgical trauma, are not covered

Major Organ Failure - irreversible failure of heart, lungs, liver, or pancreas, or kidneys. Lungs and kidneys are each considered one major organ, regardless of whether one or both lungs or kidneys

are failing

Coronary Artery Disease - the narrowing or blockage of 80% or greater of one or more coronary arteries due to atherosclerotic heart disease

Waiver of Premium (employee only) - premiums waived if disabled for 90 consecutive days due to a critical illness or specified disease

CANCER CRITICAL ILLNESS BENEFITS(Benefits paid once per covered person. When all benefits have been used, the coverage terminates)

Invasive Cancer - malignant tumor with uncontrolled growth, including Leukemia and Lymphoma. Carcinoma in situ, non-invasive or metastasized skin cancer and early prostate cancer are not covered

Carcinoma In Situ - non-invasive cancer, including early prostate cancer (stages A, I, II) and melanoma that has not invaded the dermis. Other skin malignancies, pre-malignant lesions (such as intraepithelial neoplasia), benign tumors and polyps are not covered

REOCCURRENCE OF CRITICAL ILLNESS BENEFIT(S)(Benefits paid once per covered person. When all benefits have been used, the coverage terminates)

Initial Critical Illness - second diagnosis more than 6 months after the first date of diagnosis for which an Initial Critical Illness benefit was paid

Cancer Critical Illness - second diagnosis more than 6 months after the last date treatment was received for which a Cancer Critical Illness benefit was paid

RIDER BENEFITS

Cardiopulmonary Enhancement Rider - once per illness per covered person

- **Sudden Cardiac Arrest** - payable if it is the primary diagnosis. Myocardial infarction (heart attack) is not covered
- **Pulmonary Embolism**
- **Pulmonary Fibrosis**

Supplemental Critical Illness Rider -

- **Benign Brain Tumor** - a non-malignant tumor limited to brain, meninges, cranial nerves or pituitary gland. Tumors of the skull, pituitary adenomas less than 10mm, and germinomas are not covered
- **Complete Loss of Hearing** - permanent loss of hearing in both ears
- **Complete Loss of Sight** - permanent loss of vision in both eyes
- **Complete Loss of Speech** - permanent loss of

speech or verbal communication

- **Paralysis** - permanent loss of muscle function in two or more limbs, due to disease or injury. Does not include loss of muscle function limited to fingers or toes

Fixed Wellness Rider - 24 exams. Once per person, per category each calendar year; see Fixed Wellness Rider List of Services and test for covered wellness services and tests

FIXED WELLNESS RIDER LIST OF SERVICES AND TESTS

Biopsy for skin cancer; Blood tests for triglycerides, CA15-3 (breast cancer), CA125 (ovarian cancer), CEA (colon cancer), PSA (prostate cancer); Bone Marrow Testing; Sampling of blood or tissue for genetic testing for cancer risk; Chest X-ray;

Colonoscopy; Doppler screening for carotid or peripheral vascular disease; Echocardiogram; EKG; Flexible sigmoidoscopy; Hemocult stool analysis; HPV (Human Papillomavirus) Vaccination; 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

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 -

Family members eligible for coverage are your spouse or civil union partner or domestic partner and children. Coverage for children ends when the child reaches age 26, unless he or she continues to meet the requirements of an eligible dependent. Spouse or civil union partner coverage ends upon valid decree of divorce or your death. Domestic partner coverage ends when the domestic partnership ends or your death.

When Coverage Ends - Coverage under the policy ends on the earliest of: the date the certificate is canceled, the date the policy is canceled; you stop paying your premium; the last day of active employment; you or your class are no longer eligible; a false claim is filed; or when all benefits have been paid under the policy and riders, if applicable.

Conversion - Coverage may be converted under the Conversion Provision when coverage under the policy ends.

EXCLUSIONS AND LIMITATIONS

Conditions and Limits - A diagnosis occurring before your coverage begins is not payable; however, a diagnosis of any covered critical illness or specified disease after your effective date will be payable. Benefits are subject to all 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.

If the first diagnosis of cancer occurs before the effective date of coverage, benefits are paid for a subsequent diagnosis of cancer after the effective date, subject to the terms and conditions in the certificate.

Exclusions and Limitations - Benefits are not paid for: intentionally self-inflicted injury or action; any loss for which a contributing cause was the covered person's engagement in illegal activities or occupations; suicide while sane, or self-destruction, while insane, or any attempt at either; or any loss sustained or contracted as a consequence of being intoxicated or under the influence of a narcotic, unless administered and taken as prescribed by a physician.

This brochure is for use in enrollments situated in NJ. This advertisement is a solicitation of insurance; contact may be made by an Allstate Benefits Agent, Agency, or Representative.

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Group Critical Illness benefits are provided under policy form GVCIP4, or state variations thereof. Critical Illness Rider benefits are provided under the following rider forms, or state variations thereof: Cardiopulmonary Enhancement Rider GCIP4CER; Supplemental Critical Illness Rider GCIP4SR2; Fixed Wellness Rider GCIP4FWR.

The coverage provided is Limited Benefit Supplemental Critical Illness Insurance. The policy is not a Medicare Supplement Policy. If eligible for Medicare, review Medicare Supplement Buyer's Guide available from Allstate Benefits.

This is a brief overview of the benefits available under the group policy underwritten by American Heritage Life Insurance Company (Home Office, Jacksonville, FL). Details of the coverage, including exclusions and other limitations are included in the certificates issued. For additional information, you may contact your Allstate Benefits Representative.

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.



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