Benefit coverage for

**Home Depot Associates**

Our Critical Illness Protection Plan can help provide financial protection, allowing for more savings and more doing with your money.
your coverage—your choice!

Measuring twice before you cut is necessary if you want to eliminate expenses in your home improvement budget. Having our Critical Illness Protection Plan in place before you are diagnosed with a critical illness is necessary if you want to help eliminate the out-of-pocket expenses your medical insurance won't cover. Put the hammer down on your out-of-pocket treatment expenses by protecting yourself and your family today.

meeting your needs

The Home Depot has made it possible for you to protect your wellbeing and your finances by making our coverage available to you and your family.

Most medical insurance plans only cover a portion of the expenses associated with a critical illness; our plan will help you bridge the gap between what your medical coverage pays and what our coverage will pay.

- Choose a basic benefit option from: $5,000, $10,000, $20,000 or $30,000; Guaranteed Issue. Guaranteed issue means there are no questions to answer, exams or tests to take. Your coverage is guaranteed at any time you apply. Spouse and Child(ren) coverage are guaranteed during the annual enrollment.

- Benefits payable for critical illness, specified diseases, recurrence, transportation, lodging, waiver of premium, plus wellness.

- Coverage options include: you, you and your spouse, you and your child(ren), or family. Coverage for spouse and child(ren) is only available if you enroll.

- Premiums are affordable.

- Benefits paid directly to you unless you choose to sign them over to someone else.

- Spouse and child(ren) receive the same basic benefit option as you.

your benefit coverage

A percentage of the basic benefit amount is paid under the Initial Critical Illness benefits, Cancer Critical Illness, and Specified Disease Critical Illness. Additional benefits for Recurrence, Waiver of Premium, Transportation, Lodging, and Wellness, pay a specified dollar amount. See page 4 for conditions and requirements.

INITIAL CRITICAL ILLNESS BENEFITS

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

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

Coronary Artery By-Pass Surgery (25%) - Pays when you have coronary artery by-pass surgery.

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

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

Paralysis (100%) - Pays when you suffer a complete and permanent loss of use of two or more limbs.

Complete Blindness (100%) - Pays when you are diagnosed by an ophthalmologist with irreversible loss of sight in both eyes.

Complete Loss of Hearing (100%) - Pays when you are diagnosed with total and irreversible loss of hearing in both ears.

Coma (100%) - Pays when you are unconscious more than 14 consecutive days, due to sickness or brain injury (a medically induced coma is not covered).
One-fourth of middle-income Americans would use credit cards or loans from family members, friends and financial institutions to offset expenses not covered by health insurance, and another one-fourth simply “don’t know” what resources they would use.

1 Middle-Income America’s Perspectives on Critical Illness and Financial Security, April 2013

Benign Brain Tumor (100%) - **Pays** when you are diagnosed by a physician with a brain tumor by biopsy, surgery or examination.

Alzheimer’s Disease (100%) - **Pays** when you are diagnosed by a psychiatrist or neurologist with Alzheimer’s (must have impaired memory and judgment, and be unable to perform 3 or more daily activities).*

**CANCER CRITICAL ILLNESS BENEFITS**

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

Carcinoma in Situ (25%) - **Pays** when you are diagnosed with Carcinoma in Situ.

**ADDITIONAL BENEFIT COVERAGE**

In addition to the Initial Critical Illness benefits included in the policy, additional benefits have been added. These benefits do not contribute to the maximum total of benefits, except for the Recurrence Benefit.

Recurrence Benefit (100%) - **Pays** if you are diagnosed with a second occurrence of a Heart Attack, Stroke, Coronary Artery By-Pass Surgery, Transplant, Invasive Cancer or Carcinoma in Situ, for which you were previously paid.

Waiver of Premium (Employee only) - **Pays** your premium if you are totally disabled for 180 days in a row, due to a sickness or injury, until you are no longer totally disabled, reach age 65, or your coverage ends/terminates.

Transportation Benefit - **Pays** the actual cost, up to $1,500 for round trip coach fare on a common carrier to a treatment center, or pays $0.50 per mile, up to $1,500 for personal vehicle allowance. Treatment of a covered critical illness at a hospital (inpatient or outpatient); or radiation therapy center; or chemotherapy or oncology clinic; or any other specialized free-standing treatment center must be required.**

Lodging Benefit - **Pays** $60 daily if you receive outpatient treatment for a critical illness. The benefit is for lodging at a motel, hotel, or other accommodations acceptable to us. Limited to 60 days per calendar year; not paid for lodging occurring more than 24 hours before or after treatment. Treatment must be received at a treatment facility more than 100 miles from your or your covered family member’s home.

Wellness Benefit - **Pays** $75 yearly, when you undergo one of the following eligible tests:

- Pre-biopsy test for skin cancer;
- Biopsy for skin cancer;
- Oral cancer screening;
- Blood tests for triglycerides;
- Bone Marrow Testing;
- Colonoscopy;
- Echocardiogram;
- Electrocardiogram;
- Flexible sigmoidoscopy;
- Hemoccult stool analysis;
- Lipid Panel;
- Mammography, including Breast Ultrasound;
- Pap Smear, including ThinPrep Pap Test;
- PSA (Prostate Specific Antigen - prostate cancer blood test);
- Serum Protein Electrophoresis (test for myeloma);
- Stress Test on a bike or treadmill;
- Annual physical examination (must be over 18 years of age);
- Immunizations.

* Daily activities are: bathing, dressing, toileting, continence, transferring and eating.

**Mileage is measured from a covered person’s home to the treatment facility as described above. If the treatment is for a covered child and common carrier travel is necessary, we will pay this benefit for up to 2 adults to accompany the child.
POLICY SPECIFICATIONS
This section details the specifics of the policy and includes: Eligibility, Dependent Coverage, Termination of Coverage, and Limitations and Exclusions.

Benefits for critical illness will be provided to you, your spouse, and child(ren), where applicable. Terms and conditions for each benefit will vary. The policy provides coverage for the critical illnesses indicated, injuries or other benefits that may be added, unless specifically excluded. Does not pay benefits for hospital confinement due to mental illness. Benefit payments are subject to policy provisions. Review your coverage carefully.

Eligibility - Your employer determines the criteria for eligibility (such as length of service and hours worked each week).

Dependent Coverage - (a) Family members eligible for coverage are your spouse (or domestic partner) and dependent children (and/or domestic partner's dependent children). (b) Coverage for dependent children ends on the end of the calendar year in which the dependent child is no longer eligible; this is the earlier of when the child reaches age 26, or is no longer 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.

Coverage Subject to the Policy - The coverage described in the certificate of insurance is subject in every way to the terms of the policy that is issued to the policyholder (your employer). It alone makes up the agreement by which the insurance is provided. The policy may be amended or discontinued by agreement between Allstate Benefits and the policyholder in accordance with the terms of the policy. Your consent is not required for this. Allstate Benefits is not required to give you prior notice.

Termination of Coverage - Your coverage under the policy ends on the earliest of: the date the policy is canceled by the policyholder; the last day of the period for which you made any required premium payments; or the last day you are in active employment, except as provided under the “Leave of Absence” provision; or the date you are no longer in an eligible class; or the date your class is no longer eligible; or the date that each covered family member has received the basic benefit amount payable, subject to the Basic Benefit Amount Limitation; or discovery by Allstate Benefits of fraud or material misrepresentation in the filing of a claim under the certificate; or the date you discontinue coverage in writing; or the date the policy terminates. Coverage may be eligible for continuation as described in the Portability Provision.

Basic Benefit Amount Limitation - The maximum basic benefit amount paid for all critical illnesses is the lesser of 4 times the basic benefit amount or $250,000 for each covered person.

Exclusions - The policy does not pay benefits for any critical illness caused by, contributed to, or resulting from: war, declared or undeclared, participation in a riot, insurrection or rebellion; or intentionally self-inflicted injuries or action; illegal activities or participation in an illegal occupation; substance abuse, to include alcohol, alcoholism, drug addiction or dependence upon any controlled substance.

Transportation Benefit - We do not pay for: transportation for someone to accompany or visit you or a covered family member receiving treatment; visits to a physician's office or clinic; or for other services. The benefit will not be paid if you or your covered family members live within 100 miles one-way of the treatment facility.
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 for a sign to start thinking about the future or 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 money is tight. That’s where we can help. Our supplemental benefit coverage works with your major medical insurance to help provide additional dollars that may be used to cover your out-of-pocket expenses.

Cancer tops the list of health concerns among middle-income Americans.

When asked to express their level of concern about being diagnosed with each of 14 different conditions, cancer was the top critical illness concern, followed by heart disease, stroke and, to a lesser degree, Alzheimer’s disease.2

2 Middle-Income America’s Perspectives on Critical Illness and Financial Security, April 2013
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. 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. For complete details, contact the Allstate Benefits Home Depot call center at 1-866-828-8766. Or, go to www.allstatevoluntary.com/homedepot.

This brochure is for use in The Home Depot enrollment, which is sitused in GA.

This 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.