



American Heritage Life Insurance Company

Protection when faced with a critical illness diagnosis and you need treatment

Critical Illness Insurance from Allstate Benefits*

No one is ever really prepared for a critical illness diagnosis, but if it happens to you or a loved one, you may be faced with costly appointments, tests, treatments, and medications.

The treatment to recovery is vital, but it can also be expensive. Your medical coverage may only cover some of the costs associated with treatment. You're still responsible for deductibles and coinsurance. If treatment keeps you out of work, your finances may be affected.

Critical Illness coverage helps provide financial support if you are diagnosed with a covered critical illness. With the expense of treatment often high, seeking the treatment you need could be difficult. When a diagnosis occurs, you need to be focused on getting better and taking control of your health, not dealing with financial issues.

Here's How It Works

You choose benefits to protect yourself and any family members if diagnosed with a critical illness. Then, if diagnosed with a covered critical illness, you will receive a cash benefit based on the percentage payable for the condition.

Meeting Your Needs

- Guaranteed Issue coverage, subject to exclusions and limitations**
- Coverage available for individual and child(ren) or family
- Covered dependents receive 50% of your Basic-Benefit Amount
- Benefits paid regardless of any other medical or disability plan coverage
- Premiums are affordable and conveniently payroll deducted
- Coverage may be continued; refer to your certificate for details

With Allstate Benefits, you can make treatment decisions without putting your finances at risk. **Practical benefits for everyday living.**®

*Allstate Benefits is the marketing name used by American Heritage Life Insurance Company, a subsidiary of The Allstate Corporation. **Please refer to the Exclusions and Limitations section of this brochure. †https://www.cdc.gov/heartdisease/heart_attack.htm ††<https://www.cdc.gov/stroke/facts.htm>

DID YOU KNOW ?



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



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



For most parents who have been diagnosed with a critical illness, their family is the first thing they think about. They may think about their future, their children, and how their loved ones will cope with their treatment. Most importantly, they may wonder how they will pay for it.

Here is what they may consider:

- Major medical only pays a portion of the expenses associated with treatment
- Copays must be paid until the deductible has been met
- If they are not working due to their treatments, they must cover bills, rent/mortgage, groceries, and education expenses
- If the right treatment is not available locally, they will have to travel to get the necessary treatment



This family's story of diagnosis and treatment turned into a happy ending, because they had supplemental Critical Illness Insurance to help with expenses.



CHOOSE

The mother chooses Critical Illness benefits to help protect herself and her family if they are diagnosed with a critical illness.



USE

During her annual wellness exam, her doctor noticed an irregular heartbeat. She underwent an electrocardiogram (EKG) test and stress test, which confirmed she had a blockage in one of her coronary arteries.

Here's the treatment path:

- She has a wellness exam
- Her doctor notices an abnormality in her heartbeat; tests are performed and she is diagnosed with coronary artery disease
- After visits with doctors, surgeons, and an anesthesiologist, she undergoes surgery
- Surgery is performed to remove the blockage with a bypass graft. She is visited by her doctor during a 4-day hospital stay and released
- She follows her doctor's required treatment during a 2-month recovery period and has regular doctor office visits

She is doing well and is on the road to recovery.



CLAIM

Her Critical Illness claim paid cash benefits for the following:

Coronary Artery Bypass Surgery

The cash benefits are direct deposited into her bank account.

For a listing of benefits and benefit amounts, see pages 3 and 4.

Using your cash benefits

Cash benefits provide you with options, because you decide how to use them.



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 perform needed home repairs for after care.



Expenses

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



MyBenefits: 24/7 Access allstatebenefits.com/mybenefits

An easy-to-use website that offers 24/7 access to important information about your benefits. Plus, you can submit and check your claims (including claim history), request your cash benefit to be direct deposited, make changes to personal information, and more.

Benefits (subject to maximums as listed on page 4)

Benefit paid upon diagnosis of one of the following conditions

INITIAL CRITICAL ILLNESS BENEFITS*

Heart Attack - the death of a portion of the heart muscle due to inadequate blood supply. Established (old) myocardial infarction and cardiac arrest are 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 Transplant - pays either Candidate Benefit if placed on National Transplant List, or Surgery Benefit for transplant of heart, lungs, liver, pancreas or kidneys. Lungs and kidneys are each considered one major organ, regardless of whether one or both lungs or kidneys are transplanted. Surgery Benefit not paid if Candidate Benefit paid; also not paid for mechanical or non-human organs

Transient Ischemic Attack (TIA) - stroke-like symptoms related to blockage of blood supply to the central nervous system, with no residual neurologic complications or chronic conditions. Does not include stroke, head injury, or peripheral neurologic disorders

Coronary Artery Bypass Surgery - to correct narrowing or blockage of one or more coronary arteries with bypass graft. Abdominal aortic bypass, balloon angioplasty, laser embolectomy, atherectomy, stent placement and non-surgical procedures are not covered

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*

Carcinoma In Situ (Non-Invasive Cancer) - non-invasive cancer, including melanoma in situ and early prostate cancer (stages A, I, II). We rely on the physician's diagnosis to determine whether the cancer is in situ (non-invasive). Basal cell and squamous cell skin cancers, skin cancers, pre-cancerous lesions (such as intraepithelial neoplasia), benign (non-cancerous) tumors and polyps are not covered

Invasive Cancer - malignant tumor with uncontrolled growth, including Leukemia, Lymphoma, melanoma, and skin cancer that has become metastatic. We rely on the physician's diagnosis to determine whether the cancer is invasive. Basal cell and squamous cell skin cancers, skin cancers, pre-cancerous lesions (such as intraepithelial neoplasia), benign (non-cancerous) tumors or polyps, and cancer that has not spread to adjacent tissue (carcinoma in situ/non-invasive cancer) are not covered

REOCCURRENCE OF CRITICAL ILLNESS BENEFITS*

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

ADDITIONAL RIDER BENEFITS

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

Coma - unconscious and not responsive to external stimulation or responsive to internal needs. Medically-induced coma, coma resulting from alcohol or drug use, and diagnosis of brain death 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

*Benefits paid once per covered person. When all benefits have been used, the coverage terminates.

BENEFIT AMOUNTS

Percentages below are based on the Basic Benefit Amount of \$10,000 (Low Plan) or \$20,000 (High Plan).

†Covered dependents receive 50% of your benefit amount.

INITIAL CRITICAL ILLNESS BENEFITS†	LOW PLAN	HIGH PLAN
Heart Attack (100%)	\$10,000	\$20,000
Stroke (100%)	\$10,000	\$20,000
End Stage Renal Failure (100%)	\$10,000	\$20,000
Major Organ Transplant (100%)	\$10,000	\$20,000
Transient Ischemic Attack (TIA) (25%)	\$2,500	\$5,000
Coronary Artery Bypass Surgery (25%)	\$2,500	\$5,000
Waiver of Premium (employee only)	Yes	Yes
CANCER CRITICAL ILLNESS BENEFITS†	LOW PLAN	HIGH PLAN
Carcinoma In Situ (Non-Invasive Cancer) (25%)	\$2,500	\$5,000
Invasive Cancer (100%)	\$10,000	\$20,000
REOCCURRENCE OF CRITICAL ILLNESS BENEFITS†	LOW PLAN	HIGH PLAN
Initial Critical Illness (same amount as Initial Critical Illness Benefit)	Yes	Yes
Cancer Critical Illness (same amount as Cancer Critical Illness Benefit)	Yes	Yes
ADDITIONAL RIDER BENEFITS	LOW PLAN	HIGH PLAN
Supplemental Critical Illness Rider†		
Benign Brain Tumor (100%)	\$10,000	\$20,000
Coma (100%)	\$10,000	\$20,000
Complete Loss of Hearing (100%)	\$10,000	\$20,000
Complete Loss of Sight (100%)	\$10,000	\$20,000
Complete Loss of Speech (100%)	\$10,000	\$20,000
Paralysis (100%)	\$10,000	\$20,000

LOW PLAN - BI-WEEKLY* ATTAINED AGE PREMIUMS

AGE	EE & EE+CH	EE+SP & F
Non-Tobacco		
18-24	\$0.57	\$0.86
25-29	\$0.78	\$1.17
30-34	\$1.14	\$1.71
35-39	\$1.83	\$2.75
40-44	\$2.64	\$3.96
45-49	\$3.74	\$5.61
50-54	\$5.25	\$7.86
55-59	\$6.98	\$10.46
60-64	\$10.04	\$15.07
65-69	\$14.27	\$21.40
70-74	\$20.15	\$30.23
75-79	\$26.40	\$39.59
80+	\$33.15	\$49.72
Tobacco		
18-24	\$0.69	\$1.04
25-29	\$0.92	\$1.36
30-34	\$1.53	\$2.29
35-39	\$2.55	\$3.82
40-44	\$3.77	\$5.65
45-49	\$5.77	\$8.64
50-54	\$8.52	\$12.77
55-59	\$11.67	\$17.51
60-64	\$16.97	\$25.45
65-69	\$24.25	\$36.37
70-74	\$33.54	\$50.31
75-79	\$42.00	\$63.00
80+	\$52.15	\$78.21

HIGH PLAN - BI-WEEKLY* ATTAINED AGE PREMIUMS

AGE	EE & EE+CH	EE+SP & F
Non-Tobacco		
18-24	\$1.16	\$1.72
25-29	\$1.56	\$2.33
30-34	\$2.28	\$3.42
35-39	\$3.67	\$5.48
40-44	\$5.28	\$7.91
45-49	\$7.48	\$11.22
50-54	\$10.49	\$15.72
55-59	\$13.95	\$20.92
60-64	\$20.10	\$30.13
65-69	\$28.54	\$42.79
70-74	\$40.31	\$60.46
75-79	\$52.79	\$79.19
80+	\$66.29	\$99.43
Tobacco		
18-24	\$1.39	\$2.07
25-29	\$1.83	\$2.73
30-34	\$3.06	\$4.59
35-39	\$5.11	\$7.65
40-44	\$7.53	\$11.29
45-49	\$11.53	\$17.30
50-54	\$17.02	\$25.53
55-59	\$23.34	\$35.01
60-64	\$33.93	\$50.88
65-69	\$48.49	\$72.73
70-74	\$67.08	\$100.62
75-79	\$84.00	\$125.98
80+	\$104.28	\$156.42

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

*24 deductions per year

CERTIFICATE SPECIFICATIONS

Eligibility

Employees who work 30 or more hours per week. Issue ages are 18 and over.

Dependent Eligibility/Termination

Family members eligible for coverage are your spouse 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 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; when all benefits have been paid under the policy and rider.

Continuing Your Coverage

You may be eligible to continue coverage when coverage under the policy ends. Refer to your Certificate of Insurance for details.

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

Benefits are not paid for: intentionally self-inflicted injury or action while sane or insane; any loss for which a contributing cause was the covered person's commission of or attempt to commit a felony, or being engaged in an illegal occupation; suicide while sane, or self-destruction while insane, or any attempt at either; any loss sustained or contracted in consequence of the covered person being intoxicated or under the influence of alcohol, drugs, or narcotics, unless administered and taken as prescribed by a physician.



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www.allstate.com or
allstatebenefits.com

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This brochure is for use in enrollments situated in CA.

Rev. 7/20. This material is valid as long as information remains current, but in no event later than July 15, 2023.

Group Critical Illness benefits are provided under policy form GVCIP4, or state variations thereof. Supplemental Critical Illness Rider benefits are provided under rider form GCIP4SR2, or state variations thereof.

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.