



Allstate[®] BENEFITS

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

Critical Illness Insurance

No one is ever really prepared for a life-altering critical illness diagnosis. The whirlwind of appointments, tests, treatments and medications can add to your stress levels.

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, the financial worries can grow quickly and stress levels may rise.

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 seem like a financial burden. When a diagnosis occurs, you need to be focused on getting better and taking control of your health, not stressing over financial worries.

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 for the condition.

Meeting Your Needs

- Guaranteed Issue coverage, subject to exclusions and limitations*
- Coverage available for individual and child(ren) or family
- Covered Spouse and Child(ren) receive 50% of your 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
- 100% of your Benefit Amount is paid for Advanced Alzheimer's Disease and Advanced Parkinson's Disease

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

DID YOU KNOW ?



Early detection, improved treatments and access to care are factors that influence cancer survival[†]



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



*Please refer to the Exclusions and Limitations section of this brochure. [†]Life After Cancer: Survivorship by the Numbers, American Cancer Society, 2021. ^{††}<https://www.cdc.gov/stroke/facts.htm>

Meet Carlos

Carlos is like any single parent who has been diagnosed with a critical illness. He's worried about his future, his child, and how his family will cope with his treatments. Most importantly, he worries about how he will pay for it all.

Here is what weighs heavily on his mind:

- Major medical only pays a portion of the expenses associated with my treatment
- I have copays I am responsible for until I meet my deductible
- If I am not working due to my treatments, I must cover my bills, rent/mortgage, groceries and my child's education
- If the right treatment is not available locally, I will have to travel to get the treatment I need



Carlos' story of diagnosis and treatment turned into a happy ending, because he had supplemental Critical Illness Insurance to help with expenses.



CHOOSE

Carlos chooses Critical Illness and rider benefit coverage to help protect himself and his child if they are diagnosed with a critical illness.



USE

During Carlos' annual wellness exam, his doctor noticed an irregular heartbeat. He underwent an electrocardiogram (EKG) test and stress test, which confirmed he had a blockage in one of his coronary arteries.

Here's Carlos' treatment path:

- Carlos has his annual wellness exam
- His doctor notices an abnormality in his heartbeat; tests are performed and he is diagnosed with coronary artery disease
- After visits with doctors, an anesthesiologist and a surgeon, Carlos undergoes surgery
- Surgery is performed to remove the blockage with a bypass graft. He is visited by his doctor during a 4-day hospital stay and released
- Carlos follows his doctor required treatment during a 2-month recovery period, and has regular doctor office visits

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



CLAIM

Carlos' Critical Illness claim paid him cash benefits for the following:

Fixed Health Screening Services

Coronary Artery Bypass Graft

The cash benefits were direct deposited into his bank account.

For a listing of benefits and benefit amounts, see pages 3, 4 and 5.

This is a hypothetical example of how benefits may be paid.

Group Critical Illness Insurance (GCI5)

BENEFIT AMOUNTS

†Covered spouse and child(ren) receive 50% of your benefit amount.

CRITICAL ILLNESS BENEFITS†	\$10,000	\$20,000
Heart Attack (100%)*	\$10,000	\$20,000
Stroke (100%)*	\$10,000	\$20,000
End Stage Renal Failure (100%)*	\$10,000	\$20,000
Major Organ Failure (100%)*	\$10,000	\$20,000
Coronary Artery Disease/Coronary Artery Bypass Graft (25%)*	\$2,500	\$5,000
Transient Ischemic Attack (TIA) or Reversible Ischemic Neurologic Deficit (RIND) (25%)	\$2,500	\$5,000
Crohn's Disease (25%)	\$2,500	\$5,000
Bone Marrow or Stem Cell Transplant (100%)	\$10,000	\$20,000
Invasive Cancer (100%)*	\$10,000	\$20,000
Carcinoma In Situ (25%)*	\$2,500	\$5,000
Waiver of Premium (employee only)	Yes	Yes
CARDIO BENEFITS†	\$10,000	\$20,000
Coronary Artery Disease/Coronary Angioplasty (10%)*	\$1,000	\$2,000
Cardiac Valve Disease/Aortic Valve or Mitral Valve Repair or Replacement (10%)*	\$1,000	\$2,000
Cardiac Arrhythmia/Internal Cardioverter Defibrillator (ICD) Placement (10%)*	\$1,000	\$2,000
Cardiac Arrhythmia/Pacemaker Placement (10%)*	\$1,000	\$2,000
SUPPLEMENTAL CRITICAL ILLNESS BENEFITS†	\$10,000	\$20,000
Advanced Alzheimer's Disease (100%)	\$10,000	\$20,000
Advanced Parkinson's Disease (100%)	\$10,000	\$20,000
Benign Brain Tumor (100%)	\$10,000	\$20,000
Coma (100%)	\$10,000	\$20,000
Loss of Hearing (100%)	\$10,000	\$20,000
Loss of Sight (100%)	\$10,000	\$20,000
Loss of Speech (100%)	\$10,000	\$20,000
Paralysis (100%)	\$10,000	\$20,000
CHILDHOOD BENEFITS	\$10,000	\$20,000
Childhood Benefits (100% of the child benefit amount)	\$5,000	\$10,000
ADDITIONAL RIDER BENEFITS	\$10,000	\$20,000
Fixed Health Screening Services Rider (per year)	\$50	\$50
Skin Cancer Rider (per year)	\$250	\$250
Specified Condition and Infectious Disease Rider† (25%)	\$2,500	\$5,000

*Includes recurrence of benefits for a subsequent occurrence.

\$10,000 BENEFIT BI-WEEKLY ATTAINED AGE PREMIUMS

AGE	EE, EE+CH	EE+SP, F
Uni-Tobacco		
18-24	\$1.58	\$2.54
25-29	\$1.95	\$3.11
30-34	\$2.55	\$4.01
35-39	\$3.41	\$5.33
40-44	\$4.52	\$7.02
45-49	\$6.36	\$9.82
50-54	\$8.40	\$12.94
55-59	\$10.57	\$16.25
60-64	\$13.64	\$20.94
65-69	\$19.26	\$29.47
70-74	\$26.00	\$39.73
75-79	\$31.59	\$48.18
80+	\$41.04	\$62.40

\$20,000 BENEFIT BI-WEEKLY ATTAINED AGE PREMIUMS

AGE	EE, EE+CH	EE+SP, F
Uni-Tobacco		
18-24	\$2.80	\$4.38
25-29	\$3.54	\$5.50
30-34	\$4.70	\$7.25
35-39	\$6.38	\$9.79
40-44	\$8.56	\$13.08
45-49	\$12.16	\$18.52
50-54	\$16.15	\$24.55
55-59	\$20.37	\$30.94
60-64	\$26.34	\$39.98
65-69	\$37.33	\$56.59
70-74	\$50.54	\$76.54
75-79	\$61.58	\$93.17
80+	\$80.41	\$121.45

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

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 mybenefits.allstate.com

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 paid once per covered person. When all benefits have been used, the coverage terminates.
**Benefit is paid upon diagnosis or recommendation, not treatment.
†Benefits are included under the Recurrence of Benefits option.

Benefits (subject to maximums as listed on page 3)

Benefit paid upon diagnosis of the following conditions

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† - 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† - diagnosis of failure of heart, lungs, liver, pancreas, or kidneys, with placement on National Transplant List or actual surgical transplant. Lungs and kidneys are considered one major organ, regardless of whether one or both lungs or kidneys are transplanted. Does not include bone marrow or stem cell transplant or donation surgery, and does not pay for mechanical or non-human organs

Coronary Artery Disease/Coronary Artery Bypass Graft† - surgery to correct narrowing or blockage of one or more coronary arteries or valves due to damage or disease with a bypass graft. Coronary angioplasty, coronary angiography or any other intra-catheter technique procedures are not covered

Transient Ischemic Attack (TIA) or Reversible Ischemic Neurologic Deficit (RIND) - a temporary or reversible ischemic event where measurable and functional neurological impairment is confined to an arterial area of the brain, there is no evidence of cerebral tissue damage, and reversible functional neurological impairments are confirmed

Crohn's Disease - chronic inflammation of the digestive tract (does not include irritable bowel syndrome or ulcerative colitis)

Bone Marrow or Stem Cell Transplant - surgical transplant of bone marrow and stem cells to a covered person (must come from a human donor). Autologous transplant is not covered

Invasive Cancer† - malignant tumor with uncontrolled growth, including leukemia and lymphoma. Carcinoma in situ and skin cancer (other than invasive malignant melanoma or metastasized skin malignancies) are not covered

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

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

CARDIO BENEFITS*

Coronary Artery Disease/Coronary Angioplasty** - catheterization performed on damaged or diseased arteries or valves when cardiac function is impaired due to plaques or buildup of fatty deposits on artery walls causing narrowing of the coronary artery, resulting in partial or complete blockage

Cardiac Valve Disease/Aortic Valve or Mitral Valve Repair or Replacement** - surgical repair or replacement of an aortic valve or mitral valve with a mechanical or bio-prosthetic due to a defect with regurgitation and stenosis. Not paid if a diagnostic cardiac catheterization is performed

Cardiac Arrhythmia/Internal Cardioverter Defibrillator (ICD) Placement** - placement of an ICD under the skin to detect and correct an irregular heartbeat due to cardiac arrhythmias (doesn't include replacement of existing ICD). Not paid if Heart Attack benefit is paid. Not paid if a diagnostic cardiac catheterization is performed

Cardiac Arrhythmia/Pacemaker Placement** - placement of a pacemaker under the skin to correct an irregular heartbeat due to cardiac arrhythmias (does not include replacement of existing pacemaker). Not paid if Heart Attack benefit is paid. Not paid if a diagnostic cardiac catheterization is performed

SUPPLEMENTAL CRITICAL ILLNESS BENEFITS*

Advanced Alzheimer's Disease - must exhibit impaired memory and judgment and be certified unable to perform at least two daily activities without adult assistance. Daily activities include: bathing, dressing, toileting, bladder and bowel continence, transferring and eating

Advanced Parkinson's Disease - must exhibit two or more of the following: muscle rigidity, tremor, or bradykinesia (slowness in physical and mental responses); and be certified unable to perform at least two daily activities without adult assistance. Daily activities include: bathing, dressing, toileting, bladder and bowel continence, transferring and eating

Benign Brain Tumor - a non-malignant tumor limited to brain, meninges, cranial nerves or pituitary gland. Tumors of the skull or ear canal, cysts, acoustic neuroma, pituitary adenomas less than 10mm, and germinomas are not covered

Coma - unconscious and not responsive to external stimulation or responsive to internal needs for at least 7 consecutive days. Medically-induced coma, coma resulting from alcohol or drug use, and diagnosis of brain death are not covered

Loss of Hearing - total and permanent loss of hearing in both ears (cannot be corrected by hearing aid or device)

Loss of Sight - total and permanent loss of vision in both eyes

Loss of Speech - total and permanent loss of speech or verbal communication (without a medical device)

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 (subject to maximums as listed on page 3)

Benefit paid upon diagnosis of the following conditions

CHILDHOOD BENEFITS*

10 childhood diseases or defects for dependent children are covered. Cerebral Palsy; Cleft Lip or Cleft Palate; Congenital Heart Disease (coarctation of the aorta, hypoplastic left heart syndrome, patent ductus arteriosus, tetralogy of Fallot, or transposition of the great arteries); Cystic Fibrosis; Type 1 Diabetes; Down Syndrome; Muscular Dystrophy; Spina Bifida; Structural Congenital Defect (anal atresia, anencephaly, biliary atresia, club foot, diaphragmatic hernia, Hirschsprung's disease, gastroschisis, omphalocele, pyloric stenosis, and spinal muscular atrophy).

ADDITIONAL RIDER BENEFITS

Fixed Health Screening Services Rider - coverage for one eligible service performed each year for each covered person. 39 covered services include: Biopsy for cancer and skin cancer; Blood Chemistry Panel; Blood Tests for Triglycerides, CA15-3 (breast cancer), CA125 (ovarian cancer), CEA (colon cancer), or PSA (prostate cancer); Chest X-ray; Clinical Testicular Exam; CBC (blood count); Colonoscopy; Doppler Screening (cancer, carotids or peripheral vascular disease); Echocardiogram; EKG (Electrocardiogram); EEG (Electroencephalogram); Endoscopy; Fasting Blood or Plasma Glucose test; Flexible Sigmoidoscopy; Hemoglobin A1C; Hemoccult Stool Analysis; HPV (Human Papillomavirus) vaccination; Lipid Panel (total cholesterol count); Mammography (breast ultrasound); Oral Cancer Screening; Pap Smear, including ThinPrep Pap Test; Sampling of blood or tissue for genetic testing for cancer risk; Serum Protein Electrophoresis (test for myeloma); Skin Cancer Screening; Skin Exam; Stress Test (bike or treadmill); Testing for Donation of Bone Marrow (includes HLA - Human Leukocyte Antigen); Thermography; Two-Hour Post-Load Plasma Glucose Test; Ultrasound Screening of abdominal aorta for aortic aneurysms; Ultrasound Screening for cancer detection; Any exam or screening for cancer detection other than those listed

Skin Cancer Rider - includes basal cell carcinoma and squamous cell carcinoma. Malignant melanoma and pre-cancerous conditions such as leukoplakia, actinic keratosis, carcinoid, hyperplasia, polycythemia, non-malignant melanoma, moles, or similar diseases or lesions are not covered

Specified Condition and Infectious Disease Rider* - diagnosis of one of the following specified conditions or infectious diseases: Acute Respiratory Distress Syndrome (ARDS); Adrenal insufficiency (Addison's Disease); Lou Gehrig's Disease (ALS); Bacterial meningitis; Cerebral palsy; Cystic fibrosis; Diphtheria; Encephalitis; Huntington's chorea; Legionnaires' disease (confirmation by culture or sputum); Malaria; Multiple sclerosis; Muscular dystrophy; Myasthenia gravis; Necrotizing fasciitis; Osteomyelitis; Poliomyelitis; Rabies; Scleroderma; Sickle cell anemia; Systemic lupus; Tetanus; Tuberculosis

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

CERTIFICATE SPECIFICATIONS

Eligibility

Your employer and Allstate Benefits decide who is eligible for your group during the enrollment period (such as length of service, hours worked each week, eligibility waiting period and evidence of insurability). Issue ages are 18 and over.

Dependent Eligibility/Termination

Family members eligible for coverage are your spouse and dependent children. Spouse and child coverage ends when your coverage ends, when you request to terminate dependent coverage, when your spouse or children exhaust all benefits under the coverage, or upon your death. Spouse coverage also ends upon valid decree of divorce. Child coverage also ends when the child reaches age 26, unless they continue to meet the definition of a dependent child.

When Coverage Ends

Coverage under the policy ends on the earliest of the following: the date the group policy is terminated; the group policy grace period ends after non-payment of required premiums; you are no longer actively working for the group policyholder; you or your class are no longer eligible; you submit a written request to terminate the certificate; your death; a false claim is filed; when all benefits have been paid under the policy and riders.

Continuing Your Coverage

You, your spouse, and your child(ren) 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 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 certificate 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.

Recurrence of Benefits for a Subsequent Critical Illness

Benefit amounts for a recurrence of a critical illness will be paid if diagnosed with a subsequent critical illness for which a benefit was previously paid if the date of diagnosis, loss, or treatment is separated by 6 months after the previous date of diagnosis, loss, or treatment.

Exclusions for: Critical Illness Certificate; Fixed Health Screening Services Rider; Skin Cancer Rider; and Specified Condition and Infectious Disease Rider Benefits are not paid for intentionally self-inflicted injury.

We will not pay benefits for conditions diagnosed prior to the effective date of coverage or diagnosed outside of the United States, its territories, or Canada, unless confirmed by a physician in the United States, its territories, or Canada.

This brochure is for use in enrollments situated in OR.

This material is valid as long as information remains current, but in no event later than February 1, 2026. Group Critical Illness benefits are provided under policy form GCIC5, or state variations thereof. Critical Illness Rider benefits are provided under the following rider forms, or state variations thereof: Fixed Health Screening Services Rider GCIC5FHSR; Skin Cancer Rider GCIC5SCR; Specified Condition and Infectious Disease Rider GCIC5SCIDR.

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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