



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 notices an irregular heartbeat. Carlos undergoes an electrocardiogram (EKG) test and stress test, which confirms that he has 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 pays him cash benefits for the following:

Fixed Health Screening Services

Coronary Artery Bypass Graft

The cash benefits are 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.

BENEFIT AMOUNTS

The percentages below are based on the Benefit Amount of \$10,000 and \$20,000 chosen by your employer.

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

| CRITICAL ILLNESS BENEFITS† | Benefit* | \$10,000 | \$20,000 | Recur** |
|--|----------------------|----------|----------|----------|
| Heart Attack | 100% | \$10,000 | \$20,000 | 100% |
| Stroke | 100% | \$10,000 | \$20,000 | 100% |
| End Stage Renal Failure | 100% | \$10,000 | \$20,000 | 100% |
| Major Organ Failure | 100% | \$10,000 | \$20,000 | 100% |
| Coronary Artery Disease/Coronary Artery Bypass Graft | 25% | \$2,500 | \$5,000 | 25% |
| Transient Ischemic Attack (TIA) or Reversible Ischemic Neurologic Deficit (RIND) | 25% | \$2,500 | \$5,000 | 25% |
| Crohn's Disease | 25% | \$2,500 | \$5,000 | n/a |
| Bone Marrow or Stem Cell Transplant | 100% | \$10,000 | \$20,000 | n/a |
| Invasive Cancer | 100% | \$10,000 | \$20,000 | 100% |
| Carcinoma In Situ | 25% | \$2,500 | \$5,000 | 25% |
| Waiver of Premium (employee only) | Included | Yes | Yes | n/a |
| CARDIO BENEFITS† | Benefit* | \$10,000 | \$20,000 | Recur** |
| Sudden Cardiac Arrest | 25% | \$2,500 | \$5,000 | n/a |
| Idiopathic Pulmonary Fibrosis | 25% | \$2,500 | \$5,000 | n/a |
| Pulmonary Embolism | 25% | \$2,500 | \$5,000 | n/a |
| Coronary Artery Disease/Coronary Angioplasty | 10% | \$1,000 | \$2,000 | 10% |
| Cardiac Valve Disease/Aortic Valve or Mitral Valve Repair or Replacement | 10% | \$1,000 | \$2,000 | 10% |
| Cardiac Arrhythmia/Internal Cardioverter Defibrillator (ICD) Placement | 10% | \$1,000 | \$2,000 | 10% |
| Cardiac Arrhythmia/Pacemaker Placement | 10% | \$1,000 | \$2,000 | 10% |
| SUPPLEMENTAL CRITICAL ILLNESS BENEFITS† | Benefit* | \$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 | Benefit* | \$10,000 | \$20,000 | |
| Childhood Benefits | Child benefit amount | 100% | \$5,000 | \$10,000 |
| ADDITIONAL RIDER BENEFITS | Benefit* | \$10,000 | \$20,000 | |
| Fixed Health Screening Services | Yearly | \$50 | \$50 | |
| Skin Cancer | Yearly | \$250 | \$250 | |
| Specified Condition and Infectious Disease† | 25% | \$2,500 | \$5,000 | |

*Benefit (some benefits pay a percentage of the benefit amount chosen, pay yearly, pay per treatment, pay for a number of days, or pay per miles traveled)

**Recurrence Benefit (pays a percentage of the benefit amount when a second diagnosis occurs for which a critical illness benefit was already paid)

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

| AGE | EE, EE+CH | EE+SP, F |
|-------------|-----------|----------|
| Uni-Tobacco | | |
| 18-24 | \$1.55 | \$2.47 |
| 25-29 | \$1.93 | \$3.05 |
| 30-34 | \$2.52 | \$3.96 |
| 35-39 | \$3.38 | \$5.27 |
| 40-44 | \$4.50 | \$6.97 |
| 45-49 | \$6.34 | \$9.77 |
| 50-54 | \$8.38 | \$12.88 |
| 55-59 | \$10.55 | \$16.19 |
| 60-64 | \$13.62 | \$20.87 |
| 65-69 | \$19.23 | \$29.41 |
| 70-74 | \$25.97 | \$39.65 |
| 75-79 | \$31.55 | \$48.09 |
| 80+ | \$40.97 | \$62.24 |

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

| AGE | EE, EE+CH | EE+SP, F |
|-------------|-----------|----------|
| Uni-Tobacco | | |
| 18-24 | \$2.80 | \$4.36 |
| 25-29 | \$3.54 | \$5.47 |
| 30-34 | \$4.70 | \$7.24 |
| 35-39 | \$6.38 | \$9.77 |
| 40-44 | \$8.55 | \$13.07 |
| 45-49 | \$12.16 | \$18.50 |
| 50-54 | \$16.14 | \$24.53 |
| 55-59 | \$20.37 | \$30.92 |
| 60-64 | \$26.34 | \$39.96 |
| 65-69 | \$37.33 | \$56.57 |
| 70-74 | \$50.54 | \$76.51 |
| 75-79 | \$61.57 | \$93.14 |
| 80+ | \$80.41 | \$121.40 |

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. Does not include established (old) myocardial infarction or cardiac arrest

Stroke† - death of a portion of the brain producing neurological sequelae, including infarction of brain tissue, hemorrhage and embolization from an extra-cranial source. Does not include transient ischemic attacks (TIAs), head injury, chronic cerebrovascular insufficiency or reversible ischemic neurological deficits

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

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. Does not include coronary angioplasty, coronary angiography or any other intra-catheter technique procedures

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). Does not include autologous transplant

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

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

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

CARDIO BENEFITS*

Sudden Cardiac Arrest - sudden loss of normal heart function due to malfunction in the electrical system of the heart, resulting in an irregular heart rhythm (must be the primary diagnosis). Does not include a heart attack

Idiopathic Pulmonary Fibrosis - lung condition involving scarring and thickening of the lung tissue due to unknown causes. Does not include interstitial pneumonia, sarcoidosis or silicosis

Pulmonary Embolism - sudden blockage in a pulmonary artery or branch of pulmonary artery confirmed by an angiogram, ventilation perfusion scan, computerized tomography scan, magnetic resonance imaging or other reliable imaging techniques

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. Does not include replacement of existing ICD. Not paid if Heart Attack or Sudden Cardiac Arrest 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 or Sudden Cardiac Arrest benefit is paid. Not paid if a diagnostic cardiac catheterization is performed

Benefits (subject to maximums as listed on page 3)

Benefit paid upon diagnosis of the following conditions

SUPPLEMENTAL CRITICAL ILLNESS BENEFITS*

Advanced Alzheimer's Disease - must exhibit impaired memory and judgment and be certified unable to perform at least two activities of daily living (ADLs) without adult assistance. ADLs are 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 activities of daily living (ADLs) without adult assistance. ADLs are 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. Does not include tumors of the skull or ear canal, cysts, acoustic neuroma, pituitary adenomas less than 10mm, or germinomas

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

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

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. 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; Hemocult 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 here

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

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. **Benefits paid once per covered person.

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 the child is disabled and dependent on you for support.

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 if, after the first diagnosis, the covered person is free of any symptoms and treatment.

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.

Rev. 2/25. This material is valid as long as information remains current, but in no event later than February 1, 2028.

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 GCIC5FHSSR; 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.



Allstate Benefits is the marketing name used by American Heritage Life Insurance Company, a subsidiary of The Allstate Corporation. ©2025 Allstate Insurance Company. www.allstate.com or allstatebenefits.com