

Lee Memorial Health System

Group Critical Illness Insurance

Provides lump-sum cash benefits that can help with daily expenses

Group Voluntary Critical Illness coverage from Allstate Benefits pays a lump-sum cash benefit to help you cover the out-of-pocket expenses associated with a critical illness.



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group critical illness

No one knows what lies ahead on the road through life. Will you be diagnosed with cancer? Will you suffer a stroke or a heart attack? The signs pointing to a critical illness are not always clear and may not be preventable, but our coverage can help offer financial protection in the event you are diagnosed.

Critical illness coverage can help offer peace of mind when a critical illness diagnosis occurs. Below is an example of how benefits might be paid.†



†The example shown may vary from the plan your employer is offering. Your individual experience may also vary.

meeting your needs

Our coverage helps offer financial support should a covered illness be diagnosed.

- Guaranteed issue amounts available which means no evidence of insurability required at initial enrollment*
- 3 Benefit Categories
- Benefits paid directly to you
- Coverage supplements your existing medical benefits
- Covered dependents receive 50% of your basic-benefit amount
- Portable

your benefit coverage

Benefits for critical illness. Up to 100% of the basic-benefit is payable in Categories 1, 2, and 3. **Benefit amounts are shown on pages 2a and/or 2b.** See page 3 for terms and conditions and for state variations.

CATEGORY 1 BENEFITS

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

Heart Transplant (100%) - Pays a benefit when you have a heart transplant (must be a human donor).

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

Coronary Artery Bypass Surgery (25%) – Pays a benefit when you have coronary artery bypass surgery.

CATEGORY 2 BENEFITS

Major Organ Transplant (100%) - Pays a benefit when you have a lung, liver, pancreas or kidney transplant (must be a human donor).

End Stage Renal Failure (100%) – Pays a benefit when you have peritoneal dialysis or hemodialysis or a renal transplant.

Paralysis (100%) - Pays a benefit when you suffer a complete and permanent loss of use of 2 or more limbs.

Alzheimer's Disease (25%) – Pays a benefit when you are diagnosed with Alzheimer's.

CATEGORY 3 BENEFITS

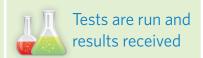
Invasive Cancer (100%) – Pays a benefit when you are diagnosed with a new form or type of invasive cancer (includes Leukemia and Lymphoma).

Carcinoma in Situ (25%) – Pays a benefit when you are diagnosed with a new form or type of cancer in situ.

^{*}Enrolling after your initial enrollment period requires evidence of insurability.

Chest pains OCCUrring







CERTIFICATE SPECIFICATIONS

Coverage Subject to the Policy - Coverage described in the certificate is subject to the terms of the policy issued to the policyholder (employer). It alone makes up the agreement by which the insurance is provided. All critical illnesses must meet the definitions and dates of diagnosis stated in the policy and be diagnosed by a physician while coverage is in effect. Emergency situations while you are outside the U.S. will be considered when you return to the U.S.

Your 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 – (a) Coverage may include you, your spouse or domestic partner and children under age 26. (b) Coverage ends on the date the policy is canceled; the last day premium payments were made; the last day of active employment; the date you or your class is no longer eligible; or the date the maximum total percentage of the basic-benefit amount is paid as noted in the "Maximum Benefit by Category" paragraph below. (c) Coverage for children ends when the child reaches age 26, unless he or she continues to meet the requirements of an eligible dependent. (d) Spouse coverage ends upon divorce or your death. Domestic partner coverage ends upon the end of the domestic partnership or your death.

Portability Privilege - Coverage may be continued under the Portability Provision when coverage under the policy ends.

Maximum Benefit by Category – After 100% of the basicbenefit amount has been paid within a category, no more benefits will be paid. Once a covered person has received 100% of the basic-benefit amount in each category, coverage ends.

Pre-Existing Condition Limitation – (a) Allstate Benefits does not pay benefits for a pre-existing condition during the first 12 months of coverage. (b) A pre-existing condition is a disease or physical condition for which symptoms existed or medical advice or treatment was recommended or received from a medical professional in the 12-month period before the effective date. (c) A pre-existing condition can exist even though a diagnosis has not yet been made.

Exclusions and Limitations – Allstate Benefits does not pay benefits for: (a) any act of war, participation in a riot, insurrection or rebellion; (b) intentionally self-inflicted injuries; (c) engaging in an illegal occupation or felony;

(d) attempted suicide; (e) injury sustained while under the influence of alcohol, narcotics or any controlled substance or drug unless taken on the advice of a physician; (f) participation in aeronautics except as a fare-paying passenger in a licensed common-carrier aircraft; or (g) alcohol abuse or alcoholism, drug addiction or dependence upon any controlled substance.

Stroke Exclusions - Transient ischemic attacks (TIAs), head injury, chronic cerebrovascular insufficiency and reversible ischemic neurological deficits are excluded.

Coronary Artery Bypass Surgery Exclusions – The following procedures are not considered coronary artery bypass surgery: balloon angioplasty, laser embolectomy, atherectomy, stent placement, or other non-surgical procedures.

Paralysis Exclusion - Paralysis as a result of stroke is excluded.

Alzheimer's Disease Limitation – Must be diagnosed by a psychiatrist or neurologist and the insured must be unable to perform at least 3 activities of daily living.*

*Activities of daily living are bathing, dressing, toileting, eating, and taking medication.

Carcinoma in Situ Exclusions – Does not include: other skin malignancies, premalignant lesions (such as intraepithelial neoplasia), or benign tumors or polyps.

Invasive Cancer Exclusions – Does not include: carcinoma in situ, tumors related to HIV, non-invasive or metastasized skin cancer, or early prostate cancer.

STATE VARIATIONS

Florida (changes affect page 3) - In the Pre-Existing Condition Limitation paragraph, the following is added to item (b): The exception is follow-up care for breast cancer: If you have been previously found to be free of breast cancer, routine follow-up care does not constitute medical advice, diagnosis, care or treatment unless evidence of breast cancer is found during, or as the result of, the follow-up care. The Alzheimer's Disease Limitation is replaced with: Must be diagnosed by a psychiatrist or neurologist and the insured must be unable to perform at least 2 activities of daily living.

This material is valid as long as information remains current, but in no event later than August 1, 2017. Group Critical Illness benefits provided by policy form GVCIP1, or state variations thereof.

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. For complete details, contact your Allstate Benefits Agent. 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.

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.

This brochure is for use in the Lee Memorial Health System enrollment which is sitused in: FL



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Benefit coverage for

Lee Memorial Health System

group voluntary critical illness

CATEGORY 1 BASIC BENEFIT AMOUNTS ¹	LOW PLAN	HIGH PLAN
Heart Attack (100%)	\$10,000	\$20,000
Heart Transplant (100%)	\$10,000	\$20,000
Stroke (100%)	\$10,000	\$20,000
Coronary Artery Bypass Surgery (25%)	\$2,500	\$5,000
CATEGORY 2 BASIC BENEFIT AMOUNTS ¹	LOW PLAN	HIGH PLAN
Major Organ Transplant (100%)	\$10,000	\$20,000
End Stage Renal Failure (100%)	\$10,000	\$20,000
Paralysis (100%)	\$10,000	\$20,000
Alzheimer's Disease (25%)	\$2,500	\$5,000
CATEGORY 3 BASIC BENEFIT AMOUNTS ¹	LOW PLAN	HIGH PLAN
Invasive Cancer (100%)	\$10,000	\$20,000
Carcinoma in Situ (25%)	\$2,500	\$5,000

^{&#}x27;After 100% of the Basic Benefit Amount (\$10,000 for Low Plan and \$20,000 for High Plan) has been paid within a category (Category 1, Category 2, or Category 3), no more benefits for any illness associated with that category are payable. Once a covered person has received 100% of the basic benefit amounts in Categories 1, 2 and 3, coverage ends for that person.

bi-weekly premiums

LOW PLAN - \$10,000 BASIC BENEFIT AMOUNT

non-tobacco

AGES	EE	EE + SP	EE + CH	F
18-35	\$1.86	\$2.82	\$2.08	\$3.00
36-49	\$5.26	\$7.80	\$5.50	\$8.04
50-59	\$11.96	\$17.68	\$12.14	\$17.92
60-64	\$18.98	\$28.12	\$19.16	\$28.26
65-69	\$23.74	\$35.18	\$23.92	\$35.32
70+	\$27.94	\$41.26	\$28.06	\$41.50

tobacco

AGES	EE	EE + SP	EE + CH	F
18-35	\$3.46	\$5.14	\$3.66	\$5.36
36-49	\$10.48	\$15.46	\$10.62	\$15.66
50-59	\$23.32	\$34.58	\$23.54	\$34.76
60-64	\$32.18	\$47.64	\$32.36	\$47.82
65-69	\$36.06	\$53.40	\$36.28	\$53.60
70+	\$39.10	\$57.94	\$39.34	\$58.12

EE = Employee; EE + SP = Employee + Spouse; EE + CH = Employee + Children; F = Family.

Issue Ages: 18 and over if Actively at Work

Additional premiums on reverse.



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bi-weekly premiums continued

HIGH PLAN - \$20,000 BASIC BENEFIT AMOUNT

non-tobacco

AGES	EE	EE + SP	EE + CH	F
18-35	\$3.70	\$5.64	\$4.16	\$6.00
36-49	\$10.54	\$15.60	\$11.00	\$16.06
50-59	\$23.92	\$35.36	\$24.28	\$35.82
60-64	\$37.94	\$56.22	\$38.32	\$56.50
65-69	\$47.46	\$70.34	\$47.82	\$70.62
70+	\$55.86	\$82.54	\$56.14	\$83.00

tobacco

AGES	EE	EE + SP	EE + CH	F
18-35	\$6.94	\$10.26	\$7.30	\$10.72
36-49	\$20.96	\$30.94	\$21.24	\$31.30
50-59	\$46.62	\$69.14	\$47.08	\$69.52
60-64	\$64.34	\$95.26	\$64.72	\$95.64
65-69	\$72.10	\$106.80	\$72.56	\$107.18
70+	\$78.20	\$115.86	\$78.66	\$116.22

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Issue Ages: 18 and over if Actively at Work

This insert is for use in: ${\sf FL}$

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