



Allstate
BENEFITS

Voluntary Benefit Coverage

Let our personalized benefit offerings put you and your family in Good Hands[®]

Are you protected in the event of an accident, critical illness, cancer diagnosis, or loss?

Group Accident, Critical Illness, Cancer, and Life Insurance

Offered to the employees of:
Trinity Health



Protection for accidental injuries on- and off-the-job, 24 hours a day

Accident Insurance

Today, active lifestyles in or out of the home may result in bumps, bruises and sometimes breaks. Getting the right treatment can be vital to recovery, but it can also be expensive. And if an accident keeps you away from work during recovery, the financial worries can grow quickly.

Most major medical insurance plans only pay a portion of the bills. Our coverage can help pick up where other insurance leaves off and provide cash to help cover the expenses.

With Accident insurance from Allstate Benefits, you can gain the advantage of financial support, thanks to the cash benefits paid directly to you. You also gain the financial empowerment to seek the treatment needed to be on the mend.

Here's How It Works

Our coverage pays you cash benefits that correspond with hospital and intensive care confinement. Your plan may also include coverage for a variety of occurrences, such as: dismemberment; dislocation or fracture; ambulance services; physical therapy and more. The cash benefits can be used to help pay for deductibles, treatment, rent and more.

Meeting Your Needs

- Guaranteed Issue coverage, subject to exclusions and limitations*
- Benefits are paid directly to you unless otherwise assigned
- Pays in addition to other insurance coverage
- Coverage also available for your dependents
- Premiums are affordable and can be conveniently payroll deducted
- Coverage may be continued; refer to your certificate for details

With Allstate Benefits, you can protect your finances against life's slips and falls. **Practical benefits for everyday living.®**

*Please refer to the Exclusions and Limitations section on page 5.
†National Safety Council, Injury Facts®, 2017 Edition

DID YOU KNOW ?

The number of injuries suffered by workers in one year, both on- and off-the-job, includes:†

ON-THE-JOB



Work
4.4
million

OFF-THE-JOB



Home
9.2
million



Non-Auto
4.0
million



Auto
2.2
million

Benefits (subject to maximums as listed on pages 4 and 5)

BASE POLICY BENEFITS

Accidental Death*

Common Carrier Accidental Death - riding as a fare-paying passenger on a scheduled common-carrier

Dismemberment¹* - amount paid depends on type of dismemberment. See Injury Benefit Schedule on page 5

Dislocation or Fracture¹ - amount paid depends on type of dislocation or fracture. See Injury Benefit Schedule on page 5

Initial Hospitalization Confinement - initial hospitalization after the effective date

Hospital Confinement - up to 90 days for any one injury

Intensive Care - up to 90 days for each period of continuous confinement

Ambulance Services - transfer to or from hospital by ambulance service

Medical Expenses - expenses incurred for medical or surgical treatment. Expenses are limited to physician fees, X-rays and emergency room services. Includes treatment for dental repair to sound natural teeth if repair is diagnosed by a dentist as necessary and as a result of injury

Outpatient Physician's Treatment - treatment outside the hospital for any cause. Payable up to 2 visits per covered person, per calendar year and a maximum of 4 visits per calendar year if dependents are covered

BENEFIT ENHANCEMENT RIDER

Hospital Admission** - first hospital confinement occurring during a calendar year, and 12 months after rider effective date. Payable when a benefit has been paid under the Hospital Confinement Benefit in the base policy

Lacerations** - treatment for one or more lacerations (cuts)

Burns** - treatment for one or more burns, other than sunburns

Skin Graft - receiving a skin graft for which a benefit is paid under the Burns benefit

Brain Injury Diagnosis** - first diagnosis of concussion, cerebral laceration, cerebral contusion or intracranial hemorrhage within three days of an accident. Must be diagnosed within 30 days after the accident by CT Scan, MRI, EEG, PET scan or X-ray

Computed Tomography (CT) Scan and Magnetic Resonance Imaging (MRI)* - must first be treated by a physician within 30 days after the accident

Paralysis** - spinal cord injury resulting in complete/permanent loss of use of two or more limbs for at least 90 days

Coma with Respiratory Assistance - unconsciousness lasting 7 or more days; intubation required. Medically induced comas excluded

Open Abdominal or Thoracic Surgery^{3,}**

Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery^{3,*} - surgery received for torn, ruptured, or severed tendon, ligament, rotator cuff or knee cartilage; pays the reduced amount shown for arthroscopic exploratory surgery

Ruptured Disc Surgery^{3,*} - diagnosis and surgical repair to a ruptured disc of the spine by a physician

Eye Surgery - surgery or removal of a foreign object by a physician

General Anesthesia* - payable only if the policy Surgery benefit is paid

Blood and Plasma** - transfusion after an accident

Appliance - physician-prescribed wheelchair, crutches or walker to help with personal locomotion or mobility

Medical Supplies - purchased over-the-counter medical supplies. Payable only if the policy Medical Expenses benefit is paid

Medicine - purchased prescription or over-the-counter medicines. Payable only if the policy Medical Expenses benefit is paid

Prosthesis* - physician-prescribed prosthetic arm, leg, hand, foot or eye lost as a result of an accident. Payable only if a benefit is paid for loss of arm, leg, hand, foot or eye under the Dismemberment benefit

Physical Therapy - one treatment per day; maximum of 6 treatments per accident. Chiropractic services are excluded. Not payable for same visit for which Accident Follow-Up Treatment benefit is paid. Must take place no longer than 6 months after accident

Rehabilitation Unit⁴ - must be hospital-confined due to an injury immediately prior to being transferred to rehab. Not payable for the days on which the Hospital Confinement benefit is paid

Non-Local Transportation² - treatment obtained at a non-local hospital or freestanding treatment center more than 100 miles from your home. Does not cover ambulance or physician's office or clinic visits for services other than treatment

Family Member Lodging - one adult family member to be with you while you are confined in a non-local hospital or freestanding treatment center. Not payable if family member lives within 100 miles one-way of the treatment facility. Up to 30 days per accident. Only payable if the Non-Local Transportation benefit is paid

Post-Accident Transportation - after a three-day hospital stay more than 250 miles from your home, with a flight on a common carrier to return home. Payable only if a benefit is paid for Hospital Confinement

Accident Follow-Up Treatment⁵ - must take place no longer than 6 months after the accident. Payable only if the policy Medical Expenses benefit is paid. Not payable for the same visit for which the Physical Therapy benefit is paid

¹Multiple dismemberments, dislocations or fractures are limited to the amount shown on pages 4 and 5. ²Up to three times per covered person, per accident. ³Two or more surgeries done at the same time are considered one operation. ⁴Paid for each day a room charge is incurred, up to 30 days for each covered person per continuous period of rehabilitation unit confinement, for a maximum of 60 days per calendar year. ⁵Two treatments per covered person, per accident. *Must begin or be received within 180 days of the accident. **Within 3 days after the accident.

BENEFIT AMOUNTS

Benefits are paid once per accident unless otherwise noted

BASE POLICY BENEFITS		PLAN 1	PLAN 2
Accidental Death	Employee	\$40,000	\$60,000
	Spouse	\$20,000	\$30,000
	Children	\$10,000	\$15,000
Common Carrier Accidental Death (fare-paying passenger)	Employee	\$200,000	\$300,000
	Spouse	\$100,000	\$150,000
	Children	\$50,000	\$75,000
Dismemberment ⁶	Employee	\$40,000	\$60,000
	Spouse	\$20,000	\$30,000
	Children	\$10,000	\$15,000
Dislocation or Fracture ⁶		\$4,000	\$6,000
Initial Hospitalization Confinement (pays once)		\$1,000	\$1,500
Hospital Confinement (pays daily)		\$200	\$300
Intensive Care (pays daily)		\$400	\$600
Ambulance Services	Ground	\$200	\$300
	Air	\$600	\$900
Medical Expenses (pays up to amount shown)		\$500	\$750
Outpatient Physician's Treatment (pays per visit)		\$50	\$75
BENEFIT ENHANCEMENT RIDER		PLAN 1	PLAN 2
Hospital Admission (pays once/year)		\$500	\$500
Lacerations (pays once/year)		\$50	\$50
Burns	< 15% body surface	\$100	\$100
	15% or more	\$500	\$500
Skin Graft (% of Burns Benefit)		50%	50%
Brain Injury Diagnosis (pays once)		\$150	\$150
Computed Tomography (CT) Scan and Magnetic Resonance Imaging (MRI) (pays once/accident/year)		\$50	\$50
Paralysis (pays once)	Paraplegia	\$7,500	\$7,500
	Quadriplegia	\$15,000	\$15,000
Coma with Respiratory Assistance (pays once)		\$10,000	\$10,000
Open Abdominal or Thoracic Surgery		\$1,000	\$1,000
Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery	Surgery	\$500	\$500
	Exploratory	\$150	\$150
Ruptured Disc Surgery		\$500	\$500
Eye Surgery		\$100	\$100
General Anesthesia		\$100	\$100
Blood and Plasma		\$300	\$300
Appliance		\$125	\$125
Medical Supplies		\$5	\$5
Medicine		\$5	\$5
Prosthesis	1 device	\$500	\$500
	2 or more devices	\$1,000	\$1,000
Physical Therapy (pays daily)		\$30	\$30
Rehabilitation Unit (pays daily)		\$100	\$100
Non-Local Transportation		\$400	\$400
Family Member Lodging (pays daily)		\$100	\$100
Post-Accident Transportation (pays once/year)		\$200	\$200
Accident Follow-Up Treatment (pays daily)		\$50	\$50

⁶Up to amount shown; see Injury Benefit Schedule on page 5. Multiple losses from same injury pay only up to amount shown above.

PLAN 1 PREMIUMS

MODE	EE	EE + SP	EE + CH	F
Bi-Weekly	\$8.32	\$16.24	\$19.32	\$23.76

PLAN 2 PREMIUMS

MODE	EE	EE + SP	EE + CH	F
Bi-Weekly	\$11.40	\$22.72	\$27.32	\$33.86

Issue ages: 18 and over if actively at work

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

Injury Benefit Schedule is on page 5

INJURY BENEFIT SCHEDULE

Benefit amounts for coverage and one occurrence are shown below.

[†]Covered spouse gets 50% of the amounts shown and children 25%.

^{††}Covered spouse and children get 100% of the amounts shown.

COMPLETE DISLOCATION ^{††}	PLAN 1	PLAN 2
Hip joint	\$4,000	\$6,000
Knee or ankle joint [^] , bone or bones of the foot [^]	\$1,600	\$2,400
Wrist joint	\$1,400	\$2,100
Elbow joint	\$1,200	\$1,800
Shoulder joint	\$800	\$1,200
Bone or bones of the hand [^] , collarbone	\$600	\$900
Two or more fingers or toes	\$280	\$420
One finger or toe	\$120	\$180
COMPLETE, SIMPLE OR CLOSED FRACTURE ^{††}	PLAN 1	PLAN 2
Hip, thigh (femur), pelvis ^{††}	\$4,000	\$6,000
Skull ^{††}	\$3,800	\$5,700
Arm, between shoulder and elbow (shaft), shoulder blade (scapula), leg (tibia or fibula)	\$2,200	\$3,300
Ankle, knee cap (patella), forearm (radius or ulna), collarbone (clavicle)	\$1,600	\$2,400
Foot ^{††} , hand or wrist ^{††}	\$1,400	\$2,100
Lower jaw ^{††}	\$800	\$1,200
Two or more ribs, fingers or toes, bones of face or nose	\$600	\$900
One rib, finger or toe, coccyx	\$280	\$420
LOSS [†]	PLAN 1	PLAN 2
Life or both eyes, hands, arms, feet, or legs, or one hand or arm and one foot or leg	\$40,000	\$60,000
One eye, hand, arm, foot, or leg	\$20,000	\$30,000
One or more entire toes or fingers	\$4,000	\$6,000

[^]Knee joint (except patella). Bone or bones of the foot (except toes). Bone or bones of the hand (except fingers). ^{††}Pelvis (except coccyx). Skull (except bones of face or nose). Foot (except toes). Hand or wrist (except fingers). Lower jaw (except alveolar process).

CERTIFICATE SPECIFICATIONS

Conditions and Limits

When an injury results in a covered loss within 90 days (unless otherwise stated on page 3) from the date of an accident and is diagnosed by a physician, Allstate Benefits will pay benefits as stated. Treatment must be received in the United States or its territories.

Eligibility

Your employer decides who is eligible for your group (such as length of service and hours worked each week).

Dependent Eligibility/Termination

Coverage may include you, your spouse and your 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.

When Coverage Ends

Coverage under the policy and rider ends on the earliest of: the date the policy or certificate is canceled; the last day of the period for which you made any required contributions; the last day you are in active employment, except as provided under the Temporarily Not Working provision; the date you are no longer in an eligible class; or the date your class is no longer eligible.

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

Exclusions and Limitations for the Base Policy and Benefit Enhancement Rider: Benefits are not paid for: injury incurred before the effective date; act of war or participation in a riot, insurrection or rebellion; suicide or attempt at suicide; injury while under the influence of alcohol or any narcotic, unless taken upon the advice of a physician; any bacterial infection (except pyogenic infections from an accidental cut or wound); participation in aeronautics unless a fare-paying passenger on a licensed common-carrier aircraft; committing or attempting an assault or felony; driving in any race or speed test or testing any vehicle on any racetrack or speedway; hernia, including complications; serving as an active member of the Military, Naval, or Air Forces of any country or combination of countries.



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 based on the percentage payable for the condition.

Meeting Your Needs

- Guaranteed Issue coverage with a Pre-Existing Condition Limitation*
- 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
- 100% of your Basic-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 ?



Every **40** seconds, an American will suffer a heart attack⁷



Every **40** seconds, someone in the U.S. has a stroke⁸

*Please refer to the Exclusions and Limitations section on page 9.

⁷https://www.cdc.gov/heartdisease/heart_attack.htm ⁸<https://www.cdc.gov/stroke/facts.htm>

Benefits (subject to maximums as listed on page 8)

Benefit paid upon diagnosis of one of the following conditions

INITIAL CRITICAL ILLNESS BENEFITS⁹

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

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

REOCCURRENCE OF CRITICAL ILLNESS BENEFIT⁹

Initial Critical Illness - second diagnosis more than 6 months after the first date of diagnosis for which an Initial Critical Illness benefit was paid

RIDER BENEFITS

Second Evaluation, Transportation and Lodging Rider -

Second Evaluation - must be obtained prior to surgery or treatment and by a physician other than your current physician. One second evaluation per surgery or treatment

Non-Local Transportation - traveling to receive outpatient treatment for a covered critical illness more than 75 miles from home

Outpatient Lodging - while receiving outpatient treatment for a covered critical illness more than 75 miles from home

Family Member Lodging and Transportation - for one adult family member to accompany and care for an incapacitated covered person during non-local hospital stays (more than 75 miles from family member's home) for specialized treatment. Transportation benefit not paid if Non-Local Transportation benefit paid

Supplemental Critical Illness Rider* -

Advanced Alzheimer's Disease - must exhibit impaired memory and judgment and be certified unable to perform at least two daily activities¹⁰ without adult assistance

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 activities¹⁰ without adult assistance

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

Occupational HIV - exposure to HIV must be accidental and during normal occupational duties. Must not have previously tested positive for HIV

Fixed Wellness Rider - 24 exams. Once per person per calendar year for one of the following wellness services and tests: Biopsy for skin cancer; Blood tests for triglycerides, CA15-3 (breast cancer), CA125 (ovarian cancer), CEA (colon cancer), PSA (prostate cancer); Bone Marrow Testing; Sampling of blood or tissue for genetic testing for cancer risk; Chest X-ray; Colonoscopy; Doppler screening for carotids or peripheral vascular disease; Echocardiogram; EKG; Flexible sigmoidoscopy; Hemocult stool analysis; HPV (Human Papillomavirus) Vaccination; Lipid panel (total cholesterol count); Mammography, including Breast Ultrasound; Pap Smear, including ThinPrep Pap Test; Serum Protein Electrophoresis (test for myeloma); Stress test on bike or treadmill; Thermography; Ultrasound screening for abdominal aortic aneurysms.

⁹Benefits paid once per covered person. When all benefits have been used, the coverage terminates. ¹⁰Daily activities include: bathing, dressing, toileting, bladder and bowel continence, transferring and eating.

BENEFIT AMOUNTS

Percentages below are based on the Basic Benefit Amount of \$10,000 (Plan 1) or \$20,000 (Plan 2) chosen by your employer.

¹¹Covered dependents receive 50% of your benefit amount.

INITIAL CRITICAL ILLNESS BENEFITS ¹¹	PLAN 1	PLAN 2
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
Coronary Artery Bypass Surgery (25%)	\$2,500	\$5,000
Waiver of Premium (employee only)	Yes	Yes
REOCCURRENCE OF CRITICAL ILLNESS BENEFIT ¹¹	PLAN 1	PLAN 2
Initial Critical Illness (same amount as Initial Critical Illness Benefit)	Yes	Yes
RIDER BENEFITS	PLAN 1	PLAN 2
Second Evaluation, Transportation and Lodging Rider		
Second Evaluation	\$1,000	\$1,000
Non-Local Transportation¹²		
Air Fare	\$500	\$500
Personal Vehicle	\$0.50/mi.	\$0.50/mi.
Outpatient Lodging¹³ (daily)	\$100	\$100
Family Member Lodging¹³ (daily)	\$100	\$100
and Transportation¹² (per trip or mile¹⁴)		
Air Fare	\$500	\$500
Personal Vehicle	\$0.50/mi.	\$0.50/mi.
Supplemental Critical Illness with HIV Rider¹¹		
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
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
Occupational HIV (100%)	\$10,000	\$20,000
Fixed Wellness Rider (per year)	\$50	\$50

¹²Limit of \$5,000 in a calendar year. ¹³Limit of \$1,000 in a calendar year. ¹⁴Maximum of 1,000 miles.

PLAN 1 - BI-WEEKLY ISSUE AGE PREMIUMS

AGE	EE, EE+CH	EE+SP, F	AGE	EE, EE+CH	EE+SP, F
Non-Tobacco			Tobacco		
18-29	\$1.06	\$1.82	18-29	\$1.32	\$2.24
30-39	\$1.80	\$2.98	30-39	\$2.66	\$4.28
40-49	\$3.34	\$5.36	40-49	\$5.36	\$8.38
50-59	\$5.90	\$9.30	50-59	\$9.24	\$14.30
60-64	\$8.02	\$12.52	60-64	\$12.58	\$19.36
65+	\$13.00	\$20.02	65+	\$20.76	\$31.68

PLAN 2 - BI-WEEKLY ISSUE AGE PREMIUMS

AGE	EE, EE+CH	EE+SP, F	AGE	EE, EE+CH	EE+SP, F
Non-Tobacco			Tobacco		
18-29	\$1.56	\$2.60	18-29	\$2.12	\$3.42
30-39	\$3.00	\$4.78	30-39	\$4.74	\$7.40
40-49	\$5.98	\$9.30	40-49	\$10.00	\$15.34
50-59	\$10.94	\$16.84	50-59	\$17.58	\$26.82
60-64	\$15.04	\$23.04	60-64	\$24.16	\$36.72
65+	\$24.88	\$37.86	65+	\$40.42	\$61.14

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

CERTIFICATE SPECIFICATIONS

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

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 riders.

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

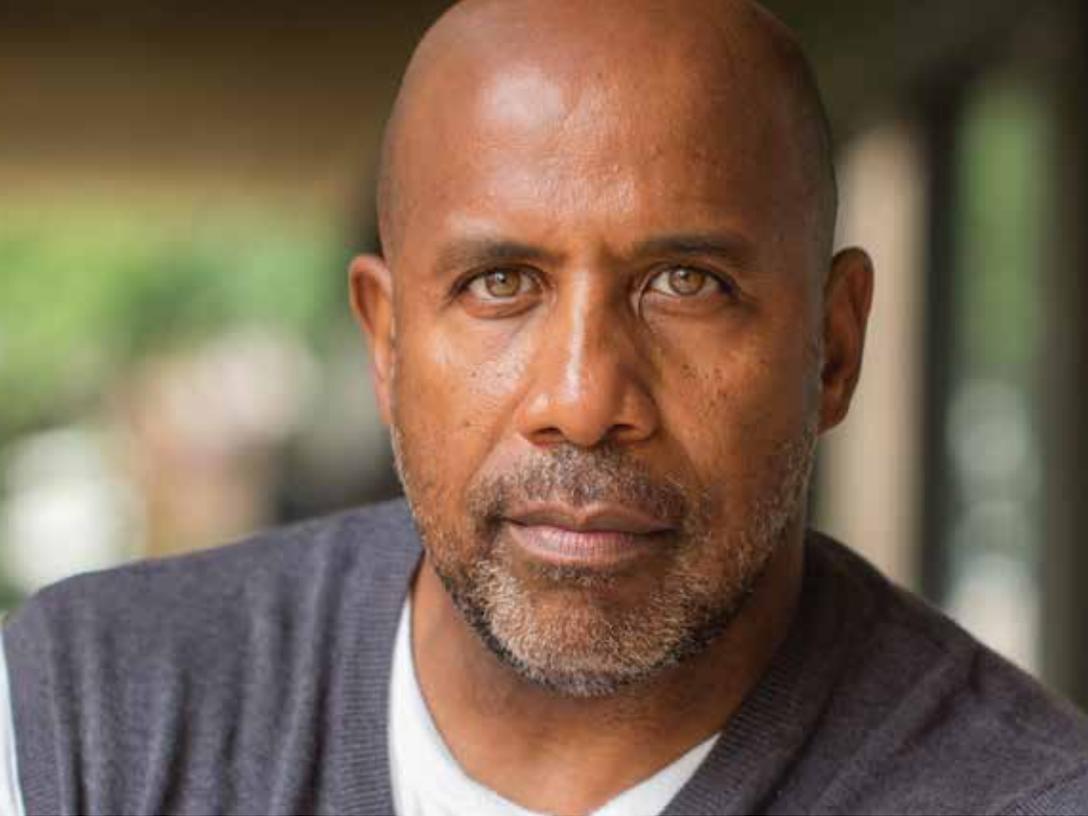
A diagnosis occurring before your coverage begins is not payable; however, a diagnosis of any covered critical illness or specified disease after your effective date will be payable. Benefits are subject to the Pre-Existing Condition Limitation as well as all other limitations and exclusions. All critical illnesses must meet the definitions and dates of diagnoses stated in the policy and be diagnosed by a physician while coverage is in effect.

Pre-Existing Condition Limitation

Benefits are not paid for: a critical illness that is, caused by, contributed to by or results from, a pre-existing condition when the date of diagnosis is within 12 months after the effective date of coverage. A pre-existing condition is a sickness, injury or other condition for which medical advice or treatment was recommended or received from a medical professional within 12 months prior to the effective date.

Exclusions

Benefits are not paid for: intentionally self-inflicted injury or action; illegal activities or occupations; suicide while sane, or self-destruction while insane, or any attempt at either; substance abuse, including alcohol, alcoholism, abuse of legally obtained prescription medication, or illegal use of non-prescribed drugs or narcotics; or being under the influence of alcohol, drugs or narcotics, unless administered and taken as prescribed by a physician.



Protection for the treatment of cancer and 29 specified diseases

Cancer Insurance

Receiving a cancer diagnosis can be one of life's most frightening events. Unfortunately, statistics show you probably know someone who has been in this situation.

With Cancer insurance from Allstate Benefits, you can rest a little easier. Our coverage pays you a cash benefit to help with the costs associated with treatments, to pay for daily living expenses, and more importantly, to empower you to seek the care you need.

Here's How It Works

You choose the coverage that's right for you and your family. Our Cancer insurance pays cash benefits for cancer and 29 specified diseases to help with the cost of treatments and expenses as they happen. Benefits are paid directly to you unless otherwise assigned. With the cash benefits you can receive from this coverage, you may not need to use the funds from your Health Savings Account (HSA) for cancer or specified disease treatments and expenses.

Meeting Your Needs

- Includes coverage for cancer and 29 specified diseases
- Benefits are paid directly to you unless otherwise assigned
- Coverage available for dependents
- Waiver of premium after 90 days of disability due to cancer for as long as your disability lasts (employee only)
- Coverage may be continued; refer to your certificate for details
- Additional benefits have been added to enhance your coverage

With Allstate Benefits, you can protect your finances if faced with an unexpected cancer or specified disease diagnosis. **Practical benefits for everyday living.**[®]

DID YOU KNOW ?



Early detection, improved treatments and access to care are factors that influence cancer survival¹⁵

20.3 million

The number of cancer survivors in the U.S. is increasing, and is expected to jump to nearly 20.3 million by 2026¹⁶

¹⁵Life After Cancer: Survivorship by the Numbers, American Cancer Society, 2017

¹⁶Cancer Treatment & Survivorship Facts & Figures, 2016-2017

Benefits (subject to maximums as listed on page 12)

HOSPITAL CONFINEMENT AND RELATED BENEFITS

Continuous Hospital Confinement - inpatient admission and confinement

Government or Charity Hospital - confinements in lieu of all other benefits, except Waiver of Premium

Private Duty Nursing Services - full-time nursing services authorized by attending physician

Extended Care Facility - within 14 days of a hospital stay; payable up to the number of days of the hospital stay

At Home Nursing - private nursing care must begin within 14 days of a covered hospital stay; payable up to the number of days of the previous hospital stay

Hospice Care Center or Team - terminal illness care in a facility or at home; one visit per day

RADIATION/CHEMOTHERAPY AND RELATED BENEFITS

Radiation/Chemotherapy for Cancer - covered treatments to destroy or modify cancerous tissue

Blood, Plasma and Platelets - transfusions, administration, processing, procurement, cross matching

Hematological Drugs - boosts cell lines for white/red cell counts and platelets; payable when Radiation/Chemotherapy for Cancer benefit is paid

Medical Imaging - initial diagnosis or follow-up evaluation based on covered imaging exam

SURGERY AND RELATED BENEFITS

Surgery¹⁷ - based on Certificate Schedule of Surgical Procedures

Anesthesia - 25% of Surgery benefit for anesthesia received by an anesthetist

Bone Marrow or Stem Cell Transplant - autologous, non-autologous for treatment of cancer or specified disease other than Leukemia, or non-autologous for treatment of Leukemia

Ambulatory Surgical Center - payable only if Surgery benefit is paid

Second Opinion - second opinion for surgery or treatment by a doctor not in practice with your doctor

MISCELLANEOUS BENEFITS

Inpatient Drugs and Medicine - not including drugs/medicine covered under the Radiation/Chemotherapy for Cancer or Anti-Nausea benefits

Physician's Attendance - one inpatient visit by one physician

Ambulance - transfer to or from hospital where confined by a licensed service or hospital-owned ambulance

Non-Local Transportation - obtaining treatment not available locally

Outpatient Lodging - more than 100 miles from home

Family Member Lodging and Transportation - adult family member travels with you during non-local hospital stays for specialized treatment. Transportation not paid if Non-Local Transportation benefit is paid

Physical or Speech Therapy - to restore normal body function

New or Experimental Treatment - payable if physician judges to be necessary and only for treatment not covered under other policy benefits

Prosthesis - surgical implantation of prosthetic device for each amputation

Hair Prosthesis - wig or hairpiece every two years due to hair loss

Nonsurgical External Breast Prosthesis - initial prosthesis after a covered mastectomy

Anti-Nausea Benefit - prescribed anti-nausea medication administered on outpatient basis

Waiver of Premium¹⁸ - must be disabled 90 days in a row due to cancer, as long as disability lasts

ADDITIONAL BENEFITS

Cancer Initial Diagnosis - for first-time diagnosis of cancer other than skin cancer. The first diagnosis of cancer includes a recurrence of cancer as long as you are diagnosed after the effective date of coverage and have been free of any symptoms and treatment of cancer for 12 consecutive months immediately preceding the effective date of coverage, or any 12 consecutive months

Intensive Care (ICU)

a. **ICU Confinement** - illness or accident confinements up to 45 days/stay

b. **Step-down ICU Confinement** - confinements up to 45 days/stay

c. **Ambulance** - licensed air or surface ambulance service to ICU

Wellness Benefit - once per year for one of 23 exams. Tests include: Biopsy for skin cancer; Blood tests for triglycerides, CA15-3 (breast cancer), CA125 (ovarian cancer), CEA (colon cancer), PSA (prostate cancer); Bone Marrow Testing; Chest X-ray; Colonoscopy; Doppler screening for carotids or peripheral vascular disease; Echocardiogram; EKG; Flexible sigmoidoscopy; Hemoccult stool analysis; HPV (Human Papillomavirus) Vaccination; Lipid panel (total cholesterol count); Mammography, including Breast Ultrasound; Pap Smear, including ThinPrep Pap Test; Serum Protein Electrophoresis (test for myeloma); Stress test on bike or treadmill; Thermography; and Ultrasound screening for abdominal aortic aneurysms.

SPECIFIED DISEASES

29 Specified Diseases Covered - Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease), Muscular Dystrophy, Poliomyelitis, Multiple Sclerosis, Encephalitis, Rabies, Tetanus, Tuberculosis, Osteomyelitis, Diphtheria, Scarlet Fever, Cerebrospinal Meningitis, Brucellosis, Sickle Cell Anemia, Thalassemia, Rocky Mountain Spotted Fever, Legionnaires' Disease, Addison's Disease, Hansen's Disease, Tularemia, Hepatitis (Chronic B or C), Typhoid Fever, Myasthenia Gravis, Reye's Syndrome, Primary Sclerosing Cholangitis (Walter Payton's Disease), Lyme Disease, Systemic Lupus Erythematosus, Cystic Fibrosis, and Primary Biliary Cirrhosis

¹⁷Two or more surgeries done at the same time are considered one operation. The operation with the largest benefit will be paid. Outpatient is paid at 150% of the amount listed in the Schedule of Surgical Procedures. Does not pay for other surgeries covered by other benefits ¹⁸Premiums waived for employee only

BENEFIT AMOUNTS

HOSPITAL CONFINEMENT AND RELATED BENEFITS	PLAN 1	PLAN 2
Continuous Hospital Confinement (daily)	\$300	\$400
Government or Charity Hospital (daily)	\$300	\$400
Private Duty Nursing Services (daily)	\$300	\$400
Extended Care Facility (daily)	\$300	\$400
At Home Nursing (daily)	\$300	\$400
Hospice Care Center (daily) or Hospice Care Team (per visit)	\$300 \$300	\$400 \$400
RADIATION/CHEMOTHERAPY/RELATED BENEFITS	PLAN 1	PLAN 2
Radiation/Chemotherapy for Cancer ¹⁹ (every 12 months)	\$10,000	\$20,000
Blood, Plasma, and Platelets ¹⁹ (every 12 months)	\$10,000	\$20,000
Hematological Drugs ¹⁹ (every 12 months)	\$200	\$400
Medical Imaging ¹⁹ (every 12 months)	\$500	\$1,000
SURGERY AND RELATED BENEFITS	PLAN 1	PLAN 2
Surgery ²⁰	\$4,500	\$6,000
Anesthesia (% of surgery benefit)	25%	25%
Bone Marrow or Stem Cell Transplant (once/year)		
1. Autologous	1. \$1,500	1. \$2,000
2. Non-autologous (cancer or specified disease treatment)	2. \$3,750	2. \$5,000
3. Non-autologous (Leukemia)	3. \$7,500	3. \$10,000
Ambulatory Surgical Center (daily)	\$750	\$1,000
Second Opinion	\$600	\$800
MISCELLANEOUS BENEFITS	PLAN 1	PLAN 2
Inpatient Drugs and Medicine (daily)	\$25	\$25
Physician's Attendance (daily)	\$50	\$50
Ambulance (per confinement)	\$100	\$100
Non-Local Transportation ¹⁹ (coach fare or amount shown per mile ²¹)	\$0.40/mi	\$0.40/mi
Outpatient Lodging (daily; limit \$2,000/12 mo. period)	\$50	\$50
Family Member Lodging (daily per trip; max. 60 days) and Transportation (coach fare or amount shown per mile ²²)	\$50 \$0.40/mi	\$50 \$0.40/mi
Physical or Speech Therapy (daily)	\$50	\$50
New or Experimental Treatment ¹⁹ (every 12 months)	\$5,000	\$5,000
Prosthesis ¹⁹ (per amputation)	\$2,000	\$2,000
Hair Prosthesis (every 2 years)	\$25	\$25
Nonsurgical External Breast Prosthesis ¹⁹	\$50	\$50
Anti-Nausea Benefit ¹⁹ (once per calendar year)	\$200	\$200
Waiver of Premium (employee only)	Yes	Yes
ADDITIONAL BENEFITS	PLAN 1	PLAN 2
Cancer Initial Diagnosis (one-time benefit)	\$5,000	\$5,000
Intensive Care (ICU)		
ICU (daily)	\$400	\$600
Step-down (daily)	\$200	\$300
Ambulance	Charges	Charges
Wellness Benefit	\$100	\$100

¹⁹Pays actual charges up to amount listed. ²⁰Pays actual charges up to amount listed in certificate Schedule of Surgical Procedures. Amount paid depends on surgery. ²¹At least 70 miles away, up to 700 miles. ²²Transportation up to 700 miles per continuous hospital confinement.

PLAN 1 PREMIUMS

MODE	EE	EE + SP	EE + CH	F
Bi-Weekly	\$13.32	\$20.98	\$18.88	\$26.54

PLAN 2 PREMIUMS

MODE	EE	EE + SP	EE + CH	F
Bi-Weekly	\$19.78	\$30.84	\$28.26	\$39.32

Issue ages: 18 and over if actively at work

EE = Employee; EE + SP = Employee + Spouse;

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

DEFINITION

Actual Charge - Amount billed for a treatment or service before any insurance discounts or payments.

CERTIFICATE SPECIFICATIONS

Eligibility

Coverage may include you, your spouse or domestic partner, and children under age 26.

Termination of Coverage

Coverage under the policy ends on the date the policy is canceled; the last day premium payments were made; the last day of active employment, unless coverage is continued due to Temporary Layoff, Leave of Absence or Family and Medical Leave of Absence; the date you or your class is no longer eligible.

Spouse/domestic partner coverage ends upon divorce/termination of partnership or your death. Coverage for children ends when the child reaches age 26, unless he or she continues to meet the requirements of an eligible dependent.

Portability Privilege

Coverage may be continued under the Portability Provision when coverage under the policy ends. Refer to your Certificate of Insurance for details.

LIMITATIONS AND EXCLUSIONS

Pre-Existing Condition Limitation

We do not pay benefits for a pre-existing condition during the 12-month period beginning on the date that person's coverage starts. A pre-existing condition is a disease or condition for which treatment was received from a medical professional within the 12-month period prior to the effective date.

Exclusions and Limitations

We do not pay for any loss except for losses due to cancer or a specified disease. Benefits are not paid for conditions caused or aggravated by cancer or a specified disease. Treatment and services must be needed due to cancer or a specified disease and be received in the United States or its territories.

Hospice Care Team Limitation: Services are not covered for food or meals, well-baby care, volunteers or support for the family after covered person's death.

Blood, Plasma and Platelets Limitation: Does not include immunoglobulins or blood replaced by donors.

For the **Surgery, New or Experimental Treatment** and **Prosthesis** benefits, we pay 50% of the applicable maximum when specific charges are not obtainable as proof of loss.

For the **Radiation/Chemotherapy for Cancer** benefit, we do not pay for: any other chemical substance which may be administered with or in conjunction with radiation/chemotherapy; treatment planning, consultation or management; the design and construction of treatment devices; basic radiation dosimetry calculation; any type of laboratory tests; X-ray or other imaging used for diagnosis or monitoring; the diagnostic tests related to these treatments; or any devices or supplies including intravenous solutions and needles related to these treatments.

Intensive Care Exclusions and Limitations

Benefits are not paid for attempted suicide or intentional self-inflicted injury, intoxication or being under the influence of drugs not prescribed by a physician, or alcoholism or drug addiction. Benefits are not paid for confinements to a care unit that does not qualify as a hospital intensive care unit, including progressive care, subacute intensive care, intermediate care, private rooms with monitoring, or step-down and other lesser care units. Benefits are not paid for step-down confinements in the following units: telemetry or surgical recovery rooms; post-anesthesia care; progressive care; intermediate care; private monitored rooms; observation units in emergency rooms or outpatient surgery units; beds, wards, or private or semi-private rooms; emergency, labor or delivery rooms; or other facilities that do not meet the standards for a step-down hospital intensive care unit. Benefits are not paid for continuous confinements occurring during a hospitalization prior to the effective date. Children born within 10 months of the effective date are not covered for confinement occurring or beginning during the first 30 days of the child's life. We do not pay for ambulance if paid under the Cancer and Specified Disease Ambulance benefit.



Provides a cash benefit directly to your beneficiary

Underwritten by: American Heritage Life Insurance Company*

Universal Life Insurance

A death not only leaves behind loved ones, but also financial obligations. And, like many people, you may not have enough life insurance to keep your family afloat if an unexpected death occurs. Give yourself and your loved ones a gift of love with Good Hands® protection from Allstate Benefits.

Without a Life Insurance policy, your family may have to tap into their savings, retirement, or 401k to help cover final expenses and everyday living expenses should a loved one die unexpectedly.

Here's How It Works

You choose the coverage that's right for you and your family. With planning, the death benefit can pass to your beneficiaries free from state or federal estate taxes. Consult with your tax advisor for specific information. Then, if life comes to an end while coverage is in force, your beneficiary can receive a tax-free death benefit that can be used to help pay for funeral expenses, mortgage payments and more.

Meeting Your Needs

- You choose the death benefit amount to leave behind
- Coverage for spouse and children through a separate certificate or rider**
- Premiums are affordable and conveniently payroll deducted***
- Tax benefits, withdrawals and loans are available. However, penalties and taxes may affect your decision****

With Allstate Benefits, you gain peace of mind knowing your loved ones will receive a financial safety net when you die – think of it as your final gift of love.

Practical benefits for everyday living.®

DID YOU KNOW ?



Reasons for purchasing life coverage include: replace income, final expenses, wealth transfer and mortgage payoff.²³



Common financial concerns among Americans include: the ability to afford long-term care, medical and disability expenses, retirement, investments, living debt/expenses and final expenses.²³

*Allstate Benefits is the marketing name used by American Heritage Life Insurance Company, a subsidiary of The Allstate Corporation. **Coverage for spouse and child(ren) may be limited to a percentage of the employee's face amount in some states. ***This is a flexible premium adjustable life insurance product with non-guaranteed elements. Premiums may need to be increased to maintain coverage to maturity (age 95). ****Partial withdrawals, surrenders, non-qualified additional benefit rider charges and loans from life insurance policies may be subject to ordinary income taxes and possibly an additional 10% federal tax penalty. Outstanding loan balances and withdrawals generally reduce the death benefit and cash value. With proper planning, the death benefit can pass to your beneficiaries free from state or federal estate taxes. Please consult with your tax advisor for specific information. ²³2019 Insurance Barometer Report, LIMRA

Prepare for the future today

Losing a loved one can be devastating. Final expenses and daily bills only add to your worries. Our Universal Life Insurance coverage may be used to:

- Pay off a mortgage or debts
- Provide for child care or educational expenses
- Replace income to continue the same standard of living

One way you can determine if you and your family need the coverage is to review the list below and check some or all that apply to you and your family.

- You're the primary wage earner in your family
- Your family would have trouble living comfortably without your income
- You have regular debts, like mortgage, car payment or credit cards
- You have children under 18
- You want flexible coverage that can change with your needs
- You'd like to plan to supplement your retirement income in later years

With proper planning, the death benefit can pass to your beneficiaries free from state or federal estate taxes. Please consult with your tax advisor for specific information.

You may be required to answer health questions at enrollment. Coverage may be available with reduced underwriting through your employer during your initial enrollment period. If you enroll after your initial enrollment period, answers to health questions are required.

Here's how Universal Life works

Premium payments are deducted from your paycheck and added to the fund value. Each month, expenses and cost of insurance charges are deducted from the fund value and any excess in the fund continues to earn interest at a rate of at least 3% per year. Interest is not taxed as income until it is withdrawn.

Fund value and premium payments

As you continue to pay your premium, your fund value may grow over time. Monthly premiums are flexible, meaning you can choose to pay as much or as little as you can afford, subject to policy minimums and maximums. Premiums may need to be increased to maintain coverage to maturity (age 95).

Benefits

Life Insurance - pays a lump-sum cash benefit when you die

OPTIONAL RIDER BENEFIT²⁴

Accelerated Death Benefit for Terminal Illness²⁵ - an advance of the death benefit, up to 75% of the face amount, when certified terminally ill

²⁴The rider has exclusions and limitations, may vary in availability by issue age, and may not be available to all covered dependents or in all states. Additional premiums may be required for riders added to coverage. ²⁵Monthly Deductions are waived after payment of benefit.

EXCLUSIONS AND LIMITATIONS

Suicide Exclusion - If a covered person commits suicide, the death benefit may be limited to the premiums paid for that covered person.

Other Exclusions and Limitations - The policy and rider have elimination periods, exclusions, and limitations that may affect coverage. Please refer to your certificate for details.

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.



Allstate Benefits is the marketing name used by American Heritage Life Insurance Company, a subsidiary of The Allstate Corporation. ©2020 Allstate Insurance Company.
www.allstate.com or
allstatebenefits.com

This brochure is for use in ND.

Rev. 10/20. This material is valid as long as information remains current, but in no event later than October 15, 2023.

It is possible that coverage will expire when either no premiums are paid following the initial premium or subsequent premiums are insufficient to continue coverage.

Group Accident benefits are provided under policy form GVAP1, or state variations thereof. Benefit Enhancement Rider benefits are provided under rider form GVAPBER, or state variations thereof.

Group Critical Illness benefits are provided under policy form GVCIP4, or state variations thereof. Critical Illness Rider benefits are provided under the following rider forms, or state variations thereof: Second Evaluation, Transportation and Lodging Rider GCIP4SER; Supplemental Critical Illness with HIV Rider GCIP4SR1; Fixed Wellness Rider GCIP4FWR.

Group Cancer benefits are provided under policy form GVCP3, or state variations thereof.

Group Universal Life Insurance benefits are provided under policy form GUL23P, or state variations thereof. Accelerated Death Benefit for Terminal Illness Rider benefit is provided under rider form GULBR, or state variations thereof.

The Accident, Critical Illness and Cancer coverage provided is limited benefit supplemental insurance. The policies are not Medicare Supplement policies. If eligible for Medicare, review Medicare Supplement Buyer's Guide available from Allstate Benefits. There may be instances when a law requires that benefits under this coverage be paid to a third party rather than to you. If you or a dependent have coverage under Medicare, Medicaid, or a state variation, please refer to your health insurance documents to confirm whether assignments or liens may apply.

This is a brief overview of the benefits available under the group policies 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.