

Benefit coverage for Trinity Health

Now is the time to plan for protection
against life's uncertainties.

**GROUP VOLUNTARY ACCIDENT, CANCER,
CRITICAL ILLNESS AND UNIVERSAL LIFE INSURANCE**


Best in Benefits SeriesSM

group voluntary accident


Group voluntary accident coverage from Allstate Benefits pays cash benefits for expenses associated with an accidental injury and can help protect hard-earned savings should an on- or off-the-job accidental injury occur.

No one plans to have an accident. But it can happen at any moment throughout the day, whether at work or at play. 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.

Our accident coverage helps offer peace of mind when an accidental injury occurs. Below is an example of how benefits are paid.*



John chooses benefit coverage under his **Employer Approved Plan**




2 years later John is traveling to work, is in a car accident, and is air lifted to the hospital

John incurred expenses for services in and out of the hospital. In addition to what major medical insurance paid, our voluntary accident benefits paid for:

Air Ambulance Service	\$ 600
Hospital Admission	\$ 500
Open Abdominal/Thoracic Surgery	\$ 1,000
Medicine	\$ 5
Medical Expenses (surgery)	\$ 500
Initial Hospital Confinement	\$ 1,000
3-Day Hospital Stay	\$ 600
Outpatient Doctor Visit	\$ 50

With Accident Coverage
Additional dollars to pay for copay, deductible and other costs
Benefits paid: **\$4,255**



Without Accident Coverage
No additional dollars to pay for copay, deductible or other out-of-pocket costs
Benefits paid: **\$0**

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

meeting your needs

Our accident coverage helps offer peace of mind when an accidental injury occurs.

- Coverage that is guaranteed issue; there are no medical exams or tests to take
- Benefits that correspond with treatment for on- and off-the-job accidental injuries including hospitalization, emergency treatment, intensive care, fractures, plus more
- 24-hour accident coverage for yourself or your entire family
- Affordable premiums
- Benefits paid directly to you, unless you assign them to someone else
- Additional rider benefits have been added to the plan, and are designed to enhance your coverage
- Continuation of coverage

your benefit coverage[†]

Accidental Death - Pays a benefit for accidental death.

Common Carrier Accidental Death - Pays a benefit for death while riding as a fare-paying passenger on a scheduled common carrier.

Dismemberment - Pays a benefit for dismemberment. Multiple dismemberments during the same injury are limited to the principal amount listed on page 4.

Dislocation or Fracture - Pays a benefit for dislocation or fracture. Multiple dislocations or fractures during the same injury are limited to the principal amount listed on page 4.

Initial Hospital Confinement - Pays a benefit when you are confined in a hospital for the first time after the effective date.

Hospital Confinement - Pays a benefit when you are confined in a hospital.

Intensive Care - Pays a benefit when you are confined in a hospital intensive-care unit.

Ambulance - Pays a benefit for you to be transferred by ambulance service to or from a hospital.

Medical Expenses - Pays a benefit when you have medical expenses.

Outpatient Physician's Treatment - Pays a benefit when you are treated by a physician outside of a hospital for any reason, subject to the limitations on page 13.

[†] Pays stated amounts for accidents only. Benefit amounts are shown on pages 4 and 5. See page 13 for limits and conditions.

Sports can lead to accidents



Child is hurt playing ball



is taken to the hospital



and is seen by a physician

BENEFIT ENHANCEMENT RIDER

Hospital Admission - Pays a benefit for your first hospital confinement, after you have been continuously covered by this rider for 12 months. Must be confined within 3 days after the accident.

Lacerations - Pays a benefit when you receive treatment for 1 or more cuts within 3 days after an accident.

Burns - Pays a benefit when you receive treatment for burns, other than sunburns, within 3 days after an accident.

Skin Graft** - Pays a benefit when you receive a skin graft for a covered burn.

Brain Injury Diagnosis - Pays a benefit when you are diagnosed with 1 of these within 30 days after an accident: concussion, cerebral laceration, cerebral contusion, or intracranial hemorrhage. Must be first treated by a physician within 3 days after the accident.

Computed Tomography (CT) Scan and Magnetic Resonance Imaging (MRI)* - Pays a benefit when you receive a CT scan or MRI. Must be first treated by a physician within 30 days after the accident.

Paralysis - Pays a benefit when you are paralyzed from a spinal cord injury for at least 90 days. Must be confirmed by a physician within 3 days after the accident.

Coma With Respiratory Assistance - Pays a benefit when you are in a coma for at least 7 days. Medically induced comas are not covered.

Open Abdominal or Thoracic Surgery - Pays a benefit when you have surgery for internal injuries within 3 days after the accident.

Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery* - Pays a benefit when you have surgery to repair a tendon, ligament, rotator cuff or knee cartilage; or for exploratory arthroscopic surgery.

Ruptured Disc Surgery* - Pays a benefit when you have a surgical procedure to repair a ruptured spinal disc.

Eye Surgery** - Pays a benefit when you have surgery or a foreign object removed from the eye.

General Anesthesia* - Pays a benefit for general anesthesia for a covered surgery.

Blood and Plasma - Pays a benefit for a blood or plasma transfusion within 3 days after an accident.

Appliance** - Pays a benefit for 1 of the following: wheelchair, crutches, or walker.

Medical Supplies** - Pays a benefit for over-the-counter medical supplies.†

Medicine** - Pays a benefit for prescription or over-the-counter medicine.†

Prosthesis* - Pays a benefit for a physician-prescribed prosthetic arm, leg, hand, foot or eye when a benefit is also paid under the Dismemberment benefit.

Physical Therapy** - Pays a benefit for physician-prescribed physical therapy within 6 months after the accident. Not payable for chiropractic services or for the same visit that the Accident Follow-up Treatment benefit is paid.†

Rehabilitation Unit - Pays a benefit when you are confined in a rehabilitation unit after a hospital stay. Not payable for days that the Daily Hospital Confinement benefit is paid.

Non-Local Transportation - Pays a benefit when you have physician-prescribed treatment at a hospital or treatment center more than 100 miles from your home.

Family Member Lodging - Pays a benefit when one adult family member accompanies you to receive treatment at a hospital or treatment center more than 100 miles from the family member's home.

Post-Accident Transportation - Pays a benefit when you are hospital-confined for at least 3 days in a row more than 250 miles from your home, and you are brought home by a common carrier.

Accident Follow-Up Treatment** - Pays a benefit when you receive follow-up treatment from a physician in their office or in a hospital as an outpatient. Must take place within 6 months after the accident. Not payable for the same visit for which the Physical Therapy benefit is paid.†

*Must begin or be received within 180 days of the accident.

**Must begin, be received, or be performed within 90 days of the accident.

†Provided a benefit is also paid under the Medical Expenses benefit.

BASE ACCIDENT BENEFITS

		LOW	HIGH
Accidental Death	Employee	\$40,000	\$60,000
	Spouse	\$20,000	\$30,000
	Child	\$10,000	\$15,000
Common Carrier Accidental Death	Employee	\$200,000	\$300,000
	Spouse	\$100,000	\$150,000
	Child	\$50,000	\$75,000
Dismemberment	Employee	up to \$40,000 ¹	up to \$60,000 ¹
	Spouse	up to \$20,000 ¹	up to \$30,000 ¹
	Child	up to \$10,000 ¹	up to \$15,000 ¹
Dislocation or Fracture		up to \$4,000 ¹	up to \$6,000 ¹
Initial Hospital Confinement ²		\$1,000	\$1,500
Hospital Confinement ³		\$200	\$300
Intensive Care ³		\$400	\$600
Ambulance	Regular Ambulance	\$200	\$300
	Air Ambulance	\$600	\$900
Medical Expenses		up to \$500	up to \$750
Outpatient Physician's Treatment ⁴		\$50	\$75
BENEFIT ENHANCEMENT RIDER BENEFITS		LOW	HIGH
Hospital Admission ⁵		\$500	\$500
Lacerations ⁶		\$50	\$50
Burns*	< 15% of body surface	\$100	\$100
	15% or more	\$500	\$500
Skin Graft (% of Burns)*		50%	50%
Brain Injury Diagnosis ²		\$150	\$150
Computed Tomography (CT) Scan and Magnetic Resonance Imaging (MRI) ⁷		\$50	\$50
Paralysis ²	Paraplegia	\$7,500	\$7,500
	Quadriplegia	\$15,000	\$15,000
Coma with Respiratory Assistance ²		\$10,000	\$10,000
Open Abdominal or Thoracic Surgery ⁸		\$1,000	\$1,000
Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery ⁸	Surgery	\$500	\$500
	Exploratory	\$150	\$150
Ruptured Disc Surgery ⁸		\$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*	One Device	\$500	\$500
	Two or More	\$1,000	\$1,000
Physical Therapy ⁹		\$30	\$30
Rehabilitation Unit ¹⁰		\$100	\$100
Non-Local Transportation ¹¹		\$400	\$400
Family Member Lodging ¹²		\$100	\$100
Post-Accident Transportation ⁶		\$200	\$200
Accident Follow-Up Treatment ¹³		\$50	\$50

Listed to the left are benefit amounts associated with the benefits described in the booklet.

* Benefits are payable once/covered accident/covered person

¹ based on amounts shown in the Injury Benefit Schedule on page 5

² payable once/covered person

³ per day, max. 90 days/injury

⁴ per visit, max. 2 visits/year, 4 if dependents are covered

⁵ payable once/covered person/confinement/year

⁶ payable once/covered person/year

⁷ payable once/covered person/accident/year

⁸ 2 or more procedures through same entry point are considered 1 operation

⁹ per day, max. 6 treatments/accident/covered person

¹⁰ per day, max. 30 days/covered person/confinement, max. 60 days/year

¹¹ per trip, max. 3 times/accident

¹² per day, max. 30 days

¹³ per day, max. 2 treatments/accident/covered person

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.

LOSS OF LIFE OR LIMB†	LOW	HIGH
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
COMPLETE DISLOCATION††	LOW	HIGH
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††	LOW	HIGH
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

*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).

premiums

MODE	PLAN	EE	EE + SP	EE + CH	F
Bi-Weekly	LOW	\$8.32	\$16.24	\$19.32	\$23.76
	HIGH	\$11.40	\$22.72	\$27.32	\$33.86

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


Issue Ages: 18 and over if Actively at Work

group voluntary cancer


Group Voluntary Cancer coverage from Allstate Benefits provides cash benefits for cancer and 29 specified diseases to help with the costs associated with treatments and expenses as they happen.

Being diagnosed with cancer or a specified disease can be difficult on anyone both emotionally and financially. Having the right coverage to help when undergoing treatments for cancer is important. Our cancer coverage can help provide added financial security when it is needed most.

Cancer coverage can help offer peace of mind when a diagnosis of cancer or a specified disease occurs. Below is an example of how benefits might be paid.*



Jane chooses benefit coverage under her **Employer Approved Plan**




Jane undergoes her annual wellness test and is diagnosed with cancer.

Jane's doctor recommends pre-op testing and provides her with the location of the hospital. Jane must travel 200 miles to have pre-op testing (medical imaging) and is admitted to the hospital for surgery.

Jane undergoes surgery, anesthesia, radiation/chemo, and is visited by a doctor during a 3-day hospital stay. And every 2 weeks she has radiation/chemotherapy at a local facility, is given anti-nausea medication, and sees her doctor during her follow-up visits.

Our cancer insurance policy paid Jane the following:

Wellness Exam	\$ 100
Hospital Confinement	\$ 900
Cancer Initial Diagnosis	\$ 5,000
Non-Local Transportation	\$ 160
Surgery	\$ 4,500
Anesthesia	\$ 1,125
Radiation/Chemo	\$10,000
Medical Imaging	\$ 500
Inpatient Medicine	\$ 75
Physician Visits	\$ 150
Hair Prosthesis	\$ 25
Anti-Nausea	\$ 200
Total Benefits:	\$22,735



*The example shown may vary from the plan your employer is offering. Your individual experience may also vary. Please see page 8 for your plan details.

meeting your needs

Our cancer coverage can help offer you and your family financial support.

- Benefits paid directly to you unless otherwise assigned
- Coverage for you or your entire family
- No evidence of insurability required at initial enrollment†
- Waiver of premium after 90 days of disability due to cancer for as long as your disability lasts**
- Portable

†Enrolling after your initial enrollment period requires evidence of insurability

**Primary insured only.

benefit coverage highlights

Cancer and specified disease benefits can help cover the costs of specific treatments and expenses as they happen. Terms and conditions for each benefit will vary. **Benefit amounts are shown on page 8.**

Specified Diseases - 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.

HOSPITAL AND RELATED BENEFITS

Continuous Hospital Confinement - Pays for each day of inpatient confinement.

Government or Charity Hospital - Pays a benefit for each day of inpatient confinement to a U.S. government hospital or a hospital that does not charge for its services. In lieu of all other benefits.

Private Duty Nursing Services - Pays a benefit daily when receiving physician- authorized inpatient private nursing services.

Extended Care Facility - Pays a daily benefit for physician-authorized inpatient confinement (within 14 days of a hospital stay).

Wellness tests
annually



A doctor visit
is scheduled



Tests are run and
results received



You get
paid cash

At Home Nursing - Pays a daily benefit for physician-authorized private nursing care (up to the number of days of the previous hospital stay).

Hospice Care - Pays a benefit when a physician determines terminal illness and approves hospice care at home (1 visit per day) or in a freestanding hospice care center.

RADIATION, CHEMOTHERAPY AND RELATED BENEFITS

Radiation/Chemotherapy for Cancer - Pays a benefit for covered treatment to destroy or modify cancerous tissue.

Blood, Plasma, and Platelets - Pays a benefit for blood, plasma, and platelets. Includes charges for transfusions, administration, processing, procurement and cross-matching. Does not include donor replaced blood or immunoglobulins.

Medical Imaging - Pays a benefit for an initial diagnosis or follow-up evaluation.

Hematological Drugs - Pays a benefit for drugs to boost cell lines when Radiation/Chemotherapy for Cancer benefit is paid.

SURGERY AND RELATED BENEFITS

Surgery* - Pays a benefit for an inpatient or outpatient operation listed in the Schedule of Surgical Procedures.

Anesthesia - Pays 25% of surgery benefit.

Ambulatory Surgical Center - Pays a benefit for surgery at an ambulatory surgical center.

Second Opinion - Pays a benefit for a second surgical opinion.

Bone Marrow or Stem Cell Transplant - Pays a benefit for transplants.

MISCELLANEOUS BENEFITS

Inpatient Drugs and Medicine - Pays a daily benefit for inpatient drugs and medicine.

Physician's Attendance - Pays a daily benefit for one inpatient visit.

Ambulance - Pays a benefit transfer by ambulance service to or from a hospital.

Non-Local Transportation - Pays a benefit for transportation for treatment not available locally (up to 700 miles).

Outpatient Lodging - Pays a daily benefit for lodging when receiving radiation or chemotherapy on an outpatient basis non-locally (more than 100 miles from home).

*Two 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.

Family Member Lodging and Transportation - Pays a benefit for one adult family member when confined at a non-local hospital for specialized treatment (more than 100 miles from family member's home).

Physical or Speech Therapy - Pays a daily benefit for physical or speech therapy to restore normal body function.

New or Experimental Treatment - Pays a benefit for physician-approved new or experimental treatments not paid under other benefits.

Prosthesis - Pays a benefit for a prosthetic device that requires surgical implanting.

Hair Prosthesis - Pays a benefit for a wig or hairpiece when hair loss is experienced.

Nonsurgical External Breast Prosthesis - Pays for nonsurgical breast prosthesis after a covered mastectomy.

Anti-Nausea Benefit - Pays a benefit for prescribed anti-nausea medication administered on an outpatient basis.

Waiver of Premium (employee only) - Pays premiums after disabled 90 days in a row due to cancer, for as long as disability lasts.

ADDITIONAL BENEFITS

Cancer Initial Diagnosis - Pays a one-time benefit if diagnosed for the first time with cancer (except skin cancer) as defined in the certificate. 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.

Wellness - Pays a benefit each calendar year for one of the following: Biopsy for skin cancer; Blood tests for triglycerides, CA15-3 (breast cancer), CA125 (ovarian cancer), CEA (colon cancer) and PSA (prostate cancer); Bone Marrow Testing; Chest X-ray; Colonoscopy; Doppler screenings for carotids and 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; and Ultrasound screening for abdominal aortic aneurysms.

Intensive Care - Pays a daily benefit for Intensive Care Unit Confinements for any illness or accident (up to 45 days for each stay), Step-down Intensive Care Unit Confinements (up to 45 days for each stay) and air or surface ambulance to a hospital intensive-care unit.

HOSPITAL AND RELATED BENEFITS

	LOW	HIGH
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)	1. \$300 2. \$300	1. \$400 2. \$400

RADIATION, CHEMOTHERAPY & RELATED BENEFITS

Radiation/Chemotherapy for Cancer (every 12 mos.)	\$10,000 ¹⁴	\$20,000 ¹⁴
Blood, Plasma, and Platelets (every 12 mos.)	\$10,000 ¹⁴	\$20,000 ¹⁴
Medical Imaging (yearly)	\$500 ^{14, 18}	\$1,000 ^{14, 18}
Hematological Drugs (yearly)	\$200 ¹⁴	\$400 ¹⁴

SURGERY AND RELATED BENEFITS

Surgery	\$4,500 ^{14, 16}	\$6,000 ^{14, 16}
Anesthesia (% of surgery)	25%	25%
Ambulatory Surgical Center (daily)	\$750	\$1,000
Second Opinion	\$600	\$800
Bone Marrow or Stem Cell Transplant	1. Autologous 2. Non-autologous 3. Non-autologous for leukemia	1. \$2,000 ¹⁸ 2. \$5,000 ¹⁸ 3. \$10,000 ¹⁸

MISCELLANEOUS BENEFITS

Inpatient Drugs and Medicine (daily)	\$25	\$25
Physician's Attendance (daily)	\$50	\$50
Ambulance (per confinement)	\$100	\$100
Non-Local Transportation (per trip or mile)	Coach Fare or \$0.40	Coach Fare or \$0.40
Outpatient Lodging (daily)	\$50 ^{14, 15}	\$50 ^{14, 15}
Family Member Lodging (daily) and Transportation (per trip or mile)	\$50 ¹⁴ Coach Fare or \$0.40	\$50 ¹⁴ Coach Fare or \$0.40
Physical or Speech Therapy (daily)	\$50	\$50
New or Experimental Treatment (every 12 months)	\$5,000 ¹⁴	\$5,000 ¹⁴
Prosthesis	\$2,000 ^{14, 17}	\$2,000 ^{14, 17}
Hair Prosthesis (every 2 years)	\$25	\$25
Nonsurgical External Breast Prosthesis	\$50 ¹⁴	\$50 ¹⁴
Anti-Nausea Benefit (yearly)	\$200 ¹⁴	\$200 ¹⁴
Waiver of Premium (primary insured only)	Yes	Yes

Listed to the left are benefit amounts associated with the benefits described in the booklet.

¹⁴ Benefit pays for charges/costs up to amount listed

¹⁵ Limit \$2,000/12 mo. period

¹⁶ Based on procedure up to maximum shown

¹⁷ Per amputation

¹⁸ Payable once/covered person/calendar year

¹⁹ One-time benefit

ADDITIONAL BENEFITS

Cancer Diagnosis	\$5,000 ¹⁹	\$5,000 ¹⁹
Wellness (yearly)	\$100 ¹⁸	\$100 ¹⁸
Intensive Care	1. Intensive Care Confinement (daily) 2. Step-down Confinement (daily) 3. Air/Surface Ambulance	1. \$600 2. \$300 3. Actual Charges

premiums

MODE	PLAN	EE	EE + SP	EE + CH	F
Bi-Weekly	LOW	\$13.32	\$20.98	\$18.88	\$26.54
	HIGH	\$19.78	\$30.84	\$28.26	\$39.32

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




Issue Ages: 18 and over if Actively at Work

group voluntary critical illness

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.

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.

 <p>Ashley chooses benefit coverage under her Employer Approved Plan</p>  <p>During Ashley's annual wellness exam, her doctor noticed an irregular heartbeat.</p>	<p>She underwent an electrocardiogram (EKG) test and stress test, which confirmed she had a blockage in one of her coronary arteries. Surgery is performed to remove the blockage with a bypass graft. She is visited by her doctor during a 4-day hospital stay and released. Ashley is doing well and is on the road to recovery.</p>	<p>Our critical illness insurance policy provided the following:</p> <table border="1"><tr><td>Wellness</td><td>\$ 50</td></tr><tr><td>Coronary Artery</td><td>\$ 2,500</td></tr><tr><td>Bypass Surgery</td><td></td></tr></table>  <p>Total Benefits: \$2,550</p>	Wellness	\$ 50	Coronary Artery	\$ 2,500	Bypass Surgery	
Wellness	\$ 50							
Coronary Artery	\$ 2,500							
Bypass Surgery								

meeting your needs

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

- Guaranteed Issue, meaning no medical questions to answer at initial enrollment
- 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
- 100% of your Basic-Benefit Amount is paid for Advanced Alzheimer's Disease and Advanced Parkinson's Disease

your benefit coverage

Benefit paid upon diagnosis of one of the following conditions.

INITIAL CRITICAL ILLNESS BENEFITS*

Heart Attack - the death of a portion of the heart muscle due to inadequate blood supply. Established (old) myocardial infarction and cardiac arrest are not covered.

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

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

Major Organ Transplant - pays either Candidate Benefit if placed on National Transplant List, or Surgery Benefit for transplant of heart, lungs, liver, pancreas or kidneys. Lungs and kidneys are each considered one major organ, regardless of whether one or both lungs or kidneys are transplanted. Surgery Benefit not paid if Candidate Benefit paid; also not paid for mechanical or non-human organs.

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.

*Benefits paid once per covered person. When all benefits have been used, the coverage terminates. Your individual experience may also vary.

Wellness tests
annually*



A doctor visit
is scheduled



Tests are run and
results received



You get \$50
cash benefit

*The example shows Wellness Benefit, an optional benefit.

REOCCURRENCE OF CRITICAL ILLNESS BENEFITS*

Initial Critical Illness - second diagnosis more than 12 months after the first date of diagnosis for which an Initial Critical Illness benefit was paid.

RIDER BENEFITS

SUPPLEMENTAL CRITICAL ILLNESS BENEFITS I*

Advanced Alzheimer's Disease - must exhibit impaired memory and judgment and be certified unable to perform at least two daily activities²⁰ 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 activities²⁰ 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

Wellness Benefit - 24 exams. Once per person, per calendar year.

- Biopsy for skin cancer
- Blood test for triglycerides
- Bone Marrow Testing

- Sampling of blood or tissue for genetic testing for cancer risk
- CA15-3, CA125 and CEA (blood tests for breast, ovarian and colon cancer)
- Chest X-ray
- Colonoscopy
- Doppler screenings for carotids or peripheral vascular disease
- Echocardiogram
- EKG (Electrocardiogram)
- Flexible sigmoidoscopy
- Hemoccult stool analysis
- HPV Vaccination (Human Papillomavirus)
- Lipid panel (total cholesterol count)
- Mammography, including Breast Ultrasound
- Pap Smear, including ThinPrep Pap Test
- PSA (prostate specific antigen - blood test for prostate cancer)
- Serum Protein Electrophoresis (test for myeloma)
- Stress test on bike or treadmill
- Thermography
- Ultrasound screening for abdominal aortic aneurysms

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.

*Benefits paid once per covered person. When all benefits have been used, the coverage terminates. ²⁰Daily 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.

†Covered dependents receive 50% of your benefit amount.

INITIAL CRITICAL ILLNESS BENEFITS†	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 BENEFITS†	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 Transportation ²¹ (per trip or mile*)	Air Fare \$500 Personal Vehicle \$0.50/mile	\$500 \$0.50/mile
Outpatient Lodging ²² (daily)	\$100	\$100
Family Member Lodging ²² (daily) and Transportation ²¹ (per trip or mile*)	Air Fare \$100 Personal Vehicle \$0.50/mile	\$100 \$0.50/mile
Supplemental Critical Illness Benefits with HIV Rider†		
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

²¹Limit of \$5,000 in a calendar year. ²²Limit of \$1,000 in a calendar year. *Maximum of 1,000 miles.

bi-weekly premiums

ISSUE AGE PREMIUMS

PLAN 1

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

PLAN 2

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



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

group universal life

Group Universal Life Insurance from Allstate Benefits provides a lump-sum cash benefit upon death. Plus, life-event riders can be added to enhance the life coverage.

Life insurance coverage is for the living; those left behind must deal with final expenses, bills, mortgage, and expenses associated with day-to-day life. It can also help provide financial security during life-changing events that occur as you age and your needs change. Plus, fund value accumulation allows for loans and withdrawals when needed.*

Life coverage helps offer peace of mind during life's changing events. Below is an example of how life insurance benefits might be paid.†

 <p>Jane and John choose life insurance coverage offered through their Employer</p>	<p>Jane is single and chooses an \$80,000 face amount, plus riders. Her goal is to build fund value and provide final expenses.</p>	<p>Jane is in an auto accident resulting in extensive injuries and is unable to return to work for 9 months.</p>	<p>Our Total Disability Premium Waiver rider waived the monthly deductions for Jane's life insurance coverage for the last 3 months of her disability.</p> <p>Deductions waived: Yes</p> <p>Our life insurance coverage provided the following for John's family (his designated beneficiaries):</p> <p>Life Insurance: \$150,000 Total Cash Benefits: \$150,000</p> 
	<p>John is married and chooses a \$150,000 face amount. His goal is to protect his family and help pay debts should he die unexpectedly.</p>	<p>While John is out of town visiting friends, he is in an automobile accident, suffers extensive injuries, and dies on the way to the hospital.</p>	

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

meeting your needs

Our coverage can help provide security for you and your family's financial future.

- Up to the maximum amount being offered by your employer**
- Family coverage, to include your spouse and child(ren)***
- Additional rider coverage
- Affordable premiums
- Tax benefits*
- Withdrawals and loans*

*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.

**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.

***Coverage for spouse and child(ren) is limited to a percentage of the insured's face amount in some states.

prepare for the future today

Where do you see yourself 5 or 10 years from now—getting married, having children, paying for your child's college education?

What if your life or that of your loved one was cut short by an unexpected death? How would your family survive financially?

Losing a loved one can be devastating. Final expenses and daily bills shouldn't add to the stress. Our coverage may be used to pay off a mortgage or debts, provide for child care or educational expenses, or replace income to continue the same standard of living.

how it works - Premium payments are deducted from your paycheck and added to the fund value which earns at least 4% interest annually. Each month, expenses and cost of insurance charges are deducted from the fund value and any excess in the fund continues to earn interest. Interest is not taxed as income until it is withdrawn.*

fund value and premium payments - Over time, as you continue to pay your premium, your fund value may grow. 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.

get more out of life

Additional rider benefits can be included to help create a life events plan.♦

Accelerated Death Benefit for Terminal Illness or Condition - Provides an advance of the death benefit.

Benefit Amount: Up to 75% of the face amount
Issue Ages: 0 - 75

♦The riders have exclusions and limitations and may not be available in all states.

certificate specifications

GROUP VOLUNTARY ACCIDENT

Conditions and Limits - When an injury results in a covered loss within 90 days (180 days for dismemberment or death), unless otherwise stated, 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.

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 if actively at work

Dependent Eligibility/Termination - (a) Coverage may include you, your spouse and children. (b) Coverage for children ends when the child reaches age 26, unless he or she continues to meet the requirements of an eligible dependent. (c) Spouse coverage ends upon valid decree of divorce or your death.

When Coverage Ends - Coverage under the policy ends on the earliest of: (a) the date the policy is canceled; (b) the last day of the period for which you made any required contributions; (c) the last day you are in active employment, except as provided under the Temporarily Not Working provision; (d) the date you are no longer in an eligible class; or (e) the date your class is no longer eligible.

Continuation of Coverage - You may be eligible to continue coverage when coverage under the policy ends.

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

GROUP VOLUNTARY CANCER

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

Termination of Coverage - (a) 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; or the date you or your class is no longer eligible. (b) Spouse/domestic partner coverage ends upon divorce/termination of partnership or your death. (c) 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.

LIMITS, EXCLUSIONS AND EXCEPTIONS

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

Cancer and Specified Disease Benefits Exclusions and Limitations - (a) We do not pay for any loss, except for losses due to cancer or a specified disease. (b) 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.

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: (a) any other chemical substance which may be administered with or in conjunction with radiation/chemotherapy; or (b) treatment planning, consultation, or management; or the design and construction of treatment devices; or basic radiation dosimetry calculation; or any type of laboratory tests; X-ray or other imaging used for diagnosis or monitoring; or the diagnostic tests related to these treatments; or (c) any devices or supplies including intravenous solutions and needles related to these treatments.

Intensive Care Benefits Exclusions and Limitations - (a) Benefits are not paid for the following: (1) attempted suicide or intentional self-inflicted injury; (2) intoxication or being under the influence of drugs not prescribed by a physician; or (3) alcoholism or drug addiction. (b) 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, step-down and other lesser care units. (c) 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. (d) Benefits are not paid for confinements occurring during a hospitalization prior to the effective date. (e) 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. (f) We do not pay for ambulance if paid under the Cancer and Specified Disease Ambulance Benefit.

GROUP VOLUNTARY CRITICAL ILLNESS

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, if applicable.

Continuing Your Coverage

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

BENEFIT CONDITIONS

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, if applicable, 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. The date of diagnosis for each illness must be separated by 30 days.

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.

POLICY COVERAGE DISCLOSURE

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

Group Cancer and Specified Disease benefits provided by policy form GVCIP3, or state variations thereof.

Group Critical Illness benefits provided by policy form GVCIP2, or state variations thereof. The policy does not provide benefits for any other sickness or condition.

Group Universal Life Insurance benefits provided by policy form GUL22P, or state variations thereof. Accelerated Death Benefit for Terminal Illness or Condition benefits provided by rider form GULBR, or state variations thereof. **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.**

This material is valid as long as information remains current, but in no event later than September 15, 2020.

The Accident, Cancer, and Critical Illness policies and riders provide Limited Benefit Supplemental Health Insurance. The policies are not Medicare Supplement Policies. If eligible for Medicare, review Medicare Supplement Buyer's Guide available from Allstate Benefits.

This booklet highlights some features of the policies and riders but is not the insurance contract.

For complete details, contact your Allstate Benefit Agent. This is a brief overview of the benefits available under the Group Voluntary policies 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.

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This booklet is for use in the Trinity Health enrollment which is situated in North Dakota.



Allstate Benefits is the marketing name used by American Heritage Life Insurance Company (Home Office, Jacksonville, FL), a subsidiary of The Allstate Corporation.
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