Critical Illness Insurance (GVCIP4)

from Allstate Benefits **BENEFIT AMOUNTS**

Percentages below are based on the Basic Benefit Amount 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
CANCER CRITICAL ILLNESS BENEFITS [†]	PLAN1	PLAN 2
Invasive Cancer (100%)	\$10,000	\$20,000
Carcinoma in Situ (25%)	\$2,500	\$5,000
REOCCURRENCE OF CRITICAL ILLNESS BENEFITS [†] Initial Critical Illness	PLAN 1	PLAN 2
(same amount as Initial Critical Illness Benefit)	Yes	Yes
Cancer Critical Illness	Yes	Yes
(same amount as Cancer Critical Illness Benefit)	res	res
RIDER BENEFITS	PLAN 1	PLAN 2
Skin Cancer Rider	\$250	\$250
Cardiopulmonary Enhancement Rider [†]		
Sudden Cardiac Arrest (25%)	\$2,500	\$5,000
Pulmonary Embolism (25%)	\$2,500	\$5,000
Pulmonary Fibrosis (25%)	\$2,500	\$5,000
Second Evaluation, Transportation and Lodging Rider		
Second Evaluation	\$1,000	\$1,000
Non-Local Transportation ¹ Air Fare	\$500 or	\$500 or
(per trip or mile ³) Personal Vehicle	\$0.50/mile	\$0.50/mile
Outpatient Lodging ² (daily)	\$100	\$100
Family Member Lodging ² (daily)	\$100	\$100
and Transportation ¹ (per trip or mile ³) Air Fare	\$500 or	\$500 or
Personal Vehicle	\$0.50/mile	
Specified Chronic Illness Rider [†] (50%)	\$5,000	\$10,000
Specified Chronic Illness Or Injury Rider Illness (50%)	\$5,000	\$10,000
Injury (100%)	\$10,000	\$20,000
Supplemental Critical Illness Rider [†]	φ.σ,σσσ	Ψ20/000
Advanced Alzheimer's Disease (100%)	\$10,000	\$20,000
Advanced Parkinson's Disease (100%)	\$10,000	\$20,000
Benign Brain Tumor (100%)	\$10,000	\$20,000
Coma (100%)	\$10,000	\$20,000
Complete Loss of Hearing (100%)	\$10,000	\$20,000
Complete Loss of Fical Ing (100 %)	\$10,000	\$20,000
Complete Loss of Speech (100%)	\$10,000	\$20,000
Paralysis (100%)	\$10,000	\$20,000
Variable Wellness Rider (per year) Category 1	\$10,000	\$20,000
Category 2	\$50	\$50
Category 3	\$100	\$100
Category 5	\$100	Φ100

¹Limit of \$5,000 in a calendar year. ²Limit of \$1,000 in a calendar year. ³Maximum of 1,000 miles.

ISSUE AGE PREMIUMS

EE/EE+CH EE+SP/F

AGE	Non-Tobacco		Tobacco	
18-29	\$5.22	\$8.60	\$6.69	\$10.79
30-39	\$10.09	\$16.12	\$13.90	\$21.80
40-49	\$19.41	\$30.46	\$28.76	\$44.48
50-59	\$33.54	\$52.16	\$50.89	\$78.19
60-64	\$45.33	\$70.18	\$68.48	\$104.90
65+	\$71.90	\$110.51	\$107.26	\$163.55
	EE + CH = Employee + Child(ren); and F = Family			

FE/FE+CH FE+SP/F FF/FF+CH FE+SP/F

PLAN 2 AGE MONTHLY 18-29 30-39 40-49 50-59 60-64

65+

PLAN 1 MONTHLY

	CCT3F/F	EE/EETCH EET3F/F		
Non-T	obacco	Tobacco		
\$8.96	\$14.17	\$11.89	\$18.58	
\$18.29	\$28.36	\$25.89	\$39.77	
\$36.14	\$55.53	\$54.84	\$83.58	
\$63.40	\$96.94	\$98.07	\$148.97	
\$86.30	\$131.61	\$132.58	\$201.06	
\$138.51	\$210.41	\$209.22	\$316.48	

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