



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 a loss, cancer diagnosis, critical illness, disability, or accident?

Offered to the employees of:
Holland Enterprises



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
- Spouse and children may be covered**
- 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.®

*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. †2019 Insurance Barometer Report, LIMRA

DID YOU KNOW ?



Reasons for purchasing life coverage include: replace income, final expenses, wealth transfer and mortgage payoff.¹



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.¹

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

ADDITIONAL RIDER BENEFIT[†]

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

[†]The 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. *Monthly 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.



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 survival²

22.1 million

The number of cancer survivors in the U.S. is increasing, and is expected to jump to nearly 22.1 million by 2030³

²Life After Cancer: Survivorship by the Numbers, American Cancer Society, 2021

³Cancer Treatment & Survivorship Facts & Figures, 2019-2021

Meet TJ

TJ is like anyone else who has been diagnosed with cancer. He is concerned about his wife and how she will cope with his disease and its treatment. Most importantly, he worries about how he will pay for his treatment.

Here is what weighs heavily on his mind:

- Major medical only pays a portion of the expenses associated with my treatment
- I have copays I am responsible for until I meet my deductible
- If I am not working due to treatments, I must cover my bills, rent/mortgage, groceries and other daily expenses
- If the right treatment is not available locally, I will have to travel to get the treatment I need



Here's how TJ's story of diagnosis and treatment turned into a happy ending, because he had supplemental Cancer Insurance to help with expenses.



CHOOSE

TJ chooses benefits to help protect himself and his wife if diagnosed with cancer or a specified disease



USE

TJ undergoes his annual wellness test and is diagnosed for the first time with prostate cancer. His doctor reviews the results with him and recommends pre-op testing and surgery.

Here's TJ's treatment path:

- TJ travels to a specialized hospital 400 miles from where he lives and undergoes pre-op testing
- He is admitted to the hospital for laparoscopic prostate cancer surgery
- TJ undergoes surgery and spends several hours in the recovery waiting room
- He is transferred to his room where he is visited by his doctor during a 2-day hospital stay
- TJ is released under doctor required treatment and care during a 2-month recovery period

TJ continues to fight his cancer and follow his doctor recommended treatments.



CLAIM

TJ's Cancer claim paid him cash benefits for the following:

- Wellness
- Cancer Initial Diagnosis
- Continuous Hospital Confinement
- Non-Local Transportation
- Surgery
- Anesthesia
- Medical Imaging
- Inpatient Drugs and Medicine
- Physician's Attendance
- Anti-Nausea

For a listing of benefits and benefit amounts, see pages 6 and 7.

Benefits (subject to maximums as listed on page 7)

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

Surgery* - 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 Premium** - 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 the following 23 wellness exams: 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; 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.

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

*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. Does not pay for other surgeries covered by other benefits **Premiums waved for employee only

BENEFIT AMOUNTS

HOSPITAL CONFINEMENT AND RELATED BENEFITS		PLAN 1	PLAN 2
Continuous Hospital Confinement (daily)		\$100	\$300
Government or Charity Hospital (daily)		\$100	\$300
Private Duty Nursing Services (daily)		\$100	\$300
Extended Care Facility (daily)		\$100	\$300
At Home Nursing (daily)		\$100	\$300
Hospice Care Center (daily) or Hospice Care Team (per visit)		\$100 \$100	\$300 \$300
RADIATION/CHEMOTHERAPY/RELATED BENEFITS		PLAN 1	PLAN 2
Radiation/Chemotherapy for Cancer ⁴ (every 12 months)		\$5,000	\$10,000
Blood, Plasma, and Platelets ⁴ (every 12 months)		\$5,000	\$10,000
Hematological Drugs ⁴ (every 12 months)		\$100	\$200
Medical Imaging ⁴ (every 12 months)		\$250	\$500
SURGERY AND RELATED BENEFITS		PLAN 1	PLAN 2
Surgery ⁵		\$1,500	\$3,000
Anesthesia (% of surgery benefit)		25%	25%
Bone Marrow or Stem Cell Transplant (once/year)			
	1. Autologous	1. \$500	1. \$1,000
	2. Non-autologous (cancer or specified disease treatment)	2. \$1,250	2. \$2,500
	3. Non-autologous (Leukemia)	3. \$2,500	3. \$5,000
Ambulatory Surgical Center (daily)		\$250	\$500
Second Opinion		\$200	\$400
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 ⁴ (coach fare or amount shown per mile ⁶)		\$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*)		\$50 \$0.40/mi	\$50 \$0.40/mi
Physical or Speech Therapy (daily)		\$50	\$50
New or Experimental Treatment ⁴ (every 12 months)		\$5,000	\$5,000
Prosthesis ⁴ (per amputation)		\$2,000	\$2,000
Hair Prosthesis (every 2 years)		\$25	\$25
Nonsurgical External Breast Prosthesis ⁴		\$50	\$50
Anti-Nausea Benefit ⁴ (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)		\$2,000	\$5,000
Intensive Care (ICU)	ICU (daily)	\$300	\$600
	Step-down (daily)	\$150	\$300
	Ambulance	Charges	Charges
Wellness Benefit		\$50	\$50

⁴Pays actual charges up to amount listed. ⁵Pays actual charges up to amount listed in certificate Schedule of Surgical Procedures. Amount paid depends on surgery.

⁶At least 70 miles away, up to 700 miles. *Transportation up to 700 miles per continuous hospital confinement.

PLAN 1 PREMIUMS

MODE	EE	EE + SP	EE + CH	F
Weekly	\$3.10	\$4.92	\$4.39	\$6.21
Semi-Monthly	\$6.70	\$10.65	\$9.50	\$13.44

PLAN 2 PREMIUMS

MODE	EE	EE + SP	EE + CH	F
Weekly	\$6.16	\$9.73	\$8.88	\$12.45
Semi-Monthly	\$13.34	\$21.08	\$19.24	\$26.98

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

Issue ages: 18 and over if actively at work

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.



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 dependents
- 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
- 25% 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 14.

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

Meet Ashley

Ashley is like any single parent who has been diagnosed with a critical illness. She's worried about her future, her children and how they will cope with her treatments. Most importantly, she worries about how she will pay for it all.

Here is what weighs heavily on her mind:

- Major medical only pays a portion of the expenses associated with my treatment
- I have copays I am responsible for until I meet my deductible
- If I am not working due to my treatments, I must cover my bills, rent/mortgage, groceries and my children's education
- If the right treatment is not available locally, I will have to travel to get the treatment I need



Ashley's story of diagnosis and treatment turned into a happy ending, because she had supplemental Critical Illness Insurance to help with expenses.



CHOOSE

Ashley chooses Critical Illness benefits to help protect herself and her children, if they are diagnosed with a critical illness.



USE

During Ashley's annual wellness exam, her doctor noticed an irregular heartbeat. She underwent an electrocardiogram (EKG) test and stress test, which confirmed she had a blockage in one of her coronary arteries.

Here's Ashley's treatment path:

- Ashley has her annual wellness exam
- Her doctor notices an abnormality in her heartbeat; tests are performed and she is diagnosed with coronary artery disease
- After visits with doctors, surgeons and an anesthesiologist, Ashley undergoes surgery
- 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 follows her doctor required treatment during a 2-month recovery period, and has regular doctor office visits

Ashley is doing well and is on the road to recovery.



CLAIM

Ashley's Critical Illness claim paid her cash benefits for the following:

Wellness

Coronary Artery Bypass Surgery

The cash benefits were direct deposited into her bank account.

For a listing of benefits and benefit amounts, see pages 11 and 12.

Benefits (subject to maximums as listed on page 12)

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

Major Organ Transplant - transplant of heart, lung, liver, pancreas or kidneys. Transplanted organ must come from a human donor

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

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

CANCER CRITICAL ILLNESS BENEFITS*

Invasive Cancer - malignant tumor with uncontrolled growth, including Leukemia and Lymphoma. Carcinoma in situ, non-invasive or metastasized skin cancer and early prostate cancer are not covered

Carcinoma In Situ - non-invasive cancer, including early prostate cancer (stages A, I, II) and melanoma that has not invaded the dermis. Other skin malignancies, pre-malignant lesions (such as intraepithelial neoplasia), benign tumors and polyps are not covered

SECOND EVENT BENEFIT*

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

SUPPLEMENTAL CRITICAL ILLNESS II BENEFITS*

Advanced Alzheimer's Disease - must exhibit impaired memory and judgment and be certified unable to perform at least three daily activities⁹ 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 three daily activities⁹ without adult assistance

Benign Brain Tumor - a non-cancerous tumor confirmed by biopsy or surgical excision, or specific neuroradiological examination, and persistent neurological deficits including but not limited to: loss of vision; loss of hearing; or balance disruption. Tumors of the skull, pituitary adenomas, and germinomas are not covered

Coma - unconsciousness due to sickness or traumatic brain injury, with severe neurologic dysfunction and unresponsiveness for 14 consecutive days. Requires significant medical intervention and life support. Medically induced Coma is not covered

Complete Blindness - irreversible reduction of sight in both eyes

Complete Loss of Hearing - total and irreversible loss of hearing in both ears

Paralysis - total and permanent loss of voluntary movement or motor function of 2 or more limbs

ADDITIONAL BENEFIT

Wellness Benefit - 23 exams. Once per person, per calendar year, for one of the following wellness services or tests: Biopsy for skin cancer; Bone Marrow Testing; Blood tests for triglycerides, CA15-3 (breast cancer), CA125 (ovarian cancer), CEA (colon cancer), PSA (prostate cancer); 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; Ultrasound screening for abdominal aortic aneurysms.

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

BENEFIT AMOUNTS

†Covered dependents receive 50% of your benefit amount

INITIAL CRITICAL ILLNESS BENEFITS†	PLAN 1	PLAN 2	PLAN 3	PLAN 4
Heart Attack (100%)	\$10,000	\$20,000	\$10,000	\$20,000
Stroke (100%)	\$10,000	\$20,000	\$10,000	\$20,000
Major Organ Transplant (100%)	\$10,000	\$20,000	\$10,000	\$20,000
End Stage Renal Failure (100%)	\$10,000	\$20,000	\$10,000	\$20,000
Coronary Artery Bypass Surgery (25%)	\$2,500	\$5,000	\$2,500	\$5,000
Waiver of Premium (employee only)	Yes	Yes	Yes	Yes
CANCER CRITICAL ILLNESS BENEFITS†	PLAN 1	PLAN 2	PLAN 3	PLAN 4
Invasive Cancer (100%)	n/a	n/a	\$10,000	\$20,000
Carcinoma in Situ (25%)	n/a	n/a	\$2,500	\$5,000
SECOND EVENT BENEFIT†	PLAN 1	PLAN 2	PLAN 3	PLAN 4
Second Event Initial Critical Illness Benefit (same amount as Initial Critical Illness)	Yes	Yes	Yes	Yes
SUPPLEMENTAL CRITICAL ILLNESS BENEFITS II†	PLAN 1	PLAN 2	PLAN 3	PLAN 4
Advanced Alzheimer's Disease (25%)	\$2,500	\$5,000	\$2,500	\$5,000
Advanced Parkinson's Disease (25%)	\$2,500	\$5,000	\$2,500	\$5,000
Benign Brain Tumor (100%)	\$10,000	\$20,000	\$10,000	\$20,000
Coma (100%)	\$10,000	\$20,000	\$10,000	\$20,000
Complete Blindness (100%)	\$10,000	\$20,000	\$10,000	\$20,000
Complete Loss of Hearing (100%)	\$10,000	\$20,000	\$10,000	\$20,000
Paralysis (100%)	\$10,000	\$20,000	\$10,000	\$20,000
ADDITIONAL BENEFIT	PLAN 1	PLAN 2	PLAN 3	PLAN 4
Wellness Benefit (per year)	\$50	\$50	\$50	\$50

PLAN 1

\$10,000 Basic Benefit Amount

WEEKLY ISSUE AGE PREMIUMS

AGE	EE, EE+CH EE+SP, F	
	Non-Tobacco	
18-35	\$1.12	\$1.71
36-50	\$2.58	\$3.89
51-60	\$5.23	\$7.87
61-63	\$8.55	\$12.86
64+	\$13.49	\$20.27
Tobacco		
18-35	\$1.56	\$2.37
36-50	\$3.98	\$6.00
51-60	\$8.35	\$12.55
61-63	\$12.80	\$19.23
64+	\$20.37	\$30.58

PLAN 2

\$20,000 Basic Benefit Amount

WEEKLY ISSUE AGE PREMIUMS

AGE	EE, EE+CH EE+SP, F	
	Non-Tobacco	
18-35	\$1.72	\$2.61
36-50	\$4.63	\$6.97
51-60	\$9.94	\$14.94
61-63	\$16.59	\$24.91
64+	\$26.46	\$39.72
Tobacco		
18-35	\$2.60	\$3.92
36-50	\$7.45	\$11.20
51-60	\$16.17	\$24.28
61-63	\$25.08	\$37.65
64+	\$40.21	\$60.35

PLAN 3

\$10,000 Basic Benefit Amount

WEEKLY ISSUE AGE PREMIUMS

AGE	EE, EE+CH EE+SP, F	
	Non-Tobacco	
18-35	\$1.91	\$2.89
36-50	\$4.47	\$6.73
51-60	\$9.29	\$13.97
61-63	\$14.60	\$21.93
64+	\$21.75	\$32.66
Tobacco		
18-35	\$2.97	\$4.48
36-50	\$7.40	\$11.13
51-60	\$15.45	\$23.21
61-63	\$22.47	\$33.73
64+	\$33.59	\$50.42

PLAN 4

\$20,000 Basic Benefit Amount

WEEKLY ISSUE AGE PREMIUMS

AGE	EE, EE+CH EE+SP, F	
	Non-Tobacco	
18-35	\$3.29	\$4.97
36-50	\$8.42	\$12.65
51-60	\$18.07	\$27.12
61-63	\$28.68	\$43.04
64+	\$42.98	\$64.50
Tobacco		
18-35	\$5.41	\$8.15
36-50	\$14.27	\$21.44
51-60	\$30.39	\$45.61
61-63	\$44.42	\$66.66
64+	\$66.66	\$100.02

PLAN 1

\$10,000 Basic Benefit Amount

SEMI-MONTHLY ISSUE AGE PREMIUMS

AGE	EE, EE+CH EE+SP, F	
	Non-Tobacco	
18-35	\$2.43	\$3.70
36-50	\$5.58	\$8.43
51-60	\$11.33	\$17.05
61-63	\$18.53	\$27.85
64+	\$29.23	\$43.90
Tobacco		
18-35	\$3.38	\$5.13
36-50	\$8.63	\$13.00
51-60	\$18.08	\$27.18
61-63	\$27.73	\$41.65
64+	\$44.13	\$66.25

PLAN 2

\$20,000 Basic Benefit Amount

SEMI-MONTHLY ISSUE AGE PREMIUMS

AGE	EE, EE+CH EE+SP, F	
	Non-Tobacco	
18-35	\$3.73	\$5.65
36-50	\$10.03	\$15.10
51-60	\$21.53	\$32.36
61-63	\$35.93	\$53.96
64+	\$57.32	\$86.05
Tobacco		
18-35	\$5.62	\$8.49
36-50	\$16.13	\$24.25
51-60	\$35.03	\$52.61
61-63	\$54.34	\$81.56
64+	\$87.12	\$130.75

PLAN 3

\$10,000 Basic Benefit Amount

SEMI-MONTHLY ISSUE AGE PREMIUMS

AGE	EE, EE+CH EE+SP, F	
	Non-Tobacco	
18-35	\$4.13	\$6.25
36-50	\$9.68	\$14.58
51-60	\$20.13	\$30.25
61-63	\$31.63	\$47.50
64+	\$47.13	\$70.75
Tobacco		
18-35	\$6.43	\$9.70
36-50	\$16.03	\$24.10
51-60	\$33.48	\$50.28
61-63	\$48.68	\$73.08
64+	\$72.78	\$109.23

PLAN 4

\$20,000 Basic Benefit Amount

SEMI-MONTHLY ISSUE AGE PREMIUMS

AGE	EE, EE+CH EE+SP, F	
	Non-Tobacco	
18-35	\$7.13	\$10.75
36-50	\$18.23	\$27.40
51-60	\$39.14	\$58.76
61-63	\$62.13	\$93.26
64+	\$93.12	\$139.75
Tobacco		
18-35	\$11.72	\$17.64
36-50	\$30.92	\$46.45
51-60	\$65.83	\$98.81
61-63	\$96.24	\$144.42
64+	\$144.43	\$216.70

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 policy is canceled; you stop paying your premium; the last day of active employment; you are no longer eligible; a false claim is filed; when all benefits have been paid under the policy.

Continuing Your Coverage

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

EXCLUSIONS AND LIMITATIONS

Conditions and Limits

A diagnosis occurring before your coverage begins is not payable; however, a diagnosis of any covered critical illness after your effective date will be payable. Benefits are subject to 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 certificate and be diagnosed by a physician while coverage is in effect. The date of diagnosis for each illness must be separated by 90 days. Emergency situations outside the U.S. will be considered when you return to the U.S.

If the first diagnosis of cancer occurs before the effective date of coverage, benefits are paid for a subsequent diagnosis of cancer after the effective date, subject to the terms and conditions in the certificate.

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 condition, whether diagnosed or not, 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: war or participation in a riot, insurrection or rebellion; 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, drug addiction, or dependence upon any controlled substance.



Provides a monthly benefit if you are disabled from an off-the-job injury and cannot work

Disability Insurance

Like most, unless you know someone who has been disabled, you may not see the value of Disability insurance. You may think it won't happen to you, but if it does, you are vulnerable to lost income.

An injury or sickness may slow you down, but it won't slow down your monthly bills. Expenses such as house and car payments, or even daily living expenses such as groceries and gas, will still need to be paid. Disability insurance can help replace your lost income and help ensure your finances are not depleted.

Here's How It Works

You choose the maximum monthly benefit level that meets your needs. Then, if you are faced with a period of unexpected sickness or off-the-job injury, you will receive cash benefits to use as you see fit. This could include medical treatments, daily living expenses and more.

Meeting Your Needs

- You choose the monthly maximum benefit level that meets your needs
- Benefits start the first day after the elimination (waiting) period, when you are totally disabled and cannot work
- Premiums are affordable and conveniently payroll deducted
- You can take your coverage with you if you leave your job or your employer cancels coverage; refer to your certificate for details

With Allstate Benefits, you gain the power to make treatment decisions without putting your finances at risk. **Practical benefits for everyday living.**[®]

DID YOU KNOW ?



More than 40% of Americans cannot afford to pay an unexpected \$500 medical bill.¹⁰



Just over 1 in 4 of today's 20-year-olds will become disabled before they retire.¹¹

¹⁰Kaiser Family Foundation, "Data Note: Public Worries About And Experience With Surprise Medical Bills," <https://www.kff.org/1f1c497/>

¹¹Chances of Disability, Council for Disability Awareness, disabilitycanhappen.org/overview, 2020

BASE POLICY BENEFITS

Total Disability - the monthly benefit starts after the elimination period has been met. Benefits will not continue beyond the maximum benefit period

Partial Disability - 50% of the monthly benefit is paid after at least one month that the Total Disability Benefit is payable. Payments continue while partially disabled for up to 3 months, but not beyond the maximum benefit period

Pregnancy - a benefit for pregnancy is paid if total disability first begins after the certificate has been in force for at least 9 months

Organ Donor - a benefit is paid when disabled from donating an organ

Waiver of Premium - premiums are waived after monthly disability benefits are payable for 30 days in a row, for as long as monthly benefits are payable

BASE POLICY BENEFIT CONDITIONS

Concurrent Disability - one monthly benefit is paid, even if you are disabled due to more than one cause. Being disabled from more than one cause does not extend the payment of benefits under the maximum benefit period

Recurrent Disability - a benefit is paid if disabled from the same or related cause within 6 months without a new waiting period or maximum benefit period

DETAILS OF COVERAGE

Option 1

Maximum Monthly Benefit - \$5,000

Benefit Period - 6 Months

Elimination Period for Accident - 7 Days

Elimination Period for Sickness - 7 Days

Option 2

Maximum Monthly Benefit - \$5,000

Benefit Period - 12 Months

Elimination Period for Accident - 7 Days

Elimination Period for Sickness - 7 Days

Monthly Benefit - Your monthly disability benefit may be reduced if you receive disability payments from other deductible sources of income which include individual disability income policies or other group insurance coverage. The calculation of your monthly benefit may also be affected if your state of residence mandates state disability insurance.

DEFINITIONS

Total Disability - due to a sickness or injury, you are: unable to perform the material and substantial duties of your own occupation; under the regular care of a doctor; and not working in any job for wage or profit

Partial Disability - due to a sickness or injury, you are: unable to perform the material and substantial duties of your own occupation on a full-time basis, but are able to work part-time; and under the regular care of a doctor

Elimination (Waiting) Period - a period of continuous total disability which must be satisfied before you are eligible to receive benefits

Own Occupation - the occupation you are performing when a period of disability begins

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.

Temporary Layoff, Leave of Absence or Family and Medical Leave of Absence Provision

We will continue your coverage in accordance with your employer's human resource policy on temporary layoff or leave of absence if premium payments continue and your employer approved your leave in writing. If you are on temporary layoff or leave of absence, coverage will be continued for 3 months after you ceased active employment. If you are on Family and Medical Leave of Absence, coverage will continue as though you are in active employment.

If your employer's human resource policy does not provide for continuation of your coverage during a family and medical leave of absence, your coverage will be reinstated when you return to active employment.

We will not apply a new waiting period, apply a new pre-existing conditions exclusion, or require evidence of insurability.

When Coverage Ends

Coverage under the policy ends on the earliest of: the date the group policy is canceled; the last day of the period for which premium payments were made; the last day you are in active employment, except as provided under the Temporary Layoff, Leave of Absence or Family and Medical Leave of Absence provision; the date you are no longer in an eligible class; the date you or your class is no longer eligible; or fraud or material misrepresentation is discovered.

Portability Privilege

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

EXCLUSIONS AND LIMITATIONS

Pre-Existing Condition Limitation

Benefits are not paid for a disability that starts within 12 months of your effective date from a pre-existing condition. You have a pre-existing condition if the disability began during the 12 months after the effective date; and you received medical treatment, consultation, care or services, diagnostic measures, or took medications or followed treatment recommendations in the 12 months prior to the effective date of coverage, or the date an increase in benefits was effective.

Exclusions

We do not pay benefits for disabilities resulting from: bipolar, delusional, psychotic, somatoform, eating or anxiety disorders, schizophrenia, depression or mental illness (Alzheimer's or similar forms of senile dementia are covered if they first manifest after your coverage is in effect); war or participation in a riot, insurrection or rebellion; illegal activities or participation in an illegal occupation; intentionally self-inflicted injury or action; substance abuse, to include abuse of alcohol, alcoholism, drug addiction or dependence upon any controlled substance; participation in aeronautics unless a fare-paying passenger on a licensed common-carrier aircraft; voluntarily inhaling fumes or gases; cosmetic surgery (complications are covered); pre-existing conditions during the first 12 months of coverage; occupational sickness or injury, unless covered by an on-the-job disability rider.

Workers' Compensation or State Disability Insurance

The certificate does not replace or affect the requirements for coverage by any workers' compensation or state disability insurance.



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.®**

DID YOU KNOW ?

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

ON-THE-JOB (in millions)



OFF-THE-JOB (in millions)



*Please refer to the Exclusions and Limitations section on page 23.

†National Safety Council, Injury Facts®, 2019 Edition

Meet Daniel & Sandy

Daniel and Sandy are like most active couples: they enjoy the outdoors and a great adventure. They have seen their share of bumps, bruises and breaks. Sandy knows an accidental injury could happen to either of them. Most importantly, she worries about how they will pay for it.

Here is what weighs heavily on her mind:

- Major medical will only pay a portion of the expenses associated with injury treatments
- They have copays they are responsible for until they meet their deductible
- If they miss work because of an injury, they must cover the bills, rent/mortgage, groceries and their child's education
- If they need to seek treatment not available locally, they will have to pay for it



Daniel's story of injury and treatment turned into a happy ending because he had supplemental Accident Insurance to help with expenses.



CHOOSE

Daniel and Sandy choose benefits to help protect their family if they suffer an accidental injury.



USE

Daniel was playing a pick-up game of basketball with his friends when he went up for a jump-shot and, on his way back down, twisted his foot and ruptured his Achilles tendon.

Here's Daniel's treatment path:

- Taken by ambulance to the emergency room
- Examined by a doctor and X-rays were taken
- Underwent surgery to reattach the tendon
- Was visited by his doctor and released after a one-day stay in the hospital
- Had to immobilize his ankle for 6 weeks
- Was seen by the doctor during a follow-up visit and sent to physical therapy to strengthen his leg and improve his mobility

Daniel would go online after each of his treatments to file claims. The cash benefits were direct deposited into his bank account.

Daniel is back playing basketball and enjoying life.



CLAIM

Daniel's Accident claim paid cash benefits for the following:

Ambulance Services

Medicine

Medical Expenses
(Emergency Room and X-rays)

Initial Hospital Confinement

Hospital Confinement

Tendon Surgery

General Anesthesia

Accident Follow-Up Treatment

Physical Therapy (3 days/week)

For a listing of benefits and benefit amounts, see pages 20, 21, and 22.

Benefits (subject to maximums as listed on pages 21 and 22)

BASE POLICY BENEFITS

Accidental Death*

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

Dismemberment^{12, *} - amount paid depends on type of dismemberment. See Injury Benefit Schedule on page 22

Dislocation or Fracture¹² - amount paid depends on type of dislocation or fracture. See Injury Benefit Schedule on page 22

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^{14, **}

Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery^{14, *} - 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^{14, *} - 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 Unit¹⁵ - 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 Transportation¹³ - treatment obtained at a non-local hospital or freestanding¹³ 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 Treatment¹⁶ - 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

¹²Multiple dismemberments, dislocations or fractures are limited to the amount shown on pages 21 and 22. ¹³Up to three times per covered person, per accident. ¹⁴Two or more surgeries done at the same time are considered one operation. ¹⁵Paid 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. ¹⁶Two 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	\$20,000	\$60,000	
	Spouse	\$10,000	\$30,000	
	Children	\$5,000	\$15,000	
Common Carrier Accidental Death (fare-paying passenger)	Employee	\$100,000	\$300,000	
	Spouse	\$50,000	\$150,000	
	Children	\$25,000	\$75,000	
Dismemberment ¹⁷	Employee	\$20,000	\$60,000	
	Spouse	\$10,000	\$30,000	
	Children	\$5,000	\$15,000	
Dislocation or Fracture ¹⁷	Employee	\$2,000	\$6,000	
	Spouse	\$1,000	\$3,000	
	Children	\$500	\$1,500	
Initial Hospitalization Confinement (pays once)		\$500	\$1,500	
Hospital Confinement (pays daily)		\$100	\$300	
Intensive Care (pays daily)		\$200	\$600	
Ambulance Services	Ground	\$100	\$300	
	Air	\$300	\$900	
Medical Expenses (pays up to amount shown)		\$250	\$750	
Outpatient Physician's Treatment (pays per visit)		\$25	\$75	
BENEFIT ENHANCEMENT RIDER		PLAN 1	PLAN 2	
Hospital Admission (pays once/year)		\$500	\$1,000	
Lacerations (pays once/year)		\$50	\$100	
Burns	<15% body surface	\$100	\$200	
	15% or more	\$500	\$1,000	
Skin Graft (% of Burns Benefit)		50%	50%	
Brain Injury Diagnosis (pays once)		\$150	\$300	
Computed Tomography (CT) Scan and Magnetic Resonance Imaging (MRI)		(pays once/accident/year)	\$50	\$100
Paralysis (pays once)	Paraplegia	\$7,500	\$15,000	
	Quadriplegia	\$15,000	\$30,000	
Coma with Respiratory Assistance (pays once)		\$10,000	\$20,000	
Open Abdominal or Thoracic Surgery		\$1,000	\$2,000	
Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery	Surgery	\$500	\$1,000	
	Exploratory	\$150	\$300	
Ruptured Disc Surgery		\$500	\$1,000	
Eye Surgery		\$100	\$200	
General Anesthesia		\$100	\$200	
Blood and Plasma		\$300	\$600	
Appliance		\$125	\$250	
Medical Supplies		\$5	\$10	
Medicine		\$5	\$10	
Prosthesis	1 device	\$500	\$1,000	
	2 or more devices	\$1,000	\$2,000	
Physical Therapy (pays daily)		\$30	\$60	
Rehabilitation Unit (pays daily)		\$100	\$200	
Non-Local Transportation		\$400	\$800	
Family Member Lodging (pays daily)		\$100	\$200	
Post-Accident Transportation (pays once/year)		\$200	\$400	
Accident Follow-Up Treatment (pays daily)		\$50	\$100	

¹⁷Up to amount shown; see Injury Benefit Schedule on page 22. Multiple losses from same injury pay only up to amount shown above.

INJURY BENEFIT SCHEDULE

Benefit amounts for coverage and one occurrence are shown below.
Covered spouse gets 50% of the amounts shown and children 25%.

COMPLETE DISLOCATION	PLAN 1	PLAN 2
Hip joint	\$2,000	\$6,000
Knee or ankle joint [^] , bone or bones of the foot [^]	\$800	\$2,400
Wrist joint	\$700	\$2,100
Elbow joint	\$600	\$1,800
Shoulder joint	\$400	\$1,200
Bone or bones of the hand [^] , collarbone	\$300	\$900
Two or more fingers or toes	\$140	\$420
One finger or toe	\$60	\$180
COMPLETE, SIMPLE OR CLOSED FRACTURE	PLAN 1	PLAN 2
Hip, thigh (femur), pelvis ^{**}	\$2,000	\$6,000
Skull ^{**}	\$1,900	\$5,700
Arm, between shoulder and elbow (shaft), shoulder blade (scapula), leg (tibia or fibula)	\$1,100	\$3,300
Ankle, knee cap (patella), forearm (radius or ulna), collarbone (clavicle)	\$800	\$2,400
Foot ^{**} , hand or wrist ^{**}	\$700	\$2,100
Lower jaw ^{**}	\$400	\$1,200
Two or more ribs, fingers or toes, bones of face or nose	\$300	\$900
One rib, finger or toe, coccyx	\$140	\$420
LOSS OF LIFE OR LIMB	PLAN 1	PLAN 2
Life or both eyes, hands, arms, feet, or legs, or one hand or arm and one foot or leg	\$20,000	\$60,000
One eye, hand, arm, foot, or leg	\$10,000	\$30,000
One or more entire toes or fingers	\$2,000	\$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).

PLAN 1 PREMIUMS

MODE	EE	EE + SP	EE + CH	F
Weekly	\$2.61	\$4.73	\$5.08	\$6.08
Semi-Monthly	\$5.66	\$10.25	\$11.00	\$13.17

PLAN 2 PREMIUMS

MODE	EE	EE + SP	EE + CH	F
Weekly	\$6.27	\$12.05	\$13.08	\$15.94
Semi-Monthly	\$13.57	\$26.11	\$28.34	\$34.53

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

Issue ages: 18 and over if actively at work

CERTIFICATE SPECIFICATIONS

Conditions and Limits

When an injury results in a covered loss within 90 days (unless otherwise stated on page 20) 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.

Using your cash benefits

Cash benefits provide you with options, because you decide how to use them.



Finances

Can help protect HSAs, savings, retirement plans and 401(k)s from being depleted.



Travel

Can help pay for expenses while receiving treatment in another city.



Home

Can help pay the mortgage, continue rental payments, or perform needed home repairs for after care.



Expenses

Can help pay your family's living expenses such as bills, electricity, and gas.



MyBenefits: 24/7 Access mybenefits.allstate.com

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This booklet is for use in ND. This advertisement is a solicitation of insurance; contact may be made by an Allstate Benefits Agent, Agency, or Representative.

Rev. 3/23. This material is valid as long as information remains current, but in no event later than March 15, 2026.

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

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

Group Critical Illness benefits are provided under policy form GVCIP2 or state variations thereof.

Group Short Term Disability benefits are provided under policy form GVDIP or state variations thereof.

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.

The 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. This information highlights some features of the policies but is not the insurance contract. For complete details, contact your Allstate Benefits Agent. This is a brief overview of the benefits available under the Group Voluntary Policies underwritten by American Heritage Life Insurance Company (Home Office, Jacksonville, FL). Details of the coverage, including exclusions, limitations, restrictions and other provisions are included in the certificates issued.

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. 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.