

Voluntary Benefit Coverage from **Allstate Benefits**

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



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

Offered to the employees of:
Holland Enterprises



Allstate[®]
BENEFITS



Allstate
BENEFITS

**Provides your beneficiary
a lump-sum cash benefit
when you die**

Universal Life Insurance

A death not only leaves behind loved ones, but also overwhelming financial obligations. And, if you're like most people, you don't have enough life insurance to keep your family afloat if an unexpected death occurs. Give yourself and your loved ones a gift of love - put yourself in Good Hands with coverage from Allstate Benefits.

50%+ say additional living expenses, such as Internet, cable and cell phones costs prevent them from purchasing life insurance¹

70% say required cost-of-living expenses are keeping them from buying some or more life insurance¹

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 breadwinner 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, when life comes to an end, your beneficiary will receive a tax-free death benefit that can be used to help pay for funeral expenses, mortgage payments and more.

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.

Are you in Good Hands? You can be.

Key Features

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

See next page for plan details

¹ Facts from LIMRA, September 2014, Life Insurance Awareness Month.

*Coverage for spouse and child(ren) may be limited to a percentage of the insured's face amount

YOUR BENEFICIARY DECIDES how to use the cash benefits

Our cash benefits provide greater coverage options because you or your beneficiary get to determine how to use them.



Finances

The Accelerated Death Benefit rider can help protect your HSAs, savings, retirement plans and 401ks from being depleted



Travel

Your coverage will provide cash benefits to your beneficiary to help with travel related funeral expenses



Home

Your beneficiary can use the cash benefits to help pay the mortgage, continue rental payments, or perform needed home repairs



Expenses

The lump-sum cash benefit can be used to help pay your family's living expenses such as bills, electricity and gas

Benefits

Base Policy Benefit

Life: Pays a lump-sum cash benefit when you die.

Your employer decides which rider benefits (if any) are available to you for enrollment. The full certificate detailing the coverage selected will be delivered to you.

Additional Rider‡

Accelerated Death Benefit for Terminal Illness (issue ages: 0-75)

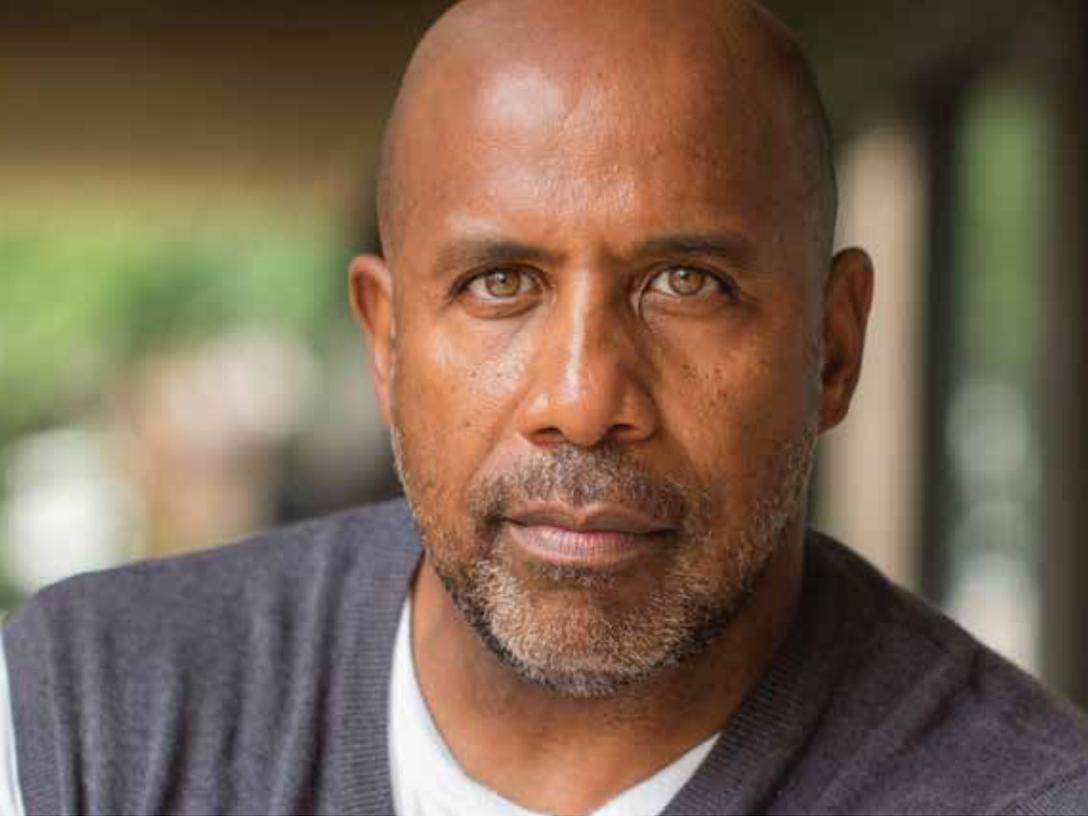
‡The rider listed above has exclusions and limitations.

Partial Withdrawals, Surrenders and Non-Qualified Additional Benefit Rider Charges and Loans May Be Subject To Taxes and Penalties

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.

Life Benefit

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.



Allstate
BENEFITS

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

- Guaranteed Issue, meaning no medical questions to answer at initial enrollment
- 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 may be added to enhance your coverage

With Allstate Benefits, you can protect your finances if faced with an unexpected cancer or specified disease diagnosis. **Are you in Good Hands? You can be.**

DID YOU KNOW ?



Early detection, improved treatments and access to care are factors that influence cancer survival²

19 million

The number of cancer survivors in the U.S. is increasing, and is expected to jump to nearly 19 million by 2024³

²Life After Cancer: Survivorship by the Numbers, American Cancer Society, 2017

³Cancer Treatment & Survivorship Facts & Figures, 2014-2015

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 co-pays 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 page 7.

Using your cash benefits

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



Finances

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



Travel

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



Home

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



Expenses

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



MyBenefits: 24/7 Access allstatebenefits.com/mybenefits

An easy-to-use website that offers 24/7 access to important information about your benefits. Plus, you can submit and check your claims (including claim history), request your cash benefit to be direct deposited, make changes to personal information, and more.

Wellness Benefit

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.

Benefits (subject to maximums as listed on the next page)

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 23 exams. See left for list of wellness tests

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 waived for primary insured 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)		\$250	\$500
Medical Imaging ⁴ (every 12 months)		\$100	\$200
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)		\$100	\$200
Second Opinion		\$250	\$500
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 ⁶)		\$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		\$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.

⁶Maximum of 700 miles.

PLAN 1 PREMIUMS

MODE	EE	EE + SP	EE + CH	F
Weekly	\$3.10	\$4.92	\$4.39	\$6.21
Bi-Weekly	\$6.20	\$9.84	\$8.78	\$12.42

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

PLAN 2 PREMIUMS

MODE	EE	EE + SP	EE + CH	F
Weekly	\$6.16	\$9.73	\$8.88	\$12.45
Bi-Weekly	\$12.32	\$19.46	\$17.76	\$24.90

Issue ages: 18 and over if actively at work

GVCP3

CERTIFICATE SPECIFICATIONS

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

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.

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.



Allstate BENEFITS

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, meaning no medical questions to answer at initial enrollment
- 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; see 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. **Are you in Good Hands? You can be.**

⁷https://www.cdc.gov/heartdisease/heart_attack.htm

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

DID YOU KNOW ?



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



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

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 and rider benefits to help protect her 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 followed her doctor required treatment during a 2-month recovery period, and had 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 page 13.

Using your cash benefits

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



Finances

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



Travel

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



Home

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



Expenses

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



MyBenefits: 24/7 Access allstatebenefits.com/mybenefits

An easy-to-use website that offers 24/7 access to important information about your benefits. Plus, you can submit and check your claims (including claim history), request your cash benefit to be direct deposited, make changes to personal information, and more.

Wellness - 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; Hemocult stool analysis; HPV (Human Papillomavirus) Vaccination; Lipid panel (total cholesterol count); Mammography, including Breast Ultrasound; Pap Smear, including ThinPrep Pap Test; Serum Protein Electrophoresis (test for myeloma); Stress test on bike or treadmill; Thermography; Ultrasound screening for abdominal aortic aneurysms.

Benefits (subject to maximums as listed on the next page)

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; see left for list of wellness services and tests

*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 BENEFIT†	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 BENEFITS†	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

BI-WEEKLY ISSUE AGE PREMIUMS

AGE	EE, EE+CH EE+SP, F	
	Non-Tobacco	
18-35	\$2.24	\$3.42
36-50	\$5.16	\$7.78
51-60	\$10.46	\$15.74
61-63	\$17.10	\$25.72
64+	\$26.98	\$40.54
Tobacco		
18-35	\$3.12	\$4.74
36-50	\$7.96	\$12.00
51-60	\$16.70	\$25.10
61-63	\$25.60	\$38.46
64+	\$40.74	\$61.16

BI-WEEKLY ISSUE AGE PREMIUMS

AGE	EE, EE+CH EE+SP, F	
	Non-Tobacco	
18-35	\$3.44	\$5.22
36-50	\$9.26	\$13.94
51-60	\$19.88	\$29.88
61-63	\$33.18	\$49.82
64+	\$52.92	\$79.44
Tobacco		
18-35	\$5.20	\$7.84
36-50	\$14.90	\$22.40
51-60	\$32.34	\$48.56
61-63	\$50.16	\$75.30
64+	\$80.42	\$120.70

BI-WEEKLY ISSUE AGE PREMIUMS

AGE	EE, EE+CH EE+SP, F	
	Non-Tobacco	
18-35	\$3.82	\$5.78
36-50	\$8.94	\$13.46
51-60	\$18.58	\$27.94
61-63	\$29.20	\$43.86
64+	\$43.50	\$65.32
Tobacco		
18-35	\$5.94	\$8.96
36-50	\$14.80	\$22.26
51-60	\$30.90	\$46.42
61-63	\$44.94	\$67.46
64+	\$67.18	\$100.84

BI-WEEKLY ISSUE AGE PREMIUMS

AGE	EE, EE+CH EE+SP, F	
	Non-Tobacco	
18-35	\$6.58	\$9.94
36-50	\$16.84	\$25.30
51-60	\$36.14	\$54.24
61-63	\$57.36	\$86.08
64+	\$85.96	\$129.00
Tobacco		
18-35	\$10.82	\$16.30
36-50	\$28.54	\$42.88
51-60	\$60.78	\$91.22
61-63	\$88.84	\$133.32
64+	\$133.32	\$200.04

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

GVCIP2

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 or your class 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.

BENEFIT CONDITIONS

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, if applicable, 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.



Allstate BENEFITS

Provides a monthly benefit
if you are disabled 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.

57% of working Americans have no disability insurance and are therefore vulnerable to losing their income due to an illness or injury.¹⁰

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 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.

With Allstate Benefits, you gain the power to make treatment decisions without putting your finances at risk.

Are you in Good Hands? You can be.

Key Features

- You choose the monthly maximum benefit level that meets your needs
- Premiums are affordable and conveniently payroll deducted
- You can take your coverage with you if you leave your job or your employer cancels coverage

See next page for plan details

¹⁰Council for Disability Awareness, 2014 Disability Awareness Study

YOU DECIDE how to use the cash benefits

Our cash benefits provide you with greater coverage options because you get to determine how to use them.



Finances

Can help protect your HSAs, savings, retirement plans and 401ks from being depleted



Travel

You can use your cash benefits to help pay for expenses while receiving treatment in another city



Home

You can use your cash benefits to help pay the mortgage, continue rental payments, or perform needed home repairs for your after care



Expenses

The monthly cash benefit can be used to help pay your family's living expenses such as bills, electricity and gas

My Lifeline Benefits

Base Policy Benefit

Total Disability

Partial Disability

Pregnancy

Organ Donor

Waiver of Premium

Option 1

A benefits representative may help with determining the following:

Maximum Monthly Benefit: **\$5,000**

Maximum Benefit Period is **6** months

Elimination Periods for Injury **7** days and Sickness **7** days

Premium: _____

Option 2

A benefits representative may help with determining the following:

Maximum Monthly Benefit: **\$5,000**

Maximum Benefit Period is **12** months

Elimination Periods for Injury **7** days and Sickness **7** days

Premium: _____

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.



Allstate BENEFITS

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 get well.

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, meaning no medical questions to answer
- 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 can be continued; refer to your certificate for details

With Allstate Benefits, you can protect your finances against life's slips and falls. **Are you in Good Hands? You can be.**

¹¹National Safety Council, Injury Facts®, 2014 Edition

DID YOU KNOW ?

The number of injuries suffered by workers in one year, both on- and off-the-job, includes:¹¹

ON-THE-JOB



Work
4.9
million

OFF-THE-JOB



Home
8.3
million



Non-Auto
3.6
million



Auto
2.0
million

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 page 21.

Using your cash benefits

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



Finances

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



Travel

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



Home

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



Expenses

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



MyBenefits: 24/7 Access allstatebenefits.com/mybenefits

An easy-to-use website that offers 24/7 access to important information about your benefits. Plus, you can submit and check your claims (including claim history), request your cash benefit to be direct deposited, make changes to personal information, and more.

Dependent Eligibility

Coverage may include you, your spouse and your children.

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.

Benefits (subject to maximums as listed on the next page)

BASE POLICY BENEFITS

Accidental Death*

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

Dismemberment¹²* - 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 Surgery¹⁴, **

Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery¹⁴, * - 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 Surgery¹⁴, * - 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 freestanding treatment center more than 100 miles from your home. Does not cover ambulance or physician's office or clinic visits for services other than treatment

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

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

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
Bi-Weekly	\$5.22	\$9.46	\$10.16	\$12.16

PLAN 2 PREMIUMS

MODE	EE	EE + SP	EE + CH	F
Weekly	\$6.27	\$12.05	\$13.08	\$15.94
Bi-Weekly	\$12.54	\$24.10	\$26.16	\$31.88

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

Issue ages: 18 and over if actively at work

GVAP1

CERTIFICATE SPECIFICATIONS

Conditions and Limits

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

Continuation of 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.



Allstate Benefits is the marketing name used by American Heritage Life Insurance Company, a subsidiary of The Allstate Corporation. ©2018 Allstate Insurance Company. www.allstate.com or allstatebenefits.com

Access Your Benefits and Claim Filings

Accessing your benefit information using **MyBenefits** has never been easier.

MyBenefits is an easy-to-use website that offers you 24/7 access to important information about your benefits. Plus, you can submit and check your claims (including claim history), request your cash benefit to be direct deposited, make changes to personal information, and more.

This booklet is for use in ND.

This material is valid as long as information remains current, but in no event later than January 15, 2021.

Group Universal Life Insurance provided by policy form GUL22P, or state variations thereof. Accelerated Death Benefit for Terminal Illness Rider benefit 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.**

Group Cancer and Specified Disease benefits are provided by policy form GVCP3, or state variations thereof.

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

Group Short-Term Disability benefits provided by policy form GVDIP, or state variations thereof.

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

Coverage is provided by Limited Benefit Supplemental Insurance. The policies are not a 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 insurance, including exclusions, restrictions and other provisions are included in the certificates issued.

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.