



# 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; refer to your certificate for details
- 25% of your Basic-Benefit Amount is paid for Alzheimer's Disease

With Allstate Benefits, you can make treatment decisions without putting your finances at risk. **Are you in Good Hands? You can be.**

## DID YOU KNOW ?



Every 40 seconds, an American will suffer a heart attack\*



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



Offered to the employees of:  
**Liberty County BOC**

\*Heart Disease and Stroke Statistics 2017 At-a-Glance, American Heart Association.

# 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 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 your company's rate insert.

## 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](http://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

Family members eligible for coverage are your spouse or domestic partner and children.

## Benefits (subject to maximums as listed on the attached rate insert)

### Benefit paid upon diagnosis

#### CRITICAL ILLNESS CATEGORY 1 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

**Heart Transplant** - a transplant of a heart from a donor whose heart was intact and capable of functioning in the recipient. Must come from a human donor

**Coronary Artery Bypass Surgery** - to correct narrowing or blockage of one or more coronary arteries with bypass graft. Balloon angioplasty, laser embolectomy, atherectomy, stent placement and non-surgical procedures are not covered

#### CRITICAL ILLNESS CATEGORY 2 BENEFITS\*

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

**Paralysis** - complete and permanent loss of use of 2 or more limbs as a result of an accident and/or sickness. Paralysis resulting from a stroke is not covered

**End Stage Renal Failure** - failure of both kidneys to perform their essential functions, resulting in you undergoing peritoneal dialysis or hemodialysis or renal transplant

**Alzheimer's Disease** - a clinically established diagnosis by a psychiatrist or neurologist, resulting in the inability to independently perform at least 3 daily activities<sup>1</sup> of daily living

#### CRITICAL ILLNESS CATEGORY 3 BENEFITS\*

**Invasive Cancer** - malignant tumor with uncontrolled growth, including Leukemia and Lymphoma. Carcinoma in situ, tumors due to human immunodeficiency virus, skin cancer other than invasive malignant melanoma in the dermis or deeper, and early prostate (stage A) cancer are not covered

**Carcinoma In Situ** - non-invasive cancer, including early prostate cancer (stages A or equivalent) 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

#### ADDITIONAL BENEFITS

**Recurrence** - diagnosis with the same specified critical illness from category 1 or 2, for which a benefit was already paid. There must be at least 18 months between each diagnosis, and no treatment must have been received during that 18-month period

**Wellness Benefit** - 19 exams. Once per person, per calendar year. Tests include: Bone Marrow Testing; CA15-3 (breast cancer), CA125 (ovarian cancer), CEA (colon cancer); Chest X-ray; Colonoscopy; Flexible sigmoidoscopy; Hemocult stool analysis; Mammography, including Breast Ultrasound; Pap Smear, including ThinPrep Pap Test; PSA (prostate cancer); Serum Protein Electrophoresis (test for myeloma); Biopsy for skin cancer; Stress test on bike or treadmill; Electrocardiogram (EKG); Doppler screening for carotids; Echocardiogram; Lipid panel (total cholesterol count); Blood tests for triglycerides

\*Benefits paid once per covered person. Up to 100% of the basic benefit is payable in Categories 1, 2, and 3 (see rate insert for percentages per benefit). When all benefits have been used, the coverage terminates. <sup>1</sup>Daily activities include: bathing, dressing, toileting, eating or taking medication.

## CERTIFICATE SPECIFICATIONS

### Eligibility

Your employer decides who is eligible for your group (such as length of service and hours worked each week). Issue ages are 18 and over.

### Dependent Eligibility/Termination

Family members eligible for coverage are your spouse or domestic partner and children. Coverage for children ends when the child reaches age 26, unless he or she continues to meet the requirements of an eligible dependent. Spouse coverage ends upon valid decree of divorce or your death. Domestic partner coverage ends when the domestic partnership ends or your death.

### When Coverage Ends

Coverage under the policy ends on the earliest of: the date the certificate is canceled; the date the policy is canceled; you stop paying your premium; the last day of active employment; you or your class are no longer eligible; when the maximum percentage of the basic benefit amount for each critical illness category is paid, including the Additional Recurrence benefit; the date you request to discontinue coverage in writing.

### Continuing Your Coverage

You may continue coverage under the Portability Privilege provision when coverage under the policy ends. Refer to your Certificate of Insurance for details.

## BENEFIT CONDITIONS

### Conditions and Limits

A diagnosis occurring before your coverage begins is not payable; however, a diagnosis of any covered critical illness or optional benefit after your effective date will be payable. Benefits are subject to the Benefit Waiting Period Limitation as well as all other limitations and exclusions. All critical illnesses must meet the definitions and dates of diagnoses stated in the policy and be diagnosed by a physician while coverage is in effect. Emergency situations outside the U.S. will be considered when you return to the U.S.

### Benefit Waiting Period Limitation

We do not pay benefits for a critical illness that occurs during the first 30 days of coverage. If a diagnosis occurs during the Benefit Waiting Period, the following options are available: return the coverage for a full refund, or continue coverage for the other specified critical illnesses listed.

### Exclusions

Benefits are not paid for: war, whether or not declared, or participation in a riot, insurrection or rebellion; intentionally self-inflicted injury; engaging in an illegal occupation or committing or attempting to commit a felony; suicide while sane or insane; injury sustained while being under the influence of alcohol, narcotics, or any other controlled substance or drug unless administered on the advice of a physician; participation in aeronautics unless a fare-paying passenger on a licensed common-carrier aircraft operating between established airports; substance abuse, including alcohol, alcoholism, drug addiction or dependence on a controlled substance; hospital confinement due to mental illness.

**This brochure is for use in enrollments situated in GA and is incomplete without the accompanying rate insert.**

**This material is valid as long as information remains current, but in no event later than May 1, 2022.**

Group Critical Illness benefits are provided under policy form GVCIP1 or state variations thereof.

**The coverage provided is limited benefit supplemental critical illness insurance.** The policy is not a Medicare Supplement Policy. If eligible for Medicare, review Medicare Supplement Buyer's Guide available from Allstate Benefits.

This is a brief overview of the benefits available under the group policy underwritten by American Heritage Life Insurance Company (Home Office, Jacksonville, FL). Details of the coverage, including exclusions and other limitations are included in the certificates issued. For additional information, you may contact your Allstate Benefits Representative.

**The coverage does not constitute comprehensive health insurance coverage (often referred to as "major medical coverage") and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.**



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[www.allstate.com](http://www.allstate.com) or  
[allstatebenefits.com](http://allstatebenefits.com)

# Critical Illness Insurance (GVCIP1)

from Allstate Benefits

Offered to the employees of:  
**Liberty County BOC**



## BENEFIT AMOUNTS

Covered dependents receive 50% of your benefit amount for Categories 1, 2 and 3

CRITICAL ILLNESS CATEGORY 1 BENEFITS†	PLAN 1	PLAN 2
Heart Attack (100%)	\$10,000	\$20,000
Stroke (100%)	\$10,000	\$20,000
Heart Transplant (100%)	\$10,000	\$20,000
Coronary Artery Bypass Surgery (25%)	\$2,500	\$5,000
CRITICAL ILLNESS CATEGORY 2 BENEFITS†	PLAN 1	PLAN 2
Major Organ Transplant (100%)	\$10,000	\$20,000
Paralysis (100%)	\$10,000	\$20,000
End Stage Renal Failure (100%)	\$10,000	\$20,000
Alzheimer's Disease (25%)	\$2,500	\$5,000
CRITICAL ILLNESS CATEGORY 3 BENEFITS†	PLAN 1	PLAN 2
Invasive Cancer (100%)	\$10,000	\$20,000
Carcinoma In Situ (25%)	\$2,500	\$5,000
ADDITIONAL BENEFITS	PLAN 1	PLAN 2
Recurrence (25% of previously paid Category 1 & 2)	Yes	Yes
Wellness (per year)	\$50	\$100

†After 100% of the Basic Benefit Amount (\$10,000 for Plan 1 and \$20,000 for Plan 2) has been paid within a category (Category 1, Category 2, or Category 3), no more benefits for any illness associated with that category are payable. Once a covered person has received 100% of the Basic Benefit Amount in Categories 1, 2 and 3, and the Recurrence Benefit, coverage ends for that person.

## PREMIUMS

### PLAN 1 BI-WEEKLY

AGE	EE	EE+SP	EE+CH	F
Non-Tobacco				
18-35	\$3.52	\$5.34	\$3.74	\$5.62
36-49	\$8.14	\$12.18	\$8.40	\$12.40
50-59	\$17.50	\$26.02	\$17.74	\$26.30
60-64	\$28.02	\$41.66	\$28.30	\$41.90
65-69	\$35.50	\$52.70	\$35.78	\$52.98
70+	\$41.64	\$61.70	\$41.86	\$61.98
Tobacco				
18-35	\$5.64	\$8.44	\$5.86	\$8.72
36-49	\$15.00	\$22.38	\$15.24	\$22.60
50-59	\$33.28	\$49.42	\$33.56	\$49.66
60-64	\$47.00	\$69.68	\$47.22	\$69.92
65-69	\$53.60	\$79.42	\$53.82	\$79.66
70+	\$58.06	\$86.06	\$58.34	\$86.34

### PLAN 2 BI-WEEKLY

AGE	EE	EE+SP	EE+CH	F
Non-Tobacco				
18-35	\$7.02	\$10.68	\$7.48	\$11.24
36-49	\$16.26	\$24.34	\$16.80	\$24.80
50-59	\$35.00	\$52.04	\$35.46	\$52.58
60-64	\$56.04	\$83.32	\$56.60	\$83.78
65-69	\$71.00	\$105.38	\$71.54	\$105.94
70+	\$83.26	\$123.38	\$83.74	\$123.94
Tobacco				
18-35	\$11.26	\$16.86	\$11.74	\$17.42
36-49	\$30.00	\$44.74	\$30.46	\$45.20
50-59	\$66.56	\$98.84	\$67.12	\$99.30
60-64	\$93.98	\$139.36	\$94.44	\$139.82
65-69	\$107.18	\$158.84	\$107.64	\$159.30
70+	\$116.14	\$172.12	\$116.68	\$172.68

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

For use in enrollments situated in: GA

This rate insert is part of form ABJ35429X and is not to be used on its own.

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