



Critical Illness Insurance

Protection when faced with a critical illness diagnosis

THINK ABOUT THIS



Every 40 seconds, an American will suffer a heart attack[†]



Every 40 seconds, someone in the U.S. has a stroke[†]

Coverage offered to the employees of:

The State of South Carolina

If you're diagnosed with a critical illness and it keeps you out of work, the impact to your finances can grow quickly. Critical Illness Insurance from Allstate Benefits can help ease your mind so you can focus on getting better.

Here's How It Works

- Select a benefit and premium amount to meet your needs
- Premiums will be deducted each pay period
- If you're diagnosed with a critical illness, file a claim and receive a lump-sum cash benefit*

Protecting Your Finances

You've worked hard for your savings – don't let a critical illness wipe them out.

- Protect your checking and savings
- Don't dip into your HSA or 401(k)



Meeting Your Needs

- Guaranteed Issue coverage with a Pre-Existing Condition Limitation*
- Coverage can include your dependents
- Benefits paid regardless of any other medical or disability plan coverage
- Coverage may be continued; refer to your certificate for details

[†]Heart Disease and Stroke Statistics—2023 Update: A Report From the American Heart Association. . *Please refer to the Exclusions and Limitations section of this brochure.



Meet Carlos

CHOOSE

Carlos signs up for Allstate Benefits Critical Illness Insurance during his employer's Open Enrollment.

USE

A few months later, Carlos learns he has a coronary artery disease. Here's his story:



Wellness Exam

Carlos' doctor detects a heart condition during his annual wellness exam



Diagnosis

After more tests and a visit to a cardiologist, Carlos is diagnosed with coronary artery



Decision

His doctor recommends surgery to remove a blockage and tells Carlos his recovery will take six to eight weeks



Surgery

Carlos has bypass surgery and is in the hospital for 4 days



Recovery

Carlos goes home to begin his recovery and has regular doctor visits

CLAIM

Carlos files a claim with his Allstate Benefits Critical Illness coverage through the convenient web portal, **MyBenefits***. He receives a lump-sum cash benefit for:

- Wellness Benefit
- Coronary Artery Bypass Surgery

*MyBenefits Claim Filing Portal

Offers 24/7 access to important information about your benefits. eSign, submit and check your claims (including claim history), request cash benefits to be direct deposited, make changes to personal information, and more.
Access: mybenefits.allstate.com

Here are some of the ways Carlos can use his cash benefits



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 afford home repairs for after care



Expenses

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

The example above details a fictional situation; your individual experience may vary. For a listing of benefits and benefit amounts, see pages 3, 4 and 5.

Critical Illness Insurance (GVCIP2)

from Allstate Benefits

BENEFIT AMOUNTS

†Covered dependents receive 50% of your benefit amount

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

See reverse for premiums

PLAN 1 - SEMI-MONTHLY PREMIUMS

\$10,000 Basic Benefit Amount

AGE	EE, EE + CH EE + SP, F	
	Non-Tobacco	
18-35	\$4.56	\$7.97
36-50	\$7.71	\$12.70
51-60	\$13.46	\$21.32
61-63	\$20.66	\$32.12
64+	\$31.36	\$48.17
Tobacco		
18-35	\$5.51	\$9.40
36-50	\$10.76	\$17.27
51-60	\$20.21	\$31.45
61-63	\$29.86	\$45.92
64+	\$46.26	\$70.52

PLAN 2 - SEMI-MONTHLY PREMIUMS

\$20,000 Basic Benefit Amount

AGE	EE, EE + CH EE + SP, F	
	Non-Tobacco	
18-35	\$5.86	\$9.92
36-50	\$12.16	\$19.37
51-60	\$23.67	\$36.63
61-63	\$38.07	\$58.23
64+	\$59.46	\$90.32
Tobacco		
18-35	\$7.75	\$12.76
36-50	\$18.26	\$28.52
51-60	\$37.17	\$56.88
61-63	\$56.47	\$85.83
64+	\$89.26	\$135.02

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

FOR HOME OFFICE USE ONLY - GVCIP2
 Opt 1 - PX; 1.0U Base; 2CIR; SBR W/O; 4.0U WR;
 Opt 2 - PX; 2.0U Base; 2CIR; SBR W/O; 4.0U WR;
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For use in enrollments situated in: SC. This rate insert is part of the approved brochure for State of SC and is not to be used on its own.
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Benefits - Benefits paid upon diagnosis of one of the following (subject to maximums as listed on pages 3 and 4)

INITIAL CRITICAL ILLNESS BENEFIT(S) (Benefits paid once per covered person. When all benefits have been used, the coverage terminates)

Heart Attack - the death of a portion of the heart muscle due to inadequate blood supply. Established (old) myocardial infarction is 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

SECOND EVENT BENEFIT(S) (Benefits paid once per covered person. When all benefits have been used, the coverage terminates)

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 BENEFIT(S) (Benefits paid once per covered person. When all benefits have been used, the coverage terminates)

Advanced Alzheimer's Disease - must exhibit impaired memory and judgment and be certified unable to perform at least three daily activities without adult assistance. Daily activities include: bathing, dressing, toileting, bladder, and bowel continence, transferring and eating

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 activities without adult

assistance. Daily activities include: bathing, dressing, toileting, bladder, and bowel continence, transferring and eating

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

OPTIONAL/ADDITIONAL BENEFIT(S)

Wellness Benefit - 23 exams. Once per person, per calendar year for the following wellness services and 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; 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

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 is 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 all 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.

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 symptoms existed within the 12-month period prior to the effective date; or 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.

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

This material is valid as long as information remains current, but in no event later than March 04, 2027.

Group Critical Illness benefits are provided under policy form GVCIP2, 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 the 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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