

# Critical Illness (GVCIP1)

## Group Voluntary Critical Illness Insurance

from Allstate Benefits

See attached **Important Information About Coverage.**

### BENEFIT AMOUNTS

Covered Dependents receive 50% of your Benefit Amount for Categories 1, 2, and 3

CATEGORY 1 BASIC BENEFIT AMOUNTS <sup>1</sup>	PLAN 1	PLAN 2
Heart Attack (100%)	\$10,000	\$20,000
Heart Transplant (100%)	\$10,000	\$20,000
Stroke (100%)	\$10,000	\$20,000
Coronary Artery Bypass Surgery (25%)	\$2,500	\$5,000
CATEGORY 2 BASIC BENEFIT AMOUNTS <sup>1</sup>	PLAN 1	PLAN 2
Major Organ Transplant (100%)	\$10,000	\$20,000
End Stage Renal Failure (100%)	\$10,000	\$20,000
Paralysis (100%)	\$10,000	\$20,000
Alzheimer's Disease (25%)	\$2,500	\$5,000

CATEGORY 3 BASIC BENEFIT AMOUNTS <sup>1</sup>	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 Benefit (per year)	\$50	\$100

<sup>1</sup>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.

### WEEKLY PREMIUMS

PLAN 1 - \$10,000 Basic Benefit Amount  
non-tobacco

AGES	EE	EE+ SP	EE+CH	F
18-35	\$1.76	\$2.67	\$1.87	\$2.81
36-49	\$4.07	\$6.09	\$4.20	\$6.20
50-59	\$8.75	\$13.01	\$8.87	\$13.15
60-64	\$14.01	\$20.83	\$14.15	\$20.95
65-69	\$17.75	\$26.35	\$17.89	\$26.49
70+	\$20.82	\$30.85	\$20.93	\$30.99

### BI-WEEKLY PREMIUMS

PLAN 1 - \$10,000 Basic Benefit Amount  
non-tobacco

AGES	EE	EE+ SP	EE+CH	F
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

### SEMI-MONTHLY PREMIUMS

PLAN 1 - \$10,000 Basic Benefit Amount  
non-tobacco

AGES	EE	EE+ SP	EE+CH	F
18-35	\$3.80	\$5.78	\$4.05	\$6.08
36-49	\$8.80	\$13.18	\$9.10	\$13.43
50-59	\$18.95	\$28.18	\$19.20	\$28.48
60-64	\$30.35	\$45.13	\$30.65	\$45.38
65-69	\$38.45	\$57.08	\$38.75	\$57.38
70+	\$45.10	\$66.83	\$45.35	\$67.13

### MONTHLY PREMIUMS

PLAN 1 - \$10,000 Basic Benefit Amount  
non-tobacco

AGES	EE	EE+ SP	EE+CH	F
18-35	\$7.60	\$11.56	\$8.10	\$12.16
36-49	\$17.60	\$26.36	\$18.20	\$26.86
50-59	\$37.90	\$56.36	\$38.40	\$56.96
60-64	\$60.70	\$90.26	\$61.30	\$90.76
65-69	\$76.90	\$114.16	\$77.50	\$114.76
70+	\$90.20	\$133.66	\$90.70	\$134.26

### ANNUAL PREMIUMS

PLAN 1 - \$10,000 Basic Benefit Amount  
non-tobacco

AGES	EE	EE+ SP	EE+CH	F
18-35	\$91.20	\$138.72	\$97.20	\$145.92
36-49	\$211.20	\$316.32	\$218.40	\$322.32
50-59	\$454.80	\$676.32	\$460.80	\$683.52
60-64	\$728.40	\$1,083.12	\$735.60	\$1,089.12
65-69	\$922.80	\$1,369.92	\$930.00	\$1,377.12
70+	\$1,082.40	\$1,603.92	\$1,088.40	\$1,611.12

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

Issue Ages: 18 and over if Actively at Work

Additional Premiums listed on reverse.

### WEEKLY PREMIUMS

**PLAN 1 - \$10,000 Basic Benefit Amount tobacco**

AGES	EE	EE+ SP	EE+CH	F
18-35	\$2.82	\$4.22	\$2.93	\$4.36
36-49	\$7.50	\$11.19	\$7.62	\$11.30
50-59	\$16.64	\$24.71	\$16.78	\$24.83
60-64	\$23.50	\$34.84	\$23.61	\$34.96
65-69	\$26.80	\$39.71	\$26.91	\$39.83
70+	\$29.03	\$43.03	\$29.17	\$43.17

### BI-WEEKLY PREMIUMS

**PLAN 1 - \$10,000 Basic Benefit Amount tobacco**

AGES	EE	EE+ SP	EE+CH	F
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

### SEMI-MONTHLY PREMIUMS

**PLAN 1 - \$10,000 Basic Benefit Amount tobacco**

AGES	EE	EE+ SP	EE+CH	F
18-35	\$6.10	\$9.13	\$6.35	\$9.43
36-49	\$16.25	\$24.23	\$16.50	\$24.48
50-59	\$36.05	\$53.53	\$36.35	\$53.78
60-64	\$50.90	\$75.48	\$51.15	\$75.73
65-69	\$58.05	\$86.03	\$58.30	\$86.28
70+	\$62.90	\$93.23	\$63.20	\$93.53

### MONTHLY PREMIUMS

**PLAN 1 - \$10,000 Basic Benefit Amount tobacco**

AGES	EE	EE+ SP	EE+CH	F
18-35	\$12.20	\$18.26	\$12.70	\$18.86
36-49	\$32.50	\$48.46	\$33.00	\$48.96
50-59	\$72.10	\$107.06	\$72.70	\$107.56
60-64	\$101.80	\$150.96	\$102.30	\$151.46
65-69	\$116.10	\$172.06	\$116.60	\$172.56
70+	\$125.80	\$186.46	\$126.40	\$187.06

### ANNUAL PREMIUMS

**PLAN 1 - \$10,000 Basic Benefit Amount tobacco**

AGES	EE	EE+ SP	EE+CH	F
18-35	\$146.40	\$219.12	\$152.40	\$226.32
36-49	\$390.00	\$581.52	\$396.00	\$587.52
50-59	\$865.20	\$1,284.72	\$872.40	\$1,290.72
60-64	\$1,221.60	\$1,811.52	\$1,227.60	\$1,817.52
65-69	\$1,393.20	\$2,064.72	\$1,399.20	\$2,070.72
70+	\$1,509.60	\$2,237.52	\$1,516.80	\$2,244.72

**PLAN 2 - \$20,000 Basic Benefit Amount non-tobacco**

AGES	EE	EE+ SP	EE+CH	F
18-35	\$3.51	\$5.34	\$3.74	\$5.62
36-49	\$8.13	\$12.17	\$8.40	\$12.40
50-59	\$17.50	\$26.02	\$17.73	\$26.29
60-64	\$28.02	\$41.66	\$28.30	\$41.89
65-69	\$35.50	\$52.69	\$35.77	\$52.97
70+	\$41.63	\$61.69	\$41.87	\$61.97

**PLAN 2 - \$20,000 Basic Benefit Amount non-tobacco**

AGES	EE	EE+ SP	EE+CH	F
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

**PLAN 2 - \$20,000 Basic Benefit Amount non-tobacco**

AGES	EE	EE+ SP	EE+CH	F
18-35	\$7.60	\$11.56	\$8.10	\$12.16
36-49	\$17.60	\$26.36	\$18.20	\$26.86
50-59	\$37.90	\$56.36	\$38.40	\$56.96
60-64	\$60.70	\$90.26	\$61.30	\$90.76
65-69	\$76.90	\$114.16	\$77.50	\$114.76
70+	\$90.20	\$133.66	\$90.70	\$134.26

**PLAN 2 - \$20,000 Basic Benefit Amount non-tobacco**

AGES	EE	EE+ SP	EE+CH	F
18-35	\$15.20	\$23.12	\$16.20	\$24.32
36-49	\$35.20	\$52.72	\$36.40	\$53.72
50-59	\$75.80	\$112.72	\$76.80	\$113.92
60-64	\$121.40	\$180.52	\$122.60	\$181.52
65-69	\$153.80	\$228.32	\$155.00	\$229.52
70+	\$180.40	\$267.32	\$181.40	\$268.52

**PLAN 2 - \$20,000 Basic Benefit Amount non-tobacco**

AGES	EE	EE+ SP	EE+CH	F
18-35	\$182.40	\$277.44	\$194.40	\$291.84
36-49	\$422.40	\$632.64	\$436.80	\$644.64
50-59	\$909.60	\$1,352.64	\$921.60	\$1,367.04
60-64	\$1,456.80	\$2,166.24	\$1,471.20	\$2,178.24
65-69	\$1,845.60	\$2,739.84	\$1,860.00	\$2,754.24
70+	\$2,164.80	\$3,207.84	\$2,176.80	\$3,222.24

tobacco

AGES	EE	EE+ SP	EE+CH	F
18-35	\$5.63	\$8.43	\$5.87	\$8.71
36-49	\$15.00	\$22.37	\$15.23	\$22.60
50-59	\$33.28	\$49.42	\$33.56	\$49.65
60-64	\$46.99	\$69.68	\$47.22	\$69.91
65-69	\$53.59	\$79.42	\$53.82	\$79.65
70+	\$58.07	\$86.06	\$58.34	\$86.34

tobacco

AGES	EE	EE+ SP	EE+CH	F
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

tobacco

AGES	EE	EE+ SP	EE+CH	F
18-35	\$12.20	\$18.26	\$12.70	\$18.86
36-49	\$32.50	\$48.46	\$33.00	\$48.96
50-59	\$72.10	\$107.06	\$72.70	\$107.56
60-64	\$101.80	\$150.96	\$102.30	\$151.46
65-69	\$116.10	\$172.06	\$116.60	\$172.56
70+	\$125.80	\$186.46	\$126.40	\$187.06

tobacco

AGES	EE	EE+ SP	EE+CH	F
18-35	\$24.40	\$36.52	\$25.40	\$37.72
36-49	\$65.00	\$96.92	\$66.00	\$97.92
50-59	\$144.20	\$214.12	\$145.40	\$215.12
60-64	\$203.60	\$301.92	\$204.60	\$302.92
65-69	\$232.20	\$344.12	\$233.20	\$345.12
70+	\$251.60	\$372.92	\$252.80	\$374.12

tobacco

AGES	EE	EE+ SP	EE+CH	F
18-35	\$292.80	\$438.24	\$304.80	\$452.64
36-49	\$780.00	\$1,163.04	\$792.00	\$1,175.04
50-59	\$1,730.40	\$2,569.44	\$1,744.80	\$2,581.44
60-64	\$2,443.20	\$3,623.04	\$2,455.20	\$3,635.04
65-69	\$2,786.40	\$4,129.44	\$2,798.40	\$4,141.44
70+	\$3,019.20	\$4,475.04	\$3,033.60	\$4,489.44

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

Issue Ages: 18 and over if Actively at Work



For use in enrollments situated in: GA. This rate insert is part of forms ABJ30415-Flyer and ABJ30064 and is not to be used on its own.

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# Group Voluntary Critical Illness (GVCIP1)

## Important Information About Your Coverage

Provides details of base policy and rider coverage in all states. State-specific information is noted when it varies from the standard. Below is a list of base policy and rider benefits available with Group Critical Illness coverage. Please refer to your employer-chosen plan for the specific items that apply to your coverage. You will receive a certificate that details the certificate specifications for the coverage you purchased.

**Group Critical Illness Issue ages are 18 and over if Actively at Work.**

### Benefit Specifications

**Heart Attack Exclusion** - A cardiac arrest is not a heart attack and is not covered by this benefit.

**Stroke Exclusions** - Transient ischemic attacks (TIAs), head injury, chronic cerebrovascular insufficiency and reversible ischemic neurological deficits are excluded.

**Coronary Artery Bypass Surgery Exclusions** - The following procedures are not considered coronary artery bypass surgery: balloon angioplasty; laser embolectomy; atherectomy; stent placement; or other non-surgical procedures.

**NJ** - The Coronary Artery Bypass Surgery benefit is replaced with: **Coronary Artery Disease**. The exclusion is replaced with: **Coronary Artery Disease Condition**: There must be 80% or greater narrowing or blockage of coronary arteries due to atherosclerotic heart disease.

**Major Organ Transplant Exclusion** - does not include Heart Transplant.

**NJ** - The Major Organ Transplant benefit is replaced with: **Major Organ Failure**. The exclusion is replaced with: **Major Organ Failure Condition**: Must be irreversible, meeting the criteria as described in your certificate.

**Paralysis** - Permanent loss of use of 2 or more limbs. Paralysis as a result of stroke is excluded.

**GA** - The Paralysis benefit is payable if it is a result of an accident and/or sickness.

**Alzheimer's Disease Limitation** - Must be diagnosed by a psychiatrist or neurologist and the insured must be unable to perform at least 3 activities of daily living.

**FL, GA** - Must be diagnosed by a psychiatrist or neurologist and the insured must be unable to perform at least 2 activities of daily living.

**Invasive Cancer Exclusions** - Does not include: carcinoma in situ; tumors related to HIV; non-invasive or metastasized skin cancer; or early prostate cancer. Includes: Leukemia and Lymphoma.

**CA** - Does not include: cancer that has not spread to adjacent tissues; tumors related to HIV; non-invasive or metastasized skin cancer; or early prostate cancer.

**Carcinoma in Situ Exclusions** - Does not include: other skin malignancies; premalignant lesions (such as intraepithelial neoplasia); or benign tumors or polyps.

**Recurrence Exclusion** - There must be at least 18 months between each diagnosis, and no treatment received during that 18-month period.

### Maximum Benefit by Category

After 100% of the Basic Benefit Amount has been paid within a category, no more benefits will be paid. Once a covered person has received 100% of the Basic Benefit Amount in each category and the Recurrence Benefit, coverage ends for that covered person.

### Second Evaluation Rider

**Second Consultation** - By a physician other than your current physician.

**Non-Local Transportation** - Limit \$5,000/12-month period.

**Outpatient Lodging** - Limit \$1,000/12-month period. More than 75 miles from home.

**Family Member Lodging and Transportation** - Lodging limit \$1,000/12-month period. Transportation limit \$5,000/12-month period.

**CO, DC, FL, MN, NJ** - This rider is not available.

## Conditions, Limitations and Exclusions Affecting Your Benefits

### Conditions and Limits

**All States** - Coverage described in the certificate is subject to the terms of the policy issued to the policyholder (employer). It alone makes up the agreement by which the insurance is provided. All critical illnesses must meet the definitions and dates of diagnosis stated in the policy and be diagnosed by a physician while coverage is in effect. Emergency situations while you are outside the U.S. will be considered when you return to the U.S.

### Your Eligibility

**All States** - 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

**(a) Coverage may include you, your spouse or domestic partner and children under age 26;**

**DC** - Coverage may include you, your spouse, domestic partner or civil union partner and children under age 26.

**HI** - Coverage may include you, your spouse or domestic partner, children under age 26, and your certified reciprocal beneficiary.

**ID** - Coverage may include you, your spouse and children under age 26.

**NJ** - References to spouse and domestic partner include civil union partners.

**(b) Coverage for children ends when the child reaches age 26, unless he or she continues to meet the requirements of an eligible dependent;**

**IL** - Coverage for children ends when the child reaches age 26 (30 if a military veteran who is an Illinois resident), unless he or she continues to meet the requirements of an eligible dependent.

**MA** - Coverage for children ends when the child reaches age 26 (or 2 years following loss of dependent status under the Internal Revenue Code, whichever comes first), unless he or she continues to meet the requirements of an eligible dependent.

**PA** - Coverage will not terminate due to age on a child who was a full-time student and whose studies were interrupted by active duty service in the military.

**(c) Spouse coverage ends upon divorce or your death. Domestic partner coverage ends upon the end of the domestic partnership or your death.**

**DC** - Spouse coverage ends upon divorce or your death. Domestic/civil union partner coverage ends upon termination of partnership or your death.

**ID** - Spouse coverage ends upon divorce or your death.

**NJ** - Spouse or civil union partner coverage ends upon valid decree of divorce or your death.

### When Coverage Ends

Your coverage under the policy ends when: the policy is cancelled; you stop paying your premium; you are no longer eligible; or the date the maximum total percentage of the Basic Benefit Amount is paid as noted in the "Maximum Benefit by Category" paragraph on the previous page.

### Portability Privilege

Coverage may be continued under the Portability Provision when coverage under the policy ends.

**NJ** - The Portability Privilege is replaced with Conversion Privilege - A covered person may obtain a converted policy without evidence of insurability if coverage under the policy ends for reasons other than non-payment of premiums.

### Pre-Existing Condition Limitation

**(a) We do not pay benefits for a pre-existing condition during the first 12 months of coverage.**

**ME, NJ, UT** - We do not pay benefits for a pre-existing condition during the first 6 months of coverage.

**MN** - The following is added to (a): If loss occurs after the 12-month period beginning on the date that person became insured, it will be considered a covered loss and no longer considered a pre-existing condition.

**PR** - We do not pay benefits for a pre-existing condition during the first 12 months of coverage. Any loss which begins after the first 12 months of your effective date of coverage will not be considered a pre-existing condition and will be eligible for payments under this plan. A pre-existing condition does not include a condition admitted on the application.

**(b) A pre-existing condition is a disease or physical condition for which symptoms existed or medical advice or treatment was recommended or received from a medical professional in the 12-month period before the effective date.**

**ID, ME, UT** - A pre-existing condition is a disease or physical condition for which symptoms existed or medical advice or treatment was recommended or received from a medical professional in the 6-month period before the effective date.

**MN** - A pre-existing condition is a disease or physical condition for which medical advice or treatment was recommended or received from a medical professional in the 12-month period before the effective date.

**MT** - A pre-existing condition is a disease or physical condition for which medical advice or treatment was recommended or received from a medical professional during the 6-month period before the date of enrollment.

**NJ** - A pre-existing condition is a condition for which medical advice or treatment was recommended by or received from a physician in the 6-month period before the effective date.

**NC, ND, VA** - A pre-existing condition is a disease or physical condition for which medical advice or treatment was recommended or received from a medical professional in the 12-month period before the effective date.

**PA** - A pre-existing condition is a disease or physical condition for which medical advice or treatment was received within the 90-day period before the effective date. The condition will be covered after 12 months of coverage.

**SD** - A pre-existing condition is a disease or physical condition for which: a prudent person would seek medical advice, diagnosis, care, or treatment; or medical advice or treatment was recommended or received from a medical professional in the 12-month period before the date of coverage.

**(c) A pre-existing condition can exist even though a diagnosis has not yet been made.**

**MN, MT, NE, NC, OR** - (c) is deleted.

**FL** - The following is added: The exception is follow-up care for breast cancer. If you have been previously found to be free of breast cancer, routine follow-up care does not constitute medical advice, diagnosis, care or treatment unless evidence of breast cancer is found during, or as the result of, the follow-up care.

**GA** - **The Pre-Existing Condition Limitation is deleted and replaced with the Benefit Waiting Period Limitation** - (a) We do not pay benefits for a critical illness that occurs during the first 30 days of coverage. (b) If a diagnosis occurs during the Benefit Waiting Period, the following options are available: 1. return the coverage for a full refund, or 2. continue coverage for the other specified critical illnesses listed.

### Policy Exclusions and Limitations

**We do not pay benefits for:**

**(a) any act of war, participation in a riot, insurrection or rebellion;**

**ID** - any act of war, participation in riot or insurrection.

**OK** - participation in a riot, insurrection, or rebellion.

**NJ** - war while you are serving in the military or any unit supporting or accompanying the military, participation in a riot, insurrection or rebellion.

**TX** - any act of war during military service, participation in a riot, insurrection or rebellion.

**(b) intentionally self-inflicted injuries;**

**DC** - (b) is deleted.

**(c) engaging in an illegal occupation or felony;**

**NJ** - any loss to which a contributing cause was your commission of, or attempt to commit, a felony or to which a contributing cause was your engagement in illegal activities or occupation.

**PR** - injury incurred while engaging in an illegal occupation or committing or attempting to commit an assault or a felony.

**TX** - committing or attempting a felony.

**WI** - committing a felony.

**(d) attempted suicide.**

**CO, MO** - attempted suicide, while sane.

**(e) injury sustained while under the influence of alcohol, narcotics or any controlled substance or drug unless taken on the advice of a physician;**

**AL** - being intoxicated as defined in the jurisdiction where the injury took place.

**CO, ID, SD** - (e) is deleted.

**KY** - being intoxicated or under the influence of any narcotic or hallucinogenic unless taken on the advice of a physician.

**CA** - injury sustained while being intoxicated or under the influence of any controlled substance unless taken on the advice of a physician.

**LA** - loss sustained while intoxicated or under the influence of narcotics unless taken on the advice of a physician.

**MI** - injury caused by the covered person, while under the influence of alcohol, narcotics, or any controlled substance or drug unless taken on the advice of a physician.

**MN** - injury sustained or contracted while under the influence of any narcotic, unless taken on the advice of a physician.

**MT** - being voluntarily intoxicated or under the influence of narcotics or any controlled substance or drug unless taken on the advice of a physician.

## Policy Exclusions and Limitations (Continued)

**NE** - injury contracted while intoxicated or under the influence of narcotics or any controlled substance or drug unless taken on the advice of a physician.

**NJ** - loss sustained or contracted as a consequence of intoxication or being under the influence of narcotics or any other controlled substance or drug unless taken on the advice of a physician.

**OK** - injury sustained due to alcoholism or being under the influence of narcotics or any controlled substance unless taken on the advice of a physician.

**OR** - injuries sustained while legally intoxicated or under the influence of narcotics unless taken on the advice of a physician.

**PA** - loss sustained or contracted resulting from intoxication or being under the influence of narcotics or any controlled substance unless taken on the advice of a physician.

**WI** - injury caused by the insured, sustained while under the influence of alcohol, narcotics or any controlled substance or drug unless taken on the advice of a physician.

**(f) participation in aeronautics except as a fare-paying passenger in a licensed common-carrier aircraft;**

ID - (f) is deleted.

**(g) alcohol abuse or alcoholism, drug addiction or dependence upon any controlled substance.**

DC, KY, NC, SD - (g) is deleted. ID - alcoholism or drug addiction.

IL - drug addiction or dependence upon any controlled substance. MN - alcohol abuse or alcoholism, or drug addiction.

**(h) MN Only - bodily injuries received while operating a motor vehicle under the influence of alcohol as evidenced by a blood-alcohol level in excess of the state legal intoxication limit.**

**(i) GA Only - Hospital Confinement due to mental illness.**

## Wellness Benefit

**Pays a benefit each calendar year for one of the following: Bone Marrow Testing; Blood Tests for Lipid Panel (cholesterol), Triglycerides, CA15-3 (breast cancer), CA125 (ovarian cancer), CEA (colon cancer); Chest X-ray; Colonoscopy; Flexible Sigmoidoscopy; Hemoccult stool analysis; Mammography, including Breast Ultrasound; Pap Smear, including ThinPrep Pap Test; PSA (blood test for prostate cancer); Serum Protein Electrophoresis (test for myeloma); Biopsy for skin cancer; Stress test on bike or treadmill; Electrocardiogram (EKG); Carotid Doppler; Echocardiogram.**

**CA, MT** - Pays a benefit each calendar year for one of the following: Bone Marrow Testing; Blood tests for lipid panel (cholesterol), Triglycerides, CA15-3 (breast cancer), CA125 (ovarian cancer), CEA (colon cancer); Chest X-ray; Colonoscopy; Flexible Sigmoidoscopy; Hemoccult stool analysis; Pap Smear, including ThinPrep Pap Test; PSA (blood test for prostate cancer); Serum Protein Electrophoresis (test for myeloma); Biopsy for skin cancer; Stress test on bike or treadmill; Electrocardiogram (EKG); Carotid Doppler; Echocardiogram. **Mammography Benefit** - Pays a benefit for: baseline mammogram for women ages 35 to 39, inclusive; mammogram every 2 years, or more frequently upon a physician's recommendation for women ages 40 to 49, and annual mammogram for women ages 50 and over.

**NC** - Pap Smear, including ThinPrep Pap Test is replaced with: Cervical Cancer Screening.



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**This material is valid as long as information remains current, but in no event later than May 15, 2018.** Group Critical Illness benefits are provided by policy form GVCIP1, or state variations thereof. Group Critical Illness Enhancement Rider (Second Evaluation Benefit) provided by rider form GPCIER, or state variations thereof.

**Coverage is provided by Limited Benefit Supplemental Critical Illness Insurance.** The policy does not provide benefits for any other sickness or condition. The policy is not a Medicare Supplement Policy. If eligible for Medicare, review Medicare Supplement Buyer's Guide available from Allstate Benefits. This information highlights some features of the policy 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 Policy 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.**