

Group Critical Illness 5 Benefits

Subject to maximums as listed on Benefits and Amounts pages.
Benefit paid upon diagnosis of the following conditions.

Critical Illness Benefits

Benefits paid once per covered person.

Heart Attack - the death of a portion of the heart muscle due to inadequate blood supply. Does not include established (old) myocardial infarction or cardiac arrest.

Stroke - death of a portion of the brain producing neurological sequelae, including infarction of brain tissue, hemorrhage and embolization from an extra-cranial source. Does not include transient ischemic attacks (TIAs), head injury, chronic cerebrovascular insufficiency and reversible ischemic neurological deficits.

End Stage Renal Failure - irreversible failure of both kidneys, resulting in peritoneal dialysis or hemodialysis. Does not include renal failure caused by traumatic events, including surgical trauma.

Major Organ Failure - diagnosis of failure of heart, lungs, liver, pancreas, or kidneys, with placement on National Transplant List or actual surgical transplant. Lungs and kidneys are considered one major organ, regardless of whether one or both lungs or kidneys are transplanted. Does not include bone marrow or stem cell transplant or donation surgery, and does not pay for mechanical or non-human organs.

Coronary Artery Disease/Coronary Artery Bypass Graft - surgery to correct narrowing or blockage of one or more coronary arteries or valves due to damage or disease with a bypass graft. Does not include coronary angioplasty, coronary angiography or any other intra-catheter technique procedures.

Invasive Cancer - malignant tumor with uncontrolled growth, including leukemia and lymphoma. Does not include carcinoma in situ and skin cancer (other than invasive malignant melanoma or metastasized skin malignancies).

Carcinoma In Situ - non-invasive cancer, including melanoma that has not invaded the dermis. Does not include other skin malignancies, pre-malignant lesions (such as intraepithelial neoplasia), benign tumors, or polyps.

Waiver of Premium (employee only) - premiums waived if disabled for 90 consecutive days due to a critical illness.

**Benefit is paid upon diagnosis or recommendation, not treatment.

Supplemental Critical Illness Benefits

Benefits paid once per covered person.

Advanced Alzheimer's Disease - must exhibit impaired memory and judgment and be certified unable to perform at least two activities of daily living (ADLs) without adult assistance. ADLs mean: 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 two activities of daily living (ADLs) without adult assistance. ADLs mean: bathing, dressing, toileting, bladder and bowel continence, transferring and eating.

Benign Brain Tumor - a non-malignant tumor limited to brain, meninges, cranial nerves or pituitary gland. Does not include tumors of the skull or ear canal, cysts, acoustic neuroma, pituitary adenomas less than 10mm, or germinomas.

Coma - unconscious and not responsive to external stimulation or responsive to internal needs for at least 7 consecutive days. Does not include medically-induced coma, coma resulting from alcohol or drug use, or diagnosis of brain death.

Loss of Hearing - total and permanent loss of hearing in both ears (cannot be corrected by hearing aid or device).

Loss of Sight - total and permanent loss of vision in both eyes.

Loss of Speech - total and permanent loss of speech or verbal communication (without a medical device).

Paralysis - permanent loss of muscle function in two or more limbs due to disease or injury. Does not include loss of muscle function limited to fingers or toes.

Childhood Benefits

Benefits paid once per covered person.

Childhood Benefits - 10 childhood diseases or defects for dependent children are covered. Cerebral Palsy; Cleft Lip or Cleft Palate; Congenital Heart Disease (coarctation of the aorta, hypoplastic left heart syndrome, patent ductus arteriosus, tetralogy of Fallot, or transposition of the great arteries); Cystic Fibrosis; Type 1 Diabetes; Down Syndrome; Muscular Dystrophy; Spina Bifida; Structural Congenital Defect (anal atresia, anencephaly, biliary atresia, club foot, diaphragmatic hernia, Hirschsprung's disease, gastroschisis, omphalocele, pyloric stenosis, and spinal muscular atrophy).

Neonatal Intensive Care Unit - admittance to a neonatal intensive care unit at the direction an care of a physician after the dependent child's effective date of coverage (paid upon admittance).

Optional/Additional Rider Benefits

Fixed Health Screening Services

Fixed Health Screening Services - coverage for one eligible service performed each year for each covered person. Covered services include: Biopsy for cancer and skin cancer; Blood Chemistry Panel; Blood Tests for Triglycerides, CA15-3 (breast cancer), CA125 (ovarian cancer), CEA (colon cancer), or PSA (prostate cancer); Chest X-ray; Clinical Testicular Exam; CBC (blood count); Colonoscopy; Doppler Screening (cancer, carotids or peripheral vascular disease); Echocardiogram; EKG (Electrocardiogram); EEG (Electroencephalogram); Endoscopy; Fasting Blood or Plasma Glucose test; Flexible Sigmoidoscopy; Hemoglobin A1C; Hemocult Stool Analysis; HPV (Human Papillomavirus) vaccination; Lipid Panel (total cholesterol count); Mammography (breast ultrasound); Oral Cancer Screening; Pap Smear, including ThinPrep Pap Test; Sampling of blood or tissue for genetic testing for cancer risk; Serum Protein Electrophoresis (test for myeloma); Skin Cancer Screening; Skin Exam; Stress Test (bike or treadmill); Testing for Donation of Bone Marrow (includes HLA - Human Leukocyte Antigen); Thermography; Two-Hour Post-Load Plasma Glucose Test; Ultrasound Screening of abdominal aorta for aortic aneurysms; Ultrasound Screening for cancer detection.

Specified Condition and Infectious Disease*

Benefits paid once per covered person

Specified Condition and Infectious Disease - diagnosis of one of the following specified conditions or infectious diseases: Acute Respiratory Distress Syndrome (ARDS); Adrenal insufficiency (Addison's Disease); Lou Gehrig's Disease (ALS); Bacterial meningitis; Cerebral palsy; Cystic fibrosis; Diphtheria; Encephalitis; Huntington's chorea; Legionnaires' disease (confirmation by culture or sputum); Malaria; Multiple sclerosis; Muscular dystrophy; Myasthenia gravis; Necrotizing fasciitis; Osteomyelitis; Poliomyelitis; Rabies; Scleroderma; Sickle cell anemia; Systemic lupus; Tetanus; Tuberculosis.

*Benefits paid once per covered person.

Certificate Specifications

Eligibility

You and Allstate Benefits decide who is eligible for the group during the enrollment period (such as length of service, hours worked each week, eligibility waiting period, if applicable, and evidence of insurability). Issue ages are 18 and over.

Dependent Eligibility/Termination

Family members eligible for coverage are employee's spouse and dependent children. Spouse and child coverage ends when coverage ends, when the employee request to terminate dependent coverage, when employees' spouse or children exhaust all benefits under the coverage, or upon the employee's death. Spouse coverage also ends upon valid decree of divorce. Child coverage also ends when the child reaches age 26, unless the child is disabled and dependent on you for support.

When Coverage Ends

Coverage under the policy ends on the earliest of the following: the date the group policy is terminated; the group policy grace period ends after nonpayment of required premiums; your employees are no longer actively working for the group policyholder, your employees' class are no longer eligible; your employees' submit a written request to terminate the certificate; the employee's death; a false claim is filed; when all benefits have been paid under the policy and riders.

Continuation of Coverage

Your employee, their spouse, and their child(ren) may be eligible to continue coverage when coverage under the policy ends. Refer to the Certificate of Insurance for details.

Exclusions and Limitations

Conditions and Limits

A diagnosis occurring before the employee's coverage begins is not payable; however, a diagnosis of any covered critical illness after the employee's effective date will be payable. Benefits are subject to the 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.

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 if after the first diagnosis the covered person is free of any symptoms and treatment after the first diagnosis.

We will not pay benefits for conditions diagnosed or diagnosed outside of the United States, its territories, or Canada, unless confirmed by a physician in the United States, its territories, or Canada.

Recurrence of Benefits for a Subsequent Critical Illness

Benefit amounts for a recurrence of a critical illness will be paid if diagnosed with a subsequent critical illness for which a benefit was previously paid if the date of diagnosis, loss, or treatment is separated by as listed in the Recurrence of Benefits grid after the previous date of diagnosis, loss, or treatment.

Exclusions for: Critical Illness Certificate; Fixed Health Screening Services Rider; Specified Condition and Infectious Disease Rider

Benefits are not paid for: intentionally self-inflicted injury; substance abuse, including alcohol, alcoholism, legally obtained prescription medication and illegal use of non-prescribed drugs or narcotics; voluntarily taking or using of any drug, medication, narcotic, or controlled substance, unless administered by a physician or taken according to over-the-counter package directions.

Disclosure

Group Critical Illness benefits are provided under policy form GCIC5, or state variations thereof. Critical Illness Rider benefits are provided under the following rider forms, or state variations thereof: Fixed Health Screening Services Rider GCIC5FHSR; Specified Condition and Infectious Disease Rider GCIC5SCIDR.

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.