



What can living with a critical illness mean to you?

Daily out-of-pocket expenses for fighting the disease while still paying your bills



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PRESCRIPTIONS

Critical Illness Insurance

Provides lump-sum cash benefits that can help with daily expenses

Critical illness coverage from Allstate Benefits pays a lump-sum cash benefit to help you cover the out-of-pocket expenses associated with a critical illness.



critical illness

No one knows what lies ahead on the road through life. Will you be diagnosed with cancer? Will you suffer a stroke or a heart attack? The signs pointing to a critical illness are not always clear and may not be preventable, but our coverage can help offer financial protection in the event you are diagnosed.

Critical illness coverage can help offer peace of mind when a critical illness diagnosis occurs. Below is an example of how benefits might be paid.*

John chooses **\$15,000 basic-benefit coverage**

Six months after his annual wellness exam, John suffers a stroke and is hospitalized for three days.

John is released from the hospital and is expected to make a full recovery. He continues to receive annual wellness exams for the next three years.

No more benefits are payable in Category 1. John received 100% of the Basic Benefit Amount in Category 1 when he had his stroke. John is still eligible for \$15,000 in Category 2 benefits and \$15,000 for the Cancer Rider. The Wellness Benefit is payable annually for as long as John's coverage continues.

Critical Illness insurance policy from Allstate Benefits provided the following:

Stroke	\$ 15,000
Wellness Exams	\$ 200
Total Benefits:	\$15,200

*The example shown may vary from your plan. Your individual experience may also vary. Please see pages 2a and 2b for your plan details.

meeting your needs

Our critical illness coverage helps offer financial support should a covered illness be diagnosed.

- Spouse and child(ren) receive the same basic-benefit amount as you
- Benefits are payable for critical illness, wellness, and do not reduce at attained age
- Benefits paid at time of diagnosis, not treatment, and are paid directly to you unless you choose to sign them over to someone else
- Premiums are affordable
- Coverage options include: individual, single parent family, or family coverage
- Guaranteed renewable for life, subject to change in premiums by class

your benefit coverage

Benefits for critical illnesses plus an additional Wellness rider. Up to 100% of the basic benefit is payable in Categories 1 and 2, and in the Critical Illness Cancer benefit. **Benefit amounts are shown on pages 2a and/or 2b.** See pages 3 and 4 for terms and conditions and page 4 for state variations.

CATEGORY 1 BENEFITS

Heart Attack (100%) - Pays a benefit when you are diagnosed with a heart attack. (A cardiac arrest is not a heart attack, and is not covered by this benefit.)

Stroke (100%) - Pays a benefit when you are diagnosed with a stroke.

Heart Transplant (100%) - Pays a benefit when you have a heart transplant.

Bypass Surgery (25%) - Pays a benefit when you have bypass surgery.

Angioplasty, Atherectomy, Stent Placement (25%) - Pays a benefit when you have an angioplasty, atherectomy, or stent placement.

CATEGORY 2 BENEFITS

Major Organ Transplant (100%) - Pays a benefit when you have a lung, liver, pancreas, or kidney transplant.

End Stage Renal Failure (100%) - Pays a benefit when you have peritoneal dialysis or hemodialysis or a renal transplant.

Paralysis (50% 2 limbs; 100% 4 limbs) - Pays a benefit when you suffer a complete and permanent loss of 2 or more limbs.

Multiple Sclerosis (25%) - Pays a benefit when you are diagnosed with multiple sclerosis by a consultant neurologist.

Alzheimer's Disease (25%) - Pays a benefit when you are diagnosed with Alzheimer's by a psychiatrist or neurologist.

Wellness tests
annually



A doctor visit
is scheduled



Tests are run and
results received



You get a
cash benefit

ADDITIONAL BENEFITS

Critical Illness Cancer Rider (100%) – Pays a benefit when you are diagnosed for the first time ever with invasive cancer, including leukemia and Hodgkin's disease.

Wellness Benefit Rider – Pays a benefit when you receive one of the following:

- Biopsy for skin cancer
- Blood test for triglycerides
- Bone Marrow Testing
- CA15-3 (cancer antigen 15-3 - blood test for breast cancer)
- CA125 (cancer antigen 125 - blood test for ovarian cancer)
- CEA (carcinoembryonic antigen - blood test for colon cancer)
- Chest X-ray
- Colonoscopy
- Doppler screening for carotids
- Doppler screening for peripheral vascular disease
- Echocardiogram
- EKG (Electrocardiogram)
- Flexible sigmoidoscopy
- Hemoccult stool analysis
- HPV (Human Papillomavirus) Vaccination
- Lipid panel (total cholesterol count)
- Mammography, including Breast Ultrasound
- Pap Smear, including ThinPrep Pap Test
- PSA (prostate specific antigen - blood test for prostate cancer)
- Serum Protein Electrophoresis (test for myeloma)
- Stress test on bike or treadmill
- Thermography
- Ultrasound screening of the abdominal aorta for abdominal aortic aneurysms

POLICY SPECIFICATIONS

The policy provides benefits only for the illnesses shown. You can only receive benefits for an illness once. The policy does not cover any other disease, sickness or incapacity. All covered conditions must be diagnosed by a medical doctor. Emergency situations that occur while outside the United States will be reviewed and considered when the covered person returns to the United States.

Eligibility/Termination - (a) Family coverage may include you, your spouse and eligible children. (b) The policy ends when: you stop paying premiums or request to cancel the coverage, or when all covered persons have received the maximum benefits payable in all benefit categories. (c) Coverage for children ends when the child reaches age 26, unless he or she continues to meet the requirements of an eligible dependent. (d) Spouse coverage ends upon divorce.

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, coverage ends.

Pre-Existing Condition - (a) We do not pay benefits for a pre-existing condition during the first 12 months of coverage. (b) A pre-existing condition is a condition for which symptoms existed, or medical advice or treatment was recommended or received from a medical doctor within the 12-month period before the effective date. (c) A pre-existing condition can exist even though a diagnosis has not yet been made.

Exclusions and Limitations – We do not pay benefits for (a) any act of war, participation in a riot, insurrection or rebellion; (b) intentionally self-inflicted injuries; (c) engaging in an illegal occupation or a felony; (d) attempted suicide; (e) injury sustained while under the influence of alcohol, narcotics or any controlled substance or drug unless taken on the advice of a doctor; (f) participation in any form of aeronautics except as a fare-paying passenger in a licensed common-carrier aircraft; or (g) alcohol abuse or alcoholism, drug addiction or dependence upon any controlled substance.

Stroke Exclusion – Transient ischemic attacks (TIAs) are excluded.

Bypass Surgery Exclusion – The following procedures are not considered bypass surgery: balloon angioplasty, laser embolectomy, atherectomy, stent placement, or other nonsurgical procedures.

Major Organ Transplant Exclusion – Heart transplant is not included in this benefit.

Paralysis Exclusion – Not covered if a result of a stroke.

Alzheimer’s Disease Limitation – Must be unable to perform 3 or more of these activities: bathing, dressing, toileting, eating, taking medication.

Critical Illness Cancer Rider Limitation – We do not pay a benefit under the rider for any disease other than cancer as defined in the rider.

STATE VARIATIONS

Arkansas (change affects page 3) - In the **Exclusions and Limitations** paragraph, item (e) is replaced with: loss as a result of being intoxicated or under the influence of any narcotic unless taken on the advice of a doctor.

Florida (changes affect pages 3 and 4) - **Critical Illness Cancer Rider** description is replaced with: Pays a benefit when you are diagnosed for the first time ever with invasive cancer, including leukemia, Hodgkin’s disease, and tumors in the presence of any human immuno-deficiency virus.

Wellness Benefit Rider (WBR5) is replaced with: **Wellness Benefit Rider (WBR3)** - Pays a benefit when you receive one of the following: Bone Marrow Testing; CA15-3 (blood test for breast cancer); CA125 (blood test for ovarian cancer); CEA (blood test for 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); and Biopsy for skin cancer. In the **Eligibility/Termination** paragraph, the following is added to item (b): or the insured’s death except that the insured’s spouse, if a covered person, becomes the new insured upon the insured’s death and assumes all rights held by the insured at death. In the **Pre-Existing Condition** paragraph, the following is added to item (b): A pre-existing condition does not include routine breast cancer follow-up care. The **Alzheimer’s Disease Limitation** is replaced with: Must be unable to perform 2 or more of these activities: bathing, dressing, toileting, eating, taking medication.

Louisiana (change affects page 3) - In the **Exclusions and Limitations** paragraph, item (e) is replaced with: loss as a result of being intoxicated or under the influence of any narcotic unless taken on the advice of a doctor.

New Mexico (changes affect pages 3 and 4) - The following benefit is added: **Temporomandibular Joint Syndrome** - Pays a benefit if diagnosed by a medical doctor as having temporomandibular joint syndrome or craniomandibular disorder, resulting from that critical illness, we will pay for surgical and nonsurgical expenses for treatment of the disorder. The **Pre-Existing Condition** paragraph is replaced with: (a) We do not pay benefits for a pre-existing condition during the first 6 months of coverage. Item (b) is replaced with: A pre-existing condition is a condition for which symptoms which would cause a prudent person to seek treatment existed in the 6-month period before the effective date; or medical advice of treatment was recommended or received from a doctor within the 6-month period before the effective date. The following is added: **Temporomandibular Joint Syndrome Limitation** - We do not pay for benefits for orthodontic appliances and treatment, crowns, bridges and dentures unless the disorder results from a critical illness.

Puerto Rico (change affects page 3) - The **POLICY SPECIFICATIONS** paragraph is replaced with: The policy provides benefits only for the illnesses shown. You can only receive benefits for an illness once. The policy does not cover any other disease, sickness or incapacity. All covered conditions must be diagnosed by a medical doctor. Emergency situations that occur while outside the United States and/or its territories will be reviewed and considered when the covered person returns to the United States and/or its territories.

Texas (change affects page 3) - In the **Exclusions and Limitations** paragraph, item (e) is replaced with: loss as a result of being intoxicated or under the influence of any narcotic unless taken on the advice of a doctor.



Don't wait for a sign...

There are different signs that doctors look for when diagnosing critical illnesses. Being diagnosed with a critical illness can be one of the most frightening experiences anyone has to face, especially if you are unprepared. Don't wait before you start thinking about the future of your finances. You can rely on our Critical Illness Insurance to help give you peace of mind so you can cope with the challenges of treatment.

Budget friendly

Sometimes, undergoing expensive treatments for a critical illness is difficult if your money is tight. That's where we can help. Our supplemental benefit coverage pays in addition to your major medical insurance to help provide additional dollars that may be used to cover your out-of-pocket expenses.



Let our supplemental insurance help you and your family cover expenses for a critical illness, if and when one occurs. It's the financially smart thing to do.

It's never too early to prepare for the future.

This material is valid as long as information remains current, but in no event later than July 1, 2017.

Critical Illness benefits provided by policy form CILP1, or state variations thereof. Critical Illness Cancer benefits provided by rider CICR1, or state variations thereof. Wellness benefits provided by rider WBR5/WBR3, or state variations thereof.

The policy and riders provide 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 brochure highlights some features of the policy but is not the insurance contract. Only the actual policy provisions control. For complete details, contact your Allstate Benefits Agent. Underwritten by American Heritage Life Insurance Company (Home Office, Jacksonville, FL).

This 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.

This brochure is for use in the following states: AL, AR, FL, LA, MS, NM, PR, TX



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critical illness

CATEGORY 1 BASIC BENEFIT AMOUNTS¹

	LOW PLAN	HIGH PLAN
Heart Attack (100%)	\$15,000	\$30,000
Stroke (100%)	\$15,000	\$30,000
Heart Transplant (100%)	\$15,000	\$30,000
Bypass Surgery (25%)	\$3,750	\$7,500
Angioplasty, Atherectomy, Stent Placement (25%)	\$3,750	\$7,500

CATEGORY 2 BASIC BENEFIT AMOUNTS¹

	LOW PLAN	HIGH PLAN
Major Organ Transplant (100%)	\$15,000	\$30,000
End Stage Renal Failure (100%)	\$15,000	\$30,000
Paralysis		
	4 limbs (100%)	\$15,000
	2 limbs (50%)	\$7,500
Multiple Sclerosis (25%)	\$3,750	\$7,500
Alzheimer's Disease (25%)	\$3,750	\$7,500

ADDITIONAL BENEFITS

	LOW PLAN	HIGH PLAN
Critical Illness Cancer Rider (100%) ²	\$15,000	\$30,000
Wellness Benefit Rider (daily, once per year per covered person)	\$50	\$50

¹After 100% of the Basic Benefit Amount (\$15,000 for Low Plan and \$30,000 for High Plan) has been paid within a category (Category 1 or Category 2), 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 Category 1 and Category 2, coverage ends for that person.

²Payable once per covered person.

monthly premiums

LOW PLAN - \$15,000 BASIC BENEFIT AMOUNT

non-tobacco

AGES	IND	IND + CH	F
18-29	\$7.26	\$8.56	\$11.85
30-39	\$13.48	\$15.28	\$23.88
40-49	\$24.23	\$29.05	\$49.26
50-59	\$41.72	\$49.57	\$87.33
60-64	\$68.98	\$74.09	\$130.65

tobacco

AGES	IND	IND + CH	F
18-29	\$12.32	\$15.00	\$22.72
30-39	\$28.20	\$32.38	\$52.36
40-49	\$59.82	\$67.28	\$111.60
50-59	\$102.73	\$116.11	\$198.62
60-64	\$151.67	\$171.15	\$295.19

IND = Individual; IND + CH = Individual + Children; F = Family.

Issue Ages: 18-64

Additional premiums on reverse.



monthly premiums

HIGH PLAN - \$30,000 BASIC BENEFIT AMOUNT

non-tobacco

AGES	IND	IND + CH	F
18-29	\$13.04	\$14.71	\$21.30
30-39	\$25.49	\$28.16	\$45.35
40-49	\$46.98	\$55.70	\$96.12
50-59	\$81.97	\$96.73	\$172.26
60-64	\$136.48	\$145.77	\$258.90

tobacco

AGES	IND	IND + CH	F
18-29	\$23.16	\$27.59	\$43.03
30-39	\$54.92	\$62.36	\$102.33
40-49	\$118.14	\$132.16	\$220.81
50-59	\$203.98	\$229.82	\$394.85
60-64	\$301.85	\$339.90	\$587.98

annual premiums

LOW PLAN - \$15,000 BASIC BENEFIT AMOUNT

non-tobacco

AGES	IND	IND + CH	F
18-29	\$80.64	\$95.06	\$131.66
30-39	\$149.79	\$169.76	\$265.31
40-49	\$269.19	\$322.76	\$547.31
50-59	\$463.59	\$550.76	\$970.31
60-64	\$766.44	\$823.16	\$1,451.66

tobacco

AGES	IND	IND + CH	F
18-29	\$136.89	\$166.61	\$252.41
30-39	\$313.29	\$359.81	\$581.81
40-49	\$664.59	\$747.56	\$1,240.01
50-59	\$1,141.44	\$1,290.11	\$2,206.91
60-64	\$1,685.19	\$1,901.66	\$3,279.86

HIGH PLAN - \$30,000 BASIC BENEFIT AMOUNT

non-tobacco

AGES	IND	IND + CH	F
18-29	\$144.84	\$163.46	\$236.66
30-39	\$283.14	\$312.86	\$503.96
40-49	\$521.94	\$618.86	\$1,067.96
50-59	\$910.74	\$1,074.86	\$1,913.96
60-64	\$1,516.44	\$1,619.66	\$2,876.66

tobacco

AGES	IND	IND + CH	F
18-29	\$257.34	\$306.56	\$478.16
30-39	\$610.14	\$692.96	\$1,136.96
40-49	\$1,312.74	\$1,468.46	\$2,453.36
50-59	\$2,266.44	\$2,553.56	\$4,387.16
60-64	\$3,353.94	\$3,776.66	\$6,533.06

IND = Individual; IND + CH = Individual + Children; F = Family.

Issue Ages: 18-64

This insert is for use in: LA

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