

Critical Illness Insurance (GVCIP4)

Offered to the employees of:

from Allstate Benefits

BENEFIT AMOUNTS

Percentages below are based on the Basic Benefit Amount chosen by your employer.

† 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
End Stage Renal Failure (100%)	\$10,000	\$20,000
Major Organ Transplant (100%)	\$10,000	\$20,000
Coronary Artery Bypass Surgery (25%)	\$2,500	\$5,000
Waiver of Premium (employee only)	Yes	Yes
CANCER CRITICAL ILLNESS BENEFITS†	PLAN 1	PLAN 2
Invasive Cancer (100%)	\$10,000	\$20,000
Carcinoma in Situ (25%)	\$2,500	\$5,000
REOCCURRENCE OF CRITICAL ILLNESS BENEFITS†	PLAN 1	PLAN 2
Initial Critical Illness (same amount as Initial Critical Illness Benefit)	Yes	Yes
Cancer Critical Illness (same amount as Cancer Critical Illness Benefit)	Yes	Yes
RIDER BENEFITS	PLAN 1	PLAN 2
Supplemental Critical Illness with HIV Rider†		
Advanced Alzheimer's Disease (100%)	\$10,000	\$20,000
Advanced Parkinson's Disease (100%)	\$10,000	\$20,000
Benign Brain Tumor (100%)	\$10,000	\$20,000
Coma (100%)	\$10,000	\$20,000
Complete Loss of Hearing (100%)	\$10,000	\$20,000
Complete Loss of Sight (100%)	\$10,000	\$20,000
Complete Loss of Speech (100%)	\$10,000	\$20,000
Paralysis (100%)	\$10,000	\$20,000
Occupational HIV (100%)	\$10,000	\$20,000
Fixed Wellness Rider (per year)	\$100	\$100

ISSUE AGE PREMIUMS

PLAN 1 MONTHLY	AGE	EE+CH		F	
		Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
	18-29	\$6.15	\$11.06	\$7.00	\$12.30
	30-39	\$10.01	\$16.81	\$12.84	\$21.06
	40-49	\$17.35	\$27.83	\$25.03	\$39.34
	50-59	\$28.57	\$44.66	\$43.22	\$66.66
	60-64	\$36.82	\$57.02	\$56.17	\$86.05
	65+	\$56.31	\$86.27	\$84.80	\$129.02

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

PLAN 2 MONTHLY	AGE	EE+CH		F	
		Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
	18-29	\$8.74	\$14.89	\$10.40	\$17.41
	30-39	\$16.41	\$26.43	\$22.09	\$34.93
	40-49	\$31.10	\$48.45	\$46.45	\$71.48
	50-59	\$53.55	\$82.13	\$82.88	\$126.10
	60-64	\$70.03	\$106.86	\$108.73	\$164.90
	65+	\$109.03	\$165.35	\$166.01	\$250.82

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



Health Advisory Services provided by PinnacleCare focus on health care advocacy and decision support for ongoing critical care needs as defined in your policy. These services are provided by PinnacleCare and are not intended for immediate or emergent medical needs. Note that all direct medical care, procedures, treatments, and insurance coverage of related medical claims are provided or managed by independent health care providers and insurers and are not included in this coverage.

In addition to Group Critical Illness coverage, your employer is including PinnacleCare

PinnacleCare Fees

Included with Coverage	EE, EE & CH	EE & SP, F
Monthly	\$2.00	\$2.94

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



For use in enrollments situated in: FL. This rate insert is part of the approved brochure for Datalot and form ABJ30303-1; it is not to be used on its own.

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