



**What can
living with
a critical
illness mean
to you?**

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



GROCERIES



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HOME



PRESCRIPTIONS

Group Critical Illness Insurance

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

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

California License No: _____



Allstate
BENEFITS

group 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.[†]



Employee chooses
one of two approved plans



Six months after his annual wellness exam the employee suffers a heart attack and is hospitalized for three days.

The employee continues to receive annual wellness exams. Three years later the employee suffers another heart attack, and is hospitalized for three days. The employee is expected to make a full recovery.

Four months later the employee is admitted to the hospital for three days and undergoes coronary artery bypass surgery.

AB Critical Illness insurance policy provided the following:

Wellness	\$ 400
Heart Attack	\$10,000
Recurrence	\$ 2,500

Total Benefits: **\$12,900**



[†]The example shown may vary from the plan your employer is offering. Your individual experience may also vary.

meeting your needs

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

- Guaranteed issue amounts available—which means no evidence of insurability required at initial enrollment*
- 3 Benefit Categories plus Recurrence and Wellness Benefits
- Benefits paid directly to you
- Coverage supplements your existing medical benefits
- Covered dependents receive 50% of your basic-benefit amount
- Portable

*Enrolling after your initial enrollment period requires evidence of insurability.

your benefit coverage

Benefits for critical illness plus additional Recurrence and Wellness benefits. Up to 100% of the basic benefit is payable in Categories 1, 2, and 3. **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 have a heart attack.

Heart Transplant (100%) – Pays a benefit when you have a heart transplant (must be a human donor).

Stroke (100%) – Pays a benefit when you have a stroke.

Coronary Artery Bypass Surgery (25%) – Pays a benefit when you have coronary artery bypass surgery.

CATEGORY 2 BENEFITS

Major Organ Transplant (100%) – Pays a benefit when you have a lung, liver, pancreas or kidney transplant (must be a human donor).

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

Paralysis (100%) – Pays a benefit when you suffer a complete and permanent loss of use of 2 or more limbs.

Alzheimer's Disease (25%) – Pays a benefit when you are diagnosed with Alzheimer's.

Wellness tests
annually



A doctor visit
is scheduled



Tests are run and
results received



You get \$50
cash benefit

CATEGORY 3 BENEFITS

Invasive Cancer (100%) – Pays a benefit when you are diagnosed with a new form or type of invasive cancer (includes Leukemia and Lymphoma).

Carcinoma in Situ (25%) – Pays a benefit when you are diagnosed with a new form or type of cancer in situ.

ADDITIONAL BENEFITS

Recurrence Benefit (25%) – Pays a benefit when you are diagnosed more than once with the same critical illness in Categories 1 or 2.

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
- Hemocult 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.

CERTIFICATE SPECIFICATIONS

Coverage Subject to the Policy – 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 – 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. (b) Coverage ends on the date the policy is canceled; the last day premium payments were made; the last day of active employment; the date you or your class is 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 below. (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 or your death. Domestic partner coverage ends upon the end of the domestic partnership or your death.

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

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.

Pre-Existing Condition Limitation – (a) Allstate Benefits does not pay benefits for a pre-existing condition during the first 12 months of coverage. (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 of coverage. (c) A pre-existing condition can exist even though a diagnosis has not yet been made.

Exclusions and Limitations – Allstate Benefits does 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 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 physician; (f) participation in 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 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.

Paralysis Exclusion – Paralysis as a result of stroke is excluded.

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.

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

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

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

STATE VARIATIONS TO THE POLICY

California (changes affect pages 3 and 4) - The benefit description for **Invasive Cancer** is replaced with: Pays a benefit when you are diagnosed with a new form or type of cancer that has spread to surrounding tissues (includes Leukemia and Lymphoma). The benefit description of **Carcinoma in Situ** is replaced with: Pays a benefit when you are diagnosed with a new form or type of cancer that has not spread to surrounding tissue. In the **Exclusions and Limitations**, item (e) is replaced with: injury sustained while being intoxicated or under the influence of any controlled substance unless taken on the advice of a physician. The **Invasive Cancer Exclusions** is replaced with: 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.

Montana (changes affect pages 3 and 4) - In the **Pre-Existing Condition Limitation**, item (b) is replaced with: 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; item (c) is deleted. In the **Exclusions and Limitations**, item (e) is replaced with: being voluntarily intoxicated or under the influence of narcotics or any controlled substance or drug unless taken on the advice of a physician.



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 February 15, 2016.

Group Critical Illness benefits provided by policy form GVCIP1, or state variations thereof. In Montana, Critical Illness Cancer benefits and Recurrence benefit are provided by rider forms R1CIEPMT and R2CIEP.

Coverage is provided by Limited Benefit 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. For complete details, contact your Insurance Agent, or call [1-800-521-3535](tel:1-800-521-3535). 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.

This brochure is for use in enrollments situated in the following states: CA, MT



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Benefit coverage for NorthBay Healthcare

group voluntary critical illness

CATEGORY 1 BASIC BENEFIT AMOUNTS¹

	LOW PLAN	MEDIAN PLAN	HIGH PLAN
Heart Attack (100%)	\$10,000	\$20,000	\$30,000
Heart Transplant (100%)	\$10,000	\$20,000	\$30,000
Stroke (100%)	\$10,000	\$20,000	\$30,000
Coronary Artery Bypass Surgery (25%)	\$2,500	\$5,000	\$7,500

CATEGORY 2 BASIC BENEFIT AMOUNTS¹

	LOW PLAN	MEDIAN PLAN	HIGH PLAN
Major Organ Transplant (100%)	\$10,000	\$20,000	\$30,000
End Stage Renal Failure (100%)	\$10,000	\$20,000	\$30,000
Paralysis (100%)	\$10,000	\$20,000	\$30,000
Alzheimer's Disease (25%)	\$2,500	\$5,000	\$7,500

CATEGORY 3 BASIC BENEFIT AMOUNTS¹

	LOW PLAN	MEDIAN PLAN	HIGH PLAN
Invasive Cancer (100%)	\$10,000	\$20,000	\$30,000
Carcinoma in Situ (25%)	\$2,500	\$5,000	\$7,500

ADDITIONAL BENEFITS¹

	LOW PLAN	MEDIAN PLAN	HIGH PLAN
Recurrence (25% of previously paid Category 1 & 2)	Yes	Yes	Yes
Wellness Benefit (per year, per covered person)	\$100	\$100	\$100
Mammography Benefit	\$100*	\$100*	\$100*

¹After 100% of the Basic Benefit Amount (\$10,000 for Low Plan, \$20,000 for Median Plan and \$30,000 for High Plan) 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 amounts in Category 1, Category 2, Category 3, and the Recurrence Benefit, coverage ends for that person.

*Benefit pays for charges up to amount listed.

bi-weekly premiums

LOW PLAN - \$10,000 BASIC BENEFIT AMOUNT

non-tobacco

AGES	EE	EE + SP	EE + CH	F
18-35	\$4.30	\$6.62	\$4.54	\$6.90
36-49	\$8.64	\$13.08	\$8.92	\$13.30
50-59	\$17.22	\$25.72	\$17.46	\$26.00
60-64	\$26.26	\$39.16	\$26.54	\$39.38
65-69	\$32.46	\$48.34	\$32.74	\$48.62
70+	\$37.94	\$56.38	\$38.18	\$56.64

tobacco

AGES	EE	EE + SP	EE + CH	F
18-35	\$6.34	\$9.62	\$6.56	\$9.90
36-49	\$15.24	\$22.82	\$15.46	\$23.04
50-59	\$31.80	\$47.38	\$32.08	\$47.60
60-64	\$43.30	\$64.36	\$43.54	\$64.58
65-69	\$48.46	\$71.98	\$48.70	\$72.20
70+	\$52.54	\$78.02	\$52.80	\$78.30

EE = Employee; EE + SP = Employee + Spouse; EE + CH = Employee + Children; F = Family.

Issue Ages: 18 and over if Actively at Work

Additional premiums on reverse.



bi-weekly premiums continued

MEDIAN PLAN - \$20,000 BASIC BENEFIT AMOUNT

non-tobacco

AGES	EE	EE + SP	EE + CH	F
18-35	\$6.74	\$10.22	\$7.20	\$10.78
36-49	\$15.42	\$23.14	\$15.98	\$23.60
50-59	\$32.60	\$48.44	\$33.06	\$48.98
60-64	\$50.68	\$75.30	\$51.24	\$75.76
65-69	\$63.06	\$93.66	\$63.60	\$94.22
70+	\$74.04	\$109.72	\$74.50	\$110.28

tobacco

AGES	EE	EE + SP	EE + CH	F
18-35	\$10.80	\$16.22	\$11.26	\$16.78
36-49	\$28.62	\$42.62	\$29.08	\$43.08
50-59	\$61.76	\$91.72	\$62.32	\$92.18
60-64	\$84.74	\$125.70	\$85.20	\$126.16
65-69	\$95.08	\$140.92	\$95.54	\$141.38
70+	\$103.20	\$153.02	\$103.76	\$153.58

HIGH PLAN - \$30,000 BASIC BENEFIT AMOUNT

non-tobacco

AGES	EE	EE + SP	EE + CH	F
18-35	\$9.20	\$13.82	\$9.88	\$14.64
36-49	\$22.20	\$33.20	\$23.04	\$33.90
50-59	\$47.96	\$71.14	\$48.66	\$71.98
60-64	\$75.10	\$111.44	\$75.94	\$112.12
65-69	\$93.66	\$138.98	\$94.48	\$139.82
70+	\$110.14	\$163.08	\$110.82	\$163.90

tobacco

AGES	EE	EE + SP	EE + CH	F
18-35	\$15.28	\$22.82	\$15.98	\$23.64
36-49	\$42.00	\$62.42	\$42.70	\$63.10
50-59	\$91.72	\$136.08	\$92.54	\$136.78
60-64	\$126.20	\$187.04	\$126.88	\$187.72
65-69	\$141.70	\$209.88	\$142.40	\$210.58
70+	\$153.88	\$228.02	\$154.72	\$228.84

EE = Employee; EE + SP = Employee + Spouse; EE + CH = Employee + Children; F = Family.

Issue Ages: 18 and over if Actively at Work

This insert is for use in: CA

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