Critical Illness Insurance

No one is ever really prepared for a life-altering critical illness diagnosis. The whirlwind of appointments, tests, treatments and medications can add to your stress levels.

The treatment to recovery is vital, but it can also be expensive. Your medical coverage may only cover some of the costs associated with treatment. You’re still responsible for deductibles and coinsurance. If treatment keeps you out of work, the financial worries can grow quickly and stress levels may rise.

Critical Illness coverage helps provide financial support if you are diagnosed with a covered critical illness. With the expense of treatment often high, seeking the treatment you need could seem like a financial burden. When a diagnosis occurs, you need to be focused on getting better and taking control of your health, not stressing over financial worries.

Here’s How It Works
You choose benefits to protect yourself and any family members if diagnosed with a critical illness. Then, if diagnosed with a covered critical illness, you will receive a cash benefit based on the percentage payable for the condition.

Meeting Your Needs
- Guaranteed Issue coverage, subject to exclusions and limitations*
- Coverage available for individual and child(ren) or family
- Covered dependents receive 50% of your Basic-Benefit Amount
- Benefits paid regardless of any other medical or disability plan coverage
- Premiums are affordable and conveniently payroll deducted
- Coverage may be continued; refer to your certificate for details

With Allstate Benefits, you can make treatment decisions without putting your finances at risk. Practical benefits for everyday living.℠

*DID YOU KNOW?
Every 40 seconds, an American will suffer a heart attack.¹
Every 40 seconds, someone in the U.S. has a stroke.²

NOW AVAILABLE FOR ALL FEDERAL AND POSTAL EMPLOYEES
PAYROLL DEDUCTION GUARANTEE ISSUE
INFO@FEDERALDISABILITY.ORG
**Benefits** (subject to maximums as listed on the following page)
Benefit paid upon diagnosis of one of the following conditions

**INITIAL CRITICAL ILLNESS BENEFITS**

**Heart Attack** - the death of a portion of the heart muscle due to inadequate blood supply. Established (old) myocardial infarction and cardiac arrest are not covered.

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

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

**Major Organ Transplant** - pays either Candidate Benefit if placed on National Transplant List, or Surgery Benefit for transplant of heart, lungs, liver, pancreas or kidneys. Lungs and kidneys are each considered one major organ regardless of whether one or both lungs or kidneys are transplanted. Surgery Benefit not paid if Candidate Benefit paid; also not paid for mechanical or non-human organs.

**Coronary Artery Bypass Surgery** - to correct narrowing or blockage of one or more coronary arteries with bypass graft. Abdominal aortic bypass, balloon angioplasty, laser embolectomy, atherectomy, stent placement and non-surgical procedures are not covered.

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

**CANCER CRITICAL ILLNESS BENEFITS**

**Invasive Cancer** - malignant tumor with uncontrolled growth, including Leukemia and Lymphoma. Carcinoma in situ, non-invasive or metastasized skin cancer and early prostate cancer are not covered.

**Carcinoma In Situ** - non-invasive cancer, including early prostate cancer (stages A, I, II) and melanoma that has not invaded the dermis. Other skin malignancies, pre-malignant lesions (such as intraepithelial neoplasia), benign tumors and papillomas are not covered.

**REOCURRENCE OF CRITICAL ILLNESS BENEFITS**

**Initial Critical Illness** - second diagnosis more than 6 months after the first date of diagnosis for which an Initial Critical Illness benefit was paid.

**Cancer Critical Illness** - second diagnosis more than 6 months after the last date of treatment was received for which a Cancer Critical Illness benefit was paid.

**RIDER BENEFITS**

**Skin Cancer Rider** - includes diagnosis of basal cell carcinoma and squamous cell carcinoma. Must not have been paid within 365 days. Malignant melanoma and pre-cancerous conditions such as leukoplakia, actinic keratosis; carcinoid; hyperplasia; polycythemia; non-malignant melanoma; moles; and similar diseases or lesions are not covered.

**Fixed Wellness Rider** - 24 exams. Once per person per calendar year; see list for list of wellness services and tests.

*Benefits paid once per covered person. When all benefits have been used, the coverage terminates.*
AVAILABLE FOR ALL FEDERAL AND POSTAL EMPLOYEES - PORTABLE - DISCOUNTED
PRICING - PAYROLL DEDUCTION
GUARANTEE ISSUE
INFO@FEDERALDISABILITY.ORG
CERTIFICATE SPECIFICATIONS

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
Family members eligible for coverage are your spouse or domestic partner and children. Coverage for children ends when the child reaches age 26, unless he or she continues to meet the requirements of an eligible dependent. Spouse coverage ends upon valid decree of divorce or your death. Domestic partner coverage ends when the domestic partnership ends or your death.

When Coverage Ends
Coverage under the policy ends on the earliest of: the date the certificate is canceled; the date the policy is canceled; you stop paying your premium; the last day of active employment; you or your class are no longer eligible; a false claim is filed; when all benefits have been paid under the policy and riders; or the date you request to discontinue coverage.

Continuing Your Coverage
You may be eligible to continue coverage when coverage under the policy ends. Refer to your Certificate of Insurance for details.

EXCLUSIONS AND LIMITATIONS

Conditions and Limits
A diagnosis occurring before your coverage begins is not payable; however, a diagnosis of any covered critical illness or specified disease after your effective date will be payable. Benefits are subject to all limitations and exclusions. All critical illnesses must meet the definitions and dates of diagnoses stated in the policy and be diagnosed by a physician while coverage is in effect. The basic-benefit amounts paid for all critical illnesses combined will never exceed $250,000 for each covered person.

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, subject to the terms and conditions in the certificate.

Exclusions
Benefits are not paid for: intentionally self-inflicted injury or action; illegal activities or occupations; suicide while sane, or self-destruction while insane, or any attempt at either; substance abuse, including alcohol, alcoholism, abuse of legally obtained prescription medication, or illegal use of non-prescribed drugs or narcotics; being under the influence of alcohol, drugs or narcotics, unless administered and taken as prescribed by a physician; or hospital confinement due to mental illness.

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This brochure is for use in enrollments situated in GA.

This material is valid as long as information remains current, but no event later than March 1, 2023. Group Critical Illness benefits are provided under policy form GVCIP4, or state variations thereof. Critical Illness Rider benefits are provided under the following rider forms, or state variations thereof: Skin Cancer Rider GCIP4SCR and Fixed Wellness Rider GCIP4FWR.

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.