



Allstate BENEFITS

Protection when faced with a critical illness diagnosis and you need treatment

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, meaning no medical questions to answer at initial enrollment
- Coverage available for dependents
- 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
- 25% of your Basic-Benefit Amount is paid for Alzheimer's Disease

With Allstate Benefits, you can make treatment decisions without putting your finances at risk. **Are you in Good Hands? You can be.**

DID YOU KNOW ?



Every 40 seconds, an American will suffer a heart attack*



Every 40 seconds, someone in the U.S. has a stroke*

Offered to the employees of:
**Pasco County
Schools**

*Heart Disease and Stroke Statistics 2017 At-a-Glance, American Heart Association.

Meet Ashley

Ashley is like any single parent who has been diagnosed with a critical illness. She's worried about her future, her children and how they will cope with her treatments. Most importantly, she worries about how she will pay for it all.

Here is what weighs heavily on her mind:

- Major medical only pays a portion of the expenses associated with my treatment
- I have copays I am responsible for until I meet my deductible
- If I am not working due to my treatments, I must cover my bills, rent/mortgage, groceries and my children's education
- If the right treatment is not available locally, I will have to travel to get the treatment I need



Ashley's story of diagnosis and treatment turned into a happy ending, because she had supplemental Critical Illness Insurance to help with expenses.



CHOOSE

Ashley chooses Critical Illness benefits to help protect her and her children, if they are diagnosed with a critical illness.



USE

During Ashley's annual wellness exam, her doctor noticed an irregular heartbeat. She underwent an electrocardiogram (EKG) test and stress test, which confirmed she had a blockage in one of her coronary arteries.

Here's Ashley's treatment path:

- Ashley has her annual wellness exam
- Her doctor notices an abnormality in her heartbeat; tests are performed and she is diagnosed with coronary artery disease
- After visits with doctors, surgeons and an anesthesiologist, Ashley undergoes surgery
- Surgery is performed to remove the blockage with a bypass graft. She is visited by her doctor during a 4-day hospital stay and released
- Ashley followed her doctor required treatment during a 2-month recovery period, and had regular doctor office visits

Ashley is doing well and is on the road to recovery.



CLAIM

Ashley's Critical Illness claim paid her cash benefits for the following:

Wellness

Coronary Artery Bypass Surgery

The cash benefits were direct deposited into her bank account.

For a listing of benefits and benefit amounts, see your company's rate insert.

Using your cash benefits

Cash benefits provide you with options, because you decide how to use them.



Finances

Can help protect HSAs, savings, retirement plans and 401(k)s from being depleted.



Travel

Can help pay for expenses while receiving treatment in another city.



Home

Can help pay the mortgage, continue rental payments, or perform needed home repairs for after care.



Expenses

Can help pay your family's living expenses such as bills, electricity, and gas.



MyBenefits: 24/7 Access allstatebenefits.com/mybenefits

An easy-to-use website that offers 24/7 access to important information about your benefits. Plus, you can submit and check your claims (including claim history), request your cash benefit to be direct deposited, make changes to personal information, and more.

Dependent Eligibility

Family members eligible for coverage are your spouse or domestic partner and children.

Benefits (subject to maximums as listed on the attached rate insert)

Benefit paid upon diagnosis

CRITICAL ILLNESS CATEGORY 1 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

Heart Transplant - a transplant of a heart from a donor whose heart was intact and capable of functioning in the recipient. Must come from a human donor

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

CRITICAL ILLNESS CATEGORY 2 BENEFITS*

Major Organ Transplant - transplant of lungs, liver, pancreas or kidneys. Transplanted organ must come from a human donor

Paralysis - complete and permanent loss of use of 2 or more limbs. Paralysis resulting from a stroke is not covered

End Stage Renal Failure - failure of both kidneys to perform their essential functions, resulting in you undergoing peritoneal dialysis or hemodialysis or renal transplant

Alzheimer's Disease - a clinically established diagnosis by a psychiatrist or neurologist, resulting in the inability to independently perform at least 2 daily activities¹ of daily living

CRITICAL ILLNESS CATEGORY 3 BENEFITS*

Invasive Cancer - malignant tumor with uncontrolled growth, including Leukemia and Lymphoma. Carcinoma in situ, tumors due to human immunodeficiency virus, skin cancer other than invasive malignant melanoma in the dermis or deeper, and early prostate (stage A) cancer are not covered

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

ADDITIONAL BENEFITS

Recurrence - diagnosis with the same specified critical illness from category 1 or 2, for which a benefit was already paid. There must be at least 18 months between each diagnosis, and no treatment must have been received during that 18-month period

Wellness Benefit - 19 exams. Once per person, per calendar year. Tests include: Bone Marrow Testing; CA15-3 (breast cancer), CA125 (ovarian cancer), CEA (colon cancer); Chest X-ray; Colonoscopy; Flexible sigmoidoscopy; Hemoccult stool analysis; Mammography, including Breast Ultrasound; Pap Smear, including ThinPrep Pap Test; PSA (prostate cancer); Serum Protein Electrophoresis (test for myeloma); Biopsy for skin cancer; Stress test on bike or treadmill; Electrocardiogram (EKG); Doppler screening for carotids; Echocardiogram; Lipid panel (total cholesterol count); Blood tests for triglycerides

*Benefits paid once per covered person. Up to 100% of the basic benefit is payable in Categories 1, 2, and 3 (see rate insert for percentages per benefit). When all benefits have been used, the coverage terminates. ¹Daily activities include: bathing, dressing, toileting, eating or taking medication.

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; when the maximum percentage of the basic benefit amount for each critical illness category is paid, including the Additional Recurrence benefit.

Continuing Your Coverage

You may continue coverage under the Portability Privilege provision when coverage under the policy ends. Refer to your Certificate of Insurance for details.

BENEFIT CONDITIONS

Conditions and Limits

A diagnosis occurring before your coverage begins is not payable; however, a diagnosis of any covered critical illness or optional benefit after your effective date will be payable. Benefits are subject to the Pre-Existing Condition Limitation as well as all other 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. Emergency situations outside the U.S. will be considered when you return to the U.S.

Pre-Existing Condition Limitation

Benefits are not paid for a critical illness that is caused by a pre-existing condition when the date of diagnosis is within 12 months after the effective date of coverage. A pre-existing condition is a disease or physical condition for which symptoms existed within the 12-month period prior to the effective date, or medical advice or treatment was recommended or received from a medical professional within 12 months prior to the effective date. A pre-existing condition can exist even though a diagnosis has not yet been made.

The exception to the above would be for follow-up care for breast cancer. Routine follow-up care for a person who has been previously determined to be free of breast cancer does not constitute medical advice, diagnosis, care or treatment unless evidence of breast cancer is found during, or as the result of, the follow-up care.

Exclusions

Benefits are not paid for: war, whether or not declared, or participation in a riot, insurrection or rebellion; intentionally self-inflicted injury; engaging in an illegal occupation or committing or attempting to commit a felony; suicide while sane or insane; injury sustained while being under the influence of alcohol, narcotics, or any other controlled substance or drug unless administered on the advice of a physician; participation in aeronautics unless a fare-paying passenger on a licensed common-carrier aircraft operating between established airports; substance abuse, including alcohol, alcoholism, drug addiction or dependence on a controlled substance.

This brochure is for use in enrollments situated in FL and is incomplete without the accompanying rate insert.

Rev. 10/18. This material is valid as long as information remains current, but in no event later than October 15, 2021. Group Critical Illness benefits are provided under policy form GVCIP1 or state variations thereof.

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.



Allstate Benefits is the marketing name used by American Heritage Life Insurance Company, a subsidiary of The Allstate Corporation. ©2018 Allstate Insurance Company.
www.allstate.com or
allstatebenefits.com

Critical Illness Insurance (GVCIP1)

from Allstate Benefits

Offered to the employees of:
Pasco County Schools

BENEFIT AMOUNTS

Covered dependents receive 50% of your benefit amount for Categories 1, 2 and 3

CRITICAL ILLNESS CATEGORY 1 BENEFITS†	PLAN 1	PLAN 2
Heart Attack (100%)	\$10,000	\$20,000
Stroke (100%)	\$10,000	\$20,000
Heart Transplant (100%)	\$10,000	\$20,000
Coronary Artery Bypass Surgery (25%)	\$2,500	\$5,000
CRITICAL ILLNESS CATEGORY 2 BENEFITS†	PLAN 1	PLAN 2
Major Organ Transplant (100%)	\$10,000	\$20,000
Paralysis (100%)	\$10,000	\$20,000
End Stage Renal Failure (100%)	\$10,000	\$20,000
Alzheimer's Disease (25%)	\$2,500	\$5,000
CRITICAL ILLNESS CATEGORY 3 BENEFITS†	PLAN 1	PLAN 2
Invasive Cancer (100%)	\$10,000	\$20,000
Carcinoma In Situ (25%)	\$2,500	\$5,000
ADDITIONAL BENEFITS	PLAN 1	PLAN 2
Recurrence (25% of previously paid Category 1 & 2)	Yes	Yes
Wellness (per year)	\$100	\$100

†After 100% of the Basic Benefit Amount (\$10,000 for Plan 1 and \$20,000 for Plan 2) 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 Amount in Categories 1, 2 and 3, and the Recurrence Benefit, coverage ends for that person.

See additional premiums on reverse

PLAN 1 - SEMI-MONTHLY PREMIUMS

\$10,000 Basic Benefit Amount

AGE	EE	EE+SP	EE+CH	F
Non-Tobacco				
18-35	\$2.74	\$4.30	\$2.89	\$4.50
36-49	\$5.39	\$8.30	\$5.54	\$8.45
50-59	\$10.64	\$16.00	\$10.79	\$16.20
60-64	\$16.19	\$24.25	\$16.34	\$24.35
65-69	\$19.94	\$29.85	\$20.09	\$30.00
70+	\$23.34	\$34.70	\$23.49	\$34.90
Tobacco				
18-35	\$3.99	\$6.15	\$4.09	\$6.35
36-49	\$9.49	\$14.25	\$9.54	\$14.30
50-59	\$19.54	\$29.25	\$19.74	\$29.40
60-64	\$26.59	\$39.60	\$26.74	\$39.70
65-69	\$29.74	\$44.25	\$29.94	\$44.40
70+	\$32.24	\$47.95	\$32.39	\$48.15

PLAN 1 - MONTHLY PREMIUMS

\$10,000 Basic Benefit Amount

AGE	EE	EE+SP	EE+CH	F
Non-Tobacco				
18-35	\$5.48	\$8.60	\$5.78	\$9.00
36-49	\$10.78	\$16.60	\$11.08	\$16.90
50-59	\$21.28	\$32.00	\$21.58	\$32.40
60-64	\$32.38	\$48.50	\$32.68	\$48.70
65-69	\$39.88	\$59.70	\$40.18	\$60.00
70+	\$46.68	\$69.40	\$46.98	\$69.80
Tobacco				
18-35	\$7.98	\$12.30	\$8.18	\$12.70
36-49	\$18.98	\$28.50	\$19.08	\$28.60
50-59	\$39.08	\$58.50	\$39.48	\$58.80
60-64	\$53.18	\$79.20	\$53.48	\$79.40
65-69	\$59.48	\$88.50	\$59.88	\$88.80
70+	\$64.48	\$95.90	\$64.78	\$96.30

PLAN 1 - 20THLY PREMIUMS

\$10,000 Basic Benefit Amount

AGE	EE	EE+SP	EE+CH	F
Non-Tobacco				
18-35	\$3.29	\$5.16	\$3.47	\$5.40
36-49	\$6.47	\$9.96	\$6.65	\$10.14
50-59	\$12.77	\$19.20	\$12.95	\$19.44
60-64	\$19.43	\$29.10	\$19.61	\$29.22
65-69	\$23.93	\$35.82	\$24.11	\$36.00
70+	\$28.01	\$41.64	\$28.19	\$41.88
Tobacco				
18-35	\$4.79	\$7.38	\$4.91	\$7.62
36-49	\$11.39	\$17.10	\$11.45	\$17.16
50-59	\$23.45	\$35.10	\$23.69	\$35.28
60-64	\$31.91	\$47.52	\$32.09	\$47.64
65-69	\$35.69	\$53.10	\$35.93	\$53.28
70+	\$38.69	\$57.54	\$38.87	\$57.78

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

PLAN 2 - SEMI-MONTHLY PREMIUMS

\$20,000 Basic Benefit Amount

AGE	EE	EE+SP	EE+CH	F
Non-Tobacco				
18-35	\$4.14	\$6.40	\$4.44	\$6.80
36-49	\$9.44	\$14.40	\$9.74	\$14.70
50-59	\$19.94	\$29.80	\$20.24	\$30.20
60-64	\$31.04	\$46.30	\$31.34	\$46.50
65-69	\$38.54	\$57.50	\$38.84	\$57.80
70+	\$45.34	\$67.20	\$45.64	\$67.60
Tobacco				
18-35	\$6.64	\$10.10	\$6.84	\$10.50
36-49	\$17.64	\$26.30	\$17.74	\$26.40
50-59	\$37.74	\$56.30	\$38.14	\$56.60
60-64	\$51.84	\$77.00	\$52.14	\$77.20
65-69	\$58.14	\$86.30	\$58.54	\$86.60
70+	\$63.14	\$93.70	\$63.44	\$94.10

PLAN 2 - MONTHLY PREMIUMS

\$20,000 Basic Benefit Amount

AGE	EE	EE+SP	EE+CH	F
Non-Tobacco				
18-35	\$8.28	\$12.80	\$8.88	\$13.60
36-49	\$18.88	\$28.80	\$19.48	\$29.40
50-59	\$39.88	\$59.60	\$40.48	\$60.40
60-64	\$62.08	\$92.60	\$62.68	\$93.00
65-69	\$77.08	\$115.00	\$77.68	\$115.60
70+	\$90.68	\$134.40	\$91.28	\$135.20
Tobacco				
18-35	\$13.28	\$20.20	\$13.68	\$21.00
36-49	\$35.28	\$52.60	\$35.48	\$52.80
50-59	\$75.48	\$112.60	\$76.28	\$113.20
60-64	\$103.68	\$154.00	\$104.28	\$154.40
65-69	\$116.28	\$172.60	\$117.08	\$173.20
70+	\$126.28	\$187.40	\$126.88	\$188.20

PLAN 2 - 20THLY PREMIUMS

\$20,000 Basic Benefit Amount

AGE	EE	EE+SP	EE+CH	F
Non-Tobacco				
18-35	\$4.97	\$7.68	\$5.33	\$8.16
36-49	\$11.33	\$17.28	\$11.69	\$17.64
50-59	\$23.93	\$35.76	\$24.29	\$36.24
60-64	\$37.25	\$55.56	\$37.61	\$55.80
65-69	\$46.25	\$69.00	\$46.61	\$69.36
70+	\$54.41	\$80.64	\$54.77	\$81.12
Tobacco				
18-35	\$7.97	\$12.12	\$8.21	\$12.60
36-49	\$21.17	\$31.56	\$21.29	\$31.68
50-59	\$45.29	\$67.56	\$45.77	\$67.92
60-64	\$62.21	\$92.40	\$62.57	\$92.64
65-69	\$69.77	\$103.56	\$70.25	\$103.92
70+	\$75.77	\$112.44	\$76.13	\$112.92

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

For use in enrollments situated in: FL

This rate insert is part of form ABJ30902X-3 and is not to be used on its own.

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