

# Critical Illness Insurance

from Allstate Benefits



Benefits are paid to you

Protection for out-of-pocket expenses upon a positive diagnosis

## 1 CHOOSE

You choose the benefits to protect yourself and any family members if diagnosed with a covered critical illness

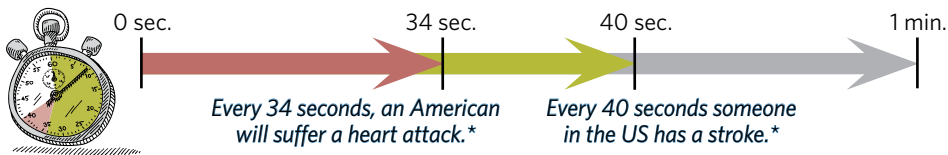
## 2 USE

You go to your annual exam, the doctor runs tests, the results come back and you're diagnosed with a critical illness

## 3 CLAIM

You go online and file a claim. The cash benefits are paid to you, to use however you wish

You can't predict the future, but you can plan for it. We invite you to put yourself in Good Hands with Critical Illness insurance from Allstate Benefits.



Our coverage helps offer financial support if you are diagnosed with a covered critical illness. With the expense of treatment often so high, seeking the treatment you need seems like a heavy financial burden. But when a diagnosis occurs, what you should be focusing on is getting better. With Allstate Benefits, you gain the power to take control of your health when faced with a covered event.

### Here's How It Works

You select the benefit coverage amount you want based on your individual need and your budget. If you have covered family members, our coverage also provides cash benefits for them. Then, if diagnosed with a covered critical illness, you will receive a cash benefit based on the percentage payable for the condition.

With Allstate Benefits, you gain the power to make treatment decisions without putting your finances at risk.

Are you in Good Hands? You can be.

### Key Features

- Guaranteed Issue coverage, meaning no medical questions to answer at initial enrollment
- Coverage available for spouse and child(ren)
- Benefits are paid regardless of any other coverage
- Premiums are affordable and are conveniently payroll deducted
- Coverage may be continued

[See reverse for plan details](#)

**Offered to the employees of:  
Diocese of St. Petersburg**



\* <http://www.criticalillnessinsuranceinfo.org/learning-center/critical-illness-coverage-facts.php>.

## YOU DECIDE how to use the cash benefits

Our cash benefits provide you with greater coverage options because you get to determine how to use them.



### Finances

Can help protect your HSAs, savings, retirement plans and 401ks from being depleted



### Travel

You can use your cash benefits to help pay for expenses while receiving treatment in another city



### Home

You can use your cash benefits to help pay the mortgage, continue rental payments, or perform needed home repairs for your after care



### Expenses

The lump-sum cash benefit can be used to help pay your family's living expenses such as bills, electricity and gas

## Benefits

The percentage shown for each benefit is the percentage of the Basic Benefit Amount payable for each critical illness. After 100% of the Basic Benefit Amount has been paid within a category (Category 1, 2 or 3), no more benefits are paid for any illness associated with that category. Once a covered person has exhausted all benefit maximums in Categories 1, 2 and 3, and the Recurrence Benefit, coverage ends for that person.

### Category 1 Benefits

Heart Attack (100%)	Stroke (100%)
Heart Transplant (100%)	Coronary Artery Bypass Surgery (25%)

### Category 2 Benefits

Major Organ Transplant (100%)	Paralysis (100%)
End Stage Renal Failure (100%)	Alzheimer's Disease (25%)

### Category 3 Benefits

Invasive Cancer (100%)	Carcinoma in Situ (25%)
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### Additional Benefit

Recurrence Benefit

### Additional Wellness Benefit

Bone Marrow Testing	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)
Biopsy for skin cancer	Serum Protein Electrophoresis (Myeloma test)
Stress test on bike or treadmill	Electrocardiogram (EKG)
Carotid Doppler	Echocardiogram
Blood tests for lipid panel (cholesterol), triglycerides, CA15-3 (breast cancer), CA125 (ovarian cancer), CEA (colon cancer)	

## Access Your Benefits and Claim Filings

Accessing your benefit information using **MyBenefits** has never been easier.

**MyBenefits** is an easy-to-use website that offers you 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.

For use in the Diocese of St. Petersburg enrollment situated in: FL

This material is valid as long as information remains current, but in no event later than April 1, 2019. Group Critical Illness benefits provided by policy form GVCIP1, or state variations thereof.

Coverage is provided by 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 information highlights some features of the policy but is not the insurance contract. For complete details, contact your Allstate Benefits Agent. 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.

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

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# Critical Illness (GVCIP1)

## Group Voluntary Critical Illness Insurance

from Allstate Benefits

See attached **Important Information About Coverage**.



Offered to the employees of:  
**Diocese of St. Petersburg**

### BENEFIT AMOUNTS

Covered Dependents receive 50% of your Benefit Amount for Categories 1, 2, and 3

CATEGORY 1 BASIC BENEFIT AMOUNTS <sup>1</sup>	PLAN 1	PLAN 2
Heart Attack (100%)	\$10,000	\$20,000
Heart Transplant (100%)	\$10,000	\$20,000
Stroke (100%)	\$10,000	\$20,000
Coronary Artery Bypass Surgery (25%)	\$2,500	\$5,000
CATEGORY 2 BASIC BENEFIT AMOUNTS <sup>1</sup>	PLAN 1	PLAN 2
Major Organ Transplant (100%)	\$10,000	\$20,000
End Stage Renal Failure (100%)	\$10,000	\$20,000
Paralysis (100%)	\$10,000	\$20,000
Alzheimer's Disease (25%)	\$2,500	\$5,000
CATEGORY 3 BASIC BENEFIT AMOUNTS <sup>1</sup>	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 Benefit (per year)	\$50	\$50

<sup>1</sup>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.



For use in the Diocese of St. Petersburg enrollment situated in: FL. This rate insert is part of forms ABJ32287X and ABJ30064 and is not to be used on its own.

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### PLAN 1 PREMIUMS

tobacco

MODE	EE	EE + SP	EE + CH	F
Weekly	\$13.77	\$20.45	\$13.89	\$20.57
Bi-Weekly	\$27.54	\$40.90	\$27.79	\$41.14
Semi-Monthly	\$29.84	\$44.31	\$30.11	\$44.57
Monthly	\$59.67	\$88.62	\$60.21	\$89.13

non-tobacco

Weekly	\$7.98	\$11.88	\$8.11	\$12.01
Bi-Weekly	\$15.97	\$23.76	\$16.22	\$24.02
Semi-Monthly	\$17.30	\$25.74	\$17.58	\$26.02
Monthly	\$34.60	\$51.48	\$35.15	\$52.04

### PLAN 2 PREMIUMS

tobacco

MODE	EE	EE + SP	EE + CH	F
Weekly	\$27.08	\$40.15	\$27.33	\$40.39
Bi-Weekly	\$54.16	\$80.30	\$54.66	\$80.78
Semi-Monthly	\$58.68	\$86.99	\$59.22	\$87.51
Monthly	\$117.35	\$173.98	\$118.43	\$175.02

non-tobacco

Weekly	\$15.51	\$23.01	\$15.76	\$23.27
Bi-Weekly	\$31.02	\$46.02	\$31.52	\$46.54
Semi-Monthly	\$33.60	\$49.86	\$34.15	\$50.42
Monthly	\$67.20	\$99.71	\$68.29	\$100.83

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

# Group Voluntary Critical Illness (GVCIP1)

## Important Information About Your Coverage

Provides details of base policy and rider coverage. Below is a list of base policy and rider benefits available with Group Critical Illness coverage. Please refer to your employer-chosen plan for the specific items that apply to your coverage. You will receive a certificate that details the certificate specifications for the coverage you purchased.

**Group Critical Illness Issue ages are 18 and over if Actively at Work.**

### Benefit Specifications

**Heart Attack Exclusion** - A cardiac arrest is not a heart attack and is not covered by this benefit.

**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.

**Major Organ Transplant Exclusion** - does not include Heart Transplant.

**Paralysis** - Permanent loss of use of 2 or more limbs. 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.

**FL** - Must be diagnosed by a psychiatrist or neurologist and the insured must be unable to perform at least 2 activities of daily living.

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

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

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

### 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 for that covered person.

## Conditions, Limitations and Exclusions Affecting Your Benefits

### Conditions and Limits

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 and children under age 26;**

**(b) Coverage for children ends when the child reaches age 26, unless he or she continues to meet the requirements of an eligible dependent;**

**(c) Spouse coverage ends upon divorce or your death.**

### When Coverage Ends

Your coverage under the policy ends when: the policy is cancelled; you stop paying your premium; you are 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 on the previous page.

### Portability Privilege

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

### Pre-Existing Condition Limitation

**(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 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.**

**(c) A pre-existing condition can exist even though a diagnosis has not yet been made.**

**FL** - The following is added: The exception is follow-up care for breast cancer. If you have been previously found to be free of breast cancer, routine follow-up care 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.

## Policy 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 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;
- (g) alcohol abuse or alcoholism, drug addiction or dependence upon any controlled substance.

## 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; 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); Biopsy for skin cancer; Stress test on bike or treadmill; Electrocardiogram (EKG); Carotid Doppler; Echocardiogram.



## Allstate BENEFITS

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