

Critical Illness Insurance (GVCIP4)

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
Heart Attack (100%)		\$10,000
Stroke (100%)		\$10,000
End Stage Renal Failure (100%)		\$10,000
Major Organ Transplant (100%)		\$10,000
Coronary Artery Bypass Surgery (25%)		\$2,500
Waiver of Premium (employee only)		Yes
CANCER CRITICAL ILLNESS BENEFITS†		PLAN 1
Invasive Cancer (100%)		\$10,000
Carcinoma In Situ (25%)		\$2,500
REOCCURRENCE OF CRITICAL ILLNESS BENEFITS†		PLAN 1
Initial Critical Illness		
(same amount as Initial Critical Illness Benefit)		Yes
Cancer Critical Illness		
(same amount as Cancer Critical Illness Benefit)		Yes
RIDER BENEFITS		PLAN 1
Skin Cancer Rider		\$250
Cardiopulmonary Enhancement Rider†		
Sudden Cardiac Arrest (25%)		\$2,500
Pulmonary Embolism (25%)		\$2,500
Pulmonary Fibrosis (25%)		\$2,500
Second Evaluation, Transportation and Lodging Rider		
Second Evaluation		\$1,000
Non-Local Transportation ¹	Air Fare	\$500
(per trip or mile ³)	Personal Vehicle	\$0.50
Outpatient Lodging ² (daily)		\$100
Family Member Lodging ² (daily)		\$100
and Transportation ¹ (per trip or mile ³)	Air Fare	\$500
	Personal Vehicle	\$0.50
Specified Chronic Illness Rider† (50%)		\$5,000
Specified Chronic Illness or Injury Rider†	Illness (50%)	\$5,000
	Injury (100%)	\$10,000
Supplemental Critical Illness Rider†		
Advanced Alzheimer's Disease (100%)		\$10,000
Advanced Parkinson's Disease (100%)		\$10,000
Benign Brain Tumor (100%)		\$10,000
Coma (100%)		\$10,000
Complete Loss of Hearing (100%)		\$10,000
Complete Loss of Sight (100%)		\$10,000
Complete Loss of Speech (100%)		\$10,000
Paralysis (100%)		\$10,000
Fixed Wellness Rider (per year)		\$50

¹Limit of \$5,000 in a calendar year. ²Limit of \$1,000 in a calendar year. ³Maximum of 1,000 miles.

NEW BENEFIT!

Enroll through 

ISSUE AGE PREMIUMS

PLAN 1 - BI-WEEKLY PREMIUMS

AGE	EE+CH	Family	EE+CH	F
	Non-Tobacco		Tobacco	
18-29	\$2.44	\$4.02	\$3.12	\$5.04
30-39	\$4.72	\$7.54	\$6.48	\$10.18
40-49	\$9.10	\$14.30	\$13.48	\$20.84
50-59	\$15.90	\$24.74	\$24.06	\$37.00
60-64	\$21.80	\$33.76	\$32.94	\$50.48
65+	\$34.72	\$53.38	\$51.88	\$79.10

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

Receive a large, lump sum payment when you need it most.

Focus on your recovery, not your finances!

Don't forget! Have your annual **Wellness** exam and claim a \$50 benefit per person every year! See reverse for covered screenings & file easily on allstatebenefits.com/MyBenefits

FOR HOME OFFICE USE ONLY - GVCIP4

Opt 1 - No Pre-Ex; 1.0U Base; CCILB; RCIB; RCCIB; SCI W/O; SCR; CER; SCIR90; SCIR365; 2U FWR; 2ndETL
ABQ V 10.01.2020 Proposal Creation Date: 10/14/2020



For use in enrollments situated in: OH. This rate insert is part of the approved brochure for Metro RTA and is not to be used on its own.

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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.

Specified Chronic Illness Rider/ Specified Chronic Illness or Injury Rider

- Adrenal Hypofunction (Addison's Disease); Lou Gehrig's Disease (ALS); Arthritis; Huntington's Chorea; Multiple Sclerosis; Muscular Dystrophy; Osteomyelitis; Osteoporosis.

Fixed Wellness Rider - Biopsy for skin cancer; Blood tests for triglycerides, CA15-3 (breast cancer), CA125 (ovarian cancer), CEA (colon cancer), PSA (prostate cancer); Bone Marrow Testing; Sampling of blood or tissue for genetic testing for cancer risk; Chest X-ray; Colonoscopy; Doppler screening for carotids or peripheral vascular disease; Echocardiogram; EKG; Flexible sigmoidoscopy; Hemoccult stool analysis; HPV (Human Papillomavirus) Vaccination; Lipid panel (total cholesterol count); Mammography, including Breast Ultrasound; Pap Smear, including ThinPrep Pap Test; Serum Protein Electrophoresis (test for myeloma); Stress test on bike or treadmill; Thermography; Ultrasound screening for abdominal aortic aneurysms.

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

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*

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 polyps are not covered

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

REOCCURRENCE OF CRITICAL ILLNESS BENEFITS*

Initial Critical Illness - second diagnosis more than 12 months after the first date of diagnosis for which an Initial Critical Illness benefit was paid

Cancer Critical Illness - second diagnosis more than 12 months after the last date 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; carcinoma; hyperplasia; polycythemia; non-malignant melanoma; moles; and similar diseases or lesions are not covered

Cardiopulmonary Enhancement Rider - once per illness per covered person

Sudden Cardiac Arrest - payable if it is the primary diagnosis. Myocardial infarction (heart attack) is not covered

Pulmonary Embolism

Pulmonary Fibrosis

Second Evaluation, Transportation and Lodging Rider -

Second Evaluation - must be obtained prior to surgery or treatment and by a physician other than your current physician. One second evaluation per surgery or treatment

Non-Local Transportation - traveling to receive outpatient treatment for a covered critical illness more than 75 miles from home

Outpatient Lodging - while receiving outpatient treatment for a covered critical illness more than 75 miles from home

Family Member Lodging and Transportation - for one adult family member to accompany and care for an incapacitated covered person during non-local hospital stays (more than 75 miles from family member's home) for specialized treatment. Transportation benefit not paid if Non-Local Transportation benefit paid

Specified Chronic Illness Rider* - must be certified by a physician as having one of the chronic illnesses listed to the left. Must be unable to perform at least two daily activities¹ for at least 90 days

Specified Chronic Illness or Injury Rider* - must be certified by a physician as having an injury or one of the chronic illnesses listed to the left. Must be unable to perform at least two daily activities¹ for at least 365 days

Supplemental Critical Illness Rider*-

Advanced Alzheimer's Disease - must exhibit impaired memory and judgment and be certified unable to perform at least two daily activities¹ without adult assistance

Advanced Parkinson's Disease - must exhibit two or more of the following: muscle rigidity, tremor, or bradykinesia (slowness in physical and mental responses); and be certified unable to perform at least two daily activities¹ without adult assistance

Benign Brain Tumor - a non-malignant tumor limited to brain, meninges, cranial nerves, or pituitary gland. Tumors of the skull, pituitary adenomas less than 10mm, and germinomas are not covered

Coma - unconscious and not responsive to external stimulation or responsive to internal needs. Medically-induced Coma; Coma resulting from alcohol or drug use; and diagnosis of brain death are not covered

Complete Loss of Hearing - permanent loss of hearing in both ears

Complete Loss of Sight - permanent loss of vision in both eyes

Complete Loss of Speech - permanent loss of speech or verbal communication

Paralysis - permanent loss of muscle function in two or more limbs, due to disease or injury. Does not include loss of muscle function limited to fingers or toes

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

*Benefits paid once per covered person. When all benefits have been used, the coverage terminates. ¹Daily activities include: bathing, dressing, toileting, bladder and bowel continence, transferring and eating.