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.

Benefits are paid to you

**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.

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 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
- PinnacleCare® Health Advisory Support to connect you with the best possible care

**Offered to Allstate Employees, Esurance and AFI Associates**

## Benefits

### Base Policy Initial Critical Illness Benefits

<table>
<thead>
<tr>
<th>Condition</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart Attack</td>
<td>Major Organ Transplant</td>
</tr>
<tr>
<td>Stroke</td>
<td>End Stage Renal Failure</td>
</tr>
<tr>
<td>Coronary Artery Bypass Surgery</td>
<td>Waiver of Premium*</td>
</tr>
</tbody>
</table>

*Employee only.

### Cancer Critical Illness Benefits

<table>
<thead>
<tr>
<th>Condition</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Invasive Cancer</td>
<td>Carcinoma in Situ</td>
</tr>
</tbody>
</table>

### Second Event Benefits

<table>
<thead>
<tr>
<th>Condition</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial Critical Illness</td>
<td>Cancer Critical Illness</td>
</tr>
</tbody>
</table>

### Supplemental Critical Illness Benefits II

<table>
<thead>
<tr>
<th>Condition</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benign Brain Tumor</td>
<td>Complete Loss of Hearing</td>
</tr>
<tr>
<td>Paralysis</td>
<td>Advanced Alzheimer’s Disease</td>
</tr>
<tr>
<td>Coma</td>
<td>Advanced Parkinson’s Disease</td>
</tr>
<tr>
<td>Complete Blindness</td>
<td></td>
</tr>
</tbody>
</table>

### Wellness (Pays annually when one of 23 screening exams is performed)

<table>
<thead>
<tr>
<th>Screening</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biopsy for skin cancer</td>
<td>Hemoccult stool analysis</td>
</tr>
<tr>
<td>Blood test for triglycerides</td>
<td>HPV Vaccination (Human Papillomavirus)</td>
</tr>
<tr>
<td>Bone Marrow Testing</td>
<td>Lipid panel (Total cholesterol count)</td>
</tr>
<tr>
<td>CA15-3, CA125, CEA and PSA</td>
<td>Mammography (Including Breast Ultrasound)</td>
</tr>
<tr>
<td>(Blood tests)</td>
<td></td>
</tr>
<tr>
<td>Chest X-ray</td>
<td>Pap Smear (ThinPrep Pap Test included)</td>
</tr>
<tr>
<td>Colonoscopy</td>
<td>Serum Protein Electrophoresis (Myeloma test)</td>
</tr>
<tr>
<td>Doppler screenings for carotids</td>
<td>Stress test on bike or treadmill</td>
</tr>
<tr>
<td>and peripheral vascular disease</td>
<td></td>
</tr>
<tr>
<td>Echocardiogram</td>
<td>Thermography</td>
</tr>
<tr>
<td>EKG (Electrocardiogram)</td>
<td>Ultrasound screening (abdominal aortic aneurysms)</td>
</tr>
<tr>
<td>Flexible sigmoidoscopy</td>
<td></td>
</tr>
</tbody>
</table>

### Value-Added Services Elected at Employee Level for Slight Additional Cost

#### PinnacleCare Health Advisory Services
- Expert medical opinion/confirmation of diagnosis
- Research on diagnosis and treatment options
- Customized report identifying top local, regional, or national specialists
- Facilitated appointments with top specialists or medical centers
- Gathering, organizing, and forwarding of key medical records
- Virtual consultation for expert medical opinion, as warranted

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1 Breast, ovarian, colon and prostate cancer.
In addition to your Critical Illness coverage from Allstate Benefits, you have access to health advisory services powered by PinnacleCare. To help you navigate through your illness, this enhanced health concierge service offers a unique combination of:

- Exceptional medical resources
- Unmatched range of services
- Expert guidance

Here’s How It Works

Upon diagnosis of a covered critical illness, you contact PinnacleCare. Your advisor will help you to navigate through your health care challenge and connect you with top experts who can guide you to appropriate care and treatment.

Your PinnacleCare advisor will:

- **Help**
  Help you better understand your diagnosis and treatment options

- **Collect**
  Collect, organize and review your medical records

- **Identify**
  Identify a top medical expert to confirm the details of your diagnosis and appropriate treatment options (in-network and out-of-network options offered)

- **Facilitate**
  Facilitate and schedule your appointment in an expedited manner

- **Coordinate**
  Coordinate transfer of medical records for review prior to your scheduled appointment

- **Follow Up**
  Follow up with you to ensure you are on the right path

**Medical Outcomes**
77% of engagements result in a change in diagnosis, treatment and/or treating physician

**Member Satisfaction**
99% member satisfaction rating

Testimonials

“I don’t mind telling you, at first I’d been overwhelmed by the vast amount of options and information. But with PinnacleCare, I had knowledgeable and caring hands to guide me through all of these options and help me personally decide what was best for me. It was an outcome I needed at a difficult time in my life.”

- M. K., Current Member

“We are so thankful that we had PinnacleCare to help guide us through the health care maze when dealing with a life-changing diagnosis. Our Advisor was so helpful and caring. She was able to quickly connect us with the right doctors so we could make good decisions. She took care of every detail. When we had our consult, everything fell into place and made a stressful time run smoothly. I don’t know that we could have done this without the guidance of our Advisor and PinnacleCare.”

- A. J., Current Member

Nearly 30% of medical conditions are misdiagnosed**.

With PinnacleCare by your side, you will gain the peace of mind that comes with having an objective, unbiased resource to help guide you and your family through your most pressing health care challenges.


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https://www.pinnaclecare.com/second-look-can-save-your-life/

Satisfaction survey results published annually by PinnacleCare.
For use in enrollments situated in: IL

Rev. 10/16. This material is valid as long as information remains current, but in no event later than October 15, 2019.

Group Critical Illness benefits provided by policy form GCIP3, or state variations thereof. "Value Added Services and Support" provided by PinnacleCare.

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.
### BENEFIT AMOUNTS

<table>
<thead>
<tr>
<th>Covered Dependents Receive 50% Of Your Benefit Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INITIAL CRITICAL ILLNESS BENEFITS</strong>†</td>
</tr>
<tr>
<td>Heart Attack (100%)</td>
</tr>
<tr>
<td>Stroke (100%)</td>
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<td>Waiver of Premium (employee only)</td>
</tr>
<tr>
<td><strong>CANCER CRITICAL ILLNESS BENEFITS</strong>†</td>
</tr>
<tr>
<td>Invasive Cancer (100%)</td>
</tr>
<tr>
<td>Carcinoma in Situ (25%)</td>
</tr>
</tbody>
</table>

**SECOND EVENT BENEFITS**† | Low Plan | High Plan |
| Second Event Initial Critical Illness Benefit (same amount as Initial Critical Illness) | Yes | Yes |
| Second Event Cancer Critical Illness Benefit (same amount as Cancer Critical Illness) | Yes | Yes |

**SUPPLEMENTAL CRITICAL ILLNESS BENEFITS II**† | Low Plan | High Plan |
| Advanced Alzheimer’s Disease (25%) | $5,000 | $10,000 |
| Advanced Parkinson’s Disease (25%) | $5,000 | $10,000 |
| Benign Brain Tumor (100%) | $20,000 | $40,000 |
| Coma (100%) | $20,000 | $40,000 |
| Complete Blindness (100%) | $20,000 | $40,000 |
| Complete Loss of Hearing (100%) | $20,000 | $40,000 |
| Paralysis (100%) | $20,000 | $40,000 |

**ADDITIONAL BENEFIT** | Low Plan | High Plan |
| Wellness Benefit (per year) | $100 | $100 |

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Offered to Allstate Employees, Esurance and AFI Associates

This material is valid as long as information remains current, but in no event later than October 15, 2019. Allstate Benefits is the marketing name used by American Heritage Life Insurance Company (Home Office, Jacksonville, FL), a subsidiary of The Allstate Corporation. ©2016 Allstate Insurance Company. www.allstate.com or allstatebenefits.com.

ABJ28274X-2-Insert-Allcorp
Group Critical Illness (GCIP3)

Important Information About Eligibility, Termination and Continuation

Provides details of base policy coverage in all states. State-specific information is noted when it varies from the standard. Below is a list of base policy 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 (see Benefit Amounts)

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

Stroke Exclusions - Does not include: Transient ischemic attacks (TIAs), head injury, chronic cerebrovascular insufficiency and reversible ischemic neurological deficits.

Coronary Artery Bypass Surgery Exclusions - Does not include: abdominal aortic bypass, balloon angioplasty, laser embolectomy, atherectomy, stent placement, or other non-surgical procedures.

NJ - The Coronary Artery Bypass Surgery benefit is replaced with: Coronary Artery Disease. The exclusion is replaced with: Coronary Artery Disease Condition. There must be 80% or greater narrowing or blockage of coronary arteries due to atherosclerotic heart disease.

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, pre-malignant lesions (such as intraepithelial neoplasia), or benign tumors or polyps.

Second Event Initial Critical Illness Benefit Conditions - There must be at least 12 months between each diagnosis. A covered person can receive a Second Event Benefit only once for each initial critical illness.

Second Event Cancer Critical Illness Benefit Conditions - There must be at least 12 months between each diagnosis. Not payable if the covered person receives treatment during that 12-month period. “Treatment” does not include maintenance drug therapy or routine follow-up office visits. A covered person can receive the benefit only once for each cancer critical illness.

NJ - There must be at least 6 months between each diagnosis. Not payable if the covered person receives treatment during that 6-month period. “Treatment” does not include maintenance drug therapy or routine follow-up office visits. A covered person can receive the benefit only once for each cancer critical illness.

Advanced Alzheimer’s Disease Conditions - Must have impaired memory and judgement, and be unable to perform 3 or more daily activities.*

ID - This benefit is not available.

Advanced Parkinson’s Disease Conditions - Must have 2 or more physical signs and be unable to perform 3 or more daily activities.*

ID - This benefit is not available.

Benign Brain Tumor Exclusions - Does not include: tumors of the skull, pituitary adenomas, or germinomas.

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

GA - The Paralysis benefit is only payable if it is the result of an accident and/or sickness.

Occupational HIV (available in Supplemental Critical Illness I only) - Exposure must be accidental and during the normal course of duties of the covered person. The covered person must not have previously tested HIV positive.

GA, ID - This benefit is not available.

Conditions, Limitations and Exclusions Affecting Your Benefits

Conditions and Limits

Most States - Benefits are not payable for any critical illness diagnosed prior to the effective date. Benefits are also subject to the Pre-Existing Condition Limitation, if applicable, 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. The date of diagnosis for each illness must be separated by 90 days. Emergency situations while you are outside the U.S. will be considered when you return to the U.S.

NJ - The following statement does not apply: The date of diagnosis for each illness must be separated by 90 days.

TN - The second to last sentence is replaced with: The date of diagnosis for each illness must be separated by 30 days.

GA - The following is added: The basic-benefit amounts paid for all critical illnesses combined will never exceed $250,000 for each covered person.

Dependent Eligibility/Termination (if included in your plan)

(a) Family members eligible for coverage are your spouse or domestic partner and children;

(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 valid decree of divorce or your death;

(d) Domestic partner coverage ends when the domestic partnership ends or your death.

PA - The following is added: Coverage will not terminate due to age on a child who was a full-time student and whose studies were interrupted by active duty service in the military.

(c) Spouse coverage ends upon valid decree of divorce or your death;

(d) Domestic partner coverage ends when the domestic partnership ends or your death.

ID - (d) is deleted.
Your Eligibility

All States - 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.

When Coverage Ends

Coverage under the policy ends on the earliest of:
(a) the policy is canceled;
(b) you stop paying your premium;
(c) the last day of active employment;
(d) you are no longer eligible;
(e) a false claim is filed;
(f) when all critical illness benefits have been paid;
(g) 90 days prior to the date your coverage ends.

Continuing Your Coverage

You may be able to continue coverage when coverage under the policy ends. Refer to your Certificate of Insurance for details.

NJ - Continuing Your Coverage is replaced with: Conversion - Coverage may be converted under the Conversion Provision when coverage under the policy ends.

Pre-Existing Condition Limitation (if applicable)

(a) We do not pay benefits for a critical illness that is, caused by, contributed to by or results from, a pre-existing condition when the date of diagnosis is within 12 months after the effective date of coverage;

IL - We do not pay benefits for a critical illness that is caused by or results from a pre-existing condition when the date of diagnosis is within 12 months after the effective date of coverage.

NJ - We do not pay benefits for a critical illness that is, or is caused by, contributed to by or results from, a pre-existing condition when the date of diagnosis is within 6 months after the effective date of coverage.

ME, UT - We do not pay benefits for a critical illness that is, or is caused by, contributed to by, or results from, a pre-existing condition when the date of diagnosis is within 6 months after the effective date of coverage.

NC - This exclusion will not apply to your newborn child, adopted child or foster child under the age of 18 if we are notified within 31 days of the child's birth or date of placement. No benefits will be provided during the first 12 months of the policy for pre-existing conditions as defined in the certificate.

(b) A pre-existing condition is a condition, whether diagnosed or not, for which symptoms existed within the 12-month period prior to the effective date; or (c) medical advice or treatment was recommended or received from a medical professional within 12 months prior to the effective date.

ID, ME, UT - Items (b) and (c) are replaced with: A pre-existing condition is a condition, whether diagnosed or not, for which symptoms existed within the 12-month period prior to the effective date.

ID, ME, UT - Items (b) and (c) are replaced with: A pre-existing condition is a condition, whether diagnosed or not, for which medical advice or treatment was recommended or received from a medical professional within 6 months prior to the effective date.

ND, VA - (b) and (c) are replaced with: A pre-existing condition is a condition, whether diagnosed or not, for which medical advice or treatment was recommended or received from a medical professional within 12 months prior to the effective date.

IN, NC - (b) and (c) are replaced with: A pre-existing condition is a condition for which medical advice or treatment was recommended or received from a medical professional within 12 months prior to the effective date.

NJ - (b) and (c) are replaced with: A pre-existing condition is a condition, whether diagnosed or not, for which medical advice or treatment was recommended or received from a medical professional within 6 months prior to the effective date.

PA - (b) and (c) are replaced with: A pre-existing condition is a condition, whether diagnosed or not, for which medical advice or treatment was recommended or received from a medical professional within 90 days prior to the effective date.

SD - (b) and (c) are replaced with: A pre-existing condition is a condition for which medical advice, diagnosis, care or treatment was recommended or received during the 6 months immediately preceding the effective date of coverage.

WY - (b) and (c) are replaced with: A pre-existing condition is a condition for which medical advice, diagnosis, care or treatment was recommended or received from a medical professional within 6 months prior to the effective date.

GA - The Pre-Existing Condition Limitation is deleted and replaced with the Benefit Waiting Period Limitation - (a) We do not pay benefits for a critical illness that occurs during the first 30 days following the date the covered person became insured; (b) If a diagnosis occurs during the Benefit Waiting Period the following options are available:
1. Return the coverage for a full refund; or 2. Continue coverage and receive benefits for one of the other specified critical illnesses listed in the policy.

Recurrence of Cancer

Only applies to Cancer Critical Illness, if included. Provision applies regardless of whether your plan includes a Pre-Existing Condition Limitation.

Cancer critical illness benefits are payable for a diagnosis of a recurrence of cancer, as long as you are diagnosed after the effective date of coverage, and have been free of any symptoms and treatment of cancer for 12 consecutive months immediately preceding the effective date of coverage, or any 12 consecutive months thereafter.

NJ - The Recurrence of Cancer paragraph is replaced with: Cancer critical illness benefits are payable for a diagnosis of a recurrence of cancer, as long as you are diagnosed after the effective date of coverage, and have been free of any symptoms and treatment of cancer for 6 consecutive months immediately preceding the effective date of coverage, or any 6 consecutive months thereafter.

Exclusions and Limitations

Benefits are not paid for:
(a) war, participation in a riot, insurrection or rebellion;

ID - war, declared or undeclared, or participation in a riot.

NC - active participation in a riot, insurrection or rebellion.

OK - participation in a riot, insurrection or rebellion.

TX - war during military service, or participation in a riot, insurrection or rebellion.

UT - war, voluntary participation in a riot, insurrection or rebellion.

(b) intentionally self-inflicted injury or action;

DC - (b) is deleted.
<table>
<thead>
<tr>
<th>Exclusions and Limitations (Continued)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>(c) illegal activities or occupations:</strong></td>
</tr>
<tr>
<td>TX - illegal activities or committing or attempting to commit a felony.</td>
</tr>
<tr>
<td>IL - illegal occupations.</td>
</tr>
<tr>
<td>NE - committing or attempting a felony or illegal occupation.</td>
</tr>
<tr>
<td>DC, KY, NV, NC, SD - (e) is deleted.</td>
</tr>
<tr>
<td>IL - substance abuse, including drug addiction or dependence upon any controlled substance.</td>
</tr>
<tr>
<td>UT - voluntary participation in illegal activities or voluntary participation in illegal occupations.</td>
</tr>
<tr>
<td>NJ - any loss to which a contributing cause was your commission of, or attempt to commit, a felony or to which a contributing cause was your engagement in illegal activities or occupation.</td>
</tr>
<tr>
<td>WI - illegal activities or illegal occupation that results in the insured’s conviction of a felony.</td>
</tr>
<tr>
<td>TX - a loss sustained or contracted while being intoxicated or under the influence of any narcotic unless administered upon the advice of a physician.</td>
</tr>
<tr>
<td>CO, MO - suicide while sane, or self destruction, or any attempt at either.</td>
</tr>
<tr>
<td>NE - committing or attempting a felony or illegal occupation.</td>
</tr>
<tr>
<td>UT - voluntary participation in illegal activities or voluntary participation in illegal occupations.</td>
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