

# CRITICAL ILLNESS - ALLSTATE

## Benefits and Amounts

Initial Critical Illness Benefits		
Heart Attack (100%)		\$20,000
Stroke (100%)		\$20,000
End Stage of Renal Failure (100%)		\$20,000
Major Organ Transplant (100%)		\$20,000
Coronary Artery Bypass Surgery (25%)		\$5,000
Waiver of Premium (employee only)		Yes
Reoccurrence of Critical Illness Benefits		
Initial Critical Illness (same amount as Initial Critical Illness Benefit)		Yes
Rider Benefits		
Second Evaluation, Transportation and Lodging Rider		
Second Evaluation		\$1,000
Non-Local Transportation (per trip or mile)	Air Fare	\$500
	Personal Vehicle	\$0.50/mi.
Outpatient Lodging (daily) and Transportation (per trip or mile)		\$100
Family Member Lodging (daily) and Transportation (per trip or mile)		\$100
	Air Fare	\$500
	Personal Vehicle	\$0.50/mi.
Specified Chronic Illness Rider	Illness (50%)	\$10,000
	Injury (100%)	\$20,000
Advanced Alzheimer's Disease (100%)		\$20,000
Advanced Parkinson's Disease (100%)		\$20,000
Benign Brain Tumor (100%)		\$20,000
Coma (100%)		\$20,000
Complete Loss of Hearing (100%)		\$20,000
Complete Loss of Sight (100%)		\$20,000
Complete Loss of Speech (100%)		\$20,000
Paralysis (100%)		\$20,000
Fixed Wellness Rider (per year)		\$50

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Tobacco Class	Issue Age	Employee Pays Monthly EE/EE + CH	Employee Payroll Deductions EE/EE + CH	Employee Pays Monthly EE + SP/F	Employee Payroll Deductions EE + SP/F
Non-Tobacco	18-29	\$4.22	\$2.11	\$6.99	\$3.50
	30-39	\$8.04	\$4.02	\$12.81	\$6.41
	40-49	\$16.15	\$8.07	\$25.13	\$12.57
	50-49	\$30.08	\$15.04	\$46.28	\$23.14
	60-64	\$42.82	\$21.41	\$65.55	\$32.78
	65+	\$72.15	\$36.08	\$109.69	\$4.56
Tobacco	18-29	\$5.63	\$2.82	\$9.12	\$9.82
	30-39	\$12.59	\$6.30	\$19.64	\$20.54
	40-49	\$26.78	\$13.39	\$41.08	\$36.30
	50-49	\$47.63	\$23.82	\$72.60	\$51.30
	60-64	\$67.52	\$33.76	\$102.60	\$86.48
	65+	\$114.34	\$57.70	\$172.96	\$172.96

# CANCER - ALLSTATE

Benefits	Amounts
<b>Hospital and Related Benefits</b>	
Continuous Hospital Confinement (daily)	\$100
Government or Charity Hospital (daily)	\$100
Extended Care Facility (daily)	\$100
At Home Nursing (daily)	\$100
Freestanding Hospice Care Center (daily) or Hospice Care Team (per visit)	\$100
<b>Radiation, Chemotherapy, and Related Benefits</b>	
Radiation/Chemotherapy for Cancer (every 12 months)	\$5,000
Blood, Plasma, and Platelets (every 12 months)	\$5,000
Hematological Drugs (yearly)	\$100
Medical Imaging (yearly)	\$250
<b>Surgery and Related Benefits</b>	
Surgery (maximum, depending on surgery)	\$3,000
Anesthesia (% of Surgery Benefit)	25%
Regulatory Surgical Center (daily)	\$500
Second Opinion	\$400
Bone Marrow or Stem Cell Transplant - Autologous*	\$1,000
Non-autologous*	\$2,500
Non-autologous for Leukemia*	\$5,000
<b>Miscellaneous Benefits</b>	
Inpatient Drugs and Medicine (daily)	\$25
Physician's Attendance (daily)	\$50
Ambulance (per confinement)	\$100
Non-Local Transportation (per trip or mile)	Coach Fare or \$0.40/Mile
Outpatient Lodging (daily, \$2,000 max/12 months)	\$50
Family Member Lodging (daily) and	\$50
Transportation (per trip or mile)	Coach Fare or \$0.40/Mile
Physical or Speech Therapy (daily)	\$50
New or Experimental Treatment (every 12 months)	\$5,000
Prosthesis (per amputation)	\$2,000
Hair Prosthesis (every 2 years)	\$25
Nonsurgical External Breast Prosthesis	\$50
Anti-Nausea Benefit (yearly)	\$200
Waiver of Premium (primary insured only)	Yes
<b>Optional Benefits</b>	
Cancer Initial Diagnosis (one-time benefit)	\$5,000
Intensive Care - Intensive Care Confinement (daily)	\$300
Step-Down Confinement (daily)	\$150
Air/Surface Ambulance	Actual Charges
Wellness (yearly)	\$25

	Employee Pays Monthly	Employee Payroll Deductions
Employee Only	\$19.80	\$9.90
Employee & Spouse	\$47.81	\$23.91
Employee & Child(ren)	\$21.85	\$10.93
Employee & Family	\$47.81	\$23.91

# HOSPITAL INDEMNITY - ALLSTATE

Hospitalization Benefits	
First Day Hospital Confinement Benefit*	\$1,000
Limit to Number of Occurrences	One per year
Daily Hospital Confinement Benefit* (daily)	\$200
Maximum Days Payable	
If First Day Hospital Confinement Benefit is Payable	Days 2 - 30
If First Day Hospital Confinement Benefit is not Payable	Days 1 - 30
Hospital Intensive Care Benefit (daily)	\$300
Maximum Days Payable	15 Days
Wellness Benefit	
Fixed Wellness (daily)	\$25
Additional Conditions and Limitations	
Mental and Nervous Disorders Covered	Yes
Drug Addiction and Alcoholism Covered	No
Pregnancy Waiting Period	10 months
Pre-Existing Condition Limitation	None

\*If the covered person is a newborn child, we will pay 10% of the benefit amount shown for both the First Day and the Daily Hospital Confinement Benefits.

	Employee Pays Monthly	Employee Payroll Deductions
Employee	\$15.60	\$7.80
Employee + Spouse	\$35.23	\$17.62
Employee + Child	\$20.80	\$10.40
Family	\$43.16	\$21.58