

Group Critical Illness 4 Proposal

About Group Voluntary Critical Illness by Allstate Benefits

No one is ever really prepared for a life-altering critical illness diagnosis. The whirlwind of appointments, tests, treatments and medications can add to stress levels. The treatment to recovery is vital, but it can also be expensive. Your employees' medical coverage may only cover some of the costs associated with treatment. They are still responsible for deductibles and coinsurance. If treatment keeps them out of work, the financial worries can grow quickly and stress levels may rise.

Critical Illness coverage helps provide financial support if your employees are diagnosed with a covered critical illness. With the expense of treatment often high, seeking the treatment they need could seem like a financial burden. When a diagnosis occurs, your employees need to be focused on getting better and taking control of their health, not stressing over financial worries.

Group Voluntary Critical Illness Plan Design

Critical Illness coverage helps provide financial support if your employee is diagnosed with a covered critical illness such as: heart attack, stroke, bypass surgery, major organ transplant and other specified diseases and conditions. Claims may be made at the time of diagnosis, and payments may be spent to help cover deductibles, medicine, treatment costs or however the covered person sees fit – there are no restrictions. Coverage is available for spouse and/or children.

Underwriting Assumptions

- City of Arkansas City
 - Eligible Lives - 50
 - SIC 4939: Combination Utilities, NEC
 - Situs State - Kansas
 - Effective Date - 01/01/2025
- With the greater of 10 issued applications or 15% participation, Guaranteed Issue* will be available at Annual Enrollment in Year 1 (Initial Enrollment) and Year 2.
- Any Pre-Existing Condition Limitation as well as other exclusions and limitations included in the plan(s) would still apply.
- Guaranteed Issue* amount up to \$20,000 (\$10,000/\$20,000 options) for Employee.
- Spouse Guaranteed Issue* at 50% of Employee benefit amount; Child(ren) at 50% of employee benefit amount.
- 2-year rate guarantee.
- Minimum participation is 5 issued applications with Simplified Issue.
- Access to 70% of the benefit eligible employees is required.

Underwriting Definitions

Guaranteed Issue the amount of coverage available without regard to health status or evidence of insurability on the employee's application.*

Guaranteed Issue Underwriting is available during the initial enrollment (and in some instances future Annual Enrollments) if participation is met. New hires and Qualified Life Events who apply within 31 days would be offered coverage on a Guaranteed Issue basis after satisfying their eligibility period with their employer.

Simplified Issue requires all eligible applicants to answer full health questions on their application.*

Late Entrant is any applicant who did not sign up within their initial eligibility period for benefits and will be required to submit acceptable evidence of insurability via the application process.

***Special Note on Exclusions and Limitations:** Although Guaranteed Issue or Simplified Issue underwriting may be available, all exclusions and limitations will still apply to any coverage issued. Policy exclusions and limitations are not waived even though Guaranteed Issue or Simplified Issue is made a part of the offer.

Benefits and Amounts

†Benefits paid once per person. When all benefits have been used, the coverage terminates. Covered dependents receive 50% of the benefit amount. ¹Limit of \$5,000 in a calendar year. ²Limit of \$1,000 in a calendar year. *Maximum of 1,000 miles.

Initial Critical Illness Benefits[†]	Option 1	Option 2
Heart Attack (100%)	\$10,000	\$20,000
Stroke (100%)	\$10,000	\$20,000
End Stage Renal Failure (100%)	\$10,000	\$20,000
Major Organ Transplant (100%)	\$10,000	\$20,000
Coronary Artery Bypass Surgery (25%)	\$2,500	\$5,000
Waiver of Premium (employee only)	Yes	Yes
Reoccurrence of Critical Illness Benefits[†]		
Initial Critical Illness (same amount as Initial Critical Illness Benefit)	Yes	Yes
Rider Benefits		
Second Evaluation, Transportation, and Lodging Rider		
Second Evaluation	\$1,000	\$1,000
Non-Local Transportation ¹ (per trip or mile*)	Air Fare \$500 Personal Vehicle \$0.50/mi.	\$500 \$0.50/mi.
Outpatient Lodging ² (daily)	\$100	\$100
Family Member Lodging ² (daily) and Transportation ¹ (per trip or mile*)	Air Fare \$100 \$500 Personal Vehicle \$0.50/mi.	\$100 \$100 \$500 \$0.50/mi.
Specified Chronic Illness or Injury Rider [†]	Illness (50%) Injury (100%) \$5,000 \$10,000	\$10,000 \$20,000
Supplemental Critical Illness Rider [†]		
Advanced Alzheimer's Disease (100%)	\$10,000	\$20,000
Advanced Parkinson's Disease (100%)	\$10,000	\$20,000
Benign Brain Tumor (100%)	\$10,000	\$20,000
Coma (100%)	\$10,000	\$20,000
Complete Loss of Hearing (100%)	\$10,000	\$20,000
Complete Loss of Sight (100%)	\$10,000	\$20,000
Complete Loss of Speech (100%)	\$10,000	\$20,000
Paralysis (100%)	\$10,000	\$20,000
Fixed Wellness Rider (per year)	\$50	\$50

The coverage contains exclusions and limitations; please refer to plan documents for details.

The Pre-existing Condition Limitation is excluded in your plan design.

Issue Age Premiums

Tobacco Class	Issue Age	Monthly		Monthly	
		Option 1 - \$10,000		Option 2 - \$20,000	
		EE/EE + CH	EE + SP/F	EE/EE + CH	EE + SP/F
Non-Tobacco	18-29	\$2.78	\$4.85	\$4.22	\$6.99
	30-39	\$4.77	\$7.94	\$8.04	\$12.81
	40-49	\$8.99	\$14.43	\$16.15	\$25.13
	50-59	\$16.20	\$25.46	\$30.08	\$46.28
	60-64	\$22.73	\$35.41	\$42.82	\$65.55
	65+	\$37.55	\$57.78	\$72.15	\$109.69
Tobacco	18-29	\$3.49	\$5.91	\$5.63	\$9.12
	30-39	\$7.05	\$11.34	\$12.59	\$19.64
	40-49	\$14.31	\$22.40	\$26.78	\$41.08
	50-59	\$24.98	\$38.63	\$47.63	\$72.60
	60-64	\$35.08	\$53.93	\$67.52	\$102.60
	65+	\$58.64	\$89.42	\$114.34	\$172.96

EE = Employee; EE + SP = Employee + Spouse;

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

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Opt 1 - No Pre-Ex; 1.0U Base; RCIB; SCI W/O; SCIR365; 2U FWR; 2ndETL

Opt 2 - No Pre-Ex; 2.0U Base; RCIB; SCI W/O; SCIR365; 2U FWR; 2ndETL

Eligible 050. SIC 4939.

ABQ V 06.01.2024 UWR Proposal Creation Date: 10/16/2024

This Quote Expires on 10/16/2025



Benefit Highlights (subject to maximums as listed in the Benefits and Amounts pages)

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.

Reoccurrence of Critical Illness Benefits*

Initial Critical Illness - second diagnosis more than 6 months after the first date of diagnosis for which an Initial Critical Illness benefit was paid.

Rider Benefits

Second Evaluation, Transportation and Lodging Rider

Second Evaluation - must be obtained prior to surgery or treatment and by a physician other than an employee's 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 or Injury Rider* - must be certified by a physician as having an injury or one of the following chronic illnesses: Adrenal Hypofunction (Addison's Disease); Lou Gehrig's Disease (ALS); Arthritis; Huntington's Chorea; Multiple Sclerosis; Muscular Dystrophy; Osteomyelitis; Osteoporosis. 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 calendar year. Wellness services and tests include: 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, 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.

¹Daily activities include: bathing, dressing, toileting, bladder and bowel continence, transferring and eating.

*Benefits paid once per covered person. When all benefits have been used, the coverage terminates.

The coverage contains exclusions and limitations; please refer to plan documents for details.

Specifications

Eligibility

You decide who is eligible for your group (such as length of service and hours worked each week). Issue ages are 18 and over. Your employee is not eligible if covered under an Allstate Benefits Individual Critical Illness Policy.

Dependent Eligibility/Termination

Family members eligible for coverage are the employee's 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 the employee's death. Domestic partner coverage ends when the domestic partnership ends or the employee's 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; the employee stops paying their premium; the last day of active employment; they are no longer eligible; a false claim is filed; when all benefits have been paid under the policy and riders.

Continuation of Coverage

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

Exclusions and Limitations

Conditions and Limits

A diagnosis occurring before the coverage begins is not payable; however, a diagnosis of any covered critical illness or specified disease after the effective date will be payable. Benefits are subject to all 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.

Critical Illness Certificate Exclusions and Limitations

Benefits are not paid for: intentionally self-inflicted injury or action; illegal activities or occupations; suicide while sane, or self-destruction while insane, or any attempt at either; substance abuse, including alcohol, alcoholism, abuse of legally obtained prescription medication, or illegal use of non-prescribed drugs or narcotics; or being under the influence of alcohol, drugs or narcotics, unless administered and taken as prescribed by a physician.

Disclosure

Group Critical Illness benefits are provided under policy form GVCIP4, or state variations thereof. Critical Illness Rider benefits are provided under the following rider forms, or state variations thereof: Second Evaluation, Transportation and Lodging Rider GCIP4SER; Specified Chronic Illness or Injury Rider GCIP4SC2R; Supplemental Critical Illness Rider GCIP4SR2; Fixed Wellness Rider GCIP4FWR.

Coverage is provided by Limited Benefit Supplemental Critical Illness and Specified Disease Insurance. The policy is not a Medicare Supplement Policy. If eligible for Medicare, review Medicare Supplement Buyer's Guide available from Allstate Benefits.

This proposal highlights some features of the policy but is not the insurance contract. For complete details, contact your Allstate Benefits Representative. 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 policy and/or 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.

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