

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

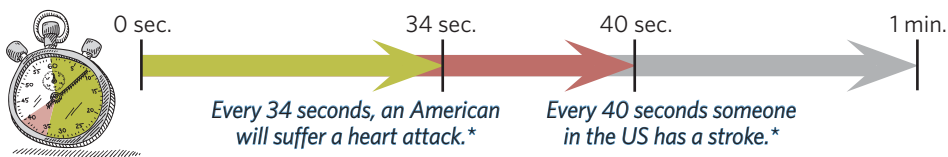
2 USE

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
- Coverage available for spouse and child(ren)
- Benefits are paid regardless of any other coverage
- Premiums are affordable and can be payroll deducted
- Coverage may be continued

[See reverse for plan details](#)

Offered to the members of:
Michigan Dental Association



* <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

Base Policy Initial Critical Illness Benefits

Heart Attack	Major Organ Transplant	Waiver of Premium*
Stroke	End Stage Renal Failure	Coronary Artery Bypass Surgery

Cancer Critical Illness Benefits

Invasive Cancer	Carcinoma in Situ
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Supplemental Critical Illness Benefits II

Benign Brain Tumor	Complete Loss of Hearing
Paralysis	Advanced Alzheimer's Disease
Coma	Advanced Parkinson's Disease
Complete Blindness	

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

Biopsy for skin cancer	Hemoccult stool analysis
Blood test for triglycerides	HPV Vaccination (Human Papillomavirus)
Bone Marrow Testing	Lipid panel (Total cholesterol count)
CA15-3, CA125, CEA and PSA (Blood tests) ¹	Mammography (Including Breast Ultrasound)
Chest X-ray	Pap Smear (ThinPrep Pap Test included)
Colonoscopy	Serum Protein Electrophoresis (Myeloma test)
Doppler screenings for carotids and peripheral vascular disease	Stress test on bike or treadmill
Echocardiogram	Thermography
EKG (Electrocardiogram)	Ultrasound screening (abdominal aortic aneurysms)
Flexible sigmoidoscopy	

¹ Breast, ovarian, colon and prostate cancer. *Employee only.

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 enrollments situated in: MI

This material is valid as long as information remains current, but in no event later than July 1, 2018. Group Critical Illness benefits provided by policy form GVCIP2, 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 (GVCIP2)

Group Voluntary Critical Illness Insurance

from Allstate Benefits

See attached **Important Information About Coverage**.

Offered to the members of:

**Michigan Dental
Association**



BENEFIT AMOUNTS

†Covered Dependents Receive 50% Of Your Benefit Amount

INITIAL CRITICAL ILLNESS BENEFITS†	PLAN 1	PLAN 2
Heart Attack (100%)	\$10,000	\$20,000
Stroke (100%)	\$10,000	\$20,000
Coronary Artery Bypass Surgery (25%)	\$2,500	\$5,000
Major Organ Transplant (100%)	\$10,000	\$20,000
End Stage Renal Failure (100%)	\$10,000	\$20,000
Waiver of Premium (employee only)	Yes	Yes
CANCER CRITICAL ILLNESS BENEFITS†	PLAN 1	PLAN 2
Invasive Cancer (100%)	\$10,000	\$20,000
Carcinoma in Situ (25%)	\$2,500	\$5,000

Premiums listed on reverse.

SUPPLEMENTAL CRITICAL ILLNESS BENEFITS II†	PLAN 1	PLAN 2
Advanced Alzheimer's Disease (25%)	\$2,500	\$5,000
Advanced Parkinson's Disease (25%)	\$2,500	\$5,000
Benign Brain Tumor (100%)	\$10,000	\$20,000
Coma (100%)	\$10,000	\$20,000
Complete Blindness (100%)	\$10,000	\$20,000
Complete Loss of Hearing (100%)	\$10,000	\$20,000
Paralysis (100%)	\$10,000	\$20,000
ADDITIONAL BENEFIT	PLAN 1	PLAN 2
Wellness Benefit (per year)	\$50	\$50

MONTHLY PREMIUMS

PLAN 1
\$10,000 Basic Benefit Amount
non-tobacco

AGES	EE, EE+CH	EE+SP, F
18-35	\$7.65	\$11.60
36-50	\$17.55	\$26.45
51-60	\$35.95	\$54.05
61-63	\$56.15	\$84.35
64+	\$82.45	\$123.80

tobacco

AGES	EE, EE+CH	EE+SP, F
18-35	\$11.75	\$17.75
36-50	\$28.85	\$43.40
51-60	\$59.45	\$89.30
61-63	\$85.95	\$129.05
64+	\$126.65	\$190.10

MONTHLY PREMIUMS

PLAN 2
\$20,000 Basic Benefit Amount
non-tobacco

AGES	EE, EE+CH	EE+SP, F
18-35	\$13.04	\$19.69
36-50	\$32.85	\$49.40
51-60	\$69.97	\$104.62
61-63	\$110.06	\$165.21
64+	\$162.64	\$244.09

tobacco

AGES	EE, EE+CH	EE+SP, F
18-35	\$21.23	\$31.98
36-50	\$55.43	\$83.28
51-60	\$116.67	\$175.12
61-63	\$169.67	\$254.62
64+	\$251.05	\$376.70

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



For use in enrollments situated in: MI. This rate insert is part of forms ABJ30360X-1 and ABJ30427-1 and is not to be used on its own.

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ABJ30360X-1-Insert-MDA

Group Voluntary Critical Illness (GVCIP2)

Important Information About Eligibility, Termination and Portability

Provides details of base policy and rider coverage in all states. State-specific information is noted when it varies from the standard. 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 (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.

CA - Does not include: basal cell and squamous cell skin cancers, skin cancers other than melanoma, pre-cancerous lesions (such as intraepithelial neoplasia), benign (non-cancerous) tumors or polyps, or cancer that has not spread to adjacent tissue (carcinoma in situ/non-invasive cancer). We rely on the physician's diagnosis to determine whether the cancer is invasive.

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

CA - Does not include: basal cell and squamous cell skin cancers, skin cancers other than melanoma in situ, pre-cancerous lesions (such as intraepithelial neoplasia), benign (non-cancerous) tumors or polyps. We rely on the physician's diagnosis to determine whether the cancer is invasive.

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.*

CA, ID - This benefit is not available.

FL - Must have impaired memory and judgment, and be unable to perform 2 or more daily activities.

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

*Daily activities are: bathing, dressing, toileting, continence, transferring and eating.

CA, 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.

CA, GA, ID - This benefit is not available.

Increasing Critical Illness Benefit Limitation - Increases your basic benefit amount by the amount shown, only on the first 5 coverage year anniversaries.

CA, FL, NJ - This benefit is not available.

CA - The following benefit is added: **Transient Ischemic Attack (25%)** - Does not include: stroke, head injury or peripheral neurologic disorders.

CA - The following is added to the **Wellness Benefit** - Any other medically accepted cancer screening test not listed above.

Second Evaluation Benefit Rider

Second Consultation - By a physician other than your current physician.

Non-Local Transportation - Limit \$5,000/12-month period.

Outpatient Lodging - Limit \$1,000/12-month period. More than 75 miles from home.

Family Member Lodging and Transportation - Lodging limit \$1,000/12-month period. Transportation limit \$5,000/12-month period.

CO, DC, FL, NJ, WA - This rider 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.

CT, 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

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

DC - Family members eligible for coverage are your spouse, domestic or civil union partner, and children.

ID - Family members eligible for coverage are your spouse and children.

HI - Family members eligible for coverage are your spouse or domestic partner, children, and your certified reciprocal beneficiary.

NJ - Family members eligible for coverage are your legal spouse or civil union partner 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;

IL - Coverage for children ends when the child reaches age 26 (30 if a military veteran who is an Illinois resident), unless he or she continues to meet the requirements of an eligible dependent.

MA - Coverage for children ends the earlier of when the child reaches age 26 or 2 years following loss of dependent status under the Internal Revenue Code, unless he or she continues to meet the requirements of an eligible dependent.

PA - The following is added to item (b): 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;

NJ - Spouse or civil union partner coverage ends upon valid decree of divorce or your death.

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

DC - Domestic/civil union partner coverage ends when the 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) **GA** - or the date you request to discontinue coverage.

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)

CA - Limitation not 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 - The following is added to item (a): 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.

FL - The following is added after (c): 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.

NE, OR - Item (b) is replaced with: A pre-existing condition is a condition 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 symptoms existed within the 6-month period prior to the effective date; or medical advice or treatment was recommended or received from a medical professional within 6 months prior to the effective date.

CT, 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.

Pre-Existing Condition Limitation (if applicable) (Continued)

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.

Policy Exclusions and Limitations

Benefits are not paid for:

(a) war, participation in a riot, insurrection or rebellion;

CT - war, participation in an insurrection or rebellion.

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

ID - war or participation in a riot.

OK - participation in a riot, insurrection or rebellion.

NJ - war while you are serving in the military or any unit supporting or accompanying the military, 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;

CA - intentionally self-inflicted injury while sane or insane.

DC - (b) is deleted.

(c) illegal activities or occupations;

CA - loss to which a contributing cause was the insured's committing or attempting a felony, or being engaged in an illegal occupation.

CT - committing or attempting to commit a felony.

TX - illegal activities or committing or attempting to commit a felony.

IL - illegal occupations.

UT - voluntary participation in illegal activities or voluntary participation in illegal occupations.

NE - committing or attempting a felony or illegal occupation.

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.

WI - illegal activities or illegal occupation that results in the insured's conviction of a felony.

(d) suicide while sane, or self-destruction while insane, or any attempt at either;

CO, MO - suicide while sane, or self destruction, or any attempt at either.

(e) substance abuse, including alcohol, alcoholism, drug addiction, or dependence upon any controlled substance.

CA - loss sustained from being intoxicated or under the influence of any controlled substance unless taken on the advice of a physician.

CT - the voluntary use of any controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act, unless prescribed by a doctor for you.

DC, KY, NV, NC, SD - (e) is deleted.

IL - substance abuse, including drug addiction or dependence upon any controlled substance.



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ABJ30427-1

Rev. 7/16. This material is valid as long as information remains current, but in no event later than July 15, 2019. Group Critical Illness benefits are provided by policy form GVCIP2, or state variations thereof. Group Critical Illness Enhancement Rider (Second Evaluation Benefit) provided by rider form GPCIER, 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.

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