



Critical Illness Insurance

Critical Illness Insurance	
Provision	Current Plan
Eligibility	<p>Class 1 – Regular Full-time Employees</p> <p>Class 2 – Regular Part-time Hourly Employees</p>
U.S. & International Coverage	Coverage available to U.S. citizens temporarily working or traveling internationally (a U.S. address is required).
Spouse/Domestic Partner/Dependent Eligibility	<ul style="list-style-type: none"> • Spouse • Children up to age 26, regardless of Full Time Student or marital status • Includes coverage for incapacitated dependents • A Domestic Partner is defined as a person of the same or opposite sex who: <ul style="list-style-type: none"> ○ Is at least 18 years of age; ○ Is not related to you by blood any closer than permitted by state law for marriage; ○ Has resided with you for at least 6 months; ○ Is in a committed, exclusive, intimate relationship with you; and ○ Is financially interdependent with you.
Coverage Waiting Period	<p>Critical Illness – None</p> <p>Wellness Benefit – 30 days</p>
Pre-Existing Conditions	<ul style="list-style-type: none"> • All pre-existing conditions will be waived • All diagnosed incurable diseases are excluded
Coverage Options	<ul style="list-style-type: none"> • Employee-only Coverage: <ul style="list-style-type: none"> ○ \$10,000 ○ \$20,000 ○ \$30,000 ○ \$40,000 ○ \$50,000 • Employee + Family Coverage: <ul style="list-style-type: none"> ○ Spouse – 100% of Employee's election ○ Child – 50% of Employee's election
Limitations & Exclusions	<p>The policy does not pay benefits for any critical illness due to, or resulting from, (directly or indirectly):</p> <ul style="list-style-type: none"> • any act of war, whether or not declared, participation in a riot, insurrection or rebellion; or • intentionally self-inflicted injuries; or • engaging in an illegal occupation or committing or attempting to commit a felony; or



Critical Illness Insurance

Provision	Current Plan
	<ul style="list-style-type: none"> • attempted suicide, while sane or insane; or • being under the influence of narcotics or any other controlled chemical substance unless administered upon the advice of a physician; or • participation in any form of aeronautics except as a fare-paying passenger in a licensed aircraft provided by a common carrier and operating between definitely established airports.
<p>Continuation of Coverage (Portability)</p>	<p>You may obtain Continued Insurance for You and for Your Dependents by making a request in Writing during the Request Period specified below if Your Group Billed Insurance ends. Such coverage will be available for a covered person, if the following criteria are satisfied:</p> <ol style="list-style-type: none"> 1. coverage under the policy terminates as described in the General Provision entitled "Termination of Coverage"; and 2. we receive a request for portability and payment of the first premium for the portability coverage not later than 60 days after such termination. <p>No portability coverage will be provided for any person, if his or her insurance under the policy terminated due to his or her failure to make required premium payments.</p> <p>PORTABILITY COVERAGE</p> <p>The benefits, terms and conditions of the portability coverage will be the same as those provided under the policy when the insurance terminated. Portability coverage may include any eligible dependents who were covered under the policy. Any change made to the policy after a covered person is insured under the portability coverage will not apply to that covered person unless it is required by law.</p> <p>Portability coverage will be effective on the day after the covered person's coverage under the policy terminates.</p> <p>PORTABILITY PREMIUMS</p> <p>Premiums for portability coverage are due and payable in advance to us at our home office. Premium due dates are the first day of each calendar month. The portability premium rate for the first 36 months of portability coverage is the rate in effect under the policy for active employees who have the same coverage. After the first 36 months, the premium rate for portability coverage may change for the class of covered persons on portability on any premium due date. Written notice will be given at least 45 days before any change is to take effect.</p> <p>PORTABILITY GRACE PERIOD</p> <p>The grace period, as defined, will apply to each certificate holder of portability coverage as if such covered person is the policyholder.</p> <p>TERMINATION OF PORTABILITY COVERAGE</p> <p>Insurance under this portability coverage will automatically end on the earliest of the following dates:</p> <ol style="list-style-type: none"> 1. the date the policy terminates; or 2. the date you again become eligible for insurance under the policy; or 3. the last day for which premiums have been paid, if the covered person fails to pay premiums when due, subject to the grace period; or 4. with respect to insurance for dependents:

*Allstate Benefits (AB) is the marketing name used by American Heritage Life Insurance Company (Home Office, Jacksonville, FL), a subsidiary of The Allstate Corporation.



Critical Illness Insurance	
Provision	Current Plan
	<p>a. the date your insurance terminates; or b. the date your dependent ceases to be an eligible dependent as defined; or</p> <p>A dependent child whose portability coverage terminates when he or she reaches the age limit may apply for portability coverage in his or her own name, if he or she is otherwise eligible.</p>
Contributions	<ul style="list-style-type: none">Employee-Paid (Post-Tax)



Critical Illness Insurance – Plan Design

Critical Illness Insurance – Plan Design	
Provision	Current Plan
Wellness Benefit	<p>This benefit pays \$75 per calendar year, per covered person, when a covered person receives an eligible service, after your coverage has been in force for 30 days. The service must be performed under the supervision of or recommended by a physician, while coverage is in force. The benefit will be paid regardless of the result of the test.</p> <p>Eligible services are as follows:</p> <ol style="list-style-type: none"> 1. One routine immunization per year for diphtheria, tetanus, pertussis, polio, rubella, mumps, measles, Haemophilus influenzae type b (HIB), hepatitis B, chicken pox, meningococcal disease; or 2. One routine immunization per year during the first 24 months of life to prevent invasive pneumococcal disease; or 3. One routine immunization per year during the 6th through the 23rd months of life to prevent influenza; or 4. One inpatient visit for routine newborn care; or 5. One routine cervical cancer screening per year; includes Pap smear and Thin prep pap smear test; or 6. One mammography (including low dose breast ultrasound); or 7. One prostate specific antigen test per year; or 8. One lipid panel (total cholesterol count); and 9. One routine sigmoidoscopy; or 10. One routine hemocult stool analysis; and 11. One double-contrast barium enema every 5 years for ages 50 and over; or 12. One colonoscopy; or 13. One routine lab test to include a complete blood count, urinalysis, and TB skin test when performed with a routine office visit; or 14. One routine office visit per year for the first 6 years of a child's life; or 15. One routine office visit per year for ages 7 to 34; or 16. one visit per year for ages 35 and older; or 17. One routine gynecological care exam per year; or 18. One biopsy for cancer; or 19. One bone marrow test; or 20. One blood test for triglycerides; or 21. One CA15-3 (cancer antigen 15-3 blood test for breast cancer); or 22. One CA125 (cancer antigen 125 blood test for ovarian cancer); or 23. One CEA (carcinoembryonic antigen-blood test for colon cancer); or 24. One chest X-ray; or 25. One carotid Doppler; or 26. One Doppler screening for peripheral vascular disease; or 27. One Doppler screening for cancer; or 28. One electrocardiogram or echocardiogram; or



Critical Illness Insurance – Plan Design	
Provision	Current Plan
	<ul style="list-style-type: none">29. One human papillomavirus (HPV) Vaccination; or30. One serum protein electrophoresis (test for myeloma); or31. One stress test on a bike or treadmill; or32. One skin cancer biopsy; or33. One thermography; or34. One ultrasound screening of the abdominal aorta for abdominal aortic aneurysms.



Critical Illness Insurance – Plan Design	
Provision	Current Plan
Lump Sum Benefit First Occurrence Benefit	<p>Benefits will be paid as a percentage of elected coverage for the following conditions:</p> <p>Vascular</p> <ul style="list-style-type: none"> Heart Attack: 100% Stroke: 100% Coronary Artery Bypass Surgery: 100% <p>Cancer Invasive Cancer: 100% Carcinoma in situ: 25%</p> <p>End Stage Renal Failure: 100%</p> <p>Alzheimer's Disease: 100%</p> <p>Specified Diseases Covered at 25% Adrenal hypofunction (Addison's disease), Amyotrophic lateral sclerosis (ALS) (Lou Gehrig's disease), Cerebral palsy, Cystic Fibrosis, Encephalitis, Huntington's Chorea, Legionnaires' Disease, Malaria, Meningitis (bacterial), Multiple sclerosis, Muscular dystrophy, Myasthenia gravis, Necrotizing fasciitis, Osteomyelitis, Poliomyelitis, Rabies, Scleroderma, Sickle cell anemia, Systemic lupus, Tetanus, Tuberculosis.</p>



Critical Illness Insurance – Plan Design	
Provision	Current Plan
Lump Sum Benefit Reoccurrence	<p>Benefits will be paid at 100% of the First Occurrence Benefit for a reoccurrence of the same condition for a Heart Attack, Stroke, Coronary Artery By-Pass Surgery, Invasive Cancer and Carcinoma in situ.</p> <ul style="list-style-type: none"> • The same condition is excluded for 180 days after prior occurrence • The same condition is included except for incurable diseases • The same form of cancer is included (must be symptom and treatment free for 180 days) • Benefits are not payable for reoccurrence of: <ul style="list-style-type: none"> - Kidney Failure - Alzheimer's Disease - Adrenal hypofunction (Addison's disease) - Amyotrophic lateral sclerosis (ALS, Lou Gehrig's disease) - Cerebral palsy - Cystic fibrosis - Encephalitis - Huntington's chorea - Legionnaires' disease - Meningitis (bacterial) - Multiple sclerosis - Muscular dystrophy - Myasthenia gravis - Necrotizing fasciitis - Osteomyelitis - Scleroderma - Sickle cell anemia - Systemic lupus - Tetanus - Tuberculosis
Lump Sum Benefit Additional Occurrence	Pays stated amount for additional occurrences up to lifetime max.
Lump Sum Lifetime Maximum	No Lifetime Maximum

*Allstate Benefits (AB) is the marketing name used by American Heritage Life Insurance Company (Home Office, Jacksonville, FL), a subsidiary of The Allstate Corporation.



Critical Illness Insurance – Plan Design	
Provision	Current Plan
National Cancer Institute (NCI) and Lowe's Center of Excellence Evaluation	<ul style="list-style-type: none"> \$500 when a covered person seeks evaluation or consultation at an NCI-sponsored cancer center \$500 when a covered person seeks evaluation or consultation at a Lowe's Center of Excellence <p>\$250 for the transportation and lodging of the covered person receiving the evaluation/consultation if the cancer center is more than 100 miles from the covered person's residence</p>
Non-Invasive Skin Cancer Benefit	<p>Pays a benefit of \$250 if a covered person is diagnosed with skin cancer if:</p> <ol style="list-style-type: none"> The date of diagnosis is after the effective date of coverage; and The date of diagnosis is while this policy is in force; and It is not excluded by name or specific description in this policy. <p>This benefit is payable only once per covered person per calendar year.</p> <ul style="list-style-type: none"> <i>Positive Diagnosis</i> (of skin cancer) means a diagnosis by a licensed Doctor of Medicine certified by the American Board of Pathology to practice Pathological Anatomy, or an Osteopathic Pathologist. Diagnosis is based on microscopic examination of skin biopsy samples. <i>Skin Cancer</i> means basal cell carcinoma and squamous cell carcinoma. For the purposes of this policy, skin cancer does not include malignant melanoma. It also does not include any conditions which may be considered pre-cancerous, such as: leukoplakia; actinic keratosis; carcinoid; hyperplasia; polycythemia; non-malignant melanoma; moles; or similar diseases or lesions.
PTSD Benefit	Pays \$100 per day for up to 6 days for someone receiving counseling for PTSD
Transportation Benefit	<ul style="list-style-type: none"> Transportation of a covered person for the round trip distance between hospital and medical facility and the residence of the covered person \$0.50/mile for noncommercial travel Excludes hospitals within a 100 mile radius Annual Maximum of \$1,500 per round trip
Lodging Benefit	<ul style="list-style-type: none"> \$60 per day Hospital or medical facility and lodging must be more than 100 miles from the covered person's residence Not payable for lodging occurring more than 24 hours prior to treatment nor for lodging occurring more than 24 hours following treatment Limited to 60 days per year



Critical Illness Insurance – Plan Design	
Provision	Current Plan
Bone Marrow Stem Cell Donation Benefit	<ul style="list-style-type: none"> • \$1,000 for this benefit if a covered person donates bone marrow stem cells for the purposes of a bone marrow transplant or stem cell transplant, as defined, subject to all of the following: <ol style="list-style-type: none"> 1. the date of the donation is after the effective date of coverage; and 2. the date of donation is while insured; and 3. we have not paid a benefit for the covered person for this bone marrow stem cell transplant before. • This benefit is limited to 1 donation per covered person.
Major Organ Transplant Benefit	<ul style="list-style-type: none"> • Bone Marrow Transplant. Means a procedure to replace bone marrow destroyed by treatment of high doses of anticancer drugs or radiation. A transplant may be autologous (the person's own marrow saved before treatment), allogeneic (donated by someone else), or syngeneic (donated by an identical twin). • Date of Loss. Means the date the a covered person: <ol style="list-style-type: none"> 1. is placed on the National Transplant List; as an active or an inactive candidate, for a major organ transplant; or 2. undergoes the actual surgery for a major organ transplant. <ul style="list-style-type: none"> ○ Heart Transplant. Means the transplantation of the heart from a patient who died and whose heart was intact and capable of functioning in the recipient. The transplanted organ must come from a human donor. • Major Organ. Means heart, lungs, liver, pancreas, or stem cells. Major organ includes kidneys when transplanted due to end stage renal failure. Lungs and kidneys are each one major organ, regardless of whether one or both lungs, or one or both kidneys, are transplanted. • Major Organ Transplant. Means the surgical transplant by a physician, of a major organ. Each major organ transplanted is a major organ transplant eligible for the Surgery Benefit, even if multiple major organ transplants are performed in one surgical procedure. • National Transplant List. Means the database containing information on all people in the United States and Puerto Rico who are waiting for one or more major organ transplants, as mandated by the National Organ Transplant Act. • Peripheral Stem Cell Transplant. Means a method of replacing immature blood and bone marrow cells that were destroyed by cancer treatment using stem cells obtained from the blood stream. The stem cells are given to the person after treatment to help the bone marrow recover and continue producing healthy blood cells. A transplant may be autologous (the person's own blood saved before treatment), allogeneic (donated by someone else), or syngeneic (donated by an identical twin).



Critical Illness Insurance – Plan Design	
Provision	Current Plan
	<ul style="list-style-type: none"> • Stem Cell Transplant. Means a method of replacing immature blood and bone marrow cells that were destroyed by cancer treatment. The stem cells are given to the person after treatment to help the bone marrow recover and continue producing healthy blood cells. • BENEFIT. We pay the benefits described below, subject to all of the following: <ol style="list-style-type: none"> 1. the date of loss is after the covered person's effective date of coverage, or after the covered person's effective date of coverage under previous versions of this benefit. 2. the date of loss is while this benefit, or previous versions of this benefit, is in force. 3. the covered person has been continuously covered by this benefit or previous versions of this benefit since the date of loss. 4. a recommendation for major organ transplant for the same major organ has not been made by a physician prior to the covered person's effective date of coverage under this benefit or previous versions of this benefit. 5. coverage for the benefit is not excluded by name or specific description. • Candidate Benefit. We pay the basic benefit amount if a covered person is placed on the National Transplant List as an active or an inactive candidate for a major organ transplant. This benefit is payable only once, per covered person. • Surgery Benefit. We pay the basic benefit amount if a covered person undergoes a major organ transplant, performed by a physician. Emergency situations that occur while the covered person is outside the United States may be reviewed and considered for approval by a United States physician on foreign soil or when the covered person returns to the United States. • Claims under this benefit may be subject to review by an independent physician consultant.
Waiver of Premium	<ul style="list-style-type: none"> • This benefit is paid if, while this coverage is in force, you become disabled due to a critical illness for which an Initial Critical Illness Benefit has been paid and remain disabled for 90 days. We pay premiums due after such 90 days for as long as you remain disabled. If you are employed at the time of disability, we will pay premiums for the first 365 days if you are unable to work at your own occupation; and then after 365 days if unable to work at any occupation. If unemployed at the time of disability, you must be unable to perform 2 or more activities of daily living for 90 consecutive days. You must not be working at any job for pay or benefits while premiums are waived. • The waiver of premium will not exceed 2 years or you reaching age 65, whichever occurs later.