

Critical Illness Insurance (GVCIP4)

from Allstate Benefits

BENEFIT AMOUNTS

Percentages below are based on the Basic Benefit Amount chosen by your employer.

† Covered dependents receive 50% of your benefit amount.

INITIAL CRITICAL ILLNESS BENEFITS [†]	PLAN 1	PLAN 2
Heart Attack (100%)	\$10,000	\$10,000
Stroke (100%)	\$10,000	\$10,000
End Stage Renal Failure (100%)	\$10,000	\$10,000
Major Organ Transplant (100%)	\$10,000	\$10,000
Coronary Artery Bypass Surgery (25%)	\$2,500	\$2,500
Waiver of Premium (employee only)	Yes	Yes
CANCER CRITICAL ILLNESS BENEFITS [†]	PLAN 1	PLAN 2
Invasive Cancer (100%)	n/a	\$10,000
Carcinoma in Situ (25%)	n/a	\$2,500
REOCCURRENCE OF CRITICAL ILLNESS BENEFITS [†]	PLAN 1	PLAN 2
Initial Critical Illness (same amount as Initial Critical Illness Benefit)	Yes	Yes
Cancer Critical Illness (same amount as Cancer Critical Illness Benefit)	No	Yes
RIDER BENEFITS	PLAN 1	PLAN 2
Skin Cancer Rider	n/a	\$250
Cardiopulmonary Enhancement Rider [†]		
Sudden Cardiac Arrest (25%)	\$2,500	\$2,500
Pulmonary Embolism (25%)	\$2,500	\$2,500
Pulmonary Fibrosis (25%)	\$2,500	\$2,500
Second Evaluation, Transportation and Lodging Rider		
Second Evaluation	\$1,000	\$1,000
Non-Local Transportation ¹		
Air Fare	\$500 or	\$500 or
Personal Vehicle	\$0.50/mile	\$0.50/mile
Outpatient Lodging ² (daily)	\$100	\$100
Family Member Lodging ² (daily)	\$100	\$100
and Transportation ¹ (per trip or mile ³)		
Air Fare	\$500 or	\$500 or
Personal Vehicle	\$0.50/mile	\$0.50/mile
Specified Chronic Illness Rider [†] (50%)	\$5,000	\$5,000
Specified Chronic Illness Or Injury Rider [†]		
Illness (50%)	\$5,000	\$5,000
Injury (100%)	\$10,000	\$10,000
Supplemental Critical Illness Rider [†]		
Advanced Alzheimer's Disease (100%)	\$10,000	\$10,000
Advanced Parkinson's Disease (100%)	\$10,000	\$10,000
Benign Brain Tumor (100%)	\$10,000	\$10,000
Coma (100%)	\$10,000	\$10,000
Complete Loss of Hearing (100%)	\$10,000	\$10,000
Complete Loss of Sight (100%)	\$10,000	\$10,000
Complete Loss of Speech (100%)	\$10,000	\$10,000
Paralysis (100%)	\$10,000	\$10,000
Fixed Wellness Rider (per year)	\$50	\$50

¹Limit of \$5,000 in a calendar year. ²Limit of \$1,000 in a calendar year. ³Maximum of 1,000 miles.

Offered to the employees of:

Clients of R&B Insurance

ISSUE AGE PREMIUMS

PLAN 1 WEEKLY	AGE	EE/EE+CH EE+SP/F	
		Non-Tobacco	Tobacco
	18-29	\$0.82	\$1.39
	30-39	\$1.32	\$2.17
	40-49	\$2.35	\$3.74
	50-59	\$4.18	\$6.53
	60-64	\$5.88	\$9.12
	65+	\$10.08	\$15.45

PLAN 1 BI-WEEKLY	AGE	EE/EE+CH EE+SP/F	
		Non-Tobacco	Tobacco
	18-29	\$1.64	\$2.78
	30-39	\$2.64	\$4.34
	40-49	\$4.70	\$7.48
	50-59	\$8.36	\$13.06
	60-64	\$11.76	\$18.24
	65+	\$20.16	\$30.90

PLAN 1 MONTHLY	AGE	EE/EE+CH EE+SP/F	
		Non-Tobacco	Tobacco
	18-29	\$3.55	\$6.01
	30-39	\$5.72	\$9.38
	40-49	\$10.18	\$16.21
	50-59	\$18.08	\$28.28
	60-64	\$25.46	\$39.51
	65+	\$43.66	\$66.95

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

PLAN 2 WEEKLY	AGE	EE/EE+CH EE+SP/F	
		Non-Tobacco	Tobacco
	18-29	\$1.22	\$2.01
	30-39	\$2.36	\$3.77
	40-49	\$4.55	\$7.15
	50-59	\$7.95	\$12.37
	60-64	\$10.90	\$16.88
	65+	\$17.36	\$26.69

PLAN 2 BI-WEEKLY	AGE	EE/EE+CH EE+SP/F	
		Non-Tobacco	Tobacco
	18-29	\$2.44	\$4.02
	30-39	\$4.72	\$7.54
	40-49	\$9.10	\$14.30
	50-59	\$15.90	\$24.74
	60-64	\$21.80	\$33.76
	65+	\$34.72	\$53.38

PLAN 2 MONTHLY	AGE	EE/EE+CH EE+SP/F	
		Non-Tobacco	Tobacco
	18-29	\$5.28	\$8.70
	30-39	\$10.21	\$16.33
	40-49	\$19.70	\$30.96
	50-59	\$34.44	\$53.60
	60-64	\$47.21	\$73.12
	65+	\$75.21	\$115.64

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



For use in enrollments situated in: PA. This rate insert is part of the approved brochure for Clients of R&B Insurance; it is not to be used on its own.

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