

Critical Illness (GVCIP2)

Group Voluntary Critical Illness Insurance from Allstate Benefits

See attached Important Information About Coverage.

Offered to the employees of: **Tolar ISD**

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
Major Organ Transplant (100%)	\$10,000	\$20,000
End Stage Renal Failure (100%)	\$10,000	\$20,000
Coronary Artery Bypass Surgery (25%)	\$2,500	\$5,000
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
SECOND EVENT BENEFITS [†]	PLAN 1	PLAN 2
Second Event Initial Critical Illness Benefit (same amount as Initial Critical Illness)	Yes	Yes
Second Event Cancer Critical Illness Benefit (same amount as Cancer Critical Illness)	Yes	Yes
SUPPLEMENTAL CRITICAL ILLNESS BENEFITS II [†]	PLAN 1	PLAN 2
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
Advanced Alzheimer's Disease (25%)	\$2,500	\$5,000
Advanced Parkinson's Disease (25%)	\$2,500	\$5,000
ADDITIONAL BENEFIT	PLAN 1	PLAN 2
Wellness Benefit (per year)	\$50	\$100
ADDITIONAL RIDERS	PLAN 1	PLAN 2
Second Evaluation Benefit Rider		
Second Consultation	\$1,000	\$1,000
Non-Local Transportation ¹	\$500	\$500
(per trip or mile)		
Air Fare or		
Personal Vehicle	\$0.50	\$0.50
Outpatient Lodging ² (daily)	\$100	\$100
Family Member Lodging ² (daily)	\$100	\$100
and Transportation ¹	\$500	\$500
(per trip or mile)		
Air Fare or		
Personal Vehicle	\$0.50	\$0.50

¹Limit \$5,000/12 mo. period ²Limit \$1,000/12 mo. period

MONTHLY PREMIUMS

PLAN 1 - \$10,000 Basic Benefit Amount

non-tobacco

AGES	EE, EE+CH	EE+SP, F
18-29	\$5.82	\$9.59
30-39	\$9.83	\$15.61
40-49	\$17.55	\$27.18
50-59	\$30.55	\$46.70
60-63	\$49.20	\$74.67
64+	\$64.17	\$97.11

tobacco

AGES	EE, EE+CH	EE+SP, F
18-29	\$8.30	\$13.31
30-39	\$14.97	\$23.32
40-49	\$30.59	\$46.74
50-59	\$51.15	\$77.59
60-63	\$83.85	\$126.65
64+	\$110.57	\$166.73

MONTHLY PREMIUMS

PLAN 2 - \$20,000 Basic Benefit Amount

non-tobacco

AGES	EE, EE+CH	EE+SP, F
18-29	\$14.18	\$24.27
30-39	\$22.22	\$36.32
40-49	\$37.67	\$59.49
50-59	\$63.68	\$98.50
60-63	\$100.95	\$154.42
64+	\$130.88	\$199.32

tobacco

AGES	EE, EE+CH	EE+SP, F
18-29	\$19.16	\$31.73
30-39	\$32.48	\$51.72
40-49	\$63.71	\$98.57
50-59	\$104.83	\$160.25
60-63	\$170.25	\$258.37
64+	\$223.68	\$338.52

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

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



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For use in enrollments situated in: TX. This rate insert is part of the approved flyer for Tolar ISD, ABJ30427 and is not to be used on its own.

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