



# Allstate<sup>®</sup> BENEFITS

Critical Illness  
Insurance helps cover  
costs associated  
with diagnosis  
and treatment

## Critical Illness Insurance

### Saving your life shouldn't cost you your life savings.

No one is ever prepared for a life-altering critical illness diagnosis. The whirlwind of appointments, tests, treatments, and medications can be overwhelming – physically and financially. Even the best medical insurance plans can leave you responsible for deductibles, coinsurance, and other unexpected out-of-pocket expenses.

Critical Illness coverage from Allstate Benefits pays you a lump-sum cash benefit when you are diagnosed with a covered critical illness.

### Here's How It Works

You choose benefits to protect yourself and any eligible dependents. Then, receive a cash benefit when diagnosed with a covered critical illness.

### Meeting Your Needs

- Guaranteed issue, meaning no proof of good health required
- Benefits available from \$5,000 - \$20,000, in \$5,000 increments
- Benefits are paid regardless of any other coverage
- Affordable and convenient payroll deducted premiums
- Benefits paid directly to you unless you assign them to your medical provider
- Coverage can be continued if you ever leave employment with Walmart



Benefit coverage for  
**Walmart Associates**  
Effective 1/1/2024

## DID YOU KNOW ?



Every 40 seconds, an American will suffer a heart attack<sup>†</sup>



Every 40 seconds, someone in the U.S. has a stroke<sup>\*\*</sup>

<sup>†</sup>[https://www.cdc.gov/heartdisease/heart\\_attack.htm](https://www.cdc.gov/heartdisease/heart_attack.htm) <sup>\*\*</sup><https://www.cdc.gov/stroke/facts.htm>

# Meet Ashley

Ashley is like any single parent who has been diagnosed with a critical illness. She's worried about her future, her children and how they will cope with her treatments. Most importantly, she worries about how she will pay for it all.

Here is what weighs heavily on her mind:

- Major medical only pays a portion of the expenses associated with my treatment
- I have copays I am responsible for until I meet my deductible
- If I am not working due to my treatments, I must cover my bills, rent/mortgage, groceries and my children's education
- If the right treatment is not available locally, I will have to travel to get the treatment I need



Ashley's story of diagnosis and treatment turned into a happy ending, because she had supplemental Critical Illness Insurance to help with expenses.



## CHOOSE

Ashley chooses \$20,000 in Critical Illness coverage to help cover the expenses associated with a critical illness diagnosis.

Ashley thinks about the high cost of having heart disease, a stroke or coronary artery bypass surgery. She considers the gaps in her medical coverage and how the costs could have a significant impact on her hard-earned savings, lost income, child care, travel expenses, prescription drugs and mortgage payments. Our Critical Illness coverage helps offer peace of mind when a critical illness diagnosis occurs.



## USE

Ashley suffers a heart attack and is rushed to the hospital, where she undergoes coronary artery bypass surgery.



## CLAIM

Ashley's Critical Illness claim paid her cash benefits for the following:

Heart Attack	\$20,000
Coronary Artery Bypass Surgery	\$20,000
<b>Total Cash Benefits</b>	<b>\$40,000</b>

The cash benefits were direct deposited into her bank account, allowing Ashley to focus on her recovery instead of her finances.

## Using your cash benefits

Cash benefits provide you with options, because you decide how to use them.



### Finances

Can help protect HSAs, savings, retirement plans and 401(k)s from being depleted.



### Travel

Can help pay for expenses while receiving treatment in another city.



### Home

Can help pay the mortgage, continue rental payments, or perform needed home repairs for after care.



### Expenses

Can help pay your family's living expenses such as bills, electricity, and gas.



## MyBenefits: 24/7 Access [allstatebenefits.com/mybenefits](https://www.allstatebenefits.com/mybenefits)

An easy-to-use website that offers 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.

## Benefits

**Initial Critical Illness Benefit** - The amount payable for each critical illness is the percentage next to that critical illness multiplied by the basic-benefit amount applicable to each covered person. Benefits are payable only once for each initial occurrence of a critical illness per covered person, provided the date of diagnosis occurs after the effective date of coverage, occurs while you are insured, meets the definition in the policy, and is not excluded by name or specific description; and we have not paid an initial critical illness benefit for it before.

**Heart Attack and Stroke (100%)** - The benefit amount you have chosen will be paid for you or a covered family member if diagnosed with a heart attack or stroke. Heart Attack diagnosis must be based on electrocardiograph proof and lab reports showing elevated cardiac enzymes or biochemical markers. Stroke must include medical records documenting stroke and proof of permanent neurological deficit.

**Transient Ischemic Attacks (TIAs) (25%)** - The benefit amount you have chosen will be paid for you or a covered family member if diagnosed with a TIA. TIA diagnosis must be based on documented neurological deficits and neuroimaging studies.

**Coronary Artery Bypass Surgery (100%)** - The benefit amount you have chosen will be paid for coronary artery bypass surgery if you or a covered family member are diagnosed with the critical illness.

**Cancer (Invasive 100% or Carcinoma in Situ 25%)** - The benefit amount you have chosen will be paid if you or a covered family member are diagnosed with cancer. Carcinoma in situ means a diagnosis of cancer wherein the tumor cells still lie within the tissue of origin without having invaded neighboring tissue. Carcinoma in situ includes early prostate cancer diagnosed as stage A or equivalent staging and melanoma not invading the dermis. Carcinoma in situ does not include other skin malignancies, premalignant lesions (such as intraepithelial neoplasia), or benign tumors or polyps. Carcinoma in situ must be identified pursuant to a pathological or clinical diagnosis, as defined.

**Skin Cancer** - \$500 will be paid if you are diagnosed with skin cancer. The date of diagnosis must occur after your effective date while the policy is in force and must not be excluded by name or specific description in the policy. We pay this benefit once per year for each covered person. A positive diagnosis 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. Skin Cancer means basal cell carcinoma and squamous cell carcinoma. For the purposes of the 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. See previous "Cancer" benefit for melanoma that is covered.

**End Stage Renal Failure (100%)** - The benefit amount you have chosen will be paid for end stage renal failure if you or a covered family member are diagnosed with the critical illness.

**Alzheimer's Disease (100%)** - The benefit amount you have chosen will be paid for Alzheimer's Disease if you or a covered family member are diagnosed with the critical illness. If you or a covered family member were diagnosed with Alzheimer's Disease prior to the effective date of coverage, it will be excluded and never covered under the policy.

**Complete Loss of Hearing (100%)** - The benefit amount you have chosen will be paid if you suffer a total and irreversible loss of hearing in both ears for 6 consecutive months after the sickness that caused it. Complete Loss of Hearing does not include loss of hearing that can be corrected by the use of any hearing aid or device. The date of diagnosis for Complete Loss of Hearing is the date the audiologist makes an accurate certification of total and permanent hearing loss.

<sup>†</sup>[https://www.cdc.gov/heartdisease/heart\\_attack.htm](https://www.cdc.gov/heartdisease/heart_attack.htm) <sup>\*\*</sup><https://www.cdc.gov/stroke/facts.htm>



**Benign Brain Tumor (100%)** - The benefit amount you have chosen will be paid for a non-cancerous brain tumor that is confirmed by the examination of tissue (biopsy or surgical excision) or specific neuroradiological examination and resulting in persistent neurological deficits including but not limited to loss of vision, loss of hearing, or balance disruption. Benign brain tumor does not include tumors of the skull, pituitary adenomas, or germinomas. The date of diagnosis for Benign Brain Tumor is the date a physician determines a benign brain tumor is present based on examination of tissue (biopsy or surgical excision) or specific neuroradiological examination.

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**Coma (100%)** - The benefit amount you have chosen will be paid for a continuous profound state of unconsciousness lasting 7 or more consecutive days due to an underlying sickness. It is associated with severe neurologic dysfunction and unresponsiveness of a prolonged nature requiring significant medical intervention and life support measures. Coma does not include a medically induced coma. The date of diagnosis for Coma is the first day of the period for which a physician confirms a coma has lasted for 7 consecutive days.

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**Paralysis (100% Quadriplegia and 100% Paraplegia)** - The benefit amount you have chosen will be paid for the total and permanent loss of voluntary movement or motor function of 2 or more limbs as the result of sickness. The date of diagnosis for Paralysis is the date a physician establishes the diagnosis of paralysis based on clinical and/or laboratory findings as supported by medical records.

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**Parkinson's Disease (100% loss of 2 ADLs)** - The benefit amount you have chosen will be paid for Parkinson's disease that causes the covered person to be incapacitated. Parkinson's disease is a brain disorder that is diagnosed by a psychiatrist or neurologist resulting in the insured requiring substantial physical assistance from another adult to perform at least 2 of the activities of daily living (ADLs).\*

Benefit Limitation - We will not pay benefits for Parkinson's Disease if the covered person was diagnosed with Parkinson's disease prior to the effective date of coverage, regardless of the covered person's symptoms or incapacities. The date of diagnosis for Advanced Parkinson's Disease is the date a physician diagnoses the covered person as incapacitated due to Parkinson's disease.

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**Complete Loss of Sight (100%)** - The permanent and uncorrectable loss of sight in one or both eyes due to sickness certified by an ophthalmologist with sight in the better eye reduced to a best corrected visual acuity of less than 6/60 (Metric Acuity) or 20/200 (Snellen or E-chart Acuity), or visual field restriction to 20 degrees or less in one or both eyes. The date of diagnosis for Complete Loss of Sight is the date an ophthalmologist makes an accurate certification of complete loss of sight.

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**Dismemberment** - We will pay a benefit for the following critical illness if a covered person is diagnosed with the critical illness, provided that: the date of diagnosis is after the effective date of coverage; and the date of diagnosis is while insured; and the critical illness is not excluded by name or specific description; and we have not paid an initial critical illness benefit for this critical illness before. Dismemberment that is diagnosed prior to the effective date of coverage is excluded and is never covered under this policy.

Dismemberment means the loss of hand or hands, or foot or feet, when there is total and permanent severance at or above the wrist or ankle joint. For the loss of arm or arms or leg or legs, it means severance at or above the elbow joint or knee joint. For the loss of eye or eyes, it means the entire and irrecoverable loss of sight. For the loss of finger, it means the severance through or above metacarpophalangeal joints. For the purposes of this benefit, the date of diagnosis for dismemberment means the date the actual dismemberment for the covered person occurs.

#### Critical Illness % Basic Benefit Amount

Both arms and both legs	100%
Both feet, hands, arms or legs	100%
One foot, hand, arm or leg	100%
One or more fingers and/or one or more toes	25%

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**Specified Disease\*\* (50% or 100%)** - The benefit amount you have chosen will be paid for one of the covered specified disease critical illnesses (see chart on page 6). If you or a covered family member are diagnosed with the critical illness or a specified disease prior to the effective date of coverage, it will be excluded and never covered under the policy.

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**Recurrence Benefit (100%)** - A benefit will be paid at 100% of the Initial Critical Illness Benefit for you or each covered family member if diagnosed with another occurrence of a covered critical illness paid under the Initial Critical Illness Benefit. The benefits covered include Heart Attack, Stroke, Coronary Artery Bypass Surgery, Ruptured or Dissecting Aneurysm, Invasive Cancer, Carcinoma in situ, Rabies, Benign Brain Tumor, and Coma. Payment is subject to the following conditions: the same condition is excluded for 180 days after the prior occurrence; and for the cancer-related benefits, the covered person must be symptom- and treatment-free during the 180 days after the prior occurrence. A diagnosis of an unrelated cancer is not excluded.

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\*Activities of daily living include: bathing, dressing, toileting, eating, or taking medication. \*\*Some restrictions apply. See limitations and exclusions on page 8.

## Additional Benefit Coverage

In addition to the Initial Critical Illness benefits included in the policy, additional benefits have been added to provide you and your covered family members enhanced coverage.

**Ruptured or Dissecting Aneurysm (25%)** - A benefit will be paid for a ruptured or dissecting aneurysm if a covered person is diagnosed with the critical illness and undergoes surgery, provided that the date of diagnosis is after the effective date of coverage; and the date of diagnosis is while insured; and the critical illness is not excluded by name or specific description; and we have not paid an initial critical illness benefit for the critical illness before. The date of diagnosis is the date of the rupture or dissection as determined by ultrasound, CT Scan, Angiogram or MRI. A ruptured or dissecting aneurysm that is diagnosed prior to the effective date of coverage is excluded and is never covered under this policy.

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**National Cancer Institute (NCI) Evaluation** - A \$500 benefit will be paid for you or each covered family member who receives an evaluation or consultation at an NCI-sponsored cancer center as a result of a previous diagnosis of a covered internal cancer. A \$250 benefit will be paid for transportation and lodging if the NCI-sponsored cancer center is more than 100 miles from the covered person's home. The reason for such evaluation or consultation at an NCI-sponsored cancer center must be to determine the appropriate treatment for a covered cancer. *This benefit is paid once per initial and recurrence diagnosis of invasive cancer or carcinoma in situ.*

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**Transportation Benefit** - This benefit will pay the actual cost, up to \$1,500 for round-trip transportation to a treatment center. Coach fare transportation on a common carrier or a personal vehicle allowance of \$0.50 per mile, up to \$1,500, will be covered. Transportation must be required for treatment of a covered critical illness at a hospital (inpatient or outpatient); or radiation therapy center; or chemotherapy or oncology clinic; or any other specialized free-standing treatment center. Mileage is measured from a covered person's home to the treatment facility as described above. If the treatment is for a covered child and common carrier travel is necessary, we will pay this benefit for up to two adults to accompany the child.

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**Lodging Benefit** - A \$60 benefit will be paid daily for you or each covered family member receiving treatment for a critical illness on an outpatient basis. The benefit is for lodging at a motel, hotel, or other accommodations acceptable to us. This benefit is limited to 60 days per calendar year and is not payable for lodging occurring more than 24 hours prior to treatment, or for lodging occurring more than 24 hours following treatment. Outpatient treatment must be received at a treatment facility, more than 100 miles from your or your covered family member's home.

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**Ambulance** - A \$400 ground ambulance or \$4,000 air ambulance benefit will be paid for you or each covered family member who requires ambulance transportation to a hospital or emergency center as a result of a covered critical illness. Service must be provided by a licensed professional ambulance company.

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**Post-Traumatic Stress Disorder<sup>†</sup>** - A \$100 benefit will be paid each day a covered person receives counseling for post-traumatic stress disorder (PTSD). This benefit is payable only once per day per covered person, and is limited to 6 days per coverage year. PTSD is a mental health condition that is triggered by a terrifying event. Symptoms may include flashbacks, nightmares and severe anxiety, as well as uncontrollable thoughts about the event. Post-traumatic stress disorder is diagnosed based on signs and symptoms and a thorough psychological evaluation. The PTSD diagnosis is made using the following criteria: the covered person experienced or witnessed an event that involved death or serious injury, or the threat of death or serious injury; their response to the event involved intense fear, horror or a sense of helplessness; they relive experiences of the event; they try to avoid situations or things that remind them of the traumatic event; their symptoms last longer than one month; their symptoms cause significant distress in their life or interfere with their ability to perform normal daily tasks.

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## Enhancing Your Coverage

The Major Organ Transplant Rider is added to your coverage if you are not participating in the Saver Plan. The rider provides a wider scope of coverage and can help you to further secure your family's financial future and well-being.

### Major Organ Transplant Rider (100%)\*

**Candidate Benefit** - The benefit amount you have chosen will be paid when you or any covered family member are added to the National Transplant List as a candidate for a major organ transplant. The Candidate Benefit is not payable if we previously paid the Candidate Benefit on the covered person for any reason, or the Surgery Benefit on the covered person for the same major organ.

**Surgery Benefit** - We pay the basic benefit amount for this rider 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. The Surgery Benefit is not payable if we previously paid the Candidate Benefit on the covered person for the same major organ. If we paid the Candidate Benefit for a covered person listed as a candidate for multiple major organ transplants, only the first major organ transplanted will be considered the same major organ.

**NOTE: If you are enrolled in the Saver Plan, you are not eligible for the Major Organ Transplant Rider.**

### Termination

The rider terminates at the earliest of: the end of the grace period for the payment of the premium for the policy and the rider, or the date the policy terminates. Coverage under the rider terminates for you or each covered family member at the earliest of: the date you or each covered family member is no longer eligible as defined in the policy, or the date you are no longer eligible based upon the policyholder's Health and Welfare Plan, or the date that each covered family member has received the basic benefit amount for the rider.

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<sup>†</sup>The PTSD Critical Illness Benefit is payable when a covered person has received this diagnosis by a licensed mental health professional and is receiving group or individual therapy, or both. \*Not available to Associates covered under the HSA Medical Plan. If not covered under the plan, your premium will reflect no rider chosen.

## SPECIFIED DISEASE PERCENTAGE CHART

Any specified disease listed below that is diagnosed prior to the effective date of coverage is excluded and is never covered under the policy.

Specified Disease	Percentage of Basic Benefit Amount
Addison's Disease	50%
Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease)	50%
Cerebrospinal Meningitis (bacterial)	50%
Cerebral Palsy	50%
Cystic Fibrosis	50%
Diphtheria	50%
Encephalitis	50%
Huntington's Chorea	50%
Legionnaires' Disease (confirmation by culture or sputum)	50%
Malaria	50%
Multiple Sclerosis	50%
Muscular Dystrophy	50%
Myasthenia Gravis	50%
Necrotizing fasciitis	50%
Osteomyelitis	50%
Poliomyelitis	50%
Rabies (Covered under the Recurrence Benefit)	50%
Sickle Cell Anemia	100%
Systemic Lupus	100%
Systemic Sclerosis (Scleroderma)	50%
Tetanus	50%
Tuberculosis	100%



## Practical benefits for everyday living.®

When you choose Allstate Benefits, you receive more than just coverage that helps you protect your finances when faced with life's uncertainties; you also get the support of the Good Hands® promise.

We've been insuring and protecting families for over 50 years with the name that America knows and trusts. Our affordable and valuable coverage options help empower hard-working individuals and their families to make the best decisions for their care and finances.

After you've elected coverage, register with our website, MyBenefits, for anytime access to your coverage and benefit information. Plus, MyBenefits allows you to file fast and easy claims that we'll deposit right into your bank account (direct deposit authorization required).

Allstate Benefits. We can help give you and your family financial peace of mind. Are you in good hands?® You can be.



## POLICY SPECIFICATIONS

**PLEASE READ YOUR POLICY CAREFULLY.** This section details the specifics of the policy and includes Eligibility, Dependent Coverage, Coverage Subject to the Policy, Termination of Coverage, and Limitations and Exclusions.

The policy provides coverage only for the critical illnesses indicated. It does not cover any other disease, sickness or incapacity, unless specifically stated.

### Eligibility

Your employer determines the criteria for eligibility (such as length of service and hours worked each week).

### Dependent Coverage

Eligible dependents are the individuals defined as "Eligible Dependents" under the policyholder's Health and Welfare Plan.

### Coverage Subject to the Policy

The coverage described in the certificates of insurance is subject in every way to the terms of the policy that are issued to the policyholder (your employer). It alone makes up the agreement by which the insurance is provided. The policy may be amended or discontinued by agreement between Allstate Benefits and the policyholder in accordance with the terms of the policy. Your consent is not required for this. Allstate Benefits is not required to give you prior notice.

### Termination of Coverage

Your coverage under the policy ends on the earliest of: the date the policy is canceled by the policyholder; or the last day of the period for which you made any required premium payments; or the last day you are in active employment, except as provided under the "Leave of Absence" provision; or the date you are no longer in an eligible class; or the date your class is no longer eligible. If your spouse/domestic partner is a covered person, the spouse's/domestic partner's coverage ends upon valid decree of divorce, end of partnership or your death, or when you move to an eligible class that does not provide spouse/domestic partner coverage. Coverage for your dependent child(ren) ends on the next certificate anniversary following the date your child is no longer eligible for coverage under the terms of the policyholder's Health and Welfare Plan. Coverage may be eligible for continuation as described in the Portability Provision.

### Limitations and Exclusions

The policy does not pay benefits for any critical illness due to or resulting from (directly or indirectly): any act of war, whether or not declared, or 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 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; or alcohol abuse or alcoholism, drug addiction or dependence upon any controlled substance.

### Transportation Benefit Exclusions

We do not pay for transportation for someone to accompany or visit you or a covered family member receiving treatment, visits to a physician's office or clinic, or other transportation services. The benefit will not be paid if you or your covered family members live within 100 miles one-way of the treatment facility.

Register your account and get started today at [mybenefits.allstate.com](https://mybenefits.allstate.com)  
For more information about your Critical Illness plan, visit [www.allstatevoluntary.com/walmart/](https://www.allstatevoluntary.com/walmart/)

This brochure is for use in enrollments situated in AR.

**Rev. 9/24. This material is valid as long as information remains current, but in no event later than July 1, 2025.** Group Voluntary Critical Illness benefits provided by policy form GCIPWM. Major Organ Transplant Rider provided by rider R1CIPWM1. The policy does not provide benefits for any other sickness or condition. The policy is not a Medicare Supplement Policy.

The coverage provided is limited benefit supplemental critical illness insurance. The policy is not a Medicare Supplement Policy. If eligible for Medicare, review Medicare Supplement Buyer's Guide available from Allstate Benefits.

This is a brief overview of the benefits available under the group policy underwritten by American Heritage Life Insurance Company (Home Office, Jacksonville, FL). Details of the coverage, including exclusions and other limitations are included in the certificates issued. For additional information, contact the Allstate Benefits Walmart call center at **1-800-514-9525** or go to [www.allstateatwork.com/walmart](https://www.allstateatwork.com/walmart).

**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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