Critical Illness Insurance

No one is ever really prepared for a life-altering critical illness diagnosis. The whirlwind of appointments, tests, treatments and medications can add to your stress levels.

The treatment to recovery is vital, but it can also be expensive. Your medical coverage may only cover some of the costs associated with treatment. You’re still responsible for deductibles and coinsurance. If treatment keeps you out of work, the financial worries can grow quickly and stress levels may rise.

Critical Illness coverage helps provide financial support if you are diagnosed with a covered critical illness. With the expense of treatment often high, seeking the treatment you need could seem like a financial burden. When a diagnosis occurs, you need to be focused on getting better and taking control of your health, not stressing over financial worries.

Here’s How It Works
You choose benefits to protect yourself and any family members if diagnosed with a critical illness. Then, if diagnosed with a covered critical illness, you will receive a cash benefit based on the percentage payable for the condition.

Meeting Your Needs
• Guaranteed Issue, meaning no medical questions to answer at initial enrollment
• Coverage available for dependents
• Covered dependents receive 50% of your Basic-Benefit Amount
• Benefits paid regardless of any other medical or disability plan coverage
• Premiums are affordable and conveniently payroll deducted
• Coverage may be continued; see your certificate for details
• 25% of your Basic-Benefit Amount is paid for Advanced Alzheimer’s Disease and Advanced Parkinson’s Disease

With Allstate Benefits, you can make treatment decisions without putting your finances at risk. Are you in Good Hands? You can be.
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

During Ashley’s annual wellness exam, her doctor noticed an irregular heartbeat. She underwent an electrocardiogram (EKG) test and stress test, which confirmed she had a blockage in one of her coronary arteries.

Here’s Ashley’s treatment path:

- Ashley has her annual wellness exam
- Her doctor notices an abnormality in her heartbeat; tests are performed and she is diagnosed with coronary artery disease
- After visits with doctors, surgeons and an anesthesiologist, Ashley undergoes surgery
- Surgery is performed to remove the blockage with a bypass graft. She is visited by her doctor during a 4-day hospital stay and released
- Ashley followed her doctor required treatment during a 2-month recovery period, and had regular doctor office visits

Ashley is doing well and is on the road to recovery.

Ashley chooses Critical Illness benefits and rider benefits to help protect her and her children, if they are diagnosed with a critical illness.

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

Ashley’s Critical Illness claim paid her cash benefits for the following:
Wellness
Coronary Artery Bypass Surgery

The cash benefits were direct deposited into her bank account.

For a listing of benefits and benefit amounts, see your company’s rate insert.
Benefits (subject to maximums as listed on the attached rate insert)
Benefit paid upon diagnosis of one of the following conditions

INITIAL CRITICAL ILLNESS BENEFITS*

Heart Attack - the death of a portion of the heart muscle due to inadequate blood supply. Established (old) myocardial infarction and cardiac arrest are not covered

Stroke - the death of a portion of the brain producing neurological sequelae including infarction of brain tissue, hemorrhage and embolization from an extra-cranial source. Transient ischemic attacks (TIAs), head injury, chronic cerebrovascular insufficiency and reversible ischemic neurological deficits are not covered

Major Organ Transplant - transplant of heart, lung, liver, pancreas or kidneys. Transplanted organ must come from a human donor

End Stage Renal Failure - irreversible failure of both kidneys, resulting in peritoneal dialysis or hemodialysis. Renal failure caused by traumatic events, including surgical trauma, are not covered

Coronary Artery Bypass Surgery - to correct narrowing or blockage of one or more coronary arteries with bypass graft. Abdominal aortic bypass, balloon angioplasty, laser embolectomy, atherectomy, stent placement and non-surgical procedures are not covered

Waiver of Premium (Employee only) - premiums waived if disabled for 90 consecutive days due to a critical illness

CANCER CRITICAL ILLNESS BENEFITS*

Invasive Cancer - malignant tumor with uncontrolled growth, including Leukemia and Lymphoma. Carcinoma in situ, non-invasive or metastasized skin cancer and early prostate cancer are not covered

Carcinoma In Situ - non-invasive cancer, including early prostate cancer (stages A, I, II) and melanoma that has not invaded the dermis. Other skin malignancies, pre-malignant lesions (such as intraepithelial neoplasia), benign tumors and polyps are not covered

SUPPLEMENTAL CRITICAL ILLNESS II BENEFITS*

Advanced Alzheimer’s Disease - must exhibit impaired memory and judgment and be certified unable to perform at least three daily activities* without adult assistance

Advanced Parkinson’s Disease - must exhibit two or more of the following: muscle rigidity, tremor, or bradykinesia (slowness in physical and mental responses); and be certified unable to perform at least three daily activities* without adult assistance

Benign Brain Tumor - a non-cancerous tumor confirmed by biopsy or surgical excision, or specific neuroradiological examination, and persistent neurological deficits including but not limited to: loss of vision; loss of hearing; or balance disruption. Tumors of the skull, pituitary adenomas, and germinomas are not covered

Coma - unconsciousness due to sickness or traumatic brain injury, with severe neurologic dysfunction and unresponsiveness for 14 consecutive days. Requires significant medical intervention and life support. Medically induced Coma is not covered

Complete Blindness - irreversible reduction of sight in both eyes

Complete Loss of Hearing - total and irreversible loss of hearing in both ears

Paralysis - total and permanent loss of voluntary movement or motor function of 2 or more limbs

ADDITIONAL BENEFIT

Wellness Benefit - 23 exams. Once per person, per calendar year; see left for list of wellness services and tests

*Benefits paid once per covered person. When all benefits have been used, the coverage terminates. *Daily activities include: bathing, dressing, toileting, bladder and bowel continence, transferring and eating.
CERTIFICATE SPECIFICATIONS

Eligibility
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.

Dependent Eligibility / Termination
Family members eligible for coverage are your spouse or domestic partner and children. 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. Spouse coverage ends upon valid decree of divorce or your death. Domestic partner coverage ends when the domestic partnership ends or your death.

When Coverage Ends
Coverage under the policy ends on the earliest of: the date the policy is canceled; you stop paying your premium; the last day of active employment; you or your class are no longer eligible; a false claim is filed; when all benefits have been paid under the policy.

Continuing Your Coverage
You may be able to continue coverage when coverage under the policy ends. Refer to your Certificate of Insurance for details.

BENEFIT CONDITIONS

Conditions and Limits
A diagnosis occurring before your coverage begins is not payable; however, a diagnosis of any covered critical illness after your effective date will be payable. Benefits are subject to all limitations and exclusions. All critical illnesses must meet the definitions and dates of diagnoses stated in the certificate 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 outside the U.S. will be considered when you return to the U.S.

If the diagnosis of cancer occurs before the effective date of coverage, benefits are paid for a subsequent diagnosis of cancer after the effective date, subject to the terms and conditions in the certificate.

Exclusions
Benefits are not paid for: war or participation in a riot, insurrection or rebellion; intentionally self-inflicted injury or action; illegal occupations; suicide while sane, or self-destruction while insane, or any attempt at either; substance abuse, including drug addiction, or dependence upon any controlled substance.

Caterpillar does not sponsor, endorse or administer this benefit. This benefit does not constitute an “employee benefit plan” under the Employee Retirement Income Security Act of 1974 (ERISA).

Rev. 1/18. This brochure is for use in enrollments situated in IL, and is incomplete without the accompanying rate insert. This material is valid as long as information remains current, but in no event later than January 15, 2021.

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.

The 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.
Critical Illness Insurance (GVCIP2)

from Allstate Benefits

Your Choice Voluntary Benefits and Discounts

BENEFIT AMOUNTS

†Covered dependents receive 50% of your benefit amount

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<tr>
<th>Initial Critical Illness Benefits†</th>
<th>PLAN 1</th>
<th>PLAN 2</th>
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<tr>
<td>Heart Attack (100%)</td>
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<tr>
<td>Stroke (100%)</td>
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<td>Major Organ Transplant (100%)</td>
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<tr>
<td>End Stage Renal Failure (100%)</td>
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<tr>
<td>Coronary Artery Bypass Surgery (25%)</td>
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<td>Waiver of Premium (employee only)</td>
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<th>Cancer Critical Illness Benefits†</th>
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<td>Invasive Cancer (100%)</td>
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<td>Carcinoma in Situ (25%)</td>
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<th>Supplemental Critical Illness Benefits II†</th>
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<td>Advanced Parkinson’s Disease (25%)</td>
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<td>Benign Brain Tumor (100%)</td>
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<tr>
<td>Complete Loss of Hearing (100%)</td>
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<tr>
<td>Paralysis (100%)</td>
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<th>Additional Benefit</th>
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<td>Wellness Benefit (per year)</td>
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ATTAINED AGE PREMIUMS

PLAN 1 - WEEKLY PREMIUMS

$10,000 Basic Benefit Amount

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<th>Age</th>
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<td>18-29</td>
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<td>64+</td>
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PLAN 2 - WEEKLY PREMIUMS

$20,000 Basic Benefit Amount

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<tbody>
<tr>
<td></td>
<td>Non-Tobacco</td>
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<td>18-29</td>
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<td>64+</td>
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EE = Employee; EE + SP = Employee + Spouse; EE + CH = Employee + Child(ren); F = Family

For use in enrollments situated in: IL.
This rate insert is part of form ABJ31985X-1 and is not to be used on its own.
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