



Welcome to

Workplace benefits

Everyone deserves a Guardian

Every day, Guardian gives 26 million Americans the security they deserve through our insurance and wealth management products and services.

We've partnered with your organization to offer you a range of employee benefits. Inside this pack, you'll find the plans your employer thinks you might benefit from.

Your coverage options



Dental insurance

Taking care of teeth and
overall health

Know your benefits

Your benefits support your physical and financial wellbeing, to help keep you and your loved ones protected.

With Guardian, you're in good hands. We've been delivering on our promises for over 150 years, and we're looking forward to doing the same for you too.

1

Read through this information.

2

Find out more about your benefits.

3

Talk to your employer if you need help or have any questions.

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Dental insurance

Taking care of your teeth is about more than just covering cavities and cleanings. It also means accounting for more expensive dental work, and your overall health.

With dental insurance, routine preventive care can lead to better overall health. And you'll be able to save money if any extensive dental work is required.

Who is it for?

Everyone should have access to great dental coverage, which is why we offer comprehensive plans that are available through employers as part of your benefit offerings.

What does it cover?

Dental insurance helps to protect your overall oral care. That includes services like preventive cleanings, x-rays, restorative services like fillings, and other more serious forms of oral surgery if you ever need them.

Why should I consider it?

Poor oral health isn't just aesthetic, it's also been linked to conditions including diabetes, heart disease, and strokes. So, while brushing and flossing every day can help keep your teeth clean, nothing should replace regular visits to the dentist.



Staying healthy

Joe visits his dentist for a routine dental cleaning, to take care of his teeth as well as his overall health.

Oral health is about more than just teeth and gums. It's also essential for a range of other health and wellbeing reasons:

Cardiovascular disease: Some research suggests that heart disease, clogged arteries, and infections may be linked to inflammation and infections from oral bacteria.

Osteoporosis: Weak and brittle bones may be linked to tooth loss.

Diabetes: Research shows that people with gum disease find it more difficult to control their blood sugar levels.

Alzheimer's disease: Tooth loss before the age of 35 may be a risk factor for Alzheimer's disease.

All information contained here is from the Mayo Clinic, Oral Health: A Window to Your Overall Health, www.mayoclinic.com. 2018.

You will receive these benefits if you meet the conditions listed in the policy.



Your dental coverage

PPO plan, you can visit any dentist; but you pay less out-of-pocket when you choose a PPO dentist. Out-of-network benefits are based on a percentile of the prevailing fee data for the dentist's zip code.

Your Dental Plan	PPO	
Your Network is	DentalGuard Preferred	
Your Bi-weekly premium	\$15.27	
You and Spouse	\$31.00	
You and Child(ren)	\$39.82	
You, Spouse and Child(ren)	\$59.32	
Calendar year deductible	<i>In-Network</i>	<i>Out-of-Network</i>
Individual	\$0	\$50
Family limit	3 per family	
Waived for	Not applicable	Preventive
Charges covered for you (co-insurance)	<i>In-Network</i>	<i>Out-of-Network</i>
Preventive Care	100%	100%
Basic Care	80%	80%
Major Care	50%	50%
Orthodontia	Not Covered (applies to all levels)	
Annual Maximum Benefit	\$1000	
Maximum Rollover	Yes	
Rollover Threshold	\$500	
Rollover Amount	\$250	
Rollover In-network Amount	\$350	
Rollover Account Limit	\$1000	
Lifetime Orthodontia Maximum	Not Applicable	
Dependent Age Limits	26	



Your dental coverage

A Sample of Services Covered by Your Plan:

		PPO	
		<i>Plan pays (on average)</i>	
		<i>In-network</i>	<i>Out-of-network</i>
Preventive Care	Cleaning (prophylaxis)	100%	100%
	Frequency:	Once Every 6 Months	
	Fluoride Treatments	100%	100%
	Limits:	Under Age 14	
	Oral Exams	100%	100%
	Sealants (per tooth)	100%	100%
	X-rays	100%	100%
Basic Care	Fillings [‡]	80%	80%
Major Care	Anesthesia*	50%	50%
	Bridges and Dentures	50%	50%
	Dental Implants	50%	50%
	Inlays, Onlays, Veneers**	50%	50%
	Perio Surgery	50%	50%
	Periodontal Maintenance	50%	50%
	Frequency:	Once Every 6 Months	
	Repair & Maintenance of Crowns, Bridges & Dentures	50%	50%
	Root Canal	50%	50%
	Scaling & Root Planing (per quadrant)	50%	50%
	Simple Extractions	50%	50%
	Single Crowns	50%	50%
	Surgical Extractions	50%	50%

This is only a partial list of dental services. Your certificate of benefits will show exactly what is covered and excluded. **For PPO and or Indemnity members, Crowns, Inlays, Onlays and Labial Veneers are covered only when needed because of decay or injury or other pathology when the tooth cannot be restored with amalgam or composite filling material. When Orthodontia coverage is for "Child(ren)" only, the orthodontic appliance must be placed prior to the age limit set by your plan; If full-time status is required by your plan in order to remain insured after a certain age; then orthodontic maintenance may continue as long as full-time student status is maintained. If Orthodontia coverage is for "Adults and Child(ren)" this limitation does not apply. *General Anesthesia – restrictions apply. ‡For PPO and or Indemnity members, Fillings – restrictions may apply to composite fillings.

Manage Your Benefits:

Go to www.Guardianlife.com to access secure information about your Guardian benefits including access to an image of your ID Card. Your on-line account will be set up within 30 days after your plan effective date.

Find A Dentist:

Visit www.Guardianlife.com
Click on "Find A Provider"; You will need to know your plan, which can be found on the first page of your dental benefit summary.



Your dental coverage

EXCLUSIONS AND LIMITATIONS

Important Information about Guardian's DentalGuard Indemnity and DentalGuard Preferred Network PPO plans: This policy provides dental insurance only. Coverage is limited to those charges that are necessary to prevent, diagnose or treat dental disease, defect, or injury. Deductibles apply. The plan does not pay for: oral hygiene services (except as covered under preventive services), orthodontia (unless expressly provided for), cosmetic or experimental treatments (unless they are expressly provided for), any treatments to the extent benefits are payable by any other payor or for which no charge is made, prosthetic devices unless certain conditions are met, and services ancillary to surgical treatment. The plan limits benefits for diagnostic

consultations and for preventive, restorative, endodontic, periodontic, and prosthodontic services. The services, exclusions and limitations listed above do not constitute a contract and are a summary only. The Guardian plan documents are the final arbiter of coverage. Contract # GP-1-DG2000 et al. **PPO and or Indemnity Special Limitation:** Teeth lost or missing before a covered person becomes insured by this plan. A covered person may have one or more congenitally missing teeth or have lost one or more teeth before he became insured by this plan. We won't pay for a prosthetic device which replaces such teeth unless the device also replaces one or more natural teeth lost or extracted after the covered person became insured by this plan. R3-DG2000

DentalGuard Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage. This policy provides DENTAL insurance only. Policy Form # GP-1-DG2000, et al, GP-1-DEN-16

Oral Health Rewards Program

Regular visits to the dentist can help prevent and detect the early signs of serious diseases.

That's why Guardian's Maximum Rollover Oral Health Rewards Program encourages and rewards members who visit the dentist, by rolling over part of your unused annual maximum into a Maximum Rollover Account (MRA). This can be used in future years if your plan's annual maximum is reached.

How maximum rollover works*

Depending on a plan's annual maximum, if claims made for a certain year don't reach a specified threshold, then the set maximum rollover amount can be rolled over.

Plan annual maximum**	Threshold	Maximum rollover amount	In-network only rollover amount	Maximum rollover account limit
\$1,000 Maximum claims reimbursement	\$500 Claims amount that determines rollover eligibility	\$250 Additional dollars added to a plan's annual maximum for future years	\$350 Additional dollars added if only in-network providers were used during the benefit year	\$1,000 The limit that cannot be exceeded within the maximum rollover account



Automatic rollover

Submit a claim (without exceeding the paid claims threshold of a benefit year), and Guardian will roll over a portion of your unused annual dental maximum.

* This example has been created for illustrative purposes only.

** If a plan has a different annual maximum for PPO benefits vs. non-PPO benefits, (\$1500 PPO/\$1000 non-PPO for example) the non-PPO maximum determines the Maximum Rollover plan. May not be available in all states.

Guardian's Dental Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage. Information provided in this communication is for informational purposes only. Dental Policy Form No. GP-1-DEN-16. GUARDIAN® is a registered service mark of The Guardian Life Insurance Company of America © Copyright 2019 The Guardian Life Insurance Company of America.

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Our commitment to you

Please read the documentation referenced below carefully. The notices are intended to provide you important information about our insurance offerings and to protect your interests. Certain ones are required by law.

Important information



Notice Informing Individuals about Nondiscrimination and Accessibility Requirements

Guardian notice stating that it complies with applicable Federal civil rights laws and does not discriminate based on race, color, national origin, age, disability, sex, or actual or perceived gender identity. The notice provides contact information for filing a nondiscrimination grievance. It also provides contact information for access to free aids and services by disabled people to assist in communications with Guardian.

Visit <https://www.guardiananytime.com/notice48> to read more.

No Cost Language Services

Guardian provides language assistance in multiple languages for members who have limited English proficiency.

Visit <https://www.guardiananytime.com/notice46> to read more.

Dental insurance



Guardian's HIPAA Notice of Privacy Practices

The notice describes how health information about you may be used and disclosed and how you can access this information.

Visit <https://www.guardiananytime.com/notice50> to read more.

Disability Insurance

Provides a monthly benefit if you are disabled from a sickness or off-the-job injury

THINK ABOUT THIS



Just over 1 in 4 of today's 20-year-olds will become disabled before they retire*



More than 40% of Americans cannot afford to pay an unexpected \$500 medical bill**



Injuries such as fractures, sprains and strains are the most common short-term disability claims*

If you get sick or have an accident, you may not be able to work for some time — and your monthly bills won't wait. Disability Insurance from Allstate Benefits can help you replace your lost income and protect your financial health.

Here's How It Works

- Select a monthly benefit that meets the needs of you and your family
- If disabled, you receive a benefit amount each month
- A monthly benefit is direct deposited or a check is mailed and can be used however you wish

Protecting Your Finances

You've worked hard for your savings – don't let a disability wipe them out.

- Protect your checking and savings
- Don't dip into your HSA or 401(k)



Practical benefits for everyday living.®

Meeting Your Needs

- Benefits start the first day after your elimination (waiting) period, when totally disabled and you cannot work
- Premiums are affordable and can be conveniently payroll deducted
- Coverage can go with you if you leave your job or employer cancels coverage

*Chances of Disability, Council for Disability Awareness, disabilitycanhappen.org/overview, 2020 **Kaiser Family Foundation, "Data Note: Public Worries About And Experience With Surprise Medical Bills," <https://www.kff.org/1f1c497/>

Meet Joan

CHOOSE

Joan signed up for Allstate Benefits Disability Insurance during her employer's Open Enrollment.

USE

A few months later, Joan fell off a ladder while painting her house. Here's her story:



Ambulance

Joan visits the emergency room and is examined by a doctor



Diagnosis

She is diagnosed with a torn disc and surgery is scheduled to relieve her pain



Claim

She files her Short Term Disability claim online prior to undergoing surgery



Surgery

Surgery is performed and Joan is released from the hospital to recover at home



Recovery

Joan required a six to eight week recovery period with scheduled doctor visits

CLAIM

Joan files a claim on her Allstate Benefits Disability coverage and receives a monthly benefit to meet her living expenses, while keeping track of her coverage by accessing the convenient web portal, **MyBenefits***.

She receives cash benefits for:

- Disability Insurance Benefit:
Paid monthly

*MyBenefits Claim Filing Portal

Offers 24/7 access to important information about your benefits. eSign, submit and check your claims (including claim history), request cash benefits to be direct deposited, make changes to personal information, and more.

Access: allstatebenefits.com/mybenefits

Here are some of the ways Joan can use her cash benefits



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 home repairs for after care



Expenses

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

The example above details a fictional situation; your individual experience may vary.
For a listing of benefits and benefit amounts, see page 3.

Benefits - Benefit paid for the following conditions

BASE POLICY BENEFITS

Total Disability - the monthly benefit starts after the elimination period has been met. Benefits will not continue beyond the maximum benefit period. You must be actively employed on the date the disability occurs for this monthly benefit to be payable

Partial Disability - 50% of the monthly benefit is paid after at least one month of the Total Disability

Benefit is payable. Payments continue while partially disabled for up to 3 months, but not beyond the maximum benefit period

Pregnancy - for total disability due to pregnancy the same as any other disability

Monthly Benefit When You Attain Age 70 - the monthly benefit will continue if you are

disabled when you reach age 70 for the remainder of your benefit period or 12 months, whichever is less

Waiver of Premium - premiums are waived after monthly disability benefits are payable for 90 days in a row. Waived as long as monthly benefits are payable, but not beyond the maximum benefit period

BASE POLICY BENEFIT CONDITIONS

Concurrent Disability - one monthly benefit is paid, even if you are disabled due to more than one cause. Being disabled from more than one cause does not extend the payment of benefits under the maximum benefit period

Recurrent Disability - a benefit is paid if disabled from the same or related cause within 6 months without a new waiting period or maximum benefit period

DETAILS OF COVERAGE FOR POLICY AND ON-THE-JOB ACCIDENT TOTAL DISABILITY RIDER

Option 1

Maximum Monthly Benefit - \$400

Maximum Benefit Period - 3 Months

Elimination Period for Injury - 0 Day(s)

Elimination Period for Sickness - 7 Day(s)

Premium - Amount will be set at the time of sale

Option 2

Maximum Monthly Benefit - \$2000

Maximum Benefit Period - 6 Months

Elimination Period for Injury - 14 Day(s)

Elimination Period for Sickness - 14 Day(s)

Premium - Amount will be set at the time of sale

Option 3

Maximum Monthly Benefit - \$5000

Maximum Benefit Period - 24 Months

Elimination Period for Injury - 180 Day(s)

Elimination Period for Sickness - 180 Day(s)

Premium - Amount will be set at the time of sale

DEFINITIONS

Total Disability - when, because of sickness or an off-the-job injury, you can't perform the material and substantial duties of your own occupation (as defined) and are under a physician's care

On-the-Job Accident Total Disability Rider - when, because of an on-the-job injury, you can't perform the material and substantial duties of your own occupation (as defined) and are under the regular care of a physician

Own Occupation - the occupation you are performing when a period of disability begins

Elimination (Waiting) Period - a period of continuous total disability which must be satisfied before you are eligible to receive benefits

POLICY SPECIFICATIONS

Eligibility - Coverage under the policy may include you, your spouse, your domestic partner, and children.

Termination - Coverage under the policy terminates at the end of the grace period, your 70th birthday, or your death. Spouse coverage ends upon divorce or your death; domestic partner coverage ends upon termination of the partnership or your death.

EXCLUSIONS AND LIMITATIONS

Pre-Existing Condition Limitation - We do not pay benefits for disabilities during the first 12 months of your effective date from a pre-existing condition. You have a pre-existing condition if: your disability began during the 12 months after the effective date; and you received medical treatment, consultation, care or services, including diagnostic measures, took or were prescribed medications, or followed treatment recommendations in the 12 months prior to the effective date.

Policy Exclusions and Limitations - We do not pay benefits for disabilities resulting from: an on-the-job injury; pregnancy, if disability first begins within 10 months of the policy date; any act of war or participation in a riot, insurrection or rebellion; intentionally self-inflicted injuries; engaging in an illegal occupation or a felony; attempted suicide; loss sustained or contracted in consequence of the insured's being intoxicated or under the influence of any narcotic unless administered upon the advice of a physician; participation in aeronautics unless as a fare-paying passenger on a licensed common-carrier aircraft; alcohol abuse or alcoholism, drug addiction or dependence on any controlled substance; voluntary inhalation of gas or fumes; bipolar affective, delusional, psychotic, somatoform, eating and anxiety disorders, schizophrenia, or mental illness without demonstrable organic disease. Disability benefits will not be provided during any period of incarceration. The maximum benefit period while you are outside of the United States will be limited to 30 days.

Monthly Benefit Reduction for Social Security and/or Railroad Retirement - Monthly benefits are reduced if benefits from Social Security, Railroad Retirement, or other federal disability benefits are received. The amount of reduction equals the total of these other benefits received but the monthly benefit we pay will always be at least \$100.

This brochure is for use in NC. This advertisement is a solicitation of insurance; contact may be made by an Allstate Benefits Agent, Agency, or Representative. This material is valid as long as information remains current, but in no event later than July 13, 2026.

Short Term Disability benefits are provided under policy form DI5W, or state variations thereof.

This information highlights some features of the policy but is not the insurance contract. Only the actual policy provisions control. For additional information, you may contact your Allstate Benefits Representative. Underwritten by American Heritage Life Insurance Company (Home Office, Jacksonville, FL).



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Cancer Insurance

Protection for the treatment of cancer and 23 specified diseases

THINK ABOUT THIS



Early detection, improved treatments and access to care are factors that influence cancer survival[†]



The number of cancer survivors in the U.S. is increasing, and is expected to jump to nearly 22.1 million by 2030^{††}



The five-year relative cancer survival rate has improved over the past several decades for most cancer types[‡]

After a cancer diagnosis, your life can become a whirlwind of doctor appointments and difficult decisions. Your finances don't need to be added to your list of worries. Cancer Insurance from Allstate Benefits can help you rest a little easier.

Here's How It Works

- Select the coverage that's right for you and your family
- If diagnosed with cancer or a specified disease, you file a claim
- A lump-sum cash benefit is direct deposited or a check is mailed and can be used however you wish

Protecting Your Finances

You've worked hard for your savings – don't let a cancer diagnosis wipe them out.

- Protect your checking and savings
- Don't dip into your HSA or 401(k)



Practical benefits for everyday living.®

Meeting Your Needs

- Coverage can include your dependents
- Premiums are affordable and can be conveniently payroll deducted
- Waiver of premium after 90 days when disabled due to cancer (primary insured only)
- Coverage is renewable for life; refer to your policy for details

[†]Life After Cancer: Survivorship by the Numbers. American Cancer Society. 2021. ^{††}Cancer Treatment & Survivorship Facts & Figures. 2019-2021.



Meet TJ

CHOOSE

TJ signs up for Allstate Benefits Cancer Insurance during his employer's Open Enrollment.

USE

A few months later, TJ learns that he has prostate cancer. Here's his treatment path:



Pre-Op Testing

TJ undergoes PSA testing at a hospital 300 miles from his home



Surgery

He is admitted to the hospital for laparoscopic prostate cancer surgery



Post-Surgery

After surgery, he spends several hours in the recovery waiting room



Hospital Stay

He's transferred to his room and visited by his doctor during a 2-day hospital stay



Recovery

Upon release, TJ frequently visits his doctor during a 2-mo. recovery period

CLAIM

TJ files a claim on his Allstate Benefits Cancer Insurance coverage through the convenient web portal, **MyBenefits***.

He receives cash benefits for:

- Fixed Wellness
- Cancer Initial Diagnosis Level Benefit
- Continuous Hospital Confinement
- Non-Local Transportation
- Surgery
- Anesthesia
- Radiation/Chemotherapy
- Medical Imaging
- Inpatient Drugs and Medicine
- Physician's Attendance
- Anti-Nausea

*MyBenefits Claim Filing Portal

Offers 24/7 access to important information about your benefits. eSign, submit and check your claims (including claim history), request cash benefits to be direct deposited, make changes to personal information, and more.

Access: allstatebenefits.com/mybenefits

Here are some of the ways TJ can use his cash benefits



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 home repairs for after care.



Expenses

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

The example above details a fictional situation, your individual experience may vary.
For a listing of benefits and benefit amounts, see pages 3, 4, and 5.

Cancer Insurance (CP12)

Includes coverage for 23 Specified Diseases
from Allstate Benefits

BENEFIT AMOUNTS

HOSPITAL CONFINEMENT/RELATED BENEFITS		PLAN 1	PLAN 2
Continuous Hospital Confinement (daily)		\$200	\$300 ³
Government or Charity Hospital (daily)		\$200	\$300 ³
Private Duty Nursing Services (daily)		\$200	\$300 ³
Extended Care Facility (daily) [†]		\$200	\$300 ³
At Home Nursing (daily) [†]		\$200	\$300 ³
Hospice Care Center or Team	First Day	\$2,000	\$3,000 ³
	Days 2+	\$200	\$300 ³
RADIATION/CHEMOTHERAPY/RELATED BENEFITS		PLAN 1	PLAN 2
Radiation/Chemotherapy for Cancer ¹ (every 12 months)	Up to	\$10,000	\$15,000 ³
	Lifetime Max	\$50,000	\$75,000 ³
Blood, Plasma, and Platelets ¹ (every 12 months)		\$10,000	\$15,000 ³
Medical Imaging (every 12 months)		\$500	\$750 ³
Hematological Drugs (every 12 months)		\$200	\$300 ³
SURGERY/RELATED BENEFITS		PLAN 1	PLAN 2
Surgery ²		\$3,000	\$4,500 ³
Anesthesia (% of Surgery benefit)		25%	25% ³
Ambulatory Surgical Center (daily)		\$500	\$750 ³
Second Opinion (every 12 months)		\$200	\$300 ³
Bone Marrow Transplant (every 12 months)		\$7,000	\$10,500 ³
Stem Cell Transplant (every 12 months)		\$7,000	\$10,500 ³
MISCELLANEOUS BENEFITS		PLAN 1	PLAN 2
Inpatient Drugs and Medicine (daily)		\$25	\$25
Physician's Attendance (daily)		\$50	\$50
Ambulance (per confinement)	Ground	\$250	\$250
	Air	\$10,000	\$10,000
Non-Local Transportation		\$0.50/mi	\$0.50/mi
Outpatient Lodging	Daily	\$100	\$100
	Yearly Max	\$2,000	\$2,000
Family Member Lodging (daily per trip; max. 60 days) and Transportation (coach fare or amount shown per mile*)		\$100 \$0.50/mi	\$100 \$0.50/mi
Physical or Speech Therapy (daily)		\$50	\$50
New or Experimental Treatment ¹ (every 12 months)		\$5,000	\$5,000
Prosthesis (per amputation)		\$2,000	\$2,000
Hair Prosthesis (every 2 years)		\$50	\$50
Nonsurgical External Breast Prosthesis (initial prosthesis)		\$100	\$100
Anti-Nausea Drugs (every 12 months)		\$200	\$200
National Cancer Institute Evaluation/Consultation (every 12 mos.)		\$500	\$500
Egg Harvesting and Storage (one-time benefit)	Extraction	\$500	\$500
	Storage	\$175	\$175
Waiver of Premium (primary insured only)		Yes	Yes
ADDITIONAL RIDER BENEFITS		PLAN 1	PLAN 2
Cancer Initial Diagnosis Level Benefit (one-time benefit)		\$2,000	\$4,000
Fixed Wellness Benefit		\$75	\$100

FOR HOME OFFICE USE ONLY - CP12

Opt 1 - 2HOSP; 2CHEM; 2SURG; 1MISC; 0ICR5; 2CLR3; 0CPR3; 0CABR3; 3WBR6; 0WBR7

Opt 2 - 2HOSP; 2CHEM; 2SURG; 1MISC; 0ICR5; 4CLR3; 0CPR3; 1CABR3; 4WBR6; 0WBR7



For use in: North Carolina

This rate insert is part of the CP12 Brochure for and is not to be used on its own.

This material is valid as long as information remains current, but in no event later than July, 13, 2026. Allstate Benefits is the marketing name used by American Heritage Life Insurance Company (Home Office, Jacksonville, FL), a subsidiary of The Allstate Corporation. ©2023 Allstate Insurance Company. www.allstate.com or allstatebenefits.com.

PLAN 1 WEEKLY PREMIUMS

AGES	INDIVIDUAL	FAMILY
18-64	\$5.57	\$11.04
65-69	\$12.44	\$25.10
70-74	\$14.46	\$28.96
75-80	\$15.94	\$32.03

PLAN 1 BI-WEEKLY PREMIUMS

AGES	INDIVIDUAL	FAMILY
18-64	\$11.14	\$22.08
65-69	\$24.88	\$50.20
70-74	\$28.92	\$57.92
75-80	\$31.88	\$64.06

PLAN 2 WEEKLY PREMIUMS

AGES	INDIVIDUAL	FAMILY
18-64	\$9.03	\$17.59
65-69	\$20.98	\$40.61
70-74	\$25.19	\$47.69
75-80	\$28.67	\$53.71

PLAN 2 BI-WEEKLY PREMIUMS

AGES	INDIVIDUAL	FAMILY
18-64	\$18.06	\$35.18
65-69	\$41.96	\$81.22
70-74	\$50.38	\$95.38
75-80	\$57.34	\$107.42

Issue Ages: 18-80

[†]Up to number of days of previous hospital confinement.

¹Pays actual cost up to amount listed.

²Pays up to amount listed in policy Schedule of Surgical Procedures. Amount paid depends on surgery.

³Includes the CAB Rider which increases the base policy benefit.

*Maximum of 700 miles.

Cancer Insurance (CP12)

Includes coverage for 23 Specified Diseases
from Allstate Benefits

BENEFIT AMOUNTS

HOSPITAL CONFINEMENT/RELATED BENEFITS		PLAN 1
Continuous Hospital Confinement (daily)		\$400 ³
Government or Charity Hospital (daily)		\$400 ³
Private Duty Nursing Services (daily)		\$400 ³
Extended Care Facility (daily) [†]		\$400 ³
At Home Nursing (daily) [†]		\$400 ³
Hospice Care Center or Team	First Day	\$4,000 ³
	Days 2+	\$400 ³
RADIATION/CHEMOTHERAPY/RELATED BENEFITS		PLAN 1
Radiation/Chemotherapy	Up to	\$20,000 ³
for Cancer ¹ (every 12 months)	Lifetime Max	\$100,000 ³
Blood, Plasma, and Platelets ¹ (every 12 months)		\$20,000 ³
Medical Imaging (every 12 months)		\$1,000 ³
Hematological Drugs (every 12 months)		\$400 ³
SURGERY/RELATED BENEFITS		PLAN 1
Surgery ²		\$6,000 ³
Anesthesia (% of Surgery benefit)		25% ³
Ambulatory Surgical Center (daily)		\$1,000 ³
Second Opinion (every 12 months)		\$400 ³
Bone Marrow Transplant (every 12 months)		\$14,000 ³
Stem Cell Transplant (every 12 months)		\$14,000 ³
MISCELLANEOUS BENEFITS		PLAN 1
Inpatient Drugs and Medicine (daily)		\$25
Physician's Attendance (daily)		\$50
Ambulance (per confinement)	Ground	\$250
	Air	\$10,000
Non-Local Transportation		\$0.50/mi
Outpatient Lodging	Daily	\$100
	Yearly Max	\$2,000
Family Member Lodging (daily per trip; max. 60 days)		\$100
and Transportation (coach fare or amount shown per mile*)		\$0.50/mi
Physical or Speech Therapy (daily)		\$50
New or Experimental Treatment ¹ (every 12 months)		\$5,000
Prosthesis (per amputation)		\$2,000
Hair Prosthesis (every 2 years)		\$50
Nonsurgical External Breast Prosthesis (initial prosthesis)		\$100
Anti-Nausea Drugs (every 12 months)		\$200
National Cancer Institute Evaluation/Consultation (every 12 mos.)		\$500
Egg Harvesting and Storage (one-time benefit)	Extraction	\$500
	Storage	\$175
Waiver of Premium (primary insured only)		Yes
ADDITIONAL RIDER BENEFITS		PLAN 1
Cancer Initial Diagnosis Level Benefit (one-time benefit)		\$5,000
Fixed Wellness Benefit		\$100

FOR HOME OFFICE USE ONLY - CP12

Opt 1 - 3HOSP; 3CHEM; 3SURG; 1MISC; 0ICR5; 5CLR3; 0CPR3; 1CABR3; 4WBR6; 0WBR7

PLAN 1 WEEKLY PREMIUMS

AGES	INDIVIDUAL	FAMILY
18-64	\$11.42	\$22.36
65-69	\$26.51	\$51.85
70-74	\$31.64	\$60.67
75-80	\$35.81	\$68.09

PLAN 1 BI-WEEKLY PREMIUMS

AGES	INDIVIDUAL	FAMILY
18-64	\$22.84	\$44.72
65-69	\$53.02	\$103.70
70-74	\$63.28	\$121.34
75-80	\$71.62	\$136.18

Issue Ages: 18-80

[†]Up to number of days of previous hospital confinement.

¹Pays actual cost up to amount listed.

²Pays up to amount listed in policy Schedule of Surgical Procedures. Amount paid depends on surgery.

³Includes the CAB Rider which increases the base policy benefit.

*Maximum of 700 miles.



For use in: North Carolina

This rate insert is part of the CP12 Brochure for and is not to be used on its own.

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Benefits - Benefits paid for the following conditions (subject to maximums as listed on pages 3 and 4)

HOSPITAL CONFINEMENT AND RELATED BENEFITS

Continuous Hospital Confinement - inpatient confinement

Government or Charity Hospital - confinements in lieu of other benefits, except Waiver of Premium

Private Duty Nursing Services - nurse cannot be employed by confining hospital

Extended Care Facility - within 14 days of a hospital stay, up to the number of days of the hospital stay

At Home Nursing - private nursing care, up to the number of days of the previous hospital stay

Hospice Care Center or Team - terminal illness care in a facility or at home; one visit per day

RADIATION/CHEMOTHERAPY AND RELATED BENEFITS

Radiation/Chemotherapy for Cancer - covered treatments to destroy or modify cancerous tissue

Blood, Plasma and Platelets - transfusions, administration, processing, procurement, cross matching

Medical Imaging - initial diagnosis or follow-up evaluation based on covered imaging exam

Hematological Drugs - boosts cell lines for white/red cell counts and platelets; payable when Radiation/Chemotherapy for Cancer benefit is paid

SURGERY AND RELATED BENEFITS

Surgery - based on Schedule of Surgical Procedures; per operation on an inpatient/outpatient basis. Two or more surgeries done at the same time are considered one operation. The operation with the largest benefit will be paid. Outpatient is paid at 150% of the amount listed in the Schedule of Surgical Procedures

Anesthesia - 25% of Surgery benefit for anesthesia received by an anesthetist

Ambulatory Surgical Center - payable only if Surgery benefit is paid

Second Opinion - second surgery or treatment opinion by a doctor not in practice with your doctor

Bone Marrow Transplant
Stem Cell Transplant

MISCELLANEOUS BENEFITS

Inpatient Drugs and Medicine - not including drugs/medicine covered under the Radiation/Chemotherapy for Cancer or Anti-Nausea benefits

Physician's Attendance - one inpatient visit by one physician

Ambulance - transfer to or from hospital by licensed service or hospital-owned ambulance

Non-Local Transportation - obtaining treatment not available locally

Outpatient Lodging - payable only if Radiation/Chemotherapy for Cancer benefit is paid; more than 100 miles from home

Family Member Lodging and Transportation - adult family member travels with you during non-local hospital stays for specialized treatment. Transportation not paid if Non-Local Transportation benefit paid

Physical or Speech Therapy - to restore normal body function

New or Experimental Treatment - payable if physician judges to be necessary and only for treatment not covered under other policy benefits

Prosthesis - surgical implantation of prosthetic device for each amputation

Hair Prosthesis - wig or hairpiece every two years due to hair loss

Nonsurgical External Breast Prosthesis - initial prosthesis after a covered mastectomy

Anti-Nausea Benefit - prescribed anti-nausea medication administered on outpatient basis

National Cancer Institute Evaluation/Consultation - evaluation/consultation as a result of cancer

Egg Harvesting and Storage - harvesting of oocytes and storage of oocytes/sperm at licensed facility

Waiver of Premium (Employee only) - must be disabled 90 days in a row, due to cancer, as long as disability lasts, up to 5 years. Premiums waived for primary insured only

OPTIONAL/ADDITIONAL RIDER BENEFITS

Cancer Initial Diagnosis Level Benefit Rider - for first-time diagnosis of cancer other than skin cancer

Fixed Wellness Benefit - per day, once per year for 23 exams. Biopsy for skin cancer; Blood tests for triglycerides, CA15-3 (breast cancer), CA125 (ovarian cancer), CEA (colon cancer), and PSA (prostate cancer); Bone Marrow Testing; Chest X-ray; Colonoscopy; Doppler screening for carotids or peripheral vascular disease; Echocardiogram; EKG (Electrocardiogram); Flexible sigmoidoscopy; Hemocult stool analysis; HPV (Human Papillomavirus) Vaccination; Lipid panel (total

cholesterol count); Mammography, including Breast Ultrasound; Pap Smear, including ThinPrep Pap Test; Serum Protein Electrophoresis (test for myeloma); Stress test on bike or treadmill; Thermography; and Ultrasound screening of the abdominal aorta for abdominal aortic aneurysms

Cancer and Specified Disease Additional Benefit - increases the benefit paid on the following base policy benefits: Continuous Hospital Confinement; Government or Charity Hospital; Private Duty Nursing Services; Extended Care Facility; At Home Nursing; Hospice Care, Radiation/Chemotherapy for Cancer; Blood,

Plasma and Platelets; Hematological Drugs; Medical Imaging; Surgery; Anesthesia; Bone Marrow Transplant; Stem Cell Transplant; Ambulatory Surgical Center and Second Opinion

SPECIFIED DISEASES

23 Specified Diseases Covered - Addison's Disease; Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease); Brucellosis; Diphtheria; Encephalitis; Hansen's Disease; Hepatitis (Chronic

B or Chronic C with liver failure or hepatoma); Legionnaires' Disease (confirmation by culture or sputum); Lyme Disease; Multiple Sclerosis; Muscular Dystrophy; Myasthenia Gravis; Primary Biliary Cirrhosis; Rabies; Reye's Syndrome; Rocky

Mountain Spotted Fever; Sickle Cell Anemia; Systemic Lupus Erythematosus; Tetanus; Thalassemia; Tuberculosis; Tularemia; Typhoid Fever

POLICY SPECIFICATIONS

Eligibility - Coverage may include you, your spouse or domestic partner and children under age 26.

Termination of Coverage - Policy coverage terminates at the end of the grace period or your death (except that your covered spouse or domestic partner becomes the new insured; coverage will continue until their death). The riders terminate at the end of the grace period, if the policy terminates, or on the next renewal date after you request termination. Spouse/domestic partner coverage ends upon divorce/termination of partnership. Coverage for children ends when the child reaches age 26, unless he or she continues to meet the requirements of an eligible dependent.

Renewability - The policy is guaranteed renewable for life, subject to change in premiums by class. All premiums may change on a class basis. A notice is mailed in advance of any change.

LIMITATIONS AND EXCLUSIONS

Pre-Existing Condition Limitation - Benefits are not paid for a pre-existing condition during the 12-month period beginning on the date that person's coverage starts. An unrelated cancer diagnosed after the effective date of coverage will not be considered a pre-existing condition. A pre-existing condition is a disease or condition for which medical advice, diagnosis, care or treatment was recommended or received from a medical professional within the 12-month period prior to the effective date.

Policy Exclusions and Limitations - Benefits are not paid for any loss, except for losses due to cancer or specified disease. Benefits are not paid for losses caused or aggravated by cancer or a specified disease or as a result of treatment. Treatment must be received in the United States or its territories.

LIMITATIONS OF SPECIFIC POLICY BENEFITS

Hospice Care Team Limitation - Services are not covered for food or meals, well-baby care, volunteers or support for the family after covered person's death.

Blood, Plasma and Platelets Limitation - Does not include blood replaced by donors, or for immunoglobulins.

Radiation/Chemotherapy for Cancer; Blood, Plasma and Platelets, and New or Experimental Treatment Limitation - We pay 50% of the billed amount if the actual costs are not obtainable as proof of loss.

Radiation/Chemotherapy for Cancer Limitation - We do not pay for: treatment or emergency or room charges; treatment planning, management, devices, or supplies; medications or drugs covered elsewhere in the policy; X-rays, scans, and their interpretations; or any other drug, charge or expense that does not directly modify or destroy cancerous tissues.

LIMITATIONS OF RIDER BENEFITS

Cancer and Specified Disease Benefits Additional Benefit Rider Limitation - The Radiation/Chemotherapy for Cancer and Blood, Plasma and Platelets benefits will only be paid under this rider after the limit per coverage year in the policy has been reached.

This brochure is for use in NC. This advertisement is a solicitation of insurance; contact may be made by an Allstate Benefits Agent, Agency, or Representative.

This material is valid as long as information remains current, but in no event later than July 13, 2026. Cancer and Specified Disease benefits are provided under policy form CP12 or state variations thereof. Cancer Rider benefits are provided under the following rider forms or state variations thereof: Fixed Wellness Benefit Rider WBR6; Cancer and Specified Disease Additional Benefit Rider CBR3

The coverage provided is limited benefit supplemental cancer and specified disease insurance. The policy is not a Medicare Supplement Policy. If eligible for Medicare, review Medicare Supplement Buyer's Guide available from Allstate Benefits. There may be instances when a law requires that benefits under this coverage be paid to a third party, rather than to you. If you or a dependent have coverage under Medicare, Medicaid, or a state variation, please refer to your health insurance documents to confirm whether assignments or liens may apply.

This information highlights some features of the policy but is not the insurance contract. Only the actual policy provisions control. For additional information, you may contact your Allstate Benefits Representative. Underwritten by American Heritage Life Insurance Company (Home Office, Jacksonville, FL).

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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Allstate BENEFITS

Protection for off-the-job
accidental injuries

Accident Insurance

Today, active lifestyles in or out of the home may result in bumps, bruises and sometimes breaks. Getting the right treatment can be vital to recovery, but it can also be expensive. And if an accident keeps you away from work during recovery, the financial worries can grow quickly.

Most major medical insurance plans only pay a portion of the bills. Our coverage can help pick up where other insurance leaves off and provide cash to help cover the expenses.

With Accident insurance from Allstate Benefits, you can gain the advantage of financial support thanks to the cash benefits paid directly to you. You also gain the financial empowerment to seek the treatment needed to be on the mend.

Here's How It Works

Our coverage pays you cash benefits that correspond with hospital confinements. Your plan may also include coverage for a variety of occurrences, such as dismemberment, dislocation or fracture, ambulance services, medical expenses, disability and more. The cash benefits can be used to help pay for deductibles, treatment, rent and more.

Meeting Your Needs

- Benefits are paid directly to you unless otherwise assigned
- Pays in addition to other insurance coverage
- Coverage also available for your dependents
- Premiums are affordable and can be conveniently payroll deducted
- Coverage is guaranteed renewable until age 70, subject to change in premiums by class

With Allstate Benefits, you can protect your finances against life's slips and falls.

Practical benefits for everyday living.®

DID YOU KNOW ?

The number of off-the-job
injuries sustained by workers
in one year includes:¹

OFF-THE-JOB (in millions)



Home
9.2



Non-Auto
4.0



Auto
2.2

¹National Safety Council, Injury Facts®, 2017 Edition

Meet Justine & Gina

Justine and Gina are part of an active family who enjoy having fun in the great outdoors. Justine has seen her family suffer bumps, bruises and breaks, and knows an accidental injury could happen at any moment. Her greatest worry is paying for treatment.

Here is what weighs heavily on her mind:

- Major medical will only pay a portion of the expenses associated with injury treatments
- There are copays she is responsible for until she meets her deductible
- If she misses work because of an injury, she must cover the bills, rent/mortgage, groceries and her child's education
- If she or a family member needs to seek treatment not available locally, she will have to pay for it



Gina's story of injury and treatment turned into a happy ending, because her family had supplemental Accident Insurance to help with expenses.



CHOOSE

Justine chooses benefits to help protect her family if they suffer an accidental injury.



USE

Justine was teaching her daughter Gina how to rollerblade when the wheel hit a rock in the road. Gina fell onto the pavement, rolled into a parked car and was knocked unconscious.

Here's Gina's treatment path:

- Taken by ambulance to the emergency room
- Examined by a doctor and X-rays were taken
- Underwent surgery to place pins in her wrist
- Visited by her doctor, watched for a concussion and released after a one-day stay in the hospital
- Had to wear a plaster splint for 6 weeks
- Seen by the doctor during a follow-up visit and sent to physical therapy to strengthen her wrist and improve her mobility

Justine would go online after each treatment to file a claim and receive her cash benefits.

Justine and Gina are still as active as ever.



CLAIM

Gina's Accident claim paid cash benefits for the following:

Ambulance Services

Fracture

Medical Expenses
(Emergency Room and X-rays)

Initial Hospitalization

Hospital Confinement

Accident Follow-Up Treatment

Physical Therapy (3 days/week)

For a listing of benefits and benefit amounts, see pages 3 and 4.

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

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.

Dependent Eligibility

Coverage under the policy and riders (except the Sickness Disability Income Rider) may include you, your spouse and your children under age 26. Coverage under the Sickness Disability Income Rider includes you only.

¹Multiple dismemberments, dislocations or fractures are limited to the amount shown in the rate insert. ²Up to three times per covered person, per accident.

³Two treatments per covered person, per accident. *Must begin or be received within 180 days of the accident. **Within 3 days after the accident.

Benefits (subject to maximums as listed on page 4)

BASE POLICY BENEFITS

Accidental Death or Dismemberment¹, * - amount paid for dismemberment depends on the type of dismemberment. See Injury Benefit Schedule on page 5. If loss results from injury while riding as a fare-paying passenger on a scheduled common carrier, amount paid is 3 times the benefit amount stated on page 4

Dislocation or Fracture¹ - amount paid depends on type of dislocation or fracture. See Injury Benefit Schedule on page 5

Hospital Confinement - confinement in a hospital located in the United States or its territories, up to 90 days for any one injury

Disability (Primary Insured only) - benefit is paid when totally disabled for more than 3 days; payable up to 6 months

Medical Expenses - expenses incurred for medical or surgical treatment. Expenses are limited to physician fees, X-rays, emergency room services (maximum \$50), and repair to natural teeth if diagnosed by a dentist as necessary and as a result of injury

Ambulance Services - transfer to or from hospital by ground or air ambulance service

BENEFIT ENHANCEMENT RIDER

Initial Hospitalization^{}** - first hospital confinement occurring during a calendar year. Payable when a benefit has been paid under the Hospital Confinement benefit in the base policy

Lacerations^{}** - treatment for one or more lacerations (cuts)

Burns^{}** - treatment for one or more burns, other than sunburns

Skin Graft - receiving a skin graft by a physician, for which a benefit is paid under the Burns benefit

Brain Injury Diagnosis^{}** - first diagnosis of concussion, cerebral laceration, cerebral contusion or intracranial hemorrhage within three days of an accident. Must be diagnosed within 30 days after the accident by CT Scan, MRI, EEG, PET scan or X-ray

Paralysis^{}** - spinal cord injury resulting in complete/permanent loss of use of two or more limbs for at least 90 days

Coma with Respiratory Assistance - unconsciousness lasting 7 or more days; intubation required. Medically induced comas excluded

Open Abdominal or Thoracic Surgery^{}**

Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery^{*} - surgery received for torn, ruptured, or severed tendon, ligament, rotator cuff or knee cartilage; pays the reduced amount shown for arthroscopic exploratory surgery. Not paid if the Ruptured Disc Surgery benefit is paid

Ruptured Disc Surgery^{*} - diagnosis and surgical repair to a ruptured disc of the spine by a physician. Not paid if the Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery benefit is paid

Eye Surgery - surgery or removal of a foreign object by a physician

Blood and Plasma^{}** - transfusion after an accident

Appliance - physician-prescribed wheelchair, crutches or walker to help with personal locomotion or mobility

Prosthesis^{*} - physician-prescribed prosthetic hand, foot or eye lost as a result of an accident. Payable only if a benefit is paid for loss of hand, foot or eye under the policy Accidental Death or Dismemberment benefit

Physical Therapy - one treatment per day; maximum of 6 treatments per accident; must take place no longer than 6 months after the accident. Payable only if the Medical Expenses benefit is paid. Not payable for same visit for which the Accident Follow-Up Treatment benefit is paid

Non-Local Transportation² - treatment obtained at a non-local hospital or freestanding treatment center more than 100 miles from your home. Does not cover ambulance or physician's office or clinic visits for services other than treatment

Family Member Lodging - one adult family member to be with you while you are confined in a non-local hospital or freestanding treatment center. Not payable if family member lives within 100 miles one-way of the treatment facility. Up to 30 days per accident. Only payable if the Non-Local Transportation benefit is paid

Accident Follow-Up Treatment³ - one treatment per day; must take place no longer than 6 months after the accident. Payable only if the policy Medical Expenses benefit is paid. Not payable for the same visit for which the Physical Therapy benefit is paid

Hospital Intensive Care Unit Confinement^{}** - up to 60 days for each period of continuous confinement

OPTIONAL RIDER BENEFITS

Sickness Disability Income Rider (Primary Insured Only) - payable for total disability lasting at least 7 days; payable up to 6 months. Not paid for disability resulting from injury

Outpatient Physician's Treatment Rider - treatment outside the hospital. Payable up to 2 days per covered person, per calendar year and a maximum of 4 days per calendar year if dependents are covered. Covers sickness

BENEFIT AMOUNTS

Benefits are paid once per accident unless otherwise noted

BASE POLICY BENEFITS		PLAN 1	PLAN 2
Accidental Death or Dismemberment ¹	Employee	\$20,000	\$30,000
	Spouse	\$10,000	\$15,000
	Children	\$5,000	\$7,500
Dislocation or Fracture ¹	Employee	\$2,000	\$3,000
	Spouse	\$1,000	\$1,500
	Children	\$500	\$750
Hospital Confinement (pays daily)		\$100	\$150
Disability (pays monthly)		\$600	\$900
Medical Expenses (pays up to amount shown)		\$250	\$375
Ambulance Services	Ground	\$100	\$150
	Air	\$200	\$300
BENEFIT ENHANCEMENT RIDER		PLAN 1	PLAN 2
Initial Hospitalization (per year)		\$1,000	\$1,000
Lacerations (per year)		\$50	\$50
Burns (% body surface)	< 15% body surface	\$100	\$100
	15% or more	\$500	\$500
Skin Graft (% of Burns Benefit)		50%	50%
Brain Injury Diagnosis (pays once)		\$150	\$150
Paralysis (pays once)	Paraplegia	\$7,500	\$7,500
	Quadriplegia	\$15,000	\$15,000
Coma with Respiratory Assistance (pays once)		\$10,000	\$10,000
Open Abdominal or Thoracic Surgery	Surgery	\$1,000	\$1,000
	Exploratory	\$100	\$100
Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery	Surgery	\$500	\$500
	Exploratory	\$150	\$150
Ruptured Disc Surgery		\$500	\$500
Eye Surgery		\$100	\$100
Blood and Plasma		\$300	\$300
Appliance		\$125	\$125
Prosthesis	1 device	\$500	\$500
	2 or more devices	\$1,000	\$1,000
Physical Therapy (pays daily)		\$30	\$30
Non-Local Transportation (per trip)		\$300	\$300
Family Member Lodging (pays daily)		\$100	\$100
Accident Follow-Up Treatment (pays daily)		\$50	\$50
Hospital Intensive Care Unit Confinement (pays daily)		\$400	\$400
OPTIONAL OUTPATIENT PHYSICIAN'S TREATMENT RIDER		PLAN 1	PLAN 2
Outpatient Physician's Treatment Rider (pays daily)		n/a	\$75
OPTIONAL SICKNESS DISABILITY INCOME RIDER		PLAN 1+	PLAN 2+
Sickness Disability Income Rider (pays monthly)		\$600	\$900

¹Up to amount shown; see Injury Benefit Schedule on next page. Multiple losses from same injury pay only up to amount shown above.

PLAN 1 PREMIUMS

MODE	EE	F
Weekly	\$4.85	\$8.87
Bi-Weekly	\$9.70	\$17.74
Semi-Monthly	\$10.49	\$19.22
Monthly	\$20.98	\$38.44

PLAN 1+ PREMIUMS

MODE	EE	F
Weekly	\$8.64	\$12.67
Bi-Weekly	\$17.28	\$25.34
Semi-Monthly	\$18.71	\$27.44
Monthly	\$37.42	\$54.88

PLAN 2 PREMIUMS

MODE	EE	F
Weekly	\$9.38	\$17.82
Bi-Weekly	\$18.76	\$35.64
Semi-Monthly	\$20.32	\$38.60
Monthly	\$40.64	\$77.19

PLAN 2+ PREMIUMS

MODE	EE	F
Weekly	\$15.07	\$23.51
Bi-Weekly	\$30.14	\$47.02
Semi-Monthly	\$32.65	\$50.93
Monthly	\$65.30	\$101.85

Issue ages: 18 to 64

EE = Employee; F = Family

Injury Benefit Schedule is on page 5

INJURY BENEFIT SCHEDULE

Benefit amounts for coverage and one occurrence are shown below.
Covered spouse gets 50% of the amounts shown and children 25%.

COMPLETE DISLOCATION	PLAN 1	PLAN 2
Hip joint	\$2,000	\$3,000
Knee or ankle joint [^] , bone or bones of the foot [^]	\$800	\$1,200
Wrist joint	\$700	\$1,050
Elbow joint	\$600	\$900
Shoulder joint	\$400	\$600
Bone or bones of the hand [^] , collarbone	\$300	\$450
Two or more fingers or toes	\$140	\$210
One finger or toe	\$60	\$90
COMPLETE, SIMPLE OR CLOSED FRACTURE	PLAN 1	PLAN 2
Hip, thigh (femur), pelvis ^{^^}	\$2,000	\$3,000
Skull ^{^^}	\$1,900	\$2,850
Arm, between shoulder and elbow (shaft), shoulder blade (scapula), leg (tibia or fibula)	\$1,100	\$1,650
Ankle, knee cap (patella), forearm (radius or ulna), collarbone (clavicle)	\$800	\$1,200
Foot ^{^^} , hand or wrist ^{^^}	\$700	\$1,050
Lower jaw ^{^^}	\$400	\$600
Two or more ribs, fingers or toes, bones of face or nose	\$300	\$450
One rib, finger or toe, coccyx	\$140	\$210
LOSS OF LIFE OR LIMB	PLAN 1	PLAN 2
Life or both eyes, hands, arms, feet, or legs, or one hand or arm and one foot or leg	\$20,000	\$30,000
One eye, hand, arm, foot, or leg	\$10,000	\$15,000
One or more entire toes	\$1,000	\$1,500
One or more entire fingers	\$800	\$1,200

[^] Knee joint (except patella). Bone or bones of the foot (except toes). Bone or bones of the hand (except fingers). ^{^^} Pelvis (except coccyx). Skull (except bones of face or nose). Foot (except toes). Hand or wrist (except fingers). Lower jaw (except alveolar process).

DEFINITIONS

Disability and Sickness

Disability –

Due solely to injury (policy only) or solely to sickness (Sickness Disability Income Rider only), you are under the care of a doctor, not able to do every important duty of your regular job and are not working at any job. If retired, means you are unable to engage in activities of persons of like age and good health.

Pregnancy –

Total disability resulting from pregnancy, childbirth, or complications is treated the same as any other sickness.

POLICY SPECIFICATIONS

Conditions and Limits

When an injury results in a covered loss within 90 days (180 days for dismemberment or death), unless otherwise stated on the Benefits page, from the date of an accident and is diagnosed by a physician, Allstate Benefits will pay benefits as stated. Treatment must be received in the United States or its territories.

Dependent Eligibility/Termination

Coverage under the policy and riders (except the Sickness Disability Income Rider) may include you, your spouse and your children under age 26. Coverage under the Sickness Disability Income Rider includes you only. Coverage terminates at the end of the grace period or age 70. Coverage for children ends when the child reaches age 26, unless he or she continues to meet the requirements of an eligible dependent. Spouse coverage ends upon divorce.

POLICY SPECIFICATIONS, continued

PRE-EXISTING CONDITION LIMITATIONS

Base Policy Only: We do not pay benefits during the first 2 years of a person's coverage if caused by a pre-existing condition. A pre-existing condition is a condition (not revealed in the application) which manifested before the effective date, or for which medical advice or treatment was recommended by or received from a doctor within 5 years before the effective date.

Benefit Enhancement (AP3BER) Rider Only: We do not pay benefits during the first year of a person's coverage if caused by a pre-existing condition. A pre-existing condition is a condition (not revealed in the application) which manifested 1 year before the effective date, or for which medical advice or treatment was recommended by or received from a doctor within 1 year before the effective date.

Sickness Disability Income (APDIRS/C) Rider Only: We do not pay benefits during the first year of a person's coverage if caused by a pre-existing condition. A pre-existing condition is a condition (not revealed in the application) for which medical advice, diagnosis, care, or treatment was recommended by or received from a doctor within 1 year immediately preceding the effective date.

EXCLUSIONS AND LIMITATIONS

Base Policy (AP3) and Benefit Enhancement (AP3BER) Rider Only: Benefits are not paid for: injuries resulting from an on-the-job accident; injuries incurred before the effective date; any act of war or participation in a riot, insurrection or rebellion; suicide or attempted suicide; injuries sustained as a result of being intoxicated or under the influence of narcotics, unless taken on the advice of a doctor; bacterial infections (except pyogenic infections from an accidental cut or wound); participation in aeronautics unless a fare-paying passenger on a licensed common-carrier aircraft; voluntary taking of poison or asphyxiation from or voluntary inhalation of gas or fumes; committing or attempting an assault or felony; driving in an organized or scheduled race or speed test or testing any vehicle on any racetrack or speedway; mental diseases or deficiencies unless from organic disease; dependent child participating in organized football; hernia, including complications; active Military service. Disability benefits for a back or intervertebral disc condition are limited to 3 months for any one injury.

Sickness Disability Income (APDIRS/C) Rider: Benefits are not paid for: any act of war or participation in a riot, insurrection or rebellion; attempted suicide; any loss sustained or contracted as a result of being under the influence of any narcotic unless taken on the advice of a doctor; alcoholism, drug addiction or dependence on any controlled substance; mental illness without organic disease; voluntary inhalation of gas or fumes.

Outpatient Physician's Treatment Benefit (APOPTR1) Rider: Benefits are not paid for: any act of war or participation in a riot, insurrection or rebellion; attempted suicide; any loss sustained or contracted as a result of being under the influence of any narcotic unless taken on the advice of a doctor; alcoholism, drug addiction or dependence on any controlled substance; mental illness without organic disease; voluntary inhalation of gas or fumes; dental or plastic surgery for cosmetic purposes, unless required to correct a disorder of normal body functions.

This brochure is for use in NC.

This material is valid as long as information remains current, but in no event later than August 3, 2023.

Accident benefits are provided under policy form AP3 or state variations thereof. Accident Rider benefits are provided under the following rider forms, or state variations thereof: Benefit Enhancement Rider AP3BER; Sickness Disability Income Rider APDIRS/APDIRC; and Outpatient Physician's Treatment Benefit Rider APOPTR1.

The policy and riders provide limited benefit supplemental accident insurance. The policy is not a Medicare Supplement Policy. If eligible for Medicare, review Medicare Supplement Buyer's Guide available from Allstate Benefits. There may be instances when a law requires that benefits under this coverage be paid to a third party, rather than to you. If you or a dependent have coverage under Medicare, Medicaid, or a state variation, please refer to your health insurance documents to confirm whether assignments or liens may apply. This information highlights some features of the policy but is not the insurance contract. Only the actual policy provisions control. For additional information, you may contact your Allstate Benefits Representative. Underwritten by American Heritage Life Insurance Company (Home Office, Jacksonville, FL).

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.



Allstate
BENEFITS

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Underwritten by:
**AMERICAN
HERITAGE LIFE
INSURANCE
COMPANY†**

Whole Life Insurance

Provides a cash benefit directly to your beneficiary

THINK ABOUT THIS



Reasons for purchasing life coverage include replace income, final expenses, wealth transfer and mortgage payoff¹



42% of families would face financial hardship within six months, and **25%** would suffer financially within a month¹



Over half of U.S. households rely on dual incomes (**54%**),² and, for many, losing one income could be devastating to household finances

With an unexpected death — you don't want to leave behind financial obligations. Whole Life Insurance from Allstate Benefits can help your family realize the goals and dreams you shared together, and builds cash value you can draw on while still alive.

Here's How It Works

- Select the coverage that's right for you and your family*
- Then if you pass away, your beneficiary files a claim
- A lump-sum cash benefit is direct deposited or a check is mailed and can be used however they wish

Protecting Your Finances

With planning, the death benefit can pass to your beneficiaries free from state or federal taxes. Consult with your tax advisor for specifics.



**Practical benefits
for everyday living.®**

Meeting Your Needs

- Fully-guaranteed death benefit (premiums payable to age 95)
- If you live to age 121, a lump-sum maturity benefit is paid
- Spouse and children may be covered
- Affordable premiums

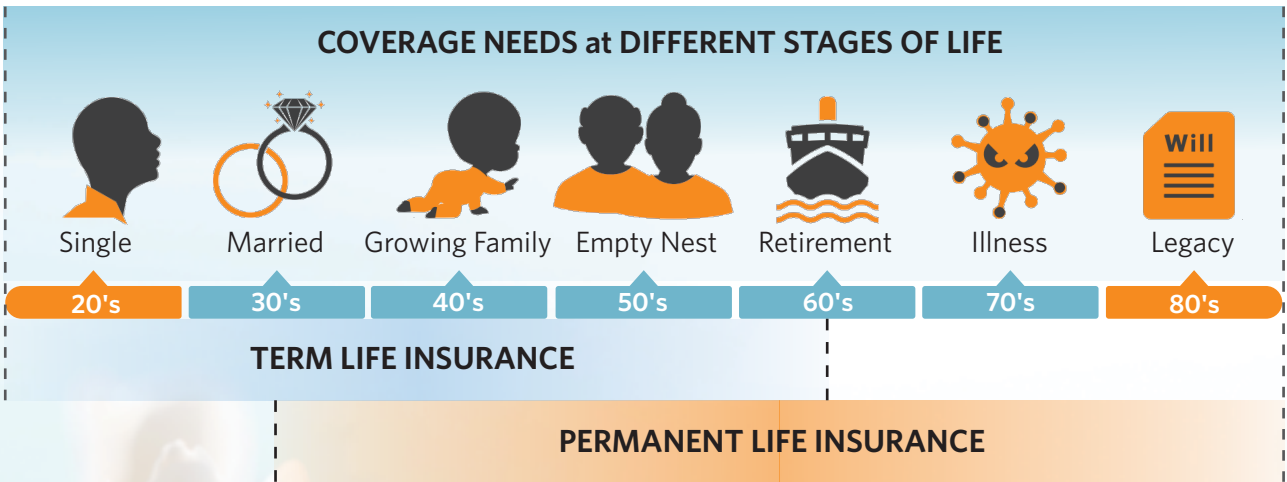
¹Allstate Benefits is the marketing name used by American Heritage Life Insurance Company, a subsidiary of The Allstate Corporation. ²2021 Insurance Barometer Report, LIMRA. ³U.S. Bureau of Labor Statistics. Consumer Expenditure Survey. ⁴ibid. *You may be required to answer health questions at time of application.



There are moments in life that cause us to think about how our loved ones would make ends meet, if we died unexpectedly and their financial support was reduced.

Coverage for all stages of life

As people move through the stages of life, certain factors dictate the type of life insurance they need. During working years, an employer may provide Term Life insurance, but the wraparound coverage of our Individual Whole Life product can help give peace of mind because the money you spent builds cash value that you can use later in life or add to the term benefit payout. The graph below illustrates the need for term and permanent whole life insurance throughout the various stages of life.



Here are some of the ways the cash benefits can be used



Finances

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



Home

Your beneficiary can use the cash benefits to help pay the mortgage, continue rental payments, or perform needed home repairs



Expenses

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

The examples above detail fictional thought processes and needs; your individual needs and reasons for coverage may vary.

Prepare for the future today

Review and check some or all that apply.

- ☐ You're the primary wage earner and your family would have trouble living comfortably without your income
- ☐ You have regular debts, like mortgage, car payment or credit cards
- ☐ You have children under 18
- ☐ You want permanent, fully guaranteed coverage
- ☐ You'd like to offer a tax-free death benefit to your beneficiary^

Benefits

INDIVIDUAL WHOLE LIFE INSURANCE PROVIDES EITHER:

Death Benefit - pays a lump-sum cash benefit when the insured dies

Maturity Benefit - pays a lump-sum cash benefit if the insured is still living at age 121

OPTIONAL/ADDITIONAL RIDER BENEFITS³

Accelerated Death Benefit for Terminal Illness or Condition - an advance of the death benefit, up to 75% of the policy face amount, when certified terminally ill. Premiums are waived after payment of benefit

Payor Waiver of Premium for Total Disability - we waive your premiums when we receive proof that the payor is totally disabled for at least 6 months. Please refer to the rider language for details

Accidental Death Benefit - an additional death benefit is paid if death occurs from accidental bodily injury

Children's Term - level term insurance for each covered dependent child under age 26. Not available if dependent child is covered under a separate policy

Spouse's Level Term - level term insurance on the insured's spouse for 20 years, or to the spouse's age 70 if earlier. Not available if spouse is covered under a separate policy

Here's how Individual Whole Life works^

Premiums are payable to age 95 and are conveniently payroll deducted. The longer the policy coverage continues and premiums are paid, the more the cash value builds.

Cash values and payments

As premiums are paid, the policy is building cash value over time. Premiums are guaranteed at issue and the coverage becomes fully paid-up at age 95 if all premiums have been paid.

If the decision is made to stop paying premiums after the coverage is effective and has developed cash value, various non-forfeiture options are available. Extended Term Insurance (ETI) is the default non-forfeiture option when premium payments stop and there is no active selection made to continue coverage. ETI reduces the duration of coverage (now a shorter term instead of whole life), but provides the same amount of death benefit.

[^]With proper planning, the death benefit can pass to your beneficiaries free from state or federal estate taxes. Please consult with your tax advisor for specific information.³The riders have exclusions and limitations, may vary in availability by issue or termination age, and may not be available to all covered dependents or in all states. Additional premiums may be required for riders added to coverage.

Practical Benefits for everyday living.®

We can help give you and your family financial peace of mind. **Are you in good hands?®**

We are the Good Hands® people

We're the name you know and trust, protecting America's families for over 50 years. Our valuable coverage options help empower people to make the best decisions for their finances and their futures.

Once you've elected coverage, register with our convenient customer service portal, MyBenefits, for anytime access to your coverage details and important documents. MyBenefits also allows you to file claims quickly and easily - and get benefits deposited directly into your bank account (authorization required).

EXCLUSIONS AND LIMITATIONS

Suicide Exclusion - If a covered person commits suicide, the death benefit may be limited to the premiums paid for that covered person.

Other Exclusions and Limitations - The policy and riders have other elimination periods, exclusions and limitations that may affect coverage. Please refer to your certificate for details.

This brochure is for use in enrollments situated in NC. This advertisement is a solicitation of insurance; contact may be made by an Allstate Benefits Agent, Agency, or Representative.

This material is valid as long as information remains current, but in no event later than July 13, 2026.

Individual Whole Life Insurance benefits are provided under policy form ICC18IWLP, IWLP, or state variations thereof. Rider benefits are provided under the following forms, or state variations thereof: Accelerated Death Benefit for Terminal Illness or Condition (ICC18IWLPTI, IWLPTI); Payor Waiver of Premium for Total Disability (ICC18IWLPWP, IWLPWP); Accidental Death Benefit (ICC18IWLPADB, IWLPADB); Children's Term (ICC18IWLPCT, IWLPCT); Spouse's Level Term (ICC18IWLPST, IWLPST).

This information highlights some features of the policy but is not the insurance contract. Only the actual policy provisions control. For additional information, you may contact your Allstate Benefits Representative. Underwritten by American Heritage Life Insurance Company (Home Office, Jacksonville, FL).



Allstate Benefits is the marketing name used by American Heritage Life Insurance Company, a subsidiary of The Allstate Corporation.
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