



Allstate BENEFITS

Provides a monthly benefit if you are disabled from a sickness or injury and cannot work

Disability Insurance

Like most, unless you know someone who has been disabled, you may not see the value of Disability insurance. You may think it won't happen to you, but if it does, you are vulnerable to lost income.

An injury or sickness may slow you down, but it won't slow down your monthly bills. Expenses such as house and car payments, or even daily living expenses such as groceries and gas, will still need to be paid. Disability insurance can help replace your lost income and help ensure your finances are not depleted.

Here's How It Works

You choose the maximum monthly benefit level that meets your needs. Then, if you are faced with a period of unexpected sickness or off-the-job injury (unless the On-the-Job Accident Rider is selected) and cannot work, you will receive cash benefits to use as you see fit. This could include medical treatments, daily living expenses and more.

Meeting Your Needs

- You choose the monthly maximum benefit level that meets your needs
- Benefits start the first day after the elimination (waiting) period, when you are totally disabled and cannot work
- Premiums are affordable
- Conveniently payroll deducted

With Allstate Benefits, you gain the power to make treatment decisions without putting your finances at risk. **Practical benefits for everyday living.**SM

DID YOU KNOW ?



46% of Americans cannot cover a \$400 emergency.¹



Just over 1 in 4 of today's 20-year-olds will become disabled before they retire.²

**Offered to the employees of:
Fair Haven Home
Inc.**

¹Disability Insurance: A Benefit for All, Council for Disability Awareness, 2017

²Chances of Disability, Council for Disability Awareness, disabilitycanhappen.org/chances_disability, 2017

Meet Joan

Joan is a hard worker and is very active outside of her workplace. She considers herself healthy and is still relatively young. Recently, one of her coworkers suffered a disability while at home and was unable to work, so her paycheck stopped. Joan thinks about her own situation and wonders what would happen to her finances if she suffered a disability.

Here is what weighs heavily on her mind:

- Her major medical will only pay a portion of the expenses associated with diagnosis, injury treatments and rehabilitation (if required)
- If she misses work because of an injury, she may not get paid or will receive a reduced paycheck
- She has bills, rent/mortgage, groceries and everyday living expenses she must continue to pay
- She might need to purchase special medical equipment, make needed renovations to her home or need assistance from a visiting nurse



Joan's story of injury and treatment turned into a happy ending, because she had Short Term Disability Insurance to help replace her paycheck while she was out of work.



CHOOSE

Joan purchased Short Term Disability Insurance to help protect the family's finances if she had to miss work due to a disability.



USE

Joan is painting her home when she falls from a ladder. She immediately feels sharp pain in her lower back. She visits her local emergency room to help relieve her pain.

Here's Joan's treatment path:

- Joan visits the emergency room and the doctors recommend she meet with a neurosurgeon
- The surgeon diagnoses Joan with a torn disc
- Joan's doctor schedules surgery and informs her the recovery period will last six to eight weeks
- Joan files her Short Term Disability claim online
- Joan undergoes surgery and is released from the hospital to recover for six to eight weeks
- She visits her doctor during her recovery

Joan received a monthly cash benefit while she was unable to work, which helped her continue to meet all her financial obligations.



CLAIM

In addition to her medical coverage, Joan's Short Term Disability Insurance provided the following benefit:

Monthly Disability Benefit

Using your cash benefits

Our cash benefits provide greater coverage options because you get to determine how to use them.



Finances

Can help protect your savings, retirement plans and 401ks from being depleted.



Travel

You can use your cash benefits to help pay for expenses while receiving treatment in another city.



Home

You can use your cash benefits to help pay the mortgage, continue rental payments, or perform needed home repairs for your after care.



Expenses

The monthly cash benefit can be used to 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.

BENEFITS

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

Maximum Monthly Benefit - Minimum \$400 up to a Maximum of \$5,000 (based on income)

Benefit Period - Choose from 3, 6, 12 or 24 month benefit periods

Premium and Premium Mode - Your Allstate Benefits Representative can help you determine this

Elimination Periods (number of days for injury and sickness) - Choose from 0 injury/7 sickness, 0 injury/14 sickness, 7 injury/7 sickness, 14 injury/14 sickness, 30 injury/30 sickness, 90 injury/90 sickness or 180 injury/180 sickness

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 below) and are under a physician's care

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

Your Eligibility

Coverage under the policy includes you only.

Termination

Coverage under the policy terminates at the end of the grace period, your 70th birthday, 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 (unless the On-the-Job Accident Rider is selected); 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.



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www.allstate.com or
allstatebenefits.com

This brochure is for use in NC.

This material is valid as long as information remains current, but in no event later than June 15, 2023.

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).



Allstate
BENEFITS

Protection for the
treatment of cancer and
29 specified diseases

Cancer Insurance

Receiving a cancer diagnosis can be one of life's most frightening events. Unfortunately, statistics show you probably know someone who has been in this situation.

With Cancer insurance from Allstate Benefits, you can rest a little easier. Our coverage pays you a cash benefit to help with the costs associated with treatments, to pay for daily living expenses, and more importantly, to empower you to seek the care you need.

Here's How It Works

You choose the coverage that's right for you and your family. Our Cancer insurance pays cash benefits for cancer and 29 specified diseases to help with the cost of treatments and expenses as they happen. Benefits are paid directly to you unless otherwise assigned. With the cash benefits you can receive from this coverage, you may not need to use the funds from your Health Savings Account (HSA) for cancer or specified disease treatments and expenses.

Meeting Your Needs

- Includes coverage for cancer and 29 specified diseases
- Benefits are paid directly to you unless otherwise assigned
- Coverage available for dependents
- Waiver of premium after 90 days of disability due to cancer for as long as your disability lasts (employee only)
- Coverage may be continued; refer to your certificate for details
- Additional benefits have been added to enhance your coverage

With Allstate Benefits, you can protect your finances if faced with an unexpected cancer or specified disease diagnosis. **Practical benefits for everyday living.**SM

DID YOU KNOW ?



Early detection, improved treatments and access to care are factors that influence cancer survival¹

20.3 million

The number of cancer survivors in the U.S. is increasing, and is expected to jump to nearly 20.3 million by 2026²

Offered to the employees of:

**Fair Haven Home
Inc.**

¹Life After Cancer: Survivorship by the Numbers, American Cancer Society, 2017.

²Cancer Treatment & Survivorship Facts & Figures, 2016-2017

Meet TJ

TJ is like anyone else who has been diagnosed with cancer. He is concerned about his wife and how she will cope with his disease and its treatment. Most importantly, he worries about how he will pay for his treatment.

Here is what weighs heavily on his 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 treatments, I must cover my bills, rent/mortgage, groceries and other daily expenses
- If the right treatment is not available locally, I will have to travel to get the treatment I need



Here's how TJ's story of diagnosis and treatment turned into a happy ending, because he had supplemental Cancer Insurance to help with expenses.



CHOOSE

TJ chooses benefits to help protect himself and his wife if diagnosed with cancer or a specified disease



USE

TJ undergoes his annual wellness test and is diagnosed for the first time with prostate cancer. His doctor reviews the results with him and recommends pre-op testing and surgery.

Here's TJ's treatment path:

- TJ travels to a specialized hospital 400 miles from where he lives and undergoes pre-op testing
- He is admitted to the hospital for laparoscopic prostate cancer surgery
- TJ undergoes surgery and spends several hours in the recovery waiting room
- He is transferred to his room where he is visited by his doctor during a 2-day hospital stay
- TJ is released under doctor required treatment and care during a 2-month recovery period

TJ continues to fight his cancer and follow his doctor recommended treatments.



CLAIM

TJ's Cancer claim paid him cash benefits for the following:

- Wellness
- Cancer Initial Diagnosis
- Progressive Benefit Rider
- Continuous Hospital Confinement
- Non-Local Transportation
- Surgery
- Anesthesia
- Medical Imaging
- Inpatient Drugs and Medicine
- Physician's Attendance
- Anti-Nausea

For a listing of benefits and benefit amounts, see your company's rate insert.

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.

Wellness Benefit

Biopsy for skin cancer; Blood tests for triglycerides, CA15-3 (breast cancer), CA125 (ovarian cancer), CEA (colon cancer), PSA (prostate cancer); Bone Marrow Testing; Chest X-ray; Colonoscopy; Doppler screening for carotids or peripheral vascular disease; Echocardiogram; EKG; Flexible sigmoidoscopy; Hemocult stool analysis; HPV (Human Papillomavirus) Vaccination; Lipid panel (total cholesterol count); Mammography, including Breast Ultrasound; Cervical Cancer Screening; Serum Protein Electrophoresis (test for myeloma); Stress test on bike or treadmill; Thermography; and Ultrasound screening for abdominal aortic aneurysms.

Benefits (subject to maximums as listed on the attached rate insert)

HOSPITAL CONFINEMENT AND RELATED BENEFITS

Continuous Hospital Confinement - inpatient admission and confinement

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

Private Duty Nursing Services - full-time nursing services authorized by attending physician

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

At Home Nursing - private nursing care must begin within 14 days of a covered hospital stay; payable 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

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

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

SURGERY AND RELATED BENEFITS

Surgery* - based on Certificate Schedule of Surgical Procedures

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

Bone Marrow or Stem Cell Transplant - autologous, non-autologous for treatment of cancer or specified disease other than Leukemia, or non-autologous for treatment of Leukemia

Ambulatory Surgical Center - payable only if Surgery benefit is paid

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

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 where confined by a licensed service or hospital-owned ambulance

Non-Local Transportation - obtaining treatment not available locally

Outpatient Lodging - 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 is 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

Waiver of Premium** - must be disabled 90 days in a row due to cancer, as long as disability lasts

OPTIONAL/ADDITIONAL BENEFITS/RIDER

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

Wellness Benefit - once per year for one of 23 exams. See left for list of wellness tests

Cancer Initial Diagnosis Progressive Benefit Rider - for first-time diagnosis of cancer other than skin cancer; benefit amount increases each year the rider is in force

SPECIFIED DISEASES

29 Specified Diseases Covered - Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease), Muscular Dystrophy, Poliomyelitis, Multiple Sclerosis, Encephalitis, Rabies, Tetanus, Tuberculosis, Osteomyelitis, Diphtheria, Scarlet Fever, Cerebrospinal Meningitis, Brucellosis, Sickle Cell Anemia, Thalassemia, Rocky Mountain Spotted Fever, Legionnaires' Disease, Addison's Disease, Hansen's Disease, Tularemia, Hepatitis (Chronic B or C), Typhoid Fever, Myasthenia Gravis, Reye's Syndrome, Primary Sclerosing Cholangitis (Walter Payton's Disease), Lyme Disease, Systemic Lupus Erythematosus, Cystic Fibrosis, and Primary Biliary Cirrhosis

*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. Does not pay for other surgeries covered by other benefits **Premiums waived for employee only

Cancer Insurance (GVCP3)

Includes coverage for 29 Specified Diseases

from Allstate Benefits

Offered to the employees of:
Fair Haven Home Inc

BENEFIT AMOUNTS

	PLAN 1	PLAN 2
HOSPITAL CONFINEMENT AND RELATED BENEFITS		
Continuous Hospital Confinement (daily)	\$200	\$300
Government or Charity Hospital (daily)	\$200	\$300
Private Duty Nursing Services (daily)	\$200	\$300
Extended Care Facility (daily)	\$200	\$300
At Home Nursing (daily)	\$200	\$300
Hospice Care Center (daily) or Hospice Care Team (per visit)	\$200	\$300
RADIATION/CHEMOTHERAPY/RELATED BENEFITS		
Radiation/Chemotherapy for Cancer ¹ (every 12 months)	\$10,000	\$15,000
Blood, Plasma, and Platelets ¹ (every 12 months)	\$10,000	\$15,000
Hematological Drugs ¹ (every 12 months)	\$200	\$300
Medical Imaging ¹ (every 12 months)	\$500	\$750
SURGERY AND RELATED BENEFITS		
Surgery ²	\$3,000	\$4,500
Anesthesia (% of surgery benefit)	25%	25%
Bone Marrow or Stem Cell Transplant (once/year)		
1. Autologous	\$1,000	\$1,500
2. Non-autologous (cancer or specified disease treatment)	\$2,500	\$3,750
3. Non-autologous (Leukemia)	\$5,000	\$7,500
Ambulatory Surgical Center (daily)	\$500	\$750
Second Opinion	\$400	\$600
MISCELLANEOUS BENEFITS		
Inpatient Drugs and Medicine (daily)	\$25	\$25
Physician's Attendance (daily)	\$50	\$50
Ambulance (per confinement)	\$100	\$100
Non-Local Transportation ¹ (coach fare or amount shown per mile*)	0.40/Mile	0.40/Mile
Outpatient Lodging (daily; limit \$2,000/12 mo. period)	\$50	\$50
Family Member Lodging (daily per trip; max. 60 days and Transportation (coach fare or amount shown per mile**))	0.40/Mile	0.40/Mile
Physical or Speech Therapy (daily)	\$50	\$50
New or Experimental Treatment ³ (every 12 months)	\$5,000	\$5,000
Prosthesis ³ (per amputation)	\$2,000	\$2,000
Hair Prosthesis (every 2 years)	\$25	\$25
Nonsurgical External Breast Prosthesis ¹	\$50	\$50
Anti-Nausea Benefit ¹ (once per calendar year)	\$200	\$200
Waiver of Premium (employee only)	Yes	Yes
OPTIONAL/ADDITIONAL BENEFITS/RIDER		
Cancer Initial Diagnosis (one-time benefit)	\$2,000	\$4,000
Wellness Benefit	\$75	\$100
Cancer Initial Diagnosis Progressive Benefit Rider*** (one-time benefit)	\$0	\$400

¹Pays actual cost up to amount listed. ²Pays actual charges up to amount listed in certificate Schedule of Surgical Procedures. Amount paid depends on surgery. ³Pays actual charges up to amount listed. *At least 70 miles away, up to 700 miles. **Transportation up to 700 miles per continuous hospital confinement. ***Multiplied by years in force at time of diagnosis.

PLAN 1 PREMIUMS

MODE	EE	EE + SP	EE + CH	F
Weekly	\$5.22	\$8.05	\$7.34	\$10.16
Monthly	\$22.59	\$34.85	\$31.77	\$44.01

PLAN 2 PREMIUMS

MODE	EE	EE + SP	EE + CH	F
Weekly	\$9.09	\$14.60	\$12.45	\$18.08
Monthly	\$39.38	\$63.26	\$53.95	\$78.35

Issue ages: 18 and over if actively at work

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

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

FOR HOME OFFICE USE ONLY - GVCP3

Opt 1-2Hosp; 4Rad; 2Surg; 1Misc; 2Init; 0ICU; 3Well; 0Prog

Opt 2-3Hosp; 6Rad; 3Surg; 1Misc; 4Init; 0ICU; 4Well; 1Prog

V.2020.06.01 FA Rate Insert Creation Date: 6/16/2020



For use in enrollments situated in: NC. This rate insert is part of the approved brochure for Fair Haven Home Inc 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 June 16, 2023. Allstate Benefits is the marketing name used by American Heritage Life Insurance Company (Home Office, Jacksonville, FL), a subsidiary of The Allstate Corporation. ©2020 Allstate Insurance Company. www.allstate.com or allstatebenefits.com.



Practical benefits for everyday living.sm

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?[®]

DEFINITIONS

Actual Charges vs. Actual Cost

Actual Charge – Amount billed for a treatment or service before any insurance discounts or payments.

Actual Cost – Amount actually paid by or on behalf of you, accepted as full payment by the provider of goods or services.

CERTIFICATE SPECIFICATIONS

Eligibility

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

Termination of Coverage

Coverage under the policy ends on the date the policy is canceled; the last day premium payments were made; the last day of active employment, unless coverage is continued due to Temporary Layoff, Leave of Absence or Family and Medical Leave of Absence; the date you or your class is no longer eligible.

Spouse/domestic partner coverage ends upon divorce/termination of partnership or your death. Coverage for children ends when the child reaches age 26, unless he or she continues to meet the requirements of an eligible dependent.

Portability Privilege

Coverage may be continued under the Portability Provision when coverage under the policy ends. Refer to your Certificate of Insurance for details.

LIMITATIONS AND EXCLUSIONS

Pre-Existing Condition Limitation

We do not pay benefits for a pre-existing condition during the 12-month period beginning on the date that person's coverage starts. This exclusion will not apply to your newborn, adopted child, or foster child under age 18 if we are notified within 31 days of the child's birth or date of placement. A pre-existing condition is a disease or condition for which medical advice or treatment was recommended or received from a medical professional within the 12-month period prior to the effective date.

Exclusions and Limitations

We do not pay for any loss except for losses due to cancer or a specified disease. Benefits are not paid for conditions caused or aggravated by cancer or a specified disease. Treatment and services must be needed due to cancer or a specified disease and be received in the United States or its territories.

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 immunoglobulins or blood replaced by donors.

For the **Surgery, New or Experimental Treatment** and **Prosthesis** benefits, we pay 50% of the applicable maximum when specific charges are not obtainable as proof of loss.

For the **Radiation/Chemotherapy for Cancer** benefit, we do not pay for: any other chemical substance which may be administered with or in conjunction with radiation/chemotherapy; treatment planning, consultation or management; the design and construction of treatment devices; basic radiation dosimetry calculation; any type of laboratory tests; X-ray or other imaging used for diagnosis or monitoring; the diagnostic tests related to these treatments; or any devices or supplies including intravenous solutions and needles related to these treatments.

This brochure is for use in enrollments situated in NC and is incomplete without the accompanying rate insert.

This material is valid as long as information remains current, but in no event later than June 16, 2023.

Group Cancer benefits are provided under policy form GVCP3, or state variations thereof. Cancer Initial Diagnosis Progressive Benefit Rider provided under rider form GPCPR1, or state variations thereof.

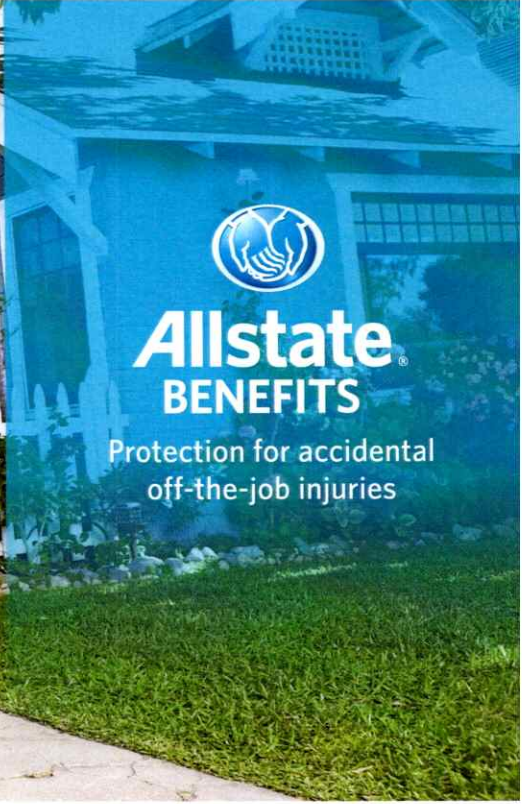
The coverage provided is limited benefit supplemental cancer and specified disease insurance. The policy is not a Medicare Supplement Policy. If eligible for Medicare, review Medicare Supplement Buyer's Guide available from Allstate Benefits. There may be instances when a law requires that benefits under 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 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, you may contact your Allstate Benefits Representative.

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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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 and intensive care confinement. Your plan may also include coverage for a variety of occurrences, such as: dismemberment; dislocation or fracture; ambulance services; physical therapy and more. The cash benefits can be used to help pay for deductibles, treatment, rent and more.

Meeting Your Needs

- Guaranteed Issue, meaning no medical questions to answer
- 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 may be continued; refer to your certificate for details

With Allstate Benefits, you can protect your finances against life's slips and falls. **Are you in Good Hands? You can be.**

DID YOU KNOW ?

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

OFF-THE-JOB (in millions)



Home
9.2



Non-Auto
4.0



Auto
2.2

Offered to the employees of:

Fair Haven

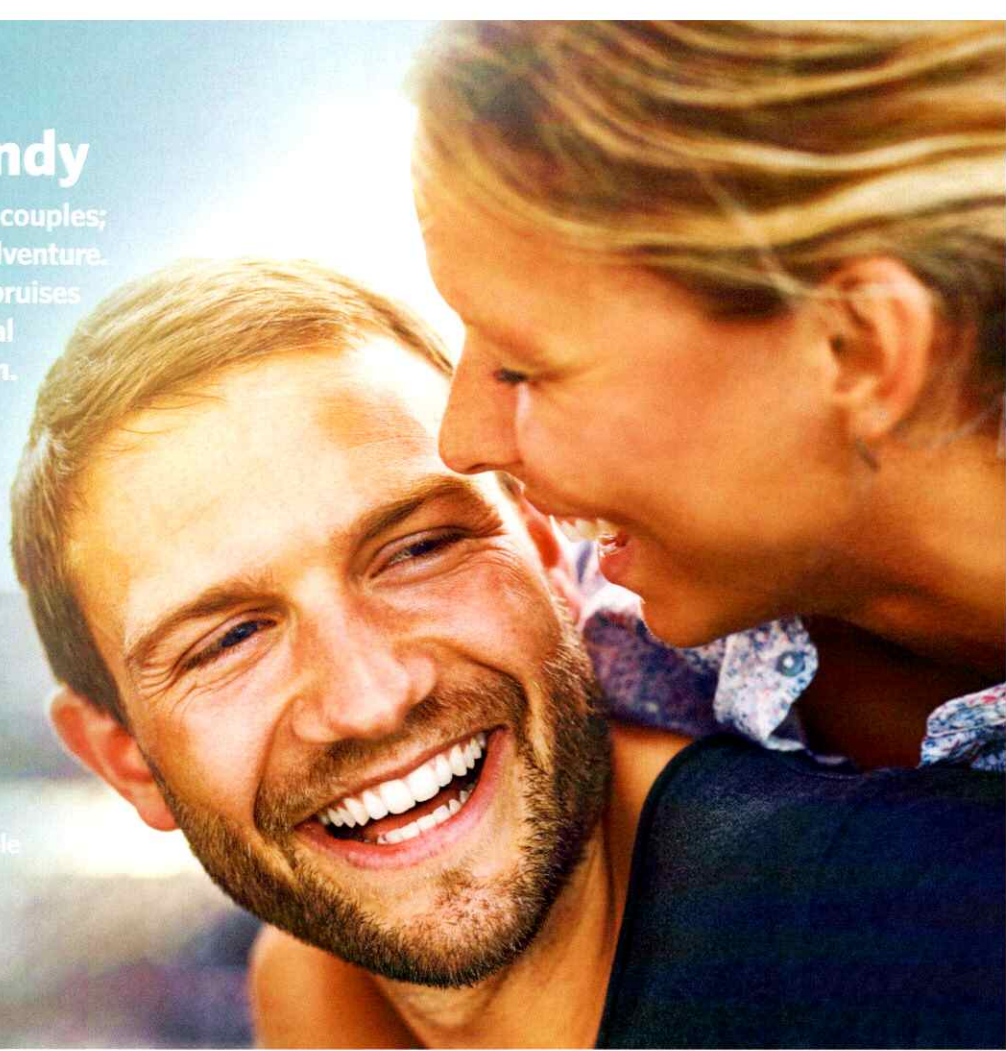
¹National Safety Council, Injury Facts[®], 2017 Edition

Meet Daniel & Sandy

Daniel and Sandy are like most active couples; they enjoy the outdoors and a great adventure. They have seen their share of bumps, bruises and breaks. Sandy knows an accidental injury could happen to either of them. Most importantly, she worries about how they will pay for it.

Here is what weighs heavily on her mind:

- Major medical will only pay a portion of the expenses associated with injury treatments
- They have copays they are responsible for until they meet their deductible
- If they miss work because of an injury, they must cover the bills, rent/mortgage, groceries and their child's education
- If they need to seek treatment not available locally, they will have to pay for it



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



CHOOSE

Daniel and Sandy choose benefits to help protect their family if they suffer an accidental injury.



USE

Daniel was playing a pick-up game of basketball with his friends when he went up for a jump-shot and, on his way back down, twisted his foot and ruptured his Achilles tendon.

Here's Daniel's treatment path:

- Taken by ambulance to the emergency room
- Examined by a doctor and X-rays were taken
- Underwent surgery to reattach the tendon
- Visited by his doctor and released after a one-day stay in the hospital
- Had to immobilize his ankle for 6 weeks
- Seen by the doctor during a follow-up visit and sent to physical therapy to strengthen his leg and improve his mobility

Daniel would go online after each of his treatments to file claims. The cash benefits were direct deposited into his bank account.

Daniel is back playing basketball and enjoying life.



CLAIM

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

Ground Ambulance
Medicine
Emergency Room
X-rays
Initial Hospital Confinement
Daily Hospital Confinement
Accident Physician's Treatment
Tendon Surgery
General Anesthesia
Outpatient Physician
Physical Therapy (3 days/week)

For a listing of benefits and benefit amounts, see your company's rate insert.

CERTIFICATE SPECIFICATIONS

Conditions and Limits

When an injury results in a covered loss within 180 days, unless otherwise stated, 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.

Eligibility

Your employer decides who is eligible for your group (such as length of service and hours worked each week).

Dependent Eligibility/Termination

Coverage may include you, your spouse or domestic partner, and your children. 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 valid decree of divorce or your death. Domestic partner coverage ends upon termination of the domestic partnership or your death.

When Coverage Ends

Coverage under the policy and riders ends on the earliest of: the date the policy or certificate is canceled; the last day of the period for which you made any required contributions; the last day you are in active employment, except as provided under the Temporary Layoff, Leave of Absence, or Family and Medical Leave of Absence provision; the date you are no longer in an eligible class; the date your class is no longer eligible.

Continuing Your Coverage

You may be eligible to continue coverage when coverage under the policy ends. Refer to your Certificate of Insurance for details.

EXCLUSIONS AND LIMITATIONS

Exclusions and Limitations for Policy and the following riders: Accident Treatment and Urgent Care Rider; Dislocation/Fracture Rider; Emergency Room Services Rider; Accidental Death, Dismemberment and Functional Loss Rider; and Benefit Enhancement Rider

Benefits are not paid for: injury incurred before the effective date; act of war or active participation in a riot, insurrection or rebellion; suicide or attempt at suicide; intentionally self-inflicted injury or action; any bacterial infection (except pyogenic infections from an accidental cut or wound); participation in aeronautics unless a fare-paying passenger on a licensed common-carrier aircraft; engaging in an illegal occupation or committing or attempting an assault or felony; driving in any race or speed test or testing any vehicle on any racetrack or speedway; hernia, including complications; injury while under the influence of alcohol or any drug, unless taken as prescribed by a physician; serving as an active member of the Military, Naval, or Air Forces of any country or combination of countries; an injury that occurred as a result of an on-the-job accident.

Exclusions and Limitations for Outpatient Physician's Treatment for Accident and Preventive Care Benefit Rider

Benefits are not paid for: injury incurred before the effective date; act of war or active participation in a riot, insurrection or rebellion; suicide or attempt at suicide; intentionally self-inflicted injury or action; participation in aeronautics unless a fare-paying passenger on a licensed common-carrier aircraft; engaging in an illegal occupation or committing or attempting an assault or felony; driving in any race or speed test or testing an automobile or any vehicle on any racetrack or speedway; injury while under the influence of alcohol or any drug, unless taken as prescribed by a physician; serving as an active member of the Military, Naval, or Air Forces of any country or combination of countries; an injury that occurred as a result of an on-the-job accident.

This brochure is for use in enrollments situated in NC, and is incomplete without the accompanying rate insert. This material is valid as long as information remains current, but in no event later than June 28, 2022.

Group Accident benefits are provided under policy form GVAP6, or state variations thereof. Accident Rider benefits are provided under the following rider forms, or state variations thereof: Accident Treatment and Urgent Care Rider GP6AUC; Accidental Death, Dismemberment and Functional Loss Rider GP6ADD; Benefit Enhancement Rider GP6BE; Dislocation/Fracture Rider GP6DF; Emergency Room Services Rider GP6ERS; and Outpatient Physician's Treatment for Accident and Preventive Care Benefit Rider GP6OPH.

The coverage provided is 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.

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, you may contact your Allstate Benefits Representative.

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 is the marketing name used by American Heritage Life Insurance Company, a subsidiary of The Allstate Corporation. ©2019 Allstate Insurance Company.
www.allstate.com or
allstatebenefits.com

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 may include you, your spouse or domestic partner, and your children.

*Two treatments per covered person, per accident. **Up to three times per covered person, per accident. ¹Multiple dislocations, fractures, dismemberments or functional losses from the same accident are limited to the amount shown in the Benefit Amounts on rate insert. ²Two or more surgeries done at the same time are considered one operation. ³Paid for each day a room charge is incurred, up to 30 days for each covered person per continuous period of rehabilitation unit confinement, for a maximum of 60 days per calendar year. Not paid for days on which the Daily Hospital Confinement benefit is paid.

Benefits (subject to maximums as listed on the attached rate insert)

BASE POLICY BENEFITS

Initial Hospital Confinement

Daily Hospital Confinement - up to 365 days for any one accident

Intensive Care - up to 180 days for each period of continuous confinement

RIDER BENEFITS ADDED TO BASE POLICY

Accident Treatment & Urgent Care Rider

Benefits for: Ground Ambulance, Air Ambulance, Accident Physician's Treatment, X-ray, Urgent Care

Dislocation/Fracture Rider¹ - amount paid depends on type of dislocation or fracture. See Injury Benefit Schedule in rate insert

Emergency Room Services Rider - received as a result of injury

OPTIONAL/ADDITIONAL RIDER BENEFITS

Outpatient Physician's Treatment for Accident and Preventive Care Benefit Rider - Once per day, per covered person, not to exceed 2 days per covered person, per calendar year and a maximum of 4 days per calendar year if dependents are covered. Does not cover sickness.

Accidental Death, Dismemberment and Functional Loss Rider

Benefits for: Accidental Death, Common Carrier, Dismemberment¹, Functional Loss¹

Benefit Enhancement Rider

Accident Follow-Up Treatment - not payable for the same visit for which the Physical, Occupational or Speech Therapy benefit is paid*

Lacerations

Burns - treatment for one or more burns, other than sunburns

Skin Graft - for a burn for which a benefit is paid under the Burns benefit

Brain Injury Diagnosis - first diagnosis of concussion, cerebral laceration, cerebral contusion or intracranial hemorrhage. Must be diagnosed by CT Scan, MRI, EEG, PET scan or X-ray

Computed Tomography (CT) Scan and Magnetic Resonance Imaging (MRI) - treatments must be received within 30 days after the accident. Payable once per covered person, per accident, per calendar year

Paralysis - spinal cord injury resulting in complete/permanent loss of use of two or more limbs for 90 consecutive days

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

Open Abdominal or Thoracic Surgery - must be performed by a physician²

Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery - surgery for torn, ruptured, or severed tendon, ligament, rotator cuff or knee cartilage; pays the reduced amount shown for arthroscopic exploratory surgery²

Ruptured Disc Surgery - diagnosis and surgical repair to a ruptured disc of the spine by a physician²

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

General Anesthesia - payable only if one of the rider Surgery benefits is paid

Blood and Plasma

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

Medical Supplies

Medicine

Prosthesis - physician-prescribed prosthetic arm, leg, hand, foot or eye lost as a result of an accident

Physical, Occupational or Speech Therapy - 1 treatment per day; maximum of 6 treatments per accident.

Includes chiropractic services. Not payable for same visit for which Accident Follow-Up Treatment benefit is paid

Rehabilitation Unit - must be hospital-confined due to an injury prior to being transferred to rehab²

Non-Local Transportation - obtaining treatment more than 50 miles from your home when not available locally. Ground or air ambulance is not covered**

Family Member Lodging - 1 adult family member to be with you while you are hospital confined. Not paid if family member lives within 50 miles of the hospital. Payable up to 30 days per accident

Post-Accident Transportation - three-day hospital stay more than 250 miles from your home, with a flight on a common carrier to return home. Payable only if the Daily Hospital Confinement benefit is paid

Broken Tooth - dental repair by crown, filling or extraction; only one of the three is covered per accident. Injury must be to natural teeth and cannot be due to biting or chewing

Residence/Vehicle Modification - permanent structural modification certified necessary by a physician, within 365 days after accident

Pain Management (Epidural Injection) - injection in the spine to manage pain due to an accidental injury

Miscellaneous Outpatient Surgery - physician-performed outpatient surgical procedure. Not paid if one of the following benefits is paid: Open Abdominal or Thoracic Surgery; Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery; Ruptured Disc Surgery; or Eye Surgery

Group Voluntary Accident (GVAP6)

Off-the-Job Accident Insurance from Allstate Benefits

Offered to the employees of:
Fair Haven

BENEFIT AMOUNTS

Benefits are paid once per accident unless otherwise noted here or in the brochure

BASE POLICY BENEFIT		PLAN 1	PLAN 2
Initial Hospital Confinement (pays once/year)		\$1,000	\$1,500
Daily Hospital Confinement (pays daily)		\$200	\$300
Intensive Care (pays daily)		\$400	\$600
RIDER BENEFITS		PLAN 1	PLAN 2
Accident Treatment & Urgent Care Rider			
Ambulance	Ground	\$200	\$300
	Air	\$600	\$900
Accident Physician's Treatment		\$100	\$150
X-ray		\$200	\$300
Urgent Care		\$100	\$150
Dislocation/Fracture Rider ¹		\$4,000	\$6,000
Emergency Room Services Rider		\$200	\$300
Outpatient Physician's Treatment for Accident and Preventive Care Benefit Rider (pays daily)		\$25.00	\$50.00
Accidental Death ¹ , Dismemberment ¹ , and Functional Loss ^{1,2} Rider		\$40,000	\$60,000
Common Carrier (fare-paying passenger)		\$100,000	\$150,000
BENEFIT ENHANCEMENT RIDER		PLAN 1	PLAN 2
Accident Follow-Up Treatment (pays daily)		\$100	\$150
Lacerations		\$100	\$150
Burns	< 15% body surface	\$200	\$300
	15% or more	\$1,000	\$1,500
Skin Graft (% of Burns Benefit)		50%	50%
Brain Injury Diagnosis		\$600	\$900
Computed Tomography (CT) Scan and Magnetic Resonance Imaging (MRI) (pays once/year)		\$100	\$150
Paralysis (pays once)	Paraplegia	\$15,000	\$22,500
	Quadriplegia	\$30,000	\$45,000
Coma with Respiratory Assistance		\$20,000	\$30,000
Open Abdominal or Thoracic Surgery		\$2,000	\$3,000
Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery	Surgery	\$1,000	\$1,500
	Exploratory	\$300	\$450
Ruptured Spinal Disc Surgery		\$1,000	\$1,500
Eye Surgery		\$200	\$300
General Anesthesia		\$200	\$300
Blood and Plasma		\$600	\$900
Appliance		\$250.00	\$375.00
Medical Supplies		\$10.00	\$15.00
Medicine		\$10.00	\$15.00
Prosthesis	1 device	\$1,000	\$1,500
	2 or more devices	\$2,000	\$3,000
Physical, Occupational or Speech Therapy (pays daily)		\$60	\$90
Rehabilitation Unit (pays daily)		\$200	\$300
Non-Local Transportation		\$500	\$750
Family Member Lodging (pays daily)		\$200	\$300
Post-Accident Transportation (pays once/year)		\$400	\$600
Broken Tooth		\$200	\$300
Residence/Vehicle Modification		\$1,000	\$1,500
Pain Management (Epidural Injection)		\$100	\$150
Miscellaneous Outpatient Surgery		\$200	\$300

PLAN 1 PREMIUMS

MODE	EE	EE + SP	EE + CH	F
Weekly	\$2.34	\$4.06	\$6.09	\$7.87
Monthly	\$10.14	\$17.56	\$26.37	\$34.08

PLAN 2 PREMIUMS

MODE	EE	EE + SP	EE + CH	F
Weekly	\$3.69	\$6.38	\$9.47	\$12.32
Monthly	\$15.99	\$27.63	\$41.03	\$53.39

Issue ages: 18 and over if actively at work

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

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

Injury Benefit Schedule is on reverse

¹Each benefit pays the amount shown. ²Up to amount shown; see Injury Benefit Schedule on reverse. Multiple losses from same injury pay only up to amount shown above.

INJURY BENEFIT SCHEDULE

Benefit amounts for coverage and one occurrence are shown below.

COMPLETE DISLOCATION	PLAN 1	PLAN 2
Hip joint	\$4,000	\$6,000
Knee or ankle joint [^] , bone or bones of the foot [^]	\$1,600	\$2,400
Wrist joint	\$1,400	\$2,100
Elbow joint	\$1,200	\$1,800
Shoulder joint	\$800	\$1,200
Bone or bones of the hand [^] , collarbone	\$600	\$900
Two or more fingers or toes	\$280	\$420
One finger or toe	\$120	\$180
COMPLETE, SIMPLE OR CLOSED FRACTURE	PLAN 1	PLAN 2
Hip, thigh (femur), pelvis ^{**}	\$4,000	\$6,000
Skull ^{**}	\$3,800	\$5,700
Arm, between shoulder and elbow (shaft), shoulder blade (scapula), leg (tibia or fibula)	\$2,200	\$3,300
Ankle, knee cap (patella), forearm (radius or ulna), collarbone (clavicle)	\$1,600	\$2,400
Foot ^{**} , hand or wrist ^{**}	\$1,400	\$2,100
Lower jaw ^{**}	\$800	\$1,200
Two or more ribs, fingers or toes, bones of face or nose	\$600	\$900
One rib, finger or toe, coccyx	\$280	\$420
LOSS	PLAN 1	PLAN 2
Life, hearing, speech, or both eyes, hands, arms, feet, or legs, or one hand or arm and one foot or leg	\$40,000	\$60,000
One eye, hand, arm, foot, or leg	\$20,000	\$30,000
One or more entire toes or fingers	\$4,000	\$6,000

[^]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).



For use in enrollments situated in NC. This rate insert is part of the approved brochure for Fair Haven or form ABJ29986-6; it is not to be used on its own.

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Allstate
BENEFITS

Protection when faced with
a critical illness diagnosis
and you need treatment

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 renewable for life, subject to change in premiums by class
- Spouse and child(ren) receive the same Basic-Benefit Amount as you
- Benefits paid regardless of any other medical coverage
- Premiums are affordable and can be conveniently payroll deducted

With Allstate Benefits, you can make treatment decisions without putting your finances at risk. **Practical benefits for everyday living.SM**

DID YOU KNOW ?



Every 40 seconds, an American will have a heart attack¹



Every 40 seconds, someone in the U.S. has a stroke¹

Offered to the employees of:
Fair Haven Home Inc.

¹Heart Disease and Stroke Statistics 2017 At-a-Glance, American Heart Association.

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



USE

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.



CLAIM

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

Wellness

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.

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

Family members eligible for coverage are your spouse and children.

Benefits (subject to maximums as listed on the attached rate insert)

Benefit paid upon diagnosis

CRITICAL ILLNESS CATEGORY 1 BENEFITS*

Heart Attack - a cardiac arrest is not a heart attack and is not covered by this benefit

Stroke - Transient ischemic attacks (TIAs) are excluded

Heart Transplant

Bypass Surgery - the following procedures are not considered bypass surgery: balloon angioplasty, laser embolectomy, atherectomy, stent placement, or other nonsurgical procedures

Angioplasty, Atherectomy, Stent Placement - confirmation by a licensed cardiologist and angiographic evidence of the underlying disease must be received

CRITICAL ILLNESS CATEGORY 2 BENEFITS*

Major Organ Transplant - pays a benefit when the covered person undergoes a lung, liver, pancreas, or kidney transplant; does not include heart transplant

End Stage Renal Failure - end stage renal disease affecting both kidneys, with the covered person undergoing peritoneal dialysis or hemodialysis or renal transplant

Paralysis - complete and permanent loss of use of 2 or more limbs. Not covered if a result of a stroke

Multiple Sclerosis - must be diagnosed by a consultant neurologist

Alzheimer's Disease - must be diagnosed by a psychiatrist or neurologist and unable to perform 3 or more of these activities: bathing, dressing, toileting, eating, taking medication

OPTIONAL/ADDITIONAL RIDER

Wellness Benefit Rider - Once per day, per person, per calendar year. Tests include: Biopsy for skin cancer; Blood tests for triglycerides, CA15-3 (cancer antigen 15-3 - blood test for breast cancer), CA125 (cancer antigen 125 - blood test for ovarian cancer), CEA (carcinoembryonic antigen - blood test for colon cancer), PSA (prostate specific antigen - blood test for 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; Ultrasound screening of the abdominal aorta for abdominal aortic aneurysms

*After 100% of the Basic Benefit Amount has been paid within a category (Category 1 or 2), no more benefits are paid for any illness associated with that category. Once a covered person has exhausted all benefit maximums in Categories 1 and 2, coverage ends for that person.

Critical Illness Insurance (CILP1)

from Allstate Benefits

BENEFIT AMOUNTS

CRITICAL ILLNESS CATEGORY 1 BENEFITS ¹	PLAN 1	PLAN 2
Heart Attack (100%)	\$10,000	\$25,000
Stroke (100%)	\$10,000	\$25,000
Heart Transplant (100%)	\$10,000	\$25,000
Bypass Surgery (25%)	\$2,500	\$6,250
Angioplasty, Atherectomy, Stent Placement (25%)	\$2,500	\$6,250
CRITICAL ILLNESS CATEGORY 2 BENEFITS ¹	PLAN 1	PLAN 2
Major Organ Transplant (100%)	\$10,000	\$25,000
End Stage Renal Failure (100%)	\$10,000	\$25,000
Paralysis 4 limbs (100%) 2 limbs (50%)	\$10,000 \$5,000	\$25,000 \$12,500
Multiple Sclerosis (25%)	\$2,500	\$6,250
Alzheimer's Disease (25%)	\$2,500	\$6,250
ADDITIONAL RIDER	PLAN 1	PLAN 2
Wellness Benefit Rider (pays daily)	\$50	\$100

¹The percentage shown for each benefit is the percentage of the Basic Benefit Amount payable for each critical illness. After 100% of the Basic Benefit Amount has been paid within a category (Category 1 or 2), no more benefits are paid for any illness associated with that category. Once a covered person has exhausted all benefit maximums in Categories 1 and 2, coverage ends for that person.

Offered to the employees of:
Fair Haven

PLAN 1 - WEEKLY PREMIUMS

\$10,000 Basic Benefit Amount

AGE	EE	EE+CH	F
Non-Tobacco			
18-29	\$0.66	\$0.92	\$1.12
30-39	\$1.08	\$1.40	\$1.90
40-49	\$1.84	\$2.28	\$3.48
50-59	\$2.81	\$3.40	\$5.55
60-64	\$4.27	\$4.87	\$8.09
Tobacco			
18-29	\$1.01	\$1.32	\$1.75
30-39	\$1.99	\$2.50	\$3.68
40-49	\$3.94	\$4.71	\$7.34
50-59	\$6.40	\$7.28	\$11.93
60-64	\$9.17	\$10.37	\$17.23

PLAN 1 - BI-WEEKLY PREMIUMS

\$10,000 Basic Benefit Amount

AGE	EE	EE+CH	F
Non-Tobacco			
18-29	\$1.32	\$1.84	\$2.24
30-39	\$2.16	\$2.80	\$3.80
40-49	\$3.68	\$4.56	\$6.96
50-59	\$5.62	\$6.80	\$11.10
60-64	\$8.54	\$9.74	\$16.18
Tobacco			
18-29	\$2.02	\$2.64	\$3.50
30-39	\$3.98	\$5.00	\$7.36
40-49	\$7.88	\$9.42	\$14.68
50-59	\$12.80	\$14.56	\$23.86
60-64	\$18.34	\$20.74	\$34.46

PLAN 1 - SEMI-MONTHLY PREMIUMS

\$10,000 Basic Benefit Amount

AGE	EE	EE+CH	F
Non-Tobacco			
18-29	\$1.43	\$1.99	\$2.42
30-39	\$2.34	\$3.02	\$4.11
40-49	\$3.98	\$4.93	\$7.54
50-59	\$6.08	\$7.37	\$12.02
60-64	\$9.25	\$10.55	\$17.52
Tobacco			
18-29	\$2.19	\$2.85	\$3.79
30-39	\$4.31	\$5.41	\$7.98
40-49	\$8.53	\$10.20	\$15.90
50-59	\$13.86	\$15.77	\$25.84
60-64	\$19.87	\$22.47	\$37.32

PLAN 1 - MONTHLY PREMIUMS

\$10,000 Basic Benefit Amount

AGE	EE	EE+CH	F
Non-Tobacco			
18-29	\$2.85	\$3.98	\$4.83
30-39	\$4.68	\$6.03	\$8.22
40-49	\$7.96	\$9.86	\$15.07
50-59	\$12.15	\$14.73	\$24.04
60-64	\$18.49	\$21.10	\$35.03
Tobacco			
18-29	\$4.38	\$5.69	\$7.58
30-39	\$8.62	\$10.82	\$15.95
40-49	\$17.05	\$20.40	\$31.79
50-59	\$27.72	\$31.54	\$51.68
60-64	\$39.73	\$44.93	\$74.63

EE = Employee; EE+CH = Employee + Child(ren); F = Family
Issue ages are 18 to 64.

PLAN 2 - WEEKLY PREMIUMS

\$25,000 Basic Benefit Amount

AGE	EE	EE+CH	F
Non-Tobacco			
18-29	\$1.48	\$2.02	\$2.51
30-39	\$2.53	\$3.20	\$4.47
40-49	\$4.43	\$5.42	\$8.42
50-59	\$6.84	\$8.23	\$13.59
60-64	\$10.50	\$11.90	\$19.93
Tobacco			
18-29	\$2.36	\$3.01	\$4.10
30-39	\$4.80	\$5.97	\$8.93
40-49	\$9.67	\$11.50	\$18.06
50-59	\$15.82	\$17.93	\$29.54
60-64	\$22.76	\$25.64	\$42.78

PLAN 2 - BI-WEEKLY PREMIUMS

\$25,000 Basic Benefit Amount

AGE	EE	EE+CH	F
Non-Tobacco			
18-29	\$2.96	\$4.04	\$5.02
30-39	\$5.06	\$6.40	\$8.94
40-49	\$8.86	\$10.84	\$16.84
50-59	\$13.68	\$16.46	\$27.18
60-64	\$21.00	\$23.80	\$39.86
Tobacco			
18-29	\$4.72	\$6.02	\$8.20
30-39	\$9.60	\$11.94	\$17.86
40-49	\$19.34	\$23.00	\$36.12
50-59	\$31.64	\$35.86	\$59.08
60-64	\$45.52	\$51.28	\$85.56

PLAN 2 - SEMI-MONTHLY PREMIUMS

\$25,000 Basic Benefit Amount

AGE	EE	EE+CH	F
Non-Tobacco			
18-29	\$3.19	\$4.37	\$5.44
30-39	\$5.48	\$6.94	\$9.68
40-49	\$9.58	\$11.73	\$18.24
50-59	\$14.81	\$17.82	\$29.45
60-64	\$22.75	\$25.78	\$43.18
Tobacco			
18-29	\$5.11	\$6.52	\$8.87
30-39	\$10.40	\$12.92	\$19.33
40-49	\$20.95	\$24.90	\$39.13
50-59	\$34.28	\$38.83	\$64.00
60-64	\$49.30	\$55.56	\$92.68

PLAN 2 - MONTHLY PREMIUMS

\$25,000 Basic Benefit Amount

AGE	EE	EE+CH	F
Non-Tobacco			
18-29	\$6.38	\$8.74	\$10.88
30-39	\$10.95	\$13.87	\$19.36
40-49	\$19.16	\$23.45	\$36.48
50-59	\$29.62	\$35.63	\$58.89
60-64	\$45.49	\$51.56	\$86.36
Tobacco			
18-29	\$10.21	\$13.04	\$17.74
30-39	\$20.80	\$25.84	\$38.66
40-49	\$41.89	\$49.80	\$78.26
50-59	\$68.55	\$77.66	\$127.99
60-64	\$98.59	\$111.11	\$185.36

EE = Employee; EE+CH = Employee + Child(ren); F = Family
 Issue ages are 18 to 64.

For use in: NC

This rate insert is part of form ABJ35560X and is not to be used on its own.

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POLICY SPECIFICATIONS

Conditions and Limits

The policy provides benefits only for the illnesses shown. You can only receive benefits for an illness once. The policy does not cover any other disease, sickness, or incapacity. All covered conditions must be diagnosed by a medical doctor. Emergency situations that occur while outside the United States will be reviewed and considered when the covered person returns to the United States.

Eligibility/Termination

Family coverage may include you, your spouse, and eligible children. The policy terminates when you stop paying premiums or request to cancel the coverage, or when all covered persons have received the maximum benefits payable in all benefit categories. 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. Your spouse, if covered, becomes the insured in the event of your death.

BENEFIT CONDITIONS

Exclusions and Limitations

Benefits are not paid for: any act of war or participation in a riot, insurrection or rebellion; intentionally self-inflicted injuries; engaging in an illegal occupation or felony; attempted suicide; injury sustained or contracted in consequence of being intoxicated or under the influence of any narcotic unless taken on the advice of a doctor; participation in any form of aeronautics except as a fare-paying passenger in a licensed common-carrier aircraft; alcohol abuse, alcoholism, drug addiction or dependence upon any controlled substance.

Pre-Existing Condition Limitation

Benefits are not paid for a pre-existing condition during the first 12 months of coverage. A pre-existing condition is a condition (not revealed in the application) for which medical advice, diagnosis, care or treatment was recommended or received from a medical doctor within the 12-month period immediately preceding the effective date.



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This brochure is for use in NC and is incomplete without the accompanying rate insert.

This material is valid as long as information remains current, but in no event later than June 15, 2023.

Critical Illness benefits are provided under policy form CILP1, or state variations thereof. Wellness Benefit Rider provided under rider form WBR5, or state variations thereof.

The policy and rider provide 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 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.