

## What can living with a Critical Illness mean to you and your family?

Paying for daily out-of-pocket expenses for fighting  
the disease while still paying your bills!



### Benefit coverage for **LOWE'S Associates** your coverage—your choice!

Allstate Benefits Critical Illness Insurance can help you build a solid financial foundation, that is meant to improve and protect your life, and the life of your family. Our Critical Illness coverage is designed to help improve your existing medical coverage, by supplementing it with benefits that can help pay for non-medical expenses not usually covered. It is protection that is there for you when a diagnosis occurs.

#### **CRITICAL ILLNESS INSURANCE**

the right coverage • your future • great choice

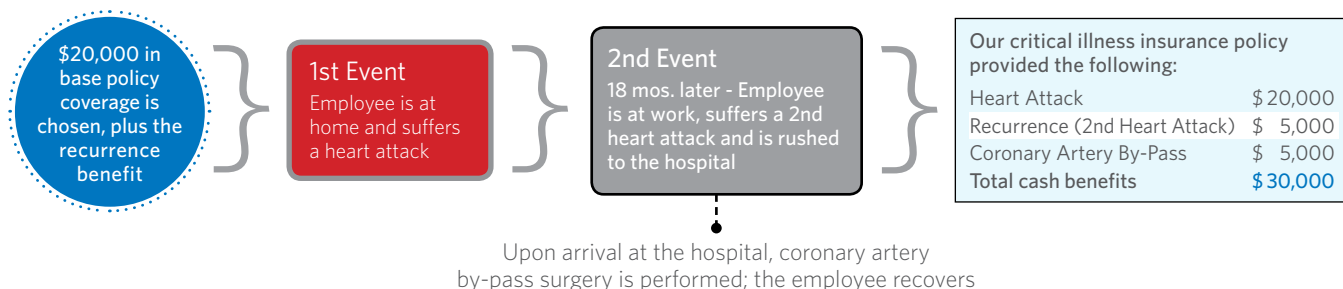


## group voluntary critical illness

Allstate Benefits (AB) group voluntary critical illness coverage provides a lump-sum cash benefit to help cover the out-of-pocket expenses associated with critical illnesses.

No one likes to think about the high cost of having heart disease, a stroke or a coronary artery by-pass surgery. And because there are gaps in medical coverage, the costs involved could have a significant impact on hard-earned finances, such as lost income, child care, travel expenses, prescription drugs and mortgage payments.

Critical illness coverage helps offer peace of mind when a critical illness diagnosis occurs. Below is an example of how benefits might be paid.<sup>^</sup>



### meeting your needs

Our group critical illness coverage helps offer financial peace of mind, should a covered critical illness be diagnosed.

- Up to \$30,000 Guaranteed Issue\* for all employees and new hires. Up to \$10,000 Guaranteed Issue for late entrants. Your covered spouse and child(ren) receive 50% of the coverage you choose for yourself; Guaranteed Issue.\*
- You can obtain higher levels of coverage at \$40,000 or \$50,000; however, evidence of insurability will be required. Your spouse and child(ren) will receive \$20,000 or \$25,000, depending on the coverage you choose for yourself.
- Benefits payable for critical illness, specified diseases, plus wellness.
- Premiums are affordable
- Benefits paid directly to you unless you choose to sign them over to someone else
- Coverage options include: you, you and your spouse, you and your child(ren), or family. Coverage for spouse and child(ren) is only available if you enroll.

\*If you enroll after your initial enrollment period or desire a basic benefit option that is higher than \$30,000, you will be required to provide proof of good health.

### your benefit coverage

Benefits for critical illness coverage will be provided to you, your spouse, and child(ren), where applicable. Terms and conditions for each benefit will vary. Payment of benefits is subject to policy provisions. Please review your coverage carefully.

#### HOW TO GET STARTED

Choose your benefit amount in \$10,000 increments, from \$10,000, \$20,000 and \$30,000; Guaranteed Issue\*. No evidence of insurability is required, if you enroll when you are first eligible. Higher benefit amounts up to \$50,000 are available; however, evidence of insurability will be required.

Make sure to select coverage for you, you and your spouse, you and your child(ren), or your entire family.

**Initial Critical Illness Benefit** - A benefit will be paid for heart attack, stroke, coronary artery by-pass surgery, invasive cancer or carcinoma in situ, end stage renal failure, Alzheimer's disease, or a specified disease ([see descriptions for all benefits; this page](#)).

The amount payable for each critical illness is the percentage next to that critical illness multiplied by the basic benefit amount applicable to each covered person. Benefits are payable only once for each initial occurrence of a critical illness per covered person, provided: the date of diagnosis is after the effective date of coverage; and while you are insured; and, if applicable, is not a pre-existing condition as defined; and meets the definition in the policy; and is not excluded by name or specific description; and we have not paid an initial critical illness benefit for it before. We will continue to pay benefits until the maximum total percentage of 200% of the basic benefit amount is reached for each covered person.



Stroke is the leading cause of serious, long-term disability in the United States.<sup>2</sup>

<sup>2</sup> Heart Disease and Stroke Statistics - 2010 update, American Heart Association, 2010.

**Heart Attack and Stroke (100%) - The benefit amount you have chosen will be paid** for you or a covered family member if diagnosed with a heart attack or stroke critical illness.

**Coronary Artery By-Pass Surgery\* (100%) - The benefit amount you have chosen will be paid** for coronary artery by-pass surgery critical illness if you or a covered family member is diagnosed with the critical illness.

**Cancer\* (Invasive 100% or Carcinoma in situ 25%) - The benefit amount you have chosen will be paid** for cancer critical illnesses if you or a covered family member is diagnosed with the critical illness.

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

**Alzheimer's Disease\* (100%) - The benefit amount you have chosen will be paid** for Alzheimer's Disease critical illness if you or a covered family member is diagnosed with the critical illness.

If you or a covered family member were diagnosed with Alzheimer's Disease prior to the effective date of coverage, or had a pre-existing condition, it will be excluded and never covered under the policy.

**Specified Disease\* (25%) - The benefit amount you have chosen will be paid** for one of the covered specified disease critical illnesses (see chart, page 5) if you or a covered family member is diagnosed with the critical illness.

If you or a covered family member were diagnosed with a specified disease prior to the effective date of coverage, or had a pre-existing condition, it will be excluded and never covered under the policy.

#### ADDITIONAL BENEFIT COVERAGE

**Recurrence Benefit (50%) - A benefit will be paid at 50% of the Initial Critical Illness Benefit** for you or each covered family member, if diagnosed with another occurrence of a covered critical illness paid under the Initial Critical Illness Benefit. The benefits covered include: Heart Attack, Stroke, Coronary Artery By-Pass Surgery, Invasive Cancer and Carcinoma in situ. Payment is subject to the

following conditions: the same condition is excluded for 180 days after the prior occurrence; and for the cancer related benefits, the covered person must be symptom and treatment-free during the 180 days after the prior occurrence; and **benefits paid for a recurrence contribute toward the maximum total of benefits, which is 200% of the basic benefit amount for you or each covered family member.**

#### additional benefit coverage

In addition to the Initial Critical Illness benefits included in the policy, additional benefits have been added to provide you and your covered family members enhanced coverage. **These benefits do not contribute to the 200% maximum total of benefits, except where noted under the Recurrence Benefit.**

**Waiver of Premium - Premiums will be waived while coverage is in force** if you become disabled, and remain disabled for 90 days, due to a critical illness for which an Initial Critical Illness Benefit has been paid. After 90 days, we pay the premium for as long as the disability lasts. If you are employed at the time of disability, we pay the premiums for the first 365 days if unable to work at your own occupation; and then after 365 days if unable to work at any occupation. If unemployed at the time of disability, you must be unable to perform 2 or more activities of daily living for 90 consecutive days, and not be working at any job for pay or benefits while premiums are waived.

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

\*Subject to the pre-existing condition limitation.

<sup>1</sup> Heart Disease and Stroke Statistics — 2009 Update, American Heart Association

**Transportation Benefit** - This benefit will pay the actual cost, up to \$1,500 for round trip transportation to a treatment center. Coach fare transportation on a common carrier or a personal vehicle allowance of \$0.50 per mile, up to \$1,500 will be covered. Transportation must be required for treatment of a covered critical illness at a hospital (inpatient or outpatient); or radiation therapy center; or chemotherapy or oncology clinic; or any other specialized free-standing treatment center. Mileage is measured from a covered person's home to the treatment facility as described above. If the treatment is for a covered child and common carrier travel is necessary, we will pay this benefit for up to 2 adults to accompany the child.\*

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

**Wellness Benefit** - A \$75 benefit will be paid per certificate year, for you and each covered family member, when an eligible service is performed, after your coverage has been in force for 12 months, and a charge must be incurred. We will pay this benefit regardless of the result of the test. Eligible services are as follows: One routine immunization per year for diphtheria, tetanus, pertussis, polio, rubella, mumps, measles, Hib, hepatitis B, chicken pox, meningococcal disease; and One routine immunization per year during the first 24 months of life to prevent invasive pneumococcal disease; and One routine immunization per year during the 6th through the 23rd months of life to prevent influenza; and One inpatient visit for routine newborn care; and One routine cervical cancer screening per year for females; and One baseline mammogram for females ages 35-39; and One mammogram per year for females ages 40 and over; and One prostate specific antigen test per year for males ages 35 and over; and One cholesterol test every 5 years; and One routine sigmoidoscopy every 3 years for ages 50 and over; and One routine hemocult stool check per year for ages 50 and over; and One Double-contrast barium enema every 5 years for ages 50 and over; and One Colonoscopy every 10 years for ages 50 and over; and One routine lab test to include a complete blood count, urinalysis, and TB skin test when performed with a routine office visit; and One office visit per year for the first 6 years of a child's life; and One routine office visit every 2 years for ages 7 to 34 and one visit per year for ages 35 and older; and One routine gynecological care exam per year for females.

## enhancing your coverage

The Major Organ Transplant Benefit is also added to your coverage. The benefit provides a wider scope of coverage and can help you to further secure your family's financial future and well being.

### **Major Organ Transplant Benefit (100%)\* -**

**The benefit amount you have chosen will be paid** if you or each covered family member receives a major organ transplant, as defined below, subject to all of the following: the date of diagnosis is after the effective date; and the date of diagnosis is while insured; and a recommendation for major organ transplant has not been made by a physician prior to the covered person's effective date of coverage; and the transplant is not excluded by name or specific description; and we have not paid a benefit for the covered person for this organ transplant before.

A major organ transplant means the surgical transplant of a heart, lung, liver, or pancreas. Major organ transplant also includes kidney transplant due to end stage renal failure, bone marrow transplant and stem cell transplant. The transplanted organ must come from a human donor.

This benefit is not payable for organ transplants using mechanical or non-human organs and is limited to 1 transplant per covered person.

### **Limitations and Exclusions** - See page 7.

In addition to the limitations and exclusions on page 7, if a covered person has been recommended by a physician to have a major organ transplant prior to the effective date of the person's coverage, coverage for that transplant is excluded and no benefit will be paid for the transplant of that organ.

**Pre-Existing Condition Definition and Limitation** - A pre-existing condition means a disease or physical condition for which the covered person has sought medical advice or treatment in the 12 months immediately before the effective date of their coverage but a recommendation by a physician for a transplant has not yet been made.

If you or a covered family member has a disease or physical condition that meets the definition of pre-existing condition as defined in this benefit, benefits under this benefit will be payable for that disease or physical condition only if the date of diagnosis, as defined in the benefit, occurs more than 12 months after your effective date or the effective date of a covered family member.

### **Fast Facts About Transplants<sup>3</sup>,**

More than 100,000 men, women and children currently need life-saving organ transplants. And every 11 minutes another name is added to the national organ transplant waiting list.

\*Some restrictions apply. See limitations and exclusions on page 7.





## specified disease percentage chart

Any specified disease listed below that is diagnosed prior to the effective date of coverage or that meets the definition of pre-existing condition is excluded and is never covered under the policy.

Specified Disease	Percentage of Basic Benefit Amount
Addison's Disease	25%
Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease)	25%
Cerebral Palsy	25%
Cystic Fibrosis	25%
Diphtheria	25%
Encephalitis	25%
Huntington's Chorea	25%
Legionnaire's Disease (confirmation by culture or sputum)	25%
Malaria	25%
Meningitis (bacterial)	25%
Multiple Sclerosis	25%

Specified Disease	Percentage of Basic Benefit Amount
Muscular Dystrophy	25%
Myasthenia Gravis	25%
Necrotizing fasciitis	25%
Osteomyelitis	25%
Poliomyelitis	25%
Rabies	25%
Sickle Cell Anemia	25%
Systemic Lupus	25%
Systemic Sclerosis (Scleroderma)	25%
Tetanus	25%
Tuberculosis	25%



## policy specifications

**PLEASE READ YOUR CERTIFICATE CAREFULLY.** This section details the specifics of the policy and includes: Eligibility, Dependent Coverage, Termination of Coverage, and Limitations and Exclusions.

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

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

**Dependent Coverage** - Eligible dependents are your legal spouse or domestic partner and your children. A child is a person under age 26 who is: your or your domestic partner's natural or adopted son or daughter, stepson or stepdaughter; or a foster child who is placed with you or your domestic partner by an authorized placement agency or by judgement, decree or other order of any court of competent jurisdiction.

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

**Termination of Coverage** - Your coverage under the policy ends on the earliest of: the date the policy is canceled by the policyholder; or the last day of the period for which you made any required premium payments; or the last day you are in active employment, except as provided under the "Leave of Absence" provision; or the date you are no longer in an eligible class; or the date your class is no longer eligible.

If your spouse or domestic partner is a covered person, their coverage ends upon valid decree of divorce, or termination of the partnership, or your death, or when you move to an eligible class that does not provide spouse coverage.

Coverage for your dependent child ends when the child reaches age 26, unless he or she continues to meet the requirements of an eligible dependent.

Coverage may be eligible for continuation as described in the Portability Provision.

**Pre-existing Condition Definition and Limitation** - A pre-existing condition means any critical illness for which you or each covered family member has sought medical advice or treatment in the 12 months immediately before the effective date of coverage. No diagnosis is required for a

pre-existing condition. Preventative care and maintenance treatment are not treatment of a critical illness, even if such care and maintenance would not have occurred but for you or each covered family member being diagnosed previously with the critical illness.

Some critical illness benefits indicate that they are subject to the pre-existing condition limitation. For those benefits, if you or each covered family member has a critical illness that meets the definition of pre-existing condition, as defined above, benefits under the policy will be payable for that critical illness only after you or each covered family member has been symptom and treatment free of such critical illness for any 12 consecutive months after the effective date of their coverage. Some critical illnesses described in this brochure indicate they are never paid if the critical illness meets the definition of pre-existing condition as defined above. For those benefits, if you or a covered family member has a critical illness that meets the definition of pre-existing condition as defined above, that critical illness is excluded from coverage for you or each covered family member.

**Limitations and Exclusions** - The policy does not pay benefits for any critical illness due to, or resulting from (directly or indirectly): any act of war, whether or not declared, active participation in a riot or civil disorder, insurrection or rebellion; or intentionally self-inflicted injuries; or engaging in an illegal occupation or committing or attempting to commit a felony; or attempted suicide, while sane or insane; or being under the influence of narcotics or any other controlled chemical substance unless administered upon the advice of a physician; or participation in any form of aeronautics except as a fare-paying passenger in a licensed aircraft provided by a common carrier and operating between definitely established airports.

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

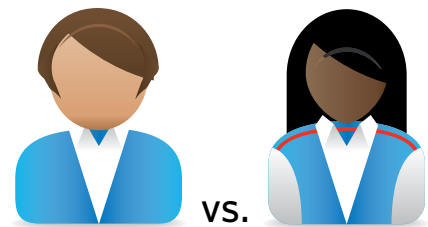


## Don't Wait for A Sign

There are different signs that doctors look for when diagnosing critical illnesses. Being diagnosed with a critical illness can be one of the most frightening experiences anyone has to face, especially if you are unprepared. Don't wait for a sign to start thinking about the future or your finances. You can rely on our Critical Illness Insurance to help give you peace of mind, so you can cope with the challenges of treatment.

### Budget friendly

Sometimes, undergoing expensive treatments for a critical illness is difficult if your money is tight. That's where we can help. Our supplemental benefit coverage works with your major medical insurance to help provide additional dollars that may be used to cover your out-of-pocket expenses.



According to the first National Critical Illness Risk Assessment Study published by the American Association for Critical Illness Insurance in 2010, 17 percent of non-smoking men and 36 percent of male smokers who reach the age of 55 without having a critical illness will be diagnosed with one prior to turning age 65. For women who reach age 55, some 12 percent of non-smokers and 23 percent of smokers will face a critical illness before reaching age 65.

Rev. 11/11. This material is valid as long as information remains current, but in no event later than November 1, 2014. Group Voluntary Critical Illness benefits provided by policy form GCIPW. The policy does not provide benefits for any other sickness or condition. The policy is not a Medicare Supplement Policy.

**The policy provides supplemental, limited benefit insurance.** This is a brief overview of the coverage underwritten by American Heritage Life Insurance Company. For costs and complete details, exclusions, and limitations, contact the Allstate Benefits call center at

**1-800-521-3535.** Or, go to [www.allstateatwork.com/lowes](http://www.allstateatwork.com/lowes).

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Allstate Benefits is the marketing name used by American Heritage Life Insurance Company (Home Office, Jacksonville, FL), a subsidiary of The Allstate Corporation.

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