

# Voluntary Benefit Coverage from **Allstate Benefits**

Let our personalized benefit offerings put  
you and your family in Good Hands®



## Four reasons you should consider purchasing our coverage

**1 PRICE**  
The cost of our  
coverage is very  
affordable

**2 BENEFITS**  
Base policy coverage  
can be enhanced  
with rider benefits

**3 FAMILY**  
You can choose to  
cover yourself or  
your entire family

**4 PAYROLL**  
Premiums are  
deducted from  
your paycheck

**Benefit coverage for  
North Carolina Educators**

**DISABILITY, LIFE, SHOP, AND HEART/STROKE  
PLUS GROUP ACCIDENT INSURANCE**



# Disability Insurance

from Allstate Benefits



**Benefits are paid directly to you**

**Provides a monthly benefit if you are disabled and cannot work**

## 1 CHOOSE

You select coverage, which can help protect your income if faced with a disability.

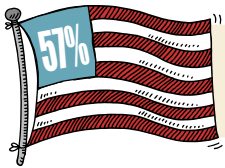
## 2 USE

You're in an accident and suffer a disabling injury. You are unable to work and your paycheck stops.

## 3 CLAIM

You file a claim online to begin receiving cash benefits each month you are disabled.

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.



**57 percent of working Americans** have no disability insurance and are therefore vulnerable to losing their income due to an illness or injury<sup>1</sup>

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 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, you will receive cash benefits to use as you see fit. This could include medical treatments, daily living expenses and more.

With Allstate Benefits, you gain the power to make treatment decisions without putting your finances at risk.

**Are you in Good Hands? You can be.**

### Key Features

- You choose the monthly maximum benefit level that meets your needs
- Premiums are affordable and conveniently payroll deducted
- You can take your coverage with you if you leave your job or your employer cancels coverage

[See reverse for plan details](#)

<sup>1</sup>Council for Disability Awareness, 2014 Disability Awareness Study

## My Lifeline Benefits

Base Policy Benefit

Injury Disability

Sickness Disability

Partial Disability

Recurrent Disabilities

Concurrent Disability

Survivor Benefit

Waiver of Premium

Benefit Reduction

Optional Rider Benefits

Outpatient Physician's Benefit

Accidental Enhancement (See Schedule of Benefits on page 5)

A benefits representative may help with determining the following:

Maximum Monthly Benefit: \_\_\_\_\_

Maximum Benefit Period: \_\_\_\_\_

Elimination Periods for Injury: \_\_\_\_\_ Sickness: \_\_\_\_\_

Premium: \_\_\_\_\_

Please see the attached Important Information About Coverage. Your employer has chosen coverage with the following specifications:

Portability Privilege is not included.

Certificate exclusions (1) applies and certificate exclusion (5) does not apply to your coverage.

## your schedule of benefits

This Schedule of Benefits for the Accident Enhancement Rider applies only to those covered by the rider. The actual benefit you or a covered family member receive depends on the amount of coverage you buy. Amounts shown are for one unit of coverage.

### Schedule of Benefits

	Employee	Spouse	Child(ren)		Employee	Spouse	Child(ren)
<b>Accident Death and Dismemberment loss of:</b>				<b>Dislocation (Joint):</b>			
Life -	\$30,000	\$30,000	\$5,000	Hip -	\$1,800	\$1,200	\$500
Life on Common Carrier -	\$60,000	\$60,000	\$10,000	Knee (except Patella) -	\$1,100	\$750	\$325
Both Eyes -	\$10,000	\$10,000	\$5,000	Shoulder -	\$800	\$550	\$225
One Eye -	\$5,000	\$5,000	\$2,500	Collar Bone -	\$800	\$550	\$225
Both Hands or Both Arms -	\$10,000	\$10,000	\$5,000	Ankle (bone or bones of the foot, other than toes) -	\$660	\$440	\$200
Both Feet or Both Legs -	\$10,000	\$10,000	\$5,000	Bone or Bones of the hand, (other than fingers) -	\$600	\$400	\$175
One Hand or Arm and One Foot or Leg -	\$10,000	\$10,000	\$5,000	Lower Jaw -	\$500	\$350	\$150
One Hand or One Arm -	\$5,000	\$5,000	\$2,500	Wrist -	\$450	\$300	\$125
One Foot or One Leg -	\$5,000	\$5,000	\$2,500	Elbow -	\$325	\$225	\$100
One or More Entire Toes -	\$500	\$500	\$250	One Toe or Finger -	\$150	\$100	\$40
One or More Entire Fingers -	\$500	\$500	\$250				
Maximum Dismemberment -	\$10,000	\$10,000	\$5,000	<b>Fracture (Bone):</b>			
Emergency Accident:	\$100	\$100	\$100	Hip, Thigh (Femur) -	\$1,800	\$1,200	\$500
First Hospital Confinement:	\$1,000 <sup>2</sup>	\$1,000 <sup>2</sup>	\$1,000 <sup>2</sup>	Vertebrae, Body of (except Vertebral Processes) -	\$1,600	\$1,000	\$450
Hospital Confinement:	\$100 <sup>3</sup>	\$100 <sup>3</sup>	\$100 <sup>3</sup>	Pelvis (includes Ilium, Ischium, Pubis Acetabulum, except Coccyx) -	\$600	\$400	\$175
Appliance:	\$25	\$25	\$25	Skull (except Bones of Face or Nose) Simple Non-reduction Skull Fracture -	\$1,350	\$900	\$375
Ambulance:	Ground - \$100 <sup>4</sup> Air - \$200 <sup>4</sup>	\$100 <sup>4</sup> \$200 <sup>4</sup>	\$100 <sup>4</sup> \$200 <sup>4</sup>	Leg (Tibia and/or Fibula) -	\$1,100	\$750	\$300
Blood and Plasma:	\$50	\$50	\$50	Forearm (Radius and/or Ulna), Hand or Wrist (except Finger) -	\$900	\$600	\$250
Burns:	\$600	\$600	\$600	Foot (except Toes), Ankle, Kneecap (Patella) -	\$900	\$600	\$250
Eye Injury:	\$100	\$100	\$100	Lower Jaw, Mandible (except Alveolar Process) -	\$720	\$480	\$200
Ruptured Disc:	\$200	\$200	\$200	Shoulder Blade (Scapula), Collar Bone (Clavical, Sternum) -	\$720	\$480	\$200
Tendon/Ligament:	One - \$500 > One - \$750	\$500 \$750	\$500 \$750	Arm, between Elbow and Shoulder (Humerus) -	\$630	\$420	\$175
Torn Knee Cartilage:	\$200	\$200	\$200	Upper Jaw, Maxilla (except Alveolar Process) -	\$630	\$420	\$175
Gunshot Wound:	\$1,000	\$1,000	\$1,000	Bones of Face or Nose (except Mandible or Maxilla) -	\$550	\$375	\$150
				Vertebral Processes, Transverse, Spinous, etc. -	\$350	\$250	\$100
				Coccyx, One Rib, Finger, Toe -	\$150	\$100	\$40

<sup>2</sup> Benefit is paid yearly.

<sup>3</sup> Benefit is paid daily.

<sup>4</sup> Benefit is paid for each trip.

# Universal Life Insurance

from Allstate Benefits



Benefits are paid directly to your designated beneficiary

Provides your beneficiary a lump-sum cash benefit when you die

## 1 CHOOSE

You choose the death benefit to protect your family members, should you die unexpectedly

## 2 FILE

Your beneficiary files a claim to collect the death benefit upon your passing

## 3 USE

Your loved ones use the proceeds for the financial decisions that might otherwise have been overwhelming

A death not only leaves behind loved ones, but also overwhelming financial obligations. If you're like most people, you don't have enough life insurance to keep your family afloat if an unexpected death occurs. Give yourself and your loved ones a gift of love – put yourself in Good Hands with coverage from Allstate Benefits.

**50%+** say additional living expenses such as Internet, cable and cell phone costs prevent them from purchasing life insurance.<sup>5</sup>



Almost **70%** say required cost-of-living expenses are keeping them from buying some or more life insurance.<sup>1</sup>

Without a Life Insurance policy, your family may have to tap into their savings, retirement, or 401(k) to help cover final expenses and everyday living expenses should a breadwinner die unexpectedly.

### Here's How It Works

You choose the coverage that's right for you and your family. With planning, the death benefit can pass to your beneficiaries free from state or federal estate taxes. Consult with your tax advisor for specific information. Then, when life comes to an end, your beneficiary will receive a tax-free death benefit that can be used to help pay for funeral expenses, mortgage payments and more.

With Allstate Benefits, you gain peace of mind knowing your loved ones will receive a financial safety net when you die – think of it as your final gift of love.

**Are you in Good Hands? You can be.**

### Key Features

- You choose the death benefit amount to leave behind.
- Coverage for spouse and children through a separate policy or rider.
- Premiums are conveniently payroll deducted.
- Coverage may continue if you leave your job.
- Tax benefits, withdrawals and loans are available. However, penalties and taxes may affect your decision.

[See reverse for plan details](#)

<sup>5</sup> Facts from LIMRA, September 2014, Life Insurance Awareness Month

## Benefits

### Base Policy Benefit

**Life:** Pays a lump-sum cash benefit when you die.

### Optional Riders†

#### Children's Term

Accelerated Death Benefit for Terminal Illness (or Condition - PA Only) (Living Benefit)

Waiver of Premium

Spouse Term (Simplified Issue Only)\*\*

Term Insurance\*\*

Future Purchase Option

Accelerated Death Benefit for Long Term Care

Accidental Death Benefit

Critical Illness Rider

†The riders listed above have exclusions and limitations, have varying issue ages, may vary by state and may not be available in all states.

\*\*Availability and percentage may vary according to underwriting.

## Partial Withdrawals, Surrenders and Non-Qualified Additional Benefit Rider Charges and Loans May Be Subject to Taxes and Penalties

Partial withdrawals, surrenders, non-qualified additional benefit rider charges and loans from life insurance policies may be subject to ordinary income taxes and possibly an additional 10% federal tax penalty. Outstanding loan balances and withdrawals generally reduce the death benefit and cash value. 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. Loan and partial withdrawal options are available after one year of coverage.

## Underwriting

You may be required to answer health questions at enrollment. Coverage may be available with reduced underwriting through your employer during your initial enrollment period. If you enroll after your initial enrollment period, answers to health questions are required.

# Supplemental Health Insurance

from Allstate Benefits



Benefits are paid to you

Protection for hospital stays when a sickness or injury occurs

## 1 CHOOSE

You choose our coverage to protect yourself and any family members, should you be hospitalized

## 2 USE

You or a covered family member has an illness or injury that requires medical care in the hospital

## 3 CLAIM

You file a claim. The cash benefits are paid to you, to use however you wish

**Life is unpredictable. Without any warning, an illness or injury can lead to a hospital visit – and costly out-of-pocket expenses.**

Expenses associated with a hospital stay can be financially difficult if money is tight and you are not prepared. But having the right coverage in place before you experience a sickness or injury can help eliminate your financial concerns and provide support at a time when it is needed most.

Allstate Benefits offers a solution to help you protect your income and empower you to seek treatment.



Medical costs in the United States are among the highest in the world. In 2013, the average hospital cost per day in the United States was \$4,293.\*

### Here's How it Works

Our Supplemental Health Options insurance pays a cash benefit for hospital confinement. This benefit is payable directly to you and can help keep you from withdrawing money from your personal bank account or your Health Savings Account (HSA) for hospital-related expenses. This is especially helpful since statistics show the average hospital stay is approximately 5 days,<sup>6</sup> which can add up quickly. On top of that, the number of people who forgo or delay needed health care due to the high cost has nearly doubled in the past 10 years<sup>7</sup>. These facts make it increasingly important to not only protect your finances if faced with an unexpected illness, but also to empower yourself to seek the necessary treatment.

With Allstate Benefits, you can feel assured that you have the protection you need if faced with a hospitalization.

**Are you in Good Hands? You can be.**

### Key Features

- Includes benefits for hospitalization, plus additional rider benefits can be added to enhance your coverage
- Coverage available for spouse and child(ren)
- Benefits paid regardless of any other coverage
- Benefits paid directly to you unless assigned elsewhere
- Guaranteed renewable to age 65, subject to changes in premiums by class

*See reverse for plan details*

\*2013 Comparative Price Report, International Federation of Health Plans

<sup>6</sup><http://www.cdc.gov/nchs/data/abus/2012/099.pdf>

<sup>7</sup>2012 <http://www.nachc.com/client/HealthWanted.pdf>

## BENEFITS

Hospitalization Benefits	
Daily Hospital Confinement	Hospital Intensive Care Unit
Waiver of Premium	
Optional/Additional Rider Benefits	
Initial Hospitalization	Surgery and Anesthesia
Inpatient Physician's Benefit	Outpatient Emergency Accident
At Home Nursing Benefit	Outpatient Physician's Benefit
Optional/Additional Transportation Rider Benefits	
Ambulance	Non-Local Transportation

## BENEFIT AMOUNTS

HOSPITALIZATION BENEFITS			PLAN 1	PLAN 2	PLAN 3
Daily Hospital Confinement			\$100	\$200	\$300
Hospital Intensive Care Unit (daily)			\$100	\$200	\$300
Waiver of Premium			Yes	Yes	Yes
OPTIONAL/ADDITIONAL RIDER BENEFITS			PLAN 1	PLAN 2	PLAN 3
Initial Hospitalization			\$500	\$1,000	\$1,500
Surgery and Anesthesia <sup>8</sup>	Surgery		\$20-\$500	\$40-\$1,000	\$40-\$1,000
	Anesthesia (% of surgery)		25%	25%	25%
Inpatient Physician's Benefit (daily)			\$25	\$50	\$100
Outpatient Emergency Accident (per occurrence)			\$50	\$100	\$100
Outpatient Physician's Benefit (daily)			\$25	\$50	\$75
At Home Nursing Benefit (daily)			\$50	\$50	\$50
Transportation	Ambulance	Ground (daily)	\$100	\$100	\$100
		Air (daily)	\$200	\$200	\$200
	Non-Local Transportation (daily)		\$200	\$200	\$200

<sup>8</sup> According to rider Schedule of Operations.

## MONTHLY PREMIUMS

### PLAN 1

AGES	EE	EE+ SP	EE+CH	F
18-35	\$27.80	\$55.60	\$52.10	\$76.00
36-49	\$31.10	\$62.20	\$55.40	\$82.60
50-59	\$37.50	\$75.00	\$56.90	\$90.50
60-64	\$47.00	\$94.00	\$59.50	\$102.60

### PLAN 2

AGES	EE	EE+ SP	EE+CH	F
18-35	\$54.60	\$109.20	\$102.90	\$149.70
36-49	\$61.00	\$122.00	\$109.30	\$162.50
50-59	\$73.60	\$147.20	\$112.10	\$177.90
60-64	\$92.40	\$184.80	\$117.10	\$201.70

### PLAN 3

AGES	EE	EE+ SP	EE+CH	F
18-35	\$79.60	\$159.20	\$147.70	\$215.60
36-49	\$88.80	\$177.60	\$157.10	\$234.20
50-59	\$108.00	\$216.00	\$161.30	\$257.60
60-64	\$136.80	\$273.60	\$168.90	\$294.00

EE = Employee; EE + SP = Employee + Spouse; EE + CH = Employee + Children; F = Family.

Issue Ages: 18 to 64.

# Heart/Stroke Insurance

from Allstate Benefits



**Benefits are paid directly to you**

**Benefits are paid as you go to help cover the costs of specific treatments**

## 1 CHOOSE

You select coverage that can help protect your income if faced with heart disease, a heart attack, or a stroke.

## 2 USE

Benefits are paid to help cover the costs of specific treatments and expenses as they happen.

## 3 CLAIM

You file a claim online that can be used for non-medical expenses that health insurance might not cover.

It's probably crossed your mind that you or your family may need treatment some day for heart disease or a stroke. But if that happens, have you considered how cardiovascular diseases could impact your financial security?



Heart disease is the leading cause of death for both men and women. In fact, about 610,000 Americans die of heart disease every year.<sup>9</sup>

A heart attack or stroke may slow you down, but it won't slow down your monthly bills. Expenses such as house and car payments, or even daily expenses such as groceries and gas, will still need to be paid. Heart/Stroke 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 heart disease, a heart attack, or a stroke, you will receive cash benefits to use as you see fit. This could include medical treatments, daily living expenses and more.

With Allstate Benefits, you gain the power to make treatment decisions without putting your finances at risk.

**Are you in Good Hands? You can be.**

### Key Features

- Pays you benefits that can be used for non-medical expenses that health insurance might not cover.
- Premiums are affordable and conveniently payroll deducted
- Benefits are paid as you go to help cover the costs of specific treatments and expenses as they happen.
- Guaranteed renewable for life, subject to change in premiums by class.
- Coverage for yourself or your entire family.

[See reverse for plan details](#)

<sup>9</sup> CDC, NCHS. Underlying Cause of Death 1999-2013 on CDC WONDER Online Database, released 2015.

## Benefits

Hospitalization and Related Benefits		
Hospital Confinement	Physician's Attendance	Cardiograms
Private Duty Nursing	Physiotherapy	Oxygen
Inpatient Drugs & Medicine		Cerebral or Carotid Angiogram
Surgery and Related Benefits		
Blood, Plasma & Platelets	Cardiac Catheterization	Pacemaker Insertion
Thromboendarterectomy	Coronary Angioplasty	Surgery and Anesthesia
Second Surgical Opinion	Heart Transplant	Coronary Artery Bypass Graft Operation
Transportation and Lodging Benefits		
Ambulance		Non-Local Transportation
Family Member Transportation		Family Member Lodging
Wellness (Pays annually when one of 23 screening exams is performed)		
Biopsy for skin cancer		Hemoccult stool analysis
Blood test for triglycerides		HPV Vaccination (Human Papillomavirus)
Bone Marrow Testing		Lipid panel (Total cholesterol count)
CA15-3, CA125, CEA and PSA (Blood tests) <sup>10</sup>		Mammography (Including Breast Ultrasound)
Chest X-ray		Pap Smear (ThinPrep Pap Test included)
Colonoscopy		Serum Protein Electrophoresis (Myeloma test)
Doppler screenings for carotids and peripheral vascular disease		Stress test on bike or treadmill
Echocardiogram		Thermography
EKG (Electrocardiogram)		Ultrasound screening (abdominal aortic aneurysms)
Flexible sigmoidoscopy		
Optional Rider Benefit		
Hospital Intensive Care Rider		

<sup>10</sup> Blood tests for breast, ovarian, colon, and prostate cancer.

## BENEFIT AMOUNTS

HOSPITALIZATION AND RELATED BENEFITS		PLAN 1	PLAN 2
Hospital Confinement (daily)		\$200	\$400
Physician's Attendance (daily)		\$25	\$50
Inpatient Drugs and Medicine(daily)		\$25	\$50
Private Duty Nursing Services <sup>11</sup> (daily)		\$100	\$200
Physiotherapy (daily)		\$50	\$100
Oxygen		\$200	\$400
Cardiograms		\$100	\$200
Cerebral or Carotid Angiogram		\$150	\$300
SURGERY AND RELATED BENEFITS		PLAN 1	PLAN 2
Blood, Plasma, and Platelets		\$200	\$400
Cardiac Catheterization		\$500	\$1,000
Pacemaker Insertion		\$1,000	\$2,000
Thromboendarterectomy		\$2,500	\$5,000
Heart Transplant		\$100,000	\$200,000
Coronary Angioplasty		\$750	\$1,500
Coronary Artery Bypass Graft Operation		\$2,500	\$5,000
Second Surgical Opinion		\$100	\$200
Surgery <sup>12</sup> and Anesthesia <sup>11</sup>	1. Surgery	1. \$5,000	1. \$10,000
	2. Anesthesia	2. 25%	2. 25%
	3. Ambulatory Surgical Center	3. \$250	3. \$500
TRANSPORTATION AND LODGING BENEFITS		PLAN 1	PLAN 2
Ambulance	Non-Air Ambulance	\$200	\$400
	Air Ambulance	\$400	\$800
Non-Local Transportation		\$200	\$400
Family Member Lodging		\$50	\$100
Family Member Transportation		\$200	\$400
RIDER BENEFIT		PLAN 1	PLAN 2
Wellness Benefit Rider		\$100	\$100
OPTIONAL RIDER BENEFIT		PLAN 1+	PLAN 2+
Hospital Intensive Care Rider			
Hospital Intensive Care Confinement Benefit		\$300 <sup>13</sup>	\$600 <sup>14</sup>
Ambulance Benefit		\$2,000	\$2,000

<sup>11</sup> Pays actual charges up to amount listed. <sup>12</sup> Pays actual charges up to amount listed in certificate Schedule of Surgical Procedures. Amount paid depends on surgery. <sup>13</sup>At age 70, reduces to \$150/day. <sup>14</sup>At age 70, reduces to \$300/day.

### PLAN 1 PREMIUMS

MODE	EE	F
Monthly	\$11.94	\$22.12

### PLAN 2 PREMIUMS

MODE	EE	F
Monthly	\$20.92	\$39.44

### PLAN 1+ PREMIUMS

MODE	EE	F
Monthly	\$15.24	\$28.72

### PLAN 2+ PREMIUMS

MODE	EE	F
Monthly	\$27.52	\$52.64

EE = Employee; F = Family

# Accident Insurance

from Allstate Benefits



Benefits are paid to you

Protection for accidental injuries on- or off-the-job, 24-hours a day

## 1 CHOOSE

You choose the benefits to help protect yourself and any family members from accidental injury expenses

## 2 USE

You experience an accidental injury and seek medical attention from a medical professional

## 3 CLAIM

You go online and file a claim. The cash benefits are paid to you, to use however you wish

Even when you live well, accidents happen. 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.



Every 10 minutes, more than 700 Americans suffer an injury severe enough to seek medical help.<sup>15</sup>

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 protection, thanks to the cash benefits paid directly to you. You also gain the financial empowerment to seek the treatment needed to get well.

### Here's How It Works

Our coverage pays you cash benefits that correspond with a variety of covered occurrences, such as: dismemberment; dislocation or fracture; hospital confinement; ambulance services; and more. The cash benefits can be used to help pay for deductibles, treatment, rent and more.

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

**Are you in Good Hands? You can be.**

### Key Features

- Guaranteed Issue coverage, meaning no medical questions to answer
- Coverage available for spouse and child(ren)
- Premiums are affordable and are conveniently payroll deducted
- Coverage can be continued, as long as premiums are paid to Allstate Benefits

[See reverse for plan details](#)

<sup>15</sup> National Safety Council, Injury Facts, 2014

## Benefits

Base Policy	
Accidental Death	Common Carrier Accidental Death
Dismemberment	Dislocation or Fracture
Hospital Confinement	Initial Hospital Confinement
Intensive Care	Ambulance
Medical Expenses	Outpatient Physician's Treatment
Benefit Enhancement Rider	
Hospital Admission	Lacerations
Burns	Skin Graft
Brain Injury Diagnosis	Paralysis
Coma with Respiratory Assistance	Blood and Plasma
General Anesthesia	Appliance
Medicine	Physical Therapy
Non-Local Transportation	Ruptured Disc Surgery
Eye Surgery	Open Abdominal or Thoracic Surgery
Medical Supplies	Prosthesis
Rehabilitation Unit	Family Member Lodging
Post-Accident Transportation	Accident Follow-up Treatment
Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery	
Computed Tomography (CT) Scan and Magnetic Resonance Imaging (MRI)	

## BENEFIT AMOUNTS

BASE ACCIDENT BENEFITS		PLAN 1	PLAN 2
<b>Accidental Death and Dismemberment<sup>15</sup></b>	Employee	\$20,000	\$40,000
	Spouse	\$10,000	\$20,000
	Children	\$5,000	\$10,000
<b>Common Carrier Accidental Death</b> (fare-paying passenger)	Employee	\$100,000	\$200,000
	Spouse	\$50,000	\$100,000
	Children	\$25,000	\$50,000
<b>Dislocation or Fracture<sup>15</sup></b>	Employee	\$2,000	\$4,000
	Spouse	\$1,000	\$2,000
	Children	\$500	\$1,000
<b>Initial Hospital Confinement</b> (Pays once)		\$500	\$1,000
<b>Hospital Confinement</b> (Pays daily)		\$100	\$200
<b>Intensive Care</b> (Pays daily)		\$200	\$400
<b>Medical Expenses</b> (Pays up to amount shown)		\$250	\$500
<b>Ambulance</b>	Ground	\$100	\$200
	Air	\$300	\$600
<b>Outpatient Physician's Treatment</b> (Pays per visit)		\$25	\$50
BENEFIT ENHANCEMENT RIDER		PLAN 1	PLAN 2
<b>Hospital Admission<sup>16</sup></b>		\$500	\$500
<b>Ruptured Spinal Disc Surgery</b>		\$500	\$500
<b>Lacerations<sup>16</sup></b> (Pays once/year)		\$50	\$50
<b>Accident Follow-Up Treatment</b>		\$50	\$50
<b>Computed Tomography (CT) Scan and Magnetic Resonance Imaging (MRI)</b>		\$50	\$50
<b>Burns<sup>16</sup></b> (Pays once/accident; other than sunburns)	< 15% of body surface	\$100	\$100
	15% or more	\$500	\$500
<b>Skin Graft</b> (Pays once/accident; % of Burns Benefit)		50%	50%
<b>Brain Injury Diagnosis<sup>16</sup></b> (Pays once)		\$150	\$150
<b>Paralysis<sup>16</sup></b> (Pays once)	Paraplegia	\$7,500	\$7,500
	Quadriplegia	\$15,000	\$15,000
<b>Coma with Respiratory Assistance</b> (Pays once)		\$10,000	\$10,000
<b>Open Abdominal or Thoracic Surgery<sup>16</sup></b>		\$1,000	\$1,000
<b>Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery</b>	Surgery	\$500	\$500
	Exploratory	\$150	\$150
<b>Eye Surgery</b> (Pays once/accident)		\$100	\$100
<b>Rehabilitation Unit</b>		\$100	\$100
<b>General Anesthesia</b>		\$100	\$100
<b>Family Member Lodging</b>		\$100	\$100
<b>Blood and Plasma<sup>16</sup></b> (Pays once/accident)		\$300	\$300
<b>Appliance</b> (Pays once/accident)		\$125	\$125
<b>Medical Supplies</b> (Pays once/accident)		\$5	\$5
<b>Medicine</b> (Pays once/accident)		\$5	\$5
<b>Prosthesis</b> (Pays once/accident)	1 device	\$500	\$500
	2 or more devices	\$1,000	\$1,000
<b>Physical Therapy</b> (Pays daily; max. 6 days/accident)		\$30	\$30
<b>Non-Local Transportation</b>		\$400	\$400
<b>Post-Accident Transportation</b> (Pays once/year)		\$200	\$200

<sup>15</sup> Up to amount shown; see Injury Benefit Schedule on reverse. Multiple losses from same injury pay only up to amount shown above.

<sup>16</sup> Within 3 days after accident.

## INJURY BENEFIT SCHEDULE

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

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	\$40,000
One eye, hand, arm, foot, or leg	\$10,000	\$20,000
One or more entire toes or fingers	\$2,000	\$4,000
COMPLETE DISLOCATION	PLAN 1	PLAN 2
Hip joint	\$2,000	\$4,000
Knee or ankle joint <sup>▲</sup> , bone or bones of the foot <sup>▲</sup>	\$800	\$1,600
Wrist joint	\$700	\$1,400
Elbow joint	\$600	\$1,200
Shoulder joint	\$400	\$800
Bone or bones of the hand <sup>▲</sup> , collarbone	\$300	\$600
Two or more fingers or toes	\$140	\$280
One finger or toe	\$60	\$120
COMPLETE, SIMPLE OR CLOSED FRACTURE	PLAN 1	PLAN 2
Hip, thigh (femur), pelvis <sup>★★</sup>	\$2,000	\$4,000
Skull <sup>★★</sup>	\$1,900	\$3,800
Arm, between shoulder and elbow (shaft), shoulder blade (scapula), leg (tibia or fibula)	\$1,100	\$2,200
Ankle, knee cap (patella), forearm (radius or ulna), collarbone (clavicle)	\$800	\$1,600
Foot <sup>★★</sup> , hand or wrist <sup>★★</sup>	\$700	\$1,400
Lower jaw <sup>★★</sup>	\$400	\$800
Two or more ribs, fingers or toes, bones of face or nose	\$300	\$600
One rib, finger or toe, coccyx	\$140	\$280

<sup>▲</sup>Knee joint (except patella). Bone or bones of the foot (except toes). Bone or bones of the hand (except fingers). <sup>★★</sup>Pelvis (except coccyx). Skull (except bones of face or nose). Foot (except toes). Hand or wrist (except fingers). Lower jaw (except alveolar process).

## PLAN 1 PREMIUMS

MODE	EE	EE + SP	EE + CH	F
Monthly	\$11.31	\$20.50	\$21.99	\$26.33

## PLAN 2 PREMIUMS

MODE	EE	EE + SP	EE + CH	F
Monthly	\$17.99	\$33.86	\$36.84	\$44.89

EE = Employee; EE + SP = Employee + Spouse; EE + CH = Employee + Child(ren); and F = Family  
Issue Ages: 18 and over if Actively at Work

# Group Voluntary Disability (GVDIP) Short-Term Disability Insurance

## Important Information About Coverage

Provides details of base policy and rider coverage. Below is a list of base policy and rider benefits available with Group Disability coverage. You will receive a certificate that details the certificate specifications for the coverage you purchased.

Group Disability Issue ages are 18 and over if Actively at Work.

### Benefits Specifications

**Total Disability** - Monthly benefit starts after the elimination period has been met. Benefits will not continue beyond the maximum benefit period.

**Partial Disability** - Pays 50% of the monthly benefit after at least one month of total disability. Payments continue while partially disabled for up to 3 months, but not beyond the maximum benefit period.

**Pregnancy** - Pays a benefit for total disability for pregnancy the same as any other disability.

**Organ Donor** - Pays a benefit when disabled from donating an organ.

**Waiver of Premium** - Pays the premium after monthly disability benefits are payable for 30 days in a row, for as long as monthly benefits are payable.

**Concurrent Disability** - Being disabled from more than one cause does not extend the payment of benefits under the maximum benefit period.

**Recurrent Disability** - Pays a benefit when disabled from the same or related cause within 6 months without a new waiting period or maximum benefit period.

## New Generation Group Disability

### Rider Specifications (if included in your coverage)

Subject to availability per state and plan design.

### How We Calculate Your Monthly Benefit

To calculate your monthly benefit we:

- (1) Multiply your monthly earnings by 60%.
- (2) Subtract deductible sources of income from item 1.
- (3) Determine the lesser of item 2 and the maximum monthly benefit amount issued to you.
- (4) Pay the greater of item 3 or \$100.

### Deductible Sources of Income

The amount that you receive (or are eligible to receive) as disability income payments under any: (1) individual disability income policies; (2) other group insurance coverage; (3) paid time off; (4) salary continuation; (5) sick leave; or (6) state or federal disability benefits.

## Conditions, Limitations and Exclusions Affecting Your Benefits

### When Coverage Ends

Coverage ends when the policy is canceled; premium payments stop; the last day of active employment, unless coverage is continued through Temporary Layoff, Leave of Absence or Family and Medical Leave of Absence; you or your class is no longer eligible; or fraud or material misrepresentation is discovered.

### Portability Privilege (if included in your coverage)

Coverage may be continued under the Portability Provision when coverage under the policy ends.

### Pre-Existing Condition Limitation

**We do not pay benefits for disability that starts within 12 months of your effective date from a pre-existing condition. You have a pre-existing condition if:**

- (a) Your disability began during the 12 months after the effective date; and
- (b) you received medical treatment, consultation, care or services, diagnostic measures, took medications or followed treatment recommendations in the 12 months prior to the effective date of coverage, or the date an increase in benefits was effective.
- (c) symptoms existed in the 12 months prior to the effective date or the date an increase in benefits was effective.

### Certificate and Rider Exclusions and Limitations

(a) Benefits are not paid for:

- (1) (if applicable to your coverage) bipolar, delusional, psychotic, somatoform, eating or anxiety disorders, schizophrenia, depression or mental illness. (Alzheimer's or similar forms of senile dementia are covered if they first manifest after your coverage is in effect);
  - (2) active participation in a riot, insurrection or rebellion;
  - (3) illegal activities or participation in an illegal occupation;
  - (4) intentionally self-inflicted injury or action;
  - (5) participation in aeronautics except as a fare-paying passenger in a licensed common carrier aircraft;
  - (6) voluntarily inhaling fumes or gases;
  - (7) cosmetic surgery (complications are covered);
  - (8) pre-existing conditions during the first 12 months of coverage;
  - (9) occupational sickness or injury, unless covered by an on-the-job disability rider.
- (b) We do not pay for disability during incarceration.

### Definitions

**Total Disability** - When, because of sickness or injury, you are: (1) unable to perform the material and substantial duties of your own occupation; and (2) under the regular care of a doctor; and (3) not working in any job for wage or profit.

**Partial Disability** - When, because of sickness or an injury, you are: (1) unable to perform the material and substantial duties of your own occupation on a full-time basis, but are able to work part-time; and (2) under the regular care of a doctor.

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

**Own Occupation** - The occupation you are performing when a period of disability begins.

## Supplemental Health Insurance (CHC-SHOP)

### Important Information About Coverage

Provides details of base policy and rider coverage. State-specific information is noted when it varies from the standard. Below is a list of base policy and rider benefits available with Supplemental Health coverage. You will receive a certificate that details the certificate specifications for the coverage you purchased.

Supplemental Health Issue ages are 18 and over if Actively at Work.

#### Benefit Specifications (see Benefit Amounts)

**Daily Hospital Confinement** - Maximum of 365 days each continuous confinement.

**Hospital Intensive Care Unit Confinement** - Pays in addition to the Daily Hospital Confinement. Maximum of 60 days each continuous intensive-care confinement.

#### Additional Riders (see Benefit Amounts)

**Initial Hospitalization (IHR1)** - Payable when benefit is paid under Daily Hospital Confinement.

**Surgery and Anesthesia (SAR1)** - Payable for a covered surgery performed in a hospital or ambulatory surgical center. 2 or more procedures done at the same time through one incision are considered 1 operation.

**Inpatient Physician's Benefit (IPBR1)** - Payable for same number of days as Daily Hospital Confinement Benefit.

**Outpatient Emergency Accident (OEAR1)** - Payable for emergency room treatment if medical or surgical treatment is required. Max. 2 times/year/person.

**Outpatient Physician's Benefit (OPBR1)** - Max. 2 days/year/person or 4 days/family.

**At Home Nursing Benefit (AHNR)** - Payable for nursing care authorized by the attending physician, within 60 days after hospital confinement. 1 visit/day up to 30 visits.

#### Transportation (TR1) -

**Ambulance Benefit** - Payable for transport to an emergency treatment center or hospital by a licensed or hospital-owned ambulance. Max. 2 days/year/person.

**Non-Local Transportation Benefit** - Payable for transportation when hospital confinement for treatment is not available locally. Max. 2 days/year/person.

## Specifications, Limitations and Exclusions Affecting Your Benefits

#### Renewability

The policy and riders are guaranteed renewable to age 65, subject to change in premiums by class.

#### Eligibility/Termination

(a) Coverage may include you, your spouse and children.

(b) Coverage under the policy ends on the date the policy is canceled; or the last day premium payments were made.

(c) Spouse coverage ends upon the earliest of his or her 65th birthday, valid decree of divorce or your death.

(d) Coverage for children ends when each child reaches age 26, unless he or she continues to meet the requirements of an eligible dependent.

#### Hospital Intensive Care Exclusion

We do not pay any benefits under the hospital intensive-care unit benefit for confinement in any care unit that does not qualify as a hospital intensive-care unit. Progressive care, sub-acute intensive care, intermediate care or step-down units, private rooms with monitoring or any other lesser care treatment units do not qualify.

#### Pre-Existing Condition

We do not pay benefits due to a pre-existing condition, if the loss occurs during the first 12 months of coverage. A pre-existing condition is a condition not revealed in the application for which: symptoms existed within the 1-year period prior to the effective date, or medical advice or treatment was recommended or received from a physician within the 1-year period before the application date.

#### Supplemental Health Limitations and Exclusions

We do not pay benefits for:

(a) any act of war, participation in a riot, insurrection or rebellion.

(b) attempted suicide or intentional self-inflicted injury.

(c) loss sustained or contracted in consequence of the insured's being intoxicated or under the influence of any narcotic unless administered on the advice of a physician.

(d) alcoholism or drug addiction.

(e) nervous or mental disorders.

(f) dental or plastic surgery for cosmetic purposes, except when required due to an injury or for correction of disorders of normal bodily functions.

(g) a newborn child's routine nursing or well-baby care.

(h) childbirth, when the pregnancy is a pre-existing condition as defined (complications of pregnancy are covered the same as sickness).

(i) hospitalization beginning before the effective date.

(j) benefits that duplicate benefits paid by Medicare.

(k) (for the Hospital Intensive Care Unit Confinement benefit) any care unit that does not qualify as a hospital intensive-care unit, as defined.

## Heart/Stroke Insurance (HSP2)

### Important Information About Coverage

Provides details of base policy and rider coverage. Below is a list of base policy and rider benefits available with Heart/Stroke coverage. You will receive a certificate that details the certificate specifications for the coverage you purchased.

Heart/Stroke Issue ages are 18 and over if Actively at Work.

### Specifications, Limitations and Exclusions Affecting Your Benefits

#### Renewability

The policy and rider are guaranteed renewable for life, subject to change in premiums by class.

#### Eligibility/Termination

**(a) Family coverage may include you, your spouse and children under age 26. Spouse coverage ends upon divorce or your death.**

**(b) Coverage for children ends when the child reaches age 26, unless he or she continues to meet the requirements of an eligible dependent.**

#### Hospital Intensive Care Exclusion

Benefits are not paid for:

**(a) attempted suicide or intentional self-inflicted injury;**

**(b) any loss sustained or contracted in consequence of the insured's being intoxicated or under the influence of any narcotic unless administered on the advice of a physician; or**

**(c) alcoholism or drug addiction. We do not pay for confinements in any care unit that does not qualify as a hospital intensive-care unit. The benefit reduces by half at age 70, and the Ambulance Benefit will not be paid if the Ambulance Benefit under the policy is paid.**

#### Pre-Existing Condition

**(a) We do not pay benefits for pre-existing conditions during the 12-month period beginning on each covered person's effective date.**

**(b) A pre-existing condition is a condition not revealed in the application for which symptoms existed within a 1-year period before the effective date; and medical advice or treatment was recommended by or received from a doctor within the 1-year period before the effective date.**

#### Limitations and Exclusions

**(a) The policy pays benefits only for heart attack, heart disease or stroke.**

**(b) The policy does not cover any other disease or sickness or incapacity even though caused, complicated or otherwise affected by heart attack, heart disease or stroke.**

**(c) If a covered confinement is due to more than one covered condition, benefits are paid as though the confinement was due to one condition.**

## Group Voluntary Accident (GVAP1) On- and Off-the-Job Accident Insurance

### Important Information About Coverage

Provides details of base policy and rider coverage. Below is a list of base policy and rider benefits available with Group Accident coverage. You will receive a certificate that details the certificate specifications for the coverage you purchased.

**Group Disability Issue ages are 18 and over if Actively at Work.**

#### Benefits Specifications (see Benefit Amounts)

**Accidental Death and Dismemberment** - Multiple dismemberments, dislocations, and fractures from the same accident are limited to the amount shown in the Base Accident Benefits on front page of insert.

**Dislocation or Fracture** - Multiple dismemberments, dislocations, and fractures from the same accident are limited to the amount shown in the Base Accident Benefits on front page of insert.

**Hospital Confinement** - Per day, max. 90 days/injury.

**Intensive Care** - Per day, max. 90 days/injury.

**Outpatient Physician's Treatment** - Per visit, max. 2 visits/year, 4 if dependents are covered.

#### Benefits Enhancement Rider Specifications (see Benefit Amounts)

**Hospital Admission** - Within 3 days after accident. Payable once/year, after 12 months of coverage.

**Ruptured Spinal Disc Surgery** - 2 or more procedures through same entry point are considered 1 operation. Within 180 days after accident.

**Lacerations** - Within 3 days after accident.

**Accident Follow-Up Treatment** - Per day, max. 2 treatments/accident. Not paid if Physical Therapy benefit paid.

**Computed Tomography (CT) Scan and Magnetic Resonance Imaging (MRI)** - Within 180 days of accident, if treatment received within 30 days of accident. Payable once/year.

**Skin Graft** - Within 90 days after accident.

**Brain Injury Diagnosis** - Must be diagnosed within 30 days after accident.

**Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery** - Within 180 days after accident.

**Eye Surgery** - Within 90 days after accident.

**Rehabilitation Unit** - Per day, max. 30 days confinement, max. 60 days/year. Not paid if Daily Hospital Confinement benefit paid.

**General Anesthesia** - Within 180 days after accident.

**Appliance** - Within 90 days after accident.

**Medical Supplies** - Within 90 days after accident.

**Medicine** - Within 90 days after accident.

**Prosthesis** - Within 180 days after accident.

**Physical Therapy** - Not payable for chiropractic services or if Accident Follow-Up Treatment benefit paid.

**Non-Local Transportation** - Per trip, max. 3 times/accident. More than 100 miles from your home.

**Post-Accident Transportation** - More than 250 miles from your home, by common carrier.

## Conditions, Limitations and Exclusions Affecting Your Benefits

### Conditions and Limits

When an injury results in a covered loss within 90 days (180 days for dismemberment or death), 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.

### Your Eligibility

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

### Dependent Eligibility/Termination

- (a) Coverage may include you, your spouse and children.**
- (b) Coverage for children ends when the child reaches age 26, unless he or she continues to meet the requirements of an eligible dependent.**
- (c) Spouse coverage ends upon valid decree of divorce or your death.**

### When Coverage Ends

Coverage under the policy ends on the earliest of:

- (a)** the date the policy is canceled;
- (b)** the last day of the period for which you made any required contributions;
- (c)** the last day you are in active employment, except as provided under the Temporarily Not Working provision;
- (d)** the date you are no longer in an eligible class;
- (e)** the date your class is no longer eligible;

### Continuation of Coverage

You may be eligible to continue coverage when coverage under the policy ends. You have 60 days after coverage under the policy ends to let us know if you wish to continue coverage.

### Certificate and Benefit Enhancement Rider Exclusions and Limitations

**Benefits are not paid for:**

- (a) injury incurred before the effective date;**
- (b) act of war or participation in a riot, insurrection or rebellion;**
- (c) suicide or attempt at suicide;**
- (d) any injury while under the influence of alcohol or any narcotic unless taken on the advice of a physician;**
- (e) bacterial infection (except pyogenic infections from an accidental cut or wound);**
- (f) participation in aeronautics unless a fare-paying passenger on a licensed common-carrier aircraft;**
- (g) committing or attempting an assault or felony;**
- (h) driving in any race or speed test or testing any vehicle on any racetrack or speedway;**
- (i) hernia, including complications;**
- (j) serving as an active member of the Military, Naval, or Air Forces of any country or combination of countries.**



When to enroll	You may apply at anytime. For Guaranteed Issue, apply within the first 90 days of hire. For late enrollees, additional medical questions may be required.
How to enroll	Call Pierce Insurance Agency at 1-800-421-3142 or go to <a href="http://www.pierceins.com">www.pierceins.com</a> to contact your local agent.
Effective date of coverage	Coverage is effective the first of the month following a payroll deduction.
Where to get additional Information	Contact Pierce Agency at <a href="http://www.pierceins.com">www.pierceins.com</a> to download service forms, contact your local agent and email questions, or call 1-800-421-3142. You may also contact your Benefit Representative at your work.

## Access Your Benefits and Claim Filings

Accessing your benefit information using **MyBenefits** has never been easier.

**MyBenefits** is an easy-to-use website that offers you 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.

For use in the North Carolina Educators College enrollment situated in: NC

**Rev. 8/17. This material is valid as long as information remains current, but in no event later than July 15, 2020.**

Disability Income benefits provided by policy DINCS1. The Outpatient Physician's benefits provided by rider form DIOPBRNC. Accident Enhancement Benefit benefits provided by rider form DIABERNC.

Universal Life Insurance benefits provided by policy UL20P or UL21P, or state variations thereof. Riders provided by the following forms, or state variations thereof: UFPR2, UL-LTCR1, UPW1, UCTR3, UADB1, ULBR1, ULCIR1, UTIR2, and UOIR2. **It is possible that coverage will expire when either no premiums are paid following the initial premium or subsequent premiums are insufficient to continue coverage.**

Supplemental Health benefits provided by policy CHC, or state variations thereof. Rider benefits provided by riders, or state variations thereof: IHR1, SAR1, IPBR1, OPBR1, OEAR1, AHN1, and TR1.

Heart Stroke insurance benefits provided by policy HSP2, or state variations thereof. Wellness Benefit Rider provided by rider form WBR5, or state variations thereof. Intensive Care Rider provided by rider form ICR90, or state variations thereof.

Group Voluntary Accident benefits provided by policy GVAP1, or state variations thereof. Benefit Enhancement Rider provided by rider form GVAPBER, or state variations thereof.

**Coverage is provided by Limited Benefit Supplemental Insurance.**

**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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