



To: New Employees at East Carolina University

As a new employee, you have the opportunity to apply for Universal Life Insurance, Heart and Stroke and Critical Illness under Guaranteed Issue. You have 60 days from your date of hire to qualify for Guarantee Issue. All programs are portable. (ECU Health employees should visit ecuhealth.org for benefits options.)

You have two ways to enroll: Call 800-421-3142 (virtual/screen-share available).
Enroll online at <https://pierceins.com/east-carolina-university/>

Universal Life Features:

- Guaranteed Issue for 60 days from the date of hire for employee, spouse, children and grandchildren.
- Policy is fully portable.
- Level Premiums that do not increase due to age
- Employees may keep the same coverage through retirement.
- Program accumulates cash value on a tax deferred basis.
- Option riders include:
 - Child Term Rider, Accidental Death, Total Disability Premium Waiver, Accelerated Death Benefit for Long-Term Care, and Extension of Benefits for Long-Term Care

Heart and Stroke Indemnity Features

- Guaranteed Issue for 60 days from the date of hire
- Policy is fully portable.
- One rate for all ages.
- Is not a “one and done” policy. Pays for ongoing treatment and reoccurrences
- Unlike the pretax offer under NC Flex, benefits are not taxed
- Plan includes an annual \$100 wellness benefit
- Optional Intensive Care rider that pays for accidents or sickness in Intensive Care
- Plan is guaranteed renewable for life

Critical Illness Features

- Guaranteed Issue for 60 days from the date of hire
- Policy is fully portable.
- Rates are based on age and do not increase as you age
- Plan includes an annual \$100 wellness benefit
- Pays a lump sum benefit
- Benefits are not taxed

For additional information, go to <http://pierceins.com/east-carolina-university/> or call 800-421-3142. ECU Health employees should visit ecuhealth.org for benefits options.

Rev. 4-5-2025



Voluntary Benefit Coverage

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

Group Life and Critical Illness Insurance plus Heart/Stroke Insurance

Benefit coverage for
East Carolina University





**Provides a cash benefit
directly to your beneficiary**

Underwritten by: American Heritage Life Insurance Company*

Universal Life Insurance

A death not only leaves behind loved ones, but also financial obligations. And, like many people, you may not have enough life insurance to keep your family afloat if an unexpected death occurs. Give yourself and your loved ones a gift of love with Good Hands® protection from Allstate Benefits.

Without a Life Insurance policy, your family may have to tap into their savings, retirement, or 401k to help cover final expenses and everyday living expenses should a loved one 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, if life comes to an end while coverage is in force, your beneficiary can receive a tax-free death benefit that can be used to help pay for funeral expenses, mortgage payments and more.

Meeting Your Needs

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

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.

Practical benefits for everyday living.®

*Allstate Benefits is the marketing name used by American Heritage Life Insurance Company, a subsidiary of The Allstate Corporation.
Coverage for spouse and child(ren) may be limited to a percentage of the employee's face amount in some states. *This is a flexible premium adjustable life insurance product with non-guaranteed elements. Premiums may need to be increased to maintain coverage to maturity (age 95). ****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. '2019 Insurance Barometer Report, LIMRA

DID YOU KNOW ?



Reasons for purchasing life coverage include: replace income, final expenses, wealth transfer and mortgage payoff.¹



Common financial concerns among Americans include: the ability to afford long-term care, medical and disability expenses, retirement, investments, living debt/expenses and final expenses.¹

Prepare for the future today

One way you can determine if you and your family need Universal Life Insurance coverage is to review the list below and check some or all that apply to you and your family.

- ☐ You're the primary wage earner in your family
- ☐ Your family would have trouble living comfortably without your income
- ☐ You have regular debts, like mortgage, car payment or credit cards
- ☐ You have children under 18
- ☐ You want flexible coverage that can change with your needs
- ☐ You'd like to plan to supplement your retirement income in later years

Here's how Universal Life works

Premium payments are deducted from your paycheck and added to the fund value. Each month, expenses and cost of insurance charges are deducted from the fund value and any excess in the fund continues to earn interest at a rate of at least 3% per year. Interest is not taxed as income until it is withdrawn.

Fund value and premium payments

As you continue to pay your premiums, your fund value may grow over time. Monthly premiums are flexible, meaning you can choose to pay as much or as little as you can afford, subject to policy minimums and maximums. Premiums may need to be increased to maintain coverage to maturity (age 95).

Benefits

Life Insurance - pays a lump-sum cash benefit when you die

ADDITIONAL RIDER BENEFIT²

Accelerated Death Benefit for Terminal Illness* - a lump-sum advance of 75% of the death benefit (not to exceed \$100,000) when certified terminally ill by a physician. The benefit payable is discounted using the current discount rate

OPTIONAL RIDER BENEFITS²

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

Accelerated Death Benefit for Long Term Care** - a monthly advance of 4% of the death benefit for up to 25 months while receiving qualified long-term care services after a 90-day elimination period when certified chronically ill by a licensed health care practitioner

Accelerated Death Benefit for Long Term Care with Extension of Benefits** - a monthly advance of 4% of the death benefit for up to 50 months while receiving qualified long-term care services after a 90-day elimination period when certified chronically ill by a licensed health care practitioner

Total Disability Payor Waiver of Premium - we pay your planned premiums when we receive proof that the employee/payor is totally disabled for at least 6 months

Level Term Insurance - an additional death benefit is paid if death occurs before age 65

Children's Term³ - a death benefit is paid for each covered child more than 24 hours and not yet 25 years old

Other Insured Person (Spouse) Level Term³ - a death benefit is paid if your spouse dies before age 65

²The riders have exclusions and limitations, may vary in availability by issue age, and may not be available to all covered dependents or in all states. Additional premiums may be required for riders added to coverage. ³Subject to state limits on dependent life coverage. *Monthly Deductions are waived after payment of benefit. **Monthly Deductions are waived for the months when the benefit is payable.

CERTIFICATE SPECIFICATIONS

Pre-Existing Condition Limitation for the Accelerated Death Benefit for Long Term Care Rider and Accelerated Death Benefit for Long Term Care with Extension of Benefits Rider

Benefits are not paid for a period of chronic illness care resulting from a pre-existing condition that begins within the first 6 months after the effective date of coverage. This does not apply to a period of care beginning 6 months after the effective date. A pre-existing condition is a condition for which medical advice or treatment was recommended or received from a medical professional within 6 months before the effective date.

Exclusions

Accelerated Death Benefit for Long Term Care Rider and Accelerated Death Benefit for Long Term Care with Extension of Benefits Rider -

Benefits are not paid for long-term care services that are: a result of mental or emotional disorder (except for Alzheimer's Disease, senility, or senile dementia that are of organic origin); a result of alcoholism or drug addiction; a result of illness, treatment, or medical conditions due to: act of war, participation in a felony, riot, or insurrection, serving in the armed forces or auxiliary units, suicide or attempt at suicide, or intentionally self-inflicted injury; provided in a government facility (unless required by law); services for which benefits are available under Medicare (except for deductibles or coinsurance requirements) or other governmental program (except Medicaid), any state or federal workers' compensation, employer's liability, or occupational disease law; provided by the insured's immediate family members, and for which no charge is normally made in the absence of insurance; received outside the United States or its territories.

Accidental Death Benefit Rider - Benefits are not paid if death results from (directly or indirectly) or is contributed to by (wholly or in part) the following causes: suicide or attempt at suicide; accidental bodily injury due to mental or bodily illness or disease of any kind; committing or attempting an assault or felony; intentionally taking any drug (unless prescribed by a physician), alcohol, or poison; intentionally inhaling gas or fumes; operating, riding in, or descending from aircraft if: a pilot or officer or crew member, the purpose is descent from the aircraft during flight, giving or receiving training or instruction, or working aboard the aircraft; insurrection, war (conflict involving the armed forces of any country or countries) or an act of war, while serving or not serving in the military.

Total Disability Payor Waiver of Premium Rider - Benefits are not paid if disability results from intentionally self-inflicted injury or from war or an act of war while the payor is serving in the military of any country.

Suicide Exclusion for Group Universal Life, Level Term (Primary Insured) Rider, Other Insured Person (Spouse) Level Term Rider, and Children's Term Rider

If the insured or rider insured commits suicide within 2 years of the effective date of coverage, the death benefit will be limited to the premiums paid.



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 Issue coverage with a Pre-Existing Condition Limitation*
- Coverage available for dependents
- Covered dependents receive 50% of your Basic-Benefit Amount
- Benefits paid regardless of any other medical or disability plan coverage
- Premiums are affordable and conveniently payroll deducted
- Coverage may be continued; refer to your certificate for details
- 25% of your Basic-Benefit Amount is paid for Alzheimer's Disease

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

DID YOU KNOW ?



Every **40** seconds,
an American will suffer
a heart attack⁴



Every **40** seconds,
someone in the U.S.
has a stroke⁵

*Please refer to the Exclusions and Limitations section on page 7.

⁴https://www.cdc.gov/heartdisease/heart_attack.htm ⁵<https://www.cdc.gov/stroke/facts.htm>

Benefits (subject to maximums as listed on page 6)

Benefit paid upon diagnosis

CRITICAL ILLNESS CATEGORY 1 BENEFITS*

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

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

Heart Transplant - a transplant of a heart from a donor whose heart was intact and capable of functioning in the recipient. Must come from a human donor

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

CRITICAL ILLNESS CATEGORY 2 BENEFITS*

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

Paralysis - complete and permanent loss of use of 2 or more limbs. Paralysis resulting from a stroke is not covered

End Stage Renal Failure - failure of both kidneys to perform their essential functions, resulting in you undergoing peritoneal dialysis, hemodialysis, or renal transplant

Alzheimer's Disease - a clinically established diagnosis by a psychiatrist or neurologist, resulting in the inability to independently perform at least 3 activities of daily living⁶

CRITICAL ILLNESS CATEGORY 3 BENEFITS*

Invasive Cancer - malignant tumor with uncontrolled growth, including Leukemia and Lymphoma. Carcinoma in situ, tumors due to human immunodeficiency virus, skin cancer other than invasive malignant melanoma in the dermis or deeper, and early prostate (stage A) cancer are not covered

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

ADDITIONAL BENEFIT

Wellness Benefit - 19 exams. Once per person, per calendar year. Tests include: Bone Marrow Testing; Blood tests for triglycerides, CA15-3 (breast cancer), CA125 (ovarian cancer), PSA (prostate cancer), CEA (colon cancer); Chest X-ray; Colonoscopy; Flexible sigmoidoscopy; Hemoccult stool analysis; Mammography, including Breast Ultrasound; Cervical Cancer Screening; Serum Protein Electrophoresis (test for myeloma); Biopsy for skin cancer; Stress test on bike or treadmill; Electrocardiogram (EKG); Doppler screening for carotids; Echocardiogram; Lipid panel (total cholesterol count)

*Benefits paid once per covered person. Up to 100% of the basic benefit is payable in Categories 1, 2, and 3 (see page 6 for percentages per benefit). When all benefits have been used, the coverage terminates. ⁶Activities of daily living are: bathing, dressing, toileting, eating or taking medication.

BENEFIT AMOUNTS

†Covered dependents receive 50% of your benefit amount for Categories 1, 2 and 3

CRITICAL ILLNESS CATEGORY 1 BENEFITS†	PLAN 1	PLAN 2
Heart Attack (100%)	\$5,000	\$15,000
Stroke (100%)	\$5,000	\$15,000
Heart Transplant (100%)	\$5,000	\$15,000
Coronary Artery Bypass Surgery (25%)	\$1,250	\$3,750
CRITICAL ILLNESS CATEGORY 2 BENEFITS†	PLAN 1	PLAN 2
Major Organ Transplant (100%)	\$5,000	\$15,000
Paralysis (100%)	\$5,000	\$15,000
End Stage Renal Failure (100%)	\$5,000	\$15,000
Alzheimer's Disease (25%)	\$1,250	\$3,750
CRITICAL ILLNESS CATEGORY 3 BENEFITS†	PLAN 1	PLAN 2
Invasive Cancer (100%)	\$5,000	\$15,000
Carcinoma In Situ (25%)	\$1,250	\$3,750
ADDITIONAL BENEFIT†	PLAN 1	PLAN 2
Wellness (per year)	\$100	\$100

†After 100% of the Basic Benefit Amount (\$5,000 for Plan 1 and \$15,000 for Plan 2) has been paid within a category (Category 1, Category 2, or Category 3), no more benefits for any illness associated with that category are payable. Once a covered person has received 100% of the Basic Benefit Amount in Categories 1, 2 and 3, coverage ends for that person.

SEMI-MONTHLY PREMIUMS

PLAN 1

AGE	EE	EE+SP	EE+CH	F
Non-Tobacco				
18-35	\$3.25	\$5.11	\$3.38	\$5.24
36-49	\$5.45	\$8.36	\$5.58	\$8.49
50-59	\$9.78	\$14.76	\$9.90	\$14.89
60-64	\$14.33	\$21.49	\$14.45	\$21.61
65-69	\$17.40	\$26.06	\$17.53	\$26.19
70+	\$20.10	\$30.04	\$20.23	\$30.16
Tobacco				
18-35	\$4.28	\$6.64	\$4.40	\$6.76
36-49	\$8.80	\$13.31	\$8.93	\$13.44
50-59	\$17.15	\$25.69	\$17.28	\$25.81
60-64	\$22.88	\$34.16	\$23.00	\$34.29
65-69	\$25.40	\$37.89	\$25.53	\$38.01
70+	\$27.38	\$40.81	\$27.50	\$40.94

PLAN 2

AGE	EE	EE+SP	EE+CH	F
Non-Tobacco				
18-35	\$5.75	\$8.81	\$6.13	\$9.19
36-49	\$12.35	\$18.56	\$12.73	\$18.94
50-59	\$25.33	\$37.76	\$25.70	\$38.14
60-64	\$38.98	\$57.94	\$39.35	\$58.31
65-69	\$48.20	\$71.66	\$48.58	\$72.04
70+	\$56.30	\$83.59	\$56.68	\$83.96
Tobacco				
18-35	\$8.83	\$13.39	\$9.20	\$13.76
36-49	\$22.40	\$33.41	\$22.78	\$33.79
50-59	\$47.45	\$70.54	\$47.83	\$70.91
60-64	\$64.63	\$95.96	\$65.00	\$96.34
65-69	\$72.20	\$107.14	\$72.58	\$107.51
70+	\$78.13	\$115.91	\$78.50	\$116.29

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

CERTIFICATE SPECIFICATIONS

Eligibility

Your employer decides who is eligible for your group (such as length of service and hours worked each week). Issue ages are 18 and over.

Dependent Eligibility/Termination

Family members eligible for coverage are your spouse or domestic partner and children. Coverage for children ends when the child reaches age 26, unless he or she continues to meet the requirements of an eligible dependent. Spouse coverage ends upon valid decree of divorce or your death. Domestic partner coverage ends when the domestic partnership ends or your death.

When Coverage Ends

Coverage under the policy ends on the earliest of: the date the certificate is canceled; the date the policy is canceled; you stop paying your premium; the last day of active employment; you or your class are no longer eligible; when the maximum percentage of the basic benefit amount for each critical illness category is paid.

Continuing Your Coverage

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

EXCLUSIONS AND LIMITATIONS

Conditions and Limits

A diagnosis occurring before your coverage begins is not payable; however, a diagnosis of any covered critical illness or optional benefit after your effective date will be payable. Benefits are subject to the Pre-Existing Condition Limitation as well as all other limitations and exclusions. All critical illnesses must meet the definitions and dates of diagnoses stated in the policy and be diagnosed by a physician while coverage is in effect. Emergency situations outside the U.S. will be considered when you return to the U.S.

Pre-Existing Condition Limitation

Benefits are not paid for a critical illness that is caused by a pre-existing condition when the date of diagnosis is within 12 months after the effective date of coverage. A pre-existing condition is a disease or physical condition for which medical advice or treatment was recommended or received from a medical professional within 12 months prior to the effective date.


Exclusions

Benefits are not paid for: any act of war or participation in a riot, insurrection, or rebellion; intentionally self-inflicted injury; engaging in an illegal occupation or committing or attempting to commit a felony; suicide while sane or insane; injury sustained while being under the influence of alcohol, narcotics, or any other controlled substance or drug unless administered on the advice of a physician; participation in aeronautics unless a fare-paying passenger on a licensed common-carrier aircraft operating between established airports.


Heart/Stroke

It's probably crossed your mind that you or your family may need treatment some day for heart disease or stroke. And you may have thought about the ways it would affect your life and your loved ones. But have you considered how cardiovascular diseases could impact your financial security?

Heart/Stroke coverage can help offer peace of mind if you have a heart attack or stroke, or if you are diagnosed with heart disease. Below is an example of how benefits might be paid.[†]



Jane chooses benefit coverage from the **Plan Benefits Offered**




Jane suffers a mild heart attack and is taken to the hospital by ambulance.

A physician in the emergency room runs several heart-related tests, and the results show she needs an angioplasty and pacemaker surgery. Jane is admitted for a 3-day hospital stay, during which she is seen by her physician and receives private nursing services.

Jane's prognosis is good and she is expected to make a full recovery.

Our insurance policy paid Jane the following:

Ambulance	\$ 200
Hospital Confinement	\$ 600
Physician's Attendance	\$ 75
Coronary Angioplasty	\$ 750
Pacemaker Insertion	\$ 1,000
Private Duty Nursing	\$ 300
Total Benefits:	\$2,925



[†]The example shown may vary from the plan your employer is offering. Your individual experience may also vary. Please see page 10 for your plan details.

meeting your needs

Our coverage can help provide financial support when a heart attack, heart disease or stroke occurs.

Here's what you get:

- Pays you benefits that can be used for non-medical expenses that health insurance might not cover
- Benefits are paid as you go to help cover the costs of specific treatments and expenses as they happen
- Supplemental coverage pays in addition to other insurance you may have, such as medical and disability
- Guaranteed renewable for life, subject to change in premiums by class
- Coverage for yourself or your entire family

your benefit coverage^{††}

HOSPITALIZATION AND RELATED BENEFITS

Hospital Confinement – Pays a daily benefit for inpatient confinement due to heart attack, heart disease or stroke.

Physician's Attendance – Pays a daily benefit for one inpatient visit.

Inpatient Drugs and Medicine – Pays a daily benefit for inpatient drugs and medicine.

Private Duty Nursing Services* – Pays a daily benefit when receiving physician-authorized inpatient private nursing services.

Physiotherapy* – Pays a benefit for physiotherapy by a licensed physical therapist during a covered hospital stay.

Oxygen** – Pays a benefit for oxygen equipment during a covered hospital stay.

Cardiograms** – Pays a benefit for an electro, echo, phono, or vectorcardiogram required during a covered hospital stay.

Cerebral or Carotid Angiogram** – Pays a benefit for a cerebral or carotid angiogram required during a covered hospital stay.

*Maximum of 60 days per confinement.

**Maximum of 1 payment per confinement.

^{††}Benefit amounts are shown on page 10.

See page 11 for conditions and limits.

Heart Disease tests
covered



**You're admitted
to the hospital**



**Cardiogram
tests received**



**You get paid
a cash benefit**

SURGERY AND RELATED BENEFITS

Blood, Plasma and Platelets** – Pays a benefit for blood, plasma, or platelets during a covered hospital stay.

Cardiac Catheterization – Pays a benefit for a cardiac catheterization.

Pacemaker Insertion – Pays a benefit for the initial insertion of a permanent pacemaker.

Thromboendarterectomy – Pays a benefit for a thromboendarterectomy.

Heart Transplant – Pays a benefit for the implantation of a natural human heart. Payable once per covered person.

Coronary Angioplasty – Pays a benefit for a coronary angioplasty, regardless of the number of blood vessels repaired during the procedure.

Coronary Artery Bypass Graft Operation – Pays a benefit for a coronary artery bypass graft, regardless of the number of grafts performed during the operation.

Second Surgical Opinion – Pays a benefit for a second opinion.

Surgery and Anesthesia – 1. Surgery – Pays a benefit for an inpatient or outpatient operation listed in the Policy Surgical Schedule. 2. Anesthesia – Pays 25% of Surgery benefit. 3. Ambulatory Surgical Center – Pays when surgery benefit is paid for surgery at an ambulatory surgical center. These benefits do not pay for surgeries covered by other benefits.

TRANSPORTATION AND LODGING BENEFITS

Ambulance – Pays a benefit for transfer to or from a hospital.

Non-Local Transportation** – Pays a benefit for transportation for physician-prescribed treatment not available locally (more than 100 miles from home).

Family Member Lodging* and Transportation** – Pays a benefit for lodging and transportation for one adult family member to accompany you when you have physician-prescribed treatment at a hospital or treatment center more than 100 miles from the family member's home.

ADDITIONAL RIDER BENEFIT

Wellness Benefit Rider (WBR5) – Pays a benefit when you receive one of the following: Biopsy for skin cancer; Blood test for triglycerides; Bone Marrow Testing; CA15-3 (blood test for breast cancer); CA125 (blood test for ovarian cancer); CEA (blood test for colon cancer); 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; Cervical Cancer Screening; PSA (prostate specific antigen – blood test for prostate cancer); Serum Protein Electrophoresis (test for myeloma); Stress test on bike or treadmill; Thermography; or Ultrasound screening of the abdominal aorta for abdominal aortic aneurysms. This benefit is paid regardless of the result of the test. There is no limit to the number of years a covered person can receive a wellness benefit.

OPTIONAL RIDER BENEFIT

Hospital Intensive Care – Pays a benefit for intensive care and ambulance transportation.

*Maximum of 60 days per confinement.

**Maximum of 1 payment per confinement.

HOSPITALIZATION AND RELATED BENEFITS	LOW PLAN	HIGH PLAN
Hospital Confinement (daily)	\$200	\$400
Physician's Attendance (daily)	\$25	\$50
Inpatient Drugs and Medicine (daily)	\$25	\$50
Private Duty Nursing Services (daily)	\$100	\$200
Physiotherapy (daily)	\$50	\$100
Oxygen	\$200	\$400
Cardiograms	\$100	\$200
Cerebral or Carotid Angiogram	\$150	\$300
SURGERY AND RELATED BENEFITS	LOW PLAN	HIGH PLAN
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 and Anesthesia		
1. Surgery	1. \$5,000 max.	1. \$10,000 max.
2. Anesthesia	2. 25%	2. 25%
3. Ambulatory Surgical Center	3. \$250	3. \$500
TRANSPORTATION AND LODGING BENEFITS	LOW PLAN	HIGH PLAN
Ambulance		
Non-Air Ambulance	\$200	\$400
Air Ambulance	\$400	\$800
Non-Local Transportation	\$200	\$400
Family Member Lodging (daily)	\$50	\$100
Family Member Transportation	\$200	\$400
ADDITIONAL RIDER BENEFIT	LOW PLAN	HIGH PLAN
Wellness Benefit Rider	\$100	\$100
OPTIONAL RIDER BENEFIT	LOW+ PLAN	HIGH+ PLAN
Hospital Intensive Care Rider		
Hospital Intensive Care Confinement Benefit (per day, up to 45 days)	\$300 ⁷	\$600 ⁸
Ambulance Benefit (per day)	\$2,000	\$2,000

⁷At age 70, reduces to \$150/day. ⁸At age 70, reduces to \$300/day.

PACKAGES

Low Plan

Heart/Stroke + 4 units of Wellness Benefit Rider

Low+ Plan

Includes 3 units of Intensive Care Rider

High Plan

Heart/Stroke + 4 units of Wellness Benefit Rider

High+ Plan

Includes 6 units of Intensive Care Rider

premiums

MODE	PLAN	EMPLOYEE	FAMILY
Semi-Monthly	Low	\$5.97	\$11.06
	Low+	\$7.62	\$14.36
	High	\$10.46	\$19.72
	High+	\$13.76	\$26.32

Issue Ages: 18-64

POLICY AND RIDER SPECIFICATIONS

Renewability

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

Eligibility/Termination

Family coverage may include you, your spouse and children under age 26. Spouse coverage ends upon divorce 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.

Policy Exclusions and Limitations

The policy pays benefits only for heart attack, heart disease or stroke. The policy does not cover any other disease, sickness or incapacity even though caused, complicated or otherwise affected by heart attack, heart disease or stroke. If a covered confinement is due to more than one covered condition, benefits are paid as though the confinement was due to one condition.

Pre-Existing Condition Limitation for Policy and Riders

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

Hospital Intensive Care Rider Exclusions and Limitations

Benefits are not paid for: attempted suicide or intentional self-inflicted injury; 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 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. The Ambulance benefit will not be paid if the Ambulance benefit under the policy is paid.

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 mybenefits.allstate.com

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.



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www.allstate.com or
allstatebenefits.com

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

Rev. 3/25. This material is valid as long as information remains current, but in no event later than March 1, 2028.

Group Universal Life Insurance benefits are provided under policy form GUL23P, or state variations thereof. Rider benefits are provided under the following rider forms, or state variations thereof: Accelerated Death Benefit for Terminal Illness Rider (GULBR); Accidental Death Benefit Rider (GUADB); Accelerated Death Benefit for Long Term Care Rider (GULTC, GULTC2); (Accelerated Death Benefit for Long Term Care with) Extension of Benefits Rider (GULTCEXT); Total Disability Payor Waiver of Premium Rider (GUPWP); Level Term Insurance Rider (GUTIR); Children's Term Rider (GUCTR); Other Insured Person Level Term Rider (GUOIR).

Group Critical Illness benefits are provided under policy form GVCIP1, or state variations thereof.

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

The Critical Illness and Heart/Stroke coverage provided is limited benefit supplemental insurance. The policies are not Medicare Supplement Policies. If eligible for Medicare, review Medicare Supplement Buyer's Guide available from Allstate Benefits.

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.

This is a brief overview of the benefits available under the group and individual policies 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.