

# Critical Illness Insurance (GVCIP2)

from Allstate Benefits

Offered to the employees of:  
**OB Portland**

## BENEFIT AMOUNTS

†Covered dependents receive 50% of your benefit amount

INITIAL CRITICAL ILLNESS BENEFITS†	PLAN 1	PLAN 2
Heart Attack (100%)	\$10,000	\$20,000
Stroke (100%)	\$10,000	\$20,000
Major Organ Transplant (100%)	\$10,000	\$20,000
End Stage Renal Failure (100%)	\$10,000	\$20,000
Coronary Artery Bypass Surgery (25%)	\$2,500	\$5,000
Waiver of Premium (employee only)	Yes	Yes
CANCER CRITICAL ILLNESS BENEFITS†	PLAN 1	PLAN 2
Invasive Cancer (100%)	\$10,000	\$20,000
Carcinoma in Situ (25%)	\$2,500	\$5,000
SECOND EVENT BENEFITS†	PLAN 1	PLAN 2
Second Event Initial Critical Illness (same amount as Initial Critical Illness)	Yes	Yes
Second Event Cancer Critical Illness (same amount as Cancer Critical Illness)	Yes	Yes
SUPPLEMENTAL CRITICAL ILLNESS BENEFITS II†	PLAN 1	PLAN 2
Advanced Alzheimer's Disease (25%)	\$2,500	\$5,000
Advanced Parkinson's Disease (25%)	\$2,500	\$5,000
Benign Brain Tumor (100%)	\$10,000	\$20,000
Coma (100%)	\$10,000	\$20,000
Complete Blindness (100%)	\$10,000	\$20,000
Complete Loss of Hearing (100%)	\$10,000	\$20,000
Paralysis (100%)	\$10,000	\$20,000
OPTIONAL/ADDITIONAL BENEFIT	PLAN 1	PLAN 2
Wellness Benefit (per year)	\$50	\$50

See reverse for premiums

**PLAN 1 - SEMI-MONTHLY PREMIUMS**

\$10,000 Basic Benefit Amount

AGE	EE, EE + CH		EE + SP, F	
	Non-Tobacco			
18-29	\$4.76		\$7.21	
30-35	\$4.79		\$7.24	
36-39	\$11.39		\$17.14	
40-50	\$11.54		\$17.38	
51-54	\$24.41		\$36.68	
55-60	\$24.92		\$37.44	
61-63	\$39.67		\$59.57	
64-70	\$59.65		\$89.53	
71+	\$60.75		\$91.18	
AGE	Tobacco			
18-29	\$7.57		\$11.42	
30-35	\$7.61		\$11.48	
36-39	\$19.07		\$28.67	
40-50	\$19.34		\$29.07	
51-54	\$40.89		\$61.39	
55-60	\$41.74		\$62.67	
61-63	\$61.36		\$92.10	
64-70	\$92.40		\$138.66	
71+	\$94.17		\$141.31	

**PLAN 1 - MONTHLY PREMIUMS**

\$10,000 Basic Benefit Amount

AGE	EE, EE + CH		EE + SP, F	
	Non-Tobacco			
18-29	\$9.52		\$14.41	
30-35	\$9.57		\$14.48	
36-39	\$22.77		\$34.28	
40-50	\$23.08		\$34.75	
51-54	\$48.82		\$73.35	
55-60	\$49.83		\$74.87	
61-63	\$79.34		\$119.14	
64-70	\$119.29		\$179.05	
71+	\$121.49		\$182.36	
AGE	Tobacco			
18-29	\$15.14		\$22.83	
30-35	\$15.22		\$22.95	
36-39	\$38.14		\$57.33	
40-50	\$38.68		\$58.14	
51-54	\$81.77		\$122.78	
55-60	\$83.48		\$125.34	
61-63	\$122.71		\$184.19	
64-70	\$184.80		\$277.32	
71+	\$188.33		\$282.62	

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

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

**PLAN 2 - SEMI-MONTHLY PREMIUMS**

\$20,000 Basic Benefit Amount

AGE	EE, EE + CH		EE + SP, F	
	Non-Tobacco			
18-29	\$8.40		\$12.66	
30-35	\$8.45		\$12.73	
36-39	\$21.65		\$32.53	
40-50	\$21.95		\$32.99	
51-54	\$47.69		\$71.60	
55-60	\$48.71		\$73.12	
61-63	\$78.22		\$117.39	
64-70	\$118.15		\$177.30	
71+	\$120.36		\$180.60	
AGE	Tobacco			
18-29	\$14.01		\$21.08	
30-35	\$14.09		\$21.20	
36-39	\$37.02		\$55.59	
40-50	\$37.56		\$56.40	
51-54	\$80.63		\$121.01	
55-60	\$82.35		\$123.59	
61-63	\$121.59		\$182.44	
64-70	\$183.67		\$275.57	
71+	\$187.21		\$280.88	

**PLAN 2 - MONTHLY PREMIUMS**

\$20,000 Basic Benefit Amount

AGE	EE, EE + CH		EE + SP, F	
	Non-Tobacco			
18-29	\$16.80		\$25.32	
30-35	\$16.89		\$25.46	
36-39	\$43.29		\$65.06	
40-50	\$43.89		\$65.97	
51-54	\$95.37		\$143.19	
55-60	\$97.41		\$146.24	
61-63	\$156.43		\$234.77	
64-70	\$236.30		\$354.59	
71+	\$240.71		\$361.20	
AGE	Tobacco			
18-29	\$28.02		\$42.16	
30-35	\$28.17		\$42.39	
36-39	\$74.03		\$111.17	
40-50	\$75.12		\$112.80	
51-54	\$161.25		\$242.02	
55-60	\$164.70		\$247.18	
61-63	\$243.17		\$364.88	
64-70	\$367.34		\$551.14	
71+	\$374.42		\$561.75	

FOR HOME OFFICE USE ONLY - GVCIP2

Opt 1 - NPX; 1.0U Base; CR; 2CIR; 2CR; SBR W/O; 2.0U WR;

Opt 2 - NPX; 2.0U Base; CR; 2CIR; 2CR; SBR W/O; 2.0U WR;

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