

# Critical Illness Insurance (GVCIP2)

from Allstate Benefits

Offered to the employees of:  
Pacific States Marine

## 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)	No	Yes
Second Event Cancer Critical Illness (same amount as Cancer Critical Illness)	No	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	\$75
OPTIONAL/ADDITIONAL RIDER BENEFITS	PLAN 1	PLAN 2
Second Evaluation Benefit (Critical Illness Enhancement) Rider - Second Consultation	N/A	\$1,000
Non-Local Transportation <sup>1</sup> (per trip or mile)	Air Fare	\$500
	Personal Vehicle	\$0.50
Outpatient Lodging <sup>2</sup> (daily)	N/A	\$100
Family Member Lodging <sup>1</sup> (daily) and Transportation <sup>2</sup> (per trip or mile)	N/A	\$100
	Air Fare	\$500
	Personal Vehicle	\$0.50

<sup>1</sup>Limit of \$5,000/12 month period. <sup>2</sup>Limit of \$1,000/12 month period.

See reverse for premiums

**PLAN 1 - SEMI-MONTHLY PREMIUMS**

\$10,000 Basic Benefit Amount

	EE, EE + CH	EE + SP, F
AGE	Non-Tobacco	
18-35	\$3.83	\$5.80
36-50	\$8.78	\$13.23
51-60	\$17.98	\$27.03
61-63	\$28.08	\$42.18
64+	\$41.23	\$61.90
	Tobacco	
18-35	\$5.88	\$8.88
36-50	\$14.43	\$21.70
51-60	\$29.73	\$44.65
61-63	\$42.98	\$64.53
64+	\$63.33	\$95.05

**PLAN 1 - MONTHLY PREMIUMS**

\$10,000 Basic Benefit Amount

	EE, EE + CH	EE + SP, F
AGE	Non-Tobacco	
18-35	\$7.65	\$11.60
36-50	\$17.55	\$26.45
51-60	\$35.95	\$54.05
61-63	\$56.15	\$84.35
64+	\$82.45	\$123.80
	Tobacco	
18-35	\$11.75	\$17.75
36-50	\$28.85	\$43.40
51-60	\$59.45	\$89.30
61-63	\$85.95	\$129.05
64+	\$126.65	\$190.10

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

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

**PLAN 2 - SEMI-MONTHLY PREMIUMS**

\$20,000 Basic Benefit Amount

	EE, EE + CH	EE + SP, F
AGE	Non-Tobacco	
18-35	\$8.81	\$13.62
36-50	\$21.41	\$32.52
51-60	\$45.02	\$67.93
61-63	\$70.82	\$106.63
64+	\$105.00	\$157.91
	Tobacco	
18-35	\$14.20	\$21.71
36-50	\$36.11	\$54.57
51-60	\$75.62	\$113.83
61-63	\$109.73	\$164.99
64+	\$163.01	\$244.92

**PLAN 2 - MONTHLY PREMIUMS**

\$20,000 Basic Benefit Amount

	EE, EE + CH	EE + SP, F
AGE	Non-Tobacco	
18-35	\$17.62	\$27.24
36-50	\$42.82	\$65.04
51-60	\$90.04	\$135.86
61-63	\$141.63	\$213.25
64+	\$210.00	\$315.82
	Tobacco	
18-35	\$28.40	\$43.42
36-50	\$72.21	\$109.13
51-60	\$151.23	\$227.65
61-63	\$219.45	\$329.97
64+	\$326.02	\$489.84

FOR HOME OFFICE USE ONLY - GVCIP2

Opt 1 - PX; 1.0U Base; CR; SBR W/O; 2.0U WR;

Opt 2 - PX; 2.0U Base; CR; 2CIR; 2CR; SBR W/O; 3.0U WR; 2EBR

ABQ V 08.19.2019 Rate Insert Creation Date: 9/16/2019



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