

Critical Illness (GVCIP2NY)

Group Voluntary Critical Illness Insurance

from Allstate Benefits

See attached **Important Information About Coverage.**

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
Coronary Artery Disease (25%)	\$2,500	\$5,000
Major Organ Transplant (100%)	\$10,000	\$20,000
End Stage Renal Failure (100%)	\$10,000	\$20,000
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
Other Cancer (one-time-payment)	\$250	\$250

SECOND EVENT BENEFIT	PLAN 1	PLAN 2
Second Event Initial Critical Illness Benefit (same amount as Initial Critical Illness)	Yes	Yes
ADDITIONAL BENEFIT	PLAN 1	PLAN 2
Wellness Benefit (per year)	\$50	\$50

WEEKLY PREMIUMS

PLAN 1

\$10,000 Basic Benefit Amount
non-tobacco

AGES	EE, EE+CH	EE+SP, F
18-35	\$1.97	\$3.11
36-50	\$4.39	\$6.83
51-60	\$7.62	\$12.14
61-63	\$10.48	\$16.96
64-71+	\$12.68	\$20.70

BI-WEEKLY PREMIUMS

PLAN 1

\$10,000 Basic Benefit Amount
non-tobacco

AGES	EE, EE+CH	EE+SP, F
18-35	\$3.94	\$6.22
36-50	\$8.78	\$13.66
51-60	\$15.24	\$24.28
61-63	\$20.96	\$33.92
64-71+	\$25.36	\$41.40

SEMI-MONTHLY PREMIUMS

PLAN 1

\$10,000 Basic Benefit Amount
non-tobacco

AGES	EE, EE+CH	EE+SP, F
18-35	\$4.26	\$6.74
36-50	\$9.51	\$14.79
51-60	\$16.51	\$26.29
61-63	\$22.71	\$36.74
64-71+	\$27.46	\$44.84

MONTHLY PREMIUMS

PLAN 1

\$10,000 Basic Benefit Amount
non-tobacco

AGES	EE, EE+CH	EE+SP, F
18-35	\$8.51	\$13.48
36-50	\$19.01	\$29.58
51-60	\$33.01	\$52.58
61-63	\$45.41	\$73.48
64-71+	\$54.91	\$89.68

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

Additional Premiums listed on reverse.

Allstate Life Insurance Company of New York

ABJ32180NY-Insert-A

WEEKLY PREMIUMS**PLAN 1**\$10,000 Basic Benefit Amount
tobacco

AGES	EE, EE+CH	EE+SP, F
18-35	\$2.80	\$4.57
36-50	\$7.53	\$11.86
51-60	\$14.87	\$23.21
61-63	\$21.54	\$33.46
64-71+	\$26.31	\$40.89

PLAN 2\$20,000 Basic Benefit Amount
non-tobacco

AGES	EE, EE+CH	EE+SP, F
18-35	\$3.49	\$5.31
36-50	\$8.34	\$12.74
51-60	\$14.80	\$23.35
61-63	\$20.52	\$33.00
64-71+	\$24.91	\$40.48

tobacco

AGES	EE, EE+CH	EE+SP, F
18-35	\$5.15	\$8.21
36-50	\$14.61	\$22.80
51-60	\$29.29	\$45.51
61-63	\$42.63	\$66.00
64-71+	\$52.18	\$80.86

BI-WEEKLY PREMIUMS**PLAN 1**\$10,000 Basic Benefit Amount
tobacco

AGES	EE, EE+CH	EE+SP, F
18-35	\$5.60	\$9.14
36-50	\$15.06	\$23.72
51-60	\$29.74	\$46.42
61-63	\$43.08	\$66.92
64-71+	\$52.62	\$81.78

PLAN 2\$20,000 Basic Benefit Amount
non-tobacco

AGES	EE, EE+CH	EE+SP, F
18-35	\$6.98	\$10.62
36-50	\$16.68	\$25.48
51-60	\$29.60	\$46.70
61-63	\$41.04	\$66.00
64-71+	\$49.82	\$80.96

tobacco

AGES	EE, EE+CH	EE+SP, F
18-35	\$10.30	\$16.42
36-50	\$29.22	\$45.60
51-60	\$58.58	\$91.02
61-63	\$85.26	\$132.00
64-71+	\$104.36	\$161.72

SEMI-MONTHLY PREMIUMS**PLAN 1**\$10,000 Basic Benefit Amount
tobacco

AGES	EE, EE+CH	EE+SP, F
18-35	\$6.06	\$9.89
36-50	\$16.31	\$25.69
51-60	\$32.21	\$50.29
61-63	\$46.66	\$72.49
64-71+	\$57.01	\$88.59

PLAN 2\$20,000 Basic Benefit Amount
non-tobacco

AGES	EE, EE+CH	EE+SP, F
18-35	\$7.56	\$11.49
36-50	\$18.06	\$27.59
51-60	\$32.06	\$50.59
61-63	\$44.46	\$71.49
64-71+	\$53.96	\$87.69

tobacco

AGES	EE, EE+CH	EE+SP, F
18-35	\$11.16	\$17.79
36-50	\$31.66	\$49.39
51-60	\$63.46	\$98.59
61-63	\$92.36	\$142.99
64-71+	\$113.06	\$175.19

MONTHLY PREMIUMS**PLAN 1**\$10,000 Basic Benefit Amount
tobacco

AGES	EE, EE+CH	EE+SP, F
18-35	\$12.11	\$19.78
36-50	\$32.61	\$51.38
51-60	\$64.41	\$100.58
61-63	\$93.31	\$144.98
64-71+	\$114.01	\$177.18

PLAN 2\$20,000 Basic Benefit Amount
non-tobacco

AGES	EE, EE+CH	EE+SP, F
18-35	\$15.11	\$22.98
36-50	\$36.11	\$55.18
51-60	\$64.11	\$101.18
61-63	\$88.91	\$142.98
64-71+	\$107.91	\$175.38

tobacco

AGES	EE, EE+CH	EE+SP, F
18-35	\$22.31	\$35.58
36-50	\$63.31	\$98.78
51-60	\$126.91	\$197.18
61-63	\$184.71	\$285.98
64-71+	\$226.11	\$350.38

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

**BENEFITS**

For use in enrollments situated in the following state: NY.

This rate insert is part of forms ABJ32180NY-Flyer and ABJ29999NY and is not to be used on its own.

This material is valid as long as information remains current, but in no event later than March 1, 2019. Allstate Benefits is a marketing name for Allstate Life Insurance Company of New York (Home Office, Hauppauge, NY). ©2016 Allstate Insurance Company. www.allstate.com.

Group Voluntary Critical Illness (GVCIP2NY)

Important Information About Coverage

Provides details of base policy coverage in New York. Below is a list of base policy benefits available with Group Critical Illness coverage. Please refer to your employer-chosen plan for the specific items that apply to your coverage. You will receive a certificate that details the certificate specifications for the coverage you purchased.

Group Critical Illness Issue ages are 18 and over.

Benefit Specifications (see Benefit Amounts)

Heart Attack Exclusion - A cardiac arrest is not a heart attack and is not covered by this benefit.

Stroke Exclusions - Does not include: Transient ischemic attacks (TIAs), head injury, chronic cerebrovascular insufficiency and reversible ischemic neurological deficits.

Coronary Artery Disease Exclusions - Does not include: abdominal aortic bypass, balloon angioplasty; laser embolectomy; atherectomy; stent placement; or other non-surgical procedures.

Invasive Cancer Exclusions - Does not include: carcinoma in situ; tumors related to HIV; non-invasive or non-metastasized skin cancer; or early prostate cancer. Includes Leukemia and Lymphoma.

Carcinoma in Situ Exclusions - Does not include: other skin malignancies; or premalignant lesions (such as intraepithelial neoplasia); or benign tumors or polyps.

Second Event Initial Critical Illness Benefit Conditions - There must be at least 12 months between each diagnosis. A Second Event Critical Illness Benefit is paid only once for each initial critical illness.

Conditions, Limitations and Exclusions Affecting Your Benefits

Your 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

(a) Family members eligible for coverage are your spouse or domestic partner 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 divorce or annulment;

(d) Domestic partner coverage ends when the domestic partnership ends or your death.

Medical Insurance Requirement

Coverage can only be issued to persons covered by either major medical insurance, or basic hospital and basic medical insurance. We will send you a letter asking if covered persons have this insurance. If you respond that insurance is not in force on the effective date, coverage for that person will not be provided and any premiums paid will be refunded.

Suspended Coverage During Military Service

If you are a member of a reserve armed forces of the United States, you may request to suspend this coverage during active duty for up to 5 years. Coverage will not be in force while suspended, and you will not be required to pay premiums.

When Coverage Ends

Your coverage under the policy ends when: the policy is canceled; you stop paying your premium; your active employment ends; you are no longer eligible; a fraudulent or materially misrepresented claim is filed; or all critical illness benefits have been paid.

Continuing Your Coverage

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

Benefit Conditions

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 while you are outside the U.S., its territories, Canada or Mexico will be considered when you return. The date of diagnosis for each illness must be separated by 90 days.

Recurrence of Cancer

Only applies to Cancer Critical Illness, if included. Provision applies regardless of whether your plan includes a Pre-Existing Condition Limitation.

Cancer critical illness benefits are payable for a diagnosis of a recurrence of cancer, as long as you are diagnosed after the effective date of coverage, and have been free of any symptoms and treatment of cancer for 12 consecutive months immediately preceding the effective date of coverage, or any 12 consecutive months thereafter.

Pre-Existing Condition Limitation

(a) We do not pay benefits for a critical illness from a pre-existing condition when the date of diagnosis is within 6 months after the effective date.

(b) A pre-existing condition is a condition for which, during the 6 months just prior to the effective date, medical advice or treatment was recommended by or received from a health care provider.

Exclusions

We do not pay benefits for:

(a) war, participation in a riot, insurrection or rebellion;

(b) intentionally self-inflicted injury or action;

(c) illegal activities or participation in an illegal occupation;

(d) suicide while sane, or self-destruction while insane, or any attempt at either;

(e) substance abuse, including alcohol, alcoholism, drug addiction, or dependence upon any controlled substance.



Allstate Benefits is a marketing name for Allstate Life Insurance Company of New York (Home Office, Hauppauge, NY).

©2015 Allstate Insurance Company.
www.allstate.com

This material is valid as long as information remains current, but in no event later than April 1, 2018. Group Critical Illness benefits provided by policy form GVCIP2NY, which provides stated benefits for specified illnesses.

Coverage is provided by Limited Benefit Supplemental Critical Illness Insurance. The policy does not provide benefits for any other sickness or condition. The policy is not a Medicare Supplement Policy. If eligible for Medicare, review Medicare Supplement Buyer's Guide available from Allstate Benefits. This information highlights some features of the policy but is not the insurance contract. For complete details, contact your Allstate Benefits Agent. This is a brief overview of the benefits available under the Group Voluntary Policy issued by Allstate Life Insurance Company of New York (Home Office, Hauppauge, New York). Details of the insurance, including exclusions, restrictions and other provisions are included in the certificates issued.

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.