



Allstate™ BENEFITS

Protection and guidance
when diagnosed with a
critical illness

Comprehensive

Critical Illness Insurance with Medical Care Support Services

No one is ever really prepared for a critical illness diagnosis. The whirlwind of appointments, tests, treatments and medications is often life-altering and could add to your stress levels.

The treatment to recovery is vital, but it can also be expensive. Your group benefits plan and Provincial Health Insurance may only cover some of the costs associated with treatment. You may still be responsible for out-of-pocket expenses.

Comprehensive Critical Illness coverage not only helps provide financial support if you are diagnosed with a covered critical illness, but also provides access to advisory services from TELUS® Health Care Centres in Canada and PinnacleCare in the U.S. that offer guidance to help you address your concerns and provide peace of mind. 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. Then, if diagnosed with a covered critical illness, you will receive a cash benefit based on the percentage payable for the condition. If you have a concern regarding a diagnosed or suspected critical illness, a Nurse Navigator can help address your concerns.

Meeting Your Needs

- Guaranteed Issue coverage, subject to exclusions and limitations¹
- Coverage available for spouse at an additional cost
- Dependent children automatically covered at no cost for 50% of your Comprehensive Critical Illness benefit amount
- Benefits paid regardless of any other medical or disability plan coverage
- Premiums are affordable with a convenient payment process
- Coverage may be continued after employment; refer to your certificate for details
- No Pre-Existing condition exclusions and no survival period
- Claims typically paid within 2-4 days from when forms are received

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

¹Please refer to the Exclusions and Limitations section of this brochure.

²<https://www.worldatlas.com/articles/leading-causes-of-deaths-in-canada.html>

³<https://cancer.ca/en/research/cancer-statistics/cancer-statistics-at-a-glance>

DID YOU KNOW ?



Cancer, Heart Disease and Stroke are responsible for over 50% of the deaths in Canada²

641

On average, 641 Canadians will be diagnosed with cancer every day³

Offered to the clients of:



Meet Ashley

Ashley is like any single parent who has been diagnosed with a critical illness. She's concerned about her future and her children's well-being. She worries about how she will cope with her illness and how she will pay for any out-of-pocket expenses.

Here is what weighs heavily on her mind:

- My group benefits plan and Provincial Health Insurance won't cover all of the expenses related to my treatment
- I need help to better understand my treatment options
- I would like a second opinion but I don't know how to obtain one
- My drug coverage still requires me to pay a portion of my drug costs
- If I am not working due to my treatments, I must cover my bills, rent/mortgage, groceries and my children's education
- If the right treatment is not available locally, I will have to travel to get the treatment I need



Ashley's story of diagnosis and treatment turned into a happy ending, because she had Comprehensive Critical Illness Insurance with Medical Care Support Services to help her cover medical expenses and make informed decisions.



CHOOSE

Ashley chooses Comprehensive Critical Illness with Medical Care Support benefits to help protect herself and her family from expenses not covered through Provincial Medicare or an employer-paid health care plan.



USE

During Ashley's annual physician checkup, her doctor noticed a mole on her back. She underwent a biopsy, which confirmed stage 3a melanoma.

Here's Ashley's treatment path:

- Ashley has her annual physician checkup
- Her doctor notices an abnormally colored mole on her back, tests are performed, and she is diagnosed with Stage 3a melanoma
- She is referred to an oncologist
 - She accesses nursing support to better understand her treatment options and prepare questions for her oncologist visit
- Ashley followed her doctor-required drug therapy treatment for a period of 10 months, and is now on the road to recovery
- Surgery is recommended, but Ashley decides to get a second opinion which determines that surgery is not needed

Ashley is doing well and is on the road to recovery.



CLAIM

Ashley's Comprehensive Critical Illness claim can be used for non-Provincial Health Insurance covered expenses such as:

Life-saving drug therapy

Financial help to pay for living expenses while on leave from work

Counseling for anxiety

The cash benefits were direct deposited into her bank account.

For a listing of benefits and benefit amounts, see pages 3 and 6.

Using your cash benefits

Cash benefits provide you with options, because you decide how to use them.



Finances

Can help protect savings and retirement plans from being depleted with a cash benefit that helps to pay for treatment not fully covered by Provincial Health Insurance or your employer's health plan.



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.

Benefits (subject to maximums as listed on page 6)

Benefit paid upon diagnosis of one of the following conditions

COMPREHENSIVE CRITICAL ILLNESS BENEFITS*

Heart Attack - the death of a portion of the heart muscle due to inadequate blood supply. Not payable for: incidental finding of ECG changes suggesting a prior myocardial infarction (in absence of a corroborating event); or elevation of cardiac markers to coronary angioplasty unless diagnostic changes of new Q wave infarction on the ECG

Stroke - acute cerebrovascular event caused by intracranial thrombosis or haemorrhage, or embolism from an extracranial source. Not payable for transient ischemic attacks (TIAs), intra-cerebral vascular events due to trauma, or lacunar infarct which do not meet the definition of stroke as described above

Major Organ Failure (Transplant or Waiting List) - irreversible failure of heart, lung, liver, kidney or bone marrow, with either transplantation deemed necessary or the covered person enrolling on a major transplant list in Canada or the U.S.

Kidney Failure - irreversible failure of both kidneys, resulting in peritoneal dialysis, haemodialysis or renal transplantation being initiated. Does not include failure of both kidneys to function caused by traumatic event, including surgical traumas

Carcinoma In Situ - non-invasive cancer, including melanoma that has not invaded the dermis. Other skin malignancies are not covered

Invasive Cancer - malignant tumour with uncontrolled growth and spread of malignant cells into other tissue. Includes invasive malignant melanoma in the dermis or deeper or skin malignancies that have become metastatic. Other skin cancers are not covered

Alzheimer's Disease - must exhibit impaired memory and judgment and require eight hours of daily supervision

Parkinson's Disease - must exhibit two or more of the following: muscle rigidity, tremor, or bradykinesia (slowness in physical and mental responses); and be certified unable to perform at least two daily activities (bathing, dressing, toileting, bladder and bowel continence, transferring and feeding) without adult assistance

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 other non-surgical procedures are not covered

Multiple Sclerosis - must be diagnosed by a specialist and have at least one of the following: two or more separate clinical attacks; well-defined neurological abnormalities lasting more than six months; a single attack with lesions of demyelination having developed in intervals of one per month

Paralysis - total and permanent loss of muscle function of 2 or more limbs

Deafness - total and irreversible loss of hearing in both ears

Blindness - total and irreversible loss of sight in both eyes

Aortic Surgery - surgical removal and replacement of the diseased thoracic or abdominal aorta with a graft. Does not include the branches of the aorta

Benign Brain Tumour - a non-malignant tumour located in the cranial vault and limited to the brain, meninges, cranial nerves or pituitary gland that requires surgery or radiation treatment, or causes irreversible neurological deficits. Pituitary adenomas less than 10mm, tumours of the skull and germinomas are not covered

Coma - unconsciousness with no reaction to external stimuli or responses to internal needs for a continuous period of at least 96 hours. Glasgow coma score must be four or less. Medically-induced coma, a coma which results directly from alcohol or drug use, and a diagnosis of brain death are not covered

Severe Burns - diagnosis of third-degree burns over at least 20% of the body surface

Loss of Speech - total and irreversible loss of the ability to speak as the result of an accidental injury or disease

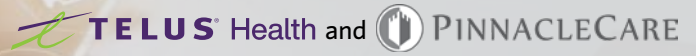
Amyotrophic Lateral Sclerosis (ALS) Benefit Rider - must be diagnosed by a specialist showing progressive neuromuscular disease. No other motor neuron disease is covered by this benefit

Waiver of Premium (Employee only) - premiums waived if disabled for 90 consecutive days due to a critical illness

*Benefits paid once per covered person. When all benefits have been used, the coverage terminates.

Value-Added Services

With Critical Illness coverage from Allstate Benefits, you now have access to medical support through a best-of-class medical concierge/second opinion service with TELUS® Health Care Centres in Canada and PinnacleCare in the U.S.



To help you navigate through your illness and address your concerns, this personalized concierge service offers a unique combination of:

- expert health care system navigation
- access to exceptional medical resources
- unmatched range of services

TELUS® Health Care Centres—Medical Guidance and Support Services

TELUS® Health Care Centres Concierge Medical Services

- One-on-one personalized support centered on your specific or suspected diagnosis
- Access to a Registered Nurse to discuss diagnosis, concerns, second opinion options and claim filing
- Support to make fully informed decisions in managing your critical illness or related concerns
- Seamless Canadian-U.S. service if treatment or guidance is needed outside of Canada
- Leverage clinical and financial support to save time, reduce the stress of medical concerns and bring peace of mind

Here's How It Works

When seeking guidance or upon diagnosis of a covered critical illness, contact TELUS® Health Care Centres and you will be assigned a Nurse Navigator to help guide you through your health care challenge.

Your Nurse Navigator will:



Care

Help you better understand and address your diagnosis, concerns and treatment options



Collect

Collect, organize and review your medical records



Facilitate

If a second opinion is desired or necessary, TELUS® Health Care Centres will act as a liaison between your primary care physician and desired second opinion location to facilitate referral. Additionally, TELUS® Health Care Centres can assist in preparing you for next steps—for example, planning for a specialist appointment



Coordinate

If U.S. consultation or treatment is desired, TELUS® Health Care Centres will coordinate with PinnacleCare to arrange for consultation



Follow Up

Follow up with you to ensure you are on the right path



Help

The Nurse Navigator will assist you with the initial claims submission process



TELUS® Health

By leveraging the power of technology to deliver connected solutions and services, TELUS® Health Care Centres is improving access to care and revolutionizing the flow of information. TELUS® Health Care Centres facilitates collaboration, efficiency and productivity for citizens, physicians, pharmacists, health authorities, allied health care professionals, insurers and employers to progress its vision of transforming health care and empowering people to live healthier lives.

PINNACLECARE

Health Advisory Services provided by PinnacleCare focus on health care advocacy and decision support for ongoing critical care needs as defined in your policy. These services are provided by PinnacleCare and are not intended for immediate or emergent medical needs. If you are experiencing a medical emergency, call 9-1-1 immediately or go to the nearest emergency room.

Note that all direct medical care, procedures, treatments, and insurance coverage of related medical claims are provided or managed by independent health care providers and insurers and are not included in this coverage.

PinnacleCare—U.S. Health Care Concierge Service

If a consultation in the U.S. is desired, the TELUS® Health Care Centres Nurse Navigator will share your medical records file (with your consent) with PinnacleCare. They will work with you to coordinate all aspects of your U.S. care and treatment support. Your concierge Health Advisor will provide you with preferential access to top-ranked Medical Centers of Excellence in the U.S. and the nation’s leading physicians and specialists.

PinnacleCare provides:

- Expert medical opinion on diagnosis, coordinated with TELUS® Health Care Centres
- Research on diagnosis and treatment options in the U.S.
- Customized report identifying top U.S. specialists for potential treatment
- Fast, facilitated appointments with physicians and/or U.S. Centers of Excellence
- Gathering, organizing and forwarding of key U.S. medical records in coordination with your TELUS® Health Care Centres support team
- Virtual consultations to obtain expert medical opinions, as warranted

A Seamless Partnership

Allstate Benefits, TELUS® Health Care Centres and PinnacleCare work together to provide a unique, high-touch medical experience designed to achieve the best possible health outcomes and help you make informed choices in managing your condition.

The Allstate Benefits affiliation with TELUS® Health Care Centres and PinnacleCare is limited to a marketing alliance. Allstate Benefits makes no representations or warranties regarding TELUS® Health Care Centres or PinnacleCare programs, and is not responsible for any of the products or services that they provide. TELUS® Health Care Centres and PinnacleCare each offer their products and services subject to their own terms, limitations and exclusions.

Comprehensive Critical Illness Insurance (GCIP)

from Allstate Benefits

Benefit Amount percentages are based on the following:

Comprehensive Plan(s): Plan 1: \$10,000 Basic Benefit Amount
Plan 2: \$20,000 Basic Benefit Amount
Plan 3: \$30,000 Basic Benefit Amount

Plan 4: \$40,000 Basic Benefit Amount
Plan 5: \$50,000 Basic Benefit Amount

†Covered Dependents: Covered Spouse and Children Receive 50% of your basic benefit amount

BENEFIT AMOUNTS

INITIAL CRITICAL ILLNESS BENEFITS†	PLAN 1	PLAN 2	PLAN 3	PLAN 4	PLAN 5
Heart Attack (100%)	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000
Stroke (100%)	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000
Major Organ Failure (Transplant or Waiting List) (100%)	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000
Kidney Failure (100%)	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000
Carcinoma in Situ (25%)	\$2,500	\$5,000	\$7,500	\$10,000	\$12,500
Invasive Cancer (100%)	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000
Alzheimer's Disease (100%)	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000
Parkinson's Disease (100%)	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000
Coronary Artery Bypass Surgery (100%)	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000
Multiple Sclerosis (100%)	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000
Paralysis (100%)	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000
Deafness (100%)	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000
Blindness (100%)	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000
Aortic Surgery (100%)	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000
Benign Brain Tumour (100%)	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000
Coma (100%)	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000
Severe Burns (100%)	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000
Loss of Speech (100%)	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000
Amyotrophic Lateral Sclerosis (ALS) Benefit Rider (100%)	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000
Waiver of Premium (employee only)	Yes	Yes	Yes	Yes	Yes
VALUE ADDED SERVICES	PLAN 1	PLAN 2	PLAN 3	PLAN 4	PLAN 5
TELUS® Health Care Centres/PinnacleCare	Yes	Yes	Yes	Yes	Yes

See page 7 for premiums

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 15-99.

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 21, or 25 if in full-time attendance at an institution of higher learning. 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 or membership; you or your class are no longer eligible; when all benefits have been paid under the policy and rider; upon discovery of claim fraud or material misrepresentation.

Portability Privilege

You may 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 specified disease after your effective date will be payable. Each critical illness is only payable provided that we have not previously paid a benefit for that illness. 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. The date of diagnosis for each illness must be separated by 90 days. Emergency situations outside of Canada will be considered by a Canadian physician on foreign soil or when you return to Canada.

If the first diagnosis of cancer occurs before the effective date of coverage, benefits are paid for a subsequent diagnosis of cancer after the effective date, subject to the terms and conditions in the certificate.

Exclusions

Benefits are not paid for: war or participation in a riot, insurrection or rebellion; intentionally self-inflicted injuries; injury incurred while engaging in an illegal occupation or committing or attempting a felony; attempted suicide while sane or insane; injuries while under the influence of alcohol, narcotics, or controlled substances or drugs, unless doctor prescribed; participation in aeronautics unless a fare-paying passenger on a licensed common-carrier aircraft; alcohol abuse or alcoholism, drug addiction or controlled substance dependency.

Contact information:

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This brochure is for use in enrolments situated in Canada.

This material is valid as long as information remains current, but in no event later than May 15, 2025.

Group Critical Illness benefits are provided under policy form GCIP. Amyotrophic Lateral Sclerosis Benefit Rider benefits are provided under rider form GCIALSAC.

The coverage provided is limited benefit supplemental critical illness insurance. This is a brief overview of the benefits available under the group policy underwritten by Allstate Insurance Company of Canada (Home Office, Markham, Ontario). Details of the insurance, including exclusions, restrictions, and other provisions are included in the certificates issued. For additional information, you may contact your Allstate Benefits Representative.