

# Critical Illness Rates

## Weekly Premiums

**PLAN 1** \$10,000 Basic Benefit Amount

	Non-tobacco		Tobacco	
	EE, EE+CH	EE+SP, F	EE, EE+CH	EE+SP, F
18-29	\$1.00	\$1.63	\$1.42	\$2.26
30-34	\$1.27	\$2.03	\$1.86	\$2.93
35-39	\$1.66	\$2.62	\$2.60	\$4.03
40-44	\$2.25	\$3.50	\$3.62	\$5.55
45-49	\$3.29	\$5.07	\$5.39	\$8.21
50-54	\$4.67	\$7.13	\$7.37	\$11.18
55-59	\$6.37	\$9.69	\$10.37	\$15.70
60-64	\$8.78	\$13.29	\$13.25	\$20.01
65-69	\$9.46	\$14.32	\$14.29	\$21.57
70+	\$13.13	\$19.82	\$13.13	\$19.82

**PLAN 2** \$20,000 Basic Benefit Amount

	Non-tobacco		Tobacco	
	EE, EE+CH	EE+SP, F	EE, EE+CH	EE+SP, F
18-29	\$1.74	\$2.74	\$2.58	\$4.00
30-34	\$2.27	\$3.54	\$3.46	\$5.32
35-39	\$3.05	\$4.70	\$4.93	\$7.52
40-44	\$4.23	\$6.48	\$6.97	\$10.58
45-49	\$6.32	\$9.61	\$10.51	\$15.89
50-54	\$9.08	\$13.74	\$14.47	\$21.83
55-59	\$12.49	\$18.86	\$20.49	\$30.86
60-64	\$17.29	\$26.06	\$26.24	\$39.48
65-69	\$18.65	\$28.11	\$28.32	\$42.61
70+	\$26.00	\$39.12	\$26.00	\$39.12

## Semi-Monthly Premiums

**PLAN 1** \$10,000 Basic Benefit Amount

	Non-tobacco		Tobacco	
	EE, EE+CH	EE+SP, F	EE, EE+CH	EE+SP, F
18-29	\$2.16	\$3.52	\$3.08	\$4.89
30-34	\$2.75	\$4.40	\$4.03	\$6.33
35-39	\$3.58	\$5.66	\$5.62	\$8.72
40-44	\$4.86	\$7.58	\$7.83	\$12.03
45-49	\$7.13	\$10.97	\$11.67	\$17.79
50-54	\$10.11	\$15.45	\$15.95	\$24.22
55-59	\$13.80	\$20.99	\$22.47	\$34.00
60-64	\$19.01	\$28.80	\$28.70	\$43.34
65-69	\$20.49	\$31.02	\$30.96	\$46.72
70+	\$28.44	\$42.95	\$28.44	\$42.95

**PLAN 2** \$20,000 Basic Benefit Amount

	Non-tobacco		Tobacco	
	EE, EE+CH	EE+SP, F	EE, EE+CH	EE+SP, F
18-29	\$3.76	\$5.92	\$5.59	\$8.66
30-34	\$4.92	\$7.67	\$7.50	\$11.53
35-39	\$6.61	\$10.19	\$10.68	\$16.30
40-44	\$9.17	\$14.03	\$15.09	\$22.91
45-49	\$13.68	\$20.81	\$22.76	\$34.43
50-54	\$19.66	\$29.76	\$31.35	\$47.30
55-59	\$27.05	\$40.85	\$44.39	\$66.86
60-64	\$37.46	\$56.46	\$56.84	\$85.54
65-69	\$40.41	\$60.90	\$61.35	\$92.31
70+	\$56.32	\$84.76	\$56.32	\$84.76

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

# Accident Rates

## Weekly Premiums

	EE	EE+SP	EE+CH	F
<b>Plan 1</b>	\$0.93	\$2.25	\$2.88	\$3.74

	EE	EE+SP	EE+CH	F
<b>Plan 2</b>	\$1.86	\$4.50	\$5.76	\$7.49

## Semi-Monthly Premiums

	EE	EE+SP	EE+CH	F
<b>Plan 1</b>	\$2.01	\$4.87	\$6.24	\$8.11

	EE	EE+SP	EE+CH	F
<b>Plan 2</b>	\$4.02	\$9.74	\$12.48	\$16.21

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



**Allstate**  
BENEFITS

## Rates for Critical Illness and Accident Insurance

For use in the Macy's, Inc. enrollment situated in: OH

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.

This material is valid as long as information remains current, but in no event later than April 1, 2019.

Group Critical Illness benefits provided by policy form GVCP2, or state variations thereof. Group Accident benefits are provided by policy form GVAP6 and the following riders, or state variations thereof: Accident Treatment and Urgent Care Rider GP6AUC, Dislocation/Fracture Rider GP6DF, Emergency Room Services Rider GP6ERS, Benefit Enhancement Rider GP6BE. Coverage is provided by Limited Benefit Supplemental Critical Illness and Accident Insurance. 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 underwritten by American Heritage Life Insurance Company (Home Office, Jacksonville, FL). Details of the insurance, including exclusions, restrictions and other provisions are included in the certificates issued.

Allstate Benefits is the marketing name used by American Heritage Life Insurance Company, a subsidiary of The Allstate Corporation.

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