



BE WELL. BE SMART. BE PROTECTED.

Allstate at Work®

# cancer insurance

## *Group Trust*

No one likes to think about getting cancer. But it will still affect **1 in 2 men** and **1 in 3 women**.<sup>1</sup> Cancer may not be preventable, but you can protect yourself from some of the costs. Cancer insurance can help you: Manage the high expenses of treatment; Preserve savings; Protect your family from financial hardship; Concentrate on getting well.

Our cancer insurance pays you benefits that can be used for non-medical cancer-related expenses that health insurance might not cover.

- The policy is guaranteed renewable for life, subject to change in premiums by class.
- Benefits paid directly to you unless assigned
- Benefits paid in addition to any other coverage
- Individual or family coverage

### Would your finances survive cancer treatments?

1. *Cancer Facts & Figures*, American Cancer Society, 2005.



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Workplace Division

# Allstate Workplace Division Heritage Provider Series Group Trust Benefits

Basic plan consists of GT-Heritage Provider Series benefit level Option A. Enhanced plan consists of GT-Heritage Provider Series benefit level Option I. Premier plan consists of GT-Heritage Provider Series benefit level Option II. Additional riders may be added to each plan and are included on the appropriate state-specific rate insert.

THE TOWN OF HOLLISTON OFFERS THE PREMIER OPTION

Benefits	BASIC	ENHANCED	PREMIER
<b>First Occurrence</b> - We pay the amount shown when a covered person is diagnosed for the first time as having cancer, other than skin cancer. Payable only once for each covered person.	\$1,000	\$1,500	\$2,000
<b>Hospitalization-Related Benefits</b>			
<b>Continuous Hospital Confinement</b> - (1) We pay the amount shown for each day of continuous hospital confinement for cancer treatment up to 70 days. (2) We pay the amount shown for the 71st through 90th day of continuous hospital confinement for cancer treatment. (3) After 90th day, we pay charges up to the amount shown until the end of the continuous hospital confinement (in lieu of benefits that would otherwise be payable, except the waiver of premium benefit). We pay the amount shown if confined in a U.S. government hospital.	1. \$250/day 2. \$350/day 3. \$550/day	1. \$300/day 2. \$400/day 3. \$600/day	1. \$350/day 2. \$450/day 3. \$650/day
<b>Drugs and Diagnostic Testing</b> - We pay charges made by the hospital for drugs, medicine and diagnostic testing related to cancer treatment up to the amount shown each day, for each day a covered person is an inpatient receiving cancer treatment. (Does not pay for drugs covered under the radiation/chemotherapy benefit.)	\$40/day		
<b>Attending Doctor or Surgeon</b> - We pay charges up to the amount shown each visit for the services of an attending doctor or surgeon while a covered person is an inpatient receiving cancer treatment. (Limit of one visit by one doctor or surgeon each day.)	\$30/day	\$35/day	\$40/day
<b>Private Nursing</b> - While a covered person is an inpatient receiving cancer treatment, we pay charges up to the amount shown each day if the covered person requires the full-time services of a private nurse for at least 8 hours during a 24-hour period. Must be required and authorized by a doctor for cancer treatment and must be provided by a nurse not related to the covered person.	\$125/day		
<b>Transportation and Lodging Benefits</b>			
<b>Ambulance</b> - We pay charges up to amount shown for each continuous hospital confinement for transportation of the covered person by a licensed air or surface ambulance service to or from a hospital in which the covered person is confined for treatment.	\$200/confinement		
<b>Patient Transportation</b> - We pay charges for the lowest unrestricted published coach class plane, train or bus fare or the amount shown each mile (up to 1,000 miles each way) if a covered person must travel more than 100 miles one way from home to receive covered cancer treatments (no limit of trip) or to receive consultation (once each calendar year) about his or her cancer at a Comprehensive or Clinical/Cancer Center (as defined by the National Cancer Institute).	coach fair or \$.20/mile	coach fair or \$.25/mile	coach fair or \$.30/mile
<b>Family Member Transportation</b> - If a covered person is an inpatient in a hospital more than 100 miles from home for covered cancer treatment prescribed by a doctor not available within 100 miles from home, we pay charges of the lowest unrestricted published coach class plane, train or bus fare or the amount shown each mile (up to 1,000 miles each way) for a family member to accompany the covered person. This benefit is limited to two one-way trips for each period of continuous hospital confinement. This benefit will not be paid if a mileage benefit is paid for the covered person and the family member lives in the same city as the covered person.	coach fair or \$.20/mile	coach fair or \$.25/mile	coach fair or \$.30/mile
<b>Family Member Lodging</b> - If a covered person is hospitalized as an inpatient more than 100 miles from home for covered cancer treatment not available within 100 miles of home, we will pay charges for lodging of a family member who accompanies the covered person up to the amount shown each day for up to 60 days for each continuous hospital confinement.	\$40/day	\$50/day	\$60/day
<b>Extended Care Benefits</b>			
<b>Skilled Nursing Facility</b> - If confined due to cancer within 14 days of a covered hospital confinement for cancer treatment, we pay charges of the skilled nursing facility up to the amount shown each day for up to a number of days equal to the days of the immediately preceding covered hospitalization.	\$100/day	\$125/day	\$150/day

\* Benefit amounts in white are the same for Basic, Enhanced, and Premier plans.

Extended Care Benefits (cont.)		ENHANCED	PREMIER
<b>Hospice Care</b> - When a covered person is diagnosed with cancer; and determined by a doctor to be terminally ill as a result of cancer; and no longer receiving cancer treatment; and expected to live six months or less, we pay the amount shown each day for each of the first 60 days of hospice services at home, in a hospital on an outpatient basis or visits or confinement to a hospice facility.  On the 61st day and thereafter, we pay the amount shown for every day the covered person receives hospice services. Paid in lieu of all other benefits, except Home Care Recovery and Waiver of Premium.	\$75/day	\$100/day	\$125/day
	\$25/day	\$50/day	\$75/day
Other Cancer Treatments Benefits			
<b>Bone Marrow Transplants</b> - We pay the amount shown for bone marrow transplant benefits for the following: 1) transplant for cancer treatment other than a non-autologous (donor to patient) transplant; 2) non-autologous (donor to patient) transplant for cancer treatment, other than leukemia; 3) non-autologous bone marrow transplant for cancer treatment for leukemia. Each benefit is payable only once for each covered person.	1. \$500	1. \$1,000	1. \$2,000
	2. \$1,250	2. \$2,500	2. \$5,000
	3. \$2,500	3. \$5,000	3. \$10,000
<b>Surgical Procedure</b> - We pay charges up to the amount shown and subject to a maximum that varies by procedure: 1) for the purpose of treating a diagnosed cancer; 2) for the purpose of diagnosing cancer and that surgery results in a diagnosis of cancer. Two or more procedures performed at the same time through one entry point are considered one surgery. We will pay the amount specified for the procedure with the greatest benefit. This benefit does not pay for surgeries covered by other benefits in the policy.	\$6,000/max Varies by surgery	\$7,500/max Varies by surgery	\$9,000/max Varies by surgery
	25% of surgery		
<b>Anesthesia</b> - We pay charges up to 25% of the amount paid for the surgical procedure for which the anesthesia is received.	\$200	\$225	\$250
<b>Second Surgical Opinion</b> - We pay charges for an independent second opinion in conjunction with a surgery for cancer treatment (other than skin cancer) up to the amount shown. This second opinion must be rendered prior to surgery being performed and obtained from a doctor not in practice with or otherwise affiliated with the doctor giving the original recommendation.	\$250/day	\$300/day	\$350/day
<b>Ambulatory Surgical Center</b> - We pay charges up to the amount shown each day for a covered surgical procedure performed in an ambulatory surgical center.	1. \$1,000 2. \$100 3. \$1,500	1. \$2,000 2. \$300 3. \$1,875	1. \$3,000 2. \$500 3. \$2,250
<b>Prosthesis and Reconstructive Breast Surgery</b> - We will pay for one of the following benefits whose procedure provides you the greatest benefit: 1) charges up to the amount shown for a surgically implanted prosthesis, prescribed by a doctor as a direct result of cancer surgery or cancer treatment; 2) charges up to the amount shown for a non-surgically implanted prosthesis, prescribed by a doctor as a direct result of cancer surgery or cancer treatment; 3) reconstructive breast surgery, the cost of such surgery up to amount shown. We will pay the reconstructive breast surgery benefit only once for each covered person for each diagnosis of cancer.	\$200/day	\$250/day	\$300/day
<b>Radiation and Chemotherapy</b> - We pay charges each day, up to the amount shown, for radiation therapy or chemotherapy treatments received by a covered person as part of cancer treatment. This benefit is only payable for days that radiation therapy or chemotherapy treatment is actually received for cancer treatment.	\$200/year		
<b>Comfort and Anti-nausea Medicine</b> - We pay charges up to the amount shown each year for prescribed anti-nausea medication in conjunction with cancer treatment received as an outpatient. Not payable for medication dispensed while the covered person is an inpatient.	\$15/day	\$20/day	\$25/day
<b>Home Care Recovery</b> - After discharge from a covered hospital confinement, we pay the amount shown each day for up to a total number of days equal to the days spent in the hospital receiving cancer treatment.	\$100/day	\$125/day	\$150/day
<b>Blood, Plasma and Platelets</b> - We pay charges up to the amount shown each day for blood, plasma and platelets received by a covered person in conjunction with cancer treatment. We do not pay for charges incurred for the procurement or processing of blood, plasma or platelets.	Yes		
<b>Waiver of Premium</b> - If the covered person becomes disabled due to cancer first diagnosed and remains disabled for 90 consecutive days, we pay the premium that becomes due for this policy and any attached optional benefits after 90 days, for as long as the covered person remains disabled.			

\* Benefit amounts in white are the same for Basic, Enhanced, and Premier plans

### Renewability / Eligibility / Termination

The policy is guaranteed renewable for life, subject to change in premiums by class. All premiums may change on a class basis. A notice will be mailed in advance of any change. Family Plan coverage may include you, your spouse and dependent children as defined in the policy. Coverage for dependent children terminates on the policy anniversary next following the date on which the child is no longer eligible, which is the earlier of when the child marries or reaches age 21 (25 if a full-time student at an educational institution of higher learning beyond high school). Coverage for the insured's spouse ends upon valid decree of divorce.

### Pre-Existing Conditions, Exclusions and Limitations

The coverage contains a pre-existing condition limitation. A pre-existing condition is a condition not revealed on the enrollment application for which medical advice or treatment was recommended by or received from a physician within a 12 month period before the effective date of the coverage. If a covered person has a pre-existing condition as defined, we do not pay for such conditions under the policy or any riders attached to the certificate during the 12 month period beginning on the date that person became a covered person. The policy does not pay for any sickness except cancer. Diagnosis must be submitted to support each claim. The policy pays benefits based on treatment of cancer, but does not pay for any disease or incapacity that has been: caused; complicated; worsened; or affected by cancer; or as a result of cancer treatment, unless coverage is specifically provided for that disease or incapacity in the Schedule of Benefits. Treatment must be received in the United States or its territories. For those benefits for which we pay actual charges up to a specified maximum amount, if specific charges are not given to us as proof of loss, we will pay 50% of the amount shown.

**The policy is a Limited Benefit Cancer Policy with Optional Riders that can be added using state-specific premium inserts.**



**Community Support - AWD Gives Back** - Allstate Workplace Division (AWD) is a proud supporter of the Cancer Treatment Research Foundation (CTRF), a national not-for-profit organization committed to defeating cancer through the relentless pursuit of the most innovative patient-driven clinical research that delivers immediate treatment options and a genuine hope for a cure. ■ AWD shares CTRF's conviction that all cancer patients need and deserve the best possible treatment available. For this reason, Allstate Workplace Division, a premier provider of cancer insurance since 1969, is a CTRF sustaining Corporate contributor helping to fund diagnostic research projects sponsored by the Cancer Treatment Research Foundation. [www.ctrf.org/allstategifts.cfm](http://www.ctrf.org/allstategifts.cfm)

**Variations to this policy may exist by state. This brochure is incomplete without appropriate premium insert.**



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**Rev. 2/06.** Benefits are provided by the group policy is issued to the AHL 1776 Trust. Cancer insurance coverage provided by policy form GT-CBP and Certificates GT-CBP1P, GT-CBP1D, or state variations thereof. Coverage is underwritten by American Heritage Life Insurance Company, Home office: Jacksonville, Florida. Only the actual policy and rider provisions control. The policy and riders set forth, in detail, the rights and obligations of both the insured and the insurance company. The policy and riders are not a Medicare Supplement Policy. If eligible for Medicare, review Medicare Supplement Buyer's Guide available from us.

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