Group Cancer Insurance

Supplements existing coverage and can provide cash to help with medical and living expenses

Group voluntary cancer from Allstate Benefits pays cash benefits for cancer and 29 specified diseases to help with the costs associated with treatments and expenses as they happen.

Allstate BENEFITS

cancer and specified disease

Receiving a diagnosis of cancer or a specified disease can be difficult on anyone, both emotionally and financially. Having the right coverage to help when undergoing treatments for cancer or a specified disease is important. Our coverage can help provide added financial support when it is needed most.

Our coverage helps offer peace of mind when a diagnosis of cancer or a specified disease occurs. Below is an example of how benefits might be paid.*

SEE ATTACHED RATE SHEET

*The example shown may vary from the plan your employer is offering. Your individual experience may also vary. Please see pages 2a and/or 2b for your plan details.

meeting your needs

Our cancer coverage can help offer you and your family financial support.

- Benefits paid directly to you unless otherwise assigned
- Coverage for you or your entire family
- No evidence of insurability required at initial enrollment†
- Waiver of premium after 90 days of disability due to cancer for as long as your disability lasts**
- Portable

† Enrolling after your initial enrollment period requires evidence of insurability.
** Primary insured only.

benefit coverage highlights

Cancer and specified disease benefits can help cover the costs of specific treatments and expenses as they happen. Terms and conditions for each benefit will vary. Benefit amounts are shown on pages 2a and/or 2b.

Specified Diseases - Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease), Muscular Dystrophy, Poliomyelitis, Multiple Sclerosis, Encephalitis, Rabies, Tetanus, Tuberculosis, Osteomyelitis, Diphtheria, Scarlet Fever, Cerebrospinal Meningitis, Brucellosis, Sickle Cell Anemia, Thallasemia, Rocky Mountain Spotted Fever, Legionnaire's Disease, Addison's Disease, Hansen's Disease, Tularemia, Hepatitis (Chronic B or C), Typhoid Fever, Myasthenia Gravis, Reye's Syndrome, Primary Sclerosing Cholangitis (Walter Payton's Disease), Lyme Disease, Systemic Lupus Erythematosus, Cystic Fibrosis, and Primary Biliary Cirrhosis.

HOSPITAL AND RELATED BENEFITS

Continuous Hospital Confinement - Pays a benefit for each day of inpatient confinement.

Government or Charity Hospital - Pays a benefit for each day of inpatient confinement to a U.S. government hospital or a hospital that does not charge for its services. In lieu of all other benefits.

Private Duty Nursing Services - Pays a daily benefit when receiving physician-authorized inpatient private nursing services.

Extended Care Facility - Pays a daily benefit for physician-authorized inpatient confinement (within 14 days of a hospital stay).

Wellness tests annually

A doctor visit is scheduled

Tests are run and results received

You get paid cash

At Home Nursing - Pays a daily benefit for physician-authorized private nursing care (up to the number of days of the previous hospital stay).

Hospice Care - Pays a benefit when a physician determines terminal illness and approves hospice care at home (1 visit per day) or in a freestanding hospice care center.

RADIATION, CHEMOTHERAPY AND RELATED BENEFITS

Radiation/Chemotherapy for Cancer - Pays a benefit for covered treatment to destroy or modify cancerous tissue.

Blood, Plasma, and Platelets - Pays a benefit for blood, plasma, and platelets. Includes charges for transfusions, administration, processing, procurement and cross-matching. Does not include donor replaced blood or immunoglobulins.

Medical Imaging - Pays a benefit for an initial diagnosis or follow-up evaluation.

Hematological Drugs - Pays a benefit for drugs to boost cell lines when Radiation/Chemotherapy for Cancer benefit is paid.

SURGERY AND RELATED BENEFITS

Surgery*- Pays a benefit for an inpatient or outpatient operation listed in the Schedule of Surgical Procedures.

Anesthesia - Pays 25% of surgery benefit.

Ambulatory Surgical Center - Pays a benefit for surgery at an ambulatory surgical center.

Second Opinion - Pays a benefit for a second surgical opinion.

Bone Marrow or Stem Cell Transplant - Pays a benefit for transplants.

MISCELLANEOUS BENEFITS

Inpatient Drugs and Medicine - Pays a daily benefit for inpatient drugs and medicine.

Physician's Attendance - Pays a daily benefit for one inpatient visit.

Ambulance - Pays a benefit for transfer by ambulance service to or from a hospital.

Non-Local Transportation - Pays a benefit for transportation for treatment not available locally (up to 700 miles).

Outpatient Lodging - Pays a daily benefit for lodging when receiving radiation or chemotherapy on an outpatient basis non-locally (more than 100 miles from home).

Family Member Lodging and Transportation - Pays a benefit for one adult family member when confined at a non-local hospital for specialized treatment (more than 100 miles from family member's home).

Physical or Speech Therapy - Pays a daily benefit for physical or speech therapy to restore normal body function.

New or Experimental Treatment - Pays a benefit for physician-approved new or experimental treatments not paid under other benefits.

Prosthesis - Pays a benefit for a prosthetic device that requires surgical implanting.

Hair Prosthesis - Pays a benefit for a wig or hairpiece when hair loss is experienced.

Nonsurgical External Breast Prosthesis - Pays a benefit for the initial nonsurgical breast prosthesis after a covered mastectomy.

Anti-Nausea Benefit - Pays a benefit for prescribed anti-nausea medication administered on an outpatient basis.

Waiver of Premium (primary insured only) - Pays premiums after disabled 90 days in a row due to cancer, for as long as disability lasts.

OPTIONAL/ADDITIONAL BENEFITS

Cancer Initial Diagnosis - Pays a one-time benefit if diagnosed for the first time with cancer (except skin cancer).

Wellness - Pays a benefit each calendar year for one of the following: Biopsy for skin cancer; Blood tests for triglycerides, CA15-3 (breast cancer), CA125 (ovarian cancer), CEA (colon cancer) and PSA (prostate cancer); Bone Marrow Testing; Chest X-ray; Colonoscopy; Doppler screening for carotids or peripheral vascular disease; Echocardiogram; EKG; Flexible sigmoidoscopy; Hemocult stool analysis; HPV (Human Papillomavirus) Vaccination; Lipid panel (total cholesterol count); Mammography, including Breast Ultrasound; Pap Smear, including ThinPrep Pap Test; Serum Protein

*Two or more surgeries done at the same time are considered one operation. The operation with the largest benefit will be paid. Outpatient is paid at 150% of the amount listed in the Schedule of Surgical Procedures.

Electrophoresis (test for myeloma); Stress test on bike or treadmill; Thermography; and Ultrasound screening for abdominal aortic aneurysms.

Intensive Care - Pays a daily benefit for Intensive Care Unit Confinements for any illness or accident (up to 45 days for each stay), Step-down Intensive Care Unit Confinements (up to 45 days for each stay) and air or surface ambulance to a hospital intensive care unit.

CERTIFICATE SPECIFICATIONS

Eligibility - Coverage may include you, your spouse or domestic partner and children under age 26.

Termination of Coverage - (a) Coverage under the policy ends on the date the policy is canceled; the last day premium payments were made; the last day of active employment, unless coverage is continued due to Temporary Layoff, Leave of Absence or Family and Medical Leave of Absence; the date you or your class is no longer eligible. (b) Spouse/domestic partner coverage ends upon divorce/termination of partnership or your death. (c) Coverage for children ends when the child reaches age 26, unless he or she continues to meet the requirements of an eligible dependent.

Portability Privilege - Coverage may be continued under the Portability Provision when coverage under the policy ends.

LIMITS, EXCLUSIONS AND EXCEPTIONS

Pre-Existing Condition - (a) Allstate Benefits does not pay benefits for a pre-existing condition during the 12-month period beginning on the date that person's coverage starts. (b) A pre-existing condition is a disease or condition for which symptoms existed within the 12-month period prior to the effective date; or (c) medical advice or treatment was recommended or received from a medical professional within the 12-month period prior to the effective date. (d) A pre-existing condition can exist even though a diagnosis has not yet been made.

Cancer and Specified Disease Benefits Exclusions and Limitations - (a) Allstate Benefits does not pay for any loss, except for losses due to cancer or a specified disease. (b) Benefits are not paid for conditions caused or aggravated by cancer or a specified disease.

Treatment and services must be needed due to cancer or a specified disease and be received in the United States or its territories.

For the **Surgery, New or Experimental Treatment and Prosthesis** benefits, Allstate Benefits pays 50% of the applicable maximum when specific charges are not obtainable as proof of loss.

For the **Radiation/Chemotherapy for Cancer** benefit, Allstate Benefits does not pay for: (a) any other chemical substance which may be administered with or in conjunction with radiation/chemotherapy; or (b) treatment planning consultation; management; or the design and construction of treatment devices; or basic radiation dosimetry calculation; or any type of laboratory tests; X-ray or other imaging used for diagnosis or monitoring; or the diagnostic tests related to these treatments; or (c) any devices or supplies including intravenous solutions and needles related to these treatments.

Intensive Care Benefits Exclusions and Limitations - (a) Benefits are not paid for: (1) attempted suicide or intentional self-inflicted injury; (2) intoxication or being under the influence of drugs not prescribed by a physician; or (3) alcoholism or drug addiction. (b) Benefits are not paid for confinements to a care unit that does not qualify as a hospital intensive care unit including progressive care, subacute intensive care, intermediate care, private rooms with monitoring, step-down and other lesser care units. (c) Benefits are not paid for step-down confinements in the following units: telemetry or surgical recovery rooms; post-anesthesia care; progressive care; intermediate care; private monitored rooms; observation units in emergency rooms or outpatient surgery units; beds, wards, or private or semi-private rooms; emergency, labor or delivery rooms; or other facilities that do not meet the standards for a step-down hospital intensive care unit. (d) Benefits are not paid for confinements occurring during a hospitalization prior to the effective date. (e) Children born within 10 months of the effective date are not covered for confinement occurring or beginning during the first 30 days of the child's life. (f) We do not pay for ambulance if paid under the cancer and specified disease ambulance benefit.

STATE VARIATIONS

Pennsylvania - **(changes affect page 4)** - In the **Pre-Existing Condition** Limit, item (a) is replaced with: Allstate Benefits does not pay benefits for a pre-existing condition during the 1 year period beginning on the date that person's coverage starts; items (b) and (c) are replaced with: (b) A pre-existing condition is a disease or condition for which medical advice or treatment was recommended or received from a medical professional within the 90-day period prior to the effective date.

Now Is The Time...

Don't wait for a diagnosis

Being diagnosed with cancer can be one of the most frightening experiences anyone has to face, especially if you are unprepared. The out-of-pocket costs associated with cancer treatment may reduce your finances. Don't wait for a diagnosis to decide you need coverage, because by that time it will be too late. Get the protection you need today, and rest easy knowing you are protected in the event you are diagnosed.

Budget friendly

Sometimes, receiving proper cancer treatment is difficult if money is tight. That's where we can help. Your employer has worked with us to create a supplemental benefit package that can fit your needs and work within your budget.

Our supplemental insurance can help you and your family cover expenses for cancer and specified disease treatments if a diagnosis occurs.

It's never too early to prepare for the future.

Rev. 8/13. This material is valid as long as information remains current, but in no event later than August 15, 2016. Group Cancer and Specified Disease benefits provided by policy GVCP3, or state variations thereof.

Coverage is provided by Limited Benefit Supplemental Health Insurance. The policy is not a Medicare Supplement Policy. If eligible for Medicare, review Medicare Supplement Buyer's Guide available from Allstate Benefits.

This brochure 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.

This brochure is for use in enrollments which are sitused in: MA, PA, RI

Allstate Benefits is the marketing name used by American Heritage Life Insurance Company (Home Office, Jacksonville, FL), a subsidiary of The Allstate Corporation.

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group voluntary cancer

HOSPITAL AND RELATED BENEFITS	PLAN
Continuous Hospital Confinement (daily)	$200
Government or Charity Hospital (daily)	$200
Private Duty Nursing Services (daily)	$200
Extended Care Facility (daily)	$200
At Home Nursing (daily)	$200
Hospice Care Center (daily) or Hospice Care Team (per visit)	1. $200 2. $200
RADIATION, CHEMOTHERAPY AND RELATED BENEFITS	
Radiation/Chemotherapy for Cancer (every 12 mos.)	$5,000*
Blood, Plasma, and Platelets (every 12 mos.)	$5,000*
Medical Imaging (yearly)	$250*[4]
Hematological Drugs (yearly)	$100*
SURGERY AND RELATED BENEFITS	
Surgery	$3,000*[2]
Anesthesia (% of surgery)	25%
Ambulatory Surgical Center (daily)	$500
Second Opinion	$400
Bone Marrow or Stem Cell Transplant 1. Autologous 2. Non-autologous 3. Non-autologous for leukemia	1. $1,000[4] 2. $2,500[4] 3. $5,000[4]
MISCELLANEOUS BENEFITS	
Inpatient Drugs and Medicine (daily)	$25
Physician's Attendance (daily)	$50
Ambulance (per confinement)	$100
Non-Local Transportation (per trip or mile)	Coach Fare or $0.40
Outpatient Lodging (daily)	$50*[1]
Family Member Lodging (daily) and Transportation (per trip or mile)	$50* Coach Fare or $0.40
Physical or Speech Therapy (daily)	$50
New or Experimental Treatment (every 12 mos.)	$5,000*
Prosthesis	$2,000*[3]
Hair Prosthesis (every 2 years)	$25
Nonsurgical External Breast Prosthesis	$50*
Anti-Nausea Benefit (yearly)	$200*
Waiver of Premium (primary insured only)	Yes
ADDITIONAL BENEFITS	
Cancer Initial Diagnosis	$7,000[5]
Wellness (yearly)	$50[4]

Listed to the left are benefit amounts associated with the benefits described in the brochure.

* Benefit pays for charges/costs up to amount listed

[1] Limit $2,000/ 12 mo. period

[2] Based on procedure up to maximum shown

[3] Per amputation

[4] Payable once/ covered person/ calendar year

[5] One-time benefit