

Cancer Insurance

from Allstate Benefits



Benefits are paid to you

Protection for the treatment of cancer and 29 specified diseases

1 CHOOSE

You choose benefits to help protect yourself and family members, if diagnosed with cancer or specified disease

2 USE

You or a covered family member are diagnosed with cancer or a specified disease and seek medical treatment

3 CLAIM

You go online and file a claim. The cash benefits are paid to you, to use however you wish

Receiving a cancer diagnosis can be one of life's most frightening events. Unfortunately, statistics show you probably know someone who has been in this situation.

With Cancer insurance from Allstate Benefits, you can rest a little easier. Our coverage pays you a cash benefit to help with the costs associated with treatments, to pay for daily living expenses – and more importantly – to empower you to seek the care you need.

Factors that influence cancer survival¹



Early Detection



Improved Treatments



Access To Care

The **number of cancer survivors** in the United States **is increasing**, and is expected to jump to nearly 19 million by 2024²

Here's How It Works

You choose the coverage that's right for you and your family. Our Cancer insurance pays cash benefits for cancer and 29 specified diseases to help with the cost of treatments and expenses as they happen. Benefits are paid directly to you unless otherwise assigned. With the cash benefits you can receive from this coverage, you may not need to use the funds from your Health Savings Account (HSA) for cancer or specified disease treatments and expenses.

With Allstate Benefits, you can protect your finances if faced with an unexpected cancer or specified disease diagnosis.

Are you in Good Hands? You can be.

Key Features

- Benefits are paid directly to you unless otherwise assigned
- Coverage available for you or your entire family
- Waiver of premium after 90 days of disability due to cancer for as long as your disability lasts (Primary insured only)
- Coverage may be continued
- Additional benefits may be added to your coverage, if your employer has chosen to make them available to you

[See reverse for plan details](#)



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¹www.cancer.org/research/infographicgallery/survivorship-life-after-cancer?_ga=1.252987849.1528396581.1424877086

²Cancer Treatment & Survivorship Facts & Figures, 2014-2015



YOU DECIDE how to use the cash benefits

Our cash benefits provide you with greater coverage options by allowing you to determine how to use them.



Finances

Can help protect your HSAs, savings, retirement plans and 401ks from being depleted



Travel

You can use your cash benefits to help pay for expenses while receiving treatment in another city



Home

You can use your cash benefits to help pay the mortgage, continue rental payments, or perform needed home repairs for your after care



Expenses

The lump-sum cash benefit can be used to help pay your family's living expenses such as bills, electricity and gas

Benefits

| Hospital Confinement and Related Benefits | | |
|---|------------------------------|--|
| Continuous Hospital Confinement | Extended Care Facility | |
| Government or Charity Hospital | At Home Nursing | |
| Private Duty Nursing Services | Hospice Care | |
| Radiation/Chemotherapy and Related Benefits | | |
| Radiation/Chemotherapy for Cancer | Blood, Plasma, and Platelets | |
| Medical Imaging | Hematological Drugs | |
| Surgery and Related Benefits | | |
| Surgery | Second Opinion | Anesthesia |
| Ambulatory Surgical Center | | Bone Marrow or Stem Cell Transplant |
| Miscellaneous Benefits | | |
| Inpatient Drugs and Medicine | | Family Member Lodging and Transportation |
| Ambulance | Prosthesis | Non-Local Transportation |
| Outpatient Lodging | Hair Prosthesis | Physician's Attendance |
| Physical or Speech Therapy | | New or Experimental Treatment |
| Nonsurgical External Breast Prosthesis | | Anti-Nausea Benefit |
| Waiver of Premium (primary insured only) | | |
| Additional Wellness Benefit | | |
| Biopsy for skin cancer | Chest X-ray | Bone Marrow Testing |
| Echocardiogram | EKG | Colonoscopy |
| Flexible sigmoidoscopy | | Hemoccult stool analysis |
| HPV (Human Papillomavirus) Vaccination | | Lipid panel (total cholesterol count) |
| Mammography, including Breast Ultrasound | | Pap Smear, including ThinPrep Pap Test |
| Stress test on bike or treadmill | | Thermography |
| Serum Protein Electrophoresis (test for myeloma) | | |
| Doppler screening for carotids or peripheral vascular disease | | |
| Ultrasound screening for abdominal aortic aneurysms | | |
| Blood tests for triglycerides, CA15-3 (breast cancer), CA125 (ovarian cancer), CEA (colon cancer) and PSA (prostate cancer) | | |
| Additional Benefit | | |
| Cancer Initial Diagnosis Benefit | | |

Access Your Benefits and Claim Filings

Accessing your benefit information using **MyBenefits** has never been easier.

MyBenefits is an easy-to-use website that offers you 24/7 access to important information about your benefits. Plus, you can submit and check your claims (including claim history), request your cash benefit to be direct deposited, make changes to personal information, and more.

For use in enrollments situated in: AL, AK, AR, DE, DC, GA, GU, HI, IL, IN, IA, KY, LA, MA, MI, MS, MO, NE, NV, NM, ND, OH, OK, OR, PA, PR, RI, SC, TN, UT, VI, WI, WY

This material is valid as long as information remains current, but in no event later than September 15, 2018. Group Cancer and Specified Disease benefits are provided by policy form GVCP3, or variations thereof.

Coverage is provided by Limited Benefit Supplemental Cancer and Specified Disease 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.

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.



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Cancer Insurance (GVCP3)

Group Voluntary Cancer from Allstate Benefits

See attached Important Information About Coverage.

Offered to the employees of:

BENEFIT AMOUNTS

| HOSPITAL AND RELATED BENEFITS | | PLAN 1 |
|---|--|--------------------------------------|
| 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) | | \$200 |
| RADIATION/CHEMOTHERAPY AND RELATED BENEFITS | | PLAN 1 |
| Radiation/Chemotherapy for Cancer ¹ (every 12 months) | | \$5,000 |
| Blood, Plasma, and Platelets ¹ (every 12 months) | | \$5,000 |
| Medical Imaging ¹ | | \$250 |
| Hematological Drugs ¹ | | \$100 |
| SURGERY AND RELATED BENEFITS | | PLAN 1 |
| Surgery ² | | \$3,000 |
| Anesthesia (% of surgery) | | 25% |
| Ambulatory Surgical Center (daily) | | \$500 |
| Second Opinion | | \$400 |
| Bone Marrow or Stem Cell Transplant | | |
| 1. Autologous | | \$1,000 |
| 2. Non-autologous (cancer or specified disease treatment) | | \$2,500 |
| 3. Non-autologous (Leukemia) | | \$5,000 |
| MISCELLANEOUS BENEFITS | | PLAN 1 |
| Inpatient Drugs and Medicine (daily) | | \$25 |
| Physician's Attendance (daily) | | \$50 |
| Ambulance (per confinement) | | \$100 |
| Non-Local Transportation ¹ (per trip or mile) | | Coach Fare or \$0.40/Mile |
| Outpatient Lodging | | \$50 |
| Family Member Lodging (daily) and Transportation ¹ (per trip or mile) | | \$50 Coach Fare or \$0.40/Mile |
| Physical or Speech Therapy (daily) | | \$50 |
| New or Experimental Treatment ³ (every 12 months) | | \$5,000 |
| Prosthesis ³ | | \$2,000 |
| Hair Prosthesis (every 2 years) | | \$25 |
| Nonsurgical External Breast Prosthesis ¹ | | \$50 |
| Anti-Nausea Benefit ¹ | | \$200 |
| Waiver of Premium (Employee only) | | Yes |
| ADDITIONAL BENEFITS | | PLAN 1 |
| Cancer Initial Diagnosis (one-time benefit) | | \$7,000 |
| Wellness Benefit | | \$50 |

For Internal Home Office use only

¹Hosp; ²Rad; ³Surg; ¹Misc; ²Med; (WCU); ²Well; ³Prog

¹Pays actual cost up to amount listed. ²Pays actual charges up to amount listed in certificate Schedule of Surgical Procedures. Amount paid depends on surgery. ³Pays actual charges up to amount listed.

PREMIUMS

| MODE | EE | EE + SP | EE + CH | F |
|--------|---------------|---------|---------|--------|
| Weekly | \$4.89 | \$8.37 | \$8.37 | \$8.37 |

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



For use in enrollments situated in: MA. This rate insert is part of forms ABJ31043-Flyer and ABJ30590 and is not to be used on its own.

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