

If you were told you had cancer,
what might you or your
family have to do without?



CAR



SAVINGS



HOME

Cancer Insurance

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


Cancer Insurance from Allstate Benefits pays cash benefits for cancer and 20 specified diseases to help with the costs associated with treatments and expenses as they happen.



cancer


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 is important. Our cancer coverage can help provide added financial support when it is needed most.

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



Jane Chooses Cancer Coverage

from the plan benefits her employer is offering



Jane's annual wellness exam results in her first diagnosis of cancer and she is told she needs surgery.


She gets a second surgical opinion and undergoes pre-op testing.

She is admitted to the hospital, undergoes inpatient surgery, anesthesia, private nursing, and is visited by a doctor during a 3-day hospital stay.

Every 2 weeks she has radiation/chemo 120 miles from her home and a family member drives her to her appointments.

Our cancer insurance policy paid Jane the following:

Wellness	\$ 50
Second Opinion	\$ 200
Hospital Confinement	\$ 600
Surgery	\$ 3,000
Anesthesia	\$ 750
Radiation/Chemo	\$10,000
Inpatient Medicine	\$ 30
Private Nursing	\$ 300
Cancer Initial Diagnosis	\$ 2,000
Non-Local Transportation	\$ 280
Physician Attendance	\$ 90
Total Benefits:	\$17,300



*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 and specified disease coverage can help offer you and your family financial support.

Here's what you get:

- Coverage for cancer and 20 other specified diseases
- Benefits that are paid in addition to any other insurance you may have
- Can be used for non-medical expenses health insurance might not cover
- Guaranteed renewable for life, subject to change in premiums by class
- Premiums do not increase due to age
- Waiver of premium after 90 days of disability due to cancer for as long as your disability lasts**

** 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.** See pages 4 and 5 for limits and conditions and page 5 for state variations.

20 Specified Diseases Covered - Muscular Dystrophy, Poliomyelitis, Multiple Sclerosis, Encephalitis, Rabies, Tetanus, Typhoid Fever, Bubonic Plague, Tuberculosis, Osteomyelitis, Diphtheria, Scarlet Fever, Epidemic Cerebrospinal Meningitis, Undulant Fever, Sickle Cell Anemia, Rocky Mountain Spotted Fever, Smallpox, Addison's Disease, Hansen's Disease, Tularemia.

RIDER BENEFIT

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

RADIATION/CHEMOTHERAPY BENEFITS

Radiation Therapy, Radioactive Isotopes Therapy, Chemotherapy or Immunotherapy - 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.



A doctor visit is scheduled



Tests are run and results received



You get cash benefits

SURGERY AND RELATED BENEFITS

Inpatient Surgery* - Pays a benefit for an inpatient operation.

Outpatient Surgery* - Pays a benefit for an outpatient operation.

Second Surgical Opinion - Pays a benefit when you get a second surgical opinion.

Anesthesia - Pays a benefit for anesthesia received during a covered surgery.

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

HOSPITAL CONFINEMENT BENEFITS

Hospital Confinement - Pays a daily benefit for inpatient confinement.

Extended Hospital Confinement - Pays a daily benefit when continuously confined in a hospital for more than 70 days. In lieu of all other benefits.

Government or Charity Hospital - Pays a daily benefit for 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).

At Home Nursing - Pays a daily benefit for physician-authorized private nursing care (within 14 days of a hospital stay).

LODGING AND TRANSPORTATION BENEFITS

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).

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).

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).

MISCELLANEOUS BENEFITS

Hospice Care (Freestanding Hospice Care Center or Hospice Care Team) - Pays a daily benefit when physician approves and determines terminal illness requires hospice care at home or in a freestanding hospice care center (within 14 days of hospital stay).

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

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

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

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

Prosthesis - Pays a benefit for a surgically implanted prosthetic device.

Skin Cancer - Pays a benefit for removal of skin cancer diagnosed by a doctor who is not a pathologist.

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

*Assistant and cosurgeons are not covered. Two or more surgical procedures done at the same time, through one incision, are considered one operation. The operation with the largest benefit will be paid.

RIDER BENEFITS

Wellness Benefit - Pays a benefit when you receive one of the following:

- Biopsy for skin cancer
- Blood test for triglycerides
- Bone Marrow Testing
- CA15-3 (cancer antigen 15-3 - blood test for breast cancer)
- CA125 (cancer antigen 125 - blood test for ovarian cancer)
- CEA (carcinoembryonic antigen - blood test for colon cancer)
- Chest X-ray
- Colonoscopy
- Doppler screening for carotids
- Doppler screening for peripheral vascular disease
- Echocardiogram
- EKG (Electrocardiogram)
- Flexible sigmoidoscopy
- Hemocult stool analysis
- HPV (Human Papillomavirus) Vaccination
- Lipid panel (total cholesterol count)
- Mammography, including Breast Ultrasound
- Pap Smear, including ThinPrep Pap Test
- PSA (prostate specific antigen - blood test for prostate cancer)
- Serum Protein Electrophoresis (test for myeloma)
- Stress test on bike or treadmill
- Thermography
- Ultrasound screening of the abdominal aorta for abdominal aortic aneurysms

Hospital Intensive Care - Pays a daily benefit for intensive care and ambulance transportation.

Cancer and Specified Disease Additional Benefit (CAB)[†] - Enhances some benefits of the base policy and adds new ones not in the base policy.

Benefits enhanced by the CAB rider are: Hospital Confinement; Extended Hospital Confinement; Inpatient Drugs and Medicine; Second Surgical Opinion; Physician's Attendance; Private Duty Nursing Services; Radiation Therapy, Radioactive Isotopes Therapy, Chemotherapy, or Immunotherapy; Blood, Plasma and Platelets; Non-Local Transportation; Family Member Transportation; Ambulatory Surgical Center; Hospice Care; and Physical or Speech Therapy. The rider benefit amount is included with each of these base policy benefits.

The following benefits are paid in addition to the base policy.

Medical Imaging - Pays a benefit when a covered imaging exam leads to an initial diagnosis or follow-up evaluation.

Comfort/Anti-Nausea - Pays a benefit for prescribed anti-nausea medication taken on an outpatient basis.

Hematological Drugs - Pays a benefit for drugs to boost cell lines when Radiation Therapy, Radioactive Isotopes Therapy, Chemotherapy or Immunotherapy benefit is paid.

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.

CERTIFICATE SPECIFICATIONS

Renewability - The policy is guaranteed renewable for life, subject to change in premiums by class. All premiums may change on a class basis. A notice is mailed in advance of any change.

Eligibility/Termination - (a) Coverage may include you, your spouse and children. (b) Coverage for children ends when the child reaches age 26, unless he or she continues to meet the requirements of an eligible dependent. (c) Spouse coverage ends upon valid decree of divorce.

Rider Termination - The riders terminate at the end of the grace period, if the policy terminates, or on the next renewal date after you request termination.

Policy and Rider(s) Waiting Period - (a) The policy and rider(s) have a 30-day waiting period that starts on the effective date. Benefits are not paid for any person diagnosed with cancer or a specified disease before coverage is in force 30 days from the effective date. (b) If diagnosis is after signing the application, but before the end of the waiting period, benefits for treatment of that cancer or specified disease will apply to losses beginning after 2 years from the effective date; or, you may void the policy and receive a full refund of premium.

Exceptions and Limitations - (a) Benefits are not paid for any loss except for losses due to cancer or specified disease. (b) Benefits are not paid for losses caused or aggravated by cancer or a specified disease or as a result of treatment. (c) Treatment must be received in the U.S. or its territories.

[†]Cancer and Specified Disease Additional Benefit (CAB) Rider must be purchased to receive the additional benefits described.

Hospice Care Team Benefit Limitation - Services are not covered for food or meals, well-baby care, volunteers or support for the family after the covered person's death.

Radiation Therapy, Radioactive Isotopes Therapy, Chemotherapy or Immunotherapy Benefit Limitations - Does not pay for: treatment or emergency room charges; treatment planning, management, devices, or supplies; medications other than chemotherapeutic drugs; X-rays, scans, and their interpretations; or any other drug, charge or expense that does not directly modify or destroy cancerous tissues.

Hospital Intensive Care Rider Exceptions and Limitations - (a) Benefits are not paid due to: (1) attempted suicide or self-inflicted injury; (2) intoxication or being under the influence of drugs not prescribed by a physician; (3) alcoholism or drug addiction. (b) Benefits are not paid for continuous intensive-care confinements occurring during hospitalization that begins before the effective date. (c) 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.

STATE VARIATIONS

Delaware (changes affect page 4) - In the **Policy and Rider(s) Waiting Period** paragraph, item (b) is replaced with: If diagnosis is after signing the application, but before the end of the waiting period, benefits for that cancer or specified disease will apply to losses beginning after 12 months from the effective date; or you may void the policy and receive a full refund of premium. In the **Exceptions and Limitations** paragraph, item (b) is deleted.

Pennsylvania (changes affect pages 3 and 4) - The following is added to **Government or Charity Hospital**: If the hospital does charge for treatment, benefits will be provided as in any other hospital. The **Private Duty Nursing Services, Inpatient Drugs and Medicine, and Physician's Attendance** benefits are payable for up to 70 days. The **Inpatient Surgery** and **Outpatient Surgery** benefits and their footnotes are replaced with: **Surgery** - Pays a benefit for the reasonable and customary surgeon's fee up to the amount shown. Assistant and cosurgeons are not covered. The following is added as a policy benefit: **Mammography** - Pays a benefit when a covered person has a mammogram, including breast ultrasound. The **Wellness Benefit Rider (WBR5)** is replaced with: **Wellness Benefit Rider (WBR3)** - Pays a benefit when you receive one of the following: Bone Marrow Testing; CA15-3 (blood test for breast cancer); CA125 (blood test for ovarian cancer); CEA (blood test for colon cancer); Chest X-ray; Colonoscopy; Flexible sigmoidoscopy; Hemoccult stool analysis; Pap Smear, including ThinPrep Pap Test; PSA (blood test for prostate cancer); Serum Protein Electrophoresis (test for myeloma); Biopsy for skin cancer. The **Hospital Intensive Care Rider** is not available. In the **Eligibility/Termination** paragraph, the following is added to item (b): Coverage will not terminate due to age on a child who was a full-time student and whose studies were interrupted by active duty service in the military. In the **Exceptions and Limitations** paragraph, item (b) is deleted.

Rev. 5/14. This material is valid as long as information remains current, but in no event later than July 1, 2017. Policy benefits provided by policy CP10B, or state variations thereof. Riders provided by riders CLR1, WBR5, CABR1, and ICR2, or state variations thereof.

The policy and riders provide 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 brochure highlights some features of the policy but is not the insurance contract. Only the actual policy provisions control. For complete details, contact your Allstate Benefits Agent. Underwritten by American Heritage Life Insurance Company (Home Office, Jacksonville, FL).

This 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 brochure is for use in: DE, PA



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cancer

RIDER BENEFIT	Basic	Enhanced	Premier
Cancer Initial Diagnosis Level Benefit	\$2,000 ¹	\$4,000 ¹	\$5,000 ¹
RADIATION/CHEMOTHERAPY BENEFITS			
Radiation Therapy, Radioactive Isotopes Therapy, Chemotherapy, or Immunotherapy*	\$10,000 ²	\$15,000 ^{2,3}	\$20,000 ^{2,3}
Blood, Plasma, and Platelets*	\$10,000 ²	\$15,000 ^{2,3}	\$20,000 ^{2,3}
SURGERY AND RELATED BENEFITS			
Inpatient Surgery*	\$3,500	\$3,500	\$3,500
Second Surgical Opinion*	\$200	\$250 ³	\$300 ³
Anesthesia* (% of surgery)	25% ⁴	25% ⁴	25% ⁴
Ambulatory Surgical Center* (daily)	\$250	\$375 ³	\$500 ³
HOSPITAL CONFINEMENT BENEFITS			
Hospital Confinement (daily, up to 70 days)	\$200	\$250 ³	\$300 ³
Extended Hospital Confinement* (daily)	\$200	\$300 ³	\$400 ³
Government or Charity Hospital (daily)	\$100	\$100	\$100
Private Duty Nursing Services* (daily, up to 70 days)	\$100	\$150 ³	\$200 ³
Extended Care Facility* (daily)	\$100	\$100	\$100
At Home Nursing* (daily)	\$100	\$100	\$100
LODGING AND TRANSPORTATION BENEFITS			
Ambulance*	\$200	\$200	\$200
Non-Local Transportation (per trip or mile)	Coach Fare or \$0.40	Coach Fare or \$0.45 ³	Coach Fare or \$0.50 ³
Family Member Lodging* (daily) and Transportation (per trip or mile)	\$100 Coach Fare or \$0.40	\$100 Coach Fare or \$0.45 ³	\$100 Coach Fare or \$0.50 ³
Outpatient Lodging* (daily)	\$100 ⁵	\$100 ⁵	\$100 ⁵
MISCELLANEOUS BENEFITS			
Hospice Care* (per day)	\$100	\$150 ³	\$200 ³
Inpatient Drugs and Medicine* (daily, up to 70 days)	\$10	\$20 ³	\$30 ³
Physician's Attendance* (daily, up to 70 days)	\$30	\$40 ³	\$50 ³
New or Experimental Treatment*	\$10,000 ²	\$10,000 ²	\$10,000 ²
Physical or Speech Therapy* (daily)	\$25	\$50 ³	\$75 ³
Prosthesis*	\$2,000 ⁶	\$2,000 ⁶	\$2,000 ⁶
Skin Cancer*	\$120 ⁷	\$120 ⁷	\$120 ⁷
Mammography	\$75 ²	\$75 ²	\$75 ²
Waiver of Premium	Yes	Yes	Yes
RIDER BENEFITS			
Wellness (per year)	\$50	\$100	\$100
Cancer and Specified Disease Additional Benefits			
Medical Imaging* (yearly)	No	\$250	\$500
Comfort/Anti-Nausea* (yearly)	No	\$100	\$200
Hematological Drugs* (yearly)	No	\$100	\$200
Hair Prosthesis (every 2 years)	No	\$25	\$50
Nonsurgical External Breast Prosthesis*	No	\$50	\$100

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 One-time benefit

² Per 12 mo.

³ Includes the CAB Rider which increases the base policy benefit
⁴ \$100 for Skin Cancer

⁵ Limit \$4,000 per 12 mo. period

⁶ Per amputation

⁷ For first removal. \$60 each additional removal



premiums

MODE	PLAN	EMPLOYEE	FAMILY
Weekly	Basic 200	\$5.19	\$8.69
Monthly	Basic 200	\$22.46	\$37.62
Weekly	Enhanced 300	\$7.03	\$12.18
Monthly	Enhanced 300	\$30.43	\$52.75
Weekly	Premier 400	\$8.38	\$14.85
Monthly	Premier 400	\$36.31	\$64.35

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This insert is part of brochure ABJ19415-1 and is not to be used on its own. This material is valid as long as information remains current, but in no event later than July 1, 2017. Allstate Benefits is the marketing name used by American Heritage Life Insurance Company, a subsidiary of The Allstate Corporation.

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