Cancer Insurance

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.

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.

Meeting Your Needs
• Guaranteed Issue, meaning no medical questions to answer at initial enrollment
• Includes coverage for cancer and 29 specified diseases
• Benefits are paid directly to you unless otherwise assigned
• Coverage available for dependents
• Waiver of premium after 90 days of disability due to cancer for as long as your disability lasts (employee only)
• Coverage may be continued; refer to your certificate for details
• Additional benefits may be added to enhance your coverage

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.

DID YOU KNOW?
Early detection, improved treatments and access to care are factors that influence cancer survival.¹

19 million
The number of cancer survivors in the U.S. is increasing, and is expected to jump to nearly 19 million by 2024²

Offered to the employees of:
The University of North Alabama

¹Life After Cancer Survivorship by the Numbers. American Cancer Society, 2017
²Cancer Treatment & Survivorship Facts & Figures, 2014-2015
Meet TJ

TJ is like anyone else who has been diagnosed with cancer. He is concerned about his wife and how she will cope with his disease and its treatment. Most importantly, he worries about how he will pay for his treatment.

Here is what weighs heavily on his mind:

- Major medical only pays a portion of the expenses associated with my treatment
- I have copays I am responsible for until I meet my deductible
- If I am not working due to treatments, I must cover my bills, rent/mortgage, groceries and other daily expenses
- If the right treatment is not available locally, I will have to travel to get the treatment I need

Here’s how TJ’s story of diagnosis and treatment turned into a happy ending, because he had supplemental Cancer Insurance to help with expenses.

**CHOOSE**

TJ chooses benefits to help protect himself and his wife if diagnosed with cancer or a specified disease

**USE**

TJ undergoes his annual wellness test and is diagnosed for the first time with prostate cancer. His doctor reviews the results with him and recommends pre-op testing and surgery.

**Here’s TJ’s treatment path:**

- TJ travels to a specialized hospital 400 miles from where he lives and undergoes pre-op testing
- He is admitted to the hospital for laparoscopic prostate cancer surgery
- TJ undergoes surgery and spends several hours in the recovery waiting room
- He is transferred to his room where he is visited by his doctor during a 2-day hospital stay
- TJ is released under doctor required treatment and care during a 2-month recovery period

TJ continues to fight his cancer and follow his doctor recommended treatments.

**CLAIM**

TJ’s Cancer claim paid him cash benefits for the following:

- Wellness
- Cancer Initial Diagnosis
- Continuous Hospital Confinement
- Non-Local Transportation
- Surgery
- Anesthesia
- Medical Imaging
- Inpatient Drugs and Medicine
- Physician’s Attendance
- Anti-Nausea

For a listing of benefits and benefit amounts, see your company’s rate insert.
Benefits (subject to maximums as listed on the attached rate insert)

HOSPITAL CONFINEMENT AND RELATED BENEFITS
Continuous Hospital Confinement - inpatient admission and confinement

Government or Charity Hospital - confinements in lieu of all other benefits, except Waiver of Premium
Private Duty Nursing Services - full-time nursing services authorized by attending physician
Extended Care Facility - within 14 days of a hospital stay; payable up to the number of days of the hospital stay
At Home Nursing - private nursing care must begin within 14 days of a covered hospital stay; payable up to the number of days of the previous hospital stay

Hospice Care Center or Team - terminal illness care in a facility or at home; one visit per day

RADIATION/CHEMOTHERAPY AND RELATED BENEFITS
Radiation/Chemotherapy for Cancer - covered treatments to destroy or modify cancerous tissue
Blood, Plasma, and Platelets - transfusions, administration, processing, procurement, cross matching
Hematological Drugs - boosts cell lines for white/red cell counts and platelets; payable when Radiation/Chemotherapy for Cancer benefit is paid

Medical Imaging - initial diagnosis or follow-up evaluation based on covered imaging exam

SURGERY AND RELATED BENEFITS
Surgery* - based on Certificate Schedule of Surgical Procedures
Anesthesia - 25% of surgery benefit for anesthesia received by an anesthesiologist
Bone Marrow or Stem Cell Transplant - autologous, non-autologous for treatment of cancer or specified disease other than Leukemia, or non-autologous for treatment of Leukemia
Ambulatory Surgical Center - payable only if Surgery benefit is paid
Second Opinion - second opinion for surgery or treatment by a doctor not in practice with a doctor

MISCELLANEOUS BENEFITS
Inpatient Drugs and Medicine - not including drugs/medicine covered under the Radiation/Chemotherapy for Cancer or Anti-Nausea benefits
Physician’s Attendance - one inpatient visit by one physician
Ambulance - transfer to or from hospital where confined by a licensed service or hospital-owned ambulance
Non-Local Transportation - obtaining treatment not available locally
Outpatient Lodging - more than 100 miles from home
Family Member Lodging and Transportation - adult family member travels with you during non-local hospital stays for specialized treatment. Transportation not paid if Non-Local Transportation benefit is paid

Physical or Speech Therapy - to restore normal body function
New or Experimental Treatment - payable if physician judges it necessary and only for treatment not covered under other policy benefits

Prosthesis - surgical implantation of prosthetic device for each amputation
Hair Prosthesis - wig or hairpiece every 2 years due to hair loss
Nonsurgical External Breast Prosthesis - initial prosthesis after a covered mastectomy

Anti-Nausea Benefit - prescribed anti-nausea medication administered on outpatient basis
Waiver of Premium** - must be disabled 90 days in a row due to cancer, as long as disability lasts

OPTIONAL/ADDITIONAL BENEFITS
Cancer Initial Diagnosis - for first-time diagnosis of cancer other than skin cancer

Intensive Care (ICU)
   a. ICU Confinement - illness or accident confinements up to 45 days/stay
   b. Step-Down ICU Confinement - confinements up to 45 days/stay
   c. Ambulance - licensed air or surface ambulance service to ICU

Wellness Benefit - once per year for one of 23 exams. See left for list of wellness tests

SPECIFIED DISEASES
29 Specified Diseases Covered - 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, Thalassemia, Rocky Mountain Spotted Fever, Legionnaire’s Disease, Addison’s Disease, Hansen’s Disease, Tularemia, Hepatitis (Chronic B or C), Typhoid Fever, Myasthenia Gravis, Rey’s Syndrome, Primary Sclerosing Cholangitis (Walter Payton’s Disease), Lyme Disease, Systemic Lupus Erythematosus, Cystic Fibrosis, and Primary Biliary Cirrhosis

* 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. Does not pay for other surgeries covered by other benefits. ** Premiums waived for primary insured only.
DEFINITIONS

Actual Charges vs. Actual Cost
Actual Charge - Amount billed for a treatment or service before any insurance discounts or payments.
Actual Cost - Amount actually paid by or on behalf of you, accepted as full payment by the provider of goods or services.

POLICY SPECIFICATIONS

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

Termination of Coverage
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.

Spouse/domestic partner coverage ends upon divorce/termination of partnership or your death. 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.

LIMITATIONS AND EXCLUSIONS

Pre-Existing Condition Limitation
We do not pay benefits for a pre-existing condition during the 12-month period beginning on the date that person’s coverage starts. A pre-existing condition is a disease or condition for which symptoms existed within the 12-month period prior to the effective date, or medical advice or treatment was recommended or received from a medical professional within the 12-month period prior to the effective date. A pre-existing condition can exist even though a diagnosis has not yet been made.

Exclusions and Limitations
We do not pay for any loss except for losses due to cancer or a specified disease. 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.

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

Blood, Plasma and Platelets Limitation: Does not include immunoglobulins or blood replaced by donors.

For the Surgery, New or Experimental Treatment and Prosthesis benefits, we pay 50% of the applicable maximum when specific charges are not obtained as proof of loss.

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

Intensive Care Exclusions and Limitations
Benefits are not paid for attempted suicide or intentional self-inflicted injury, intoxication or being under the influence of drugs not prescribed by a physician, or alcoholism or drug addiction. Benefits are not paid for coninements 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, or step-down and other lesser care units. Benefits are not paid for step-down coninements 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. Benefits are not paid for continuous coninements occurring during a hospitalization prior to the effective date. 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. We do not pay for ambulance if paid under the Cancer and Specified Disease Ambulance benefit.

This brochure is for use in enrollments situated in AL and is incomplete without the accompanying rate insert.

This material is valid as long as information remains current, but in no event later than February 7, 2021. Cancer and Specified Disease benefits are provided by policy form SVCP3, or state variations thereof.

Coverage is provided by Limited Benefit Supplemental Cancer and Specified Disease Insurance. The policy does not provide benefits for any other sickness or condition. 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.
Group Cancer (GVCP3)
Important Information About Coverage
Provides details of basic policy and rider coverage in all states. State-specific information is noted when it varies from the standard. Below is a list of base policy and rider benefits available with Group Cancer coverage. Please refer to your certificate for the specific items that apply to your coverage. You will receive a certificate that details the specifications for the coverage you purchased.
Issue ages are 18 and over if Actively at Work.

Actual Charges vs. Actual Cost
Actual Charge - Amount billed for a treatment or service before any insurance discounts or payments.
Actual Cost - Amount actually paid by or on behalf of you, accepted as full payment by the provider of goods or services.
CA - Actual Charge is replaced with: Amount Charged - Amount billed for a treatment or service before any insurance discounts or payments. Actual Cost is replaced with: Cost - Amount actually paid by or on behalf of you, accepted as full payment by the provider of goods or services.
SD - Actual Charge is replaced with: Charge - Amount billed for a treatment or service before any insurance discounts or payments. Actual Cost is replaced with: Cost - Amount actually paid by or on behalf of you, accepted as full payment by the provider of goods or services.

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, Thalassemia, Rocky Mountain Spotted Fever, Legionnaires Disease, Addison’s Disease, Hansen’s Disease, Tuberculosis, Hepatitis (Chronic B or C), Typhoid Fever, Myasthenia Gravis, Reyes Syndrome, Primary Sclerosing Cholangitis (Walter Payton’s Disease), Lyme Disease, Systemic Lupus Erythematosus, Cystic Fibrosis, and Primary Bilary Cirrhosis.

Hospital and Related Benefits (See Benefit Amounts)
Government or Charity Hospital - Paid in lieu of all other benefits except Waiver of Premium.
Extended Care Facility - Must begin within 14 days of a hospital stay. Up to the number of days of the previous hospital stay.
CA - Benefit is not available.
At Home Nursing - Must begin within 14 days of a hospital stay. Up to the number of days of the previous hospital stay.
AZ - Benefit is replaced with: Home Health Services - Up to the number of days of the previous hospital stay.
CA - Benefit is not available.
Hospice Care - Per day in freestanding care center or 1 visit per day of hospice care at home.
CA - Benefit is not available.

Radiation/Chemotherapy and Related Benefits (see Benefit Amounts)
Blood, Plasma, and Platelets - Includes charges for transfusions, administration, processing, procurement and cross-matching. Does not include donor replaced blood or immunoglobulins.
Medical Imaging - Once/calendar year.
Hematological Drugs - Only when Radiation/Chemotherapy for Cancer benefit paid.

Surgery and Related Benefits (see Benefit Amounts)
Surgery - Per certificate Schedule of Surgical Procedures. 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.
CA - The lesser of the amount based on procedure listed in certificate Schedule of Surgical Procedures, or the amount charged to the covered person. 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.

Surgery and Related Benefits (continued)
Ambulatory Surgical Center - For surgery at an ambulatory surgical center, if listed in the Schedule of Surgical Procedures.
Bone Marrow or Stem Cell Transplant - Once/calendar year.

Miscellaneous Benefits (see Benefit Amounts)
Inpatient Drugs and Medicine - Not paid if covered under the Radiation/Chemotherapy for Cancer or Anti-Nausea Benefits.
Physician’s Attendance - One inpatient visit per day.
Non-Local Transportation - At least 70 miles away, up to 700 miles.
Outpatient Lodging - More than 100 miles from home. Limit $2,000/12 mo. period.
Family Member Lodging and Transportation - Lodging up to 60 days. Transportation up to 700 miles per continuous hospital confinement.
New or Experimental Treatment - For physician-approved treatments not covered under other benefits.
Prosthesis - Surgically implanted prosthetic device; pays per amputation.
Nonsurgical External Breast Prosthesis - Initial nonsurgical breast prosthesis following a covered mastectomy or partial mastectomy.
AZ, KS - The following is added: Not paid when the Prosthesis and Reconstructive Breast Surgery benefit is paid.
SD - Nonsurgical breast prosthesis following a covered mastectomy or partial mastectomy.
Anti-Nausea Benefit - Per calendar year; not paid for medication administered on inpatient basis.
Waiver of Premium (Employee only) - If disabled 90 days in a row due to cancer; pays for as long as disability lasts.

Optional/Additional Benefits (see Benefit Amounts)
Cancer Initial Diagnosis - Pays once; skin cancer not covered.
CA - Benefit is replaced with: Invasive Cancer Initial Diagnosis - Pays once; skin cancer not covered. Subject to the Pre-existing Condition Limitation provision, the “first diagnosis of cancer” includes a recurrence of a cancer, as long as you are diagnosed after the effective date of coverage and have not received or been recommended by your physician to receive any treatment of the cancer for 12 consecutive months immediately preceding the effective date of coverage, or any 12 consecutive months.
IL - Benefit is not subject to the Pre-existing Condition Limitation.
ND - Pays once; skin cancer not covered. The first diagnosis of cancer includes a recurrence of cancer, as long as you are diagnosed after the effective date of coverage, and have been free of any symptoms and treatment of cancer for 12 consecutive months immediately preceding the effective date of coverage, or any 12 consecutive months.
SD - Benefit is replaced with: Cancer Diagnosis - Pays once, upon diagnosis of a new form or type of cancer; skin cancer not covered.

Wellness - Once/year. Eligible wellness tests are: 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 Electrophoresis (test for myeloma); Stress test on bike or treadmill; Thermography; and Ultrasound screening for abdominal aortic aneurysms.
CA - The following is added to the list of wellness tests: Any generally medically accepted cancer screening test not listed above.
NC - Pap Smear, including ThinPrep Pap Test is replaced with: Cervical Cancer Screening.

ABJ30590-2
Optional/Additional Benefits (see Benefit Amounts) (continued)

VA - The Blood test for PSA (prostate cancer) is deleted from the list of wellness tests. The following is added as a separate benefit: PSA Testing and Digital Rectal Exams - Once/year for covered persons age 50 and over, age 40 and over for covered persons at high risk for prostate cancer.

Intensive Care - Confinement for any illness or accident; up to 45 days for each stay in intensive care unit or step-down intensive care unit.

KS, TN - Confinement for any covered cancer or specified disease; up to 45 days for each stay in intensive care unit or step-down intensive care unit.

Progressive Benefit Rider (see Benefit Amounts)

Progressive Benefit Rider - Pays once, for diagnosis of cancer other than skin cancer. The benefit increases the longer coverage is in force prior to diagnosis. The diagnosis of cancer includes a recurrence of cancer, as long as you are diagnosed after the effective date of coverage, and have been free of any symptoms and treatment of cancer for 12 consecutive months immediately preceding the effective date of coverage, or any 12 consecutive months.

CA, ND, RI - Rider is not available.

SD - Pays once, for diagnosis of cancer other than skin cancer. The benefit increases the longer coverage is in force prior to diagnosis. The diagnosis of cancer includes a recurrence of cancer, as long as you are diagnosed after the effective date of coverage, and have been free of any symptoms and treatment of cancer for 6 consecutive months immediately preceding the effective date of coverage, or any 12 consecutive months.

UT - Pays once, for diagnosis of cancer other than skin cancer. The benefit increases the longer coverage is in force prior to diagnosis. The diagnosis of cancer includes a recurrence of cancer, as long as you are diagnosed after the effective date of coverage, and have been free of any symptoms and treatment of cancer for 6 consecutive months immediately preceding the effective date of coverage, or any 12 consecutive months.

Your Eligibility

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

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

HI - Coverage may include you, your spouse, domestic partner or certified reciprocal beneficiary, and your 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. PROGRESSIVE BENEFIT RIDER ONLY - discovery of fraud or material misrepresentation in a claim.

NC - 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.

DC - Spouse/domestic/civil union 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.

IL - Coverage for children ends when the child reaches age 26 (30 if a military veteran who is an Illinois resident) unless he or she continues to meet the requirements of an eligible dependent.

MA - Coverage for children ends the earlier of when the child reaches age 26 or 2 years following loss of dependent status under the Internal Revenue Code, unless he or she continues to meet the requirements of an eligible dependent.

PA - The following is added: 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.

Portability Privilege

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

PR - The Portability Privilege is replaced with: Conversion Privilege - Coverage may be converted to an individual policy when coverage under the group policy ends.

Pre-Existing Condition

(a) We do not pay benefits for a pre-existing condition during the 12-month period beginning on the date that person's coverage starts.

NC - The following is added: This exclusion will not apply to your newborn, adopted or foster child under age 18 if we're notified within 31 days of the child's birth or date of placement.

PA - We do not pay benefits for a pre-existing condition during the 1-year period beginning on the date that person's coverage starts.

PR - We do not pay benefits for a pre-existing condition during the 8-month period beginning on the date that person's coverage starts.

UT - We do not pay benefits for a pre-existing condition during the 6-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 medical advice or treatment was recommended or received from a medical professional within the 12-month period prior to the effective date.

CA - A pre-existing condition is a disease or condition for which medical treatment was recommended or received from a medical professional within the 12-month period prior to the effective date.

IN, NC, VA - 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 12-month period prior to the effective date.

ND - A pre-existing condition is a disease or condition for which treatment was received from a medical professional within the 12-month period prior to the effective date.

PA - A pre-existing condition is a disease or condition for which medical advice or treatment was received from a medical professional within the 90-day period prior to the effective date.

SD - A pre-existing condition is a disease or condition for which medical advice, diagnosis, care or treatment was recommended or received during the 30 days immediately preceding the effective date.

UT - A pre-existing condition is a disease or condition which first manifested itself within the 30 days prior to the effective date or which was diagnosed by a physician at any time prior to the effective date.

(c) A pre-existing condition can exist even though a diagnosis has not yet been made.

CA, IN, NE, NC, ND, OR, PA, SD, UT - (c) is deleted.
Cancer and Specified Disease Benefits Exclusions and Limitations

(a) We do not pay for any loss, except for losses due to cancer or a specified disease.

CA - We only pay for a loss when cancer or a specified disease is the proximate cause of the loss.

(b) Benefits are not paid for conditions caused or aggravated by cancer or a specified disease.

PA - (b) is deleted.

CA - We do not pay for any loss when cancer or a specified disease is only a remote cause of the loss. The following is added: We do not pay for any loss due to precancerous conditions, including but not limited to: leukoplakia; actinic keratosis; hyperplasia; polycythemia; moles; or similar diseases or lesions.

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

CA - Treatment 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, we pay 50% of the applicable maximum when specific charges are not obtainable as proof of loss.

CA - For the Surgery, New or Experimental Treatment and Prosthesis benefits, we pay 50% of the applicable amount when specific charges are not obtainable as proof of loss.

For the Radiation/Chemotherapy for Cancer benefit, we do not pay for:

(a) any other chemical substance which may be administered with or in conjunction with radiation/chemotherapy;

(b) treatment planning, consultation or 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;

(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;

MO - attempted suicide while sane or intentional self-inflicted injury;

(2) intoxication or being under the influence of drugs not prescribed by a physician;

CA - any loss sustained or contracted in consequence of the covered person being intoxicated or under the influence of any controlled substance unless administered on the advice of a physician;

OR, SD - (2) is deleted.

(3) alcoholism or drug addiction.

OR, SD - (3) is deleted.

(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.

GA, NE, NC, OK, UT - (e) is deleted.

(f) We do not pay for ambulance if paid under the Cancer and Specified Disease Ambulance benefit.
Rev. 8/17. This material is valid as long as information remains current, but in no event later than August 1, 2020. Group Voluntary Cancer benefits are provided by policy form GVCF3, or state variations thereof. Cancer Initial Diagnosis Progressive Benefit ("Progressive Benefit") Rider provided by GPCPR, or state 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 the 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 Representative. 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.
### BENEFIT AMOUNTS

#### HOSPITAL AND RELATED BENEFITS

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<thead>
<tr>
<th>Service</th>
<th>PLAN 1</th>
<th>PLAN 2</th>
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<tbody>
<tr>
<td>Continuous Hospital Confinement (daily)</td>
<td>$100</td>
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<tr>
<td>Government or Charity Hospital (daily)</td>
<td>$100</td>
<td>$300</td>
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<tr>
<td>Private Duty Nursing Services (daily)</td>
<td>$100</td>
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<tr>
<td>Extended Care Facility (daily)</td>
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<td>At Home Nursing (daily)</td>
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<tr>
<td>Hospice Care Center (daily) or</td>
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<td>Hospice Care Team (per visit)</td>
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#### RADIATION/CHEMOTHERAPY AND RELATED BENEFITS

<table>
<thead>
<tr>
<th>Service</th>
<th>PLAN 1</th>
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<tbody>
<tr>
<td>Radiation/Chemotherapy for Cancer* (every 12 months)</td>
<td>$5,000</td>
<td>$10,000</td>
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<tr>
<td>Blood, Plasma, and Platelets* (every 12 months)</td>
<td>$5,000</td>
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<tr>
<td>Medical Imaging*</td>
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<td>Hematological Drugs*</td>
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#### SURGERY AND RELATED BENEFITS

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<td>Surgery**</td>
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<td>Anesthesia (% of surgery)</td>
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<td>25%</td>
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<td>Ambulatory Surgical Center (daily)</td>
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</tr>
<tr>
<td>Second Opinion</td>
<td>$200</td>
<td>$600</td>
</tr>
<tr>
<td>Bone Marrow or Stem Cell Transplant</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Autologous</td>
<td>$500</td>
<td>$1,500</td>
</tr>
<tr>
<td>2. Non-autologous (cancer or specified disease treatment)</td>
<td>$1,250</td>
<td>$3,750</td>
</tr>
<tr>
<td>3. Non-autologous (Leukemia)</td>
<td>$2,500</td>
<td>$7,500</td>
</tr>
</tbody>
</table>

#### MISCELLANEOUS BENEFITS

<table>
<thead>
<tr>
<th>Service</th>
<th>PLAN 1</th>
<th>PLAN 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient Drugs and Medicine (daily)</td>
<td>$25</td>
<td>$25</td>
</tr>
<tr>
<td>Physician’s Attendance (daily)</td>
<td>$50</td>
<td>$50</td>
</tr>
<tr>
<td>Ambulance (per confinement)</td>
<td>$100</td>
<td>$100</td>
</tr>
<tr>
<td>Non-Local Transportation* (per trip or mile)</td>
<td>Coach Fare or $0.40/Mile</td>
<td>Coach Fare or $0.40/Mile</td>
</tr>
<tr>
<td>Outpatient Lodging</td>
<td>$50</td>
<td>$50</td>
</tr>
<tr>
<td>Family Member Lodging (daily) and</td>
<td>$50</td>
<td>$50</td>
</tr>
<tr>
<td>Transportation* (per trip or mile)</td>
<td>Coach Fare or $0.40/Mile</td>
<td>Coach Fare or $0.40/Mile</td>
</tr>
<tr>
<td>Physical or Speech Therapy (daily)</td>
<td>$50</td>
<td>$50</td>
</tr>
<tr>
<td>New or Experimental Treatment*** (every 12 months)</td>
<td>$5,000</td>
<td>$5,000</td>
</tr>
<tr>
<td>Prosthesis***</td>
<td>$2,000</td>
<td>$2,000</td>
</tr>
<tr>
<td>Hair Prosthesis (every 2 years)</td>
<td>$25</td>
<td>$25</td>
</tr>
<tr>
<td>Nonsurgical External Breast Prosthesis*</td>
<td>$50</td>
<td>$50</td>
</tr>
<tr>
<td>Anti-nausea Benefit*</td>
<td>$200</td>
<td>$200</td>
</tr>
<tr>
<td>Waiver of Premium (Employee only)</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

#### ADDITIONAL BENEFITS

<table>
<thead>
<tr>
<th>Service</th>
<th>PLAN 1</th>
<th>PLAN 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer Initial Diagnosis (one-time benefit)</td>
<td>$2,000</td>
<td>$5,000</td>
</tr>
<tr>
<td>Wellness Benefit</td>
<td>$50</td>
<td>$100</td>
</tr>
<tr>
<td>Intensive Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Intensive Care Confinement (daily)</td>
<td>$200</td>
<td></td>
</tr>
<tr>
<td>2. Step-Down Confinement (daily)</td>
<td>$100</td>
<td></td>
</tr>
<tr>
<td>3. Air/Surface Ambulance</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Pays actual cost up to amount listed. **Pays actual charges up to amount listed in certificate Schedule of Surgical Procedures. Amount paid depends on surgery. ***Pays actual charges up to amount listed.
### PLAN 1 PREMIUMS

<table>
<thead>
<tr>
<th>MODE</th>
<th>EE</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Semi-Monthly</td>
<td>$7.07</td>
<td>$12.10</td>
</tr>
<tr>
<td>Monthly</td>
<td>$14.13</td>
<td>$24.20</td>
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</tbody>
</table>

### PLAN 2 PREMIUMS

<table>
<thead>
<tr>
<th>MODE</th>
<th>EE</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Semi-Monthly</td>
<td>$15.76</td>
<td>$26.96</td>
</tr>
<tr>
<td>Monthly</td>
<td>$31.51</td>
<td>$53.92</td>
</tr>
</tbody>
</table>

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