



Allstate
BENEFITS

Protection for the
treatment of cancer and
29 specified diseases

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 survival¹

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.

Using your cash benefits

Cash benefits provide you with options, because you decide how to use them.



Finances

Can help protect HSAs, savings, retirement plans and 401(k)s from being depleted.



Travel

Can help pay for expenses while receiving treatment in another city.



Home

Can help pay the mortgage, continue rental payments, or perform needed home repairs for after care.



Expenses

Can help pay your family's living expenses such as bills, electricity, and gas.



MyBenefits: 24/7 Access allstatebenefits.com/mybenefits

An easy-to-use website that offers 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.

Wellness Benefit

Biopsy for skin cancer; Blood tests for triglycerides, CA15-3 (breast cancer), CA125 (ovarian cancer), CEA (colon cancer), PSA (prostate cancer); Bone Marrow Testing; Chest X-ray; Colonoscopy; Doppler screening for carotids or peripheral vascular disease; Echocardiogram; EKG; Flexible sigmoidoscopy; Hemoccult 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.

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 anesthetist

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 your 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 to be 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 two 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)

- ICU Confinement - illness or accident confinements up to 45 days/stay
- Step-Down ICU Confinement - confinements up to 45 days/stay
- 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, Legionnaires' 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

*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 obtainable 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 calculation; 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 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, or step-down and other lesser care units. 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. Benefits are not paid for continuous confinements 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 GVCP3, 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.



Allstate.
BENEFITS

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www.allstate.com or
allstatebenefits.com

Group Cancer (GVCP3)

Important Information About Coverage

Provides details of base 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, 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 (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 (see Benefit Amounts) (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.

AZ, KS - The Prosthesis benefit is replaced with: **Prosthesis and Reconstructive Breast Surgery - Prosthesis**: Per amputation. **Reconstructive Breast Surgery**: Following a covered mastectomy.

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.

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 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.

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 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 6 consecutive months immediately preceding the effective date of coverage, or any 6 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.

Termination of Coverage (continued)

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 6 months immediately preceding the effective date.

UT - A pre-existing condition is a disease or condition which first manifested itself within the 6 months 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.



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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 GVCP3, or state variations thereof. Cancer Initial Diagnosis Progressive Benefit ("Progressive Benefit") Rider provided by GPCPR1, 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

	PLAN 1	PLAN 2
HOSPITAL AND RELATED BENEFITS		
Continuous Hospital Confinement (daily)	\$100	\$300
Government or Charity Hospital (daily)	\$100	\$300
Private Duty Nursing Services (daily)	\$100	\$300
Extended Care Facility (daily)	\$100	\$300
At Home Nursing (daily)	\$100	\$300
Hospice Care Center (daily) or Hospice Care Team (per visit)	\$100 \$100	\$300 \$300
RADIATION/CHEMOTHERAPY AND RELATED BENEFITS		
Radiation/Chemotherapy for Cancer* (every 12 months)	\$5,000	\$10,000
Blood, Plasma, and Platelets* (every 12 months)	\$5,000	\$10,000
Medical Imaging*	\$250	\$500
Hematological Drugs*	\$100	\$200
SURGERY AND RELATED BENEFITS		
Surgery**	\$1,500	\$4,500
Anesthesia (% of surgery)	25%	25%
Ambulatory Surgical Center (daily)	\$250	\$750
Second Opinion	\$200	\$600
Bone Marrow or Stem Cell Transplant		
1. Autologous	\$500	\$1,500
2. Non-autologous (cancer or specified disease treatment)	\$1,250	\$3,750
3. Non-autologous (Leukemia)	\$2,500	\$7,500
MISCELLANEOUS BENEFITS		
Inpatient Drugs and Medicine (daily)	\$25	\$25
Physician's Attendance (daily)	\$50	\$50
Ambulance (per confinement)	\$100	\$100
Non-Local Transportation* (per trip or mile)	Coach Fare or \$0.40/Mile	Coach Fare or \$0.40/Mile
Outpatient Lodging	\$50	\$50
Family Member Lodging (daily) and Transportation* (per trip or mile)	\$50 Coach Fare or \$0.40/Mile	\$50 Coach Fare or \$0.40/Mile
Physical or Speech Therapy (daily)	\$50	\$50
New or Experimental Treatment*** (every 12 months)	\$5,000	\$5,000
Prosthesis***	\$2,000	\$2,000
Hair Prosthesis (every 2 years)	\$25	\$25
Nonsurgical External Breast Prosthesis*	\$50	\$50
Anti-Nausea Benefit*	\$200	\$200
Waiver of Premium (Employee only)	Yes	Yes
ADDITIONAL BENEFITS		
Cancer Initial Diagnosis (one-time benefit)	\$2,000	\$5,000
Wellness Benefit	\$50	\$100
Intensive Care		
1. Intensive Care Confinement (daily)	\$200	\$400
2. Step-Down Confinement (daily)	\$100	\$200
3. Air/Surface Ambulance	Actual Charges	Actual Charges

*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

MODE	EE	F
Semi-Monthly	\$7.07	\$12.10
Monthly	\$14.13	\$24.20

PLAN 2 PREMIUMS

MODE	EE	F
Semi-Monthly	\$15.76	\$26.96
Monthly	\$31.51	\$53.92

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



For use in enrollments situated in: AL. This rate insert is part of the approved flyer and form ABJ30590-1; it is not to be used on its own.

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