



# Are you protected from a diagnosis of cancer?

There are daily living expenses you must pay for even if you are sick and cannot work.



CAR



GROCERIES



SCHOOL



ELECTRICITY

How will you pay for them?

## Group Cancer Insurance

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

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







## cancer and specified disease

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

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



Jane chooses benefit coverage under her  
**Employer Approved Plan**



Jane undergoes her annual cancer screening test and is diagnosed with cancer.

Jane's doctor recommends pre-op testing and provides her with the location of the hospital. Jane must travel 160 miles to have pre-op testing performed.

Jane undergoes surgery, anesthesia, radiation/chemo, and is visited by a doctor during a 3-day hospital stay. And, every 2 weeks she has radiation/chemo, is given anti-nausea medication, and sees her doctor during her follow-up visits.

Our cancer insurance policy paid Jane the following:

Cancer Screening Test	\$ 100
Hospital Confinement	\$ 300
Surgery	\$ 1,500
Anesthesia	\$ 375
Radiation/Chemo	\$ 4,500
Inpatient Medicine	\$ 75
Physician Visits	\$ 150
Anti-Nausea	\$ 200

**Total Benefits: \$7,200**



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

## meeting your needs

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

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

<sup>†</sup> Enrolling after your initial enrollment period requires evidence of insurability.

\*\* Primary insured only.

## benefit coverage highlights

Cancer and specified disease benefits can help cover the costs of specific treatments and expenses as they happen. Terms and conditions for each benefit will vary. Benefit amounts are shown on pages 2a and/or 2b. See page 4 for conditions, limits and state variations.

**Specified Diseases** - Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease), Muscular Dystrophy, Poliomyelitis, Multiple Sclerosis, Encephalitis, Rabies, Tetanus, Tuberculosis, Osteomyelitis, Diphtheria, Scarlet Fever, Cerebrospinal Meningitis (bacterial), 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, Reye's Syndrome, Primary Sclerosing Cholangitis (Walter Payton's Liver Disease), Lyme Disease, Systemic Lupus Erythematosus, Cystic Fibrosis, and Primary Biliary Cirrhosis.

### HOSPITAL CONFINEMENT BENEFITS

**Continuous Hospital Confinement** - Pays a daily benefit for inpatient confinement.

**Extended Benefits** - Pays a daily benefit for a continuous hospital confinement lasting more than 70 days. Paid in lieu of all other benefits except the Waiver of Premium Benefit.

**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. Paid in lieu of all other benefits except the Waiver of Premium benefit.



Screening tests  
annually



A doctor visit  
is scheduled



Tests are run and  
results received



You get  
paid cash

**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).

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

#### RADIATION /CHEMOTHERAPY BENEFITS

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

**Blood, Plasma, and Platelets** - Pays a benefit for blood, plasma and platelets. Includes charges for transfusions, administration, processing, procurement and cross-matching. Does not pay for blood replaced by donors.

#### SURGERY AND RELATED BENEFITS

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

**Anesthesia** - Pays 25% of the surgery benefit.

**Ambulatory Surgical Center** - Pays a benefit for surgery at an ambulatory surgical center, if listed in the Surgical Schedule.

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

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

#### TRANSPORTATION AND LODGING BENEFITS

**Ambulance** - Pays a benefit for transfer by ambulance to or from a hospital when hospital-confined.

**Non-Local Transportation** - Pays a benefit for transportation for treatment not available locally (at least 70 miles away, up to 700 miles).

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

**Family Member Lodging and Transportation** - Pays a daily benefit for one adult family member when an insured is confined at a non-local hospital for specialized treatment.

#### MISCELLANEOUS BENEFITS

**Inpatient Drugs and Medicine** - Pays a daily benefit for inpatient drugs and medicine (not paid if covered under the Radiation/Chemotherapy for Cancer or Anti-Nausea Benefits).

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

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

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

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

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

**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.

#### ADDITIONAL BENEFITS

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

**Cancer Screening** - Pays a benefit each calendar year for one of the following: Bone Marrow Testing; Blood tests for CA15-3 (breast cancer), CA125 (ovarian cancer), PSA (prostate cancer) and CEA (colon cancer); Chest X-ray; Colonoscopy; Flexible sigmoidoscopy; Hemocult stool analysis; Mammography; Pap Smear; and Serum Protein Electrophoresis (test for myeloma).

**Intensive Care** - Pays a daily benefit for intensive-care unit confinement (up to 45 days for each stay) and air or surface ambulance to a hospital intensive-care unit.

\*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. Outpatient is paid at 150% of the amount listed in the Schedule of Surgical Procedures.



# Benefit Coverage for County of Champaign group cancer insurance

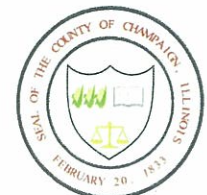
Listed below are benefits and amounts associated with the benefits described in the brochure.

	LOW PLAN	HIGH PLAN
<b>HOSPITAL CONFINEMENT BENEFITS</b>		
Continuous Hospital Confinement (daily, up to 70 days)	\$300	\$300
Extended Benefits (daily, beginning on day 71 of hospital confinement) <sup>1</sup>	\$300	\$300
Government or Charity Hospital (daily)	\$300	\$300
Private Duty Nursing Services (daily) <sup>1</sup>	\$300	\$300
Extended Care Facility (daily) <sup>1,2</sup>	\$300	\$300
At Home Nursing (daily) <sup>1,2</sup>	\$300	\$300
Hospice Care Center (daily) <sup>1</sup> or Hospice Care Team (per visit) <sup>1</sup>	\$300 \$300	\$300 \$300
<b>RADIATION/CHEMOTHERAPY BENEFITS</b>		
Radiation/Chemotherapy (every 12 mos.) <sup>1</sup>	\$10,000	\$10,000
Blood, Plasma, and Platelets (every 12 mos.) <sup>1</sup>	\$10,000	\$10,000
<b>SURGERY AND RELATED BENEFITS</b>		
Surgery <sup>1</sup>	1. Inpatient	1. \$4,500
	2. Outpatient	2. \$6,750
Anesthesia (% of surgery) <sup>1</sup>	25%	25%
Ambulatory Surgical Center (daily) <sup>1</sup>	\$750	\$750
Second Opinion <sup>1</sup>	\$600	\$600
Bone Marrow or Stem Cell Transplant <sup>1,2</sup>	1. Autologous	1. \$1,500
	2. Non-autologous (cancer or specified disease treatment)	2. \$3,750
	3. Non-autologous (Leukemia)	3. \$7,500
<b>TRANSPORTATION AND LODGING BENEFITS</b>		
Ambulance (per confinement) <sup>1</sup>	\$100	\$100
Non-Local Transportation (common carrier or personal vehicle)	Coach Fare or \$0.40/mile	Coach Fare or \$0.40/mile
Outpatient Lodging (daily) <sup>1,2</sup>	\$50	\$50
Family Member Lodging (daily, up to 60 days) <sup>1</sup> and Transportation (common carrier or personal vehicle)	\$50 Coach Fare or \$0.40/mile	\$50 Coach Fare or \$0.40/mile
<b>MISCELLANEOUS BENEFITS</b>		
Inpatient Drugs and Medicine (daily) <sup>1</sup>	\$25	\$25
Physician's Attendance (daily) <sup>1</sup>	\$50	\$50
Physical or Speech Therapy (daily) <sup>1</sup>	\$50	\$50
New or Experimental Treatment (per 12 months) <sup>1</sup>	\$5,000	\$5,000
Prosthesis <sup>1,4</sup>	\$2,000	\$2,000
Comfort/Anti-Nausea (yearly) <sup>1</sup>	\$200	\$200
Waiver of Premium (primary insured only)	Yes	Yes
<b>ADDITIONAL BENEFITS</b>		
Cancer Initial Diagnosis <sup>5</sup>	\$5,000	\$5,000
Cancer Screening (yearly)	\$100	\$100
Intensive Care	1. Hospital Confinement (daily, up to 45 days)	n/a
	2. Air/Surface Ambulance	n/a
		1. \$800 2. Actual Charges

<sup>1</sup>Pays actual charges up to the specified amount listed.

<sup>2</sup>Per Schedule of Surgical Procedures up to amount shown <sup>3</sup>Payable once per covered person per calendar year <sup>4</sup>Limit \$2,000/12 mo. period. <sup>5</sup>Per amputation.

<sup>6</sup>One-time benefit. <sup>7</sup>Up to the number of days of the previous continuous hospital confinement.



premiums

MODE	PLAN	EE	F
Semi-Monthly	Low	\$13.02	\$21.98
	High	\$15.18	\$26.38

EE = Employee; F = Family.

Issue Ages: 18 and over if Actively at Work

This insert is for use in: IL

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## CERTIFICATE SPECIFICATIONS

**Eligibility/Termination** - (a) Coverage may include you, your spouse or children under age 26. (b) 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; the date you or your class is no longer eligible. (c) Spouse coverage ends upon divorce or your death. (d) Coverage for children ends when the child reaches age 26, unless he or she continues to meet the requirements of an eligible dependent.

**Conversion Privilege** - If coverage terminates for any reason other than non-payment of premiums, the covered person can convert to an individual policy without evidence of insurability. This may also apply to a dependent whose coverage terminates.

## EXCEPTIONS AND LIMITATIONS

**Pre-Existing Condition** - (a) We do not pay benefits for a pre-existing condition during the 12-month period beginning on the date coverage starts. (b) A pre-existing condition is a disease or physical condition for which medical advice or treatment was received by the covered person during the 12-month period prior to his or her effective date of coverage.

**Exclusions and Limitations** - We pay benefits only for treatment of cancer or a specified disease or conditions directly caused or aggravated by cancer or specified disease. Treatment must be received in the United States or its territories.

For those benefits for which we pay actual charges up to a specified maximum amount (except Radiation and Chemotherapy; Blood, Plasma and Platelets; Prosthesis; New or Experimental Treatment; and Bone Marrow or Stem Cell Transplant), if specific charges are not obtainable as proof of loss, we will pay 50% of the maximum benefit.

We do not pay the Family Member Transportation Benefit if we pay the personal vehicle transportation benefit under the Non-Local Transportation Benefit when the family member lives in the same town as the confined insured.

**Intensive Care Exceptions and Limitations** - (a) Benefits are not paid for: (1) an attempted suicide or intentional 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 confinements to a care unit that does not qualify as a hospital intensive-care unit. (c) Progressive care units, sub-acute intensive-care units, intermediate care units, and private rooms with monitoring, step-down units and

any other lesser care treatment units do not qualify as hospital intensive-care units. (d) Benefits are not paid for continuous intensive-care confinements occurring during a hospitalization prior to the effective date. (e) Children born within 10 months of the effective date are not covered for continuous hospital intensive-care confinement beginning during the first 30 days of such child's life. (f) Ambulance Benefit is not paid if the Cancer and Specified Disease Ambulance Benefit is paid.

## STATE VARIATIONS

**Illinois** (change affects page 4) - In Eligibility/Termination, item (c) is replaced with: 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.

**Indiana** (change affects page 4) - In Pre-Existing Condition, item (b) is replaced with: A pre-existing condition is a disease or physical condition for which medical advice or treatment was received by the covered person during the 6-month period prior to his or her effective date of coverage.

**Kansas** (change affects page 3) - The Prosthesis Benefit is replaced with: Prosthesis and Reconstructive Breast Surgery - Prosthesis: Pays a benefit for a surgically implanted prosthetic device. Reconstructive Breast Surgery: Pays a benefit for reconstructive breast surgery following a covered mastectomy.

**Missouri** (change affects page 3) - In the Intensive Care Benefits Exceptions and Limitations, item (1) is replaced with: an attempted suicide, while sane, or intentional self-inflicted injury.

**South Dakota** (changes affect page 4) - In Exclusions and Limitations, references to "actual charges" are replaced with "charges". In Intensive Care Exceptions and Limitations, item (2) is deleted.

**Utah** (change affects page 4) - In Pre-Existing Condition, item (a) is replaced with: We do not pay benefits for a pre-existing condition during the 6-month period, beginning on the date coverage starts; item (b) is replaced with: A pre-existing condition is a disease or physical condition for which medical advice or treatment was received by the covered person during the 6-month period prior to his or her effective date of coverage.

**Wisconsin** (change affects page 3) - The Non-Local Transportation benefit description is replaced with: Pays a benefit for transportation for treatment not available locally (at least 75 miles away, up to 700 miles).





## Now Is The Time...

### Don't wait for a diagnosis

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

### Budget friendly

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



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

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

This material is valid as long as information remains current, but in no event later than February 15, 2016. Group Cancer and Specified Disease benefits provided by policy GVCP2, or state variations thereof.

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

This brochure highlights some features of the policy but is not the insurance contract. For complete details, contact your Insurance Agent, or call 1-800-521-3535. This is a brief overview of the benefits available under the Group Voluntary Policy underwritten by American Heritage Life Insurance Company (Home Office, Jacksonville, FL). Details of the insurance, including exclusions, restrictions and other provisions are included in the certificates issued.

This brochure is for use in enrollments which are situated in: IL, IN, IA, KS, MO, NE, OK, SD, UT, WI, WY



**Allstate**  
**BENEFITS**

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