



**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 have been 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<sup>1</sup>*

## 20.3 million

*The number of cancer survivors in the  
U.S. is increasing, and is expected to  
jump to nearly 20.3 million by 2026<sup>2</sup>*

**Offered to the employees of:**  
**Pasco County**  
**Schools**

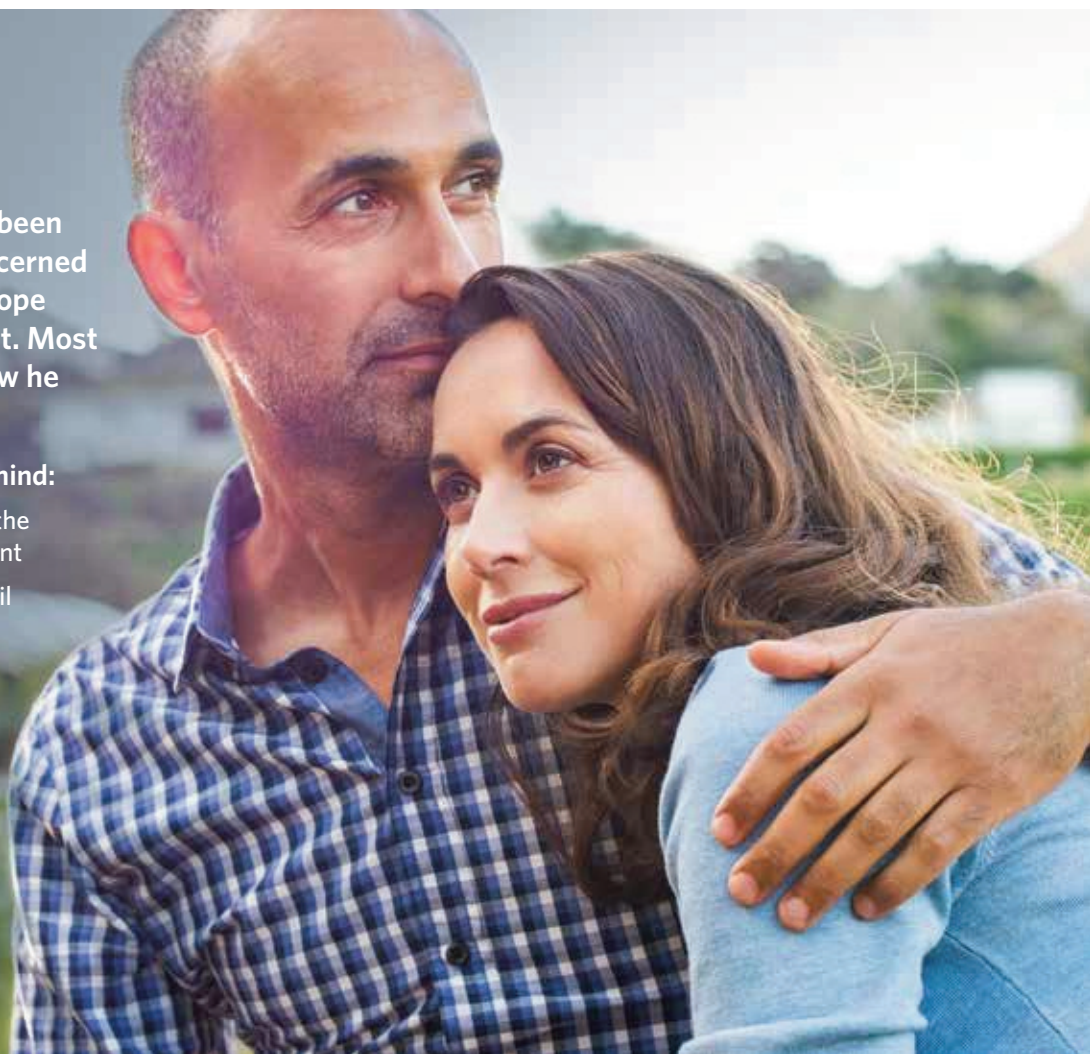
<sup>1</sup>Life After Cancer: Survivorship by the Numbers, American Cancer Society, 2017. <sup>2</sup>Cancer Treatment & Survivorship Facts & Figures, 2016-2017. \*Enrolling after your initial enrollment period requires evidence of insurability.

# Meet Tony

Tony 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

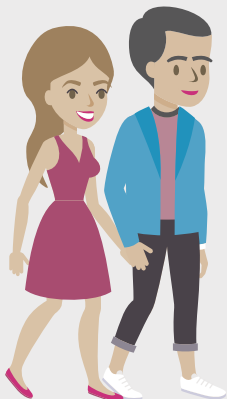


Here's how Tony's story of diagnosis and treatment turned into a happy ending, because he had supplemental Cancer Insurance to help with expenses.



## CHOOSE

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



## USE

Tony 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 Tony's treatment path:

- Tony 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
- Tony 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
- Tony is released under doctor required treatment and care during a 2-month recovery period

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



## CLAIM

Tony's Cancer claim paid him cash benefits for the following:

Cancer Screening
Cancer Initial Diagnosis
Continuous Hospital Confinement
Non-Local Transportation
Surgery
Anesthesia
Inpatient Drugs and Medicine
Physician's Attendance
Comfort/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](http://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.

## Eligibility

Coverage may include you, your spouse, and children.

**Benefits** (subject to maximums as listed on the attached rate insert)

## HOSPITAL CONFINEMENT AND RELATED BENEFITS

**Continuous Hospital Confinement** - inpatient admission and confinement, up to 70 days per continuous confinement

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

**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** - confinement must begin within 14 days of a covered hospital stay; payable up to the number of days of the previous 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 (Freestanding Hospice Care Center or Hospice Care Team)** - terminal illness care in a facility or at home; one visit per day. Must begin within 14 days of a covered hospital stay

## RADIATION/CHEMOTHERAPY

**Radiation/Chemotherapy** - covered treatments to destroy or modify cancerous tissue

**Blood, Plasma and Platelets** - transfusions, administration, processing, procurement, cross-matching

## SURGERY AND RELATED BENEFITS

**Surgery\*** - based on Certificate Schedule of Surgical Procedures. Does not pay for surgeries covered by other policy benefits

**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 Surgical Opinion** - second opinion for surgery by a doctor not in practice with your doctor

## TRANSPORTATION AND LODGING BENEFITS

**Ambulance** - transfer by a licensed service or hospital-owned ambulance to or from hospital where confined for cancer or specified disease treatment

**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 paid

## MISCELLANEOUS BENEFITS

**Inpatient Drugs and Medicine** - not including drugs/medicine covered under the Radiation/Chemotherapy benefit

**Physician's Attendance** - one inpatient visit by one physician

**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 and breast reconstructive surgery incident to mastectomies

**Comfort/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

## ADDITIONAL BENEFITS

**Cancer Initial Diagnosis** - for first-time diagnosis of cancer other than skin cancer

**Intensive Care (ICU)**

a. **ICU Confinement** - confinements up to 45 days/stay

b. **Ambulance** - licensed air or surface ambulance service to ICU

**Cancer Screening** - pays annually for each covered person, when one of the following covered screening tests is performed: 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; Hemoccult Stool Analysis; Mammography; Pap Smear; Serum Protein Electrophoresis (test for myeloma)

## 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 employee 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.

## CERTIFICATE SPECIFICATIONS

### Eligibility

Coverage may include you, your spouse, and children.

### 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; or the date you or your class is no longer eligible.

Spouse coverage ends upon divorce 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.

### 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.

## 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 physical condition for which medical advice or treatment was received by the covered person during the 6-month period prior to the effective date of coverage.

### Exclusions and Limitations

We do not pay for any loss except for losses due directly from cancer or a specified disease and any other conditions or diseases caused or aggravated by cancer or a specified disease. Treatment and services 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/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.

**Hospice Care:** 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 blood replaced by donors.

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

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 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 continuous confinements occurring during a hospitalization prior to the effective date. We do not pay for ambulance if paid under the Ambulance benefit (see Transportation and Lodging benefit section of this brochure).

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

Rev. 9/18. This material is valid as long as information remains current, but in no event later than September 15, 2021. Group Cancer benefits are provided under policy form GVCP2, or state variations thereof.

The coverage provided is limited benefit supplemental cancer and specified disease insurance. The policy is not a Medicare Supplement Policy. If eligible for Medicare, review Medicare Supplement Buyer's Guide available from Allstate Benefits. There may be instances when a law requires that benefits under this coverage be paid to a third party, rather than to you. If you or a dependent have coverage under Medicare, Medicaid, or a state variation, please refer to your health insurance documents to confirm whether assignments or liens may apply.

This is a brief overview of the benefits available under the group policy underwritten by American Heritage Life Insurance Company (Home Office, Jacksonville, FL). Details of the coverage, including exclusions and other limitations are included in the certificates issued. For additional information, you may contact your Allstate Benefits Representative.

The coverage does not constitute comprehensive health insurance coverage (often referred to as "major medical coverage") and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.



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[www.allstate.com](http://www.allstate.com) or  
[allstatebenefits.com](http://allstatebenefits.com)

# Cancer Insurance (GVCP2)

Includes coverage for 29 Specified Diseases  
from Allstate Benefits

Offered to the employees of:  
**Pasco County Schools**

## BENEFIT AMOUNTS

HOSPITAL CONFINEMENT AND RELATED BENEFITS	PLAN 1	PLAN 2
Continuous Hospital Confinement (daily)	\$200	\$300
Extended Benefits <sup>1</sup> (daily)	\$200	\$300
Government or Charity Hospital (daily)	\$200	\$300
Private Duty Nursing Services <sup>1</sup> (daily)	\$200	\$300
Extended Care Facility <sup>1</sup> (daily)	\$200	\$300
At Home Nursing <sup>1</sup> (daily)	\$200	\$300
Hospice Care Center <sup>1</sup> (daily) or Hospice Care Team <sup>1</sup> (per visit)	\$200 \$200	\$300 \$300
RADIATION/CHEMOTHERAPY	PLAN 1	PLAN 2
Radiation/Chemotherapy <sup>1</sup> (every 12 months)	\$5,000	\$10,000
Blood, Plasma, and Platelets <sup>1</sup> (every 12 months)	\$5,000	\$10,000
SURGERY AND RELATED BENEFITS	PLAN 1	PLAN 2
Surgery <sup>2</sup> 1. Inpatient 2. Outpatient	\$1,500 \$2,250	\$4,500 \$6,750
Anesthesia <sup>1</sup> (% of surgery benefit)	25%	25%
Bone Marrow or Stem Cell Transplant (once/year) 1. Autologous 2. Non-autologous (cancer or specified disease treatment) 3. Non-autologous (Leukemia)	1. \$500 2. \$1,250 3. \$2,500	1. \$1,500 2. \$3,750 3. \$7,500
Ambulatory Surgical Center <sup>1</sup> (daily)	\$250	\$750
Second Surgical Opinion <sup>1</sup>	\$200	\$600
TRANSPORTATION AND LODGING BENEFITS	PLAN 1	PLAN 2
Ambulance <sup>1</sup> (per confinement)	\$100	\$100
Non-Local Transportation (coach fare or amount shown per mile*)	\$0.40/mi	\$0.40/mi
Outpatient Lodging <sup>3</sup> (daily; limit \$2,000/12 mo. period)	\$50	\$50
Family Member Lodging <sup>3</sup> (daily per trip; max. 60 days) and Transportation (coach fare or amount shown per mile*)	\$50 \$0.40/mi	\$50 \$0.40/mi
MISCELLANEOUS BENEFITS	PLAN 1	PLAN 2
Inpatient Drugs and Medicine <sup>1</sup> (daily)	\$25	\$25
Physician's Attendance <sup>1</sup> (daily)	\$50	\$50
Physical or Speech Therapy <sup>1</sup> (daily)	\$50	\$50
New or Experimental Treatment <sup>1</sup> (every 12 months)	\$5,000	\$5,000
Prosthesis <sup>1</sup> (per amputation)	\$2,000	\$2,000
Comfort/Anti-Nausea Benefit <sup>1</sup>	\$200	\$200
Waiver of Premium (employee only)	Yes	Yes
ADDITIONAL BENEFITS	PLAN 1	PLAN 2
Cancer Initial Diagnosis (one-time benefit)	\$2,000	\$5,000
Intensive Care (ICU) ICU Confinement (daily) Ambulance	\$200 Charges	\$600 Charges
Cancer Screening	\$50	\$100

<sup>1</sup>Pays actual charges up to amount listed. <sup>2</sup>Pays actual charges up to amount listed in certificate Schedule of Surgical Procedures. Amount paid depends on surgery. <sup>3</sup>Pays actual cost up to amount listed. \*Maximum of 700 miles.

## PLAN 1 PREMIUMS

MODE	EE	F
Semi-Monthly	\$7.44	\$12.70
Monthly	\$14.87	\$25.40
20thly	\$8.92	\$15.24

## PLAN 2 PREMIUMS

MODE	EE	F
Semi-Monthly	\$15.83	\$27.28
Monthly	\$31.65	\$54.56
20thly	\$18.99	\$32.74

EE = Employee; F = Family

Issue Ages: 18 and over if Actively at Work



For use in enrollments situated in: FL

This rate insert is part of form ABJ30903X-1 and is not to be used on its own.

This material is valid as long as information remains current, but in no event later than September 15, 2021. Allstate Benefits is the marketing name used by American Heritage Life Insurance Company (Home Office, Jacksonville, FL), a subsidiary of The Allstate Corporation. ©2018 Allstate Insurance Company. www.allstate.com or allstatebenefits.com.