



American Heritage Life Insurance Company

Protection for the
treatment of cancer and
29 specified diseases

Cancer Insurance from Allstate Benefits*

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

- 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. **Practical benefits for everyday living.**®

*Allstate Benefits is the marketing name used by American Heritage Life Insurance Company, a subsidiary of The Allstate Corporation. †Life After Cancer: Survivorship by the Numbers, American Cancer Society, 2017. ‡Cancer Treatment & Survivorship Facts & Figures, 2019-2021.

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DID YOU KNOW ?



*Early detection, improved treatments
and access to care are factors that
influence cancer survival†*

22.1 million

*The number of cancer survivors in the
U.S. is increasing, and is expected to
jump to nearly 22.1 million by 2030***

For Service or Enrollment
Questions, Please Contact:

Tom Watson
with Cornerstone Benefits
(352) 369-9453

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 pages 3 and 4.

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.

Eligibility

Coverage may include you, your spouse, and children.

Benefits (subject to maximums as listed on page 4)

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; payable as long as disability lasts

ADDITIONAL BENEFITS

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

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 Charge 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.

Cancer Insurance (CP12)

Includes coverage for 23 Specified Diseases from Allstate Benefits

Offered to the employees of:
Florida Colleges

BENEFIT AMOUNTS

HOSPITAL CONFINEMENT/RELATED BENEFITS		PLAN 1	PLAN 2	PLAN 3
Continuous Hospital Confinement (daily)		\$200	\$300	\$400 ³
Government or Charity Hospital (daily)		\$200	\$300	\$400 ³
Private Duty Nursing Services (daily)		\$200	\$300	\$400 ³
Extended Care Facility (daily) [†]		\$200	\$300	\$400 ³
At Home Nursing (daily) [†]		\$200	\$300	\$400 ³
Hospice Care Center or Team	First Day	\$2,000	\$3,000	\$4,000 ³
	Days 2+	\$200	\$300	\$400 ³
RADIATION/CHEMOTHERAPY/RELATED BENEFITS		PLAN 1	PLAN 2	PLAN 3
Radiation/Chemotherapy for Cancer ¹ (every 12 months)	Up to	\$10,000	\$15,000	\$20,000 ³
	Lifetime Max	\$50,000	\$75,000	\$100,000 ³
Blood, Plasma, and Platelets ¹ (every 12 months)		\$10,000	\$15,000	\$20,000 ³
Medical Imaging (every 12 months)		\$500	\$750	\$1,000 ³
Hematological Drugs (every 12 months)		\$200	\$300	\$400 ³
SURGERY/RELATED BENEFITS		PLAN 1	PLAN 2	PLAN 3
Surgery ²		\$3,000	\$4,500	\$6,000 ³
Anesthesia (% of Surgery benefit)		25%	25%	25%
Ambulatory Surgical Center (daily)		\$500	\$750	\$1,000 ³
Second Opinion (every 12 months)		\$200	\$300	\$400 ³
Bone Marrow Transplant (every 12 months)		\$7,000	\$10,500	\$14,000 ³
Stem Cell Transplant (every 12 months)		\$7,000	\$10,500	\$14,000 ³
MISCELLANEOUS BENEFITS		PLAN 1	PLAN 2	PLAN 3
Inpatient Drugs and Medicine (daily)		\$25	\$25	\$25
Physician's Attendance (daily)		\$50	\$50	\$50
Ambulance (per confinement)	Ground	\$250	\$250	\$250
	Air	\$10,000	\$10,000	\$10,000
Non-Local Transportation		\$0.50/mi	\$0.50/mi	\$0.50/mi
Outpatient Lodging	Daily	\$100	\$100	\$100
	Yearly Max	\$2,000	\$2,000	\$2,000
Family Member Lodging (daily per trip; max. 60 days) and Transportation		\$100	\$100	\$100
Physical or Speech Therapy (daily)		\$50	\$50	\$50
New or Experimental Treatment ¹ (every 12 months)		\$5,000	\$5,000	\$5,000
Prosthesis (per amputation)		\$2,000	\$2,000	\$2,000
Hair Prosthesis (every 2 years)		\$50	\$50	\$50
Nonsurgical External Breast Prosthesis (initial prosthesis)		\$100	\$100	\$100
Anti-Nausea Drugs (every 12 months)		\$200	\$200	\$200
National Cancer Institute Evaluation/Consultation (every 12 mos.)		\$500	\$500	\$500
Egg Harvesting and Storage (one-time benefit)	Extraction	\$500	\$500	\$500
	Storage	\$175	\$175	\$175
Waiver of Premium (primary insured only)		Yes	Yes	Yes
ADDITIONAL RIDER BENEFITS		PLAN 1	PLAN 2	PLAN 3
Cancer Initial Diagnosis Level Benefit (one-time benefit)		\$3,000	\$4,000	\$5,000
Fixed Wellness Benefit		\$75	\$100	\$100

PLAN 1 SEMI-MONTHLY PREMIUMS

AGES	INDIVIDUAL	FAMILY
18-64	\$12.74	\$25.16
65-69	\$28.50	\$56.79
70-74	\$33.30	\$65.48
75-80	\$36.85	\$72.80

PLAN 2 SEMI-MONTHLY PREMIUMS

AGES	INDIVIDUAL	FAMILY
18-64	\$18.77	\$37.41
65-69	\$41.85	\$84.05
70-74	\$48.73	\$96.91
75-80	\$53.80	\$107.47

PLAN 3 SEMI-MONTHLY PREMIUMS

AGES	INDIVIDUAL	FAMILY
18-64	\$24.85	\$48.65
65-69	\$57.68	\$112.80
70-74	\$68.86	\$132.03
75-80	\$77.89	\$148.25

RATES DO NOT INCREASE WITH AGE

FOR HOME OFFICE USE ONLY - CP12

Opt 1 - 2HOSP; 2CHEM; 2SURG; 1MISC; 0ICR5; 3CLR3; 0CPR3; 0CABR3; 3WBR6; 0WBR7

Opt 2 - 3HOSP; 3CHEM; 3SURG; 1MISC; 0ICR5; 4CLR3; 0CPR3; 0CABR3; 4WBR6; 0WBR7

Opt 3 - 3HOSP; 3CHEM; 3SURG; 1MISC; 0ICR5; 5CLR3; 0CPR3; 1CABR3; 4WBR6; 0WBR7



For use in: Florida

This rate insert is part of the CP12 Brochure and is not to be used on its own.

[†]Up to number of days of previous hospital confinement.

¹Pays actual cost up to amount listed.

²Pays up to amount listed in policy Schedule of Surgical Procedures. Amount paid depends on surgery.

³Includes the CAB Rider which increases the base policy benefit.