



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.

Factors that influence cancer survival¹

- Early Detection
- Improved Treatments
- Access To Care

The number of cancer survivors in the United States is increasing, and is expected to jump to nearly 19 million by 2024²

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.

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.

THIS IS NOT A POLICY OF WORKERS' COMPENSATION INSURANCE. THE EMPLOYER DOES NOT BECOME A SUBSCRIBER TO THE WORKERS' COMPENSATION SYSTEM BY PURCHASING THIS POLICY, AND IF THE EMPLOYER IS A NON-SUBSCRIBER, THE EMPLOYER LOSES THOSE BENEFITS WHICH WOULD OTHERWISE ACCRUE UNDER THE WORKERS' COMPENSATION LAWS. THE EMPLOYER MUST COMPLY WITH THE WORKERS' COMPENSATION LAW AS IT PERTAINS TO NON-SUBSCRIBERS AND THE REQUIRED NOTIFICATIONS THAT MUST BE FILED AND POSTED.

Key Features

- Benefits are paid directly to you unless otherwise assigned
- Coverage available for you or your 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
- Additional benefits may be added to your coverage, if your employer has chosen to make them available to you

See reverse for plan details

¹www.cancer.org/research/infographicgallery/survivorship-life-after-cancer?_ga=1.252987849.1528396581.1424877086 ²Cancer Treatment & Survivorship Facts & Figures, 2014-2015

YOU DECIDE how to use the cash benefits

Our cash benefits provide you with greater coverage options because you get to determine how to use them.



Finances

Can help protect your HSAs, savings, retirement plans and 401ks from being depleted



Travel

You can use your cash benefits to help pay for expenses while receiving treatment in another city



Home

You can use your cash benefits to help pay the mortgage, continue rental payments, or perform needed home repairs for your after care



Expenses

The lump-sum cash benefit can be used to help pay your family's living expenses such as bills, electricity and gas

Benefits

Hospital Confinement and Related Benefits

Continuous Hospital Confinement	Extended Care Facility
Government or Charity Hospital	At Home Nursing
Private Duty Nursing Services	Hospice Care

Radiation/Chemotherapy and Related Benefits

Radiation/Chemotherapy for Cancer	Blood, Plasma, and Platelets
Medical Imaging	Hematological Drugs

Surgery and Related Benefits

Surgery	Second Opinion	Anesthesia
Ambulatory Surgical Center	Bone Marrow or Stem Cell Transplant	

Miscellaneous Benefits

Inpatient Drugs and Medicine	Family Member Lodging/Transportation	
Ambulance	Prosthesis	Non-Local Transportation
Outpatient Lodging	Hair Prosthesis	Physician's Attendance
Physical or Speech Therapy	New or Experimental Treatment	
Nonsurgical External Breast Prosthesis	Anti-Nausea Benefit	
Waiver of Premium*		

Optional/Additional Wellness Benefit

Biopsy for skin cancer	Chest X-ray	Bone Marrow Testing
Echocardiogram	EKG	Colonoscopy
Flexible sigmoidoscopy	Hemoccult stool analysis	
HPV Vaccination (Human Papillomavirus)	Lipid panel (total cholesterol count)	
Mammography, including Breast Ultrasound	Pap Smear, including ThinPrep Pap Test	
Stress test on bike or treadmill	Thermography	
Serum Protein Electrophoresis (test for myeloma)		
Doppler screening for carotids or peripheral vascular disease		
Ultrasound screening for abdominal aortic aneurysms		
Blood tests for triglycerides, CA15-3 (breast cancer), CA125 (ovarian cancer), CEA (colon cancer) and PSA (prostate cancer)		

Optional/Additional Benefits

Cancer Initial Diagnosis Benefit	
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*Employee only

Access Your Benefits and Claim Filings

Accessing your benefit information using **MyBenefits** has never been easier.

MyBenefits is an easy-to-use website that offers you 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.



Allstate
BENEFITS

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For use in enrollments situated in: TX

This material is valid as long as information remains current, but in no event later than June 14, 2020. Group Cancer and Specified Disease benefits are provided by policy form GVCP3, or 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 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.

Cancer Insurance (GVCP3)

Group Voluntary Cancer from Allstate Benefits
See attached Important Information About Coverage.

Offered to the employees of: **DeKalb ISD**

BENEFIT AMOUNTS

HOSPITAL AND RELATED BENEFITS

	PLAN 1
Continuous Hospital Confinement (daily)	\$200
Government or Charity Hospital (daily)	\$200
Private Duty Nursing Services (daily)	\$200
Extended Care Facility (daily)	\$200
At Home Nursing (daily)	\$200
Hospice Care Center (daily) or Hospice Care Team (per visit)	\$200

RADIATION/CHEMOTHERAPY AND RELATED BENEFITS

	PLAN 1
Radiation/Chemotherapy for Cancer ¹ (every 12 months)	\$10,000
Blood, Plasma, and Platelets ¹ (every 12 months)	\$10,000
Medical Imaging ¹	\$500
Hematological Drugs ¹	\$200

SURGERY AND RELATED BENEFITS

	PLAN 1
Surgery ²	\$3,000
Anesthesia (% of surgery)	25%
Ambulatory Surgical Center (daily)	\$500
Second Opinion	\$400
Bone Marrow or Stem Cell Transplant	
1. Autologous	\$1,000
2. Non-autologous (cancer or specified disease treatment)	\$2,500
3. Non-autologous (Leukemia)	\$5,000

MISCELLANEOUS BENEFITS

	PLAN 1
Inpatient Drugs and Medicine (daily)	\$25
Physician's Attendance (daily)	\$50
Ambulance (per confinement)	\$100
Non-Local Transportation ¹ (per trip or mile)	Coach Fare or \$0.40/Mile
Outpatient Lodging	\$50
Family Member Lodging (daily) and Transportation ¹ (per trip or mile)	\$50 Coach Fare or \$0.40/Mile
Physical or Speech Therapy (daily)	\$50
New or Experimental Treatment ³ (every 12 months)	\$5,000
Prosthesis ³	\$2,000
Hair Prosthesis (every 2 years)	\$25
Nonsurgical External Breast Prosthesis ¹	\$50
Anti-Nausea Benefit ¹	\$200
Waiver of Premium (Employee only)	Yes

ADDITIONAL BENEFITS

	PLAN 1
Cancer Initial Diagnosis (one-time benefit)	\$2,000
Wellness Benefit	\$100

For Internal Home Office use only

2Hosp; 4Rad; 2Surg; 1Misc; 2Init; 0ICU; 4Well; 0Prog

¹Pays actual cost up to amount listed. ²Pays actual charges up to amount listed in certificate Schedule of Surgical Procedures. Amount paid depends on surgery. ³Pays actual charges up to amount listed.

PREMIUMS

MODE	EE	EE + SP	EE + CH	F
Monthly	\$23.33	\$36.15	\$32.51	\$45.31

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



For use in enrollments situated in: TX. This rate insert is part of forms ABJ31043-Flyer and ABJ30590 and is not to be used on its own.

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