



BE WELL. BE SMART. BE PROTECTED.

Allstate at Work®

# cancer insurance

## including 20 Other Specified Diseases

**In addition to cancer coverage, this supplemental insurance pays you benefits for 20 other specified diseases:**

Muscular Dystrophy, Poliomyelitis, Multiple Sclerosis, Encephalitis, Rabies, Tetanus, Typhoid Fever, Bubonic Plague, Tuberculosis, Osteomyelitis, Diphtheria, Scarlet Fever, Epidemic Cerebrospinal Meningitis, Undulant Fever, Sickle Cell Anemia, Rocky Mountain Spotted Fever, Smallpox, Addison's Disease, Hansen's Disease, Tularemia.

No one likes to think about getting cancer. But it will still affect **1 in 2 men** and **1 in 3 women**.<sup>1</sup> Cancer may not be preventable, but you can protect yourself from some of the costs. Cancer and specified disease insurance can help you: Manage the high expenses of treatment; Preserve savings; Protect your family from financial hardship; Concentrate on getting well.

Cancer insurance from Allstate Workplace Division pays you benefits that can be used for non-medical cancer-related expenses that health insurance might not cover.

- The policy is guaranteed renewable for life, subject to change in premiums by class.
- Benefits paid directly to you unless assigned
- Benefits paid in addition to any other coverage
- Individual or family coverage

### Would your finances survive cancer or specified disease treatments?

<sup>1</sup> American Cancer Society, *Cancer Facts & Figures*, 2003.



**Allstate**®

Workplace Division

# Allstate Workplace Division's (AWD) CP10 Cancer/ Specified Disease Policies

| Benefits Added to Base Policy   | BASIC                             | ENHANCED   | PREMIER             |
|---|-----------------------------------|--|---------------------|
| <p><b>Wellness Benefit Rider (WBR3)</b> – AWD pays the amount shown each year for each covered person for one of the following cancer screening tests: Bone Marrow Testing; CA15-3 (blood test for breast cancer); CA125 (blood test for ovarian cancer); CEA (blood test for colon cancer); chest X-ray; colonoscopy; flexible sigmoidoscopy; hemocult stool analysis; PSA (blood test for prostate cancer); Serum Protein Electrophoresis (test for myeloma); or biopsy for skin cancer. This benefit is payable only once for each covered person each calendar year. This benefit is paid regardless of the result of the test(s).</p>  | \$75/year                         | \$100/year   | \$100/year          |
| <p><b>Cancer Initial Diagnosis Level Benefit Rider (CLR1)</b> – AWD pays a one-time benefit of the amount shown for each covered person, when a covered person is diagnosed for the first time ever as having cancer (other than skin cancer). The first diagnosis must occur after the waiting period and is payable only once for each person.</p>  | One time<br>\$2,000               | One time<br>\$4,000  | One time<br>\$5,000 |
| <b>Hospitalization-Related Benefits</b>   |                                   |  |                     |
| <p><b>Hospital Confinement</b> – AWD pays the amount shown for each day a covered person is admitted to and confined as an inpatient in a hospital up to a maximum of 70 days for each period of continuous hospital confinement (CP10B pays \$200/day and CER1 pays \$100/day per unit). After the 70th day, AWD pays \$30 for each day of continuous hospital confinement until the period of continuous hospital confinement ends.</p>   | \$200/day                         | \$300/day  | \$400/day           |
| <p><b>Government Hospital</b> – AWD pays the amount shown each day in lieu of all other benefits in the policy when confined to a hospital operated by or for the U.S. Government (including the Veteran's Administration). In the event the hospital does not impose a charge for treatment, benefits will be as provided in any other hospital.</p>   |                                   | \$100/day  |                     |
| <p><b>Inpatient Drugs and Medicine</b> – AWD pays charges made by the hospital for drugs and medicine while hospital confined up to the maximum shown for each continuous hospital confinement.</p>   |                                   | \$250/max  |                     |
| <p><b>Physician's Attendance</b> – AWD pays charges up to the amount shown each day for up to 70 days for a visit by a physician during a covered hospital confinement. Limited to one visit a day by one physician.</p>  |                                   | \$30/day   |                     |
| <p><b>Ambulance</b> – AWD pays charges up to the amount shown for each continuous hospital confinement for transportation by a licensed ambulance service or a hospital owned ambulance for transporting a covered person.</p>  |                                   | \$200/Confinement  |                     |
| <p><b>Private Duty Nursing Services</b> – AWD pays charges up to the amount shown each day for up to 70 days while hospital confined when required and authorized by the attending physician.</p>   |                                   | \$100/day  |                     |
| <b>Transportation and Lodging Benefits</b>  |                                   |  |                     |
| <p><b>Family Member Lodging and Transportation</b> – AWD pays the following benefits for one adult member of the covered person's family to be near the covered person, when a covered person is confined in a non-local hospital for specialized treatment.<br/> <b>Lodging</b> – Cost of a single room up to amount shown for each day up to 60 days for each continuous hospital confinement.<br/> <b>Transportation</b> – Cost of round trip coach fare on common carrier, or amount shown for each mile up to 700 miles personal vehicle allowance for each continuous hospital confinement. We do not pay this transportation benefit if the personal vehicle transportation benefit is paid under the Non-Local Transportation benefit, when the family member lives in the same city or town as the covered person.</p>                                       |                                   | 1. Lodging up to \$100/day<br>2. Transportation by round trip coach or \$0.40/mile personal auto |                     |
| <p><b>Non-Local Transportation</b> – AWD pays the cost of round trip coach fare by common carrier or the amount shown for each mile up to 700 miles for round trip personal vehicle transportation for treatment at a hospital (inpatient or outpatient), Radiation Therapy Center, Chemotherapy or Oncology Clinic, or any other specialized freestanding treatment center nearest to the covered person's home, provided the same or similar treatment cannot be obtained locally. "Non-local" means a round trip of more than 70 miles from the covered person's home to the nearest treatment facility. Does not cover transportation for someone to accompany or visit the person receiving treatment; or visits to physician's office/clinic for services other than actual treatment.</p>  |                                   | Transportation by round trip coach or \$0.40/mile personal auto                                  |                     |
| <p><b>Outpatient Lodging</b> – AWD pays cost, up to the amount shown, of a single room for each day a covered person is receiving radiation or chemotherapy treatment on an outpatient basis. Limited to maximum shown each 12 month period beginning with the first day of benefit under this provision. Outpatient treatment must be received at a treatment facility more than 100 miles from the covered person's home. Must be authorized by the attending physician and cannot be obtained locally.</p>   | \$100/day; Max. of \$4,000/12 mo. |  |                     |
| <b>Extended Care Benefits</b>   |                                   |  |                     |
| <p><b>Hospice Care</b> – AWD pays one of the following if a covered person has been diagnosed by a physician as terminally ill and the attending physician has approved services. Payable only if home care services or admission to a freestanding hospice care center occurs within 14 days after a period of inpatient hospital confinement. <b>Freestanding Hospice Care Center</b> – Charges up to amount shown each day for confinement in a licensed freestanding hospice care center. Benefits payable for hospice care centers that are designated areas of hospitals will be paid the same as inpatient hospital confinement; or <b>Hospice Care Team</b> – Charges up to amount shown for each visit, limited to 1 visit a day, for home care services by a hospice care team. Home care services are hospice services provided in the patient's home.</p> |                                   | \$100/day or \$100/visit   |                     |

\* Benefit amounts in blue are the same for Basic, Enhanced, and Premier plans.

| Extended Care Benefits (Cont.)  | BASIC                 | ENHANCED  | PREMIER               |
|---|-----------------------|---|-----------------------|
| <b>Extended Care Facility</b> – AWD pays charges up to the amount shown for each day a covered person is confined, at the direction of the attending physician, in an extended care facility when confinement begins within 14 days after hospital confinement. Limited to the number of days of the previous continuous hospital confinement.  |                       | \$100/day   |                       |
| <b>At Home Nursing</b> – AWD pays charges up to the amount shown each day for private nursing care and attendance by a nurse at home. Must be required and authorized by the attending physician and must begin within 14 days after confinement as an inpatient in a hospital. Limited to the number of days of the previous continuous hospital confinement.  |                       | \$100/day   |                       |
| <b>Other Cancer/ Specified Disease Treatments Benefits</b>  |                       |   |                       |
| <b>Radiation Therapy, Radio-Active Isotopes Therapy, Chemotherapy and Immunotherapy</b> – AWD pays charges up to \$10,000 each 12 month period beginning with the first day of benefit under this provision for covered treatment techniques used for the modification or destruction of cancerous tissue. CER1 increases the benefit by \$5,000 per unit each 12 month period beginning with the first day of benefit under the policy provision. CER1 pays only after the \$10,000 each 12 month limit in CP10B is reached. The 12 month period in CER1 runs concurrently with the 12 month period in CP10B. CP10B and CER1 combined pay up to the maximum shown each 12 month period.                          | \$10,000<br>12 months | \$15,000<br>12 months                               | \$20,000<br>12 months |
| <b>Blood, Plasma and Platelets</b> – AWD pays charges up to \$10,000 each 12 month period beginning with the first day of benefit under this provision for blood, plasma, platelets and transfusions (including administration charges); processing and procurement costs; and cross matching. CER1 increases the benefit by \$5,000 per unit each 12 month period beginning with the first day of benefit under the policy provision. CER1 pays only after the \$10,000 each 12 month limit in CP10B is reached. The 12 month period in CER1 runs concurrently with the 12 month period in CP10B. CP10B and CER1 combined pay up to the maximum shown each 12 month period. Donor replaced blood is not covered. | \$10,000<br>12 months | \$15,000<br>12 months                               | \$20,000<br>12 months |
| <b>New or Experimental Treatment</b> – AWD pays charges up to the maximum shown for each 12 month period beginning with the first day of treatment under this provision when the attending physician judges such treatment necessary and no other generally accepted treatment produces superior results in the opinion of the attending physician. <b>Stem cell transplants are among the many procedures covered under this benefit.</b>  |                       | \$10,000/12 months                                  |                       |
| <b>Inpatient Surgery</b> – AWD pays surgeon's fee not to exceed the amount shown in the Schedule of Operations in the policy. Two or more procedures done at the same time through one incision are considered one operation; pays the amount shown in the Schedule of Operations for the one operation with the largest benefit. <b>The Surgeon's charge for reconstructive breast surgery is among the many surgeries covered. Assistant and co-surgeons are not covered.</b> Not payable if Outpatient Surgery Benefit is paid.  |                       | Max. Varies by surgery<br>Up to \$3,000 per surgery |                       |
| <b>Outpatient Surgery</b> – AWD pays surgeon's fee not to exceed 150% of the amount shown in the Schedule of Operations in the policy. Two or more procedures done at the same time through one incision are considered one operation; pays 150% of the amount shown in the Schedule of Operations for the one operation with the largest benefit. <b>The Surgeon's charge for reconstructive breast surgery is among the many surgeries covered. Assistant and co-surgeons are not covered.</b> Not payable if Inpatient Surgery Benefit is paid.  |                       | Max. Varies by surgery<br>Up to \$4,500 per surgery |                       |
| <b>Second Surgical Opinion</b> – AWD pays charges up to the amount shown. Must be incurred after diagnosis and before surgery.  |                       | \$200   |                       |
| <b>Anesthesia</b> – AWD pays charges of an anesthetist up to the greater of 25% of the amount paid for surgery or \$100. The maximum benefit paid for skin cancer is \$100.   |                       | 25% of surgery or \$100<br>if skin cancer           |                       |
| <b>Ambulatory Surgical Center</b> – AWD pays charges up to the amount shown each day when surgery is performed at an Ambulatory Surgical Center.  |                       | \$250/day   |                       |
| <b>Physical or Speech Therapy</b> – AWD pays charges up to the amount shown each day to restore normal body function.   |                       | \$25/day  |                       |
| <b>Prosthesis</b> – AWD pays charges up to the maximum shown for each prosthetic device prescribed as a direct result of surgery for cancer or specified disease treatment and which requires surgical implantation. Limited to \$2,000 for each covered person, for each amputation.   |                       | \$2,000   |                       |
| <b>Skin Cancer</b> – AWD pays charges for removal of skin cancer up to the amount shown when a physician who is not a pathologist diagnoses it. If more than one skin cancer is removed at the same time, AWD pays the amount shown for each additional skin cancer removed. <b>Skin cancers diagnosed by a pathologist are eligible for other policy benefits.</b>   |                       | \$120/1st removal<br>\$60/each additional           |                       |
| <b>Mammography Benefit</b> – AWD pays greater of amount shown or charges for a covered person as follows: baseline mammography for women ages 35 to 39, inclusive; mammography every 2 years, or more frequently upon a physician's recommendation for women ages 40 to 49, and annual mammography for women ages 50 and over.  |                       | \$50 or charges                                     |                       |
| <b>Cervical Cancer Screening Test</b> – AWD pays greater of amount shown or charges for an annual cervical cancer screening test based upon the referral of a covered person's physician, nurse practitioner, or certified nurse midwife. This benefit is limited to one test for each covered person, each calendar year.  |                       | \$50 or charges                                     |                       |

\* Benefit amounts in blue are the same for Basic, Enhanced, and Premier plans.

## Other Cancer/ Specified Disease Treatments Benefits (Cont.)

| BASIC     | ENHANCED | PREMIER |
|-----------|----------|---------|
|           |          |         |
| Yes       |          |         |
|           |          |         |
| \$600/day |          |         |
|           |          |         |

**Waiver of Premium** – AWD pays premiums that become due after primary insured is disabled as a direct result of cancer for 90 days for as long as the primary insured remains disabled. This includes premiums for riders attached to the policy.

### Optional Benefit

**Hospital Intensive Care Rider (ICR2)** – The rider is not disease specific and pays a benefit for covered confinement for any covered illness or accident from the very first day of confinement. • AWD pays \$600/day (\$300/day at the covered person's age 70 and above) for each day of confinement in a hospital intensive care unit. Begins with the first day of admission and pays up to 45 days. For time periods less than a day (24 hours), a pro-rata share of the daily benefit is paid. • AWD pays charges for ambulance transportation to a hospital for admission to an intensive care unit for a covered confinement.

### premiums for Basic Issue Ages: 18-64

| BASE PLAN - CP10B, WBR3 (3 UNITS), CLR1 (4 UNITS) |         | BASE PLAN ADDING ICR2 (6 UNITS) \$600 A DAY |         |
|---|---------|---|---------|
| <b>Weekly</b>                                     |         |   |         |
| ind.  | \$5.10  | ind.  | \$6.49  |
| family  | \$8.57  | family                                      | \$11.34 |
| <b>Monthly</b>                                    |         |   |         |
| ind.  | \$22.10 | ind.  | \$28.09 |
| family  | \$37.14 | family                                      | \$49.13 |

### premiums for Enhanced Issue Ages: 18-64

| BASE PLAN - CP10B, WBR3 (4 UNITS), CLR1 (8 UNITS), CER1 (1 UNIT) |         | BASE PLAN ADDING ICR2 (6 UNITS) \$600 A DAY |         |
|--|---------|---|---------|
| <b>Weekly</b>  |         |   |         |
| ind.   | \$6.50  | ind.  | \$7.88  |
| family   | \$11.10 | family                                      | \$13.87 |
| <b>Monthly</b>   |         |   |         |
| ind.   | \$28.15 | ind.  | \$34.14 |
| family   | \$48.09 | family                                      | \$60.08 |

### premiums for Premier Issue Ages: 18-64

| BASE PLAN - CP10B, WBR3 (4 UNITS), CLR1 (10 UNITS), CER1 (2 UNITS) |         | BASE PLAN ADDING ICR2 (6 UNITS) \$600 A DAY |         |
|--|---------|---|---------|
| <b>Weekly</b>  |         |   |         |
| ind.   | \$8.41  | ind.  | \$9.80  |
| family   | \$14.60 | family                                      | \$17.36 |
| <b>Monthly</b>   |         |   |         |
| ind.   | \$36.44 | ind.  | \$42.43 |
| family   | \$63.23 | family                                      | \$75.22 |

### Eligibility/Termination

Family Plan coverage may include you, your spouse and dependent children as defined in the policy. Coverage for dependent children terminates on the policy anniversary next following the date the child is no longer eligible, which is either when the child marries or reaches age 21 (25 if a full-time student at an educational institution of higher learning beyond high school). Coverage for the insured's spouse ends upon valid decree of divorce.

### Waiting Period

The policy and riders contain a 30-day waiting period that begins on the effective date. No benefits are payable for any covered person who has cancer or a specified disease diagnosed before coverage has been in force 30 days from the effective date, except should a covered person have cancer or a specified disease first diagnosed after signing the application and before the end of the waiting period, benefits for treatment of that cancer or specified disease will apply only to loss commencing after 2 years from the

effective date of the policy; or, at your option, you may elect to void the policy from the beginning and receive a full refund of premium, in accordance with the Notice of 30 Day Right to Examine Policy Provision.

### Exceptions and Limitations

The policy does not pay for any loss except for losses due directly from cancer or specified disease. Diagnosis must be submitted to support each claim. The policy does not pay for any disease or incapacity that has been caused, complicated, worsened or affected by cancer or a specified disease or as a result of cancer or specified disease treatment. Treatment must be received in the United States or its territories.

### Hospice Care Team Benefit Limitation

Food services or meals other than dietary counseling, services related to well-baby care, services provided by volunteers or support for the family after the death of the covered person are not covered.

### Hospital Intensive Care Rider (ICR2)

#### Exceptions and Limitations

No benefits are paid if confinement is due to an attempted suicide or intentional self-inflicted injury; or any loss sustained or contracted in consequence of the insured's being intoxicated or under the influence of any controlled substance unless administered on the advice of a physician. Benefits are not paid under the rider for continuous hospital intensive care unit confinements that occur during hospitalization that begins before the rider date. Children born within 10 months of the rider date are not covered for any continuous hospital intensive care unit confinement benefit that occurs or begins during the first 30 days of such child's life.

### Renewability

The policy is guaranteed renewable for life, subject to change in premiums by class. All premiums may change on a class basis. A notice is mailed in advance of any change.

*This brochure is for use in California.*



**Allstate**

Workplace Division

Benefits are provided by Cancer/Specified Disease Insurance policy CP10B, or state variations thereof. Wellness Benefit Rider provided by rider WBR3, or state variations thereof. Cancer Initial Diagnosis Level Benefit Rider provided by rider CLR1, or state variations thereof. Intensive Care Rider provided by rider ICR2, or state variations thereof. Cancer/Specified Disease Enhancement Rider provided by rider CER1, or state variations thereof. This brochure highlights some features of the policy and riders but is not the insurance contract. Only the actual policy and rider provisions control. The policy and riders set forth, in detail, the rights and obligations of both the insured and the insurance company. This is a Limited Benefit Cancer and Specified Disease Policy with Optional Riders. The policy and riders are not a Medicare Supplement Policy. If eligible for Medicare, review Medicare Supplement Buyer's Guide available from Allstate Workplace Division. The policy and riders are underwritten by American Heritage Life Insurance Company.

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