

TEXAS ONLY: 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 NOTIFICATION THAT MUST BE FILED AND POSTED.

**WORKPLACE**  
solutions



In the U.S., men have slightly less than a 1 in 2 lifetime risk of developing cancer; for women, the risk is a little more than 1 in 3.<sup>1</sup>

<sup>1</sup>Cancer Facts & Figures, American Cancer Society, 2008.

CP10

## **CANCER INSURANCE**

the right coverage • your future • great choice

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**Allstate**<sup>®</sup>

Workplace Division

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## your coverage—your choice!

A sudden cancer diagnosis can disrupt your way of life. The financial and health risks that accompany such a diagnosis can be devastating. Having the right coverage to help cover expenses when you are sick, undergoing treatment, or cannot work is important. Our cancer and specified disease insurance can help your finances stay strong, so you can focus on a plan for recovery.

### **i** meeting your needs

Our cancer coverage offers you and your family 24/7 protection from cancer and specified disease. Here is a brief look at what you get:

- Coverage for Cancer and 20 other specified diseases
- Protection for you or your entire family
- Benefits that are paid directly to you or your insured family members unless assigned elsewhere
- Coverage that is guaranteed renewable for life, subject to change in premiums by class
- Premiums that do not increase with age
- A waiver of premium benefit that allows you to forego payment of your premiums after 90 days of disability due to cancer, for as long as disability lasts\*

\* applicable only to the primary insured

Your employer has made it easy to protect your family and help secure your financial future.

# EASY

on you & your savings

**Ask me how.**

### benefit coverage highlights

Cancer Insurance offers you and your family supplemental insurance protection in the event you or a covered family member is diagnosed with cancer or one of the other 20 specified diseases. It protects you and your family 24 hours a day, seven days a week, and is easily convertible.

Each pre-packaged plan doesn't just cover you; if you choose, it also covers your dependents (which can include spouse and dependent children). Our coverage can help supplement traditional medical insurance, which may only cover a small portion of the non-medical expenses that may arise with a diagnosis of cancer or a specified disease.

Non-medical expenses can add up quickly and can be costly if other options are not considered. Our Cancer coverage can help you be sure non-medical expenses won't limit your finances.

Our coverage provides you and your covered family members with:



Benefits that can help pay for treatment, hospital stays, transportation, and much more!



Affordable premiums that are easily payroll deducted from your paycheck, so there are no checks to write



Additional benefit coverage that helps pay for 20 other specified diseases

As with many situations in life, a cancer diagnosis can mean unforeseen expenses that may be difficult to pay, especially if you aren't working. Hospital stays, medical or surgical treatments, and transportation by air or ground ambulance can add up quickly and be very costly. Our Cancer Insurance helps offset some of these expenses so you can focus on getting well.

If you or your covered spouse were unable to work due to a diagnosis of cancer, or one of the 20 other diseases, how would you make ends meet? Would you have enough money tucked away to pay for the out-of-pocket expenses? Would you be able to: continue your day-to-day living with a limited income; pay your bills; make sure there is food on the table; send the kids to day care or private school; and still pay your medical bills? Think about it!



## premiums detailed

	Insured	WEEKLY		MONTHLY	
		Base Plan	Base Plan + ICR Rider*	Base Plan	Base Plan + ICR Rider*
Basic (200)	Employee Only	\$4.38	\$5.76	\$18.96	\$24.95
	Family	\$7.53	\$10.30	\$32.62	\$44.61
Enhanced (300)	Employee Only	\$6.11	\$7.49	\$26.47	\$32.46
	Family	\$10.86	\$13.62	\$47.03	\$59.02
Premier (400)	Employee Only	\$7.47	\$8.85	\$32.35	\$38.34
	Family	\$13.53	\$16.30	\$58.63	\$70.62

**Basic (200)** - Base plan = Cancer CP10B, Wellness Benefit Rider (WBR5 - 3 units) and the Cancer Initial Diagnosis Rider (CLR1 - 4 units). Base Plan + ICR Rider = Base plan benefits and riders, plus the Intensive Care Rider (ICR2 - 6 units/\$600/day).

**Enhanced (300)** - Base plan = Cancer CP10B, Wellness Benefit Rider (WBR5 - 4 units), Cancer Initial Diagnosis Rider (CLR1 - 8 units), plus the Cancer and Specified Disease Additional Benefit Rider (CABR1 - 1 unit). Base Plan + ICR Rider = Base plan benefits and riders, plus the Intensive Care Rider (ICR2 - 6 units/\$600/day).

**Premier (400)** - Base plan = Cancer CP10B, Wellness Benefit Rider (WBR5 - 4 units), Cancer Initial Diagnosis Rider (CLR1 - 10 units), plus the Cancer and Specified Disease Additional Benefit Rider (CABR1 - 2 units). Base Plan + ICR Rider = Base plan benefits and riders, plus the Intensive Care Rider (ICR2 - 6 units/\$600/day).

\*The ICR Rider is not available in Indiana



# policy benefits

The listing below describes the benefit amounts associated with each benefit described in this brochure.

BENEFIT	Basic (200)	Enhanced (300)	Premier (400)
Hospital Confinement	\$200/day	\$250/day <sup>6</sup>	\$300/day <sup>6</sup>
Extended Hospital Confinement	\$200/day*	\$300/day* <sup>6</sup>	\$400/day* <sup>6</sup>
Government or Charity Hospital	\$100/day	\$100/day	\$100/day
Inpatient Drugs and Medicine	\$10/day*	\$20/day* <sup>6</sup>	\$30/day* <sup>6</sup>
Physician's Attendance	\$30/day*	\$40/day* <sup>6</sup>	\$50/day* <sup>6</sup>
Ambulance	\$200*	\$200*	\$200*
Private Duty Nursing Services	\$100/day*	\$150/day* <sup>6</sup>	\$200/day* <sup>6</sup>
Non-Local Transportation	Coach Fare or \$0.40/mi.	Coach Fare or \$0.45/mi. <sup>6</sup>	Coach Fare or \$0.50/mi. <sup>6</sup>
Family Member Transportation	Coach Fare or \$0.40/mi.	Coach Fare or \$0.45/mi. <sup>6</sup>	Coach Fare or \$0.50/mi. <sup>6</sup>
Outpatient Lodging	\$100/day* <sup>1</sup>	\$100/day* <sup>1</sup>	\$100/day* <sup>1</sup>
Family Member Lodging	\$100/day*	\$100/day*	\$100/day*
Hospice Care (Freestanding Hospice Care Center or Hospice Care Team)	\$100/day*	\$150/day* <sup>6</sup>	\$200/day* <sup>6</sup>
Extended Care Facility	\$100/day*	\$100/day*	\$100/day*
At Home Nursing	\$100/day*	\$100/day*	\$100/day*
Radiation Therapy, Radio-Active Isotopes Therapy, Chemotherapy, and Immunotherapy	\$10,000* <sup>2</sup>	\$15,000* <sup>2,6</sup>	\$20,000* <sup>2,6</sup>
Blood, Plasma, and Platelets	\$10,000* <sup>2</sup>	\$15,000* <sup>2,6</sup>	\$20,000* <sup>2,6</sup>
New or Experimental Treatment	\$10,000* <sup>2</sup>	\$10,000* <sup>2</sup>	\$10,000* <sup>2</sup>
Inpatient Surgery	\$3,000*	\$3,000*	\$3,000*
Outpatient Surgery	\$4,500*	\$4,500*	\$4,500*
Second Surgical Opinion	\$200*	\$250* <sup>6</sup>	\$300* <sup>6</sup>
Anesthesia	25% of Surgery* <sup>3</sup>	25% of Surgery* <sup>3</sup>	25% of Surgery* <sup>3</sup>
Ambulatory Surgical Center	\$250/day*	\$375/day* <sup>6</sup>	\$500/day* <sup>6</sup>
Physical or Speech Therapy	\$25/day*	\$50/day* <sup>6</sup>	\$75/day* <sup>6</sup>
Prosthesis	\$2,000* <sup>4</sup>	\$2,000* <sup>4</sup>	\$2,000* <sup>4</sup>
Medical Apparatus (Iowa only)	\$200/day*	\$200/day*	\$200/day*
Skin Cancer	\$120*	\$120*	\$120*
Premium Waiver	Yes	Yes	Yes
BENEFIT	Basic (200)	Enhanced (300)	Premier (400)
Wellness	\$75/year	\$100/year	\$100/year
Cancer Initial Diagnosis Level Benefit	\$2,000 <sup>5</sup>	\$4,000 <sup>5</sup>	\$5,000 <sup>5</sup>
Hospital Intensive Care (Not available in Indiana)	\$600/day <sup>7</sup>	\$600/day <sup>7</sup>	\$600/day <sup>7</sup>
Cancer and Specified Disease Additional Benefits			
Medical Imaging	No	\$250/year*	\$500/year*
Comfort/Anti-Nausea	No	\$100/year*	\$200/year*
Hematological Drugs	No	\$100/year*	\$200/year*
Hair Prosthesis	No	\$25/2 years	\$50/2 years
Nonsurgical External Breast Prosthesis	No	\$50*	\$100*

\* Benefit pays for charges/costs up to amount listed

<sup>1</sup> Limit \$4,000 per 12/mo. period

<sup>2</sup> Per 12/mos

<sup>3</sup> \$100 for Skin Cancer

<sup>4</sup> Per amputation

<sup>5</sup> One time benefit

<sup>6</sup> Varies by benefit. The benefit amount shown includes the dollar amount the CAB Rider increases the base policy benefit. See benefit descriptions for details on the exact dollar amount the CAB Rider provides.

<sup>7</sup> At the covered person's age 70, benefits are reduce to \$50 per unit of coverage, per day. Also pays charges for ambulance transportation to Intensive Care Unit, unless the ambulance benefit is paid under the policy.

## policy state variations

The information below describes the state variations to the information contained within this brochure. The variations by state are fully described in the policy.

### **Iowa (changes affect page 3, 4 and 6)**

The **Inpatient Drugs and Medicine Benefit** includes: "If \$10 in daily charges are not incurred, the difference is applied to charges for drugs and medicine incurred on an outpatient basis until the amount paid equals \$10 for each day of continuous confinement." (pg. 3)

The **Medical Apparatus Benefit** has been added to the policy and pays a benefit of charges up to \$200 for each period of continuous hospital confinement for the rental of a respirator or similar mechanical apparatus, braces, crutches and wheelchairs as are deemed necessary by the attending physician. (pg. 3&4)

The **Eligibility/Termination** paragraph, item (b) is replaced with: "Coverage for dependent children terminates on the policy anniversary next following the date the child is no longer eligible, which is the earlier of when the child marries, ceases to be a resident of Iowa, or attains the age of 25, or no longer maintains full-time student status at an accredited institution of postsecondary education." (pg. 6)

### **Indiana (changes affect page 5 and 6)**

The **Eligibility/Termination** paragraph, item (b) is replaced with: "Coverage for dependent children ends on the policy anniversary next following the date the child no longer meets the requirements of an eligible dependent, or reaches age 24, or for stepchildren, grandchildren and blood relatives or those under legal custody provisions, when the child is no longer financially dependent on you for 50% or more of his/her total support." (pg. 4)

The **Intensive Care Rider (ICR2)** is Not Available. (pg. 5&6)

### **Kansas (changes affect pages 3, 4, and 6)**

**Government or Charity Hospital** includes: "If the covered person is confined at any veteran's facility and the services provided are not eligible for coverage by the government, we pay benefits as provided in the other benefits provisions." (pg. 3)

**Skin Cancer** benefit delete: "Skin cancers diagnosed by a pathologist are eligible for other policy benefits." (pg. 5)

**Cancer and Specified Disease Additional Benefit (CABR1)** Waiting period includes: "If this rider is issued after the effective date of the policy to which it is attached, or in place of an existing rider, the time periods in the previous paragraph are waived to the extent that they have already expired in the policy to which this rider is attached or in the replaced rider." (pg. 6)

### **Louisiana (changes affect page 6)**

The **Eligibility/Termination** paragraph, item (b) is replaced with: 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 accredited college or university or at a vocational, technical, vocational-technical, or trade school, institute or secondary school).

### **In the Hospital Intensive Care Rider (ICR2)**

Exceptions and Limitations paragraph, exclusion (a)(2) is replaced with: "intoxication or being under the influence of any narcotic not prescribed or recommended by a physician." Exclusion (c) is deleted. (pg. 6)

### **Texas (changes affect page 6)**

The **Eligibility/Termination** paragraph, item (b) is replaced with: "Coverage for dependent children terminates on the policy anniversary next following the date the child is no longer eligible, which is the earlier of when the child marries or reaches age 25."

### **The Hospital Intensive Care Rider (ICR2)**

**Exceptions and Limitations** paragraph, exclusion (a)(2) is replaced with: "Any loss sustained or contracted in consequence of the insured's being intoxicated or under the influence of any narcotic, unless administered on the advice of a physician." Exclusion (c) is deleted.

### **Virginia (changes affect page 6)**

The **Waiting Period** paragraph, item (b) is replaced with: "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 diagnosed after signing the application and before the end of the waiting period."

The **Exceptions and Limitations** paragraph, item (b) is deleted.

### **Wisconsin (changes affect page 3 and 6)**

The **Extended Hospital Confinement Benefits** changes to the amount shown for hospital room and board and actual charges for medicine, laboratory tests and other hospital charges for each day if continuous hospital confinement lasts more than 70 days. Paid in lieu of all other benefits. (pg. 3)

The **Waiting Period** paragraph includes: A condition admitted in the application will be covered from the effective date of the policy unless excluded by specific name or description. (pg. 6)