



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

Benefit Added to Base Policy	BASIC	ENHANCED	PREMIER
<b>Cancer Initial Diagnosis Level Benefit Rider (CLR2)</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), subject to the Pre-Existing Condition limitation.	One time \$2,000	One time \$4,000	One time \$5,000
<b>Hospitalization-Related Benefits</b>			
<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 CER2 pays \$100/day per unit).	\$200/day	\$300/day	\$400/day
<b>Extended Benefits</b> – AWD pays the hospital charges up to the amount shown for each day if continuous hospital confinement lasts more than 70 days. Paid in lieu of all other benefits.		\$200/day	
<b>Government or Charity 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) or a hospital that does not charge for the services it provides.		\$100/day	
<b>Inpatient Drugs and Medicine</b> – AWD pays in-hospital charges up to the amount shown for each day of continuous hospital confinement.		\$10/day	
<b>Physician's Attendance</b> – AWD pays charges up to the amount shown each day for a visit by a physician during a covered hospital confinement. Limited to one visit a day by one physician.		\$30/day	
<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.		\$200/Confinement	
<b>Private Duty Nursing Services</b> – AWD pays charges up to the amount shown each day while hospital confined when required and authorized by the attending physician.		\$100/day	
<b>Transportation and Lodging Benefits</b>			
<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. <b>Lodging</b> – Cost of a single room up to amount shown for each day up to 60 days for each continuous hospital confinement. <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.		1. Lodging up to \$100/day 2. Transportation by round trip coach or \$0.40/mile personal auto	
<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.		Transportation by round trip coach or \$0.40/mile personal auto	
<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.	\$100/day; Max. of \$4,000/12 mo.		
<b>Extended Care Benefits</b>			
<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.		\$100/day or \$100/visit	
<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	

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

Extended Care Benefits (Cont.)	BASIC	ENHANCED	PREMIER
<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. CER2 increases the benefit by \$5,000 per unit each 12 month period beginning with the first day of benefit under the policy provision. CER2 pays only after the \$10,000 each 12 month limit in CP10B is reached. The 12 month period in CER2 runs concurrently with the 12 month period in CP10B. CP10B and CER2 combined pay up to the maximum shown each 12 month period.	\$10,000 12 months	\$15,000 12 months	\$20,000 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. CER2 increases the benefit by \$5,000 per unit each 12 month period beginning with the first day of benefit under the policy provision. CER2 pays only after the \$10,000 each 12 month limit in CP10B is reached. The 12 month period in CER2 runs concurrently with the 12 month period in CP10B. CP10B and CER2 combined pay up to the maximum shown each 12 month period. Donor replaced blood is not covered.	\$10,000 12 months	\$15,000 12 months	\$20,000 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 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 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 not to exceed 25% of the amount paid for surgery. The maximum benefit paid for skin cancer is \$100.	25% of surgery or \$100 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 and Reconstructive Breast Surgery</b> – <i>Prosthesis</i> - AWD pays charges up to the amount shown for prosthetic devices 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. <i>Reconstructive Breast Surgery</i> – AWD pays charges up to the amount shown for reconstructive breast surgery following a mastectomy that is covered under the policy. This includes charges for all stages of one reconstructive breast reduction on the nondiseased breast to make it equal in size with the diseased breast after definitive reconstructive surgery on the diseased breast has been performed. Limited to \$1,200 for each covered person.	Prosthesis - \$2,000; Reconstructive Breast Surgery - \$1,200		
<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 \$60/each additional		
<b>Cancer Screening Benefit</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); colonoscopy; Serum Protein Electrophoresis (test for myeloma); mammography including breast ultrasound; flexible sigmoidoscopy; Pap smear including ThinPrep Pap test; chest X-ray; hemocult stool analysis; PSA (blood test for prostate cancer); 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). (CP10B pays \$50/year and WBR3 pays \$25/year per unit.)	\$75/year	\$100/year	\$100/year

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

Other Cancer/ Specified Disease Treatments Benefits	BASIC	ENHANCED	PREMIER
<b>Waiver of Premium</b> – 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.		Yes	
<b>Optional Benefit</b>			
<b>Hospital Intensive Care Rider (ICR3)</b> – 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 \$600 per trip for ambulance transportation to a hospital for admission to an intensive care unit for a covered confinement.		\$600/day	

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

BASE PLAN - CP10B, WBR3 (1 UNIT), CLR2 (4 UNITS)		BASE PLAN ADDING ICR3 (6 UNITS) \$600 A DAY	
<b>Weekly</b>		<b>Weekly</b>	
ind.	\$3.70	ind.	\$4.39
family	\$6.51	family	\$7.89
<b>Monthly</b>		<b>Monthly</b>	
ind.	\$16.00	ind.	\$19.00
family	\$28.18	family	\$34.18

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

BASE PLAN - CP10B, WBR3 (2 UNITS), CLR2 (8 UNITS), CER2 (1 UNIT)		BASE PLAN ADDING ICR3 (6 UNITS) \$600 A DAY	
<b>Weekly</b>		<b>Weekly</b>	
ind.	\$5.31	ind.	\$6.00
family	\$9.22	family	\$10.61
<b>Monthly</b>		<b>Monthly</b>	
ind.	\$23.00	ind.	\$26.00
family	\$39.94	family	\$45.94

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

BASE PLAN - CP10B, WBR3 (2 UNITS), CLR2 (10 UNITS), CER2 (2 UNITS)		BASE PLAN ADDING ICR3 (6 UNITS) \$600 A DAY	
<b>Weekly</b>		<b>Weekly</b>	
ind.	\$6.58	ind.	\$7.27
family	\$11.34	family	\$12.73
<b>Monthly</b>		<b>Monthly</b>	
ind.	\$28.50	ind.	\$31.50
family	\$49.14	family	\$55.14

**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.

**Pre-Existing Condition**

We do not pay for any loss due to a pre-existing condition as defined during the 12-month period beginning on the date that person became a covered person. A pre-existing condition is defined as a disease or physical condition for which medical advice or treatment was received by the covered person during the 12-month period prior to the effective date of the covered person's coverage.

**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 (ICR3) Exceptions and Limitations**

No benefits are paid if confinement is due to an attempted suicide or intentional self-inflicted injury; or alcoholism or drug addiction. 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.

The policy is a Limited Benefit Cancer and Specified Disease Policy with Optional Riders.

*This brochure is for use in Washington.*



Rev. 10/04 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 CLR2, or state variations thereof. Intensive Care Rider provided by rider ICR3, or state variations thereof. Cancer/Specified Disease Enhancement Rider provided by rider CER2, 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. 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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