

# Cancer Insurance

from Allstate Benefits



Benefits are paid to you

Protection for the treatment of cancer and 29 specified diseases

## 1 CHOOSE

You choose benefits to help protect yourself and family members, if diagnosed with cancer or specified disease

## 2 USE

You or a covered family member are diagnosed with cancer or a specified disease and seek medical treatment

## 3 CLAIM

You go online and file a claim. The cash benefits are paid to you, to use however you wish

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 survival<sup>1</sup>



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 2024<sup>2</sup>

### 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.

### Key Features

- Benefits are paid directly to you unless otherwise assigned
- Coverage available for you or your entire family
- Waiver of premium after 90 days of disability due to cancer for as long as your disability lasts (Primary insured 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](#)



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<sup>1</sup>[www.cancer.org/research/infographicgallery/survivorship-life-after-cancer?\\_ga=1.252987849.1528396581.1424877086](http://www.cancer.org/research/infographicgallery/survivorship-life-after-cancer?_ga=1.252987849.1528396581.1424877086)

<sup>2</sup>Cancer Treatment & Survivorship Facts & Figures, 2014-2015



## YOU DECIDE how to use the cash benefits

Our cash benefits provide you with greater coverage options by allowing you 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 and 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 (primary insured only) |                 |  |                          |

### Additional Wellness Benefit

|  |  |                     |
|--|--|---------------------|
| Biopsy for skin cancer   | Chest X-ray                            | Bone Marrow Testing |
| Echocardiogram   | EKG                                    | Colonoscopy         |
| Flexible sigmoidoscopy   | Hemoccult stool analysis               |                     |
| HPV (Human Papillomavirus) Vaccination   | 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) |  |                     |

### Additional Benefit

Cancer Initial Diagnosis Benefit

## 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.

For use in enrollments situated in: AL, AK, AR, DE, DC, GA, GU, HI, IL, IN, IA, KY, LA, MA, MI, MS, MO, NE, NV, NM, ND, OH, OK, OR, PA, PR, RI, SC, TN, UT, VI, WI, WY

This material is valid as long as information remains current, but in no event later than September 15, 2018. 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.



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## WELLNESS CLAIM FORM

If you have any questions regarding our determination of your claim, or if you would like to appeal any determination, please contact our Customer Care Center at 1-800-348-4489 8:00 A.M. to 8:00 P.M. Eastern Standard Time.

The furnishing of this form, or its acceptance by the Company as proof, must not be construed as an admission of any liability on the part of the Company, nor a waiver of any of the conditions of the insurance contract.

### POLICYHOLDER / CERTIFICATEHOLDER

|   |   |   |
|---|---|---|
| Insured's Name: _____                   | Patient: _____  | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Policy Number(s): 1) _____ 2) _____     |   |   |
| Insured's Social Security Number: _____ | Patient's Date of Birth: ____/____/____<br><small>MO/DAY/YR</small> |   |
| Home Number: (____) _____               | E-mail: _____   |   |

Filing a claim for your calendar year Wellness Benefit is easy! If you have had one of the listed preventative tests or HPV Vaccination shown below, please check the appropriate boxes and attach any documentation you may have showing the provider, patient's name, the date of the test, and exam performed. If your policy was issued in Pennsylvania or California, please send us the actual bill and the Explanation of Benefits from your Major Medical Carrier.

Thank you for selecting Allstate Workplace Division and for having your annual wellness exam!

### WELLNESS SCREENINGS

|   |   |
|---|---|
| <input type="checkbox"/> Biopsy for skin cancer                                       | <input type="checkbox"/> Flexible sigmoidoscopy   |
| <input type="checkbox"/> Blood test for triglycerides                                 | <input type="checkbox"/> Hemocult stool analysis  |
| <input type="checkbox"/> Bone Marrow Testing  | <input type="checkbox"/> HPV (Human Papillomavirus) Vaccination                                     |
| <input type="checkbox"/> CA15-3 (cancer antigen 15-3 - blood test for breast cancer)  | <input type="checkbox"/> Lipid Panel (total cholesterol count)                                      |
| <input type="checkbox"/> CA125 (cancer antigen 125 - blood test for breast cancer)    | <input type="checkbox"/> Mammography, including Breast Ultrasound                                   |
| <input type="checkbox"/> CEA (carcinoembryonic antigen - blood test for colon cancer) | <input type="checkbox"/> Pap Smear, including ThinPrep Pap Test                                     |
| <input type="checkbox"/> Chest X-ray  | <input type="checkbox"/> PSA (prostate specific antigen - blood test for prostate cancer)           |
| <input type="checkbox"/> Colonoscopy  | <input type="checkbox"/> Serum Protein Electrophoresis (test for myeloma)                           |
| <input type="checkbox"/> Doppler screening for carotids                               | <input type="checkbox"/> Stress test on bike or treadmill   |
| <input type="checkbox"/> Doppler screening for peripheral vascular disease            | <input type="checkbox"/> Thermography   |
| <input type="checkbox"/> Echocardiogram   | <input type="checkbox"/> Ultrasound screening of the abdominal aorta for abdominal aortic aneurysms |
| <input type="checkbox"/> EKG (Electrocardiogram)                                      |   |

### ASSIGNMENT OF BENEFITS FOR WELLNESS COVERAGE (n/a in New Hampshire)

I request that American Heritage Life Insurance Company send benefits to someone other than me. Please send benefits available to the name and address shown below:

|  |               |             |           |
|--|---------------|-------------|-----------|
| Name _____                                 | Address _____ |             |           |
| Provider's Tax Identification Number _____ | City _____    | State _____ | Zip _____ |
| Relationship _____                         |               |             |           |
| Signature of Policy Owner _____            |               | Date _____  |           |

You may mail or fax your claim to:

**American Heritage Life Insurance Company**  
1776 American Heritage Life Drive, Jacksonville, FL 32224  
Phone 1-800-348-4489 Fax 1-866-424-8482



**Important: To avoid delay, please sign authorization below.**

I authorize any physician, medical practitioner, hospital, clinic or other medical facility, insurance company, the Medical Information Bureau or other organization, institution or person, that has records or knowledge of me or my health to give to American Heritage Life Insurance Company (AHL), its subsidiaries or its reinsurers any information relating to my claim. A copy of this authorization is as valid as the original. This authorization applies to any dependent on whom a claim is filed. This authorization is valid for a period of 24 months from the date signed. I understand that I may revoke this authorization at any time by notifying AHL in writing of my desire to do so. I or my representative may receive a copy of this authorization by supplying policy number(s) and Insured's name in a written request to the company. (In MAINE - I understand that revocation of this authorization may be a basis for denying insurance benefits. Failure to sign an authorization statement may impair the ability of a regulated insurance agency to evaluate claims and may be a basis for denying a claim for benefits.)

Sign here: \_\_\_\_\_ Date: \_\_\_\_\_ ☐ Check here if address is new

Claimant

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone No.: (\_\_\_\_) \_\_\_\_\_

**NOTICE IN ALASKA, ARKANSAS, KENTUCKY, LOUISIANA, MAINE, NEW JERSEY, NEW MEXICO, AND VIRGINIA:** Any person who knowingly and with intent to injure, defraud or deceive an insurance company files a claim containing false, incomplete or misleading information may be prosecuted under state law.

**NOTICE IN DELAWARE, IDAHO, INDIANA, MINNESOTA, AND OKLAHOMA:** Any person who knowingly and with intent to injure, defraud or deceive an insurance company files a claim containing false, incomplete or misleading information is guilty of a felony.

**NOTICE IN ARIZONA:** For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

**NOTICE IN CALIFORNIA:** For your protection, California law requires the following to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**NOTICE IN COLORADO:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

**NOTICE IN DISTRICT OF COLUMBIA: FRAUD NOTICE:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

**NOTICE IN FLORIDA:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**NOTICE IN MARYLAND:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE IN NEW HAMPSHIRE:** Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638.20.

**NOTICE IN NEW YORK:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**NOTICE IN OHIO:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**NOTICE IN OREGON:** Any person who makes intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

**NOTICE IN PENNSYLVANIA:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**NOTICE IN PUERTO RICO:** Any person who knowingly and with the intention to defraud includes false information in an application for insurance or file, assist or abet in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousands dollars (\$5,000), not to exceed ten thousands dollars (\$10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years.

**NOTICE IN TENNESSEE AND WASHINGTON:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**NOTICE IN TEXAS:** Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**NOTICE IN WEST VIRGINIA AND RHODE ISLAND:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.