



**Allstate**  
**BENEFITS**

Protection for the  
treatment of cancer and  
23 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.

### 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 23 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.

### Meeting Your Needs

- Includes coverage for cancer and 23 specified diseases
- 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)
- Premiums do not increase due to age
- Additional rider benefits may be added to enhance your coverage, if your employer has chosen to make them available to you

With Allstate Benefits, you can protect your finances if faced with an unexpected cancer or specified disease diagnosis. **Practical benefits for everyday living.**<sup>®</sup>

## DID YOU KNOW ?



*Early detection, improved treatments and access to care are factors that influence cancer survival<sup>1</sup>*

## 22.1 million

*The number of cancer survivors in the U.S. is increasing, and is expected to jump to nearly 22.1 million by 2030<sup>2</sup>*

**Offered to the employees of:**

**ALBEMARLE  
COMMISSION**

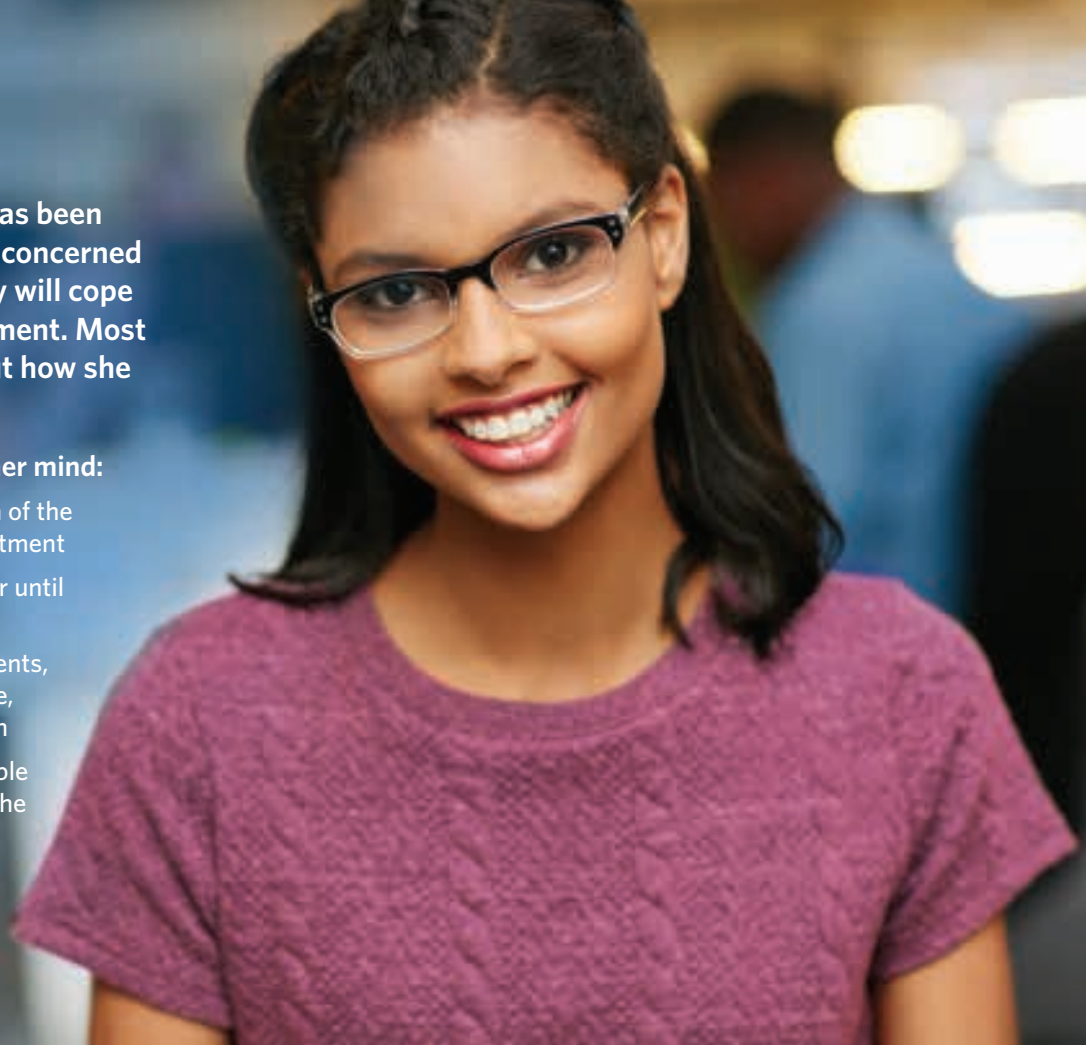
<sup>1</sup><http://tinyurl.com/jp8tuaq>. <sup>2</sup>Cancer Treatment & Survivorship Facts & Figures, 2019-2021

# Meet Jane

Jane is like anyone else who has been diagnosed with cancer. She is concerned about her family and how they will cope with her disease and its treatment. Most importantly, she worries about how she will pay for her treatment.

Here is what weighs heavily on her mind:

- Major medical only pays a portion of the expenses associated with my treatment
- I have co-pays I am responsible for until I meet my deductible
- If I am not working, due to treatments, I must cover my bills, rent/mortgage, groceries and my child's education
- If the right treatment is not available locally, I will have to travel to get the treatment I need



Here's how Jane's story of diagnosis and treatment turned into a happy ending, because she had supplemental Cancer Insurance to help with expenses.



## CHOOSE

Jane chooses benefits to help protect herself and her family members, if diagnosed with cancer or a specified disease



## USE

Jane undergoes her annual wellness test and is diagnosed for the first time with cancer.

Jane's doctor reviews the results with her and recommends pre-op testing and surgery. He provides her with the location of a hospital that specializes in her cancer. However, Jane must travel 400 miles, where she undergoes pre-op testing (medical imaging) and is admitted to the hospital for surgery.

Jane undergoes surgery, anesthesia, radiation/chemo, and is visited by a doctor during a 3-day hospital stay. And every 2 weeks she has radiation/chemotherapy at a local facility, is given anti-nausea medication, and sees her doctor during her follow-up visits.

Following each visit, Jane goes online to file her claims, is able to track each and have the benefit payments direct deposited to her bank account.



## CLAIM

Jane's Cancer claim paid her cash benefits for the following:

- Fixed Wellness
- Cancer Initial Diagnosis Level Benefit
- Cancer Initial Diagnosis Progressive Benefit
- Continuous Hospital Confinement
- Non-Local Transportation
- Surgery
- Anesthesia
- Radiation and Chemotherapy
- Medical Imaging
- Inpatient Drugs and Medicine
- Physician Attendance
- Anti-Nausea

For a listing of benefits and benefit amounts, see your company's rate insert.

## Using your cash benefits

Cash benefits provide you with options, because you decide how to use them.

### Finances



Can help protect HSAs, savings, retirement plans and 401(k)s from being depleted.

### Travel



Can help pay for expenses while receiving treatment in another city.

### Home



Can help pay the mortgage, continue rental payments, or perform needed home repairs for after care.

### Expenses



Can help pay your family's living expenses such as bills, electricity, and gas.



## MyBenefits: 24/7 Access [allstatebenefits.com/mybenefits](http://allstatebenefits.com/mybenefits)

An easy-to-use website that offers 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.

## Fixed Wellness Benefit

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

**Benefits** (subject to maximums as listed on the attached rate insert)

## HOSPITAL CONFINEMENT AND RELATED BENEFITS

**Continuous Hospital Confinement** - inpatient confinement

**Government or Charity Hospital** - confinements in lieu of other benefits, except Waiver of Premium

**Private Duty Nursing Services** - nurse cannot be employed by confining hospital

**Extended Care Facility** - within 14 days of a hospital stay, up to the number of days of the hospital stay

**At Home Nursing** - private nursing care, up to the number of days of the previous hospital stay

**Hospice Care Center or Team** - terminal illness care in a facility or at home; one visit per day

## RADIATION/CHEMOTHERAPY AND RELATED BENEFITS

**Radiation/Chemotherapy for Cancer** - covered treatments to destroy or modify cancerous tissue

**Blood, Plasma and Platelets** - transfusions, administration, processing, procurement, cross matching

**Medical Imaging** - initial diagnosis or follow-up evaluation based on covered imaging exam

**Hematological Drugs** - boosts cell lines for white/red cell counts and platelets; payable when Radiation/Chemotherapy for Cancer benefit is paid

## SURGERY AND RELATED BENEFITS

**Surgery\*** - based on Schedule of Surgical Procedures; per operation on an inpatient/outpatient basis

**Anesthesia** - 25% of Surgery benefit for anesthesia received by an anesthetist

**Ambulatory Surgical Center** - payable only if Surgery benefit is paid

**Second Opinion** - second surgery or treatment opinion by a doctor not in practice with your doctor

**Bone Marrow Transplant**

**Stem Cell Transplant**

## MISCELLANEOUS BENEFITS

**Inpatient Drugs and Medicine** - not including drugs/medicine covered under the Radiation/Chemotherapy for Cancer or Anti-Nausea benefits

**Physician's Attendance** - one inpatient visit by one physician

**Ambulance** - transfer to or from hospital by licensed service or hospital-owned ambulance

**Non-Local Transportation** - obtaining treatment not available locally

**Outpatient Lodging** - payable only if Radiation/Chemotherapy for Cancer benefit is paid; more than 100 miles from home

**Family Member Lodging and Transportation** - adult family member travels with you during non-local hospital stays for specialized treatment. Transportation not paid if Non-Local Transportation benefit paid

**Physical or Speech Therapy** - to restore normal body function

**New or Experimental Treatment** - payable if physician judges to be necessary; and only for treatment not covered under other policy benefits

**Prosthesis** - surgical implantation of prosthetic device for each amputation

**Hair Prosthesis** - wig or hairpiece every two years due to hair loss

**Nonsurgical External Breast Prosthesis** - initial prosthesis after a covered mastectomy

**Anti-Nausea Drugs** - prescribed anti-nausea medication administered on outpatient basis

**National Cancer Institute Evaluation/Consultation** - evaluation/consultation as a result of cancer

**Egg Harvesting and Storage** - harvesting of oocytes and storage of oocytes/sperm at licensed facility

**Waiver of Premium\*\*** - must be disabled 90 days in a row, due to cancer, as long as disability lasts, up to 5 years

## OPTIONAL/ADDITIONAL RIDER BENEFITS

**Cancer Initial Diagnosis Level Benefit** - for first-time diagnosis of cancer other than skin cancer

**Cancer Initial Diagnosis Progressive Benefit** - for first-time diagnosis of cancer other than skin cancer; benefit amount increases each year the rider is in force

**Fixed Wellness Benefit** - per day, once per year; see left for list of wellness services and tests

**Cancer and Specified Disease Additional Benefit** - increases the benefit paid on the following base policy benefits: Continuous Hospital Confinement; Government or Charity Hospital; Private Duty Nursing Services; Extended Care Facility; At Home Nursing; Hospice Care; Radiation/Chemotherapy for Cancer; Blood, Plasma and Platelets; Hematological Drugs; Medical Imaging; Surgery; Anesthesia; Bone Marrow Transplant; Stem Cell Transplant; Ambulatory Surgical Center and Second Opinion

\*Two or more surgeries done at the same time are considered one operation. The operation with the largest benefit will be paid. Outpatient is paid at 150% of the amount listed in the Schedule of Surgical Procedures. \*\*Premiums waived for primary insured only.

# Cancer Insurance (CP12)

Includes coverage for 23 Specified Diseases from Allstate Benefits

Offered to the employees of:  
**Albemarle Commission**

## BENEFIT AMOUNTS

HOSPITAL CONFINEMENT/RELATED BENEFITS		PLAN 1	PLAN 2
Continuous Hospital Confinement (daily)		\$200	\$300 <sup>3</sup>
Government or Charity Hospital (daily)		\$200	\$300 <sup>3</sup>
Private Duty Nursing Services (daily)		\$200	\$300 <sup>3</sup>
Extended Care Facility (daily)†		\$200	\$300 <sup>3</sup>
At Home Nursing (daily)†		\$200	\$300 <sup>3</sup>
Hospice Care Center or Team	First Day	\$2,000	\$3,000 <sup>3</sup>
	Days 2+	\$200	\$300 <sup>3</sup>
RADIATION/CHEMOTHERAPY/RELATED BENEFITS		PLAN 1	PLAN 2
Radiation/Chemotherapy for Cancer <sup>1</sup> (every 12 months)	Up to	\$10,000	\$15,000 <sup>3</sup>
	Lifetime Max	\$50,000	\$75,000 <sup>3</sup>
Blood, Plasma, and Platelets <sup>1</sup> (every 12 months)		\$10,000	\$15,000 <sup>3</sup>
Medical Imaging (every 12 months)		\$500	\$750 <sup>3</sup>
Hematological Drugs (every 12 months)		\$200	\$300 <sup>3</sup>
SURGERY/RELATED BENEFITS		PLAN 1	PLAN 2
Surgery <sup>2</sup>		\$3,000	\$4,500 <sup>3</sup>
Anesthesia (% of Surgery benefit)		25%	25% <sup>3</sup>
Ambulatory Surgical Center (daily)		\$500	\$750 <sup>3</sup>
Second Opinion (every 12 months)		\$200	\$300 <sup>3</sup>
Bone Marrow Transplant (every 12 months)		\$7,000	\$10,500 <sup>3</sup>
Stem Cell Transplant (every 12 months)		\$7,000	\$10,500 <sup>3</sup>
MISCELLANEOUS BENEFITS		PLAN 1	PLAN 2
Inpatient Drugs and Medicine (daily)		\$25	\$25
Physician's Attendance (daily)		\$50	\$50
Ambulance (per confinement)	Ground	\$250	\$250
	Air	\$10,000	\$10,000
Non-Local Transportation		\$0.50/mi	\$0.50/mi
Outpatient Lodging	Daily	\$100	\$100
	Yearly Max	\$2,000	\$2,000
Family Member Lodging (daily per trip; max. 60 days) and Transportation		\$100	\$100
Physical or Speech Therapy (daily)		\$0.50/mi	\$0.50/mi
Prosthesis (per amputation)		\$50	\$50
New or Experimental Treatment <sup>1</sup> (every 12 months)		\$5,000	\$5,000
Hair Prosthesis (every 2 years)		\$2,000	\$2,000
Nonsurgical External Breast Prosthesis (initial prosthesis)		\$50	\$50
Anti-Nausea Drugs (every 12 months)		\$100	\$100
National Cancer Institute Evaluation/Consultation (every 12 mos.)		\$200	\$200
Egg Harvesting and Storage (one-time benefit)	Extraction	\$500	\$500
	Storage	\$175	\$175
Waiver of Premium (primary insured only)		Yes	Yes
ADDITIONAL RIDER BENEFITS		PLAN 1	PLAN 2
Cancer Initial Diagnosis Level Benefit (one-time benefit)		\$2,000	\$4,000
Fixed Wellness Benefit		\$75	\$100

FOR HOME OFFICE USE ONLY - CP12

Opt 1 - 2HOSP; 2CHEM; 2SURG; 1MISC; 0ICR5; 2CLR3; 0CPR3; 0CABR3; 3WBR6; 0WBR7

Opt 2 - 2HOSP; 2CHEM; 2SURG; 1MISC; 0ICR5; 4CLR3; 0CPR3; 1CABR3; 4WBR6; 0WBR7



For use in: North Carolina

This rate insert is part of the CP12 Brochure for Albemarle Commission and is not to be used on its own.

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## PLAN 1 WEEKLY PREMIUMS

AGES	INDIVIDUAL	FAMILY
18-64	\$5.57	\$11.04
65-69	\$12.44	\$25.10
70-74	\$14.46	\$28.96
75-80	\$15.94	\$32.03

## PLAN 1 MONTHLY PREMIUMS

AGES	INDIVIDUAL	FAMILY
18-64	\$24.11	\$47.83
65-69	\$53.90	\$108.76
70-74	\$62.66	\$125.46
75-80	\$69.07	\$138.79

## PLAN 2 WEEKLY PREMIUMS

AGES	INDIVIDUAL	FAMILY
18-64	\$9.03	\$17.59
65-69	\$20.98	\$40.61
70-74	\$25.19	\$47.69
75-80	\$28.67	\$53.71

## PLAN 2 MONTHLY PREMIUMS

AGES	INDIVIDUAL	FAMILY
18-64	\$39.12	\$76.22
65-69	\$90.88	\$175.95
70-74	\$109.15	\$206.65
75-80	\$124.21	\$232.73

Issue Ages: 18-80

†Up to number of days of previous hospital confinement.

<sup>1</sup>Pays actual cost up to amount listed.

<sup>2</sup>Pays up to amount listed in policy Schedule of Surgical Procedures. Amount paid depends on surgery.

<sup>3</sup>Includes the CAB Rider which increases the base policy benefit.

# Cancer Insurance (CP12)

Includes coverage for 23 Specified Diseases from Allstate Benefits

Offered to the employees of:  
**Albemarle Commission**

## BENEFIT AMOUNTS

HOSPITAL CONFINEMENT/RELATED BENEFITS		PLAN 3
Continuous Hospital Confinement (daily)		\$400 <sup>3</sup>
Government or Charity Hospital (daily)		\$400 <sup>3</sup>
Private Duty Nursing Services (daily)		\$400 <sup>3</sup>
Extended Care Facility (daily)†		\$400 <sup>3</sup>
At Home Nursing (daily)†		\$400 <sup>3</sup>
Hospice Care Center or Team	First Day	\$4,000 <sup>3</sup>
	Days 2+	\$400 <sup>3</sup>
RADIATION/CHEMOTHERAPY/RELATED BENEFITS		PLAN 3
Radiation/Chemotherapy for Cancer <sup>1</sup> (every 12 months)	Up to	\$20,000 <sup>3</sup>
	Lifetime Max	\$100,000 <sup>3</sup>
Blood, Plasma, and Platelets <sup>1</sup> (every 12 months)		\$20,000 <sup>3</sup>
Medical Imaging (every 12 months)		\$1,000 <sup>3</sup>
Hematological Drugs (every 12 months)		\$400 <sup>3</sup>
SURGERY/RELATED BENEFITS		PLAN 3
Surgery <sup>2</sup>		\$6,000 <sup>3</sup>
Anesthesia (% of Surgery benefit)		25% <sup>3</sup>
Ambulatory Surgical Center (daily)		\$1,000 <sup>3</sup>
Second Opinion (every 12 months)		\$400 <sup>3</sup>
Bone Marrow Transplant (every 12 months)		\$14,000 <sup>3</sup>
Stem Cell Transplant (every 12 months)		\$14,000 <sup>3</sup>
MISCELLANEOUS BENEFITS		PLAN 3
Inpatient Drugs and Medicine (daily)		\$25
Physician's Attendance (daily)		\$50
Ambulance (per confinement)	Ground	\$250
	Air	\$10,000
Non-Local Transportation		\$0.50/mi
Outpatient Lodging	Daily	\$100
	Yearly Max	\$2,000
Family Member Lodging (daily per trip; max. 60 days) and Transportation		\$100
Physical or Speech Therapy (daily)		\$0.50/mi
New or Experimental Treatment <sup>1</sup> (every 12 months)		\$50
Prosthesis (per amputation)		\$5,000
Hair Prosthesis (every 2 years)		\$2,000
Nonsurgical External Breast Prosthesis (initial prosthesis)		\$50
Anti-Nausea Drugs (every 12 months)		\$100
National Cancer Institute Evaluation/Consultation (every 12 mos.)		\$200
Egg Harvesting and Storage (one-time benefit)	Extraction	\$500
	Storage	\$175
Waiver of Premium (primary insured only)		Yes
ADDITIONAL RIDER BENEFITS		PLAN 3
Cancer Initial Diagnosis Level Benefit (one-time benefit)		\$5,000
Fixed Wellness Benefit		\$100

FOR HOME OFFICE USE ONLY - CP12

Opt 1 - 3HOSP; 3CHEM; 3SURG; 1MISC; 0ICR5; 5CLR3; 0CPR3; 1CABR3; 4WBR6; 0WBR7

## PLAN 3 WEEKLY PREMIUMS

AGES	INDIVIDUAL	FAMILY
18-64	\$11.42	\$22.36
65-69	\$26.51	\$51.85
70-74	\$31.64	\$60.67
75-80	\$35.81	\$68.09

## PLAN 3 MONTHLY PREMIUMS

AGES	INDIVIDUAL	FAMILY
18-64	\$49.46	\$96.86
65-69	\$114.88	\$224.67
70-74	\$137.11	\$262.87
75-80	\$155.14	\$295.04

Issue Ages: 18-80

†Up to number of days of previous hospital confinement.

<sup>1</sup>Pays actual cost up to amount listed.

<sup>2</sup>Pays up to amount listed in policy Schedule of Surgical Procedures. Amount paid depends on surgery.

<sup>3</sup>Includes the CAB Rider which increases the base policy benefit.



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## POLICY SPECIFICATIONS

### Eligibility

Coverage may include you, your spouse or domestic partner and children under age 26.

### Termination of Coverage

(a) Policy coverage terminates at the end of the grace period or your death (except that your covered spouse or domestic partner becomes the new insured; coverage will continue until their death). The riders terminate at the end of the grace period, if the policy terminates, or on the next renewal date after you request termination. Rider coverage under either of the Cancer Initial Diagnosis Riders also terminates when a benefit is paid on all covered persons. (b) Spouse/domestic partner coverage ends upon divorce/termination of partnership. (c) Coverage for children ends when the child reaches age 26, unless he or she continues to meet the requirements of an eligible dependent.

### 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.

**23 Specified Diseases Covered** - Addison's Disease; Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease); Brucellosis; Diphtheria; Encephalitis; Hansen's Disease; Hepatitis (Chronic B or Chronic C with liver failure or hepatoma); Legionnaires' Disease (confirmation by culture or sputum); Lyme Disease; Multiple Sclerosis; Muscular Dystrophy; Myasthenia Gravis; Primary Biliary Cirrhosis; Rabies; Reye's Syndrome; Rocky Mountain Spotted Fever; Sickle Cell Anemia; Systemic Lupus Erythematosus; Tetanus; Thalassemia; Tuberculosis; Tularemia; Typhoid Fever.

## LIMITATIONS AND EXCLUSIONS

### Pre-Existing Condition Limitation

(a) Benefits are not paid for a pre-existing condition during the 12-month period beginning on the date that person's coverage starts. An unrelated cancer diagnosed after the effective date of coverage will not be considered a pre-existing condition. (b) A pre-existing condition is a disease or condition for which medical advice, diagnosis, care or treatment was received or recommended from a medical professional within the 12-month period prior to the effective date.

### Policy Exclusions and Limitations

(a) Benefits are not paid for any loss, except for losses due to cancer or a specified disease. (b) Benefits are not paid for losses caused or aggravated by cancer or a specified disease or as a result of treatment. (c) Treatment must be received in the United States or its territories.

**Hospice Care Team Limitation:** Services are not covered for food or meals, well-baby care, volunteers or support for the family after covered person's death.

**Blood, Plasma and Platelets Limitation:** Does not include blood replaced by donors, or for immunoglobulins.

For the **Radiation/Chemotherapy for Cancer; Blood, Plasma and Platelets; and New or Experimental Treatment** benefits, we pay 50% of the billed amount if the actual costs are not obtainable as proof of loss.

For the **Radiation/Chemotherapy for Cancer** benefit, we do not pay for: treatment or emergency or room charges; treatment planning, management, devices, or supplies; medications or drugs covered elsewhere in the policy; X-rays, scans, and their interpretations; or any other drug, charge or expense that does not directly modify or destroy cancerous tissues.

**Cancer and Specified Disease Additional Benefit Rider Limitation:** The Radiation/Chemotherapy for Cancer and Blood, Plasma and Platelets benefits will only be paid under this rider after the limit per coverage year in the policy has been reached.



**Allstate**  
BENEFITS

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**This material is valid as long as information remains current, but in no event later than April 13, 2024.**

Cancer and Specified Disease benefits are provided by policy form CP12, or state variations thereof. Cancer rider benefits provided by the following rider forms, or state variations thereof: Fixed Wellness Benefit Rider WBR6; Cancer Initial Diagnosis Level Benefit Rider CLR3; Cancer Initial Diagnosis Progressive Benefit Rider CPR3 and Cancer and Specified Disease Additional Benefit Rider CABR3.

**This policy and riders provide 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. Only the actual policy provisions control. For complete details, contact your Allstate Benefits Agent. Underwritten by American Heritage Life Insurance Company (Home Office, Jacksonville, FL).

**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.**