



# Cancer Insurance

Protection for the treatment of cancer and 23 specified diseases

## THINK ABOUT THIS



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



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



The five-year relative cancer survival rate has improved over the past several decades for most cancer types<sup>†</sup>

After a cancer diagnosis, your life can become a whirlwind of doctor appointments and difficult decisions. Your finances don't need to be added to your list of worries. Cancer Insurance from Allstate Benefits can help you rest a little easier.

### Here's How It Works

- Select the coverage that's right for you and your family
- If diagnosed with cancer or a specified disease, you file a claim
- A lump-sum cash benefit is direct deposited or a check is mailed and can be used however you wish

### Protecting Your Finances

You've worked hard for your savings – don't let a cancer diagnosis wipe them out.

- Protect your checking and savings
- Don't dip into your HSA or 401(k)



Practical benefits for everyday living.®

### Meeting Your Needs

- Coverage can include your dependents
- Premiums are affordable and can be conveniently payroll deducted
- Waiver of premium after 90 days when disabled due to cancer (primary insured only)
- Coverage is renewable for life; refer to your policy for details

<sup>†</sup>Life After Cancer: Survivorship by the Numbers. American Cancer Society. 2021. <sup>††</sup>Cancer Treatment & Survivorship Facts & Figures. 2019-2021.



# Meet TJ

## CHOOSE

TJ signs up for Allstate Benefits Cancer Insurance during his employer's Open Enrollment.

## USE

A few months later, TJ learns that he has prostate cancer. Here's his treatment path:



### Pre-Op Testing

TJ undergoes PSA testing at a hospital 300 miles from his home



### Surgery

He is admitted to the hospital for laparoscopic prostate cancer surgery



### Post-Surgery

After surgery, he spends several hours in the recovery waiting room



### Hospital Stay

He's transferred to his room and visited by his doctor during a 2-day hospital stay



### Recovery

Upon release, TJ frequently visits his doctor during a 2-mo. recovery period

## CLAIM

TJ files a claim on his Allstate Benefits Cancer Insurance coverage through the convenient web portal, **MyBenefits\***.

**He receives cash benefits for:**

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

### \*MyBenefits Claim Filing Portal

Offers 24/7 access to important information about your benefits. eSign, submit and check your claims (including claim history), request cash benefits to be direct deposited, make changes to personal information, and more.

Access: [allstatebenefits.com/mybenefits](https://allstatebenefits.com/mybenefits)

## Here are some of the ways TJ can use his cash benefits



### 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 home repairs for after care.



### Expenses

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

The example above details a fictional situation, your individual experience may vary.  
For a listing of benefits and benefit amounts, see pages 3, 4, and 5.

# Cancer Insurance (CP12)

Includes coverage for 23 Specified Diseases  
from Allstate Benefits

## 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) <sup>†</sup>		\$200	\$300 <sup>3</sup>
At Home Nursing (daily) <sup>†</sup>		\$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 (coach fare or amount shown per mile*)		\$100 \$0.50/mi	\$100 \$0.50/mi
Physical or Speech Therapy (daily)		\$50	\$50
New or Experimental Treatment <sup>1</sup> (every 12 months)		\$5,000	\$5,000
Prosthesis (per amputation)		\$2,000	\$2,000
Hair Prosthesis (every 2 years)		\$50	\$50
Nonsurgical External Breast Prosthesis (initial prosthesis)		\$100	\$100
Anti-Nausea Drugs (every 12 months)		\$200	\$200
National Cancer Institute Evaluation/Consultation (every 12 mos.)		\$500	\$500
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 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 BI-WEEKLY PREMIUMS

AGES	INDIVIDUAL	FAMILY
18-64	\$11.14	\$22.08
65-69	\$24.88	\$50.20
70-74	\$28.92	\$57.92
75-80	\$31.88	\$64.06

## 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 BI-WEEKLY PREMIUMS

AGES	INDIVIDUAL	FAMILY
18-64	\$18.06	\$35.18
65-69	\$41.96	\$81.22
70-74	\$50.38	\$95.38
75-80	\$57.34	\$107.42

Issue Ages: 18-80

<sup>†</sup>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.

\*Maximum of 700 miles.

# Cancer Insurance (CP12)

Includes coverage for 23 Specified Diseases  
from Allstate Benefits

## BENEFIT AMOUNTS

HOSPITAL CONFINEMENT/RELATED BENEFITS		PLAN 1
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) <sup>†</sup>		\$400 <sup>3</sup>
At Home Nursing (daily) <sup>†</sup>		\$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 1
Radiation/Chemotherapy	Up to	\$20,000 <sup>3</sup>
for Cancer <sup>1</sup> (every 12 months)	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 1
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 1
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)		\$100
and Transportation (coach fare or amount shown per mile*)		\$0.50/mi
Physical or Speech Therapy (daily)		\$50
New or Experimental Treatment <sup>1</sup> (every 12 months)		\$5,000
Prosthesis (per amputation)		\$2,000
Hair Prosthesis (every 2 years)		\$50
Nonsurgical External Breast Prosthesis (initial prosthesis)		\$100
Anti-Nausea Drugs (every 12 months)		\$200
National Cancer Institute Evaluation/Consultation (every 12 mos.)		\$500
Egg Harvesting and Storage (one-time benefit)	Extraction	\$500
	Storage	\$175
Waiver of Premium (primary insured only)		Yes
ADDITIONAL RIDER BENEFITS		PLAN 1
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 1 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 1 BI-WEEKLY PREMIUMS

AGES	INDIVIDUAL	FAMILY
18-64	\$22.84	\$44.72
65-69	\$53.02	\$103.70
70-74	\$63.28	\$121.34
75-80	\$71.62	\$136.18

Issue Ages: 18-80

<sup>†</sup>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.

\*Maximum of 700 miles.



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**Benefits** - Benefits paid for the following conditions (subject to maximums as listed on pages 3 and 4)

#### 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. 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

**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 Benefit** - 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 (Employee only)** - must be disabled 90 days in a row, due to cancer, as long as disability lasts, up to 5 years. Premiums waived for primary insured only

#### OPTIONAL/ADDITIONAL RIDER BENEFITS

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

**Fixed Wellness Benefit** - per day, once per year for 23 exams. Biopsy for skin cancer; Blood tests for triglycerides, CA15-3 (breast cancer), CA125 (ovarian cancer), CEA (colon cancer), and PSA (prostate cancer); Bone Marrow Testing; Chest X-ray; Colonoscopy; Doppler screening for carotids or peripheral vascular disease; Echocardiogram; EKG (Electrocardiogram); Flexible sigmoidoscopy; Hemocult stool analysis; HPV (Human Papillomavirus) Vaccination; Lipid panel (total

cholesterol count); Mammography, including Breast Ultrasound; Pap Smear, including ThinPrep Pap Test; Serum Protein Electrophoresis (test for myeloma); Stress test on bike or treadmill; Thermography; and Ultrasound screening of the abdominal aorta for abdominal aortic aneurysms

**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

#### SPECIFIED DISEASES

**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

## POLICY SPECIFICATIONS

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

**Termination of Coverage** - 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. Spouse/domestic partner coverage ends upon divorce/termination of partnership. 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.

## LIMITATIONS AND EXCLUSIONS

**Pre-Existing Condition Limitation** - 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. A pre-existing condition is a disease or condition for which medical advice, diagnosis, care or treatment was recommended or received from a medical professional within the 12-month period prior to the effective date.

**Policy Exclusions and Limitations** - Benefits are not paid for any loss, except for losses due to cancer or specified disease. Benefits are not paid for losses caused or aggravated by cancer or a specified disease or as a result of treatment. Treatment must be received in the United States or its territories.

### LIMITATIONS OF SPECIFIC POLICY BENEFITS

**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.

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

**Radiation/Chemotherapy for Cancer Limitation** - 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.

### LIMITATIONS OF RIDER BENEFITS

**Cancer and Specified Disease Benefits 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.

This brochure is for use in NC. This advertisement is a solicitation of insurance; contact may be made by an Allstate Benefits Agent, Agency, or Representative.

This material is valid as long as information remains current, but in no event later than July 13, 2026. Cancer and Specified Disease benefits are provided under policy form CP12 or state variations thereof. Cancer Rider benefits are provided under the following rider forms or state variations thereof: Fixed Wellness Benefit Rider WBR6; Cancer and Specified Disease Additional Benefit Rider CBR3

**The coverage provided is 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. There may be instances when a law requires that benefits under this coverage be paid to a third party, rather than to you. If you or a dependent have coverage under Medicare, Medicaid, or a state variation, please refer to your health insurance documents to confirm whether assignments or liens may apply.

This information highlights some features of the policy but is not the insurance contract. Only the actual policy provisions control. For additional information, you may contact your Allstate Benefits Representative. 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.**



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