



BE WELL. BE SMART. BE PROTECTED.

# cancer insurance

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 insurance can help you: Manage the high expenses of treatment; Preserve savings; Protect your family from financial hardship; Concentrate on getting well.

Our cancer insurance 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 treatments?

1. *Cancer Facts & Figures*, American Cancer Society, 2005.



**Allstate**

# Allstate CBP1D Cancer Policy Benefits

Benefits	BASIC	ENHANCED	PREMIER
<b>First Occurrence</b> – We pay the amount shown when a covered person is diagnosed for the first time as having cancer, other than skin cancer. Payable only once for each covered person.	\$1,000	\$1,500	\$2,000
<b>Benefits Added to Base Policy</b>			
<b>Cancer Hospitalization Progressive Benefit Rider (IFR1)</b> – 1) On the first five rider anniversaries, the benefit amount payable under the Continuous Hospital Confinement Benefit, for days 1-70, will increase by the amount shown. 2) After the fifth rider anniversary, the benefit amount payable under the Continuous Hospital Confinement Benefit, for days 1-70, will equal the amount shown.	1. \$15/day 2. \$325/day	1. \$20/day 2. \$400/day	1. \$25/day 2. \$475/day
<b>Wellness Benefit Rider (WBR3)</b> – We pay the amount shown each calendar 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); chest X-ray; colonoscopy; flexible sigmoidoscopy; hemocult stool analysis; mammography, including breast ultrasound; Pap Smear, including ThinPrep Pap Test; PSA (blood test for prostate cancer); Serum Protein Electrophoresis (test for myeloma); and 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).	\$50/year	\$75/year	\$100/year
<b>Hospitalization-Related Benefits</b>			
<b>Continuous Hospital Confinement</b> – (1) We pay the amount shown for each day of continuous hospital confinement for cancer treatment up to 70 days. (2) We pay the amount shown for the 71st through 90th day of continuous hospital confinement for cancer treatment. (3) After 90th day, we pay the amount shown until the end of the continuous hospital confinement (in lieu of benefits that would otherwise be payable, except the waiver of premium benefit).	1. \$250/day 2. \$350/day 3. \$550/day	1. \$300/day 2. \$400/day 3. \$600/day	1. \$350/day 2. \$450/day 3. \$650/day
<b>Drugs and Diagnostic Testing</b> – We pay the amount shown each day for drugs, medicine and diagnostic testing related to cancer treatment for each day a covered person is an inpatient receiving cancer treatment. (Does not pay for drugs covered under the radiation/chemotherapy benefit.)	\$40/day		
<b>Attending Doctor or Surgeon</b> – We pay the amount shown each visit for the services of an attending doctor or surgeon while a covered person is an inpatient receiving cancer treatment. (Limit of one visit by one doctor or surgeon each day.)	\$30/day	\$35/day	\$40/day
<b>Private Nursing</b> – While a covered person is an inpatient receiving cancer treatment, we pay the amount shown each day if the covered person requires the full-time services of a private nurse for at least 8 hours during a 24-hour period. Must be required and authorized by a doctor for cancer treatment and must be provided by a nurse not related to the covered person.	\$125/day		
<b>Transportation and Lodging Benefits</b>			
<b>Ambulance</b> – We pay amount shown for each continuous hospital confinement for transportation of the covered person by a licensed air or surface ambulance service to or from a hospital in which the covered person is confined for treatment.	\$200/confinement		
<b>Patient Transportation</b> – We pay the amount shown each way for a covered person’s travel on the following common carriers: bus; or train; or scheduled air carrier or the amount shown each mile for travel by car (up to 1,000 miles each way) if a covered person must travel more than 100 miles one way from home to receive covered cancer treatments or to receive consultation (once each calendar year) about his or her cancer at a Comprehensive or Clinical/Cancer Center (as defined by the National Cancer Institute).	\$200/comm. carrier or \$0.20/mile	\$200/comm. carrier or \$0.25/mile	\$200/comm. carrier or \$0.30/mile
<b>Family Member Transportation</b> – If a covered person is an inpatient in a hospital more than 100 miles from home for covered cancer treatment prescribed by a doctor not available within 100 miles from home, we pay the amount shown each way for a family member to accompany on the following common carriers: bus; or train; or scheduled air carrier or the amount shown each mile for travel by car (up to 1,000 miles each way) for a family member to accompany the covered person. This benefit is limited to two one-way trips for each period of continuous hospital confinement. This benefit will not be paid if a mileage benefit is paid for the covered person and the family member lives in the same city as the covered person.	\$200/comm. carrier or \$0.20/mile	\$200/comm. carrier or \$0.25/mile	\$200/comm. carrier or \$0.30/mile
<b>Family Member Lodging</b> – If a covered person is hospitalized as an inpatient more than 100 miles from home for covered cancer treatment not available within 100 miles of home, we will pay the amount shown each day for lodging of a family member who accompanies the covered person for up to 60 days for each continuous hospital confinement.	\$40/day	\$50/day	\$60/day

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

Extended Care Benefits	BASIC	ENHANCED	PREMIER
<b>Skilled Nursing Facility</b> – If confined due to cancer within 14 days of a covered hospital confinement for cancer treatment to a skilled nursing facility, we pay the amount shown each day for up to a number of days equal to the days of the immediately preceding covered hospitalization.	\$100/day	\$125/day	\$150/day
<b>Hospice Care</b> – When a covered person is diagnosed with cancer; and determined by a doctor to be terminally ill as a result of cancer; and no longer receiving cancer treatment; and expected to live six months or less, we pay the amount shown each day for each of the first 60 days of hospice services at home, in a hospital on an outpatient basis or visits or confinement to a hospice facility. ■ On the 61st day and thereafter, we pay the amount shown for every day the covered person receives hospice services. ■ This benefit is payable in lieu of benefits that would otherwise be payable, except the home care recovery benefit and the waiver of premium benefit.	\$75/day	\$100/day	\$125/day
<b>Home Care Recovery</b> – After discharge from a covered hospital confinement, we pay the amount shown each day to assist with home care recovery costs for up to a total number of days equal to the days spent in the hospital receiving cancer treatment.	\$25/day	\$50/day	\$75/day
	\$15/day	\$20/day	\$25/day
Other Cancer Treatments Benefits			
<b>Bone Marrow Transplants</b> – We pay the amount shown for bone marrow transplant benefits for the following: 1) transplant for cancer treatment other than a non-autologous (donor to patient) transplant; 2) non-autologous (donor to patient) transplant for cancer treatment, other than leukemia; 3) non-autologous bone marrow transplant for cancer treatment for leukemia. Each benefit is payable only once for each covered person.	1. \$500 2. \$1,250 3. \$2,500	1. \$1,000 2. \$2,500 3. \$5,000	1. \$2,000 2. \$5,000 3. \$10,000
<b>Surgical Procedure</b> – We pay up to the amount shown and subject to a maximum that varies by procedure: 1) for the purpose of treating a diagnosed cancer; 2) for the purpose of diagnosing cancer and that surgery results in a diagnosis of cancer. Two or more procedures performed at the same time through one entry point are considered one surgery. We will pay the amount specified for the procedure with the greatest benefit. This benefit does not pay for surgeries covered by other benefits in the policy.	\$6,000/max Varies by surgery	\$7,500/max Varies by surgery	\$9,000/max Varies by surgery
<b>Anesthesia</b> – We pay 25% of the amount paid for the surgical procedure for which the anesthesia is received.	25% of surgery		
<b>Second Surgical Opinion</b> – We pay the amount shown for an independent second opinion in conjunction with a surgery for cancer treatment (other than skin cancer). This second opinion must be rendered prior to surgery being performed and obtained from a doctor not in practice with or otherwise affiliated with the doctor giving the original recommendation.	\$200	\$225	\$250
<b>Ambulatory Surgical Center</b> – We pay the amount shown each day for a covered surgical procedure performed in an ambulatory surgical center.	\$250/day	\$300/day	\$350/day
<b>Prosthesis</b> – Payment of this benefit is subject to the limitations set forth in the <b>Reconstructive Breast Surgery Benefit</b> 1) <b>Surgically Implanted:</b> We will pay the amount shown for a surgically implanted prosthesis, prescribed for a covered person by a physician as a direct result of cancer surgery or cancer treatment. 2) <b>Non Surgically Implanted:</b> We will pay the amount shown for prosthetic devices that are prescribed for a covered person by a physician as a direct result of cancer treatment which are not surgically implanted.	1. \$1,000 2. \$100	1. \$2,000 2. \$300	1. \$3,000 2. \$500
<b>Reconstructive Breast Surgery</b> – If reconstructive breast surgery is performed on a covered person due to a previous operation covered under the Surgical Procedure Benefit, we will pay the amount shown for reconstruction. If events occur that qualify for this benefit and for the Prosthesis Benefit, benefits will only be paid for the procedure that will provide you with the greatest benefit. This benefit is only payable once per diagnosis.	\$1,500	\$1,875	\$2,250
<b>Radiation and Chemotherapy</b> – We pay the amount shown each day, for radiation therapy or chemotherapy treatments received by a covered person as part of cancer treatment. This benefit is only payable for days that radiation therapy or chemotherapy treatment is actually received for cancer treatment.	\$200/day	\$250/day	\$300/day
<b>Comfort and Anti-nausea Medicine</b> – We pay the amount shown each year for prescribed anti-nausea medication in conjunction with cancer treatment received as an outpatient. Not payable for medication dispensed while the covered person is an inpatient.	\$200/year		
<b>Blood, Plasma and Platelets</b> – We pay the amount shown each day for blood, plasma and platelets received by a covered person in conjunction with cancer treatment. We do not pay for charges incurred for the procurement or processing of blood, plasma or platelets.	\$100/day	\$125/day	\$150/day
<b>Waiver of Premium</b> – If the covered person becomes disabled due to cancer first diagnosed after the waiting period and remains disabled for 90 consecutive days, we pay the premium that becomes due for the policy and any attached optional benefits after 90 days, for as long as the covered person remains disabled.	Yes		
Optional Rider Benefit			
<b>Intensive Care Rider (ICR2)</b> – 1. If a covered person is confined in an Intensive Care Unit for any covered accident or sickness, we pay the amount shown each day for up to 45 days of continuous confinement. For time periods less than a day (24 hours), a pro-rata share of the daily benefit is paid. After the covered person is age 70, this benefit reduces by 50%. This benefit pays in addition to any hospital confinement benefit that may be paid for cancer treatment. 2. This ICU benefit also pays the actual cost of transportation by ambulance in conjunction with an ICU hospital confinement, if such ambulance service is not separately covered in the policy.	1. \$200/day	1. \$600/day	1. \$800/day
	2. Charges		

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

Issue Ages	21-49		50-59		60-64	
	Ind.	Family	Ind.	Family	Ind.	Family
BASIC - BASE PLAN - CBP1D - BENEFIT LEVEL OPTION A plus WBR3 (2 UNITS) and IFR1						
Monthly	\$17.30	\$30.01	\$25.58	\$43.77	\$32.58	\$58.16
Annual	\$190.46	\$330.37	\$281.54	\$481.73	\$358.54	\$640.02
BASIC - BASE PLAN ADDING ICR2 (2 UNITS) \$200/DAY						
Monthly	\$19.30	\$34.01	\$27.58	\$47.77	\$34.58	\$62.16
Annual	\$212.66	\$374.77	\$303.74	\$526.13	\$380.74	\$684.42
ENHANCED - BASE PLAN - CBP1D - BENEFIT LEVEL OPTION I plus WBR3 (3 UNITS) and IFR1						
Monthly	\$21.01	\$36.41	\$30.92	\$53.79	\$40.14	\$70.97
Annual	\$231.35	\$400.90	\$340.36	\$592.08	\$441.78	\$781.06
ENHANCED - BASE PLAN ADDING ICR2 (6 UNITS) \$600/DAY						
Monthly	\$27.00	\$48.40	\$36.91	\$65.78	\$46.13	\$82.96
Annual	\$297.95	\$534.10	\$406.96	\$725.28	\$508.38	\$914.26
PREMIER - BASE PLAN - CBP1D - BENEFIT LEVEL OPTION II plus WBR3 (4 UNITS) and IFR1						
Monthly	\$24.64	\$42.77	\$36.58	\$64.09	\$47.66	\$85.10
Annual	\$271.36	\$470.99	\$402.70	\$705.51	\$524.58	\$936.62
PREMIER - BASE PLAN ADDING ICR2 (8 UNITS) \$800/DAY						
Monthly	\$32.63	\$58.75	\$44.57	\$80.07	\$55.65	\$101.08
Annual	\$360.16	\$648.59	\$491.50	\$883.11	\$613.38	\$1,114.22

**Issue Ages: 21-64**

**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 following the date on which the child is no longer eligible, which is the earlier of 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.

**Waiting Period** - The policy and riders contain a 30-day waiting period that begins on the effective date. No benefits are payable for any covered person who has cancer diagnosed before coverage has been in force for 30 days, except as provided below. If a covered person has cancer first diagnosed before coverage has been in force for 30 days, benefits for treatment of that cancer will apply only to loss commencing after two years from the effective policy date; or, at your option, you may elect to void your policy and receive a full refund of premium, in accordance with the Notice of 30 Day Right to Examine Policy Provision.

**Exceptions and Limitations** - Treatment must be received in the US or its territories. No benefits are payable for cancer treatment except those expressly stated in the Explanation of Benefits. The policy and Cancer Hospitalization Progressive Benefit Rider do not pay for: any sickness except cancer (diagnosis must be submitted to support each claim); or any disease or incapacity that has been caused, complicated, worsened or affected by cancer or as a result of cancer treatment, unless coverage is specifically covered for that disease or incapacity in Explanation of Benefits.

**Intensive Care Rider (ICR2) Exceptions and Limitations** - No benefits are paid if confinement is due to an attempted suicide or intentional self-inflicted injury; or intoxication or being under the influence of drugs not prescribed by a doctor; or alcoholism or drug addiction. Benefits are not paid under this benefit for continuous hospital intensive care unit confinements that occur during hospitalization that begins before the effective date of this benefit. Children born within 10 months of the effective date of this benefit are not covered for any continuous hospital intensive care unit confinement that occurs or begins during the first 30 days of the child's life.

**Renewability** - The policy is guaranteed renewable for life, subject to change in premiums by class. A notice will be mailed in advance of any change.

**The policy is a Limited Benefit Cancer Policy with Riders.**



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*This brochure is for use in Kentucky.*

**Rev. 5/06.** Benefits are provided by the Heritage Provider Cancer Insurance policy CBP1D, or state variations thereof. Intensive Care Rider provided by rider ICR2, or state variations thereof. Cancer Hospitalization Progressive Benefit Rider provided by rider IFR1, or state variations thereof. Wellness Benefit Rider provided by rider WBR3, 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 us. The policy and riders are underwritten by American Heritage Life Insurance Company.

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**Community Support - AWD Gives Back** - Allstate Workplace Division (AWD) is a proud supporter of the Cancer Treatment Research Foundation (CTRF), a national not-for-profit organization committed to defeating cancer through the relentless pursuit of the most innovative patient-driven clinical research that delivers immediate treatment options and a genuine hope for a cure. ■ AWD shares CTRF's conviction that all cancer patients need and deserve the best possible treatment available. For this reason, Allstate Workplace Division, a premier provider of cancer insurance since 1969, is a CTRF sustaining Corporate contributor helping to fund diagnostic research projects sponsored by the Cancer Treatment Research Foundation. www.ctrf.org/allstategifts.cfm