



In the United States, about 1,529,560 new cancer cases were expected to be diagnosed in 2010.¹

¹ *Cancer Facts & Figures*, American Cancer Society, 2010.

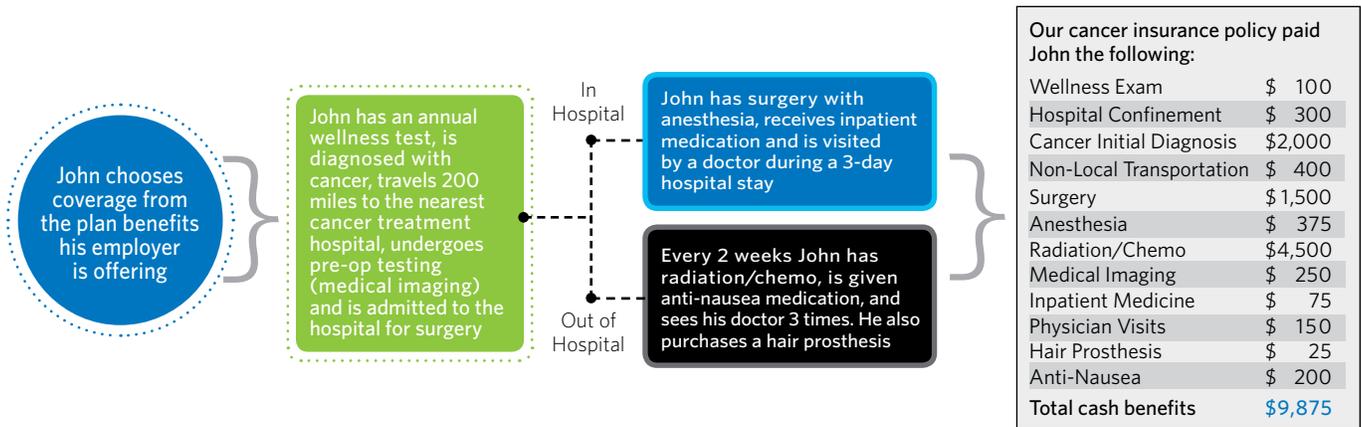


cancer

Allstate Benefits (AB) group voluntary cancer coverage provides cash benefits for cancer and 29 specified diseases, and can help cover the costs of specific cancer and specified disease treatments and expenses as they happen.

Being diagnosed with cancer or a specified disease can be difficult on anyone both emotionally and financially. Having the right coverage to help when sickness occurs or when undergoing treatments for cancer is important. Our cancer coverage can help provide added financial security when it is needed most.

Cancer coverage can help offer peace of mind when a diagnosis of cancer or a specified disease occurs. Below is an example of how benefits might be paid.*



i meeting your needs

Our cancer coverage can help offer you and your family financial support.

- Benefits paid directly to you unless otherwise assigned
- Coverage for you or your entire family
- No evidence of insurability required at initial enrollment
- Waiver of premium after 90 days of disability due to cancer for as long as your disability lasts**
- Includes coverage for 29 other specified diseases
- Portable

👍 benefit coverage highlights

Cancer and specified disease benefits can help cover the costs of specific treatments and expenses as they happen. Terms and conditions for each benefit will vary.

Specified Diseases - Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease), Muscular Dystrophy, Poliomyelitis, Multiple Sclerosis, Encephalitis, Rabies, Tetanus, Tuberculosis, Osteomyelitis, Diphtheria, Scarlet Fever, Cerebrospinal Meningitis (bacterial), Brucellosis, Sickle Cell Anemia, Thalassemia, Rocky Mountain Spotted Fever, Legionnaire's Disease (confirmation by culture or sputum), Addison's Disease, Hansen's Disease, Tularemia, Hepatitis (Chronic B or Chronic C with liver failure or Hepatoma), Typhoid Fever, Myasthenia Gravis, Reye's Syndrome, Primary Sclerosing Cholangitis (Walter Payton's Liver Disease), Lyme Disease, Systemic Lupus Erythematosus, Cystic Fibrosis, and Primary Biliary Cirrhosis.

HOSPITAL AND RELATED BENEFITS

Continuous Hospital Confinement - Pays for each day of continuous hospital confinement.

Government or Charity Hospital - Pays for inpatient confinement to a U.S. government hospital or a hospital that does not charge for its services. In lieu of all other benefits.

Private Duty Nursing Services - Pays daily when receiving physician-authorized inpatient private nursing services.

*The example shown may vary from the plan your employer is offering. Your individual experience may also vary. Please see pages 2a and/or 2b for your plan details.

**Primary insured only.



In the U.S., men have slightly less than a 1 in 2 lifetime risk of developing cancer, for women, the risk is a little more than 1 in 3.²

² Cancer Facts & Figures, American Cancer Society, 2010.

Extended Care Facility - Pays daily for physician-authorized inpatient treatment of cancer or specified disease (within 14 days of a hospital stay).

At Home Nursing - Pays daily for physician-authorized private nursing care (limited to the number of days of the previous continuous hospital confinement).

Hospice Care - Pays when a physician determines terminal illness* requires hospice care at home (limited to 1 visit per day) or in a freestanding hospice care center.

RADIATION, CHEMOTHERAPY AND RELATED BENEFITS

Radiation/Chemotherapy for Cancer - Pays 12 months for covered treatment to destroy or modify cancerous tissue.

Blood, Plasma, and Platelets - Pays for blood, plasma, and platelets. Includes charges for transfusions, administration, processing, procurement and cross-matching.

Medical Imaging - Pays for an initial diagnosis or follow-up evaluation (1 payment each year).

Hematological Drugs - Pays for drugs to boost cell lines when Radiation, Chemotherapy and Immunotherapy benefit is paid.

SURGERY AND RELATED BENEFITS

Surgery** - Pays actual charges for an inpatient or outpatient operation listed in the Schedule of Surgical Procedures.

Anesthesia - Pays 25% of the surgery benefit for an anesthesiologist.

Ambulatory Surgical Center - Pays for surgery at an ambulatory surgical center.

Second Opinion - Pays for a second surgical opinion.

Bone Marrow or Stem Cell Transplant - Pays for transplants other than non-autologous, non-autologous for the treatment of cancer or specified disease (other than Leukemia), or non-autologous for the treatment of Leukemia.

MISCELLANEOUS BENEFITS

Inpatient Drugs and Medicine - Pays daily for inpatient drugs and medicine (not paid if covered under the Radiation/Chemotherapy for Cancer benefit or Anti-Nausea Benefit).

Physician's Attendance - Pays daily for one inpatient visit.

Ambulance - Pays for transfer by ambulance service to or from a hospital when continuously hospital confined.

Non-Local Transportation - Pays transportation for (inpatient/outpatient) treatment not available locally (limit 700 miles).

Outpatient Lodging - Pays daily for radiation or chemotherapy on an outpatient basis non-locally (more than 100 miles from home).

Family Member Lodging and Transportation - Pays daily for one adult family member to accompany you to receive treatment at a non-local hospital (more than 100 miles from family member's home).

Physical or Speech Therapy - Pays daily for physical or speech therapy to restore normal body function.

New or Experimental Treatment - Pays each 12-month period for physician-approved new or experimental treatments (not paid if covered under benefits listed in the Schedule of Benefits).

Prosthesis - Pays actual charges for a prosthetic device that requires surgical implanting.

Hair Prosthesis - Pays every 2 years for a wig or hairpiece when hair loss is experienced.

Nonsurgical External Breast Prosthesis - Pays for the initial nonsurgical breast prosthesis after a covered mastectomy or partial mastectomy.

Anti-Nausea Benefit - Pays for prescribed anti-nausea medication administered on an outpatient basis.

Waiver of Premium (primary insured only) - Pays premiums after 90 days in a row of disability due to cancer, for as long as disability lasts.

*As a result of cancer or specified disease

**Two or more surgical procedures done at the same time, through one incision, 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.

ADDITIONAL BENEFITS

Cancer Initial Diagnosis - Pays a one-time benefit if diagnosed for the first time with cancer (except skin cancer).

Wellness - Pays each calendar year for one of the following tests: 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; Doppler screening for peripheral vascular disease; Echocardiogram; EKG; Flexible sigmoidoscopy; Hemocult stool analysis; HPV Vaccination; Lipid panel (total cholesterol count); Mammography, including Breast Ultrasound; Pap Smear, including ThinPrep Pap; Serum Protein Electrophoresis (test for myeloma); Stress test on bike or treadmill; Thermography; and Ultrasound screening for abdominal aortic aneurysms.

Intensive Care - Pays daily for intensive care unit confinement (limited to 45 days) and air or surface ambulance.

CERTIFICATE SPECIFICATIONS

Eligibility - (a) Coverage may include you, your spouse or domestic partner and children. Children must be named on the enrollment or evidence of insurability form. (b) Coverage for children terminates following the date the child reaches age 26, or does not meet the requirements of an eligible dependent.

Termination of Coverage - (a) Coverage under the policy ends on the date the policy is canceled; the last day premium payments were made; the last day of active employment, except as provided under the "Temporary Layoff, Leave of Absence or Family and Medical Leave of Absence" provision; the date you or your class is no longer eligible. (b) Spouse coverage ends upon valid decree of divorce or your death. (c) Domestic partner's coverage ends when the domestic partnership ends or your death.

Portability Privilege - Coverage may be continued under the Portability Provision when coverage under the policy ends.

LIMITS, EXCLUSIONS AND EXCEPTIONS

Pre-Existing Condition - (a) AB does not pay benefits due to, or caused by, a pre-existing condition, as defined, during the 12-month period beginning on the date that person became a covered person. (b) A pre-existing condition is a disease or physical condition for which symptoms existed within the 12-month period prior to

the effective date (c) or medical advice or treatment was recommended or received from a medical professional within the 12-month period prior to the effective date of coverage. (d) A pre-existing condition can exist even though a diagnosis has not yet been made.

Exclusions and Limitations - (a) AB does not pay for any loss, except for losses due to cancer or a specified disease. (b) Benefits are not paid for conditions caused or aggravated by cancer or a specified disease. Diagnosis must be submitted to support each claim.

For the Surgery, New or Experimental Treatment and Prosthesis Benefits, AB pays 50% of the applicable maximum when specific charges are not obtainable as proof of loss. Treatment must be received in the United States or its territories.

Intensive Care - (a) Benefits are not paid if confinement is due to: (1) an attempted suicide or intentional self-inflicted injury; (2) intoxication or being under the influence of drugs not prescribed by a physician; or (3) alcoholism or drug addiction. (b) Benefits are not paid for confinements to a care unit that does not qualify as a hospital intensive care unit. (c) Benefits are not paid for step-down confinements if admitted and confined in the following units: telemetry or surgical recovery rooms; post-anesthesia care units, progressive care units; intermediate care units; private monitored rooms; observation units located in emergency rooms or outpatient surgery units; beds, wards, or private or semi-private rooms with or without telemetry monitoring equipment; and emergency room; labor or delivery rooms; or other facilities that do not meet the standards for a step-down hospital intensive care unit. (d) Benefits are not paid for continuous intensive care confinements occurring during a hospitalization prior to the effective date. (e) Children born within 10 months of the effective date are not covered for continuous hospital intensive care confinement occurring or beginning during the first 30 days of the child's life.



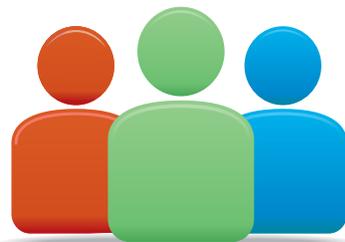
Now Is The Time...

Don't wait for a diagnosis

Being diagnosed with cancer can be one of the most frightening experiences anyone has to face, especially if you are unprepared. The out-of-pocket costs associated with cancer treatment can eat at your finances. Don't wait for a diagnosis to decide you need coverage, because by that time it will be too late. Get the protection you need today, and rest easy knowing you are protected in the event you are diagnosed.

Budget friendly

Sometimes, receiving proper cancer treatment is difficult if money is tight. That's where we can help. Your employer has worked with us to create a supplemental benefit package that can fit your needs and work within your budget.



In the near future, cancer costs may increase at a faster rate than overall medical expenditures. Costs also are likely to increase as new, more advanced and more expensive treatments are adopted as standards of care.³

Our supplemental insurance can help you and each family member cover expenses if the unexpected happens. It is never too early to prepare for the future.

This material is valid as long as information remains current, but in no event later than May 1, 2014. Group Cancer and Specified Disease benefits provided by policy GVCP3, or state variations thereof.

The policy is Limited Benefit Cancer and Specified Disease Insurance. This is not a Medicare Supplement Policy. If eligible for Medicare, review Medicare Supplement Buyer's Guide available from Allstate Benefits.

This brochure highlights some features of the policy but is not the insurance contract. Only the actual policy provisions control. The policy itself sets forth, in detail, the rights and obligations of both the policyholder (employer) and the insurance company. For complete details, contact your Insurance Agent, or call 1-800-521-3535. Underwritten by American Heritage Life Insurance Company (Home Office, Jacksonville, FL). This is a brief overview of the benefits available under the Group Voluntary Policy issued by Allstate Benefits. Details of the insurance, including exclusions, restrictions and other provisions are included in the certificates issued.

This brochure is for use in enrollments which are situated in Kentucky.



Allstate Benefits is the marketing name used by American Heritage Life Insurance Company (Home Office, Jacksonville, FL), a subsidiary of The Allstate Corporation.

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group voluntary cancer

	LOW	HIGH
HOSPITAL AND RELATED BENEFITS		
Continuous Hospital Confinement (daily)	\$200	\$300
Government or Charity Hospital (daily)	\$200	\$300
Private Duty Nursing Services (daily)	\$200	\$300
Extended Care Facility (daily)	\$200	\$300
At Home Nursing (daily)	\$200	\$300
Hospice Care (daily)	\$200	\$300
RADIATION, CHEMOTHERAPY AND RELATED BENEFITS		
Radiation/Chemotherapy for Cancer (every 12 mos.)	\$10,000* ²	\$10,000* ²
Blood, Plasma, and Platelets (every 12 mos.)	\$10,000* ²	\$10,000* ²
Medical Imaging (yearly)	\$500*	\$500*
Hematological Drugs (yearly)	\$200*	\$200*
SURGERY AND RELATED BENEFITS		
Surgery	\$1,500*	\$1,500*
Anesthesia (% of surgery)	25%	25%
Ambulatory Surgical Center (daily)	\$250	\$250
Second Opinion	\$200	\$200
Bone Marrow or Stem Cell Transplant	1. \$500 ⁵ 2. \$1,250 ⁵ 3. \$2,500 ⁵	1. \$500 ⁵ 2. \$1,250 ⁵ 3. \$2,500 ⁵
MISCELLANEOUS BENEFITS		
Inpatient Drugs and Medicine (daily)	\$25	\$25
Physician's Attendance (daily)	\$50	\$50
Ambulance (per confinement)	\$100	\$100
Non-Local Transportation (per mile)	Coach Fare or \$0.40	Coach Fare or \$0.40
Outpatient Lodging (daily)	\$50 ¹	\$50 ¹
Family Member Lodging (daily) and Transportation (per mile)	\$50* Coach Fare or \$0.40	\$50* Coach Fare or \$0.40
Physical or Speech Therapy (daily)	\$50	\$50
New or Experimental Treatment	\$5,000* ²	\$5,000* ²
Prosthesis	\$2,000* ³	\$2,000* ³
Hair Prosthesis (every 2 years)	\$25	\$25
Nonsurgical External Breast Prosthesis	\$50*	\$50*
Anti-Nausea Benefit (yearly)	\$200*	\$200*
Waiver of Premium (primary insured only)	Yes	Yes
ADDITIONAL BENEFITS		
Cancer Initial Diagnosis	\$2,000 ⁴	\$4,000 ⁴
Wellness (yearly)	\$100	\$100
Intensive Care	1. Hospital Confinement (daily) 2. Step-down Confinement (daily) 3. Air/Surface Ambulance	1. \$300 2. \$150 3. Actual Charges
		1. \$300 2. \$150 3. Actual Charges

Listed to the left are benefit amounts associated with the benefits described in the brochure.

*Benefit pays for charges/costs up to amount listed

¹ Limit \$2,000/12 mo. period

² Per 12 mos.

³ Per amputation

⁴ One time benefit

⁵ Payable once/per covered person/per calendar year

GROUP CANCER INSURANCE

Best in Benefits SeriesSM



premiums

MODE	PLAN	EE	EE + SP	EE + CH	F
Weekly	Low	\$4.85	\$7.63	\$6.78	\$9.56
	High	\$5.54	\$8.73	\$7.80	\$10.99

EE = Employee; EE + SP = Employee + Spouse; EE + CH = Employee + Children; F = Family.

Issue Ages: 18 and over if Actively at Work

This insert is for use in: KY

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