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[1]

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[2]

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.

[1]www.cancer.org/research/infographicgallery/survivorship-life-after-cancer?_ga=1.252987849.1528396581.1424877086
[2]Cancer Treatment & Survivorship Facts & Figures, 2014-2015

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 (Employee only)
- Coverage is convertible. You can convert to an individual policy
- Additional benefits may be added to your coverage, if your employer has chosen to make them available to you

See reverse for plan details

Offered to the employees of:

University of Central Arkansas

Allstate BENEFITS

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

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Benefits

Hospital Confinement	
Continuous Hospital Confinement	Extended Benefits
Government or Charity Hospital	Private Duty Nursing Services
Extended Care Facility	At Home Nursing
Hospice Care	
Radiation/Chemotherapy	
Radiation Chemotherapy	Blood, Plasma, and Platelets
Surgery and Related Benefits	
Surgery	Anesthesia
Ambulatory Surgical Center	Second Opinion
Bone Marrow or Stem Cell Transplant	
Transportation and Lodging	
Ambulance	Non-Local Transportation
Outpatient Lodging	Family Member Lodging and Transportation
Miscellaneous Benefits	
Inpatient Drugs and Medicine	Physician's Attendance
Physical or Speech Therapy	New or Experimental Treatment
Prosthesis	Comfort/Anti-Nausea
Waiver of Premium (Employee only)	
Additional Cancer Screening Benefit	
Bone Marrow Testing	Chest X-ray
Colonoscopy	Flexible sigmoidoscopy
Hemoccult stool analysis	Mammography
Pap Smear	Serum Protein Electrophoresis (test for myeloma)
Blood tests for CA15-3 (breast cancer), CA125 (ovarian cancer), PSA (prostate cancer) and CEA (colon cancer)	
Additional Benefits	
Cancer Initial Diagnosis	Intensive Care

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 the University of Central Arkansas enrollment sitused in: AR

This material is valid as long as information remains current, but in no event later than May 15, 2019.
Group Cancer and Specified Disease benefits are provided by policy form GVCP2, or state 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.

Cancer Insurance (GVCP2)

Group Voluntary Cancer

from Allstate Benefits

See attached **Important Information About Coverage.**

Offered to the employees of:

University of Central Arkansas

BENEFIT AMOUNTS

HOSPITAL CONFINEMENT	PLAN 1	PLAN 2
Continuous Hospital Confinement (daily, up to 70 days)	$100	$300
Extended Benefits[1] (daily)	$100	$300
Government or Charity Hospital (daily)	$100	$300
Private Duty Nursing Services[1] (daily)	$100	$300
Extended Care Facility[1] (daily)	$100	$300
At Home Nursing[1] (daily)	$100	$300
Hospice Care Center[1] (daily) or Hospice Care Team[1] (per visit)	$100 $100	$300 $300
RADIATION/CHEMOTHERAPY	**PLAN 1**	**PLAN 2**
Radiation/Chemotherapy[1] (every 12 months)	$5,000	$10,000
Blood, Plasma, and Platelets[1] (every 12 months)	$5,000	$10,000
SURGERY AND RELATED BENEFITS	**PLAN 1**	**PLAN 2**
Surgery[2] 1. Inpatient 2. Outpatient	$1,500 $2,250	$4,500 $6,750
Anesthesia[1] (% of surgery)	25%	25%
Ambulatory Surgical Center[1] (daily)	$250	$750
Second Surgical Opinion[1]	$200	$600
Bone Marrow or Stem Cell Transplant 1. Autologous 2. Non-autologous (cancer or specified disease treatment) 3. Non-autologous (Leukemia)	1. $500 2. $1,250 3. $2,500	1. $1,500 2. $3,750 3. $7,500

TRANSPORTATION AND LODGING	PLAN 1	PLAN 2
Ambulance[1] (per confinement)	$100	$100
Non-Local Transportation (per trip or mile)	Coach Fare or $0.40/mi	Coach Fare or $0.40/mi
Outpatient Lodging[3] (daily)	$50	$50
Family Member Lodging[3] (daily) and Transportation (per trip or mile)	$50 Coach Fare or $0.40/mi	$50 Coach Fare or $0.40/mi
MISCELLANEOUS	**PLAN 1**	**PLAN 2**
Inpatient Drugs and Medicine[1] (daily)	$25	$25
Physician's Attendance[1] (daily)	$50	$50
Physical or Speech Therapy[1] (daily)	$50	$50
New or Experimental Treatment[1] (every 12 months)	$5,000	$5,000
Prosthesis[1]	$2,000	$2,000
Comfort/Anti-Nausea[1]	$200	$200
Waiver of Premium (Employee only)	Yes	Yes
ADDITIONAL BENEFITS	**PLAN 1**	**PLAN 2**
Cancer Initial Diagnosis	$1,000	$5,000
Cancer Screening	$100	$100
Intensive Care 1. Hospital Confinement (daily) 2. Air/Surface Ambulance	1. $300 2. Actual Charges	1. $800 2. Actual Charges

[1]Pays actual charges up to amount listed. [2]Pays actual charges up to amount listed in certificate Schedule of Surgical Procedures. Amount paid depends on surgery. [3]Pays actual cost up to amount listed.

PLAN 1 PREMIUMS

MODE	EE	F
Monthly	$13.58	$23.42

EE = Employee; F = Family

PLAN 2 PREMIUMS

MODE	EE	F
Monthly	$30.36	$52.76

For use in enrollments sitused in: AR. This rate insert is part of forms ABJ32373X and ABJ30589 and is not to be used on its own.

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Group Voluntary Cancer (GVCP2)
Cancer and Specified Disease Insurance

Important Information About Coverage

Provides details of base policy coverage in all states where coverage is available. State-specific information is noted when it varies from the standard. Below is a list of base policy benefits available with Group Cancer coverage. Please refer to your employer chosen plan for the specific items that apply to your coverage. You will receive a certificate that details the certificate specifications for the coverage you purchased.

Group Cancer **Issue ages are 18 and over if Actively at Work.**

Actual Charges vs. Actual Cost

Actual Charge – Amount billed for a treatment or service before any insurance discounts or payments.

Actual Cost – Amount actually paid by or on behalf of you, accepted as full payment by the provider of goods or services.

SD – Actual Charge is replaced with: **Charge -** Amount billed for a treatment or service before any insurance discounts or payments.

Specified Diseases

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

Hospital Confinement Benefits (see Benefit Amounts)

Extended Benefits - Beginning on day 71 of hospital stay; paid in lieu of all other benefits except Waiver of Premium.

Government or Charity Hospital - Paid in lieu of all other benefits except Waiver of Premium.

Extended Care Facility - Must begin within 14 days of a hospital stay; payable up to the number of days of previous hospital stay.

VT - Must begin within 28 days of a hospital stay; payable up to the number of days of previous hospital stay.

At Home Nursing - Must begin within 14 days of a hospital stay; payable up to the number of days of previous hospital stay.

AZ - At Home Nursing benefit is replaced with **Home Health Services -** Prescribed in lieu of hospital stay.

Hospice Care - Per day in freestanding care center or 1 visit per day of hospice care at home.

Radiation/Chemotherapy Benefits (see Benefit Amounts)

Blood, Plasma, and Platelets - Includes charges for transfusions, administration, processing, procurement and cross-matching. Does not pay for blood replaced by donors.

Surgery and Related Benefits (see Benefit Amounts)

Surgery - Per certificate Schedule of Surgical Procedures. Two or more surgical procedures 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.

Ambulatory Surgical Center - For surgery at an ambulatory surgical center, if listed in the Schedule of Surgical Procedures.

Bone Marrow or Stem Cell Transplant - Once/calendar year.

Transportation and Lodging Benefits (see Benefit Amounts)

Non-Local Transportation - At least 70 miles away, up to 700 miles.

WI - At least 75 miles away, up to 700 miles.

Outpatient Lodging - More than 100 miles from home. Limit $2,000/12 month period.

Family Member Lodging and Transportation - Lodging up to 60 days. Transportation up to 700 miles per continuous hospital confinement.

Miscellaneous Benefits (see Benefit Amounts)

Inpatient Drugs and Medicine - Not paid if covered under the Radiation/Chemotherapy for Cancer or Comfort/Anti-Nausea Benefits.

Physician's Attendance - One inpatient visit per day.

New or Experimental Treatment - For physician-approved treatments not covered under other benefits.

Prosthesis - Surgically implanted prosthetic device; pays per amputation.

AZ, KS, WA - Benefit is replaced with **Prosthesis and Reconstructive Breast Surgery – Prosthesis:** Surgically implanted prosthetic device; pays per amputation. **Reconstructive Breast Surgery -** Following a covered mastectomy.

FL - Surgically implanted prosthetic device and breast reconstructive surgery incident to mastectomies; pays per amputation.

Comfort/Anti-Nausea Benefit - Per calendar year; not paid for medication administered on an inpatient basis.

Waiver of Premium (primary insured only) - If disabled 90 days in a row due to cancer; pays as long as disability lasts.

Optional/Additional Benefits

Cancer Initial Diagnosis - Pays once; skin cancer not covered.

Cancer Screening - Once/year. The following tests are eligible: Bone Marrow Testing; Blood tests for CA15-3 (breast cancer), CA125 (ovarian cancer), PSA (prostate cancer) and CEA (colon cancer); Chest X-ray; Colonoscopy; Flexible sigmoidoscopy; Hemoccult stool analysis; Mammography; Pap Smear; and Serum Protein Electrophoresis (test for myeloma).

CA, MT, PA - Cancer Screening is replaced with: **Miscellaneous Screening Benefit -** Once/year. The following tests are eligible: Bone Marrow Testing; Blood tests for CA15-3 (breast cancer), CA125 (ovarian cancer), PSA (prostate cancer) and CEA (colon cancer); Chest X-ray; Colonoscopy; Flexible sigmoidoscopy; Hemoccult stool analysis; and Serum Protein Electrophoresis (test for myeloma). The following are added as separate benefits: **Mammography Benefit -** (a) baseline mammography for women ages 35 to 39, inclusive; and (b) mammography every 2 years, or more frequently upon physician's recommendation for women ages 40 to 49, inclusive; and (c) annual mammography for women ages 50 and older. **Cervical Cancer Screening Benefit -** Limited to one test per covered person, per calendar year.

VA - In the list of eligible tests, Blood test for PSA (prostate cancer) is deleted. The following is added as a separate benefit: **PSA Testing/Digital Rectal Exams -** For covered persons over 40 who are high risk for prostate cancer; and covered persons over 50.

Intensive Care - Confinement up to 45 days for each stay and air or surface ambulance to a hospital intensive-care unit.

TN - Benefit not available.

Conditions, Limitations and Exclusions Affecting Your Benefits

Eligibility/Termination

(a) **Coverage may include you, your spouse or children under age 26.**

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

Eligibility/Termination, continued

DC - Coverage may include you, your spouse, domestic or civil union partner, or children under age 26.

HI - Coverage may include you, your spouse, children under age 26, and your certified reciprocal beneficiary.

(b) 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; or the date you or your class is no longer eligible.

(c) Spouse coverage ends upon divorce or your death.

DC - Spouse coverage ends upon divorce or your death; domestic or civil union partner, coverage ends upon termination of the partnership or your death.

CA, WA - Spouse coverage ends upon divorce or your death; domestic partner coverage ends upon termination of domestic partnership or your death.

(d) Coverage for children ends when the child reaches age 26, unless he or she continues to meet the requirements of an eligible dependent.

IL - Coverage for children ends when the child reaches age 26 (30 if a military veteran who is an Illinois resident) unless he or she continues to meet the requirements of an eligible dependent.

MA - Coverage for children ends the earlier of when the child reaches age 26 or 2 years following loss of dependent status under the Internal Revenue Code, unless he or she continues to meet the requirements of an eligible dependent.

PA - The following is added to item (d): Coverage will not terminate due to age on a child who was a full-time student and whose studies were interrupted by active duty service in the military.

Conversion Privilege

If coverage terminates for any reason other than non-payment of premiums, the covered person can convert to an individual policy without evidence of insurability. This may also apply to a dependent whose coverage terminates.

CA, HI, NM, NC - Conversion Privilege is replaced with: **Portability Privilege –** Coverage may be continued under the Portability Provision when coverage under the policy ends.

Pre-Existing Condition

(a) We do not pay benefits for a pre-existing condition during the 12-month period beginning on the date coverage starts.

UT - We do not pay benefits for a pre-existing condition during the 6-month period beginning on the date coverage starts.

(b) A pre-existing condition is a disease or physical condition for which medical advice or treatment was received by the covered person during the 12-month period prior to his or her effective date of coverage.

FL, IN, OR, UT - A pre-existing condition is a disease or physical condition for which medical advice or treatment was received by the covered person during the 6-month period prior to his or her effective date of coverage.

PA - A pre-existing condition is a disease or physical condition for which medical advice or treatment has been received by the covered person within 90 days immediately prior to coverage. The condition will be covered after coverage has been in force for more than 12 months.

Exclusions and Limitations

We pay benefits only for treatment of cancer or a specified disease or conditions directly caused or aggravated by cancer or specified disease. Treatment must be received in the United States or its territories.

For those benefits for which we pay actual charges up to a specified maximum amount (except Radiation/Chemotherapy; Blood, Plasma and Platelets; Prosthesis; New or Experimental Treatment; and Bone Marrow or Stem Cell Transplant), if specific charges are not obtainable as proof of loss, we will pay 50% of the maximum benefit.

For the Radiation/Chemotherapy for Cancer benefit, we do not pay for:

(a) treatment planning, consultation or management; or the design and construction of treatment devices; or basic radiation dosimetry calculation; or any type of laboratory tests; X-ray or other imaging used for diagnosis or monitoring; or the diagnostic tests related to these treatments; or

(b) any devices or supplies including intravenous solutions and needles related to these treatments.

We do not pay the Family Member Transportation Benefit if we pay the personal vehicle transportation benefit under the Non-Local Transportation Benefit when the family member lives in the same town as the confined insured.

SD - References to "actual charges" are replaced with "charges".

Intensive Care Exclusions and Limitations

(a) Benefits are not paid for:

(1) an attempted suicide or intentional self-inflicted injury;

MO - an attempted suicide, while sane, or intentional self-inflicted injury;

(2) intoxication or being under the influence of drugs not prescribed by a physician;

SD - (2) is deleted.

KY - the insured's being intoxicated or under the influence of any narcotic or hallucinogenic unless administered on the advice of a physician;

(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) Progressive care units, sub-acute intensive-care units, intermediate-care units, and private rooms with monitoring, step-down units and any other lesser care treatment units do not qualify as hospital intensive-care units.

(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 beginning during the first 30 days of such child's life.

FL, GA, MT, NC, VA - (e) is deleted.

(f) Ambulance Benefit is not paid if the Cancer and Specified Disease Ambulance Benefit is paid.

Allstate BENEFITS

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