

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 survival¹



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 2024²

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.

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 (Primary insured only)
- Coverage may be continued
- 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 Kentucky



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¹www.cancer.org/research/infographicgallery/survivorship-life-after-cancer?_ga=1.252987849.1528396581.1424877086

²Cancer Treatment & Survivorship Facts & Figures, 2014-2015

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

Benefits

Hospital Confinement and Related Benefits

Continuous Hospital Confinement	Extended Care Facility
Government or Charity Hospital	At Home Nursing
Private Duty Nursing Services	Hospice Care

Radiation/Chemotherapy and Related Benefits

Radiation/Chemotherapy for Cancer	Blood, Plasma, and Platelets
Medical Imaging	Hematological Drugs

Surgery and Related Benefits

Surgery	Second Opinion	Anesthesia
Ambulatory Surgical Center	Bone Marrow or Stem Cell Transplant	

Miscellaneous Benefits

Inpatient Drugs and Medicine	Family Member Lodging and Transportation	
Ambulance	Prosthesis	Non-Local Transportation
Outpatient Lodging	Hair Prosthesis	Physician's Attendance
Physical or Speech Therapy	New or Experimental Treatment	
Nonsurgical External Breast Prosthesis	Anti-Nausea Benefit	
Waiver of Premium (primary insured only)		

Additional Wellness Benefit

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

Additional Benefit

Cancer Initial Diagnosis Benefit

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 enrollments situated in: KY

This material is valid as long as information remains current, but in no event later than January 1, 2019. Group Cancer and Specified Disease benefits are provided by policy form GVCP3, 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.



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Cancer Insurance (GVCP3)

Group Voluntary Cancer

from Allstate Benefits

See attached **Important Information About Coverage.**

Offered to the employees of:

University of Kentucky

BENEFIT AMOUNTS

HOSPITAL CONFINEMENT AND RELATED BENEFITS	PLAN
Continuous Hospital Confinement (daily)	\$200
Government or Charity Hospital (daily)	\$200
Private Duty Nursing Services (daily)	\$200
Extended Care Facility (daily)	\$200
At Home Nursing (daily)	\$200
Hospice Care Center (daily) or Hospice Care Team (per visit)	\$200 \$200
RADIATION/CHEMOTHERAPY AND RELATED BENEFITS	PLAN
Radiation/Chemotherapy for Cancer ¹ (every 12 months)	\$10,000
Blood, Plasma, and Platelets ¹ (every 12 months)	\$10,000
Medical Imaging ¹	\$500
Hematological Drugs ¹	\$200
SURGERY AND RELATED BENEFITS	PLAN
Surgery ²	\$1,500
Anesthesia (% of surgery)	25%
Ambulatory Surgical Center (daily)	\$250
Second Opinion	\$200
Bone Marrow or Stem Cell Transplant	
1. Autologous	1. \$500
2. Non-autologous (cancer or specified disease treatment)	2. \$1,250
3. Non-autologous (Leukemia)	3. \$2,500

MISCELLANEOUS BENEFITS	PLAN
Inpatient Drugs and Medicine (daily)	\$25
Physician's Attendance (daily)	\$50
Ambulance (per confinement)	\$100
Non-Local Transportation ¹ (per trip or mile)	Coach Fare or \$0.40/mi
Outpatient Lodging (daily)	\$50
Family Member Lodging (daily) and Transportation ¹ (per trip or mile)	\$50 Coach Fare or \$0.40/mi
Physical or Speech Therapy (daily)	\$50
New or Experimental Treatment ³ (every 12 months)	\$5,000
Prosthesis ³	\$2,000
Hair Prosthesis (every 2 years)	\$25
Nonsurgical External Breast Prosthesis ¹	\$50
Anti-Nausea Benefit ¹	\$200
Waiver of Premium (Employee only)	Yes
ADDITIONAL BENEFITS	PLAN
Cancer Initial Diagnosis	\$2,000
Wellness Benefit	\$100

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

PLAN PREMIUMS

MODE	EE	EE + SP	EE + CH	F
Weekly	\$4.53	\$7.03	\$6.28	\$8.78
Monthly	\$19.60	\$30.44	\$27.20	\$38.03

EE = Employee; EE + SP = Employee + Spouse; EE + CH = Employee + Child(ren); F = Family



For use in enrollments situated in: KY. This rate insert is part of forms ABJ31794X and ABJ30590 and is not to be used on its own.

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Group Cancer (GVCP3)

Important Information About Coverage

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

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.

CA - Actual Charge is replaced with: **Amount Charged** - Amount billed for a treatment or service before any insurance discounts or payments. **Actual Cost** is replaced with: **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. **Actual Cost** is replaced with: **Cost** - Amount actually paid by or on behalf of you, accepted as full payment by the provider of goods or services.

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 and Related Benefits (see Benefit Amounts)

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. Up to the number of days of the previous hospital stay.

CA - Benefit is not available.

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

AZ - Benefit is replaced with: **Home Health Services** - Up to the number of days of the previous hospital stay.

CA - Benefit is not available.

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

CA - Benefit is not available.

Radiation/Chemotherapy and Related Benefits (see Benefit Amounts)

Blood, Plasma, and Platelets - Includes charges for transfusions, administration, processing, procurement and cross-matching. Does not include donor replaced blood or immunoglobulins.

Medical Imaging - Once/calendar year.

Hematological Drugs - Only when Radiation/Chemotherapy for Cancer benefit paid.

Surgery and Related Benefits (see Benefit Amounts)

Surgery - Per certificate Schedule of Surgical Procedures. 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.

CA - The lesser of the amount based on procedure listed in certificate Schedule of Surgical Procedures, or the amount charged to the covered person. 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.

Surgery and Related Benefits (see Benefit Amounts) (continued)

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.

Miscellaneous Benefits (see Benefit Amounts)

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

Physician's Attendance - One inpatient visit per day.

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

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

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

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

Prosthesis - Surgically implanted prosthetic device; pays per amputation.

AZ, KS - The Prosthesis benefit is replaced with: **Prosthesis and Reconstructive Breast Surgery - Prosthesis**: Per amputation. **Reconstructive Breast Surgery**: Following a covered mastectomy.

Nonsurgical External Breast Prosthesis - Initial nonsurgical breast prosthesis following a covered mastectomy or partial mastectomy.

AZ, KS - The following is added: Not paid when the Prosthesis and Reconstructive Breast Surgery benefit is paid.

SD - Nonsurgical breast prosthesis following a covered mastectomy or partial mastectomy.

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

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

Optional/Additional Benefits (see Benefit Amounts)

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

CA - Benefit is replaced with: **Invasive Cancer Initial Diagnosis** - Pays once; skin cancer not covered. Subject to the Pre-Existing Condition Limitation provision, the "first diagnosis of cancer" includes a recurrence of a cancer, as long as you are diagnosed after the effective date of coverage and have not received or been recommended by your physician to receive any treatment of the cancer for 12 consecutive months immediately preceding the effective date of coverage, or any 12 consecutive months.

IL - Benefit is not subject to the Pre-Existing Condition Limitation.

ND - Pays once; skin cancer not covered. The first diagnosis of cancer includes a recurrence of cancer, as long as you are diagnosed after the effective date of coverage, and have been free of any symptoms and treatment of cancer for 12 consecutive months immediately preceding the effective date of coverage, or any 12 consecutive months.

SD - Benefit is replaced with: **Cancer Diagnosis** - Pays once, upon diagnosis of a new form or type of cancer; skin cancer not covered.

Wellness - Once/year. Eligible wellness tests are: 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; 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 for abdominal aortic aneurysms.

CA - The following is added to the list of wellness tests: Any generally medically accepted cancer screening test not listed above.

NC - Pap Smear, including ThinPrep Pap Test is replaced with: Cervical Cancer Screening.

Optional/Additional Benefits (see Benefit Amounts) (continued)

VA - The Blood test for PSA (prostate cancer) is deleted from the list of wellness tests. The following is added as a separate benefit: **PSA Testing and Digital Rectal Exams** - Once/year for covered persons age 50 and over; age 40 and over for covered persons at high risk for prostate cancer.

Intensive Care - Confinement for any illness or accident; up to 45 days for each stay in intensive care unit or step-down intensive care unit.

KS, TN - Confinement for any covered cancer or specified disease; up to 45 days for each stay in intensive care unit or step-down intensive care unit.

Progressive Benefit Rider (see Benefit Amounts)

Progressive Benefit Rider - Pays once, for diagnosis of cancer other than skin cancer. The benefit increases the longer coverage is in force prior to diagnosis. The first diagnosis of cancer includes a recurrence of cancer, as long as you are diagnosed after the effective date of coverage, and have been free of any symptoms and treatment of cancer for 12 consecutive months immediately preceding the effective date of coverage, or any 12 consecutive months.

CA, ND, RI - Rider is not available.

SD - Pays once, for diagnosis of cancer other than skin cancer. The benefit increases the longer coverage is in force prior to diagnosis. The diagnosis of cancer includes a recurrence of cancer, as long as you are diagnosed after the effective date of coverage, and have been free of any symptoms and treatment of cancer for 6 consecutive months immediately preceding the effective date of coverage, or any 12 consecutive months.

UT - Pays once, for diagnosis of cancer other than skin cancer. The benefit increases the longer coverage is in force prior to diagnosis. The first diagnosis of cancer includes a recurrence of cancer, as long as you are diagnosed after the effective date of coverage, and have been free of any symptoms and treatment of cancer for 6 consecutive months immediately preceding the effective date of coverage, or any 6 consecutive months.

Your Eligibility

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

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

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

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, unless coverage is continued due to Temporary Layoff, Leave of Absence or Family and Medical Leave of Absence; the date you or your class is no longer eligible. PROGRESSIVE BENEFIT RIDER ONLY - discovery of fraud or material misrepresentation in a claim.

NC - 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, unless coverage is continued due to Temporary Layoff, Leave of Absence or Family and Medical Leave of Absence; the date you or your class is no longer eligible.

(b) Spouse/domestic partner coverage ends upon divorce/termination of partnership or your death.

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

(c) 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.

Termination of Coverage (continued)

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 - 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.

Portability Privilege

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

PR - The Portability Privilege is replaced with: **Conversion Privilege** - Coverage may be converted to an individual policy when coverage under the group 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 that person's coverage starts.

NC - The following is added: This exclusion will not apply to your newborn, adopted or foster child under age 18 if we're notified within 31 days of the child's birth or date of placement.

PA - We do not pay benefits for a pre-existing condition during the 1-year period beginning on the date that person's coverage starts.

PR - We do not pay benefits for a pre-existing condition during the 8-month period beginning on the date that person's coverage starts.

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

(b) A pre-existing condition is a disease or condition for which: symptoms existed within the 12-month period prior to the effective date; or medical advice or treatment was recommended or received from a medical professional within the 12-month period prior to the effective date.

CA - A pre-existing condition is a disease or condition for which medical treatment was recommended or received from a medical professional within the 12-month period prior to the effective date.

IN, NC, VA - A pre-existing condition is a disease or condition for which medical advice or treatment was recommended or received from a medical professional within the 12-month period prior to the effective date.

ND - A pre-existing condition is a disease or physical condition for which treatment was received from a medical professional within the 12-month period prior to the effective date.

PA - A pre-existing condition is a disease or condition for which medical advice or treatment was recommended or received from a medical professional within the 90-day period prior to the effective date.

SD - A pre-existing condition is a disease or condition for which medical advice, diagnosis, care or treatment was recommended or received during the 6 months immediately preceding the effective date.

UT - A pre-existing condition is a disease or condition which first manifested itself within the 6 months prior to the effective date of coverage or which was diagnosed by a physician at any time prior to the effective date of coverage.

(c) A pre-existing condition can exist even though a diagnosis has not yet been made.

CA, IN, NE, NC, ND, OR, SD, UT - (d) is deleted.

Cancer and Specified Disease Benefits Exclusions and Limitations

(a) We do not pay for any loss, except for losses due to cancer or a specified disease.

CA - We only pay for a loss when cancer or a specified disease is the proximate cause of the loss.

(b) Benefits are not paid for conditions caused or aggravated by cancer or a specified disease.

CA - We do not pay for any loss when cancer or a specified disease is only a remote cause of the loss. The following is added: We do not pay for any loss due to precancerous conditions, including but not limited to: leukoplakia; actinic keratosis; hyperplasia; polycythemia; moles; or similar diseases or lesions.

Treatment and services must be needed due to cancer or a specified disease and be received in the United States or its territories.

CA - Treatment must be needed due to cancer or a specified disease and be received in the United States or its territories.

For the Surgery, New or Experimental Treatment and Prosthesis benefits, we pay 50% of the applicable maximum when specific charges are not obtainable as proof of loss.

CA - For the Surgery, New or Experimental Treatment and Prosthesis benefits, we pay 50% of the applicable amount when specific charges are not obtainable as proof of loss.

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

(a) any other chemical substance which may be administered with or in conjunction with radiation/chemotherapy;

(b) 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;

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

Intensive Care Benefits Exclusions and Limitations

(a) Benefits are not paid for:

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

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

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

CA - any loss sustained or contracted in consequence of the covered person being intoxicated or under the influence of any controlled substance unless administered on the advice of a physician;

OR, SD - (2) is deleted.

(3) alcoholism or drug addiction.

OR, SD - (3) is deleted.

(b) Benefits are not paid for confinements to a care unit that does not qualify as a hospital intensive care unit including progressive care, subacute intensive care, intermediate care, private rooms with monitoring, step-down and other lesser care units.

(c) Benefits are not paid for step-down confinements in the following units: telemetry or surgical recovery rooms; post-anesthesia care; progressive care; intermediate care; private monitored rooms; observation units in emergency rooms or outpatient surgery units; beds, wards, or private or semi-private rooms; emergency, 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 confinements occurring during a hospitalization prior to the effective date.

(e) Children born within 10 months of the effective date are not covered for confinement occurring or beginning during the first 30 days of the child's life.

GA, NE, NC, OK, UT - (e) is deleted.

(f) We do not pay for ambulance if paid under the Cancer and Specified Disease Ambulance benefit.



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