



1.529
MILLION

Benefit coverage for employees of University of Kentucky

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.

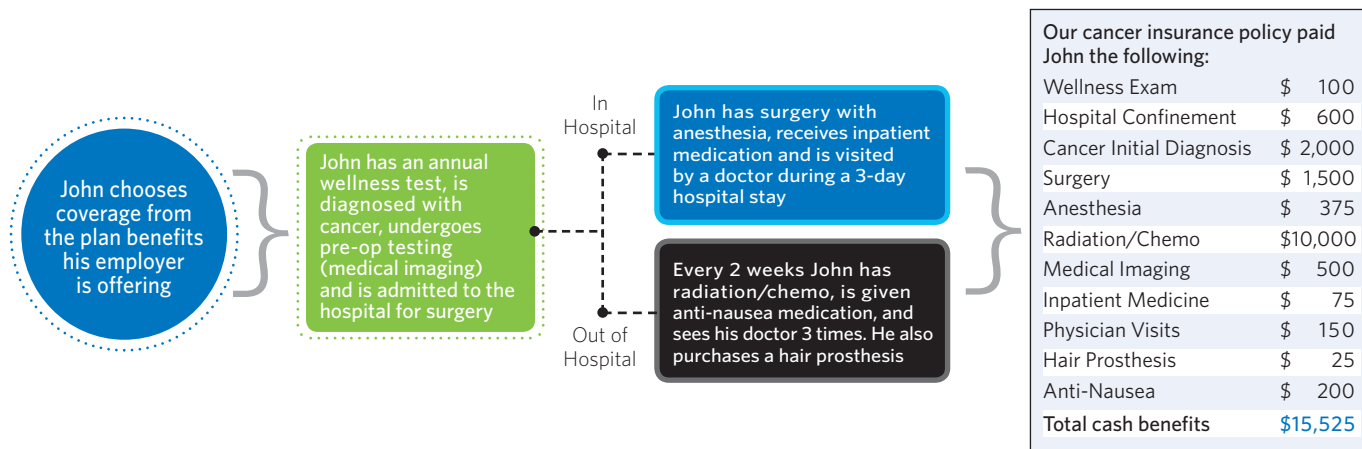


cancer

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

†Enrolling after your initial enrollment period requires evidence of insurability

*The example shown may vary from the plan your employer is offering. Your individual experience may also vary. Please see page 4 for your plan details.

**Primary insured only.

👍 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, Brucellosis, Sickle Cell Anemia, Thalassemia, Rocky Mountain Spotted Fever, Legionnaire's 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

Continuous Hospital Confinement - A \$200 benefit will be paid for each day of inpatient confinement.

Government or Charity Hospital - A \$200 benefit will be paid for each day of 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 - A \$200 benefit will be paid daily when receiving physician-authorized inpatient private nursing services.

Extended Care Facility - A \$200 benefit will be paid daily for physician-authorized inpatient confinement (within 14 days of a hospital stay).

At Home Nursing - A \$200 benefit will be paid daily for physician-authorized private nursing care (up to the number of days of the previous hospital stay).

Hospice Care - A \$200 benefit will be paid when a physician determines terminal illness and approves hospice care at home (1 visit per day) or in a freestanding hospice care center.

RADIATION, CHEMOTHERAPY AND RELATED BENEFITS

Radiation/Chemotherapy for Cancer - Up to a \$10,000 benefit will be paid for covered treatment to destroy or modify cancerous tissue.

Blood, Plasma, and Platelets - Up to a \$10,000 benefit will be paid for blood, plasma, and platelets. Includes charges for transfusions, administration, processing, procurement and cross-matching. Does not include donor replaced blood or immunoglobulins.

Medical Imaging - Up to a \$500 benefit will be paid for an initial diagnosis or follow-up evaluation.

Hematological Drugs - Up to a \$200 benefit will be paid for drugs to boost cell lines when Radiation and Chemotherapy benefit is paid.

SURGERY AND RELATED BENEFITS

Surgery* - Up to a \$1,500 benefit will be paid for an inpatient or outpatient operation listed in the Schedule of Surgical Procedures.

Anesthesia - Pays 25% of surgery benefit.

Ambulatory Surgical Center - A \$250 benefit will be paid daily for surgery at an ambulatory surgical center.

Second Opinion - A \$200 benefit will be paid for a second surgical opinion.

Bone Marrow or Stem Cell Transplant - Up to a 1. \$500**, 2. \$1,250**, 3. \$2,500** benefit will be paid for transplants. **This benefit is payable only once per covered person per calendar year.

MISCELLANEOUS BENEFITS

Inpatient Drugs and Medicine - A \$25 benefit will be paid daily for inpatient drugs and medicine.

Physician's Attendance - A \$50 benefit will be paid daily for one inpatient visit.

Ambulance - A \$100 benefit will be paid for transfer by ambulance service to or from a hospital.

Non-Local Transportation - A \$0.40 per mile or actual cost of round-trip coach fare on a common carrier benefit will be paid for transportation for treatment not available locally (up to 700 miles).

Outpatient Lodging - Up to a \$50 benefit will be paid daily, up to the maximum \$2,000 per calendar year, for lodging when receiving radiation or chemotherapy on an outpatient basis non-locally (more than 100 miles from home).

Family Member Lodging and Transportation - Up to a \$50 benefit per day will be paid for lodging and a \$0.40 per mile or the actual cost of round-trip coach fare on a common carrier benefit will be paid for one adult family member when confined at a non-local hospital for specialized treatment (more than 100 miles from family member's home).

Physical or Speech Therapy - A \$50 benefit will be paid daily for physical or speech therapy to restore normal body function.

New or Experimental Treatment - Up to a \$5,000 benefit will be paid per 12-month period, for physician-approved new or experimental treatments not paid under other benefits.

Prosthesis - Up to a \$2,000 benefit will be paid per amputation for a prosthetic device that requires surgical implanting.

Hair Prosthesis - A \$25 benefit will be paid every two years for a wig or hairpiece when hair loss is experienced.

Nonsurgical External Breast Prosthesis - Up to a \$50 benefit will be paid for the initial nonsurgical breast prosthesis after a covered mastectomy.

Anti-Nausea Benefit - Up to a \$200 benefit will be paid for prescribed anti-nausea medication administered on an outpatient basis.

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

ADDITIONAL BENEFITS

Cancer Initial Diagnosis - Pays a \$2,000 one-time benefit if diagnosed for the first time with cancer (except skin cancer).

Wellness - Pays \$100 each calendar year for one of the following: 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 screenings for carotids and 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.

*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.



premiums detailed

Your packaged premiums consist of:

Plan Premiums

Insureds	Bi-Weekly	Monthly
Employee	\$9.06	\$19.60
Employee + Spouse	\$14.06	\$30.44
Employee + Child(ren)	\$12.56	\$27.20
Family	\$17.56	\$38.03

Issue ages: 18 and older if Actively at Work.



Certificates

Certificates under this plan are issued on a guaranteed basis only at the time of the initial enrollment.

CERTIFICATE SPECIFICATIONS

Eligibility - Coverage may include you, your spouse or domestic partner and 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. (b) Spouse/domestic partner coverage ends upon divorce/termination of partnership. (c) Coverage for children ends when the child reaches age 26, unless he or she continues to meet the requirements of an eligible dependent.

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

Cancer and Specified Disease Benefits 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.

Treatment and services 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, AB pays 50% of the applicable maximum when specific charges are not obtainable as proof of loss.

For the **Radiation/Chemotherapy for Cancer** benefit AB does not pay for: (a) any other chemical substance which may be administered with or in conjunction with radiation/chemotherapy; or (b) treatment planning consultation; 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 (c) any devices or supplies including intravenous solutions and needles related to these treatments.

This material is valid as long as information remains current, but in no event later than February 15, 2015. 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 the University of Kentucky enrollment which is situated in: KY

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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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