



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 3.¹

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

CANCER INSURANCE

the right coverage • your future • great choice

ABJ19801X



Benefits

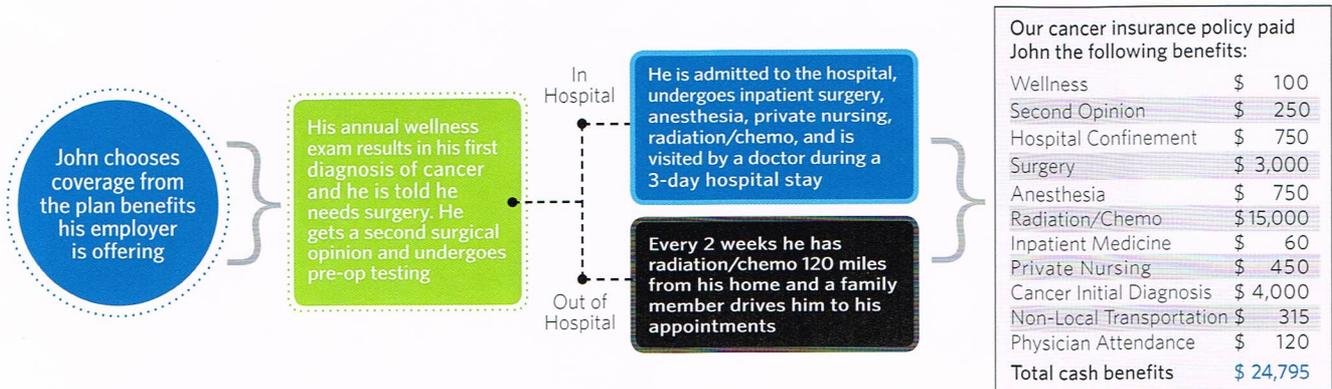
Page 1 of 6

cancer

Allstate Benefits (AB) cancer coverage provides cash benefits for cancer and 20 specified diseases, and can help cover the costs of treatments and expenses as they happen.

Receiving a diagnosis of cancer or a specified disease can be difficult on anyone, both emotionally and financially. Having the right coverage to help when undergoing treatments 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 offers you and your family 24/7 protection from cancer and specified disease.

Here's what you get:

- Coverage for Cancer and 20 other specified diseases
- Benefits that are paid in addition to any other insurance you may have, and as costs are incurred for treatment.
- Can be used for non-medical expenses health insurance might not cover.
- Guaranteed renewable for life, subject to change in premiums by class
- Premiums do not increase due to age
- Waiver of premium after 90 days of disability due to cancer for as long as your disability lasts**

** 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 may vary by state.

20 Specified Diseases Covered - Muscular Dystrophy, Poliomyelitis, Multiple Sclerosis, Encephalitis, Rabies, Tetanus, Typhoid Fever, Bubonic Plague, Tuberculosis, Osteomyelitis, Diphtheria, Scarlet Fever, Epidemic Cerebrospinal Meningitis, Undulant Fever, Sickle Cell Anemia, Rocky Mountain Spotted Fever, Smallpox, Addison's Disease, Hansen's Disease, Tularemia.

RIDER BENEFIT

Cancer Initial Diagnosis Level Benefit (CLR1) - Pays a one time benefit when you are diagnosed for the first time with cancer (other than skin cancer).

Cancer Initial Diagnosis Progressive Benefit (CPR1) - Pays a one time benefit when diagnosed for the first time with cancer (other than skin cancer), for each complete year the policy is in force.

RADIATION/CHEMOTHERAPY BENEFITS

Radiation Therapy, Radio-Active Isotopes Therapy, Chemotherapy and Immunotherapy - Pays for covered treatment to destroy or modify cancerous tissue.

*The example shown may vary from the plan your employer is offering. Your Individual experience may also vary. The benefit amounts shown are the Enhanced plan only. Please see pages 2a and 2b for your plan details.



In the United States, about 1,529,560 new cancer cases were expected to be diagnosed in 2010.²

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

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

SURGERY AND RELATED BENEFITS

Inpatient Surgery* - Pays for an inpatient operation.

Outpatient Surgery* - Pays for an outpatient operation.

Second Surgical Opinion - Pays when you get a second surgical opinion.

Anesthesia - Pays for an anesthesiologist. Maximum of \$100 for skin cancer.

Ambulatory Surgical Center - Pays daily for surgery at an Ambulatory Surgical Center.

HOSPITAL CONFINEMENT BENEFITS

Hospital Confinement - Pays daily for inpatient confinement up to 70 days.

Extended Hospital Confinement - Pays daily when continuously confined in a hospital for more than 70 days. In lieu of all other benefits.

Government or Charity Hospital - Pays daily for inpatient confinement to a U.S. government hospital (including Veteran's Administration) or a hospital that does not charge for its services. In lieu of all other benefits.

Private Duty Nursing Services - Pays daily when you require physician authorized private nursing services while a hospital inpatient.

Extended Care Facility - Pays daily for care at an extended care facility (within 14 days of a hospital stay).

At Home Nursing - Pays daily for physician authorized private nursing care (within 14 days of a hospital stay).

LODGING AND TRANSPORTATION BENEFITS

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

Non-Local Transportation - Pays transportation when you have treatment not available locally (limit 700 miles).

Family Member Transportation - Pays when you are an inpatient at a non-local hospital for specialized treatment (limit 700 miles). Not paid if family member lives in the same town and car mileage is paid under non-local transportation.

Family Member Lodging - Pays daily when one adult family member accompanies you to receive treatment at a non-local hospital (more than 100 miles from family member's home), up to 60 days.

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

MISCELLANEOUS BENEFITS

Hospice Care (Freestanding Hospice Care Center or Hospice Care Team) - Pays daily when your physician approves and determines terminal illness requires hospice care at home or in a freestanding hospice care center (within 14 days of hospital confinement).

Inpatient Drugs and Medicine - Pays daily when you receive drugs and medicine while a hospital inpatient.

Physician's Attendance - Pays daily for one visit a day by one physician while a hospital inpatient.

New or Experimental Treatment - Pays for physician approved new or experimental treatments. **Stem cell transplants are covered under this benefit.**

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

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

Skin Cancer - Pays for removal of skin cancer diagnosed by a doctor who is not a pathologist.

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

RIDER BENEFITS

Wellness Benefit (WBR5) - Pays yearly for one of the following tests: Biopsy for skin cancer; Blood tests for triglycerides, Bone Marrow Testing, CA15-3 (breast cancer), CA125 (ovarian cancer), CEA (colon cancer), and PSA (prostate cancer); 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

*Assistant and cosurgeons are not covered. 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.

(test for myeloma); Stress test on bike or treadmill; Thermography; and Ultrasound screening for abdominal aortic aneurysms.

Hospital Intensive Care (ICR2) - Pays daily for intensive care and ambulance transportation.

Cancer and Specified Disease Additional Benefit (CABR1)¹ - Enhances some benefits of the base policy; and adds new ones not in the base policy. The dollar amount is included with each of the base policy benefits where applicable. **Benefits enhanced by the CAB rider are:** Hospital Confinement; Extended Hospital Confinement, Inpatient Drugs and Medicine; Second Surgical Opinion; Physician's Attendance; Private Duty Nursing Services; Radiation Therapy, Radioactive Isotopes Therapy, Chemotherapy, or Immunotherapy, Blood, Plasma and Platelets; Non-Local Transportation; Family Member Transportation; Ambulatory Surgical Center; Hospice Care; and Physical or Speech Therapy. (See benefit amounts listed on appropriate state specific insert).

Benefits below are paid in addition to the base policy.

Medical Imaging - Pays yearly for an initial diagnosis or follow-up evaluation based on a covered imaging exam.

Comfort/Anti-Nausea - Pays yearly for prescribed anti-nauseamedication administered on an outpatient basis.

Hematological Drugs - Pays yearly for drugs to boost cell lines such as white and red blood cell counts and platelets when Radiation Therapy, Radio-Active Isotopes Therapy, Chemotherapy and Immunotherapy benefit is paid.

Hair Prosthesis - Pays every 2 years when you experience hair loss and require a wig or hairpiece.

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

POLICY AND RIDER SPECIFICATIONS

Renewability - The policy is guaranteed renewable for life, subject to change in premiums by class. All premiums may change on a class basis. A notice is mailed in advance of any change.

Eligibility/Termination - (a) Coverage may include you, your spouse and children. (b) Coverage for children terminates following the date the child reaches age 26, or does not meet the requirements of an eligible dependent. (c) Spouse coverage ends upon valid decree of divorce.

Rider Termination - The riders terminate: at the end of the grace period; or if the policy terminates; or on the next renewal date after you request termination.

Policy and Rider(s) Waiting Period - The policy and rider(s) have a 30-day waiting period that starts on the effective date. Benefits are not paid for any person diagnosed with cancer or a specified disease before coverage is in force 30 days from the effective date. If diagnosis is after signing the application, but before the end of the waiting period. Benefits for treatment of that cancer or specified disease will apply to losses beginning after 2 years from the effective date; or, you may void the policy and receive a full refund of premium.

Exceptions and Limitations - (a) Benefits are not paid for any loss, except for losses due to cancer or specified disease. (b) Benefits are not paid for losses caused, complicated, worsened or affected by cancer or a specified disease or as a result of cancer or specified disease treatment. (c) Treatment must be received in the U.S. or its territories.

Hospice Care Team Benefit Limitation - Services for food or meals, well-baby care, volunteers or support for the family after covered person's death are not covered.

Radiation Therapy, Radio-Active Isotopes Therapy, Chemotherapy and Immunotherapy Limitations - Does not pay for: treatment emergency room charges; dressings; medications other than chemotherapeutic drugs; medical supplies; X-rays, scans, and their interpretations.

Hospital Intensive Care Rider (ICR2) Exceptions and Limitations - (a) Benefits are not paid due to: (1) an attempted suicide or self-inflicted injury; (2) intoxication or being under the influence of drugs not prescribed by a physician; (3) alcoholism or drug addiction. (b) Benefits are not paid for continuous intensive care confinements occurring during hospitalization that begins before the rider effective date. (c) Children born within 10 months of the rider effective date are not covered for continuous hospital intensive care confinement that occurs or begins during the first 30 days of such child's life.

¹Cancer and Specified Disease Additional Benefit (CAB) Rider must be purchased to receive the additional benefits described.

STATE VARIATIONS

Pennsylvania (changes affect pages 3 and 4) - The **Government or Charity Hospital** benefit includes: In the event the hospital does impose a charge for treatment, benefits will be as provided in any other hospital. The **Private Duty Nursing Services** benefit is payable for up to 70 days. The **Inpatient Surgery** and **Outpatient Surgery** benefits are replaced with: Pays for the reasonable and customary charges for the surgeon's fee for a surgical operation not to exceed the benefit amount. Assistant and co-surgeons are not covered. Additional Benefit **Mammography Benefit**: Pays yearly if a covered person has a mammogram, including breast ultrasound. We pay this benefit regardless of the result of the test(s). There is no limit as to the number of years a covered person can receive this cancer screening test. The **Wellness Benefit Rider (WBR5)** is replaced with: **Wellness Benefit Rider (WBR3)** - Pays yearly 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; Pap smear, including ThinPrep Pap Test; PSA (blood test for prostate cancer); Serum Protein Electrophoresis (test for myeloma); or biopsy for skin cancer. Pays only once each calendar year. Pays regardless of the result of the test(s). The **Hospital Intensive Care Rider (ICR2)** is not available. In the **Eligibility/Termination** paragraph, the following is added to item (b): 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. In the **Exceptions and Limitations** paragraph, item (b) is deleted.

This material is valid as long as information remains current, but in no event later than June 3, 2014. Benefits are provided by the following forms or state variations thereof: CP10B, CLR1, CPR1, CABR1, ICR2, and WBR5. Coverage is provided by limited benefit supplemental insurance.

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 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 policyholder and the insurance company. For complete details, contact your Insurance Agent, or call Allstate Benefits at 1-800-521-3535. Underwritten by American Heritage Life Insurance Company. This is a brief overview of the benefits available under the Cancer CP10 Policy issued by Allstate Benefits. Details of the insurance, including exclusions, restrictions and other provisions are included in the policy and riders issued.

This brochure is for use in: PA



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

©2011 Allstate Insurance Company. www.allstate.com or allstateatwork.com.

cancer

	Basic	Enhanced
RIDER BENEFIT		
Cancer Initial Diagnosis Level Benefit	\$5,000 ¹	\$10,000 ¹
Cancer Initial Diagnosis Progressive Benefit	\$800 ¹	\$1,200 ¹
RADIATION/CHEMOTHERAPY BENEFITS		
Radiation Therapy, Radio-Active Isotopes Therapy, Chemotherapy, and Immunotherapy*	\$10,000 ²	\$15,000 ^{2,3}
Blood, Plasma, and Platelets*	\$10,000 ²	\$15,000 ^{2,3}
SURGERY AND RELATED BENEFITS		
Surgery*	\$3,500	\$3,500
Second Surgical Opinion*	\$200	\$250 ³
Anesthesia* (% of surgery)	25% ⁴	25% ⁴
Ambulatory Surgical Center* (per day)	\$250	\$375 ³
HOSPITAL CONFINEMENT BENEFITS		
Hospital Confinement (per day)	\$200	\$250 ³
Extended Hospital Confinement* (per day)	\$200	\$300 ³
Government or Charity Hospital (per day)	\$100	\$100
Private Duty Nursing Services* (per day)	\$100	\$150 ³
Extended Care Facility* (per day)	\$100	\$100
At Home Nursing* (per day)	\$100	\$100
LODGING AND TRANSPORTATION BENEFITS		
Ambulance*	\$200	\$200
Non-Local Transportation (Coach Fare or amt. per mile)	\$0.40	\$0.45 ³
Family Member Transportation (Coach Fare or amt. per mile)	\$0.40	\$0.45 ³
Family Member Lodging* (per day)	\$100	\$100
Outpatient Lodging* (per day)	\$100 ⁵	\$100 ⁵
MISCELLANEOUS BENEFITS		
Hospice Care* (per day)	\$100	\$150 ³
Inpatient Drugs and Medicine* (per day)	\$10	\$20 ³
Physician's Attendance* (per day)	\$30	\$40 ³
New or Experimental Treatment*	\$10,000 ²	\$10,000 ²
Physical or Speech Therapy* (per day)	\$25	\$50 ³
Prosthesis*	\$2,000 ⁶	\$2,000 ⁶
Skin Cancer*	\$120 ⁷	\$120 ⁷
Mammography (per year)	\$75	\$75
Premium Waiver	yes	yes
RIDER BENEFITS		
Wellness (per year)	\$75	\$100
Cancer and Specified Disease Additional Benefits		
Medical Imaging* (per year)	No	\$250
Comfort/Anti-Nausea* (per year)	No	\$100
Hematological Drugs* (per year)	No	\$100
Hair Prosthesis (every 2 years)	No	\$25
Non-Surgical External Breast Prosthesis*	No	\$50

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

- * Pays for charges/costs up to amount listed.
- ¹ One time benefit.
- ² Per 12 mos.
- ³ Includes the CAB. Rider which increases the base policy benefit.
- ⁴ \$100 for Skin Cancer.
- ⁵ Limit \$4,000 per 12 mo. period.
- ⁶ Per amputation.
- ⁷ For first removal. \$60 each additional removal.



Allstate
Benefits

CANCER INSURANCE

the right coverage • your future • great choice

premiums

MODE	BASIC (200) PLAN	EE	F
Weekly	Cancer Plan	\$6.80	\$11.72
Bi-Weekly	Cancer Plan	\$13.60	\$23.44
Semi-Monthly	Cancer Plan	\$14.72	\$25.40

MODE	ENHANCED (300) PLAN	EE	F
Weekly	Cancer Plan	\$9.54	\$16.96
Bi-Weekly	Cancer Plan	\$19.08	\$33.92
Semi-Monthly	Cancer Plan	\$20.66	\$36.73

EE = Employee; F = Family.

Issue Ages: 18-60

This insert is for use in: PA

This insert is part of brochure ABJ19801X and is not to be used on its own. Allstate Benefits is the marketing name used by American Heritage Life Insurance Company (Home Office, Jacksonville, FL), a subsidiary of The Allstate Corporation. ©2011 Allstate Insurance Company. www.allstate.com or allstateatwork.com.