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.

THIS POLICY IS NOT A POLICY OF WORKERS' COMPENSATION INSURANCE. THE EMPLOYER DOES NOT BECOME A SUBSCRIBER TO THE WORKERS' COMPENSATION SYSTEM BY PURCHASING THE POLICY, AND IF THE EMPLOYER IS A NON-SUBSCRIBER, THE EMPLOYER LOSES THOSE BENEFITS WHICH WOULD OTHERWISE ACCRUE UNDER THE WORKERS' COMPENSATION LAWS. THE EMPLOYER MUST COMPLY WITH THE WORKERS' COMPENSATION LAW AS IT PERTAINS TO NON-SUBSCRIBERS AND THE REQUIRED NOTIFICATIONS THAT MUST BE FILED AND POSTED. (TX only)

GVCP3

GROUP CANCER INSURANCE

Best in Benefits Series℠

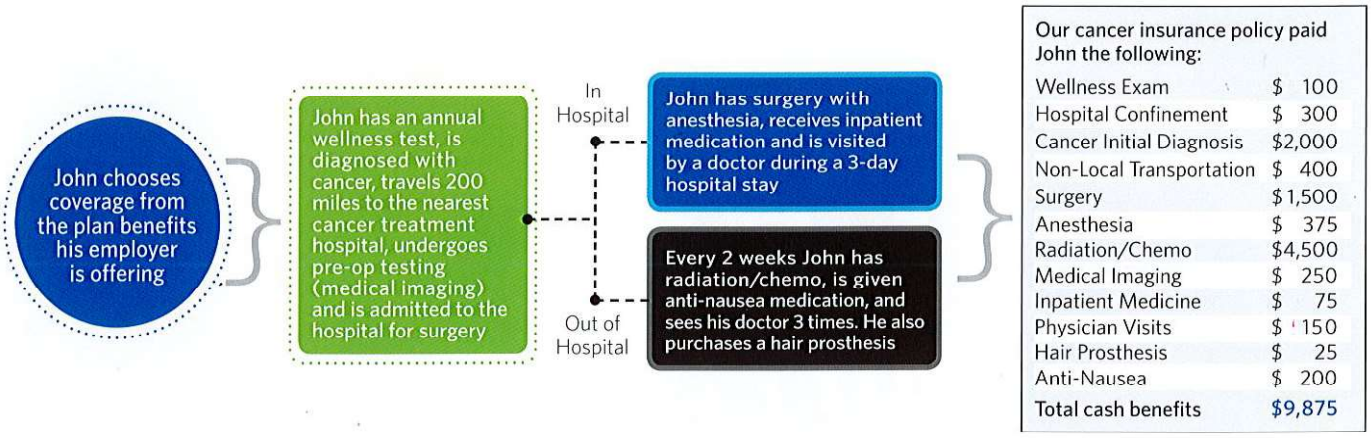
Allstate Benefits

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.*



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

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. Benefit amounts are shown on pages 2a and/or 2b.

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, Thallasemia, 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 - Pays for each day of inpatient confinement.

Government or Charity Hospital - Pays 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 - 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 confinement (within 14 days of a hospital stay).

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

Hospice Care - Pays 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 - Pays 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. Does not include donor replaced blood or immunoglobulins.

Medical Imaging - Pays for an initial diagnosis or follow-up evaluation.

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

SURGERY AND RELATED BENEFITS

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

Anesthesia - Pays 25% of surgery benefit.

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.

MISCELLANEOUS BENEFITS

Inpatient Drugs and Medicine - Pays daily for inpatient drugs and medicine.

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

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

Non-Local Transportation - Pays transportation for treatment not available locally (up to 700 miles).

Outpatient Lodging - Pays daily for lodging when receiving 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 when confined at a non-local hospital for specialized treatment (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 for physician-approved new or experimental treatments not paid under other benefits.

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

Hair Prosthesis - Pays 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.

Anti-Nausea Benefit - Pays 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.

*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.

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: 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.

Intensive Care - Pays daily for Intensive Care Unit Confinements (up to 45 days for each stay), Step-down Intensive Care Unit Confinements (up to 45 days for each stay) and air or surface ambulance to a hospital intensive care unit.

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.

Intensive Care Benefits Exclusions and Limitations - (a) Benefits are not paid for: (1) 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 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 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 confinement occurring or beginning during the first 30 days of the child's life. (f) We do not pay for ambulance if paid under the cancer and specified disease ambulance benefit.

STATE VARIATIONS

Georgia **(change affects page 4)** – In the **Intensive Care Exclusions and Limitations**, item (e) is deleted.

Louisiana **(change affects page 4)** –**Eligibility**, item (a) has the following added: Coverage may also include your grandchildren in your legal custody.

Puerto Rico **(changes affect page 4)** – The **Portability Privilege** is replaced with: **Conversion Privilege** - Coverage may be converted to an individual policy when coverage under the group policy ends. Item (a) of the Pre-Existing Condition Limitation is replaced with: AB does not pay benefits for a pre-existing condition, during the 8-month period beginning on the date that person's coverage starts.

Texas **(change affects page 4)** – **Eligibility**, item (a) had the following added: Coverage may also include your dependent grandchildren living in your home and a legal ward.

This material is valid as long as information remains current, but in no event later than January 1, 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 enrollments which are sitused in: AL, AR, GA, LA, MS, PR, TX, VI

Allstate Benefits

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

HOSPITAL AND RELATED BENEFITS		LOW	HIGH
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 Center (daily) Hospice Care Team (per visit)		1. $200 2. $200	1. $300 2. $300
RADIATION, CHEMOTHERAPY & RELATED BENEFITS			
Radiation/Chemotherapy for Cancer (every 12 mos.)		$10,000*	$10,000*
Blood, Plasma, and Platelets (every 12 mos.)		$10,000*	$10,000*
Medical Imaging (yearly)		$500*[4]	$500*[4]
Hematological Drugs (yearly)		$200*	$200*
SURGERY AND RELATED BENEFITS			
Surgery		$3,000*[2]	$4,500*[2]
Anesthesia (% of surgery)		25%	25%
Ambulatory Surgical Center (daily)		$500	$750
Second Opinion		$400	$600
Bone Marrow or Stem Cell Transplant	1. Autologous 2. Non-autologous 3. Non-autologous for leukemia	1. $1,000[4] 2. $2,500[4] 3. $5,000[4]	1. $1,500[4] 2. $3,750[4] 3. $7,500[4]
MISCELLANEOUS BENEFITS			
Inpatient Drugs and Medicine (daily)		$25	$25
Physician's Attendance (daily)		$50	$50
Ambulance (per confinement)		$100	$100
Non-Local Transportation (per trip or 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 trip or mile)		$50* Coach Fare or $0.40	$50* Coach Fare or $0.40
Physical or Speech Therapy (daily)		$50	$50
New or Experimental Treatment (every 12 mos.)		$5,000*	$5,000*
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[5]	$5,000[5]
Wellness (yearly)		$100[4]	$100[4]
Intensive Care	1. Intensive Care Confinement (daily) 2. Step-down Confinement (daily) 3. Air/Surface Ambulance	1. $200 2. $100 3. Charges	1. $400 2. $200 3. 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] Based on procedure up to maximum shown

[3] Per amputation

[4] Payable once/per covered person/per calendar year

[5] One time benefit

premiums

MODE	PLAN	EE	EE + SP	EE + CH	F
Weekly	Low	$5.63	$8.79	$7.87	$11.03
	High	$7.28	$11.46	$10.32	$14.50
Monthly	Low	$24.36	$38.06	$34.10	$47.78
	High	$31.51	$49.66	$44.69	$62.82

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: AL, AR, GA, LA, MS, PR, TX

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