



1.596
MILLION

Benefit coverage for
City of Huntsville, Alabama

In the United States, about 1,596,670 new cancer cases were expected to be diagnosed in 2011.¹

¹ *Cancer Facts & Figures*, American Cancer Society, 2011.

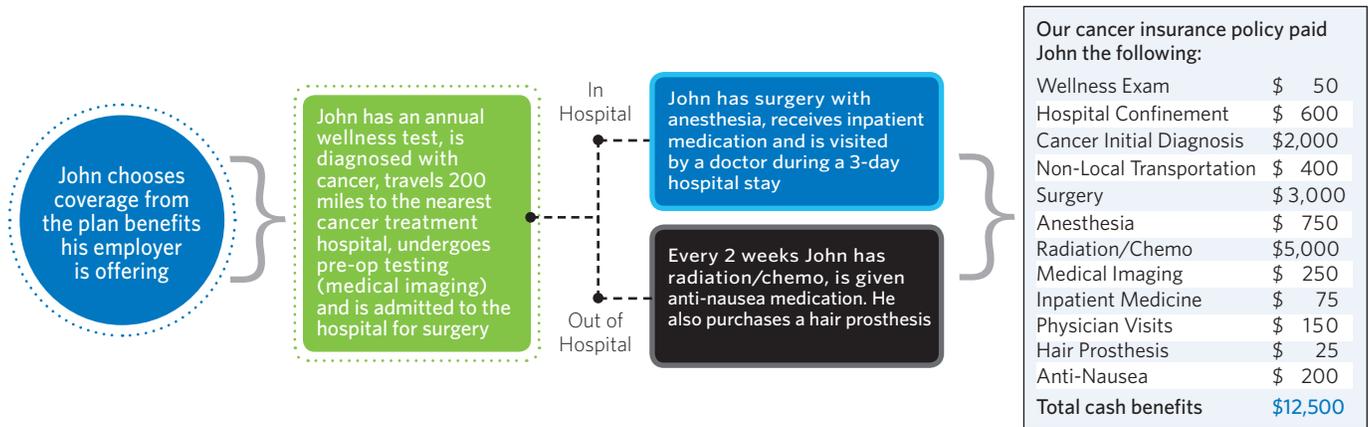


cancer

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

👍 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, 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 - 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, 2011.

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.

OPTIONAL/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 Test; 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.

*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.

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.



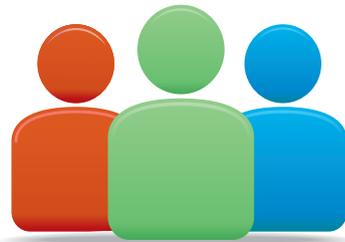
Now Is The Time...

Don't wait for a diagnosis

Being diagnosed with cancer can be one of the most frightening experiences anyone has to face, especially if you are unprepared. The out-of-pocket costs associated with cancer treatment can eat at your finances. Don't wait for a diagnosis to decide you need coverage, because by that time it will be too late. Get the protection you need today, and rest easy knowing you are protected in the event you are diagnosed.

Budget friendly

Sometimes, receiving proper cancer treatment is difficult if money is tight. That's where we can help. Your employer has worked with us to create a supplemental benefit package that can fit your needs and work within your budget.



In the near future, cancer costs may increase at a faster rate than overall medical expenditures. Costs also are likely to increase as new, more advanced and more expensive treatments are adopted as standards of care.³

Our supplemental insurance can help you and your family cover expenses if the unexpected happens. It is never too early to prepare for the future.

³Cancer Trends Progress Report 2009/2010. National Cancer Institute. Bethesda, MD

This material is valid as long as information remains current, but in no event later than September 15, 2015. Group Cancer and Specified Disease benefits provided by policy GVCP3, or state variations thereof.

The policy is Limited Benefit Critical Illness Insurance.

The policy does not provide benefits for any other sickness or condition. 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. For complete details, contact your Insurance Agent, or call **1-800-521-3535**. 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.

This brochure is for use in the City of Huntsville, Alabama, enrollment situated in AL.



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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Benefit coverage for
City of Huntsville, Alabama
group voluntary cancer

	LOW	MEDIAN	HIGH
HOSPITAL AND RELATED BENEFITS			
Continuous Hospital Confinement (daily)	\$200	\$300	\$300
Government or Charity Hospital (daily)	\$200	\$300	\$300
Private Duty Nursing Services (daily)	\$200	\$300	\$300
Extended Care Facility (daily)	\$200	\$300	\$300
At Home Nursing (daily)	\$200	\$300	\$300
Hospice Care Center (daily)	1. \$200	1. \$300	1. \$300
Hospice Care Team (per visit)	2. \$200	2. \$300	2. \$300
RADIATION, CHEMOTHERAPY & RELATED BENEFITS			
Radiation/Chemotherapy for Cancer (every 12 mos.)	\$5,000*	\$7,500*	\$7,500*
Blood, Plasma, and Platelets (every 12 mos.)	\$5,000*	\$7,500*	\$7,500*
Medical Imaging (yearly)	\$250* ⁴	\$375* ⁴	\$375* ⁴
Hematological Drugs (yearly)	\$100*	\$150*	\$150*
SURGERY AND RELATED BENEFITS			
Surgery	\$3,000* ²	\$6,000* ²	\$6,000* ²
Anesthesia (% of surgery)	25%	25%	25%
Ambulatory Surgical Center (daily)	\$500	\$1,000	\$1,000
Second Opinion	\$400	\$800	\$800
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. \$2,000 ⁴ 2. \$5,000 ⁴ 3. \$10,000 ⁴
MISCELLANEOUS BENEFITS			
Inpatient Drugs and Medicine (daily)	\$25	\$25	\$25
Physician's Attendance (daily)	\$50	\$50	\$50
Ambulance (per confinement)	\$100	\$100	\$100
Non-Local Transportation (per trip or mile)	Coach Fare or \$0.40	Coach Fare or \$0.40	Coach Fare or \$0.40
Outpatient Lodging (daily)	\$50* ¹	\$50* ¹	\$50* ¹
Family Member Lodging and Transportation (per trip or mile)	\$50* Coach Fare or \$0.40	\$50* Coach Fare or \$0.40	\$50* Coach Fare or \$0.40
Physical or Speech Therapy (daily)	\$50	\$50	\$50
New or Experimental Treatment (every 12 mos.)	\$5,000*	\$5,000*	\$5,000*
Prosthesis	\$2,000* ³	\$2,000* ³	\$2,000* ³
Hair Prosthesis (every 2 years)	\$25	\$25	\$25
Nonsurgical External Breast Prosthesis	\$50*	\$50*	\$50*
Anti-Nausea Benefit (yearly)	\$200*	\$200*	\$200*
Waiver of Premium (primary insured only)	Yes	Yes	Yes
OPTIONAL/ADDITIONAL BENEFITS			
Cancer Initial Diagnosis	\$2,000 ⁵	\$2,000 ⁵	\$5,000 ⁵
Wellness (yearly)	\$50 ⁴	\$75 ⁴	\$75 ⁴
Intensive Care	1. Intensive Care Confinement (daily) 2. Step-down Confinement (daily) 3. Air/Surface Ambulance	1. n/a 2. n/a 3. n/a	1. \$200 2. \$100 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
Bi-Weekly	Low	\$7.54	\$11.68	\$10.66	\$14.78
	Median	\$11.54	\$17.76	\$16.26	\$22.50
	High	\$13.34	\$20.88	\$19.00	\$26.52

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

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