Cancer Insurance

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.

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.

Meeting Your Needs
• Guaranteed Issue, meaning no medical questions to answer at initial enrollment
• Includes coverage for cancer and 29 specified diseases
• Benefits are paid directly to you unless otherwise assigned
• Coverage available for dependents
• Waiver of premium after 90 days of disability due to cancer for as long as your disability lasts (employee only)
• Coverage may be continued; refer to your certificate for details
• Additional benefits have been added to enhance your coverage

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.

THIS IS NOT A POLICY OF WORKERS’ COMPENSATION INSURANCE. THE EMPLOYER DOES NOT BECOME A SUBSCRIBER TO THE WORKERS’ COMPENSATION SYSTEM BY PURCHASING THIS 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.

1Life After Cancer: Survivorship by the Numbers, American Cancer Society, 2017
2Cancer Treatment & Survivorship Facts & Figures, 2016-2017

Offered to the employees of:
Ector County ISD
Meet TJ
TJ is like anyone else who has been diagnosed with cancer. He is concerned about his wife and how she will cope with his disease and its treatment. Most importantly, he worries about how he will pay for his treatment.

Here is what weighs heavily on his mind:
• Major medical only pays a portion of the expenses associated with my treatment
• I have copays I am responsible for until I meet my deductible
• If I am not working due to treatments, I must cover my bills, rent/mortgage, groceries and other daily expenses
• If the right treatment is not available locally, I will have to travel to get the treatment I need

Here’s how TJ’s story of diagnosis and treatment turned into a happy ending, because he had supplemental Cancer Insurance to help with expenses.

TJ chooses benefits to help protect himself and his wife if diagnosed with cancer or a specified disease

TJ undergoes his annual wellness test and is diagnosed for the first time with prostate cancer. His doctor reviews the results with him and recommends pre-op testing and surgery.

Here’s TJ’s treatment path:
• TJ travels to a specialized hospital 400 miles from where he lives and undergoes pre-op testing
• He is admitted to the hospital for laparoscopic prostate cancer surgery
• TJ undergoes surgery and spends several hours in the recovery waiting room
• He is transferred to his room where he is visited by his doctor during a 2-day hospital stay
• TJ is released under doctor required treatment and care during a 2-month recovery period

TJ continues to fight his cancer and follow his doctor recommended treatments.

TJ’s Cancer claim paid him cash benefits for the following:

- Wellness
- Cancer Initial Diagnosis
- Continuous Hospital Confinement
- Non-Local Transportation
- Surgery
- Anesthesia
- Medical Imaging
- Inpatient Drugs and Medicine
- Physician’s Attendance
- Anti-Nausea

For a listing of benefits and benefit amounts, see your company’s rate insert.
Using your cash benefits
Cash benefits provide you with options, because you decide how to use them.

Finances
Can help protect HSAs, savings, retirement plans and 401(k)s from being depleted.

Travel
Can help pay for expenses while receiving treatment in another city.

Home
Can help pay the mortgage, continue rental payments, or perform needed home repairs for after care.

Expenses
Can help pay your family’s living expenses such as bills, electricity, and gas.

MyBenefits: 24/7 Access
allstatebenefits.com/mybenefits
An easy-to-use website that offers 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.

Wellness Benefit
Biopsy for skin cancer; Blood tests for triglycerides, CA15-3 (breast cancer), CA125 (ovarian cancer), CEA (colon cancer), PSA (prostate cancer); Bone Marrow Testing; Chest X-ray; Colonoscopy; Doppler screening for carotids or peripheral vascular disease; Echocardiogram; EKG; Flexible sigmoidoscopy; Hemoccult 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.

Benefits (subject to maximums as listed on the attached rate insert)

HOSPITAL CONFINEMENT AND RELATED BENEFITS
Continuous Hospital Confinement - inpatient admission and confinement
Government or Charity Hospital - confinements in lieu of all other benefits, except Waiver of Premium
Private Duty Nursing Services - full-time nursing services authorized by attending physician
Extended Care Facility - within 14 days of a hospital stay; payable up to the number of days of the hospital stay
At Home Nursing - private nursing care must begin within 14 days of a covered hospital stay; payable up to the number of days of the previous hospital stay
Hospice Care Center or Team - terminal illness care in a facility or at home; one visit per day

RADIATION/CHEMOTHERAPY AND RELATED BENEFITS
Radiation/Chemotherapy for Cancer - covered treatments to destroy or modify cancerous tissue
Blood, Plasma and Platelets - transfusions, administration, processing, procurement, cross matching
Hematological Drugs - boosts cell lines for white/red cell counts and platelets; payable when Radiation/Chemotherapy for Cancer benefit is paid
Medical Imaging - initial diagnosis or follow-up evaluation based on covered imaging exam

SURGERY AND RELATED BENEFITS
Surgery* - based on Certificate Schedule of Surgical Procedures
Anesthesia - 25% of Surgery benefit for anesthesia received by an anesthetist
Bone Marrow or Stem Cell Transplant - autologous, non-autologous for treatment of cancer or specified disease other than Leukemia, or non-autologous for treatment of Leukemia
Ambulatory Surgical Center - payable only if Surgery benefit is paid
Second Opinion - second opinion for surgery or treatment by a doctor not in practice with your doctor

MISCELLANEOUS BENEFITS
Inpatient Drugs and Medicine - not including drugs/medicine covered under the Radiation/Chemotherapy for Cancer or Anti-Nausea benefits
Physician’s Attendance - one inpatient visit by one physician
Ambulance - transfer to or from hospital where confined by a licensed service or hospital-owned ambulance
Non-Local Transportation - obtaining treatment not available locally
Outpatient Lodging - more than 100 miles from home
Family Member Lodging and Transportation - adult family member travels with you during non-local hospital stays for specialized treatment. Transportation not paid if Non-Local Transportation benefit is paid
Physical or Speech Therapy - to restore normal body function
New or Experimental Treatment - payable if physician judges to be necessary and only for treatment not covered under other policy benefits
Prosthesis - surgical implantation of prosthetic device for each amputation
Hair Prosthesis - wig or hairpiece every two years due to hair loss
Nonsurgical External Breast Prosthesis - initial prosthesis after a covered mastectomy
Anti-Nausea Benefit - prescribed anti-nausea medication administered on outpatient basis
Waiver of Premium** - must be disabled 90 days in a row due to cancer, as long as disability lasts

ADDITIONAL BENEFITS
Cancer Initial Diagnosis - for first-time diagnosis of cancer other than skin cancer
Intensive Care (ICU) a. ICU Confinement - illness or accident confinements up to 45 days/stay
   b. Step-down ICU Confinement - confinements up to 45 days/stay
   c. Ambulance - licensed air or surface ambulance service to ICU
Wellness Benefit - once per year for one of 23 exams. See left for list of wellness tests

SPECIFIED DISEASES
29 Specified Diseases Covered - Amyotrophic Lateral Sclerosis (Lou Gehrig’s Disease), Muscular Dystrophy, Poliomyelitis, Multiple Sclerosis, Eosinophilia, 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

*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. Does not pay for other surgeries covered by other benefits. **Premiums waived for employee only
DEFINITIONS
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.

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

Termination of Coverage
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.

Spouse/domestic partner coverage ends upon divorce/termination of partnership or your death. 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. Refer to your Certificate of Insurance for details.

LIMITATIONS AND EXCLUSIONS
Pre-Existing Condition Limitation
We do not pay benefits for a pre-existing condition during the 12-month period beginning on the date that person's coverage starts. 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. A pre-existing condition can exist even though a diagnosis has not yet been made.

Exclusions and Limitations
We do not pay for any loss except for losses due to cancer or a specified disease. 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.

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

Blood, Plasma and Platelets Limitation: Does not include immunoglobulins or blood replaced by donors.

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.

For the Radiation/Chemotherapy for Cancer benefit, we do not pay for: any other chemical substance which may be administered with or in conjunction with radiation/chemotherapy; treatment planning, consultation or management; the design and construction of treatment devices; basic radiation dosimetry calculation; any type of laboratory tests; X-ray or other imaging used for diagnosis or monitoring; the diagnostic tests related to these treatments; or any devices or supplies including intravenous solutions and needles related to these treatments.

Intensive Care Exclusions and Limitations
Benefits are not paid for attempted suicide or intentional self-inflicted injury, intoxication or being under the influence of drugs not prescribed by a physician, or alcoholism or drug addiction. 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, or step-down and other lesser care units. 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. Benefits are not paid for continuous confinements occurring during a hospitalization prior to the effective date. 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. We do not pay for ambulance if paid under the Cancer and Specified Disease Ambulance benefit.

This brochure is for use in enrollments situated in TX and is incomplete without the accompanying rate insert.
Rev. 9/18. This material is valid as long as information remains current, but in no event later than September 15, 2021.
Group Cancer benefits are provided under policy form GVCF3 or state variations thereof.
The coverage provided is 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. There may be instances when a law requires that benefits under this coverage be paid to a third party, rather than to you. If you or a dependent have coverage under Medicare, Medicaid, or a state variation, please refer to your health insurance documents to confirm whether assignments or liens may apply.
This is a brief overview of the benefits available under the group policy underwritten by American Heritage Life Insurance Company (Home Office, Jacksonville, FL). Details of the coverage, including exclusions and other limitations are included in the certificates issued. For additional information, you may contact your Allstate Benefits Representative.
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.
## Benefit Amounts

### Hospital Confinement and Related Benefits

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Plan 1</th>
<th>Plan 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continuous Hospital Confinement (daily)</td>
<td>$100</td>
<td>$200</td>
</tr>
<tr>
<td>Government or Charity Hospital (daily)</td>
<td>$100</td>
<td>$200</td>
</tr>
<tr>
<td>Private Duty Nursing Services (daily)</td>
<td>$100</td>
<td>$200</td>
</tr>
<tr>
<td>Extended Care Facility (daily)</td>
<td>$100</td>
<td>$200</td>
</tr>
<tr>
<td>At Home Nursing (daily)</td>
<td>$100</td>
<td>$200</td>
</tr>
<tr>
<td>Hospice Care Center (daily) or</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospice Care Team (per visit)</td>
<td>$100</td>
<td>$200</td>
</tr>
</tbody>
</table>

### Radiation/Chemotherapy/Related Benefits

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Plan 1</th>
<th>Plan 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Radiation/Chemotherapy for Cancer (every 12 months)</td>
<td>$10,000</td>
<td>$20,000</td>
</tr>
<tr>
<td>Blood, Plasma, and Platelets (every 12 months)</td>
<td>$10,000</td>
<td>$20,000</td>
</tr>
<tr>
<td>Hematological Drugs (every 12 months)</td>
<td>$200</td>
<td>$400</td>
</tr>
<tr>
<td>Medical Imaging (every 12 months)</td>
<td>$500</td>
<td>$1,000</td>
</tr>
</tbody>
</table>

### SURGICAL AND RELATED BENEFITS

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Plan 1</th>
<th>Plan 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgery</td>
<td>$1,500</td>
<td>$4,500</td>
</tr>
<tr>
<td>Anesthesia (as % of surgery benefit)</td>
<td>25%</td>
<td>25%</td>
</tr>
</tbody>
</table>

### Bone Marrow or Stem Cell Transplant (once/year)

<table>
<thead>
<tr>
<th>Type</th>
<th>Plan 1</th>
<th>Plan 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Autologous</td>
<td>$500</td>
<td>$1,500</td>
</tr>
<tr>
<td>Non-autologous (cancer or specified disease treatment)</td>
<td>$1,250</td>
<td>$3,750</td>
</tr>
<tr>
<td>Non-autologous (Leukemia)</td>
<td>$2,500</td>
<td>$7,500</td>
</tr>
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</table>

### Ambulatory Surgical Center (daily)

- $250   $750

### Second Opinion

- $200   $600

### Miscellaneous Benefits

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Plan 1</th>
<th>Plan 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient Drugs and Medicine (daily)</td>
<td>$25</td>
<td>$25</td>
</tr>
<tr>
<td>Physician’s Attendance (daily)</td>
<td>$50</td>
<td>$50</td>
</tr>
<tr>
<td>Ambulance (per confinement)</td>
<td>$100</td>
<td>$100</td>
</tr>
<tr>
<td>Non-Local Transportation (coach fare or amount shown per mile)</td>
<td>$0.40/mi</td>
<td>$0.40/mi</td>
</tr>
<tr>
<td>Outpatient Lodging (daily; limit $2,000/12 mo. period)</td>
<td>$50</td>
<td>$50</td>
</tr>
<tr>
<td>Family Member Lodging (daily per trip; max. 60 days) and Transportation (coach fare or amount shown per mile)</td>
<td>$50</td>
<td>$50</td>
</tr>
<tr>
<td>Physical or Speech Therapy (daily)</td>
<td>$50</td>
<td>$50</td>
</tr>
<tr>
<td>New or Experimental Treatment (every 12 months)</td>
<td>$5,000</td>
<td>$5,000</td>
</tr>
<tr>
<td>Prosthesis (per amputation)</td>
<td>$2,000</td>
<td>$2,000</td>
</tr>
<tr>
<td>Hair Prosthesis (every 2 years)</td>
<td>$25</td>
<td>$25</td>
</tr>
<tr>
<td>Nonsurgical External Breast Prosthesis</td>
<td>$50</td>
<td>$50</td>
</tr>
<tr>
<td>Anti-Nausea Benefit</td>
<td>$200</td>
<td>$200</td>
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### Additional Benefits

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Plan 1</th>
<th>Plan 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer Initial Diagnosis (one-time benefit)</td>
<td>$1,000</td>
<td>$3,000</td>
</tr>
<tr>
<td>Intensive Care (ICU)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ICU (daily)</td>
<td>$200</td>
<td>$300</td>
</tr>
<tr>
<td>Step-down (daily)</td>
<td>$100</td>
<td>$150</td>
</tr>
<tr>
<td>Ambulance</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Wellness Benefit

- $50     $100

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1 Pays actual cost up to amount listed. 2 Pays actual charges up to amount listed in certificate Schedule of Surgical Procedures. Amount paid depends on surgery. 3 Pays actual charges up to amount listed. **Maximum of 700 miles.**
**PLAN 1 PREMIUMS**

<table>
<thead>
<tr>
<th>MODE</th>
<th>EE</th>
<th>EE + SP</th>
<th>EE + CH</th>
<th>F</th>
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</thead>
<tbody>
<tr>
<td>17thly</td>
<td>$13.19</td>
<td>$20.47</td>
<td>$18.70</td>
<td>$25.97</td>
</tr>
<tr>
<td>Monthly</td>
<td>$18.68</td>
<td>$28.99</td>
<td>$26.49</td>
<td>$36.78</td>
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**PLAN 2 PREMIUMS**

<table>
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<tr>
<th>MODE</th>
<th>EE</th>
<th>EE + SP</th>
<th>EE + CH</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>17thly</td>
<td>$27.37</td>
<td>$42.40</td>
<td>$38.86</td>
<td>$53.88</td>
</tr>
<tr>
<td>Monthly</td>
<td>$38.77</td>
<td>$60.06</td>
<td>$55.05</td>
<td>$76.33</td>
</tr>
</tbody>
</table>

Issue ages: 18 and over if actively at work

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