

Cancer Insurance (CP12)

Includes coverage for 23 Specified Diseases from Allstate Benefits

BENEFIT AMOUNTS

HOSPITAL CONFINEMENT/RELATED BENEFITS		PLAN 1	PLAN 2
Continuous Hospital Confinement (daily)		\$100	\$300
Government or Charity Hospital (daily)		\$100	\$300
Private Duty Nursing Services (daily)		\$100	\$300
Extended Care Facility (daily)†		\$100	\$300
At Home Nursing (daily)†		\$100	\$300
Hospice Care Center or Team	First Day	\$1,000	\$3,000
	Days 2+	\$100	\$300
RADIATION/CHEMOTHERAPY/RELATED BENEFITS		PLAN 1	PLAN 2
Radiation/Chemotherapy	Up to	\$5,000	\$15,000
for Cancer ¹ (every 12 months)	Lifetime Max	\$25,000	\$75,000
Blood, Plasma, and Platelets ¹ (every 12 months)		\$5,000	\$15,000
Medical Imaging (every 12 months)		\$100	\$300
Hematological Drugs (every 12 months)		\$250	\$750
SURGERY/RELATED BENEFITS		PLAN 1	PLAN 2
Surgery ²		\$1,500	\$4,500
Anesthesia (% of Surgery benefit)		25%	25%
Ambulatory Surgical Center (daily)		\$250	\$750
Second Opinion (every 12 months)		\$100	\$300
Bone Marrow Transplant (every 12 months)		\$3,500	\$10,500
Stem Cell Transplant (every 12 months)		\$3,500	\$10,500
MISCELLANEOUS BENEFITS		PLAN 1	PLAN 2
Inpatient Drugs and Medicine (daily)		\$25	\$25
Physician's Attendance (daily)		\$50	\$50
Ambulance (per confinement)	Ground	\$250	\$250
	Air	\$10,000	\$10,000
Non-Local Transportation		\$0.50/mi	\$0.50/mi
Outpatient Lodging	Daily	\$100	\$100
	Yearly Max	\$2,000	\$2,000
Family Member Lodging (daily per trip; max. 60 days) and Transportation		\$100	\$100
		\$0.50/mi	\$0.50/mi
Physical or Speech Therapy (daily)		\$50	\$50
New or Experimental Treatment ¹ (every 12 months)		\$5,000	\$5,000
Prosthesis (per amputation)		\$2,000	\$2,000
Hair Prosthesis (every 2 years)		\$50	\$50
Nonsurgical External Breast Prosthesis (initial prosthesis)		\$100	\$100
Anti-Nausea Drugs (every 12 months)		\$200	\$200
National Cancer Institute Evaluation/Consultation (every 12 mos.)		\$500	\$500
Egg Harvesting and Storage (one-time benefit)	Extraction	\$500	\$500
	Storage	\$175	\$175
Waiver of Premium (primary insured only)		Yes	Yes
ADDITIONAL RIDER BENEFITS		PLAN 1	PLAN 2
Cancer Initial Diagnosis Level Benefit (one-time benefit)		\$2,500	\$5,000
Fixed Wellness Benefit		\$100	\$100

For Internal Home Office use only

Opt 1 - 1HOSP; 1CHEM; 1SURG; 1MISC; 0ICR5; 5CLR3; 0CPR3; 0CABR3; 4WBR6; 0WBR7

Opt 2 - 3HOSP; 3CHEM; 3SURG; 1MISC; 0ICR5; 10CLR3; 0CPR3; 0CABR3; 4WBR6; 0WBR7



For use in: Florida

This rate insert is part of the CP12 Brochure for and is not to be used on its own.

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Offered to the employees of:

PLAN 1 WEEKLY PREMIUMS

AGES	INDIVIDUAL	FAMILY
18-64	\$4.73	\$9.28
65-69	\$10.21	\$19.26
70-74	\$12.07	\$22.10
75-80	\$13.49	\$24.96

PLAN 1 BI-WEEKLY PREMIUMS

AGES	INDIVIDUAL	FAMILY
18-64	\$9.46	\$18.56
65-69	\$20.42	\$38.52
70-74	\$24.14	\$44.20
75-80	\$26.98	\$49.92

PLAN 1 SEMI-MONTHLY PREMIUMS

AGES	INDIVIDUAL	FAMILY
18-64	\$10.24	\$20.10
65-69	\$22.12	\$41.72
70-74	\$26.14	\$47.88
75-80	\$29.22	\$54.07

PLAN 1 MONTHLY PREMIUMS

AGES	INDIVIDUAL	FAMILY
18-64	\$20.48	\$40.20
65-69	\$44.24	\$83.44
70-74	\$52.27	\$95.75
75-80	\$58.44	\$108.14

PLAN 2 WEEKLY PREMIUMS

AGES	INDIVIDUAL	FAMILY
18-64	\$10.39	\$20.43
65-69	\$23.36	\$44.89
70-74	\$27.56	\$51.60
75-80	\$30.83	\$58.12

PLAN 2 BI-WEEKLY PREMIUMS

AGES	INDIVIDUAL	FAMILY
18-64	\$20.78	\$40.86
65-69	\$46.72	\$89.78
70-74	\$55.12	\$103.20
75-80	\$61.66	\$116.24

PLAN 2 SEMI-MONTHLY PREMIUMS

AGES	INDIVIDUAL	FAMILY
18-64	\$22.51	\$44.25
65-69	\$50.61	\$97.25
70-74	\$59.71	\$111.79
75-80	\$66.78	\$125.91

PLAN 2 MONTHLY PREMIUMS

AGES	INDIVIDUAL	FAMILY
18-64	\$45.02	\$88.50
65-69	\$101.21	\$194.49
70-74	\$119.42	\$223.58
75-80	\$133.56	\$251.82

Issue Ages: 18-80

†Up to number of days of previous hospital confinement.

¹Pays actual cost up to amount listed.

²Pays up to amount listed in policy Schedule of Surgical Procedures. Amount paid depends on surgery.