

Cancer Insurance (CP12)

Includes coverage for 23 Specified Diseases from Allstate Benefits

Offered to the employees of:
Florida Colleges

BENEFIT AMOUNTS

| HOSPITAL CONFINEMENT/RELATED BENEFITS | | PLAN 1 | PLAN 2 | PLAN 3 |
|---|--------------|-----------|-----------|------------------------|
| Continuous Hospital Confinement (daily) | | \$200 | \$300 | \$400 ³ |
| Government or Charity Hospital (daily) | | \$200 | \$300 | \$400 ³ |
| Private Duty Nursing Services (daily) | | \$200 | \$300 | \$400 ³ |
| Extended Care Facility (daily)† | | \$200 | \$300 | \$400 ³ |
| At Home Nursing (daily)† | | \$200 | \$300 | \$400 ³ |
| Hospice Care Center or Team | First Day | \$2,000 | \$3,000 | \$4,000 ³ |
| | Days 2+ | \$200 | \$300 | \$400 ³ |
| RADIATION/CHEMOTHERAPY/RELATED BENEFITS | | PLAN 1 | PLAN 2 | PLAN 3 |
| Radiation/Chemotherapy for Cancer ¹ (every 12 months) | Up to | \$10,000 | \$15,000 | \$20,000 ³ |
| | Lifetime Max | \$50,000 | \$75,000 | \$100,000 ³ |
| Blood, Plasma, and Platelets ¹ (every 12 months) | | \$10,000 | \$15,000 | \$20,000 ³ |
| Medical Imaging (every 12 months) | | \$500 | \$750 | \$1,000 ³ |
| Hematological Drugs (every 12 months) | | \$200 | \$300 | \$400 ³ |
| SURGERY/RELATED BENEFITS | | PLAN 1 | PLAN 2 | PLAN 3 |
| Surgery ² | | \$3,000 | \$4,500 | \$6,000 ³ |
| Anesthesia (% of Surgery benefit) | | 25% | 25% | 25% |
| Ambulatory Surgical Center (daily) | | \$500 | \$750 | \$1,000 ³ |
| Second Opinion (every 12 months) | | \$200 | \$300 | \$400 ³ |
| Bone Marrow Transplant (every 12 months) | | \$7,000 | \$10,500 | \$14,000 ³ |
| Stem Cell Transplant (every 12 months) | | \$7,000 | \$10,500 | \$14,000 ³ |
| MISCELLANEOUS BENEFITS | | PLAN 1 | PLAN 2 | PLAN 3 |
| Inpatient Drugs and Medicine (daily) | | \$25 | \$25 | \$25 |
| Physician's Attendance (daily) | | \$50 | \$50 | \$50 |
| Ambulance (per confinement) | Ground | \$250 | \$250 | \$250 |
| | Air | \$10,000 | \$10,000 | \$10,000 |
| Non-Local Transportation | | \$0.50/mi | \$0.50/mi | \$0.50/mi |
| Outpatient Lodging | Daily | \$100 | \$100 | \$100 |
| | Yearly Max | \$2,000 | \$2,000 | \$2,000 |
| Family Member Lodging (daily per trip; max. 60 days) and Transportation | | \$100 | \$100 | \$100 |
| | | \$0.50/mi | \$0.50/mi | \$0.50/mi |
| Physical or Speech Therapy (daily) | | \$50 | \$50 | \$50 |
| New or Experimental Treatment ¹ (every 12 months) | | \$5,000 | \$5,000 | \$5,000 |
| Prosthesis (per amputation) | | \$2,000 | \$2,000 | \$2,000 |
| Hair Prosthesis (every 2 years) | | \$50 | \$50 | \$50 |
| Nonsurgical External Breast Prosthesis (initial prosthesis) | | \$100 | \$100 | \$100 |
| Anti-Nausea Drugs (every 12 months) | | \$200 | \$200 | \$200 |
| National Cancer Institute Evaluation/Consultation (every 12 mos.) | | \$500 | \$500 | \$500 |
| Egg Harvesting and Storage (one-time benefit) | Extraction | \$500 | \$500 | \$500 |
| | Storage | \$175 | \$175 | \$175 |
| Waiver of Premium (primary insured only) | | Yes | Yes | Yes |
| ADDITIONAL RIDER BENEFITS | | PLAN 1 | PLAN 2 | PLAN 3 |
| Cancer Initial Diagnosis Level Benefit (one-time benefit) | | \$3,000 | \$4,000 | \$5,000 |
| Fixed Wellness Benefit | | \$75 | \$100 | \$100 |

PLAN 1 SEMI-MONTHLY PREMIUMS

| AGES | INDIVIDUAL | FAMILY |
|-------|------------|---------|
| 18-64 | \$12.74 | \$25.16 |
| 65-69 | \$28.50 | \$56.79 |
| 70-74 | \$33.30 | \$65.48 |
| 75-80 | \$36.85 | \$72.80 |

PLAN 2 SEMI-MONTHLY PREMIUMS

| AGES | INDIVIDUAL | FAMILY |
|-------|------------|----------|
| 18-64 | \$18.77 | \$37.41 |
| 65-69 | \$41.85 | \$84.05 |
| 70-74 | \$48.73 | \$96.91 |
| 75-80 | \$53.80 | \$107.47 |

PLAN 3 SEMI-MONTHLY PREMIUMS

| AGES | INDIVIDUAL | FAMILY |
|-------|------------|----------|
| 18-64 | \$24.85 | \$48.65 |
| 65-69 | \$57.68 | \$112.80 |
| 70-74 | \$68.86 | \$132.03 |
| 75-80 | \$77.89 | \$148.25 |

RATES DO NOT INCREASE WITH AGE

FOR HOME OFFICE USE ONLY - CP12

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

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

Opt 3 - 3HOSP; 3CHEM; 3SURG; 1MISC; 0ICR5; 5CLR3; 0CPR3; 1CABR3; 4WBR6; 0WBR7



For use in: Florida

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

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¹Up to number of days of previous hospital confinement.

²Pays actual cost up to amount listed.

³Pays up to amount listed in policy Schedule of Surgical Procedures. Amount paid depends on surgery.

³Includes the CAB Rider which increases the base policy benefit.