



Group Voluntary Cancer (GVCP3)

from Allstate Benefits

See attached **Important Information About Coverage**.

Offered to the employees of: **Union Agener**

BENEFIT AMOUNTS

HOSPITAL AND RELATED BENEFITS

| | PLAN 1 |
|---|--------|
| Continuous Hospital Confinement (daily) | \$100 |
| Government or Charity Hospital (daily) | \$100 |
| Private Duty Nursing Services (daily) | \$100 |
| Extended Care Facility (daily) | \$100 |
| At Home Nursing (daily) | \$100 |
| Hospice Care Center (daily) or Hospice Care Team (per visit) | \$100 |

RADIATION/CHEMOTHERAPY AND RELATED BENEFITS

| | PLAN 1 |
|--|----------|
| Radiation/Chemotherapy for Cancer* (every 12 months) | \$20,000 |
| Blood, Plasma, and Platelets* (every 12 months) | \$20,000 |
| Medical Imaging* | \$1,000 |
| Hematological Drugs* | \$400 |

SURGERY AND RELATED BENEFITS

| | PLAN 1 |
|---|---------|
| Surgery** | \$1,500 |
| Anesthesia (% of surgery) | 25% |
| Ambulatory Surgical Center (daily) | \$250 |
| Second Opinion | \$200 |
| Bone Marrow or Stem Cell Transplant | |
| 1. Autologous | \$500 |
| 2. Non-autologous (cancer or specified disease treatment) | \$1,250 |
| 3. Non-autologous (Leukemia) | \$2,500 |

MISCELLANEOUS BENEFITS

| | PLAN 1 |
|---|--------------------------------------|
| Inpatient Drugs and Medicine (daily) | \$25 |
| Physician's Attendance (daily) | \$50 |
| Ambulance (per confinement) | \$100 |
| Non-Local Transportation* (per trip or mile) | Coach Fare or \$0.40/Mile |
| Outpatient Lodging | \$50 |
| Family Member Lodging (daily) and Transportation* (per trip or mile) | \$50 Coach Fare or \$0.40/Mile |
| Physical or Speech Therapy (daily) | \$50 |
| New or Experimental Treatment*** (every 12 months) | \$5,000 |
| Prosthesis*** | \$2,000 |
| Hair Prosthesis (every 2 years) | \$25 |
| Nonsurgical External Breast Prosthesis* | \$50 |
| Anti-Nausea Benefit* | \$200 |
| Waiver of Premium (Employee only) | Yes |

ADDITIONAL BENEFITS

| | PLAN 1 |
|---|----------|
| Cancer Initial Diagnosis (one-time benefit) | \$10,000 |
| Wellness Benefit | \$100 |

For Internal Home Office use only

1Hosp; 8Rad; 1Surg; 1Misc; 10Init; 0ICU; 4Well; 0Prog

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*Pays actual cost up to amount listed. **Pays actual charges up to amount listed in certificate Schedule of Surgical Procedures. Amount paid depends on surgery. ***Pays actual charges up to amount listed.

PREMIUMS

| MODE | EE | EE + SP | EE + CH | F |
|-------------|-----------|----------------|----------------|----------|
| Monthly | \$38.86 | \$66.00 | \$66.00 | \$66.00 |

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



For use in enrollments situated in: GA. This rate insert is part of the approved flyer for Union Agener and form ABJ30590-1; it is not to be used on its own.

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