



**Group Voluntary Cancer (GVCP3)  
from Allstate Benefits**

See attached **Important Information About Coverage.**

**BENEFIT AMOUNTS**

	<b>PLAN 1</b>
<b>HOSPITAL AND RELATED BENEFITS</b>	
Continuous Hospital Confinement (daily)	\$200
Government or Charity Hospital (daily)	\$200
Private Duty Nursing Services (daily)	\$200
<b>RADIATION/CHEMOTHERAPY AND RELATED BENEFITS</b>	
Radiation/Chemotherapy for Cancer* (every 12 months)	\$5,000
Blood, Plasma, and Platelets* (every 12 months)	\$5,000
Medical Imaging	\$250
Hematological Drugs	\$100
<b>SURGERY AND RELATED BENEFITS</b>	
Surgery**	\$3,000
Anesthesia (% of surgery)	25%
Ambulatory Surgical Center (daily)	\$500
Second Opinion	\$400
Bone Marrow or Stem Cell Transplant	
1. Autologous	\$1,000
2. Non-autologous (cancer or specified disease treatment)	\$2,500
3. Non-autologous (Leukemia)	\$5,000
<b>MISCELLANEOUS BENEFITS</b>	
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
<b>ADDITIONAL BENEFITS</b>	
Cancer Initial Diagnosis (one-time benefit)	\$5,000
Wellness Benefit	\$50
Intensive Care	
1. Intensive Care Confinement (daily)	\$200
2. Step-Down Confinement (daily)	\$100
3. Air/Surface Ambulance	Actual Charges

For Internal Home Office use only

2Hosp; 2Rad; 2Surg; 1Misc; 5Init; 2ICU; 2Well; 0Prog

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\*Pays the lesser of the amount listed or the cost. \*\*Pays the lesser of the amount listed in certificate Schedule of Surgical Procedures (amount paid depends on surgery, maximum shown) or the amount charged to you for surgery. \*\*\*Pays the lesser of the amount listed or the amount charged to you for treatment.

**PREMIUMS**

MODE	EE	EE + SP	EE + CH	F
Weekly	\$4.68	\$7.39	\$6.69	\$9.40
Bi-Weekly	\$9.36	\$14.78	\$13.38	\$18.80
Semi-Monthly	\$10.13	\$16.01	\$14.50	\$20.36
Monthly	\$20.26	\$32.01	\$28.99	\$40.71

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



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

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