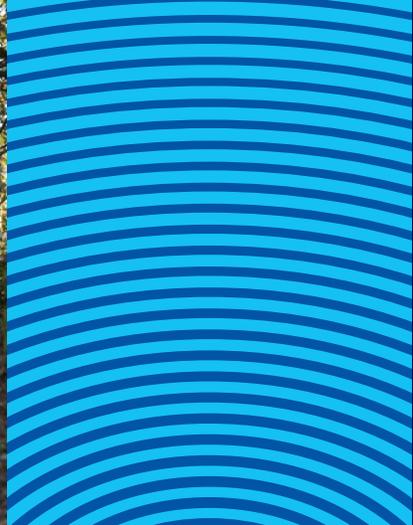




## cancer and heart/stroke

Cash benefits to help with out-of-pocket costs after a cancer, heart attack or stroke diagnosis.





# a plan for costs you can't see coming

Our bodies are remarkable and resilient in so many ways. So we don't always anticipate a life-threatening illness like cancer, heart attack<sup>1</sup>, or stroke. But should the unexpected happen, make sure you have proper coverage for yourself and your family members.

Allstate Health Solutions designed our Cancer and Heart/Stroke coverage to seamlessly work with any other medical plan you have. Plans<sup>2</sup> are affordable, easy to understand and easy to use.

As soon as you or a loved one receives a diagnosis of cancer, heart attack or stroke — you'll receive cash benefits directly from us. So you can focus on getting the care you need and not have to worry about the expenses you'll have to pay.

## Benefits in every plan

<b>Your choice of provider</b>	See any doctor or go to any hospital without network restrictions.
<b>Cash paid directly to you</b>	You're paid a lump-sum cash benefit to use any way you need to. From medical bills to catching up financially from missed work.
<b>Individual or family plans</b>	Cash benefits are paid per covered person. But you only pay one rate for any number of children.
<b>Add to any medical plan</b>	Designed to pay you benefits, in addition to any other coverage you may have.

THIS PLAN PROVIDES LIMITED BENEFITS.

<sup>1</sup>Non-ST elevation myocardial infarctions (NSTEMI) are not covered. <sup>2</sup> Plan pays Heart/Stroke benefits for coronary artery disease or cardiac arrhythmia resulting in heart attack, coronary artery disease or cardiac arrhythmia resulting in coronary artery bypass, coronary artery disease resulting in coronary angioplasty, and cerebrovascular disease resulting in stroke.

Waiting periods apply for cancer benefits and heart/stroke benefits. These waiting periods vary by state. See page 5 for details.

Benefits will not be paid for any condition that was previously diagnosed at any time prior to the effective date of the policy.

# how cancer and heart/stroke coverage works

Your Cancer and Heart/Stroke plan will pay cash benefits for a number of common diagnoses.

**There are four benefit levels available:**

Choose a guaranteed-issue benefit level of \$25,000 or \$30,000.

You can also choose a standard-issue benefit level of \$50,000 or \$75,000.

Diagnosis	Plan pays <sup>3</sup>
First-ever cancer	100% of your selected benefit amount
Coronary artery disease or cardiac arrhythmia resulting in heart attack	100% of your selected benefit amount
Coronary artery disease or cardiac arrhythmia resulting in coronary bypass	25% of your selected benefit amount
Coronary artery disease resulting in coronary angioplasty	10% of your selected benefit amount
Cerebrovascular disease resulting in stroke	100% of your selected benefit amount

**How it works**

Let's say, following a routine colonoscopy, you find out you have colon cancer. You have a Cancer and Heart/Stroke plan with a \$50,000 benefit level. Medical bills start adding up when you start treatment. And time away from work makes it hard to keep up with other expenses.

Cash benefit paid by Cancer and Heart/Stroke coverage	<u>\$50,000</u>
Your medical bills	<u>(\$14,019)</u>
<b>Your remaining cash benefits</b>	<b><u>\$35,981</u></b>

You can use the remaining \$35,981 in cash benefits any way you need to. Such as a mortgage or vehicle payments.

<sup>3</sup> For conditions paying partial benefits, your plan will pay you for other covered conditions until 100% of your selected benefit amount has been paid.

# limitations and exclusions

Cancer and Heart/Stroke coverage provides benefits for cancer; coronary artery disease, or cardiac arrhythmia resulting in heart attack; coronary artery disease, or cardiac arrhythmia resulting in coronary artery bypass; coronary artery disease resulting in coronary angioplasty; and cerebrovascular disease resulting in stroke. Plan definitions, exclusions and limitations may vary by state.

## Definitions of covered conditions

### Cancer

- A malignant tumor, including an in situ, and hematopoietic malignancy for which any of the following is recommended by your health care practitioner:
  - Radiation
  - Chemotherapy
  - Immunotherapy
  - Complete excision of an internal organ without need for further treatment

- Any metastatic cancer for which no therapy is recommended

For the purposes of this policy, cancer does not include:

- Noninvasive dermatologic carcinomas (basal cell carcinoma [BCC], squamous cell carcinomas [SCC], melanoma in-situ), cervical carcinoma in situ or other premalignant conditions such as myelodysplastic and myeloproliferative disorders, leukoplakia, hyperplasia; or
- An incidental pathological diagnosis found following surgical excision of an organ unless additional chemotherapy, radiation therapy and/or immunotherapy is recommended.

Please note that in most states, a 90-day waiting period applies to Cancer benefits, and a 30-day waiting period applies to Heart/Stroke benefits.

### Heart coverage

#### Coronary Artery Disease

Acute coronary occlusion, coronary atherosclerosis, aneurysm and dissection of the heart, and coronary atherosclerosis due to lipid rich plaque.

#### Cardiac Arrhythmia

Cardiac dysrhythmias, paroxysmal supraventricular tachycardia, paroxysmal ventricular tachycardia, atrial fibrillation and flutter, and ventricular fibrillation and flutter.

### Heart Attack

A myocardial infarction resulting in the death of an area of the heart muscle due to insufficient blood supply to that area. The basis of the diagnosis must include:

- Serial measurements of cardiac biomarkers showing a pattern and level consistent with an acute myocardial infarction; and
- New electrocardiographic changes consistent with acute myocardial infarction.

For the purposes of this policy, heart attack does not include:

- Any other disease or injury involving the cardiovascular system; or
- A cardiac arrest that is not caused by myocardial infarction.

### Coronary Artery Bypass

A procedure which uses a saphenous vein or internal mammary artery graft to surgically bypass obstructions in a native coronary artery or arteries to treat coronary artery atherosclerosis. Coronary artery bypass does not include balloon angioplasty, laser relief of obstruction, or any other intra-arterial procedures.

### Coronary Angioplasty

An interventional procedure to widen or unblock the right coronary artery; left main stem; left anterior descending; or circumflex artery.

### Stroke coverage

#### Cerebral Vascular Disease

Subarachnoid hemorrhage, intracerebral hemorrhage, occlusion and stenosis of precerebral arteries, and occlusion of cerebral arteries.

#### Stroke

Brain tissue infarction due to acute cerebrovascular incident, embolism, thrombosis, or hemorrhage.

The basis of the diagnosis must include imaging documentation of new brain tissue infarction in association with acute onset of symptoms consistent with central nervous system neurological damage.

For the purposes of this policy, stroke does not include:

- Transient Ischemic Attacks (TIAs).
- Transient Global Amnesia (TGA).

# limitations and exclusions

- External trauma causing Accidental Injury to the brain.
- Brain damage due to infection, vasculitis, encephalopathy and inflammatory disease.
- Ischemic disorders of the vestibular system

## Definition of pre-existing condition

A specified disease:

1. For which medical advice, consultation, care or treatment was sought, received or recommended from a provider or prescription drugs were prescribed during the 24-month period immediately prior to the covered person's effective date, regardless of whether the condition was diagnosed, misdiagnosed or not diagnosed; or
2. That produced signs or symptoms during the 24-month period immediately prior to the covered person's effective date, which were significant enough to establish manifestation or onset by one of the following tests:
  - The signs or symptoms reasonably should have allowed or would have allowed one learned in medicine to diagnose the condition; or
  - The signs or symptoms reasonably should have caused or would have caused an ordinarily prudent person to seek diagnosis or treatment.

## Limitations and exclusions

This plan provides benefits only for Specified Diseases identified in the Benefit Schedule Pre-Existing Conditions Limitation.

A Pre-Existing Condition is not eligible for benefits unless the first ever Diagnosis occurs after the Pre-Existing Condition limitation period has expired. We will not pay benefits for Specified Diseases that are, result from, or are related to a Pre-Existing Condition that is Diagnosed within the first 12 months this plan is in force.

We will not pay benefits for claims resulting, whether directly or indirectly, from Specified Diseases that are related to, or are resulting from any of the following:

- Any disease if the Covered Person was previously Diagnosed anytime prior to his or her Effective Date under this Policy.
- Any disease first Diagnosed within the applicable Benefit Waiting Period, as shown in the Benefit Schedule,

immediately following the Policy Effective Date. In such event, We will terminate the Covered Person's coverage under this Policy and refund the portion of the premium paid for that Covered Person's coverage.

- Arrhythmia resulting in Heart Attack occurred in association with use of an illegal drug or controlled substance, except when administered in accordance with the advice of the Covered Person's Health Care Practitioner.
- Any amount in excess of any Maximum Benefit for covered Scheduled Benefits.
- Diseases or conditions that do not meet the definition of a Specified Disease in this plan.
- Suicide or attempted suicide.
- Self-inflicted Sickness, injury, or Accidental Injury.

A 90-day waiting period applies to cancer benefits, and a 30-day waiting period applies to heart/stroke benefits in AK, AZ, IN, KS, LA, MI, MN, MS, ND, NE, NV, OH, OR, TX and WI. Where waiting periods do not apply, benefit payments will be reduced for a limited time. The waiting period is 60 days for cancer and 30 days for heart/stroke in AL. The waiting period is 30 days for cancer and 30 days for heart/stroke in AR, IA, IL, MT, NC, OK, SC, TN, UT, WV and WY.

Coverage is renewable to age 75 provided there is compliance with plan provisions, including dependent eligibility requirements; there has been no discontinuation of the plan or Allstate Health Solutions' business operations in this state; and/or you have not moved to a state where this plan is not offered. Allstate Health Solutions has the right to change premium rates upon providing appropriate notice.

Cancer and Heart/Stroke plans are designed to provide extra benefits in the event of a critical illness and do not provide comprehensive health (major medical) insurance or satisfy the government's requirements for minimum essential coverage.

## Summary of benefits

This is a brief description of your coverage. Policies have exceptions and limitations that may limit coverage. For a complete description of benefits, exceptions and limitations, please read your Outline of Coverage and your policy. The premium rate may vary between plans. Coverage ceases upon termination of the policy.



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HEALTH SOLUTIONS

## about

The Allstate Corporation (NYSE: ALL) is one of the largest publicly held personal lines insurers in the United States. As part of the Allstate Corporation, Allstate Health Solutions is focused on providing supplemental and short-term coverage options to individuals and associations. Allstate Health Solutions is the marketing name for products underwritten by National Health Insurance Company, Integon National Insurance Company, and Integon Indemnity Corporation. These three companies, together, are authorized to provide health insurance in all 50 states and the District of Columbia. Each underwriting company is responsible for its respective products. National Health Insurance Company underwrites policies in AK, AL, AR, AZ, FL, IA, IL, IN, KS, LA, MI, MN, MO, MS, MT, NC, ND, NE, NV, OH, OK, OR, SC, TN, TX, UT, WI, WV, WY. Policies in FL are underwritten by Integon Indemnity Corporation.



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