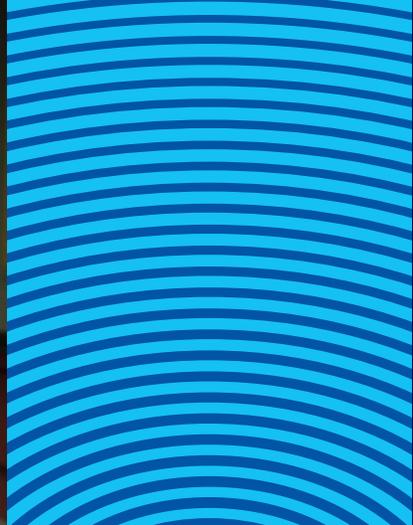




## cancer

Cash benefits to help with out-of-pocket costs after a cancer diagnosis.





## a plan for costs you can't see coming

Nobody plans for cancer. Unfortunately, it's not uncommon. If the unexpected happens, you need a plan in place to help protect your finances and your peace of mind.

Allstate Health Solutions designed our cancer coverage to work seamlessly with any other medical plan you have. These plans are affordable, easy to understand and easy to use.

After a cancer diagnosis, you'll get a cash benefit directly from us. You can then use the money for anything you need, so you can worry less about your bills and focus more on getting the care you need.

### 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, from medical bills to rent to groceries.
<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>	Benefits are paid regardless of other coverage, even if you already have a medical plan.

THIS PLAN PROVIDES LIMITED BENEFITS.

Waiting periods apply for cancer benefits. These waiting periods vary by state. See page 4 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 coverage works

Your cancer plan will pay cash benefits for a first-time diagnosis of cancer.

**There are seven benefit levels available:**

\$5,000; \$10,000; \$15,000; \$25,000; \$30,000; \$50,000; and \$75,000.

Diagnosis	Plan pays
First-ever cancer	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 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 coverage	\$50,000
Your medical bills	(\$14,019)
<b>Your remaining cash benefits</b>	<b>\$35,981</b>

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

# limitations and exclusions

Cancer coverage provides benefits for a first-time cancer diagnosis; 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.

## 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.
- 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 in AZ, IN, KS, MI, and TX. Where waiting periods do not apply, benefit payments will be reduced for a limited time. The waiting period is 30 days for cancer in MT, NC, TN.

Coverage is renewable to age 75 or 85 depending on the state, 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.

# limitations and exclusions

Cancer plans are designed to provide extra benefits in the event of a first-time cancer diagnosis and do not provide comprehensive health (major medical) insurance or satisfy the government's requirements for minimum essential coverage.

Cancer-only supplemental coverage is available in AZ, CO, FL, IN, KS, MI, MT, NC, TN, and TX.

## **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.



**Allstate**<sup>®</sup>  
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 AZ, IN, KS, MI, MT, NC, TN, TX. Policies in FL are underwritten by Integon Indemnity Corporation.



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