

# Cancer and Specified Disease Insurance (CP10)

from Allstate Benefits

See attached **Important Information About Coverage**.

## BENEFIT AMOUNTS

RADIATION/CHEMOTHERAPY AND RELATED BENEFITS	PLAN 1	PLAN 2
Blood, Plasma, and Platelets <sup>1,2</sup>	\$10,000	\$10,000
Radiation Therapy, Radioactive Isotopes Therapy, Chemotherapy or Immunotherapy <sup>1,2</sup>	\$10,000	\$10,000
SURGERY AND RELATED BENEFITS	PLAN 1	PLAN 2
Inpatient Surgery <sup>1</sup>	\$3,000	\$3,000
Outpatient Surgery <sup>1</sup>	\$4,500	\$4,500
Second Surgical Opinion <sup>1</sup>	\$200	\$200
Anesthesia <sup>1</sup> (% of surgery)	25%	25%
Ambulatory Surgical Center <sup>1</sup> (daily)	\$250	\$250
HOSPITAL CONFINEMENT BENEFITS	PLAN 1	PLAN 2
Hospital Confinement (daily, up to 70 days)	\$200	\$200
Extended Hospital Confinement <sup>1</sup> (daily)	\$200	\$200
Government or Charity Hospital (daily)	\$100	\$100
Private Duty Nursing Services <sup>1</sup> (daily)	\$100	\$100
Extended Care Facility <sup>1</sup> (daily)	\$100	\$100
At Home Nursing <sup>1</sup> (daily)	\$100	\$100

<sup>1</sup>Pays for charges/costs up to amount listed. <sup>2</sup>Per 12 months. <sup>3</sup>For first removal, \$60 each additional removal.

LODGING AND TRANSPORTATION BENEFITS	PLAN 1	PLAN 2
Ambulance <sup>1</sup>	\$200	\$200
Family Member Lodging <sup>1</sup> (daily) and Transportation (per trip or mile)	\$100 Coach Fare or \$0.40/mi	\$100 Coach Fare or \$0.40/mi
Outpatient Lodging <sup>1</sup> (daily)	\$100	\$100
Non-Local Transportation (per trip or mile)	Coach Fare or \$0.40/mi	Coach Fare or \$0.40/mi
MISCELLANEOUS BENEFITS	PLAN 1	PLAN 2
Inpatient Drugs and Medicine <sup>1</sup> (daily)	\$10	\$10
Physician's Attendance <sup>1</sup> (daily)	\$30	\$30
Hospice Care <sup>1</sup> (per day)	\$100	\$100
New or Experimental Treatment <sup>1,2</sup>	\$10,000	\$10,000
Physical or Speech Therapy <sup>1</sup> (daily)	\$25	\$25
Prosthesis <sup>1</sup> (per amputation)	\$2,000	\$2,000
Reconstructive Breast Surgery <sup>1</sup>	\$1,200	\$1,200
Skin Cancer <sup>1,3</sup>	\$120	\$120
Wellness (per year)	\$50	\$50
Waiver of Premium (primary insured only)	Yes	Yes
OPTIONAL/ADDITIONAL RIDERS	PLAN 1	PLAN 2
Wellness Benefit Rider (per day, once per year)	\$50	\$50
Cancer Initial Diagnosis Level Benefit Rider (one-time benefit)	\$2,000	\$2,000
Hospital Intensive Care Rider <sup>4</sup> (per day, up to 45 days)	n/a	\$600
Ambulance (per day)	n/a	\$600

<sup>4</sup>Reduces to 50% at age 70.

## PLAN 1 PREMIUMS

MODE	EE	F
Weekly	\$3.83	\$6.71
Bi-Weekly	\$7.66	\$13.42
Semi-Monthly	\$8.28	\$14.53
Monthly	\$16.56	\$29.06

EE = Employee; F = Family

## PLAN 2 PREMIUMS

MODE	EE	F
Weekly	\$4.52	\$8.09
Bi-Weekly	\$9.04	\$16.18
Semi-Monthly	\$9.78	\$17.53
Monthly	\$19.56	\$35.06



For use in: WA. This rate insert is part of forms ABJ31966-Flyer-WA and ABJ30713 and is not to be used on its own.

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# Cancer (CP10)

## Important Information About Coverage

Provides details of base policy and rider coverage in all states. State-specific information is noted when it varies from the standard. Below is a list of base policy and rider benefits available with Cancer coverage. Please refer to your policy for the specific items that apply to your coverage. You will receive a policy that details the specifications for the coverage you purchased.

**For Cancer Policy and all riders except Cancer Initial Diagnosis Progressive Benefit Rider: Issue ages are 18 to 64.**

**For Cancer Initial Diagnosis Progressive Benefit Rider: Issue ages are 18 to 60.**

### Specified Diseases (see Benefit Amounts)

Muscular Dystrophy, Poliomyelitis, Multiple Sclerosis, Encephalitis, Rabies, Tetanus, Typhoid Fever, Bubonic Plague, Tuberculosis, Osteomyelitis, Diphtheria, Scarlet Fever, Epidemic Cerebrospinal Meningitis, Undulant Fever, Sickle Cell Anemia, Rocky Mountain Spotted Fever, Smallpox, Addison's Disease, Hansen's Disease, Tularemia.

### Radiation/Chemotherapy and Related Benefits (see Benefit Amounts)

**Blood, Plasma, and Platelets** – Includes charges for transfusions, administration, processing, procurement and cross matching.

**MD** - Benefit includes: blood products, both derivatives and components.

### Surgery and Related Benefits (see Benefit Amounts)

**Inpatient Surgery** – Amount paid depends on surgery, per policy Schedule of Surgical Procedures. Assistant and co-surgeons are not covered. Two or more surgical procedures done at the same time, through one incision, are considered one operation. The operation with the largest benefit will be paid.

**FL** - The benefit limitation "Assistant and co-surgeons are not covered" is deleted.

**PA** - The benefit limitation is replaced with: Amount paid is for the reasonable and customary surgeon's fee up to the amount shown. Assistant and co-surgeons are not covered.

**Outpatient Surgery** – Amount paid depends on surgery, per policy Schedule of Surgical Procedures. Assistant and co-surgeons are not covered. Two or more surgical procedures done at the same time, through one incision, are considered one operation. The operation with the largest benefit will be paid.

**AZ, PA** - Benefit is not available.

**FL** - The benefit limitation "Assistant and co-surgeons are not covered" is deleted.

**Second Surgical Opinion** – Must be incurred after diagnosis and before surgery.

**MD** - The following is added: Pays for charges up to amount stated in Benefit Amounts. However, limit does not apply if an objective second opinion is given when required by a utilization review program under 19-319 of the Health General Article.

**Anesthesia** – Maximum benefit paid for skin cancer is \$100.

### Hospital Confinement Benefits (see Benefit Amounts)

**Hospital Confinement** – Up to 70 days.

**CA** - The following is added: After the 70th day, pays a reduced daily benefit until the confinement ends.

**Extended Hospital Confinement** – When continuously confined in a hospital for more than 70 days. Paid in lieu of all other benefits.

**CA** - Benefit is not available.

**Government or Charity Hospital** – Paid in lieu of all other benefits.

**CO, MD, MO** - Benefit is not available.

**CA** - Benefit is replaced with: **Government Hospital** - Pays a daily benefit for inpatient confinement to a U.S. government hospital. In lieu of all other benefits. If the hospital imposes treatment charges, we pay benefits as provided in any other hospital.

**KS** - The following is added: When you are confined to a veteran's facility and the services are not covered by the government, we pay benefits as provided in the other benefits provision.

**PA** - The following is added: If the hospital does charge for treatment, benefits will be provided as in any other hospital.

**SC** - Benefit is replaced with: **Charity Hospital** - Pays a daily benefit for inpatient confinement to a hospital that does not charge for its services. In lieu of all other benefits.

**Extended Care Facility** – Within 14 days of hospital stay.

**At Home Nursing** – Within 14 days of hospital stay.

### Lodging and Transportation Benefits (see Benefit Amounts)

**Family Member Lodging and Transportation** – Lodging up to 60 days per confinement. Transportation up to 700 miles per confinement.

**Outpatient Lodging** – More than 100 miles from home. Limit \$4,000/12 month period.

**Non-Local Transportation** – Up to 700 miles.

### Miscellaneous Benefits (see Benefit Amounts)

**Inpatient Drugs and Medicine** – For drugs and medicine while hospital confined.

**WV** - The following is added: Pays a benefit for rental of equipment necessary for the treatment of the disease.

**Hospice Care** – Per day in freestanding hospice care center, or per visit (1 visit per day) by hospice care team. Within 14 days of hospital stay.

**MD** - Benefit is replaced with: Per day in freestanding hospice care center (limited to 30 days per covered person), or per visit (1 visit per day) by hospice care team (limited to 15 visits). Also pays a benefit for counseling for covered person while living and bereavement for family after covered person's death.

**New or Experimental Treatment** – Only for physician-approved new or experimental treatments not covered under other benefits.

**Prosthesis** – Per amputation for surgically implanted prosthetic device.

**AZ, WA** - Prosthesis benefit is replaced with: **Prosthesis and Reconstructive Breast Surgery**. **Prosthesis** - Per amputation for surgically implanted prosthetic device. **Reconstructive Breast Surgery** - Following a covered mastectomy.

**Waiver of Premium (primary insured only)** – If disabled 90 days in a row due to cancer; pays for as long as disability lasts.

### Miscellaneous Benefits (see Benefit Amounts)

The following are added as policy Miscellaneous Benefits by state:

**CA - Mammography Benefit** - Pays a benefit for: (a) baseline mammography for women ages 35 to 39; and (b) mammography every 2 years, or more frequently upon physician's recommendation for women ages 40 to 49; and (c) annual mammography for women ages 50 and older. If specific charges are not obtainable as proof of loss, we will pay \$70 for this benefit.

**Cervical Cancer Screening Benefit** - If specific charges are not obtainable as proof of loss, we will pay \$50 for this benefit.

**IL - Wellness Benefit** - Pays a benefit when you receive one of the following: Biopsy for skin cancer; Blood tests for triglycerides, CA15-3 (breast cancer), CA125 (ovarian cancer), CEA (colon cancer), and PSA (prostate cancer); Bone Marrow Testing; Chest X-ray; Colonoscopy; Doppler screening for carotids; Doppler screening for peripheral vascular disease; Echocardiogram; EKG; Flexible sigmoidoscopy; Hemocult stool analysis; HPV Vaccination; Lipid panel (total cholesterol count); Mammography, including Breast Ultrasound; Pap Smear, including ThinPrep Pap Test; Serum Protein Electrophoresis (test for myeloma); Stress test on bike or treadmill; Thermography; and Ultrasound screening for abdominal aortic aneurysms.

**MD - Colorectal Cancer Screening** - Pays for colorectal cancer screening in accordance with the latest screening guidelines issued by the American Cancer Society (ACS).

**MT - Mammography** - Pays a benefit for: (a) baseline mammography for women ages 35 to 39; and (b) mammography every 2 years, or more frequently upon physician's recommendation for women ages 40 to 49; and (c) annual mammography for women ages 50 and older.

**Miscellaneous Screening Benefit** - Pays a yearly benefit for one of the following tests: Blood tests for CA15-3 (breast cancer), CA125 (ovarian cancer), CEA (colon cancer), and PSA (prostate cancer); Bone Marrow Testing; Biopsy for skin cancer; Breast Ultrasound; Chest X-ray; Colonoscopy; Flexible sigmoidoscopy; Hemocult stool analysis; Pap smear, including ThinPrep Pap Test; Serum Protein Electrophoresis (test for myeloma).

**NM - Temporomandibular Joint Syndrome** - Pays only for disorder resulting from cancer or specified disease. Does not include orthodontic appliances and treatment, crowns, bridges and dentures unless the disorder is related to the diagnosed cancer or specified disease.

**NC - Wellness Benefit** - Pays a benefit when you receive one of the following: Mammography - low-dose mammography is covered at the following intervals: (a) one or more per year, as recommended by a physician, for women at risk for breast cancer; (b) every other year for women 35 to 39 years of age, inclusive; (c) every other year for any woman 40 to 49 years of age, inclusive, or more frequently upon recommendation of a physician; and (d) every year for women 50 years of age or older; Pap Smear, including ThinPrep Pap Test - every year, or more frequently if recommended by a physician; Biopsy for skin cancer; Blood tests for triglycerides, CA15-3 (breast cancer), CA125 (ovarian cancer), CEA (colon cancer), and PSA (prostate cancer); Bone Marrow Testing; Chest X-ray; Colonoscopy; Doppler screening for carotids or peripheral vascular disease; Echocardiogram; EKG; Flexible sigmoidoscopy; Hemocult stool analysis; HPV Vaccination; Lipid panel (total cholesterol count); Serum Protein Electrophoresis (test for myeloma); Stress test on bike or treadmill; Thermography; and Ultrasound screening for abdominal aortic aneurysms.

**PA - Mammography** - Pays a benefit when a covered person has a mammogram, including breast ultrasound.

**WA - Wellness Benefit** - Pays a benefit when you receive one of the following: Biopsy for skin cancer; Blood tests for triglycerides, CA15-3 (breast cancer), CA125 (ovarian cancer), CEA (colon cancer), and PSA (prostate cancer); Bone Marrow Testing; Chest X-ray; Colonoscopy; Doppler screening for carotids; Doppler screening for peripheral vascular disease; Echocardiogram; EKG; Flexible sigmoidoscopy; Hemocult stool analysis; HPV Vaccination; Lipid panel (total cholesterol count); Mammography, including Breast Ultrasound; Pap Smear, including ThinPrep Pap Test; Serum Protein Electrophoresis (test for myeloma); Stress test on bike or treadmill; Thermography; and Ultrasound screening for abdominal aortic aneurysms.

### Optional/Additional Riders (see Benefit Amounts)

**Wellness Benefit Rider (WBR5)** - The following tests are eligible: Biopsy for skin cancer; Blood tests for triglycerides, CA15-3 (breast cancer), CA125 (ovarian cancer), CEA (colon cancer), and PSA (prostate cancer); Bone Marrow Testing; Chest X-ray; Colonoscopy; Doppler screening for carotids or peripheral vascular disease; Echocardiogram; EKG (Electrocardiogram); Flexible sigmoidoscopy; Hemocult stool analysis; HPV (Human Papillomavirus) Vaccination; Lipid panel (total cholesterol count); Mammography, including Breast Ultrasound; Pap Smear, including ThinPrep Pap Test; Serum Protein Electrophoresis (test for myeloma); Stress test on bike or treadmill; Thermography; and Ultrasound screening of the abdominal aorta for abdominal aortic aneurysms.

**CA** - The following is added to the benefit description: Any other medically accepted cancer screening test not listed above. The "Mammography, including Breast Ultrasound" and "Pap Smear, including ThinPrep Pap Test" benefits are deleted and added as policy benefits.

**CO, FL, MT, PA** - The **Wellness Benefit Rider (WBR5)** is replaced with: **Wellness Benefit Rider (WBR3)** - The following tests are eligible: Bone Marrow Testing; Blood tests for CA15-3 (breast cancer), CA125 (ovarian cancer), CEA (colon cancer), and PSA (prostate cancer); Chest X-ray; Colonoscopy; Flexible sigmoidoscopy; Hemocult stool analysis; Mammography, including Breast Ultrasound; Pap Smear, including ThinPrep Pap Test; Serum Protein Electrophoresis (test for myeloma); and Biopsy for skin cancer.

**Cancer Initial Diagnosis Level Benefit Rider (CLR1)** - Pays once, for first-time diagnosis of cancer (other than skin cancer).

**NM** - Rider is not available.

**Hospital Intensive Care Rider (ICR2)** - Ambulance ICR benefit is not paid if the base policy ambulance benefit is paid.

**IN, PA** - Rider is not available.

**AZ, FL, MO, OK, SD, WA, WY** - **Hospital Intensive Care Rider (ICR2)** is replaced with: **Hospital Intensive Care Rider (ICR3)**. Ambulance ICR benefit limitation is deleted.

**TN** - The **Hospital Intensive Care Rider** is renamed **Hospital Intensive Care Policy**.

**Cancer Initial Diagnosis Progressive Benefit Rider (CPR1)** - Pays a one-time benefit when diagnosed for the first time with cancer (other than skin cancer). The benefit amount increases each year the policy is in force.

**MD, NM, PR, WA, WY** - Rider is not available.

**AZ, FL, MO, OK, SD** - **Cancer Initial Diagnosis Progressive Benefit (CPR1)** is replaced with: **Cancer Initial Diagnosis Progressive Benefit (CPR2)**.

**Cancer and Specified Disease Additional Benefit Rider (CAB1)** - Enhances some benefits of the base policy (the rider benefit amount is included with each of the base policy benefits on the rate page) and adds new ones not in the base policy.

**Medical Imaging** - Initial diagnosis or follow-up evaluation based on a covered imaging exam.

**Comfort/Anti-Nausea** - Only medication administered on an outpatient basis.

**Hematological Drugs** - Only when Radiation Therapy, Radioactive Isotopes Therapy, Chemotherapy or Immunotherapy benefit is paid.

**Nonsurgical External Breast Prosthesis** - Initial nonsurgical breast prosthesis after a covered mastectomy.

**AZ, MO, OK, SD** - The **Cancer and Specified Disease Additional Benefit (CABR1)** is replaced with: **Cancer and Specified Disease Additional Benefit (CABR2)**.

### Optional/Additional Riders (continued)

**Cancer and Specified Disease Additional Benefit Rider (CER1)** - Enhances some benefits of the base policy. The rider benefit amount is included with each of the base policy benefits on the rate page.

**FL, WA** - The **Cancer and Specified Disease Additional Benefit (CER1)** is replaced with: **Cancer and Specified Disease Additional Benefit (CER2)**.

**Cancer Progressive Guaranteed Value Rider (CFR1)** - Pays once, for one covered person, for first-time diagnosis of cancer other than skin cancer. Benefit amount increases each month the rider is in force. If no initial diagnosis benefit is paid, you can request a surrender benefit after 5 years. The surrender benefit increases each year and is payable in full after 20 years.

**AR, GA, IA, MD, MS, NM, PR, TX, WA, WY** - Rider is not available.

**AZ, FL, MO, OK, SD** - **Cancer Progressive Guaranteed Value (CFR1)** is replaced with: **Cancer Progressive Guaranteed Value (CFR2)**.

## Conditions, Limitations and Exclusions Affecting Your Benefits

### Benefit Conditions

**FL** - Any treatment that is covered under the benefits of the policy and is medically necessary will be covered on an outpatient basis if provided on an inpatient basis or is given as an alternate to inpatient treatment and is not covered by any other benefits of this policy.

**MD** - Any benefits payable under the policy on an inpatient basis will be covered on an outpatient basis if they are furnished in lieu of the inpatient service by reason of a denial resulting from a utilization review program of a request by the attending physician for an inpatient admission.

### Renewability

**The policy is guaranteed renewable for life, subject to change in premiums by class. All premiums may change on a class basis. A notice is mailed in advance of any change.**

### Eligibility/Termination

**(a) Coverage may include you, your spouse and children.**

**CA, MD, WA** - Coverage may include you, your spouse or domestic partner, and children.

**HI** - Coverage may include you, your spouse, your children, and your certified reciprocal beneficiary.

**(b) Coverage for children ends when the child reaches age 26, unless he or she continues to meet the requirements of an eligible dependent.**

**IL** - Coverage for children ends when the child reaches age 26 (30 if a military veteran), unless he or she continues to meet the requirements of an eligible dependent.

**PA** - The following is added to item (b): Coverage will not terminate due to age on a child who was a full-time student and whose studies were interrupted by active duty service in the military.

**(c) Spouse coverage ends upon valid decree of divorce.**

**CA, MD, WA** - The following is added to item (c): Domestic partner coverage ends upon termination of the domestic partnership or your death.

### Policy and Rider(s) Waiting Period

**(a) The policy and rider(s) have a 30-day waiting period that starts on the effective date. Benefits are not paid for any person diagnosed with cancer or a specified disease before coverage is in force 30 days from the effective date.**

**MT** - The Policy and Rider(s) Waiting Period does not apply to newborns.

**WI** - The Policy and Rider(s) Waiting Period paragraph includes: A condition admitted in the application will be covered from the effective date of the policy unless excluded by specific name or description.

**(b) If diagnosis is after signing the application, but before the end of the waiting period, benefits for treatment of that cancer or specified disease will apply to losses beginning after 2 years from the effective date; or, you may void the policy and receive a full refund of premium.**

**DE, NC** - If diagnosis is after signing the application, but before the end of the waiting period, benefits for that cancer or specified disease will apply to losses beginning after 12 months from the effective date; or you may void the policy and receive a full refund of premium.

**MD** - If diagnosis is after signing the application, but before the end of the waiting period, benefits for treatment of that cancer or specified disease will apply to losses beginning after 12 months from the effective date; or you may void the policy and receive a full refund of premium.

**AZ, MO, OK, SD, WA** - **Policy and Rider(s) Waiting Period** is replaced with: **Policy and Rider(s) Pre-Existing Condition** - Benefits are not paid for any loss due to a pre-existing condition during the 12-month period beginning on that covered person's effective date. A pre-existing condition is a disease or physical condition for which medical advice or treatment was received by the covered person during the 12-month period prior to the effective date.

**FL** - The **Policy and Rider(s) Waiting Period** is replaced with: **Policy and Rider(s) Pre-Existing Condition** - Benefits are not paid for any loss due to a pre-existing condition during the 12-month period beginning on that covered person's effective date. A pre-existing condition is a condition for which medical advice or treatment was received by the covered person during the 12-month period prior to the effective date of the covered person's coverage.

**WY** - The **Policy and Rider(s) Waiting Period** is replaced with: **Policy and Rider(s) Pre-Existing Condition Limitation** - We do not pay for any loss due to a pre-existing condition as defined during the 12-month period beginning on that covered person's effective date. A pre-existing condition is a disease or physical condition for which medical advice or treatment was received during the 12-month period prior to the effective date.

### Rider Termination

**The riders terminate at the end of the grace period, if the policy terminates, or on the next renewal date after you request termination.**

### Exceptions and Limitations

**(a) Benefits are not paid for any loss, except for losses due to cancer or specified disease.**

**IL** - Benefits are not paid for any loss except for losses due to cancer or a specified disease or losses directly caused or aggravated by cancer or a specified disease or as a result of treatment.

**SC** - Benefits are not paid for any loss except for losses due to cancer or specified disease or other conditions or diseases caused or aggravated by cancer or a specified disease.

**(b) Benefits are not paid for losses caused or aggravated by cancer or a specified disease or as a result of treatment.**

**AR, DE, IL, MD, PA, SC, VA** - Item (b) is deleted.

**(c) Treatment must be received in the U.S. or its territories.**

### Hospice Care Team Benefit Limitation

**Services are not covered for food or meals, well-baby care, volunteers or support for the family after covered person's death.**

MD - The Hospice Care Team Benefit Limitation paragraph is replaced with: Services are not covered for food or meals, well-baby care, or volunteers.

### Radiation Therapy, Radioactive Isotopes Therapy, Chemotherapy or Immunotherapy Benefit Limitations

**Does not pay for: treatment or emergency or room charges; treatment planning, management, devices, or supplies; medications other than chemotherapeutic drugs; X-rays, scans, and their interpretations; or any other drug, charge or expense that does not directly modify or destroy cancerous tissues.**

CA - The Radiation Therapy, Radioactive Isotopes Therapy, Chemotherapy or Immunotherapy Benefit Limitations paragraph is replaced with: Does not pay for: treatment or emergency room charges; dressings; medications other than chemotherapeutic drugs; medical supplies; X-rays (unless to destroy or modify cancerous tissue), scans, and their interpretations.

GA - The Radiation Therapy, Radioactive Isotopes Therapy, Chemotherapy or Immunotherapy Benefit Limitations paragraph is replaced with: Does not pay for: treatment or emergency room charges; treatment planning, consultation, or management; the design and construction of devices or supplies related to treatment; medications other than chemotherapeutic drugs; X-rays, scans, and their interpretations; or any other charge or expense that does not directly modify or destroy cancerous tissues.

MD - The Radiation Therapy, Radioactive Isotopes Therapy, Chemotherapy or Immunotherapy Benefit Limitations paragraph is replaced with: Does not pay for: treatment or emergency room charges; dressings; medications other than chemotherapeutic drugs; medical supplies; X-rays, scans, and their interpretations.

WV - The Radiation Therapy, Radioactive Isotopes Therapy, Chemotherapy or Immunotherapy Benefit Limitations paragraph is replaced with: Does not pay for: treatment or emergency room charges; treatment planning, consultation, or management; the design and construction of devices or supplies related to treatment; medications other than chemotherapeutic drugs; or any other drug, charge or expense that does not directly modify or destroy cancerous tissues.

### Hospital Intensive Care Rider Exceptions and Limitations

IN - The Hospital Intensive Care Rider is not available.

**(a) Benefits are not paid due to:**

**(1) attempted suicide or self-inflicted injury;**

CO - an attempted suicide or intentional self-inflicted injury, while sane.

**(2) intoxication or being under the influence of drugs not prescribed by a physician;**

MD, WA - item (2) is deleted.

LA - intoxication or being under the influence of any narcotic not prescribed or recommended by a physician.

AR, CA - any loss sustained or contracted in consequence of the insured's being intoxicated or under the influence of any controlled substance, unless administered on the advice of a physician.

OK - any loss sustained or contracted in consequence of being under the influence of any narcotic unless taken on the advice of a physician.

GA, NC, TN, TX - any loss sustained or contracted in consequence of the insured's being intoxicated or under the influence of any narcotic, unless administered on the advice of a physician.

**(3) alcoholism or drug addiction.**

CA - item (3) is deleted.

MD - alcoholism or drug addiction, except for any addiction sustained at the hands of or while being treated by a physician in the course of treatment.

**(b) Benefits are not paid for continuous intensive-care confinements occurring during hospitalization that begins before the effective date.**

**(c) Children born within 10 months of the effective date are not covered for confinement occurring or beginning during the first 30 days of the child's life.**

AZ, GA, LA, MD, MT, NC, TX - item (c) is deleted.



**Allstate**  
BENEFITS

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This material is valid as long as information remains current, but in no event later than November 15, 2018. Cancer benefits are provided by policy form CP10A/CP10B, or state variations thereof. If included, rider benefits provided by additional riders WBR3/WBR5, CLR1/CLR2, ICR2/ICR3, CPR1/CPR2, CABR1/CABR2, CER1/CER2, CFR1/CFR2, or state variations thereof.

The policy and riders provide Limited Benefit Supplemental Cancer and Specified Disease Insurance. The policy is not a Medicare Supplement Policy. If eligible for Medicare, review Medicare Supplement Buyer's Guide available from Allstate Benefits. This information highlights some features of the policy but is not the insurance contract. Only the actual policy provisions control. For complete details, contact your Allstate Benefits Agent. Underwritten by American Heritage Life Insurance Company (Home Office, Jacksonville, FL).

The coverage does not constitute comprehensive health insurance coverage (often referred to as "major medical coverage") and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.