

Cancer Insurance (CP12)

Includes coverage for 23 Specified Diseases from Allstate Benefits

BENEFIT AMOUNTS

HOSPITAL CONFINEMENT/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 or Team	First Day	\$1,000
	Days 2+	\$100
RADIATION/CHEMOTHERAPY/RELATED BENEFITS		PLAN 1
Radiation/Chemotherapy for Cancer ¹ (every 12 months)	Up to Lifetime Max	\$5,000 \$25,000
Blood, Plasma, and Platelets ¹ (every 12 months)		\$5,000
Medical Imaging (every 12 months)		\$250
Hematological Drugs (every 12 months)		\$100
SURGERY/RELATED BENEFITS		PLAN 1
Surgery ²		\$1,500
Anesthesia (% of Surgery benefit)		25%
Ambulatory Surgical Center (daily)		\$250
Second Opinion (every 12 months)		\$100
Bone Marrow Transplant (every 12 months)		\$3,500
Stem Cell Transplant (every 12 months)		\$3,500
MISCELLANEOUS BENEFITS		PLAN 1
Inpatient Drugs and Medicine (daily)		\$25
Physician's Attendance (daily)		\$50
Ambulance (per confinement)	Ground	\$250
	Air	\$10,000
Non-Local Transportation		\$0.50/mi
Outpatient Lodging	Daily	\$100
	Yearly Max	\$2,000
Family Member Lodging (daily per trip; max. 60 days) and Transportation		\$100 \$0.50/mi
Physical or Speech Therapy (daily)		\$50
New or Experimental Treatment ¹ (every 12 months)		\$5,000
Prosthesis (per amputation)		\$2,000
Hair Prosthesis (every 2 years)		\$50
Nonsurgical External Breast Prosthesis (initial prosthesis)		\$100
Anti-Nausea Drugs (every 12 months)		\$200
National Cancer Institute Evaluation/Consultation (every 12 mos.)		\$500
Egg Harvesting and Storage (one-time benefit)	Extraction	\$500
	Storage	\$175
Waiver of Premium (primary insured only)		Yes
ADDITIONAL RIDER BENEFITS		PLAN 1
Cancer Initial Diagnosis Level Benefit (one-time benefit)		\$2,000
Fixed Wellness Benefit		\$50

For Internal Home Office use only

Opt 1 - 1HOSP; 1CHEM; 1SURG; 1MISC; 0ICR5; 4CLR3; 0CPR3; 0CABR3; 2WBR6; 0WBR7

PLAN 1 MONTHLY PREMIUMS

AGES	INDIVIDUAL	FAMILY
18-64	\$15.49	\$30.13
65-69	\$32.79	\$61.96
70-74	\$38.27	\$70.87
75-80	\$42.48	\$79.23

Issue Ages: 18-80

†Up to number of days of previous hospital confinement.

¹Pays actual cost up to amount listed.

²Pays up to amount listed in policy Schedule of Surgical Procedures. Amount paid depends on surgery.



For use in: Washington

This rate insert is part of the CP12 Brochure and is not to be used on its own.

This material is valid as long as information remains current, but in no event later than August, 9, 2020. Allstate Benefits is the marketing name used by American Heritage Life Insurance Company (Home Office, Jacksonville, FL), a subsidiary of The Allstate Corporation.

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