



Benefit coverage for
F.O.P. Chicago Lodge 7

In the United States, about 1,479,350 new cancer cases were expected to be diagnosed in 2009.¹

¹ *Cancer Facts & Figures*, American Cancer Society, 2009.

GROUP CANCER INSURANCE
Best In Benefit SeriesSM

AWD16379X





group voluntary cancer

If you suddenly become diagnosed with cancer, it can be difficult on your family's financial and emotional stability. Having the right coverage to help when you are sick and undergoing treatment or when you cannot work is important. Our cancer insurance can help provide security when you need it most.

i meeting your needs

Our cancer coverage can help offer you and your family members financial support during a period of unexpected illness.

- Benefits will be paid directly to you unless otherwise assigned
- Coverage can be purchased for you or your entire family
- No evidence of insurability required at initial enrollment
- Waiver of premium after 90 days of disability due to cancer for as long as your disability lasts*
- Includes coverage for 29 other specified diseases**
- Convertible coverage

Your employer has made it easy to help protect you and your family when a covered cancer or specified disease diagnosis occurs.

EASY

on you & your savings

See details.

*Primary insured only

**List of covered diseases on page 7

cancer discovery form

History - Have you or you family ever suffered a cancer diagnosis?

You Yes No
 Your Children Yes No
 Your Spouse Yes No

Total Family Members diagnosed # _____

Expenses - What expenses might be incurred due to a cancer diagnosis?

Hospital Stay (inpatient, initial confinement) \$ _____
 Medical Costs (doctor visits, medicines, X-rays) \$ _____
 Physical Therapy (rehab facility, hospital) \$ _____
 Medical Supplies (wheelchair, crutches, walker) \$ _____
 Intensive Care (daily, weekly, monthly) \$ _____
 Transportation (ambulance, air ambulance, car) \$ _____
Total \$ _____

Cancer Coverage - Who is to be covered and how much would you like?

You Only Yes No
 Family Yes No
 Coverage Option High Low

Total Premium \$ _____

For those benefits for which AWD pays actual charges up to a specified maximum amount (except Radiation and Chemotherapy; Blood, Plasma and Platelets; Prosthesis; New or Experimental Treatment; and Bone Marrow or Stem Cell Transplant), if specific charges are not obtainable as proof of loss, AWD will pay 50% of the applicable maximum for the benefits payable. • No benefits are payable for the treatment of cancer or a specified disease except those expressly stated in the Schedule of Benefits.

your benefit coverage

Benefits are paid for cancer and specified disease and can help to cover the costs of specific treatments and expenses as they happen. Terms and conditions for each benefit will vary.

Continuous Hospital Confinement - A \$100 benefit will be paid for each day of continuous hospital confinement for the treatment of cancer or specified diseases.

Government or Charity Hospital - A \$100 benefit will be paid for each day a covered person is confined to: 1. a hospital operated by or for the U.S. Government (including the Veteran's Administration); or 2. a hospital that does not charge for the services it provides (charity). This benefit is paid in lieu of all other benefits in the policy (except Waiver of Premium Benefit).

Surgery - Up to a \$1,500** benefit will be paid when a covered surgery is performed. This benefit pays the actual charges, up to the amount listed in the Schedule of Surgical Procedures for the specific procedure. Two or more procedures performed at the same time through one incision or entry point are considered one operation; AWD pays the amount for the procedure with the greatest benefit. AWD pays for a covered surgery performed on an outpatient basis at 150% of the scheduled benefit. This benefit does not pay for surgeries covered by other benefits in the Schedule of Benefits. **Amount per surgery depends on surgery.

Second Opinion - A \$200 benefit will be paid to receive a second surgical opinion, if physician recommends surgery or treatment for covered condition. This second opinion must be rendered prior to surgery or treatment being performed, and obtained from a physician not in practice with the physician rendering the original recommendation.

Anesthesia - 25% of the surgery benefit will be paid if anesthesia received by an anesthesiologist.

Ambulatory Surgical Center - A \$250 benefit will be paid for the use of an Ambulatory Surgical Center, each day for a surgical procedure covered under the Surgery Benefit that is performed at an Ambulatory Surgical Center.

Medical Imaging - Actual cost up to a \$375 (Low), \$750 (Medium), or \$1125 (High) benefit will be paid per calendar year if a covered person receives an initial diagnosis or follow-up evaluation based upon one of the following medical imaging exams: CT scan; Magnetic Resonance Imaging (MRI) scan; bone scan; thyroid scan; Multiple Gated Acquisition (MUGA) scan; Positron Emission Tomography (PET) scan; transrectal ultrasound; or abdominal ultrasound. This benefit is limited to 1 payment per calendar year per covered person.

Radiation / Chemotherapy for Cancer- Up to a \$7,500 (Low), \$15,000 (Medium), or \$22,500 (High) benefit will be paid per 12 month period when radiation therapy and chemotherapy received by a covered person. • This benefit is limited to the amount shown per 12 month period beginning with the first day of benefit under this provision. Administration of radiation therapy or chemotherapy other than by medical personnel in a physician's office or hospital, including medications dispensed by a pump, will be limited to the costs of the drugs only, subject to the maximum amount payable per 12 month period.

Anti-Nausea Benefit - Up to a \$200 benefit will be paid per calendar year for the actual cost of anti-nausea medication prescribed for a covered person by a physician. This benefit does not pay for medication administered while the covered person is an inpatient.

Inpatient Drugs and Medicine - A \$25 benefit will be paid per day for drugs and medicine, while continuously hospital confined. This benefit does not pay for drugs and/or medicine covered under the Radiation/Chemotherapy Benefit or the Anti-Nausea Benefit.

Hematological Drugs - Up to a \$150 (Low), \$300 (Medium), or \$450 (High) benefit will be paid per year for the actual cost of drugs intended to boost cell lines such as white blood cell counts, red blood cell counts and platelets. This benefit is paid only when the Radiation/Chemotherapy for Cancer benefit is paid.

Private Duty Nursing Services - A \$100 benefit will be paid per day while hospital confined, if a covered person requires the full-time services of a private nurse. Full-time means at least 8 hours of attendance during a 24 hour period. These services must be required and authorized by the attending physician and must be provided by a nurse.

New or Experimental Treatment - Up to a \$5,000 benefit will be paid per 12 month period, for new or experimental treatment. New or Experimental Treatment is covered for cancer and specified disease when: • the treatment is judged necessary by the attending physician, and • no other generally accepted treatment produces superior results in the opinion of the attending physician. This benefit is limited to the maximum shown per 12 month period beginning with the first day of treatment under this provision. This benefit does not pay if benefits are payable for treatment covered under any other benefit in the Schedule of Benefits.

Blood, Plasma, and Platelets - Up to a \$7,500 (Low), \$15,000 (Medium), or 22,500 (High) benefit will be paid per 12 month period, for plasma and platelets (including transfusions and administration charges); processing and procurement costs; and cross-matching. Does not pay for blood replaced by donors or immunoglobulins.

Physician's Attendance - A \$50 benefit will be paid for a visit by a physician during hospital confinement. Benefit is limited to one visit by one physician per day of hospital confinement. Admission to the hospital as an inpatient is required.

At Home Nursing - A \$100 benefit will be paid per day for you or each covered family member to receive private nursing care and attendance by a nurse at home. At home nursing services must be required and authorized by the attending physician. Benefit is limited to the number of days of the previous continuous hospital confinement.

Prosthesis - A \$2,000 benefit will be paid, per covered person, per amputation, for prosthetic devices which are prescribed as a direct result of surgery and which require surgical implantation.

Hair Prosthesis - A \$25 benefit will be paid every 2 years, for a wig or hairpiece if the covered person experiences hair loss.

Nonsurgical External Breast Prosthesis - Up to a \$50 benefit will be paid for the actual cost of the initial, nonsurgical breast prosthesis following a covered mastectomy or partial mastectomy that is paid for under the policy.

Ambulance - A \$100 benefit will be paid per continuous hospital confinement for transportation by a licensed ambulance service or a hospital owned ambulance to or from a hospital in which the covered person is confined.

Hospice Care - A \$100 benefit will be paid for one of the following when diagnosed by a physician to be terminally ill and is expected to live 6 months or less and the attending physician has approved services: **1. Freestanding Hospice Care Center** - A benefit will be paid per day for confinement in a licensed freestanding hospice care center. Benefit is payable only if a covered person is admitted to a freestanding hospice care center. Benefits payable for hospice centers that are designated areas of hospitals will be paid the same as inpatient hospital confinement; or **2. Hospice Care Team** - A benefit will be paid per visit, limited to 1 visit per day, for home care services by a hospice care team. Home care services are hospice services provided in the patient's home. Does not pay for: food services or meals other than dietary counseling; or services related to well-baby care; or services provided by volunteers; or support for the family after the death of the covered person.

Extended Care Facility - A \$100 benefit will be paid for each day a covered person is confined in an extended care facility for the treatment of cancer or specified disease. Confinement must be at the direction of the attending physician and must begin within 14 days after a covered hospital confinement. Benefit is limited to the number of days of the previous continuous hospital confinement.

Outpatient Lodging - A \$50 benefit will be paid for lodging per day when a covered person receives radiation or chemotherapy treatment on an outpatient basis, provided the specific treatment is authorized by the attending physician and cannot be obtained locally. Benefit is for a single room in a motel, hotel, or other accommodations acceptable to us during treatment, **up to the maximum \$2,000** per 12 months beginning with the first day of benefit under this provision. Outpatient treatment must be received at a treatment facility more than 100 miles from the covered person's home.

Non-Local Transportation - A \$0.40 per mile or actual cost of round trip coach fare on a common carrier benefit will be paid for treatment at a hospital (inpatient or outpatient); or radiation therapy center; or chemotherapy or oncology clinic; or any other specialized freestanding treatment center nearest to the covered person's home, provided the same or similar treatment cannot be obtained locally. Benefit pays up to 700 miles for round trip in personal vehicle. "Non-Local" means a round trip of more than 70 miles from the covered person's home to the nearest treatment facility. Mileage is measured from the covered person's home to the nearest treatment facility as described above. Does not cover transportation for someone to accompany or visit the person receiving treatment; visits to a physician's office or clinic; or for services other than actual treatment.

Family Member Lodging and Transportation - Up to a \$50 benefit per day will be paid for lodging and a \$0.40 per mile or the actual cost of round trip coach fare on a common carrier benefit will be paid for one adult member of your family to be near you or each covered family member, when a covered person is confined in a non-local hospital for specialized treatment. **1. Lodging** -The actual cost of a single room in a motel, hotel, or other accommodations acceptable to AWD. Benefit is limited to 60 days for each period of continuous hospital confinement. **2. Transportation** -Benefit is limited to 700 miles per continuous hospital confinement if traveling in personal vehicle. Mileage is measured from the visiting family member's home to the hospital where the covered person is confined. Does not pay the Family Member Transportation Benefit if the personal vehicle transportation benefit is paid under the Non- Local Transportation Benefit, when the family member lives in the same city or town as the covered person.

Physical or Speech Therapy - A \$50 benefit will be paid per day, for physical or speech therapy for restoration of normal body function.

Waiver of Premium (primary insured only) - If while coverage is in force, you become disabled due to cancer first diagnosed after the effective date of coverage and remains disabled for 90 days, AWD pays premiums due after such 90 days for as long as the insured remains disabled.

Bone Marrow or Stem Cell Transplant* - A 1. \$500*, 2. \$1,250*, 3. \$2,500* benefit will be paid for you or each covered family member to receive the following types of bone marrow or stem cell transplants performed on a covered person. 1. A transplant which is other than non-autologous. 2. A transplant which is non-autologous for the treatment of cancer or specified disease, other than Leukemia. 3. A transplant which is non-autologous for the treatment of Leukemia. *This benefit is payable only once per covered person per calendar year.

ADDITIONAL BENEFITS

Cancer Initial Diagnosis - A \$2,000 (Low), \$5,000 (Medium), or \$10,000 (High) one- time benefit will be paid when a covered person is diagnosed for the first time as having cancer other than skin cancer. The first diagnosis must occur after the effective date of coverage for that covered person. Benefit is payable only once per covered person.

Intensive Care Unit - 1. A \$200 (Low), \$400 (Medium), or \$600 (High)* benefit will be paid for each day of hospital intensive care unit confinement for any illness or accident. 2. A \$100 (Low), \$200 (Medium), or \$300 (High)* benefit will be paid for each day of step-down hospital intensive care unit confinement for any illness or accident. 3. **Actual Charges will be paid** for transportation of a covered person by licensed air or surface ambulance service to a hospital for admission to an intensive care unit for a covered confinement. We do not pay this benefit if an ambulance benefit is paid under the Ambulance benefit in the policy.

*This benefit is limited to 45 days for each period of such confinement. A day is a 24 hour period. If confinement is for only a portion of a day, then a pro-rata share of the daily benefit is paid.

Wellness - A \$100 benefit will be paid per calendar year per covered person for one of the following wellness tests:

- Biopsy for skin cancer
- Blood test for triglycerides
- Bone Marrow Testing
- CA15-3 (cancer antigen 15-3-blood test for breast cancer)
- CA125 (cancer antigen 125 - blood test for ovarian cancer)
- CEA (carcinoembryonic antigen - blood test for colon cancer)
- Chest X-ray
- Colonoscopy
- Doppler screening for carotids
- Doppler screening for 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
- PSA (prostate specific antigen - blood test for prostate cancer)
- Serum Protein Electrophoresis (test for myeloma)
- Stress test on bike or treadmill
- Thermography
- Ultrasound screening of the abdominal aorta for abdominal aortic aneurysms.

This benefit is paid regardless of the result of the test.



premiums detailed

Your packaged premiums consist of:

Low Option - 1 unit of Hospital Benefits; 3 units of Radiation/Chemotherapy Benefits; 1 unit of Surgery and Related Benefits; 1 unit of Miscellaneous Benefits; 4 units of Additional Wellness Benefit; 2 units of Additional Cancer Initial Diagnosis, and 2 units of Additional Intensive Care Unit Benefit.

Medium Option - 1 unit of Hospital Benefits; 6 units of Radiation/Chemotherapy Benefits; 1 unit of Surgery and Related Benefits; 1 unit of Miscellaneous Benefits; 4 units of Additional Wellness Benefit; 5 units of Additional Cancer Initial Diagnosis; and 4 units of Additional Intensive Care Unit Benefit.

High Option - 1 unit of Hospital Benefits; 9 units of Radiation/Chemotherapy Benefits; 1 unit of Surgery and Related Benefits; 1 unit of Miscellaneous Benefits; 4 units of Additional Wellness Benefit; 10 units of Additional Cancer Initial Diagnosis; and 6 units of Additional Intensive Care Unit Benefit.



Certificates

Certificates under this plan are issued on a guaranteed basis only at the time of the initial enrollment. A completed Evidence of Insurability form is required for late entrants into the group plan.

Low Option

Insureds	Monthly
Employee (EE)	\$18.37
EE + Child(ren)	\$25.44
EE + Spouse	\$29.04
Family	\$36.09

Medium Option

Insureds	Monthly
Employee (EE)	\$30.56
EE + Child(ren)	\$43.31
EE + Spouse	\$48.17
Family	\$60.90

High Option

Insureds	Monthly
Employee (EE)	\$44.70
EE + Child(ren)	\$64.08
EE + Spouse	\$70.53
Family	\$89.88

Issue ages are 18 and older while actively at work.



certificate specifications

Portability Privilege - If your coverage terminates for reasons other than non-payment of premium, you will be eligible for portability coverage. This means you may continue the same benefits you had under the group policy, subject to the conditions defined in the policy, as long as premiums are paid directly to Allstate Workplace Division.

Termination of Coverage - As long as you are insured, your coverage under the policy ends on the earliest of: 1. the date the policy is canceled; or 2. the last day of the period for which you made any required premium payments; or 3. the last day you are in active employment, except as provided under the "Temporary Layoff, Leave of Absence or Family and Medical Leave of Absence" provision; or 4. the date you are no longer in an eligible class; or 5. the date your class is no longer eligible. • We will provide coverage for a payable claim incurred while you are covered under the policy. If your spouse is a covered person, the spouse's coverage ends upon valid decree of divorce or your death. If your child is a covered person, the child's coverage ends on the certificate anniversary next following the date the child is no longer eligible. This is the earlier of when the child: a. marries; or b. reaches age 26; or c. reaches age 30 as per the Eligibility of Dependents provision; or d. otherwise does not meet the requirements of an eligible dependent. Coverage does not terminate on an unmarried child who: 1. is incapable of self-sustaining employment by reason of a handicapped condition; and 2. became so handicapped prior to the attainment of the limiting age of eligibility under the policy; and 3. is dependent upon you for lifetime care and supervision or other care providers. • Dependent coverage continues as long as the coverage remains in force and the dependent remains in such condition. Inquiry of the handicap and dependency of the child will be the responsibility of AWD. At the time of inquiry, you will have 31 days to provide proof of the incapacity and dependency of the child. If we accept a premium for coverage extending beyond the date, age or event specified for termination as to a covered person, such premium will be refunded, coverage will terminate and claims will not be paid.

Coverage Subject To Policy - The coverage described in the certificate is subject in every way to the terms of the policy that is issued to the policyholder (employer). It alone makes up the agreement by which the insurance is provided. The group policy may at any time be amended or discontinued by agreement between us and the policyholder. Your consent is not required for this. Neither are we required to give you prior notice.

Pre-Existing Condition - A pre-existing condition is a disease or physical condition for which symptoms existed or medical advice or treatment was recommended or received from a member of the medical profession within the 12 month period prior to the effective date of the covered person's coverage. AWD does not pay for any loss due to a pre-existing condition as defined during the 12 month period beginning on the date that person became a covered person.

Exclusions and Limitations - AWD does not pay for any loss except for losses due directly from cancer or a specified disease. We do not pay for any other conditions or diseases caused or aggravated by cancer or a specified disease. Diagnosis must be submitted to support each claim. Treatment must be received in the United States or its territories.

Intensive Care Unit Benefit Exclusions and Limitations - The Intensive Care Unit benefit does not pay for intensive care if a covered person is admitted because of an attempted suicide; or intentional self-inflicted injury; or intoxication or being under the influence of drugs not prescribed or recommended by a physician; or alcoholism or drug addiction. We do not pay for confinements in any care unit that does not qualify as a hospital intensive care unit. Progressive care units, sub-acute intensive care units, intermediate care units, and private rooms with monitoring, step down units and any other lesser care treatment units do not qualify as hospital intensive care units. We do not pay this benefit for continuous hospital intensive care unit confinements that occur during a hospitalization that begins before the effective date of coverage. Children born within 10 months of the effective date are not covered for any continuous hospital intensive care unit confinement that occurs or begins during the first 30 days of such child's life.

The policy is Limited Benefit Cancer and Specified Disease Insurance.

This is not a Medicare Supplement Policy. If eligible for Medicare, review Medicare Supplement Buyer's Guide available from American Heritage Life Insurance Company. Subject to COBRA continuation of coverage. Underwritten by American Heritage Life Insurance Company.

Specified Diseases - Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease), Muscular Dystrophy, Poliomyelitis, Multiple Sclerosis, Encephalitis, Rabies, Tetanus, Tuberculosis, Osteomyelitis, Diphtheria, Scarlet Fever, Cerebrospinal Meningitis (bacterial), Brucellosis, Sickle Cell Anemia, Thalassemia, Rocky Mountain Spotted Fever, Legionnaire's Disease (confirmation by culture or sputum), Addison's Disease, Hansen's Disease, Tularemia, Hepatitis (chronic B or chronic C with liver failure or hepatoma), Typhoid Fever, Myasthenia Gravis, Reye's Syndrome, Primary Sclerosing Cholangitis (Walter Payton's Liver Disease), Lyme Disease, Systemic Lupus Erythematosus, Cystic Fibrosis, and Primary Biliary Cirrhosis.

This material is valid as long as information remains current, but in no event later than May 1, 2013. Group Cancer and Specified Disease benefits provided by policy form GVCP3, or state variations thereof. This brochure highlights some features of the policy but is not the insurance contract. Only the actual certificate provisions control. The policy itself sets forth, in detail, the rights and obligations of both the policyholder (employer) and the insurance company. For complete details, contact your Insurance Agent, or call 1-800-521-3535. Underwritten by American Heritage Life Insurance Company (Home Office, Jacksonville, FL). This is a brief overview of the benefits available under the Group Voluntary Policy issued by American Heritage Life Insurance Company. Details of the insurance, including exclusions, restrictions and other provisions are included in the certificates issued.

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This brochure is for use in the F.O.P. Chicago Lodge 7 enrollment which is situated in Illinois.

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Illinois Benefits

Toll free: **866-967-0130**

Toll free fax: **866-922-8597**

www.illinoisbenefits.com/fop

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Allstate Workplace Division 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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