



BE WELL. BE SMART. BE PROTECTED.

Allstate at Work®

group voluntary cancer insurance

Including Specified Diseases Insurance

No one likes to think about getting cancer. But it will still affect a little less than **1 in 2 men** and a little more than **1 in 3 women**.¹ Cancer may not be preventable, but you can protect yourself from some of the costs. Cancer and specified disease insurance can help you: Manage the high expenses of treatment; Preserve savings; Protect your family from financial hardship; Concentrate on getting well.

Cancer insurance from Allstate Workplace Division (AWD) pays you benefits that can be used for non-medical cancer-related expenses that health insurance might not cover.

- Benefits paid directly to you unless assigned
- Individual or family coverage

¹ American Cancer Society, *Cancer Facts & Figures*, 2004.

Would your finances survive cancer or specified disease treatments?

In addition to cancer coverage, this supplemental insurance pays you benefits for 29 other 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.

Offered to the employees of:

Amerisafe, Inc.



Allstate®

Workplace Division

Allstate Workplace Division's Group Cancer Policy

AWD pays the following benefits for the necessary treatment of cancer or a specified disease, and for any other condition directly caused or aggravated by the cancer or specified disease. Treatment must be received in the United States or its territories. • 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.

Base Policy Benefits - Benefits described are for 1 unit of coverage unless otherwise noted.	LOW OPTION	HIGH OPTION
<p>Continuous Hospital Confinement – AWD pays amount shown per day, for each day of continuous hospital confinement for the treatment of cancer or specified diseases. The maximum number of days payable is 70 days for each period of continuous hospital confinement.</p>	\$100 each day 70 day max	\$200 each day 70 day max (2 units)
<p>Extended Benefits – AWD pays actual charges up to amount shown per day if a covered person is confined in a hospital for the treatment of cancer or specified disease for more than 70 days of continuous hospital confinement for hospital room and board, medicine, laboratory tests and other hospital charges. This benefit begins on the 71st day of continuous hospital confinement. This benefit is paid in lieu of all other benefits payable during the continuous hospital confinement beginning on the 71st day under the Schedule of Benefits (except Waiver of Premium Benefit). This benefit continues as long as the covered person is continuously hospital confined.</p>	up to \$100 each day	up to \$200 each day (2 units)
<p>Government or Charity Hospital – AWD pays up to amount shown 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).</p>	\$100 each day	\$200 each day (2 units)
<p>Surgery – AWD pays when a covered surgery *(amount per surgery depends on surgery) is performed on a covered person. 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.</p>	up to \$1,500*	up to \$3,000* (2 units)
<p>Second Surgical Opinion – AWD pays actual charges up to the amount shown for a second surgical opinion, if physician recommends surgery for covered condition. This second opinion must be rendered prior to surgery being performed, and obtained from a physician not in practice with the physician rendering the original recommendation.</p>	up to \$200	up to \$400 (2 units)
<p>Anesthesia – AWD pays, as a percentage of the Surgery Benefit, actual charges of an anesthetist not to exceed 25% of the amount paid for the Surgery Benefit for anesthesia received.</p>	up to 25% of surgery benefit	up to 25% of surgery benefit
<p>Ambulatory Surgical Center – AWD pays actual charges for the use of an Ambulatory Surgical Center, up to the amount shown for a surgical procedure covered under the Surgery Benefit that is performed at an Ambulatory Surgical Center.</p>	up to \$250	up to \$500 (2 units)
<p>Radiation/Chemotherapy – AWD pays actual charges, up to maximum shown per 12 month period for 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.</p>	up to \$5,000 each 12 months (2 units)	up to \$10,000 each 12 months (4 units)
<p>Comfort/Anti-Nausea Benefit – AWD pays the actual charges up to maximum shown per calendar year for anti-nausea medication prescribed for a covered person by a physician in conjunction with cancer or specified disease treatment. This benefit does not pay for medication administered while the covered person is an inpatient.</p>	up to \$200 each calendar year	up to \$200 each calendar year
<p>Inpatient Drugs and Medicine – AWD pays actual charges made by the hospital for drugs and medicine, while hospital confined up to the amount shown, for each day of continuous hospital confinement. This benefit does not pay for drugs and/or medicine covered under the Radiation and Chemotherapy Benefit.</p>	up to \$25 each day	up to \$25 each day
<p>Private Duty Nursing Services – AWD pays actual charges, up to the amount shown 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 a physician and must be provided by a nurse.</p>	up to \$100 each day	up to \$200 each day (2 units)
<p>New or Experimental Treatment – AWD pays actual charges, up to the maximum shown per 12 month period, for new or experimental treatments. New or Experimental Treatments are 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.</p>	up to \$5,000 each 12 months	up to \$5,000 each 12 months
<p>Blood, Plasma and Platelets – AWD pays actual charges, up to the maximum shown per 12 month period, for blood, plasma and platelets (including transfusions and administration charges); processing and procurement costs; and cross-matching. Does not pay for blood replaced by donors.</p>	up to \$5,000 each 12 months (2 units)	up to \$10,000 each 12 months (4 units)
<p>Physician's Attendance – AWD pays actual charges up to the amount shown for a visit by a physician during hospital confinement. Benefit is limited to one visit by one physician each day of hospital confinement. Admission to the hospital as an inpatient is required.</p>	up to \$50 each day	up to \$50 each day

Base Policy Benefits (cont.)	LOW OPTION	HIGH OPTION
<p>At Home Nursing – AWD pays actual charges up to the amount shown per day for private nursing care and attendance by a nurse at home. At home nursing services must be required and authorized by the attending physician and must begin within 14 days after a covered confinement as an inpatient in a hospital. Benefit is limited to the number of days of the previous continuous hospital confinement.</p>	up to \$100 each day	up to \$200 each day (2 units)
<p>Prosthesis – AWD pays actual charges up to the maximum shown for prosthetic devices which are prescribed as a direct result of surgery and which require surgical implantation.</p>	up to \$2,000 each amputation	up to \$2,000 each amputation
<p>Ambulance – AWD pays actual charges up to the amount shown 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.</p>	up to \$100	up to \$100
<p>Hospice Care – AWD pays one of the following benefits when a covered person has been diagnosed by a physician as terminally ill as a result of cancer or specified disease, is expected to live 6 months or less and the attending physician has approved services: 1. Freestanding Hospice Care Center – Pays actual charges up to the amount shown 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 within 14 days after a period of inpatient hospital confinement. 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 – Pays actual charges up to the amount shown 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. Benefit is payable only if home care services begin within 14 days after a period of hospital confinement. 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.</p>	<p>1. up to \$100 each day or 2. up to \$100 each visit max. 1 visit/day</p>	<p>1. up to \$200 each day or 2. up to \$200 each visit max. 1 visit/day (2 units)</p>
<p>Outpatient Lodging – AWD pays actual cost of daily lodging up to the amount shown 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 the actual cost of a single room in a motel, hotel, or other accommodations acceptable to us during treatment, up to the maximum shown 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.</p>	<p>up to \$50 each day, up to \$2,000 each 12 months</p>	<p>up to \$50 each day, up to \$2,000 each 12 months</p>
<p>Non-Local Transportation – AWD pays the following benefit 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 actual cost of round trip coach fare on a common carrier or amount shown per mile, up to 700 miles, for round trip personal vehicle transportation. "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/clinic; or for services other than actual treatment.</p>	coach fare or \$0.40 each mile	coach fare or \$0.40 each mile
<p>Family Member Lodging and Transportation – AWD pays the following benefits for one adult member of the covered person's family to be near the covered person, when a covered person is confined in a non-local hospital for specialized treatment. 1. <i>Lodging</i> - The actual cost of a single room in a motel, hotel, or other accommodations acceptable to AWD, up to the amount shown per day. Benefit is limited to 60 days for each period of continuous hospital confinement. 2. <i>Transportation</i> - The actual cost of round trip coach fare on a common carrier or amount shown per mile for personal vehicle allowance, up to 700 miles per continuous hospital confinement. 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.</p>	<p>1. up to \$50 each day 2. coach fare or \$0.40 each mile</p>	<p>1. up to \$50 each day 2. coach fare or \$0.40 each mile</p>
<p>Extended Care Facility – AWD pays actual charges up to the amount shown 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.</p>	up to \$100 each day	up to \$200 each day (2 units)
<p>Physical or Speech Therapy – AWD pays actual charges up to amount shown per day, for physical or speech therapy for restoration of normal body function.</p>	up to \$50 each day	up to \$50 each day
<p>Waiver of Premium – If while coverage is in force, the insured employee becomes 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 employee remains disabled.</p>	yes	yes
<p>Bone Marrow or Stem Cell Transplant* – AWD pays up to maximum shown for 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.</p>	<p>*1. up to \$500 *2. up to \$1,250 *3. up to \$2,500</p>	<p>*1. up to \$1,000 *2. up to \$2,500 *3. up to \$5,000 (2 units)</p>
Additional Benefit(s) Added To Policy		
<p>Cancer Screening Benefit – AWD pays amount shown per calendar year for one of the following cancer screening tests: 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; flexible sigmoidoscopy; hemocult stool analysis; mammography; pap smear; PSA (Prostate Specific Antigen blood test for prostate cancer); and Serum Protein Electrophoresis (test for myeloma). This benefit is paid regardless of the result of the test.</p>	\$100 each covered person each calendar year (4 units)	\$100 each covered person each calendar year (4 units)

Additional Benefit(s) Added To Policy (cont.)	LOW OPTION	HIGH OPTION
<p>Cancer Initial Diagnosis (First Occurrence) – AWD pays a one-time benefit of amount shown 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.</p> <p>Limited Benefit Cancer and Specified Disease Coverage – This is not Medicare Supplement Coverage. If eligible for Medicare, review Medicare Supplement Buyer’s Guide, available from American Heritage Life Insurance Company.</p>	no benefit	one time benefit of \$1,000 (1 units)

Cancer/Specified Disease Premiums Monthly (12) Deductions - Certificates under this plan are issued on a guaranteed basis only at the time of the initial enrollment. A completed Evidence of Insurability form AWD4502 is required for late entrants into the group plan. - Issue ages are 18 and older while actively at work.

LOW OPTION				HIGH OPTION					
Monthly	Individual	\$11.08	Family	\$18.52	Monthly	Individual	\$19.50	Family	\$32.56

Continuation of Coverage (COBRA) – Since this plan is employer-sponsored, it is subject to the same federal COBRA continuation requirements that apply to medical plans. In general, this allows you to continue your insurance under the group policy for 18 months after your employment terminates. If your dependent should lose coverage due to your death or divorce, or their attainment of the limiting age for dependent eligibility, the coverage may be continued for up to 36 months. If the group policy is terminated by the employer before the end of the COBRA continuation period, you will be entitled to be covered under a similar individual policy of insurance.

Conversion Privilege – If coverage terminates for any reason other than non-payment of premiums, the covered person can convert to an individual policy without evidence of insurability. This also applies to a dependent whose coverage terminates due to divorce or your death, or a child whose coverage terminates due to the attainment of the limiting age for dependent eligibility.

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 were in active employment; 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 that occurs 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: a. when the child marries; or b. reaches age 22 (26 if a full-time student attending an educational institution of higher learning beyond high school). Coverage does not terminate on an unmarried child who: 1. is incapable of self-sustaining employment by reason of mental or physical incapacity; and 2. became so incapacitated prior to the attainment of the limiting age of eligibility under the coverage; and 3. is chiefly dependent upon the employee for support and maintenance. • Dependent coverage continues as long as the coverage remains in force and the dependent remains in such condition. Proof of the incapacity and dependency of the child must be furnished within 60 days of the child’s attainment of the limiting age of eligibility. Thereafter, such proof must be furnished as frequently as may be required, but no more frequently than annually after the child’s attainment of the limiting age for eligibility. If we accept a premium for coverage extending beyond the date, age or event specified for termination as to a covered person, then coverage continues during the period for which such premium was accepted. This does not apply where such acceptance was based on a misstatement of age.

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.

Limitations and Exceptions

Pre-Existing Condition – 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 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 – The policy does not pay for any loss except for losses due directly from cancer or specified disease and 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.

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.

This brochure is for use in the Amerisafe, Inc. enrollment which is situated in Louisiana.



Group Cancer and Specified Disease benefits provided by policy form GVCP2, or state variations thereof. This brochure highlights some features of the group coverage but is not the insurance contract. Only the actual policy provisions control. The policy itself sets forth, in detail, the rights and obligations of both the policyholder and the insurance company.

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