Allstate BENEFITS

Underwritten by: **American Heritage Life Insurance Company**
Allstate Benefits is the marketing name used by American Heritage Life Insurance Company, a subsidiary of The Allstate Corporation.

Cancer Insurance

Protection for the treatment of cancer and 29 specified diseases

THINK ABOUT THIS

Early detection, improved treatments and access to care are factors that influence cancer survival†

The number of cancer survivors in the U.S. is increasing, and is expected to jump to nearly 22.1 million by 2030††

Coverage offered to the employees of:

CPC COMMODITIES

After a cancer diagnosis, your life can become a whirlwind of doctor appointments and difficult decisions. Your finances don't need to be added to your list of worries. Cancer Insurance from Allstate Benefits can help you rest a little easier.

Here's How It Works

- Select the coverage that's right for you and your family
- If diagnosed with cancer or a specified disease, you file a claim
- You may receive a lump-sum cash benefit via check or direct deposited that you can use however you wish

Protecting Your Finances

You've worked hard for your savings – don't let a cancer diagnosis wipe them out.

- Protect your checking and savings
- Don't dip into your HSA or 401(k)

Protecting insureds for over 60 years

Meeting Your Needs

- Coverage can include your dependents
- Includes coverage for cancer and 29 specified diseases
- Waiver of premium after 90 days when disabled due to cancer (employee only)
- Coverage may be continued; refer to your certificate for details

†, ††Cancer Treatment & Survivorship Facts & Figures, 2019-2021.

Meet TJ

CHOOSE

TJ signs up for Allstate Benefits Cancer Insurance during his employer's Open Enrollment.

USE

A few months later, TJ learns that he has prostate cancer. Here's his treatment path:

Pre-Op Testing
TJ undergoes PSA testing at a hospital 300 miles from his home

Surgery
He is admitted to the hospital for laparoscopic prostate cancer surgery

Post-Surgery
After surgery, he spends several hours in the recovery waiting room

Hospital Stay
He's transferred to his room and visited by his doctor during a 2-day hospital stay

Recovery
TJ visits his doctor regularly during a 2 month recovery period

CLAIM

TJ files a claim on his Allstate Benefits Cancer Insurance coverage through the convenient web portal,**MyBenefits*.**
He receives cash benefits for:

- Wellness Benefit
- Cancer Initial Diagnosis
- Continuous Hospital Confinement
- Non-Local Transportation
- Surgery
- Anesthesia
- Medical Imaging
- Inpatient Drugs and Medicine
- Physician's Attendance
- Anti-Nausea

***MyBenefits Claim Filing Portal**
Offers 24/7 access to important information about your benefits. eSign, submit and check your claims (including claim history), request cash benefits to be direct deposited, make changes to personal information, and more.
Access: mybenefits.allstate.com

Here are some of the ways TJ can use his cash benefits

Finances
Can help protect HSAs, savings, retirement plans and 401(k)s from being depleted

Travel
Can help pay for expenses while receiving treatment in another city

Home
Can help pay the mortgage, continue rental payments, or afford home repairs for after care

Expenses
Can help pay for his family's living expenses, such as bills, electricity, and gas

The example above details a fictional situation; your individual experience may vary.
For a listing of benefits and benefit amounts, see pages 3 and 4.

Cancer Insurance (GVCP3)

Includes coverage for 29 Specified Diseases

from **Allstate Benefits**

Offered to the employees of:

CPC COMMODITIES

BENEFIT AMOUNTS

HOSPITAL CONFINEMENT AND RELATED BENEFITS	PLAN 1	PLAN 2
Continuous Hospital Confinement (daily)	$200	$300
Government or Charity Hospital (daily)	$200	$300
Private Duty Nursing Services (daily)	$200	$300
Extended Care Facility (daily)	$200	$300
At Home Nursing (daily)	$200	$300
Hospice Care Center (daily) or	$200	$300
Hospice Care Team (per visit)	$200	$300
RADIATION/CHEMOTHERAPY/RELATED BENEFITS	**PLAN 1**	**PLAN 2**
Radiation/Chemotherapy for Cancer[1] (every 12 months)	$10,000	$20,000
Blood, Plasma, and Platelets[1] (every 12 months)	$10,000	$20,000
Hematological Drugs[1] (every 12 months)	$200	$400
Medical Imaging[1] (every 12 months)	$500	$1,000
SURGERY AND RELATED BENEFITS	**PLAN 1**	**PLAN 2**
Surgery[2]	$3,000	$3,000
Anesthesia (% of surgery benefit)	25%	25%
Bone Marrow or Stem Cell Transplant (once/year)		
1. Autologous	$1,000	$1,000
2. Non-autologous (cancer or specified disease treatment)	$2,500	$2,500
3. Non-autologous (Leukemia)	$5,000	$5,000
Ambulatory Surgical Center (daily)	$500	$500
Second Opinion	$400	$400
MISCELLANEOUS BENEFITS	**PLAN 1**	**PLAN 2**
Inpatient Drugs and Medicine (daily)	$25	$25
Physician's Attendance (daily)	$50	$50
Ambulance (per confinement)	$100	$100
Non-Local Transportation[1] (coach fare or amount shown per mile*)	0.40/Mile	0.40/Mile
Outpatient Lodging (daily; limit $2,000/12 mo. period)	$50	$50
Family Member Lodging (daily per trip; max. 60 days)	$50	$50
and Transportation (coach fare or amount shown per mile**)	0.40/Mile	0.40/Mile
Physical or Speech Therapy (daily)	$50	$50
New or Experimental Treatment[3] (every 12 months)	$5,000	$5,000
Prosthesis[3] (per amputation)	$2,000	$2,000
Hair Prosthesis (every 2 years)	$25	$25
Nonsurgical External Breast Prosthesis[1]	$50	$50
Anti-Nausea Benefit[1] (once per calendar year)	$200	$200
Waiver of Premium (employee only)	Yes	Yes
OPTIONAL/ADDITIONAL BENEFITS	**PLAN 1**	**PLAN 2**
Cancer Initial Diagnosis (one-time benefit)	$5,000	$5,000
Intensive Care (ICU)		
ICU (daily)	$300	$600
Step-Down (daily)	$150	$300
Ambulance	Actual Charges	Actual Charges
Wellness Benefit	$100	$100

[1]Pays actual cost up to amount listed. [2]Pays actual charges up to amount listed in certificate Schedule of Surgical Procedures. Amount paid depends on surgery. [3]Pays actual charges up to amount listed. *At least 70 miles away, up to 700 miles. **Transportation up to 700 miles per continuous hospital confinement.

PLAN 1 PREMIUMS

MODE	EE	EE + SP	EE + CH	F
Monthly	$25.42	$40.11	$35.89	$50.57

PLAN 2 PREMIUMS

MODE	EE	EE + SP	EE + CH	F
Monthly	$38.12	$59.68	$54.41	$75.96

Issue ages: 18 and over if actively at work

EE=Employee; EE + SP = Employee + Spouse;
EE + CH = Employee + Child(ren); F = Family

FOR HOME OFFICE USE ONLY - GVCP3

Opt 1-2Hosp; 4Rad; 2Surg; 1Misc; 5Init; 3ICU; 4Well; 0Prog

Opt 2-3Hosp; 8Rad; 2Surg; 1Misc; 5Init; 6ICU; 4Well; 0Prog

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For use in enrollments sitused in: KY. This rate insert is part of the approved brochure for CPC COMMODITIES and is not to be used on its own.

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Benefits - Benefits paid for the following (subject to maximums as listed on pages 3 and 4)

HOSPITAL CONFINEMENT AND RELATED BENEFITS

Continuous Hospital Confinement - inpatient admission and confinement

Government or Charity Hospital - confinements in lieu of all other benefits, except Waiver of Premium

Private Duty Nursing Services - full-time nursing services authorized by attending physician

Extended Care Facility - within 14 days of a hospital stay; payable up to the number of days of the hospital stay

At Home Nursing - private nursing care must begin within 14 days of a covered hospital stay; payable up to the number of days of the previous hospital stay

Hospice Care Center or Team - terminal illness care in a facility or at home; one visit per day

RADIATION/CHEMOTHERAPY AND RELATED BENEFITS

Radiation/Chemotherapy for Cancer - covered treatments to destroy or modify cancerous tissue

Blood, Plasma and Platelets - transfusions, administration charges, processing, procurement, cross matching

Hematological Drugs - boosts cell lines for white/red cell counts and platelets; payable when Radiation/Chemotherapy for Cancer benefit is paid

Medical Imaging - initial diagnosis or follow-up evaluation based on covered imaging exam

SURGERY AND RELATED BENEFITS

Surgery - based on Certificate Schedule of Surgical Procedures. Two or more surgeries done at the same time through one incision or entry point are considered one operation. The operation with the largest benefit will be paid. Outpatient is paid at 150% of the amount listed in the Schedule of Surgical Procedures. Does not pay for other surgeries covered by other benefits

Anesthesia - 25% of Surgery benefit for anesthesia received by an anesthetist

Bone Marrow or Stem Cell Transplant - autologous, non-autologous for treatment of cancer or specified disease other than Leukemia, or non-autologous for treatment of Leukemia

Ambulatory Surgical Center - payable only if Surgery benefit is paid

Second Opinion - second opinion for surgery or treatment by a doctor not in practice with your doctor

MISCELLANEOUS BENEFITS

Inpatient Drugs and Medicine - not including drugs/medicine covered under the Radiation/Chemotherapy for Cancer or Anti-Nausea benefits

Physician's Attendance - one inpatient visit by one physician

Ambulance - transfer to or from hospital where confined by a licensed service or hospital-owned ambulance

Non-Local Transportation - obtaining treatment not available locally

Outpatient Lodging - more than 100 miles from home

Family Member Lodging and Transportation - adult family member travels with you during non-local hospital stays for specialized treatment. Transportation not paid if Non-Local Transportation benefit is paid

Physical or Speech Therapy - to restore normal body function

New or Experimental Treatment - payable if physician judges to be necessary and only for treatment not covered under other policy benefits

Prosthesis - surgical implantation of prosthetic device for each amputation

Hair Prosthesis - wig or hairpiece every two years due to hair loss

Nonsurgical External Breast Prosthesis - initial prosthesis after a covered or partial mastectomy

Anti-Nausea Benefit - prescribed anti-nausea medication on outpatient basis

Waiver of Premium (employee only) - must be disabled 90 days in a row due to cancer, as long as disability lasts

OPTIONAL/ADDITIONAL BENEFITS

Cancer Initial Diagnosis - for first-time diagnosis of cancer other than skin cancer

Intensive Care (ICU)

a. ICU Confinement
illness or accident confinements up to 45 days/stay

b. Step-Down ICU Confinement
confinements up to 45 days/stay

c. Ambulance
licensed air or surface ambulance service to ICU

Wellness Benefit - once per year for one of 23 exams. Biopsy for skin cancer; Blood tests for triglycerides, CA15-3 (breast cancer), CA125 (ovarian cancer), CEA (colon cancer), PSA (prostate cancer); Bone Marrow Testing; Chest X-ray; Colonoscopy; Doppler screening for carotids or peripheral vascular disease; Echocardiogram; EKG; Flexible sigmoidoscopy; Hemoccult stool analysis; HPV (Human Papillomavirus) Vaccination; Lipid panel (total cholesterol count); Mammography, including Breast Ultrasound; Cervical Cancer Screening; 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

SPECIFIED DISEASES

29 Specified Diseases Covered - Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease), Muscular Dystrophy, Poliomyelitis, Multiple Sclerosis, Encephalitis, Rabies, Tetanus, Tuberculosis, Osteomyelitis, Diphtheria, Scarlet Fever, Cerebrospinal Meningitis, Brucellosis, Sickle Cell Anemia, Thalassemia, Rocky Mountain Spotted Fever, Legionnaires' Disease, Addison's Disease, Hansen's Disease, Tularemia, Hepatitis (Chronic B or C), Typhoid Fever, Myasthenia Gravis, Reye's Syndrome, Primary Sclerosing Cholangitis (Walter Payton's Disease), Lyme Disease, Systemic Lupus Erythematosus, Cystic Fibrosis, and Primary Biliary Cirrhosis

DEFINITIONS

Actual Charge - amount billed for a treatment or service before any insurance discounts or payments

Actual Cost - amount actually paid by or on behalf of you, accepted as full payment by the provider of goods or services

Practical benefits for everyday living.®

When you choose

ALLSTATE BENEFITS,

we can help give you and your family financial peace of mind.

Are you in good hands?®

We're the name you know and trust, protecting America's families for over 50 years. Our valuable coverage options help empower people to make the best decisions for their finances and their futures.

Once you've elected coverage, register with our convenient customer service portal, MyBenefits, for anytime access to your coverage details and important documents. MyBenefits also allows you to file claims quickly and easily – and get benefits deposited directly into your bank account (authorization required).

CERTIFICATE SPECIFICATIONS

Eligibility - Coverage may include you, your spouse or domestic partner, and children under age 26.

Termination of Coverage - Coverage under the policy ends on the date the policy is canceled; the last day premium payments were made; the last day of active employment, unless coverage is continued due to Temporary Layoff, Leave of Absence or Family and Medical Leave of Absence; the date you or your class is no longer eligible.

Spouse/domestic partner coverage ends upon divorce/termination of partnership or your death. Coverage for children ends when the child reaches age 26, unless he or she continues to meet the requirements of an eligible dependent.

Portability Privilege - Coverage may be continued under the Portability Provision when coverage under the policy ends. Refer to your Certificate of Insurance for details.

LIMITATIONS AND EXCLUSIONS

Pre-Existing Condition Limitation - We do not pay benefits for a pre-existing condition during the 12-month period beginning on the date that person's coverage starts. A pre-existing condition is a disease or condition for which symptoms existed within the 12-month period prior to the effective date, or medical advice or treatment was recommended or received from a medical professional within the 12-month period prior to the effective date. A pre-existing condition can exist even though a diagnosis has not yet been made.

Exclusions and Limitations - We do not pay for any loss except for losses due to cancer or a specified disease. Benefits are not paid for conditions caused or aggravated by cancer or a specified disease. Treatment and services must be needed due to cancer or a specified disease and be received in the United States or its territories.

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

Blood, Plasma and Platelets Limitation - Does not include immunoglobulins or blood replaced by donors.

Surgery, New or Experimental Treatment and Prosthesis Benefits - We pay 50% of the applicable maximum when specific charges are not obtainable as proof of loss.

Radiation/Chemotherapy for Cancer Benefit - We do not pay for: any other chemical substance which may be administered with or in conjunction with radiation/chemotherapy; treatment planning, consultation or management; the design and construction of treatment devices; basic radiation dosimetry calculation; any type of laboratory tests; X-ray or other imaging used for diagnosis or monitoring; the diagnostic tests related to these treatments; or any devices or supplies including intravenous solutions and needles related to these treatments.

Intensive Care Exclusions and Limitations - Benefits are not paid for attempted suicide, intentional self-inflicted injury, intoxication or being under the influence of drugs not prescribed by a physician, or alcoholism or drug addiction. Benefits are not paid for confinements to a care unit that does not qualify as a hospital intensive care unit, including progressive care, subacute intensive care, intermediate care, private rooms with monitoring, or step-down and other lesser care units. Benefits are not paid for step-down confinements in the following units: telemetry or surgical recovery rooms; post-anesthesia care; progressive care; intermediate care; private monitored rooms; observation units in emergency rooms or outpatient surgery units; beds, wards, or private or semi-private rooms; emergency, labor or delivery rooms; or other facilities that do not meet the standards for a step-down hospital intensive care unit. Benefits are not paid for continuous confinements occurring during a hospitalization prior to the effective date. 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. We do not pay for ambulance if paid under the Cancer and Specified Disease Ambulance benefit.

This brochure is for use in enrollments sitused in KY. This advertisement is a solicitation of insurance; contact may be made by an Allstate Benefits Agent, Agency, or Representative.

This material is valid as long as information remains current, but in no event later than April 24, 2028. Group Cancer benefits are provided under policy form GVCP3, or state variations thereof.

The coverage provided is 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. There may be instances when a law requires that benefits under this coverage be paid to a third party rather than to you. If you or a dependent have coverage under Medicare, Medicaid, or a state variation, please refer to your health insurance documents to confirm whether assignments or liens may apply.

This is a brief overview of the benefits available under the group policy underwritten by American Heritage Life Insurance Company (Home Office, Jacksonville, FL). Details of the coverage, including exclusions and other limitations are included in the certificates issued. For additional information, you may contact your Allstate Benefits Representative.

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.

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