



This benefit does not require re-enrollment each year.

Cancer and Specified Disease

NCFlex offers Cancer and Specified Disease Insurance through Allstate Benefits. Unfortunately, cancer will affect many of us — regardless of age, gender, or lifestyle. While treatment has advanced the fight against cancer, it still occurs in slightly less than one in two men and one in three women, according to Cancer Facts and Figures, American Cancer Society, 2017.

Coverage

You can choose between three plan options depending on your cancer insurance needs and specified diseases. All three plan options offer the same type of benefits and/or services. In most cases, however, the amount of coverage differs based on the option you choose. Refer to the *Summary of Benefits* on page 27 for more details.

In addition to cancer coverage, this insurance pays benefits for 29 other specified diseases listed below:

- 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
- 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 Liver Disease)
- Lyme Disease
- Systemic Lupus Erythematosus
- Cystic Fibrosis
- Primary Biliary Cirrhosis

Cost

The monthly premium you pay for cancer coverage is based on the plan you choose and whether you cover yourself only or yourself and your family. New hires do not need to provide Evidence of Insurability (EOI) if they enroll within 30 days of their date of hire. (See "Evidence of Insurability" on page 28 for more details)

Cost	Employee Only	Employee and Family
Low Option	\$6.38	\$10.56
High Option	\$15.18	\$25.16
Premium Option	\$20.28	\$33.54

Examples of Net Cost

Each plan option includes the Cancer Screening Benefit, which pays a benefit for each covered insured **annually** for taking certain tests, regardless of the cost of the test. In addition, since your monthly premium is subtracted from your pay before taxes, you receive tax savings.

The following are a few examples of how the Cancer Screening Benefit and the tax savings affect the total cost for your NCFlex Cancer and Specified Disease Insurance.

Option	Annual Cost	Cancer Screening Benefit	Tax Savings (30% Tax Bracket)	NET Annual Cost
Low: Employee	\$76.56 (\$6.38/month)	\$25	\$22.97	\$28.59 (\$2.38/month)
High: Family	\$301.92 (\$25.16/month)	\$200 (2 @ \$100)	\$90.58	\$11.34 (\$0.95/month)
Premium: Family	\$402.48 (\$33.54/month)	\$200 (2 @ \$100)	\$120.74	\$81.74 (\$6.81/month)



Summary of Benefits

You must review the Certificates of Coverage for complete details regarding these benefits.

Benefit	Low Option	High Option	Premium Option
Cancer Prevention and Screening Benefit* (per calendar year/per covered insured)	\$25	\$100	\$100
Continuous Hospital Confinement (per day) (up to 70 days for each period of continuous confinement)	\$100	\$200	\$300
Extended Benefits** (per day after 70 days)	Up to \$100	Up to \$200	Up to \$300
Surgery** (per surgery, based on surgical schedule)	Up to \$1,500	Up to \$3,000	Up to \$4,500
Second Surgical Opinion**	Up to \$200	Up to \$400	Up to \$600
Anesthesia**	Up to 25% of surgery benefit		
Ambulatory Surgical Center** (per day)	Up to \$250	Up to \$500	Up to \$750
Radiation/Chemotherapy** (per 12-month period)	Up to \$2,500	Up to \$7,500	Up to \$10,000
Inpatient Drugs and Medicine**	Up to \$25 per day while confined in the hospital		
Private Duty Nursing Services** (per day)	Up to \$100	Up to \$200	Up to \$300
New or Experimental Treatment**	Up to \$5,000 per 12-month period		
Blood, Plasma, and Platelets** (per 12-month period)	Up to \$2,500	Up to \$7,500	Up to \$10,000
Physician's Attendance**	Up to \$50 per day		
At-Home Nursing** (per day)	Up to \$100	Up to \$200	Up to \$300
Prosthesis**	Up to \$2,000 per amputation		
Ambulance**	Up to \$100		
Hospice Benefits:			
• Freestanding Hospice Care Center** (per day)	Up to \$100	Up to \$200	Up to \$300
• Hospice Care Team** (per day; limit 1 visit/day)	Up to \$100	Up to \$200	Up to \$300
• Government or Charity Hospital (per day; in lieu of all other benefits in the policy, except the Waiver of Premium benefit)	\$100	\$200	\$300
Outpatient Lodging** (day/per 12 months)	\$50/\$2,000	\$50/\$2,000	\$50/\$2,000
Non-Local Transportation	Pays coach fare or \$0.40 Per mile		
Family Member Lodging and Transportation (for one adult member of covered person's family)			
Lodging**	Up to \$50 per day; maximum 60 days		
Transportation**	Round-trip coach fare on common carrier or \$0.40 Per mile		
Extended Care Facility** (per day)	Up to \$100	Up to \$200	Up to \$300
Physical or Speech Therapy**	Up to \$50 per day		
Comfort/Anti-Nausea**		Up to \$200 per calendar year	
Bone Marrow or Stem Cell Transplant			
Transplant other than non-autologous (per calendar year)	Up to \$500	Up to \$1,000	Up to \$1,500
Transplant for non-autologous; treatment of cancer or other specified disease; except Leukemia (per calendar year)	Up to \$1,250	Up to \$2,500	Up to \$3,750
Transplant for non-autologous; treatment of Leukemia (per calendar year)	Up to \$2,500	Up to \$5,000	Up to \$7,500
Waiver of Premium	Premiums waived after 90 days of disability due to cancer for insured employee		

* Cancer Prevention and Screening Benefit includes: CA-15-3 (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 cancer); and Serum Protein Electrophoresis (test for myeloma). This benefit is paid regardless of the result of the test.

** These benefits are payable based on actual charges up to the maximum amount listed.

No EOI required
for plan year
2018

Exceptions and Limitations

Allstate Benefits does not pay benefits for a **pre-existing condition** during the 12-month period beginning on the date coverage starts. Any covered loss that is incurred after the 12-month period is payable. 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 his or her effective date of coverage.

The policy does not pay for any loss except those due from cancer or a covered specified disease. A diagnosis must be submitted to support each claim.

For complete details on exclusions and limitations, see the Certificate of Coverage located at www.ncflex.org.

Evidence of Insurability

Evidence of Insurability (EOI) is a way of providing proof of good health. This evaluation may include your current health status, medical history and family history. If you are required to submit EOI, Allstate Benefits must approve your EOI before coverage becomes effective. You can access an EOI form by visiting the “Cancer & Specified Disease” section at www.ncflex.org.

The Certificate of Coverage provides complete details about the benefits and the limits and exclusions. For complete details, you must review the Certificates of Coverage located on www.ncflex.org.

Medicaid Information

For individuals who are eligible for Medicaid, this cancer insurance policy may not be the best choice for you. Benefits assigned under the policy are required to be assigned back to Medicaid.

Portability Privilege

The portability feature allows continuation of your cancer coverage when your employment ends or policy terminates, by paying premiums directly to Allstate Benefits.

Certificate of Coverage

The Certificate of Coverage provides complete details about the benefits and the limits and exclusions. For complete details, you must review the Certificates of Coverage located on www.ncflex.org.

This 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.

The Critical Illness and Cancer coverage is provided by Limited Benefit insurance, policy forms GVCIP2 and GVCIP2, or state variations thereof. Allstate Benefits is the marketing name used by American Heritage Life Insurance Company (Home Office, Jacksonville, FL), the underwriting company and a subsidiary of The Allstate Corporation.