# City of Waltham
# CANCER EXPENSE PLAN

**When can I sign up?**

Within the first 30 days of employment or during an enrollment.

**Why do I need the Cancer Expense Plan if I have health insurance?**

The American Cancer Society estimates that 30% of the cost of fighting cancer is "Direct" costs which are paid for by your health plan; doctor visits, prescriptions, surgeries, etc. The other 70% "Indirect" costs come out of the patient's pocket; lost income, co-pays, transportation, hotel, child care, special diets, etc.

**How much does it pay?**

The first occurrence benefit is $7,000. There is a $5,000 Radiation/Chemotherapy benefit and a maximum benefit of $3,000 for surgery.

**Do I have to use the money for things related to medical expenses?**

No benefits are paid directly to the insured with no questions asked.

**Can my whole family be covered?**

Yes, family and individual policies are available.

**Are there benefits for having cancer screenings?**

Yes, each insured person is eligible for an annual $50.00 Wellness Benefit available for most cancer screenings such as mammography, Pap smear, PSA test and sigmoidoscopy. This benefit is paid regardless of the test results.

**Can the benefit be pre-taxed, like my health insurance?**

Yes, the premiums can be pre-taxed without affecting the benefit received.

**How much does it cost?**

There are two options: Individual Plan is $4.89/week, Family Plan is $8.37/week.

**Can I keep this policy if I leave employment?**

Yes, this policy is portable (YOU OWN IT) at the same rates as when you were an employee.

**Please contact LifePlus Insurance Agency, Inc. with any enrollment questions.**
**781-837-9222 – fax 781-837-9227**

This form is for informational purposes only, please refer to the contract for specific language.



Allstate BENEFITS

Protection for the treatment of cancer and 29 specified diseases

# Cancer Insurance

**Receiving a cancer diagnosis can be one of life's most frightening events. Unfortunately, statistics show you probably know someone who has been in this situation.**

With Cancer insurance from Allstate Benefits, you can rest a little easier. Our coverage pays you a cash benefit to help with the costs associated with treatments, to pay for daily living expenses, and more importantly, to empower you to seek the care you need.

## Here's How It Works

You choose the coverage that's right for you and your family. Our Cancer insurance pays cash benefits for cancer and 29 specified diseases to help with the cost of treatments and expenses as they happen. Benefits are paid directly to you unless otherwise assigned. With the cash benefits you can receive from this coverage, you may not need to use the funds from your Health Savings Account (HSA) for cancer or specified disease treatments and expenses.

## Meeting Your Needs

- Includes coverage for cancer and 29 specified diseases
- Benefits are paid directly to you unless otherwise assigned
- Coverage available for dependents
- Waiver of premium after 90 days of disability due to cancer for as long as your disability lasts (employee only)
- Coverage may be continued; refer to your certificate for details
- Additional benefits have been added to enhance your coverage

With Allstate Benefits, you can protect your finances if faced with an unexpected cancer or specified disease diagnosis. **Practical benefits for everyday living.**[SM]

## DID YOU KNOW?



*Early detection, improved treatments and access to care are factors that influence cancer survival*[1]

## 20.3 million

*The number of cancer survivors in the U.S. is increasing, and is expected to jump to nearly 20.3 million by 2026*[2]

[1]Life After Cancer: Survivorship by the Numbers, American Cancer Society, 2017.
[2]Cancer Treatment & Survivorship Facts & Figures, 2016-2017

# Meet TJ

**TJ is like anyone else who has been diagnosed with cancer. He is concerned about his wife and how she will cope with his disease and its treatment. Most importantly, he worries about how he will pay for his treatment.**

**Here is what weighs heavily on his mind:**

- Major medical only pays a portion of the expenses associated with my treatment
- I have copays I am responsible for until I meet my deductible
- If I am not working due to treatments, I must cover my bills, rent/mortgage, groceries and other daily expenses
- If the right treatment is not available locally, I will have to travel to get the treatment I need

## Here's how TJ's story of diagnosis and treatment turned into a happy ending, because he had supplemental Cancer Insurance to help with expenses.

### CHOOSE

TJ chooses benefits to help protect himself and his wife if diagnosed with cancer or a specified disease



### USE

**TJ undergoes his annual wellness test and is diagnosed for the first time with prostate cancer. His doctor reviews the results with him and recommends pre-op testing and surgery.**

**Here's TJ's treatment path:**

- TJ travels to a specialized hospital 400 miles from where he lives and undergoes pre-op testing
- He is admitted to the hospital for laparoscopic prostate cancer surgery
- TJ undergoes surgery and spends several hours in the recovery waiting room
- He is transferred to his room where he is visited by his doctor during a 2-day hospital stay
- TJ is released under doctor required treatment and care during a 2-month recovery period

TJ continues to fight his cancer and follow his doctor recommended treatments.

### CLAIM

**TJ's Cancer claim paid him cash benefits for the following:**

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

For a listing of benefits and benefit amounts, see your company's rate insert.

### Using your cash benefits

Cash benefits provide you with options, because you decide how to use them.

**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 perform needed home repairs for after care.

**Expenses**
Can help pay your family's living expenses such as bills, electricity, and gas.



### MyBenefits: 24/7 Access
**allstatebenefits.com/mybenefits**

An easy-to-use website that offers 24/7 access to important information about your benefits. Plus, you can submit and check your claims (including claim history), request your cash benefit to be direct deposited, make changes to personal information, and more.

### Wellness Benefit

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; 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.

## Benefits (subject to maximums as listed on the attached rate insert)

### 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, 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

**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 mastectomy

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

**Waiver of Premium** -** 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

**Wellness Benefit -** once per year for one of 23 exams. See left for list of wellness tests

### 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

*Two or more surgeries done at the same time 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 **Premiums waived for employee only

# Cancer Insurance (GVCP3)

## Includes coverage for 29 Specified Diseases

from **Allstate Benefits**

### BENEFIT AMOUNTS

| HOSPITAL CONFINEMENT AND RELATED BENEFITS | PLAN 1 |
|---|---|
| Continuous Hospital Confinement (daily) | $200 |
| Government or Charity Hospital (daily) | $200 |
| Private Duty Nursing Services (daily) | $200 |
| Extended Care Facility (daily) | $200 |
| At Home Nursing (daily) | $200 |
| Hospice Care Center (daily) or | $200 |
| Hospice Care Team (per visit) | $200 |
| **RADIATION/CHEMOTHERAPY/RELATED BENEFITS** | **PLAN 1** |
| Radiation/Chemotherapy for Cancer[1] (every 12 months) | $5,000 |
| Blood, Plasma, and Platelets[1] (every 12 months) | $5,000 |
| Hematological Drugs[1] (every 12 months) | $100 |
| Medical Imaging[1] (every 12 months) | $250 |
| **SURGERY AND RELATED BENEFITS** | **PLAN 1** |
| Surgery[2] | $3,000 |
| Anesthesia (% of surgery benefit) | 25% |
| Bone Marrow or Stem Cell Transplant (once/year) | |
| 1. Autologous | $1,000 |
| 2. Non-autologous (cancer or specified disease treatment) | $2,500 |
| 3. Non-autologous (Leukemia) | $5,000 |
| Ambulatory Surgical Center (daily) | $500 |
| Second Opinion | $400 |
| **MISCELLANEOUS BENEFITS** | **PLAN 1** |
| Inpatient Drugs and Medicine (daily) | $25 |
| Physician's Attendance (daily) | $50 |
| Ambulance (per confinement) | $100 |
| Non-Local Transportation[1] | |
| (coach fare or amount shown per mile*) | 0.40/Mile |
| Outpatient Lodging (daily; limit $2,000/12 mo. period) | $50 |
| Family Member Lodging (daily per trip; max. 60 days) | $50 |
| and Transportation (coach fare or amount shown per mile**) | 0.40/Mile |
| Physical or Speech Therapy (daily) | $50 |
| New or Experimental Treatment[3] (every 12 months) | $5,000 |
| Prosthesis[3] (per amputation) | $2,000 |
| Hair Prosthesis (every 2 years) | $25 |
| Nonsurgical External Breast Prosthesis[1] | $50 |
| Anti-Nausea Benefit[1] (once per calendar year) | $200 |
| Waiver of Premium (employee only) | Yes |
| **OPTIONAL/ADDITIONAL BENEFITS** | **PLAN 1** |
| Cancer Initial Diagnosis (one-time benefit) | $7,000 |
| Wellness Benefit | $50 |

[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 | F |
|---|---|---|
| Weekly | $4.89 | $8.37 |
| Monthly | $21.17 | $36.26 |

Issue ages: 18 and over if actively at work

EE=Employee; F-Family

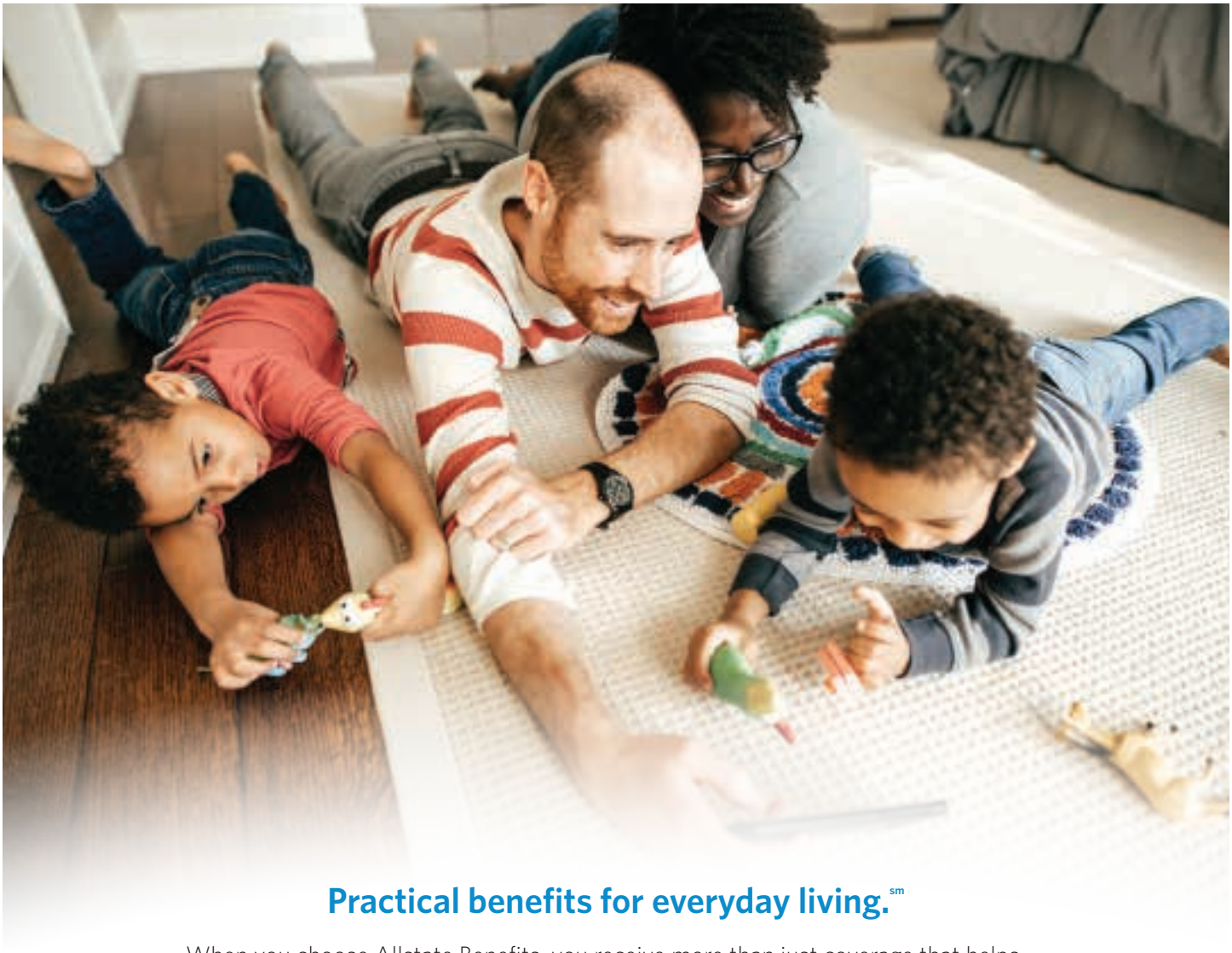
FOR HOME OFFICE USE ONLY - GVCP3

Opt 1-2Hosp; 2Rad; 2Surg; 1Misc; 7Init; 0ICU; 2Well; 0Prog

V.2019.11.22 FA Rate Insert Creation Date: 12/17/2019

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## Practical benefits for everyday living.℠

When you choose Allstate Benefits, you receive more than just coverage that helps you protect your finances when faced with life's uncertainties; you also get the support of the Good Hands® promise.

We've been insuring and protecting families for over 50 years with the name that America knows and trusts. Our affordable and valuable coverage options help empower hard-working individuals and their families to make the best decisions for their care and finances.

After you've elected coverage, register with our website, MyBenefits, for anytime access to your coverage and benefit information. Plus, MyBenefits allows you to file fast and easy claims that we'll deposit right into your bank account (direct deposit authorization required).

Allstate Benefits. We can help give you and your family financial peace of mind.
Are you in good hands?®

## DEFINITIONS

### Actual Charges vs. Actual Cost

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.

## 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 the earlier of when the child reaches age 26 or 2 years following loss of dependent status under the Internal Revenue Code, 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.

For the **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.

For the **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.

Allstate BENEFITS

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**This brochure is for use in enrollments sitused in MA and is incomplete without the accompanying rate insert.**

**This material is valid as long as information remains current, but in no event later than December 19, 2022.**
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.**