



Group Voluntary Cancer from Allstate Benefits

See attached Important Information About Coverage.

Offered to the employees of: **RedSail Technologies, LLC**

BENEFIT AMOUNTS

HOSPITAL AND RELATED BENEFITS

	PLAN 1	PLAN 2	PLAN 3
Continuous Hospital Confinement (daily)	\$100	\$200	\$300
Government or Charity Hospital (daily)	\$100	\$200	\$300
Private Duty Nursing Services (daily)	\$100	\$200	\$300
Extended Care Facility (daily)	\$100	\$200	\$300
At Home Nursing (daily)	\$100	\$200	\$300
Hospice Care Center (daily) or	\$100	\$200	\$300
Hospice Care Team (per visit)	\$100	\$200	\$300

RADIATION/CHEMOTHERAPY AND RELATED BENEFITS

	PLAN 1	PLAN 2	PLAN 3
Radiation/Chemotherapy for Cancer* (every 12 months)	\$5,000	\$10,000	\$15,000
Blood, Plasma, and Platelets* (every 12 months)	\$5,000	\$10,000	\$15,000
Medical Imaging*	\$250	\$500	\$750
Hematological Drugs*	\$100	\$200	\$300

SURGERY AND RELATED BENEFITS

	PLAN 1	PLAN 2	PLAN 3
Surgery**	\$1,500	\$3,000	\$4,500
Anesthesia (% of surgery)	25%	25%	25%
Ambulatory Surgical Center (daily)	\$250	\$500	\$750
Second Opinion	\$200	\$400	\$600
Bone Marrow or Stem Cell Transplant			
1. Autologous	\$500	\$1,000	\$1,500
2. Non-autologous (cancer or specified disease treatment)	\$1,250	\$2,500	\$3,750
3. Non-autologous (Leukemia)	\$2,500	\$5,000	\$7,500

MISCELLANEOUS BENEFITS

	PLAN 1	PLAN 2	PLAN 3
Inpatient Drugs and Medicine (daily)	\$25	\$25	\$25
Physician's Attendance (daily)	\$50	\$50	\$50
Ambulance (per confinement)	\$100	\$100	\$100
Non-Local Transportation* (per trip or mile)	Coach Fare or \$0.40/Mile	Coach Fare or \$0.40/Mile	Coach Fare or \$0.40/Mile
Outpatient Lodging	\$50	\$50	\$50
Family Member Lodging (daily) and Transportation* (per trip or mile)	\$50	\$50	\$50
Physical or Speech Therapy (daily)	\$50	\$50	\$50
New or Experimental Treatment*** (every 12 months)	\$5,000	\$5,000	\$5,000
Prosthesis***	\$2,000	\$2,000	\$2,000
Hair Prosthesis (every 2 years)	\$25	\$25	\$25
Nonsurgical External Breast Prosthesis*	\$50	\$50	\$50
Anti-Nausea Benefit*	\$200	\$200	\$200
Waiver of Premium (Employee only)	Yes	Yes	Yes

ADDITIONAL BENEFITS

	PLAN 1	PLAN 2	PLAN 3
Cancer Initial Diagnosis (one-time benefit)	\$4,000	\$6,000	\$8,000
Wellness Benefit	\$100	\$100	\$100

For Internal Home Office use only

3Hosp; 6Rad; 3Surg; 1Misc; 8Init; OICU; 4Well; 0Prog

Date Generated: 9/1/2017

*Pays actual cost up to amount listed. **Pays actual charges up to amount listed in certificate Schedule of Surgical Procedures. Amount paid depends on surgery.

***Pays actual charges up to amount listed.

PREMIUMS PLAN 1

MODE	EE	EE + SP	EE + CH	F
Semi-Monthly	\$8.26	\$13.10	\$11.38	\$16.21

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

PREMIUMS PLAN 2

MODE	EE	EE + SP	EE + CH	F
Semi-Monthly	\$13.60	\$21.29	\$19.15	\$26.82

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

PREMIUMS PLAN 3

MODE	EE	EE + SP	EE + CH	F
Semi-Monthly	\$18.94	\$29.47	\$26.91	\$37.43

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



For use in enrollments situated in: SC. This rate insert is part of the approved flyer for JM Smith and form ABJ30590-1; it is not to be used on its own.

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