



Group Voluntary Cancer (GVCP3)

from Allstate Benefits

See attached **Important Information About Coverage.**

Offered to the employees of:

Greene County Public Schools

BENEFIT AMOUNTS

HOSPITAL AND RELATED BENEFITS

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

RADIATION/CHEMOTHERAPY AND RELATED BENEFITS

	PLAN 1
Radiation/Chemotherapy for Cancer* (every 12 months)	\$10,000
Blood, Plasma, and Platelets* (every 12 months)	\$10,000
Medical Imaging*	\$500
Hematological Drugs*	\$200

SURGERY AND RELATED BENEFITS

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

MISCELLANEOUS BENEFITS

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

ADDITIONAL BENEFITS

	PLAN 1
Cancer Initial Diagnosis (one-time benefit)	\$5,000
Wellness Benefit	\$50
PSA Testing/Digital Rectal Exams (yearly)	\$50

ADDITIONAL RIDER

	PLAN 1
Progressive Benefit Rider	\$400

For Internal Home Office use only

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

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*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

MODE	EE	EE + SP	EE + CH	F
Weekly	\$7.26	\$11.80	\$9.97	\$14.63
Monthly	\$31.45	\$51.12	\$43.17	\$63.36

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



For use in enrollments situated in: VA. This rate insert is part of the approved flyer for Greene County Public Schools and form ABJ30590-1; it is not to be used on its own.

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