



For employees of:

Sarasota County Government

In the United States, about 1,479,350 new cancer cases were expected to be diagnosed in 2009.¹

¹ *Cancer Facts & Figures*, American Cancer Society, 2009.

GVCP2

GROUP CANCER INSURANCE

Best in Benefits SeriesSM





group voluntary cancer

If you suddenly become diagnosed with cancer, it can be difficult on your family's financial and emotional stability. Having the right coverage to help when you are sick and undergoing treatment or when you cannot work is important. Our cancer insurance can help provide security when you need it most.

Take a look at what we have to offer...

i meeting your needs

Our cancer coverage can help offer you and your family members financial support during a period of unexpected illness.

- Benefits will be paid directly to you unless otherwise assigned
- Coverage can be purchased for you or your entire family
- No evidence of insurability required at initial enrollment
- Waiver of premium after 90 days of disability due to cancer for as long as your disability lasts*
- Includes coverage for 29 other specified diseases**
- Convertible coverage

Your employer has made it easy to help protect you and your family if you are diagnosed with or have covered treatments.

EASY

on you & your savings

See details.

*Primary insured only

**List of covered diseases on page 3

benefit coverage highlights

Group Voluntary Cancer Insurance offers you and your family coverage should you be diagnosed with cancer or 29 other specified diseases. It protects you and your family 24-hours a day, seven days a week, and is easily convertible.

Each pre-packaged plan doesn't just cover you; if you choose, it also covers your dependents (which can include spouse and dependent children). Our valuable coverage can help supplement your traditional medical insurance which may only cover a small portion of the non-medical expenses that can be incurred with such a diagnosis as cancer.

You and each covered family member can be sure they will receive:



Benefits that can help pay for treatment, hospital stays, transportation, and much more!



Easy enrollment without required evidence of insurability

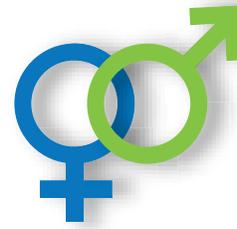


Benefit coverage that includes 29 other specified diseases**

A cancer diagnosis can mean unforeseen expenses that may be difficult to pay, especially if you aren't working. Hospital stays, medical or surgical treatments, and transportation by air or ground ambulance can add up quickly and be very costly. Our Group Voluntary Cancer Supplemental Insurance helps offset some of the expenses your health insurance may not cover, so you can focus on getting well.

your benefit coverage

Benefits are paid for cancer and specified disease and can help to cover the costs of specific treatments and expenses as they happen. Terms and conditions for each benefit will vary.



In the U.S., men have slightly less than a 1 in 2 lifetime risk of developing cancer, for women, the risk is a little more than 1 in 3.²

Specified Diseases - 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, Legionnaire's Disease (confirmation by culture or sputum), Addison's Disease, Hansen's Disease, Tularemia, Hepatitis (Chronic B or Chronic C with liver failure or Hepatoma), Typhoid Fever, Myasthenia Gravis, Reye's Syndrome, Primary Sclerosing Cholangitis (Walter Payton's Liver Disease), Lyme Disease, Systemic Lupus Erythematosus, Cystic Fibrosis, and Primary Biliary Cirrhosis.

Continuous Hospital Confinement - A **\$100 (Low)** or **\$300 (High)** benefit will be paid for each day of continuous hospital confinement for the treatment of cancer or specified diseases. The maximum number of days payable is 70 days for each period of continuous hospital confinement.

Extended Benefits - Up to a **\$100 (Low)** or **\$300 (High)** benefit will be paid per day if a covered person is confined in a hospital for the treatment of cancer or specified disease for more than 70 days of continuous hospital confinement for hospital room and board, medicine, laboratory tests and other hospital charges. This benefit begins on the 71st day of continuous hospital confinement. This benefit is paid in lieu of all other benefits payable during the continuous hospital confinement beginning on the 71st day under the Schedule of Benefits (except Waiver of Premium Benefit). This benefit continues as long as the covered person is continuously hospital confined.

Government or Charity Hospital - A **\$100 (Low)** or **\$300 (High)** benefit will be paid for each day a covered person is confined to: 1. a hospital operated by or for the U.S. Government (including the Veteran's Administration); or 2. a hospital that does not charge for the services it provides (charity). This benefit is paid in lieu of all other benefits in the policy (except Waiver of Premium Benefit).

Surgery - Up to a **\$3,000 (Low)** or **\$4,500 (High)** benefit will be paid when a covered surgery (amount per surgery depends on surgery) is performed on a covered person. This benefit pays the actual charges, up to the amount listed in the Schedule of Surgical Procedures for the specific procedure. Two or more procedures performed at the same time through one incision or entry point are considered one operation; AWD pays the amount for the procedure with the greatest benefit. AWD pays for a covered surgery performed on an outpatient basis at 150% of the scheduled benefit. This benefit does not pay for surgeries covered by other benefits in the Schedule of Benefits.

Second Surgical Opinion - Up to a **\$400 (Low)** or **\$600 (High)** benefit will be paid for a second surgical opinion, if physician recommends surgery for covered condition. This second opinion must be rendered prior to surgery being performed, and obtained from a physician not in practice with the physician rendering the original recommendation.

Anesthesia - Up to 25% of the surgery benefit will be paid for anesthesia received.

Ambulatory Surgical Center - Up to a **\$500 (Low)** or **\$750 (High)** benefit will be paid for the use of an Ambulatory Surgical Center, up to the amount shown each day for a surgical procedure covered under the Surgery Benefit that is performed at an Ambulatory Surgical Center.

Radiation/Chemotherapy - Up to a **\$5,000 (Low)** or **\$10,000 (High)** benefit will be paid per 12 month period for radiation therapy and chemotherapy received by a covered person. • This benefit is limited to the amount shown per 12 month period beginning with the first day of benefit under this provision. Administration of radiation therapy or chemotherapy other than by medical personnel in a physician's office or hospital, including medications dispensed by a pump, will be limited to the costs of the drugs only, subject to the maximum amount payable per 12 month period.

Comfort/Anti-Nausea Benefit - Up to a **\$200 benefit will be paid** per calendar year for anti-nausea medication prescribed for a covered person by a physician in conjunction with cancer or specified disease treatment. This benefit does not pay for medication administered while the covered person is an inpatient.

Inpatient Drugs and Medicine - Actual charges up to a **\$25 benefit will be paid** for each day for drugs and medicine, while continuously hospital confined. This benefit does not pay for drugs and/or medicine covered under the Radiation/Chemotherapy Benefit.

Private Duty Nursing Services - Up to \$100 (Low) or \$300 (High) will be paid per day while hospital confined, if a covered person requires the full-time services of a private nurse. Full-time means at least 8 hours of attendance during a 24 hour period. These services must be required and authorized by a physician and must be provided by a nurse.

New or Experimental Treatment - Up to a \$5,000 benefit will be paid per 12 month period, for new or experimental treatments. New or Experimental Treatments are covered for cancer and specified disease when: • the treatment is judged necessary by the attending physician, and • no other generally accepted treatment produces superior results in the opinion of the attending physician. This benefit is limited to the maximum shown per 12 month period beginning with the first day of treatment under this provision. This benefit does not pay if benefits are payable for treatment covered under any other benefit in the Schedule of Benefits.

Blood, Plasma, and Platelets - Up to a \$5,000 (Low) or \$10,000 (High) benefit will be paid per 12 month period, for blood, plasma and platelets (including transfusions and administration charges); processing and procurement costs; and cross-matching. Does not pay for blood replaced by donors.

Physician's Attendance - Up to a \$50 benefit will be paid per day for a visit by a physician during hospital confinement. Benefit is limited to one visit by one physician each day of hospital confinement. Admission to the hospital as an inpatient is required.

At Home Nursing - Up to a \$100 (Low) or \$300 (High) benefit will be paid per day for private nursing care and attendance by a nurse at home. At home nursing services must be required and authorized by the attending physician and must begin within 14 days after a covered confinement as an inpatient in a hospital. Benefit is limited to the number of days of the previous continuous hospital confinement.

Prosthesis - Up to a \$2,000 benefit will be paid per amputation for prosthetic devices and breast reconstructive surgery incident to mastectomies which are prescribed as a direct result of surgery and which require surgical implantation.

Ambulance - Up to a \$100 benefit will be paid per continuous hospital confinement for transportation by a licensed ambulance service or a hospital owned ambulance to or from a hospital in which the covered person is confined.

Hospice Care - Up to a \$100 (Low) or \$300 (High) benefit will be paid for one of the following when a covered person has been diagnosed by a physician as terminally ill as a result of cancer or specified disease, is expected to live 6 months or less and the attending physician has approved services: **1.** Freestanding Hospice Care Center – A benefit will be paid per day for confinement in a licensed freestanding hospice care center. Benefit is payable only if a covered person is admitted to a freestanding hospice care center within 14 days after a period of inpatient hospital confinement. Benefits payable for hospice centers that are designated areas of hospitals will be paid the same as inpatient hospital confinement; or **2.** Hospice Care Team – A benefit will be paid per visit, limited to 1 visit per day, for home care services by a hospice care team. Home care services are hospice services provided in the patient's home. Benefit is payable only if home care services begin within 14 days after a period of hospital confinement. Does not pay for: food services or meals other than dietary counseling; or services related to well-baby care; or services provided by volunteers; or support for the family after the death of the covered person.

Extended Care Facility - Up to a \$100 (Low) or \$300 (High) benefit will be paid for each day a covered person is confined in an extended care facility for the treatment of cancer or specified disease. Confinement must be at the direction of the attending physician and must begin within 14 days after a covered hospital confinement. Benefit is limited to the number of days of the previous continuous hospital confinement.

Outpatient Lodging - Up to a \$50 benefit will be paid for lodging per day when a covered person receives radiation or chemotherapy treatment on an outpatient basis, provided the specific treatment is authorized by the attending physician and cannot be obtained locally. Benefit is the actual cost of a single room in a motel, hotel, or other accommodations acceptable to us during treatment, **up to the maximum \$2,000** per 12 months beginning with the first day of benefit under this provision. Outpatient treatment must be received at a treatment facility more than 100 miles from the covered person's home.

Non-Local Transportation - \$0.40 per mile or actual cost of round trip coach fare on a common carrier benefit will be paid for treatment at a hospital (inpatient or outpatient); or radiation therapy center; or chemotherapy or oncology clinic; or any other specialized freestanding treatment center nearest to the covered person's home, provided the same or similar treatment cannot be obtained locally. Benefit pays up to 700 miles for round trip in personal vehicle. "Non-Local" means a round trip of more than 70 miles from the covered person's home to the nearest treatment facility. Mileage is measured from the covered person's home to the nearest treatment facility as described above. Does not cover transportation for someone to accompany or visit the person receiving treatment; visits to a physician's office/clinic; or for services other than actual treatment.

Family Member Lodging and Transportation - Up to a \$50 benefit per day will be paid for lodging and \$0.40 per mile or the actual cost of round trip coach fare on a common carrier will be paid for one adult member of the covered person's family to be near the covered person, when a covered person is confined in a non-local hospital for specialized treatment.

1. Lodging - The actual cost of a single room in a motel, hotel, or other accommodations acceptable to AWD. Benefit is limited to 60 days for each period of continuous hospital confinement. **2. Transportation** - Benefit is limited to 700 miles per continuous hospital confinement if traveling in personal vehicle. Mileage is measured from the visiting family member's home to the hospital where the covered person is confined. Does not pay the Family Member Transportation Benefit if the personal vehicle transportation benefit is paid under the Non-Local Transportation Benefit, when the family member lives in the same city or town as the covered person.

Physical or Speech Therapy - Up to a \$50 benefit will be paid per day, for physical or speech therapy for restoration of normal body function.

Waiver of Premium (primary insured only) - If while coverage is in force, the insured becomes disabled due to cancer first diagnosed after the effective date of coverage and remains disabled for 90 days, AWD pays premiums due after such 90 days for as long as the insured remains disabled.

Bone Marrow or Stem Cell Transplant* - Up to a **1. \$1,000***, **2. \$2,500***, **3. \$5,000* (Low)** or **1. \$1,500***, **2. \$3,750***, **3. \$7,500* (High)** benefit will be paid for the following types of bone marrow or stem cell transplants performed on a covered person. **1.** A transplant which is other than non-autologous. **2.** A transplant which is non-autologous for the treatment of cancer or specified disease, other than Leukemia. **3.** A transplant which is non-autologous for the treatment of Leukemia. ***This benefit is payable only once per covered person per calendar year.**

Additional Benefits

Cancer Screening Benefit - A \$100 benefit will be paid per calendar year for one of the following cancer screening tests: bone marrow testing; CA15-3 (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 prostate cancer); and Serum Protein Electrophoresis (test for myeloma). This benefit is paid regardless of the result of the test.

Cancer Initial Diagnosis - A one time benefit of \$3,000 (Low) or \$5,000 (High) benefit will be paid when a covered person is diagnosed for the first time as having cancer other than skin cancer. The first diagnosis must occur after the effective date of coverage for that covered person. Benefit is payable only once per covered person.

Optional Benefit

Intensive Care Unit - A \$300 (Low) or \$600 (High) benefit will be paid for you or each covered family member for each day of confinement in a hospital intensive care unit. Begins with the first day of admission and pays up to 45 days. For time periods less than a day (24 hours), a pro-rata share of the daily benefit is paid. **2.** Actual charges are paid for ambulance transportation to a hospital for admission to an intensive care unit for a covered confinement; this benefit is not paid if paid under the Ambulance Benefit of the base coverage.



premiums detailed

Your packaged premiums consist of:

Low Option - 1 unit of Hospital Benefits; 2 units of Radiation/Chemotherapy Benefits; 2 units of Surgery and Related Benefits; 1 unit of Miscellaneous Benefits; 4 units of Additional Cancer Screening Benefit; 3 units of Additional Cancer Initial Diagnosis; and 3 units of Optional Intensive Care Unit Benefit.

High Option - 3 units of Hospital Benefits; 4 units of Radiation/Chemotherapy Benefits; 3 units of Surgery and Related Benefits; 1 unit of Miscellaneous Benefits; 4 units of Additional Cancer Screening Benefit; 5 units of Additional Cancer Initial Diagnosis; and 6 units of Optional Intensive Care Unit Benefit.

Issue Ages: 18 and older while actively at work.

Low Option without Intensive Care Unit

Insureds	Bi-Weekly
Employee	\$7.76
Family	\$13.14

Low Option with Intensive Care Unit

Insureds	Bi-Weekly
Employee	\$8.56
Family	\$14.78

High Option without Intensive Care Unit

Insureds	Bi-Weekly
Employee	\$12.98
Family	\$21.92

High Option without Intensive Care Unit

Insureds	Bi-Weekly
Employee	\$14.62
Family	\$25.18



Certificates

Certificates under this plan are issued on a guaranteed basis only at the time of the initial enrollment. A completed Evidence of Insurability form is required for late entrants into the group plan.



certificate specifications

Eligibility - Family members eligible for coverage include: you; your spouse; dependent children (including newborn children, adopted children, children pending adoption and stepchildren) who are under 26 years old (or until the end of the calendar year in which such child reaches the age of 26, whichever is later). Children must live in your household and be dependent upon you for support or be a full-time or part-time student.

Conversion Privilege - If coverage terminates for any reason other than non-payment of premiums, the covered person can convert to an individual policy without evidence of insurability. This also applies to a dependent whose coverage terminates due to divorce or your death, or a child whose coverage terminates as provided in the Termination of Coverage Provision.

Termination of Coverage - As long as you are insured, your coverage under the policy ends on the earliest of: 1. the date the policy is canceled; or 2. the last day of the period for which you made any required premium payments; or 3. the last day you were in active employment; or 4. the date you are no longer in an eligible class; or 5. the date your class is no longer eligible. • We will provide coverage for a payable claim that occurs while you are covered under the policy. If your spouse is a covered person, the spouse's coverage ends upon valid decree of divorce or your death. If your child is a covered person, the child's coverage ends on the certificate anniversary next following the end of the calendar year in which the child reaches age 26. Coverage does not terminate on a child who: 1. is incapable of self-sustaining employment by reason of mental retardation or physical handicap; and 2. is chiefly dependent upon the employee for support and maintenance. • Dependent coverage continues as long as the coverage remains in force and the dependent remains in such condition. In the case of claim denial, you will have the burden of proof of establishing that the child continues to meet the above criteria. If we accept a premium for coverage extending beyond the date, age or event specified for termination as to a covered person, then coverage continues during the period for which such premium was accepted. This does not apply where such acceptance was based on a misstatement of age.

Pre-Existing Condition - A pre-existing condition is a disease or physical condition for which medical advice or treatment was received by the covered person during the 6 month period prior to the effective date of the covered person's coverage. AWD does not pay for any loss due to a pre-existing condition as defined during the 12 month period beginning on the date that person became a covered person.

Exclusions and Limitations - The policy does not pay for any loss except for losses due directly from cancer or specified disease and any other conditions or diseases caused or aggravated by cancer or a specified disease. Diagnosis must be submitted to support each claim. Treatment must be received in the United States or its territories.

Intensive Care Unit Benefit Exclusions and

Limitations - The Intensive Care Unit benefit does not pay for intensive care if a covered person is admitted because of an attempted suicide; or intentional self-inflicted injury; or intoxication or being under the influence of drugs not prescribed or recommended by a physician; or alcoholism or drug addiction. We do not pay for confinements in any care unit that does not qualify as a hospital intensive care unit. Progressive care units, sub-acute intensive care units, intermediate care units, and private rooms with monitoring, step down units and any other lesser care treatment units do not qualify as hospital intensive care units. We do not pay this benefit for continuous hospital intensive care unit confinements that occur during a hospitalization that begins before the effective date of coverage.

Coverage Subject to the Policy - The coverage described in the certificate of insurance is subject in every way to the terms of the policy that is issued to the policyholder (your employer). It alone makes up the agreement by which the insurance is provided. The group policy may at any time be amended or discontinued by agreement between AWD and the policyholder. Your consent is not required for this. AWD is not required to give you prior notice.

The policy is limited benefit Cancer and Specified Disease Insurance.

This is not a Medicare Supplement Policy. If eligible for Medicare, review Medicare Supplement Buyer's Guide available from American Heritage Life Insurance Company. Subject to COBRA continuation of coverage.

POLICY COVERAGE DISCLOSURE

Group Cancer and Specified Disease benefits provided by policy form GVCP2, or state variations thereof.

The policy and riders are underwritten by American Heritage Life Insurance Company.

The coverage is provided by a limited benefit supplemental insurance policy.

This material is valid as long as information remains current, but in no event later than August 1, 2013. This brochure highlights some features of the policy but is not the insurance contract. Only the actual policy provisions control. The policy itself sets forth in detail, the rights and obligations of both the policyholder (employer) and the insurance company. For complete details, contact your Insurance Agent, or call 1-800-521-3535. This is a brief overview of the benefits available under the Group Voluntary Policy underwritten by American Heritage Life Insurance Company. Details of the insurance, including exclusions, restrictions and other provisions are included in the certificate issued.

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This brochure is for use in the Sarasota County Government enrollment which is situated in Florida.

Enrollment in this plan is Guaranteed Issue during your initial open enrollment.

If you elect not to enroll, and decide at a later time to enroll, you may be required to provide evidence of insurability and may be declined coverage.

For additional questions and information, please call (813) 902-3502.



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