Allstate
HEALTH SOLUTIONS

COLORADO

cancer and heart/stroke

Cash benefits to help with out-of-pocket costs after a cancer, heart attack or stroke diagnosis.

allstatehealth.com

INIC IND CHS 8230 POL 2017 CO

an insurance policy for costs you can't see coming

Our bodies are remarkable and resilient in so many ways. So we don't always anticipate a life-threatening illness like cancer, heart attack[1], or stroke. But should the unexpected happen, make sure you have proper insurance for yourself and your family members.

Allstate Health Solutions designed our Cancer and Heart/Stroke insurance to seamlessly work with any other medical policy you have. Policies[2] are affordable, easy to understand and easy to use.

As soon as you or a loved one receives a diagnosis of cancer, heart attack or stroke — you'll receive cash benefits directly from us. So you can focus on getting the care you need and not have to worry about the expenses you'll have to pay.

Benefits in every policy

Your choice of provider	See any doctor or go to any hospital without network restricitons.
Cash paid directly to you	You're paid a lump-sum cash benefit to use any way you need to. From medical bills to catching up financially from missed work.
Individual or family policies	Cash benefits are paid per covered person. But you only pay one rate for any number of children.
Add to any medical policy	Designed to pay you benefits, in addition to any other insurance you may have.

THIS POLICY PROVIDES LIMITED BENEFITS.

[1] Non-ST elevation myocardial infarctions (NSTEMI) are not covered. [2] Policy pays Heart/Stroke benefits for coronary artery disease or cardiac arrhythmia resulting in heart attack, coronary artery disease or cardiac arrhythmia resulting in coronary artery bypass, coronary artery disease resulting in coronary angioplasty, and cerebrovascular disease resulting in stroke.

Cancer Benefit Waiting Period for Cancer: Cancer is eligible for benefits under this plan only if Diagnosed after the first 90 calendar days from the Effective Date.

Heart-Stroke Benefit Waiting Period for Heart-Stroke: Heart-Stroke is eligible for benefits under this plan only if Diagnosed after the first 30 calendar days from the Effective Date.

how cancer and heart/stroke insurance works

Your Cancer and Heart/Stroke insurance policy will pay cash benefits for a number of common diagnoses. There are four benefit levels available - $25,000; $30,000; $50,000 and $75,000.

Diagnosis	Policy pays[3]
First-ever cancer	100% of your selected benefit amount
Coronary artery disease or cardiac arrhythmia resulting in heart attack	100% of your selected benefit amount
Coronary artery disease or cardiac arrhythmia resulting in coronary bypass	25% of your selected benefit amount
Coronary artery disease resulting in coronary angioplasty	10% of your selected benefit amount
Cerebrovascular disease resulting in stroke	100% of your selected benefit amount

How it works

Let's say, following a routine colonoscopy, you find out you have colon cancer. You have a Cancer and Heart/Stroke policy with a $50,000 benefit level. Medical bills start adding up when you start treatment. And time away from work makes it hard to keep up with other expenses.

Cash benefit paid by Cancer and Heart/Stroke insurance	$50,000
Your medical bills	($14,019)
Your remaining cash benefits	**$35,981**

You can use the remaining $35,981 in cash benefits any way you need to. Such as a mortgage or vehicle payments.

[3] For conditions paying partial benefits, your policy will pay you for other covered conditions until 100% of your selected benefit amount has been paid.

limitations and exclusions

Guaranteed Renewable except for stated reasons: This Policy is guaranteed renewable until attainment of age 75 years except for stated reasons. This Policy automatically renews except for as stated in the Effective Date and Termination Date provision section. Read Your Policy carefully to understand coverage limitations and termination provisions.

Pre-Existing Conditions Limitation

A Pre-Existing Condition is not eligible for benefits unless the first ever Diagnosis occurs after the Pre-Existing Condition limitation period has expired. We will not pay benefits for Specified Diseases that are, result from, or are related to a Pre-Existing Condition that is Diagnosed within the first 12 months this plan is in force.

Exclusions

This plan provides benefits only for Specified Diseases identified in the Benefit Schedule.

We will not pay benefits for claims resulting, whether directly or indirectly, from Specified Diseases that are related to, or are resulting from any of the following:

- Any disease if the Covered Person was previously Diagnosed anytime prior to his or her Effective Date under this Policy.
- Any disease first Diagnosed within the applicable Benefit Waiting Period, as shown in the Benefit Schedule, immediately following the Policy Effective Date. In such event, We will terminate the Covered Person's coverage under this Policy and refund the portion of the premium paid for that Covered Person's coverage.
- Arrhythmia resulting in Heart Attack occurred in association with use of an illegal drug or controlled substance, except when administered in accordance with the advice of the Covered Person's Health Care Practitioner.
- Any amount in excess of any Maximum Benefit for covered Scheduled Benefits.
- Diseases or conditions that do not meet the definition of a Specified Disease in this plan.
- Suicide or attempted suicide while sane.
- Self-inflicted Sickness, injury, or Accidental Injury.

Termination Date

The Policyholder may cancel this plan at any time by sending Us written notice or calling Our office. Upon cancellation, We will return the unearned portion of any premium paid, in accordance with the laws in the Policyholder's state of residence, minus any claims that were incurred after the termination date and paid by Us.

This Policy will terminate at 12:01 a.m. local time at the Policyholder's state of residence on the earliest of the following dates:

- The date We receive a request in writing or by telephone to terminate this plan or on a later date that is requested by the Policyholder for termination.
- The date We receive a request in writing or by telephone to terminate coverage for a Covered Dependent or on a later date that is requested by the Policyholder for termination of a Covered Dependent.
- The date this plan lapses for nonpayment of premium per the Grace Period provision in the Premium Provisions section.
- The date there is fraud or material misrepresentation made by or with the knowledge of any Covered Person applying for this coverage or filing a claim for benefits.
- The date all plans the same as this one are terminated or non-renewed in the state in which this Policy was issued or the state in which the Policyholder presently resides.
- The date We terminate or nonrenew all individual market specified disease insurance plans in the state in which this Policy was issued or the state in which You presently reside. We will give You advance notice, as required by state law, of the termination of Your coverage.
- The date the Policyholder moves to a state where We do not provide insurance under a plan with the same plan design as this Policy, We reserve the right to terminate this coverage.
- For a Dependent, the date a Covered Dependent no longer meets the Dependent definition in this plan.
- The date the Policyholder attains age 75 years.

Delay or failure to report termination of any insurance will not continue the insurance in force beyond the date it would have terminated according to this Policy.

A Covered Person's coverage under this Policy will terminate:

- When benefit payments for that Covered Person equals the Maximum Lifetime Benefit shown in the Benefit Schedule.
- If the Covered Person is Diagnosed with a Specified Disease within the applicable Benefit Waiting Period. We will refund the portion of the premium paid for that Covered Person's coverage.
- If a Covered Person is not eligible for a benefit under this plan due to a Diagnosis of a Specified Disease prior the Effective Date of this plan. Our sole liability will be to refund all of the premiums paid for that Covered Person's coverage.

Following such loss of coverage, if the Covered Person was the Policyholder and this is a Family Plan, the Covered Dependent spouse or Domestic Partner will be considered the Policyholder or, if only Dependent children are covered under this plan, the youngest child will be considered the Policyholder. If this was a Family Plan and becomes a Single Plan based on the Covered Person's coverage termination, the required premium will be reduced to a Single Plan premium.

Summary of benefits

This is a brief description of your coverage. Policies have exceptions and limitations that may limit coverage. For a complete description of benefits, exceptions and limitations, please read your Outline of Coverage and your policy. The premium rate may vary between policies. Coverage ceases upon termination of the policy.

Allstate®
HEALTH SOLUTIONS

about

The Allstate Corporation (NYSE: ALL) is one of the largest publicly held personal lines insurers in the United States. As part of the Allstate Corporation, Allstate Health Solutions is focused on providing supplemental and short-term coverage options to individuals and associations. Allstate Health Solutions is the marketing name for products underwritten by National Health Insurance Company, Integon National Insurance Company, Integon Indemnity Corporation and American Heritage Life Insurance Company. These four companies, together, are authorized to provide health insurance in all 50 states and the District of Columbia. Each underwriting company is responsible for its respective products. National Health Insurance Company underwrites policies in AK, AL, AR, AZ, IA, IL, IN, KS, LA, MI, MN, MO, MS, MT, NC, ND, NE, NV, OH, OK, OR, SC, TN, TX, UT, WA, WI, WV, and WY. Policies in CO are underwritten by Integon National Insurance Company. Policies in FL are underwritten by Integon Indemnity Corporation.

allstatehealth.com

For use in: CO