



Cancer Insurance

Protection for the treatment of Cancer and 29 Specified Diseases

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.

Factors that influence cancer survival¹



Early Detection



Improved Treatments



Access To Care

The number of cancer survivors in the United States is increasing, and is expected to jump to nearly 19 million by 2024²

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 retirement plans or 401(k) for cancer or specified disease treatments and expenses.

With Allstate Benefits, you can protect your finances if faced with an unexpected cancer or specified disease diagnosis.

Are you in Good Hands? You can be.

Key Features

- Guaranteed Issue coverage, meaning no medical questions to answer, at initial enrollment
- Benefits are paid directly to you unless otherwise assigned
- Coverage available for you or your entire family
- Waiver of premium after 90 days of disability due to cancer for as long as your disability lasts (Employee only)
- Portable coverage that you may be able to take with you should you leave the company for any reason as long as premiums are paid to the insurance company

See following pages for plan details

¹www.cancer.org

²Cancer Treatment & Survivorship Facts & Figures, 2014-2015



First Hawaiian Bank



1 CHOOSE

You choose benefits to help protect yourself and family members, if diagnosed with cancer or specified disease

2 USE

You or a covered family member are diagnosed with cancer or a specified disease and seek medical treatment

3 CLAIM

You go online and file a claim. The cash benefits are paid to you, to use however you wish

YOU DECIDE how to use the cash benefits

Our cash benefits provide you with greater coverage options because you get to determine how to use them.



Finances

Can help protect your savings, retirement plans and 401(k)s from being depleted



Travel

You can use your cash benefits to help pay for expenses while receiving treatment in another city



Home

You can use your cash benefits to help pay the mortgage, continue rental payments, or perform needed home repairs for your after care



Expenses

The lump-sum cash benefit can be used to help pay your family's living expenses such as bills, electricity and gas

Access Your Benefits and Claim Filings

Accessing your benefit information using **MyBenefits** has never been easier.

MyBenefits is an easy-to-use website that offers you 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.

allstatebenefits.com/mybenefits

³Pays actual charges up to amount listed.

⁴Pays actual charges up to amount listed in certificate Schedule of Surgical Procedures. Amount paid depends on surgery. ⁵Pays actual cost up to amount listed.

BENEFIT AMOUNTS

HOSPITAL CONFINEMENT		BASIC	ENHANCED	PREMIER
Continuous Hospital Confinement (daily, up to 70 days)		\$100	\$200	\$300
Extended Benefits ³ (daily)		\$100	\$200	\$300
Government or Charity Hospital (daily)		\$100	\$200	\$300
Private Duty Nursing Services ³ (daily)		\$100	\$200	\$300
Extended Care Facility ³ (daily)		\$100	\$200	\$300
At Home Nursing ³ (daily)		\$100	\$200	\$300
Hospice Care Center ³ (daily) or Hospice Care Team ³ (per visit)		\$100	\$200	\$300
RADIATION/CHEMOTHERAPY		BASIC	ENHANCED	PREMIER
Radiation/Chemotherapy ³ (every 12 months)		\$5,000	\$7,500	\$10,000
Blood, Plasma, and Platelets ³ (every 12 months)		\$5,000	\$7,500	\$10,000
SURGERY AND RELATED BENEFITS		BASIC	ENHANCED	PREMIER
Surgery ⁴	1. Inpatient	\$1,500	\$3,000	\$4,500
	2. Outpatient	\$2,250	\$4,500	\$6,750
Anesthesia ³ (% of surgery)		25%	25%	25%
Ambulatory Surgical Center ³ (daily)		\$250	\$500	\$750
Second Surgical Opinion ³		\$200	\$400	\$600
Bone Marrow or Stem Cell Transplant	1. Autologous	1. \$500	1. \$1,000	1. \$1,500
	2. Non-autologous (cancer or specified disease treatment)	2. \$1,250	2. \$2,500	2. \$3,750
	3. Non-autologous (Leukemia)	3. \$2,500	3. \$5,000	3. \$7,500
TRANSPORTATION AND LODGING		BASIC	ENHANCED	PREMIER
Ambulance ³ (per confinement)		\$100	\$100	\$100
Non-Local Transportation (per trip or mile)		Coach Fare	Coach Fare	Coach Fare
Outpatient Lodging ⁵ (daily)		\$50	\$50	\$50
Family Member Lodging ⁵ (daily) and Transportation (per trip or mile)		\$50 Coach Fare or \$0.40/mi	\$50 Coach Fare or \$0.40/mi	\$50 Coach Fare or \$0.40/mi
MISCELLANEOUS		BASIC	ENHANCED	PREMIER
Inpatient Drugs and Medicine ³ (daily)		\$25	\$25	\$25
Physician's Attendance ³ (daily)		\$50	\$50	\$50
Physical or Speech Therapy ³ (daily)		\$50	\$50	\$50
New or Experimental Treatment ³ (every 12 months)		\$5,000	\$5,000	\$5,000
Prosthesis ³		\$2,000	\$2,000	\$2,000
Comfort/Anti-Nausea ³		\$200	\$200	\$200
Waiver of Premium (Employee only)		Yes	Yes	Yes
OPTIONAL/ADDITIONAL BENEFITS		BASIC	ENHANCED	PREMIER
Cancer Initial Diagnosis		\$2,000	\$3,000	\$5,000
Cancer Screening		\$100	\$100	\$100
Intensive Care	1. Hospital Confinement (daily)	n/a	n/a	1. \$400
	2. Air/Surface Ambulance	n/a	n/a	2. Actual Charges

BASIC PREMIUMS

MODE	EE	F
Semi-Monthly	\$7.78	\$13.22

EE = Employee; F = Family

ENHANCED PREMIUMS

MODE	EE	F
Semi-Monthly	\$10.86	\$18.38

PREMIER PREMIUMS

MODE	EE	F
Semi-Monthly	\$15.46	\$26.54

Important Information About Coverage (Group Cancer Issue ages are 18 and over if Actively at Work)

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.

Specified Diseases - 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.

Hospital Confinement Benefits

(see Benefit Amounts)

Extended Benefits - Beginning on day 71 of hospital stay; paid in lieu of all other benefits except Waiver of Premium.

Government or Charity Hospital - Paid in lieu of all other benefits except Waiver of Premium.

Extended Care Facility and At Home Nursing - Must begin within 14 days of a hospital stay; payable up to the number of days of previous hospital stay.

Hospice Care - Per day in freestanding care center or 1 visit per day of hospice care at home.

Radiation/Chemotherapy Benefits

(see Benefit Amounts)

Radiation/Chemotherapy for Cancer - Pays a benefit for covered treatment to destroy or modify cancerous tissue.

Blood, Plasma, and Platelets - Includes charges for transfusions, administration, processing, procurement and cross-matching. Does not pay for blood replaced by donors.

Surgery and Related Benefits

(see Benefit Amounts)

Surgery - Per certificate Schedule of Surgical Procedures. Two or more surgical procedures 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.

Ambulatory Surgical Center - For surgery at an ambulatory surgical center, if listed in the Schedule of Surgical Procedures.

Bone Marrow or Stem Cell Transplant - Once per calendar year.

Transportation and Lodging Benefits

(see Benefit Amounts)

Non-Local Transportation - At least 70 miles away, up to 700 miles.

Outpatient Lodging - More than 100 miles from home. Limit \$2,000/12 month period.

Family Member Lodging and Transportation - Lodging up to 60 days. Transportation up to 700 miles per continuous hospital confinement.

Miscellaneous Benefits

(see Benefit Amounts)

Inpatient Drugs and Medicine - Not paid if covered under the Radiation/Chemotherapy for Cancer or Comfort/Anti-Nausea Benefits.

Physician's Attendance - One inpatient visit per day.

New or Experimental Treatment - For physician-approved treatments not covered under other benefits.

Prosthesis - Surgically implanted prosthetic device; pays per amputation.

Comfort/Anti-Nausea Benefit - Per calendar year; not paid for medication administered on an inpatient basis.

Waiver of Premium (employee only) - If disabled 90 days in a row due to cancer; pays as long as disability lasts.

Optional/Additional Benefits

Cancer Initial Diagnosis - Pays once; skin cancer not covered.

Cancer Screening - Once/year. The following tests are eligible: Biopsy for skin cancer; Blood tests for triglycerides, CA15-3 (breast cancer), CA125 (ovarian cancer), CEA (colon cancer) and PSA (prostate cancer); Bone Marrow Testing, Chest X-ray; Colonoscopy; Doppler screening for carotids; Doppler screening for peripheral vascular disease; Echocardiogram; EKG; Flexible sigmoidoscopy; Hemocult stool analysis; HPV 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.

Intensive Care - Confinement up to 45 days for each stay and air or surface ambulance to a hospital intensive-care unit.

Conditions, Limitations and Exclusions Affecting Your Benefits

Eligibility/Termination - (a) Coverage may include you, your eligible spouse, and/or children under age 26. (b) 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; or the date you or your class is no longer eligible. (c) Spouse coverage ends upon divorce or your death. (d) Coverage for children ends when the child reaches age 26, 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.

Pre-Existing Condition - (a) We do not pay benefits for a pre-existing condition during the 12-month period beginning on the date coverage starts. (b) A pre-existing condition is a disease or physical condition for which medical advice or treatment was received by the covered person during the 12-month period prior to his or her effective date of coverage.

Exclusions and Limitations

We pay benefits only for treatment of cancer or a specified disease or conditions directly caused or aggravated by cancer or specified disease. Treatment must be received in the United States or its territories.

For those benefits for which we pay actual charges up to a specified maximum amount (except Radiation/Chemotherapy; Blood, Plasma and Platelets; Prosthesis; New or Experimental Treatment; and Bone Marrow or Stem Cell Transplant), if specific charges are not obtainable as proof of loss, we will pay 50% of the maximum benefit.

For the Radiation/Chemotherapy for Cancer benefit, we do not pay for: (a) treatment planning, consultation or management; or the design and construction of treatment devices; or basic radiation dosimetry calculation; or any type of laboratory tests; X-ray or other imaging used for diagnosis or monitoring; or the diagnostic tests related to these treatments; or (b) any devices or supplies including intravenous solutions and needles related to these treatments.

We do not pay the Family Member Transportation Benefit if we pay the personal vehicle transportation benefit under the Non-Local Transportation Benefit when the family member lives in the same town as the confined insured.

Intensive Care Exclusions and Limitations listed on reverse.

Intensive Care Exclusions and Limitations -

(a) Benefits are not paid for: (1) an attempted suicide or intentional self-inflicted injury; (2) intoxication or being under the influence of drugs not prescribed by a physician; (3) alcoholism or drug addiction. (b) Benefits are not paid for confinements to a care unit that does not qualify as a hospital intensive-care unit. (c) 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. (d) Benefits are not paid for continuous intensive-care confinements occurring during a hospitalization prior to the effective date. (e) Children born within 10 months of the effective date are not covered for continuous hospital intensive-care confinement beginning during the first 30 days of such child's life. (f) Ambulance Benefit is not paid if the Cancer and Specified Disease Ambulance Benefit is paid.



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For use in the First Hawaiian Bank enrollment situated in: HI

Rev. 1/16. This material is valid as long as information remains current, but in no event later than May 1, 2019. Group Cancer and Specified Disease benefits are provided by policy form GVCP2, or state variations thereof.

Coverage is provided by 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. This information highlights some features of the policy but is not the insurance contract. For complete details, contact your Allstate Benefits Agent. This is a brief overview of the benefits available under the Group Voluntary Policy underwritten by American Heritage Life Insurance Company (Home Office, Jacksonville, FL). Details of the insurance, including exclusions, restrictions and other provisions are included in the certificates issued.

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.