

BENEFIT AMOUNTS

HOSPITAL CONFINEMENT/RELATED BENEFITS		PLAN 1	PLAN 2	PLAN 3
Continuous Hospital Confinement (daily)		\$200	\$300	\$400 ³
Government or Charity Hospital (daily)		\$200	\$300	\$400 ³
Private Duty Nursing Services (daily)		\$200	\$300	\$400 ³
Extended Care Facility (daily) [†]		\$200	\$300	\$400 ³
At Home Nursing (daily) [†]		\$200	\$300	\$400 ³
Hospice Care Center or Team	First Day	\$2,000	\$3,000	\$4,000 ³
	Days 2+	\$200	\$300	\$400 ³
RADIATION/CHEMOTHERAPY/RELATED BENEFITS		PLAN 1	PLAN 2	PLAN 3
Radiation/Chemotherapy	Up to	\$10,000	\$15,000	\$20,000 ³
for Cancer ¹ (every 12 months)	Lifetime Max	\$50,000	\$75,000	\$100,000 ³
Blood, Plasma, and Platelets ¹ (every 12 months)		\$10,000	\$15,000	\$20,000 ³
Medical Imaging (every 12 months)		\$500	\$750	\$1,000 ³
Hematological Drugs (every 12 months)		\$200	\$300	\$400 ³
SURGERY/RELATED BENEFITS		PLAN 1	PLAN 2	PLAN 3
Surgery ²		\$3,000	\$4,500	\$6,000 ³
Anesthesia (% of Surgery benefit)		25%	25%	25%
Ambulatory Surgical Center (daily)		\$500	\$750	\$1,000 ³
Second Opinion (every 12 months)		\$200	\$300	\$400 ³
Bone Marrow Transplant (every 12 months)		\$7,000	\$10,500	\$14,000 ³
Stem Cell Transplant (every 12 months)		\$7,000	\$10,500	\$14,000 ³
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)	Ground	\$250	\$250	\$250
	Air	\$10,000	\$10,000	\$10,000
Non-Local Transportation		\$0.50/mi	\$0.50/mi	\$0.50/mi
Outpatient Lodging	Daily	\$100	\$100	\$100
	Yearly Max	\$2,000	\$2,000	\$2,000
Family Member Lodging (daily per trip; max. 60 days) and Transportation		\$100	\$100	\$100
		\$0.50/mi	\$0.50/mi	\$0.50/mi
Physical or Speech Therapy (daily)		\$50	\$50	\$50
New or Experimental Treatment ¹ (every 12 months)		\$5,000	\$5,000	\$5,000
Prosthesis (per amputation)		\$2,000	\$2,000	\$2,000
Hair Prosthesis (every 2 years)		\$50	\$50	\$50
Nonsurgical External Breast Prosthesis (initial prosthesis)		\$100	\$100	\$100
Anti-Nausea Drugs (every 12 months)		\$200	\$200	\$200
National Cancer Institute Evaluation/Consultation (every 12 mos.)		\$500	\$500	\$500
Egg Harvesting and Storage (one-time benefit)	Extraction	\$500	\$500	\$500
	Storage	\$175	\$175	\$175
Waiver of Premium (primary insured only)		Yes	Yes	Yes
ADDITIONAL RIDER BENEFITS		PLAN 1	PLAN 2	PLAN 3
Cancer Initial Diagnosis Level Benefit (one-time benefit)		\$3,000	\$4,000	\$5,000
Fixed Wellness Benefit		\$75	\$100	\$100

FOR HOME OFFICE USE ONLY - CP12

Opt 1 - 2HOSP; 2CHEM; 2SURG; 1MISC; 0ICR5; 3CLR3; 0CPR3; 0CABR3; 3WBR6; 0WBR7

Opt 2 - 3HOSP; 3CHEM; 3SURG; 1MISC; 0ICR5; 4CLR3; 0CPR3; 0CABR3; 4WBR6; 0WBR7

Opt 3 - 3HOSP; 3CHEM; 3SURG; 1MISC; 0ICR5; 5CLR3; 0CPR3; 1CABR3; 4WBR6; 0WBR7



For use in: Florida

This rate insert is part of the CP12 Brochure and is not to be used on its own.

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PLAN 1 SEMI-MONTHLY PREMIUMS

AGES	INDIVIDUAL	FAMILY
18-64	\$12.74	\$25.16
65-69	\$28.50	\$56.79
70-74	\$33.30	\$65.48
75-80	\$36.85	\$72.80

PLAN 2 SEMI-MONTHLY PREMIUMS

AGES	INDIVIDUAL	FAMILY
18-64	\$18.77	\$37.41
65-69	\$41.85	\$84.05
70-74	\$48.73	\$96.91
75-80	\$53.80	\$107.47

PLAN 3 SEMI-MONTHLY PREMIUMS

AGES	INDIVIDUAL	FAMILY
18-64	\$24.85	\$48.65
65-69	\$57.68	\$112.80
70-74	\$68.86	\$132.03
75-80	\$77.89	\$148.25

**RATES DO NOT
INCREASE WITH AGE**

[†]Up to number of days of previous hospital confinement.

¹Pays actual cost up to amount listed.

²Pays up to amount listed in policy Schedule of Surgical Procedures. Amount paid depends on surgery.

³Includes the CAB Rider which increases the base policy benefit.