

**Allstate will pay the following benefits for the necessary treatment of cancer or a specified disease, and for any other condition directly caused or aggravated by the cancer or specified disease. Treatment must be received in the United States or its territories.**

<b>Benefit</b>	<b>Low Plan Maximum Benefit</b>	<b>High Plan Maximum Benefit</b>
Cancer Initial Diagnosis Rider	\$3,000	\$5,000
Cancer Screening/Wellness benefit annually	\$50/year each insured	\$100/year each insured
A. Continuous Hospital Confinement up to 70 days	\$100 per day	\$300 per day
B. Extended Benefits starts 71st day	Up to \$100/day	Up to \$300/day
C. Government or Charity Hospital	\$100 per day	\$300 per day
D. Private Duty Nursing Services	Up to \$100/day	Up to \$300/day
E. Extended Care Facility	Up to \$100/day	Up to \$300/day
F. At Home Nursing Care	Up to \$100/day	Up to \$300/day
G. Hospice Care		
Freestanding Facility	Up to \$100/day	Up to \$300/day
Hospice Care Team	Up to \$100/day	Up to \$300/day
H. Radiation/Chemotherapy	Up to \$5000/year	Up to \$10,000/year
I. Blood, Plasma and Platelets	Up to \$5000/year	Up to \$10,000/year
J. Surgery- actual charges Out patient Surgery	Up to \$5000/year Up to \$6250/year	Up to \$10,000/year Up to \$12,500/year
K. Anesthesia - actual charges	25% of surgery	25% of surgery
L. Bone Marrow or Stem Cell Transplant - 1. autologous 2. non-autologous other than for Leukemia 3. non-autologous for treatment of Leukemia	Up to the following: \$500/year \$1250/year \$2500/year	Up to the following: \$1500/year \$3750/year \$7500/year
M. Ambulatory Surgical Center	Up to \$250/day	Up to \$750/day
N. Second Surgical Opinion	Up to \$200 per	Up to \$600 per
O. Inpatient Drugs and Medicine	Up to \$25/day	Up to \$25/day
P. Physicians Attendance	Up to \$50/day	Up to \$50/day
Q. Ambulance Transportation for confinement	Up to \$100 per	Up to \$100 per
R. Non-Local Transportation	Coach or .40/mile	Coach or .40/mile
S. Outpatient Lodging - over 100 miles from home	\$50/day to \$2000 per year maximum	\$50/day to \$2000 pe year maximum
T. Family Member Benefits 1. Lodging - up to 60 days per confinement 2. Transportation	Up to \$50/day Coach or .40/mile	Up to \$50/day Coach or .40/mile
U. Physical or Speech Therapy	Up to \$50/day	Up to \$50/day
V. New or experimental treatment	Up to \$5000/year	Up to \$5000/year
W. Prosthesis- per amputation	Up to \$2000	Up to \$2000
X. Comfort or Anti-Nausea	Up to \$200/year	Up to \$200/year
Y. Waiver of Premium Benefit	90 day elimination	90 day elimination



\* This is a summary of benefits provided for Putnam County Schools. Please refer to the Group Policy Specifications for actual exact details of the benefits provided under this plan.