

Cancer Insurance (GVCP3)

Includes coverage for 29 Specified Diseases
from Allstate Benefits

Offered to the employees of:
Unimex Trade & Logistics, LLC

BENEFIT AMOUNTS

HOSPITAL CONFINEMENT AND RELATED BENEFITS	PLAN 1
Continuous Hospital Confinement (daily)	\$300
Government or Charity Hospital (daily)	\$300
Private Duty Nursing Services (daily)	\$300
Extended Care Facility (daily)	\$300
At Home Nursing (daily)	\$300
Hospice Care Center (daily) or Hospice Care Team (per visit)	\$300
RADIATION/CHEMOTHERAPY/RELATED BENEFITS	PLAN 1
Radiation/Chemotherapy for Cancer ¹ (every 12 months)	\$10,000
Blood, Plasma, and Platelets ¹ (every 12 months)	\$10,000
Hematological Drugs ¹ (every 12 months)	\$200
Medical Imaging ¹ (every 12 months)	\$500
SURGERY AND RELATED BENEFITS	PLAN 1
Surgery ²	\$4,500
Anesthesia (% of surgery benefit)	25%
Bone Marrow or Stem Cell Transplant (once/year)	
1. Autologous	\$1,500
2. Non-autologous (cancer or specified disease treatment)	\$3,750
3. Non-autologous (Leukemia)	\$7,500
Ambulatory Surgical Center (daily)	\$750
Second Opinion	\$600
MISCELLANEOUS BENEFITS	PLAN 1
Inpatient Drugs and Medicine (daily)	\$25
Physician's Attendance (daily)	\$50
Ambulance (per confinement)	\$100
Non-Local Transportation ¹ (coach fare or amount shown per mile*)	0.40/Mile
Outpatient Lodging (daily; limit \$2,000/12 mo. period)	\$50
Family Member Lodging (daily per trip; max. 60 days and Transportation (coach fare or amount shown per mile**))	0.40/Mile
Physical or Speech Therapy (daily)	\$50
New or Experimental Treatment ³ (every 12 months)	\$5,000
Prosthesis ³ (per amputation)	\$2,000
Hair Prosthesis (every 2 years)	\$25
Nonsurgical External Breast Prosthesis ¹	\$50
Anti-Nausea Benefit ¹ (once per calendar year)	\$200
Waiver of Premium (employee only)	Yes
OPTIONAL/ADDITIONAL BENEFITS/RIDER	PLAN 1
Cancer Initial Diagnosis (one-time benefit)	\$4,000
Intensive Care (ICU)	
ICU (daily)	\$400
Step-Down (daily)	\$200
Ambulance	Actual Charges
Wellness Benefit	\$50
Cancer Initial Diagnosis Progressive Benefit Rider*** (one-time benefit)	\$800

¹Pays actual cost up to amount listed. ²Pays actual charges up to amount listed in certificate Schedule of Surgical Procedures. Amount paid depends on surgery. ³Pays actual charges up to amount listed. *At least 70 miles away, up to 700 miles. **Transportation up to 700 miles per continuous hospital confinement. ***Multiplied by years in force at time of diagnosis.

PLAN 1 PREMIUMS

MODE	EE	EE + SP	EE + CH	F
Weekly	\$9.19	\$15.46	\$12.37	\$18.88
Monthly	\$39.81	\$66.96	\$53.59	\$81.78

Issue ages: 18 and over if actively at work

EE=Employee; EE + SP = Employee + Spouse;
EE + CH = Employee + Child(ren); F = Family

FOR HOME OFFICE USE ONLY - GVCP3

Opt 1-3Hosp; 4Rad; 3Surg; 1Misc; 4Init; 4ICU; 2Well; 2Prog

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For use in enrollments situated in: TX. This rate insert is part of the approved brochure for Unimex Trade & Logistics, LLC and is not to be used on its own.

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