

### Allstate at Work®

Allstate Workplace Division offers employees insurance products that protect their financial security and well-being. After all, it's always been Allstate's business to protect families and their assets. Millions of Americans have been trusting us for more than 70 years. And it's not just because we're one of the nation's largest insurance companies. Or that we get excellent ratings from independent agencies like Standard & Poor's, Moody's and A.M. Best. It's because we take the time to understand our customers' concerns and advise them on what's best for them. To us, relationships with our customers are our biggest asset.

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**Allstate**

Workplace Division

Benefits are provided by Cancer/Specified Disease Insurance policy CP10B, or state variations thereof; Wellness Benefit Rider provided by rider WBR3, or state variations thereof; Cancer Initial Diagnosis Level Benefit Rider provided by rider CLR1, or state variations thereof. The policy and riders are underwritten by American Heritage Life Insurance Company.

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# cancer insurance

and 20 Other Specified Diseases

No one likes to think about getting cancer. But it will still affect 1 in 2 men and 1 in 3 women.<sup>1</sup> While you may not be able to prevent the disease, you can help protect yourself from its costs. Cancer insurance helps you:

- Manage the high expenses of treatment
- Preserve your savings
- Protect your family from financial hardship
- Concentrate on getting well

## For the members of NASCOE

THIS IS NOT A POLICY OF WORKERS' COMPENSATION INSURANCE. THE EMPLOYER DOES NOT BECOME A SUBSCRIBER TO THE WORKERS' COMPENSATION SYSTEM BY PURCHASING THIS POLICY AND IF THE EMPLOYER IS A NON-SUBSCRIBER, THE EMPLOYER LOSES THOSE BENEFITS WHICH WOULD OTHERWISE ACCRUE UNDER THE WORKERS' COMPENSATION LAWS. THE EMPLOYER MUST COMPLY WITH THE WORKERS' COMPENSATION LAW AS IT PERTAINS TO NON-SUBSCRIBERS AND THE REQUIRED NOTIFICATION THAT MUST BE FILED AND POSTED. -TX ONLY



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Workplace Division

# Why it makes sense

It's probably crossed your mind that you could get cancer. And you may have thought about the ways it would affect your life and your loved ones. But have you considered how cancer would impact your financial security?

You and your health insurance may have different ideas about where it should stop paying for cancer treatment. But if you could afford it, you probably wouldn't cut any corners.

If a cancer center in another city offered the best treatment, you'd want to go—and have a family member there for support. You'd want the best specialists, treatments, diets and medications. And a hospital stay that's covered no matter how lengthy. Maybe you'd want reconstructive surgery to feel like your old self again. Or childcare and housekeeping at home while you recover.

Medical insurance often stops short of considering these costs "essential." Luckily, these kinds of costs are exactly what cancer insurance helps to cover:

## Cancer Insurance Might be Right for You if

- There is cancer in your family's history
- You don't have much money set aside for the unexpected
- You don't have coverage to provide you with extra income in case you can't work
- You're single or have a spouse who doesn't work
- You want to keep your family financially secure

## What You Get

Cancer insurance from Allstate Workplace Division pays you benefits that can be used for non-medical cancer related expenses that health insurance might not cover:

- Benefits paid directly to you unless your benefits are assigned to someone else
- Benefits paid regardless of your other coverage
- Coverage you can choose to match your budget
- Individual or family coverage
- Premiums waived after 90 days of disability due to cancer for as long as you're disabled
- Riders included with base policy are the Wellness Benefit Rider (Included in policy - IL, NV, NC, and MT) and Cancer Initial Diagnosis Level Benefit Rider (N/A – NM)

## Where Other Coverage Falls Short

It's hard to face the facts, but cancer will affect many of us—regardless of age, gender or lifestyle. While treatment has advanced the fight against cancer, it still occurs in 50% of men and 33% of women.<sup>1</sup>

An average of 65% of cancer-related expenses are considered non-medical, which means your health insurance may not pay.<sup>1</sup> Indirect costs can be twice as much as your medical bills.<sup>1</sup> Indirect expenses can include things like transportation, food, missed work, lodging, home recovery and extended care. This is where cancer insurance can help out.

<sup>1</sup> All cancer statistics in this brochure are from the American Cancer Society, *Cancer Facts & Figures*, 2001.

## 20 Other Diseases Also Covered

In addition to cancer coverage, this insurance pays you benefits for 20 other specified diseases.

Muscular Dystrophy, Poliomyelitis, Multiple Sclerosis, Encephalitis, Rabies, Tetanus, Typhoid Fever, Bubonic Plague, Tuberculosis, Osteomyelitis, Diphtheria, Scarlet Fever, Epidemic Cerebrospinal Meningitis, Undulant Fever, Sickle Cell Anemia, Rocky Mountain Spotted Fever, Smallpox, Addison's Disease, Hansen's Disease, Tularemia.

## Eligibility/Termination

Family Plan coverage may include you, your spouse and dependent children as defined in the policy. Coverage for dependent children terminates on the policy anniversary next following the date the child is no longer eligible, which is either when the child marries or reaches age 21 (22 - ND), (24 – TN), (25 – TX), (26 - UT), (25 (26 - ND) if a full-time student at an educational institution of higher learning beyond high school]. Coverage for the insured's spouse ends upon valid decree of divorce.

## Waiting Period

The policy and riders contain a 30-day waiting period that begins on the effective date. No benefits are payable for any covered person (except newborns – MT) who has cancer or a specified disease diagnosed before coverage has been in force 30 days from the effective date, except should a covered person have cancer or a specified disease first (first N/A – PA, VA, WI) diagnosed after signing the application and before the end of the waiting period, benefits for treatment of that cancer or specified disease will apply only to loss commencing after 2 years (1 year – DE, MD) from the effective date of the policy; or, at your option, you may elect to void the policy from the beginning and receive a full refund of premium, in accordance with the Notice of 30-Day Right to Examine Policy provision. (AK, AL, AR, CA, CO, DC, DE, GA, HI, IA, IL, IN, KS, KY, LA, MD, ME, MS, MT, NC, ND, NE, NM, NY, OH, OR, PA, SC, TN, TX, VA, VI, WI, and WV)

## Pre-existing Condition Limitation

We do not pay for any loss due to a pre-existing condition as defined during the 12 month (6 month - UT) period beginning on the date that person became a covered person (AZ, FL, MO, OK, SD, UT). A pre-existing condition is defined as a disease or physical condition for which medical advice or treatment was received by the covered person during the 12 month period prior to the effective date of the covered person's coverage. (A pre-existing condition

is defined as a condition which first manifested itself within 6 months prior to the effective date of coverage or which was diagnosed by a physician at any time prior to the effective date of coverage. - UT)

## Exceptions and Limitations

The policy does not pay for any loss except for losses due directly from cancer or specified disease (or any other conditions caused or aggravated by cancer or a specified disease – SC). Diagnosis must be submitted to support each claim. The policy does not pay for any disease or incapacity that has been caused, complicated, worsened or affected by cancer or a specified disease or as a result of cancer or specified disease treatment (N/A – AR, DE, IL, MD, PA, VA).

There are no benefits for treatment room charges, dressings, medications other than chemotherapeutic drugs, emergency room charges, medical supplies or X-rays, scans and their interpretations (N/A - WV) under the Radiation Therapy, Radioactive Isotopes Therapy or Immunotherapy benefit, unless otherwise specified in the policy; transportation for someone to visit the person receiving treatment, visits to a physician's office or clinic, or for services other than actual treatment under the Non-Local Transportation benefit; food services or meals other than dietary counseling, services related to well-baby care, services provided by volunteers, or support for the family after the death of the covered person under the Hospice Care benefit. Treatment must be received in the United States or its territories.

This brochure highlights some features of the policy but is not the insurance contract. Only the actual policy provisions control. The policy itself sets forth, in detail, the rights and obligations of both the insured and the insurance company.

This is a Limited Benefit Cancer and Specified Disease Policy with Optional Riders. The policy and riders are not a Medicare Supplement Policy. If eligible for Medicare, review Medicare Supplement Buyer's Guide available from Allstate Workplace Division.

## Renewability

The policy is guaranteed renewable for life, subject to change in premiums by class. All premiums may change on a class basis. A notice is mailed in advance of any change.

### Waiver of Premium (Cancer only – MD)

Pays premiums that become due after insured is disabled for 90 days for as long as the insured remains disabled. Disability must be a direct result of cancer first diagnosed after the 30 day waiting period (N/A 30 day waiting period - AZ, FL, MO, OK, SD, UT). (The term “disabled” means that the insured is unable to work at any job for which he or she is qualified by education, training or experience [after the first 12 months of the disability]; not working at any job for pay or benefits; – FL]; and under the care of a physician for the treatment of cancer; – FL, NE)

**In Florida and Maryland** – Any treatment that is covered under the benefits of the policy and is medically necessary will be covered on an outpatient basis if provided for on an inpatient basis or is given as an alternate to inpatient treatment and is not covered by any other benefits of this policy.

## premiums for cancer/specified disease insurance

most states<sup>1</sup>

BASE PLAN - CP108, WBR3 (2 UNITS), CLRI (10 UNITS)		
Bi-Weekly	Monthly	
Individual	\$9.64	\$20.87
Family	\$16.72	\$36.23

### Issue Ages: 18-64

california

BASE PLAN - CP108, WBR3 (2 UNITS), CLRI (10 UNITS)		
Bi-Weekly	Monthly	
Individual	\$11.30	\$24.47
Family	\$19.14	\$41.47

### Issue Ages: 18-64

colorado

BASE PLAN - CP108, WBR3 (3 UNITS), CLRI (10 UNITS)		
Bi-Weekly	Monthly	
Individual	\$9.98	\$21.61
Family	\$17.28	\$37.43

### Issue Ages: 18-64

illinois, nevada and north carolina<sup>2</sup>

BASE PLAN - CP108, CLRI (10 UNITS)		
Bi-Weekly	Monthly	
Individual	\$9.94	\$21.53
Family	\$17.88	\$38.71

### Issue Ages: 18-64

maryland

BASE PLAN - CP108, WBR3 (2 UNITS), CLRI (10 UNITS)		
Bi-Weekly	Monthly	
Individual	\$9.02	\$19.54
Family	\$15.44	\$33.42

### Issue Ages: 18-64

montana<sup>2</sup>

BASE PLAN - CP108, CLRI (10 UNITS)		
Bi-Weekly	Monthly	
Individual	\$10.34	\$22.39
Family	\$18.76	\$40.65

### Issue Ages: 18-64

new mexico<sup>3</sup>

BASE PLAN - CP108, WBR3 (2 UNITS)		
Bi-Weekly	Monthly	
Individual	\$7.60	\$16.46
Family	\$13.04	\$28.22

### Issue Ages: 18-64

oregon

BASE PLAN - CP108, WBR3 (2 UNITS), CLRI (10 UNITS)		
Bi-Weekly	Monthly	
Individual	\$9.52	\$20.63
Family	\$16.54	\$35.83

### Issue Ages: 18-64

pennsylvania

BASE PLAN - CP108, WBR3 (2 UNITS), CLRI (10 UNITS)		
Bi-Weekly	Monthly	
Individual	\$11.60	\$25.11
Family	\$19.60	\$42.43

### Issue Ages: 18-64

### OTHER BENEFITS

CP108

#### Wellness Benefit Rider (WBR3); in IL, NC and NY, the Cancer Screening Benefit is included in the base policy; (N/A – MT)

Pays benefit of amount shown each year for each covered person, each calendar year, for one of the following cancer screening tests performed: Bone Marrow Testing; CA15-3 (blood test for breast cancer); CA125 (blood test for ovarian cancer); CEA (blood test for colon cancer); chest X-ray; colonoscopy; flexible sigmoidoscopy; hemocult stool analysis; mammography including breast ultrasound (N/A – CA, PA); Pap smear including ThinPrep Pap Test (N/A – CA); PSA (blood test for prostate cancer); Serum Protein Electrophoresis (test for myeloma); or biopsy for skin cancer. This benefit is payable only once for each covered person each calendar year. There is no limit to the number of years a covered person can receive cancer screening tests. This benefit is paid regardless of the result of the test(s).

#### Testing Benefits (MT only)

1. Mammography Benefit – Pays the greater of the actual charges or amount shown for a covered person as follows: a) baseline mammography for women ages 35 to 39, inclusive; and b) mammography every 2 years, or more frequently upon physician's recommendation for women ages 40 to 49, inclusive; and c) annual mammography for women ages 50 and over.

2. Miscellaneous Benefit – Pays \$50 each calendar year, each covered person if a covered person has one of the following cancer screening tests performed: Bone Marrow Testing; CA15-3 (blood test for breast cancer); CA125 (blood test for ovarian cancer); CEA (blood test for colon cancer); chest X-ray; colonoscopy; flexible sigmoidoscopy; hemocult stool analysis; Pap smear, including ThinPrep Pap Test; PSA (blood test for prostate cancer); Serum Protein Electrophoresis (test for myeloma); or biopsy for skin cancer. This benefit is paid regardless of the result of the test.

#### Cancer Initial Diagnosis Level Benefit Rider (CLRI) (N/A – NM)

Pays a one-time benefit of amount shown for each covered person, when a covered person is diagnosed for the first time ever as having cancer (other than skin cancer). The first diagnosis must occur after the waiting period and is payable only once for each covered person.

### HOSPITALIZATION-RELATED BENEFITS

#### Hospital Confinement

Amount shown each day for each day a covered person is admitted to and confined as an inpatient in a hospital. Maximum 70 days for each period of continuous hospital confinement. (\$30 for each day of continuous hospital confinement after the 70th, until that period of confinement ends – CA)

\$200/day

#### Inpatient Drugs and Medicine (and Equipment – WV)

In-hospital charges for drugs and medicine while hospital confined up to the amount shown for each day of continuous hospital confinement. (Charges up to maximum of \$250 per continuous hospital confinement. – CA) (For continuous hospital confinement up to 70 days. – PA) *In West Virginia* - Actual charges for the rental of an iron lung or similar apparatus, braces, crutches and wheelchairs as required by the attending physician for the treatment of the disease.

\$10/day  
(charges up to \$250 - CA)

#### Physicians' Attendance

Charges up to the amount shown each day for a visit by a physician (including surgeons – NE) during a covered hospital confinement (up to a maximum of 70 days per continuous confinement – CA, PA). Limited to one visit a day by one physician.

\$30/day

#### Ambulance

Charges up to amount shown for each continuous hospital confinement for transportation by a licensed ambulance service or a hospital owned ambulance for transporting a covered person. (Payment for ambulance care and transportation will be made jointly to the provider of ambulance care and to the insured, unless payments are made directly to the provider – OR)

\$200

#### Family Member Lodging and Transportation

Pays the following benefits for one adult member of the covered person's family to be near the covered person when a covered person is confined in a non-local hospital for specialized treatment. **Lodging** – Cost of a single room up to amount shown, in a motel, hotel, (or other accommodations – NC) acceptable to us. This benefit is payable up to 60 days for each continuous hospital confinement.

Lodging up to \$100/day

**Transportation** – Cost of round trip coach fare on common carrier, or amount shown for each mile up to 700 miles personal vehicle allowance for each continuous hospital confinement for round trips exceeding 70 miles. AWD does not pay the Family Member Transportation benefit if the personal vehicle transportation benefit is paid under the Non-Local Transportation benefit, when the family member lives in the same city or town as the covered person.

Transportation cost of round trip coach fare or \$0.40/mile personal auto

#### Government (N/A – SC) or Charity (N/A – CA) Hospital (N/A – CO, MD, MO)

Amount shown each day in lieu of all other benefits in the policy when confined to a hospital operated by or for the U.S. Government (including the Veteran's Administration) or a hospital that does not charge for the services it provides (charity). (If the covered person is confined at any veteran's facility and the services provided are not eligible for coverage by the government, AWD pays benefits as provided in other benefits provisions. – KS) (In the event the hospital does impose a charge for treatment, benefits will be as provided in any other hospital. – CA, PA)

\$100/day

#### Private Duty Nursing Services

Charges up to amount shown each day while hospital confined. Must be required and authorized by the attending physician. Nursing services in a facility other than a hospital are not covered. (up to a maximum of 70 days – CA, PA)

\$100/day

HOSPITALIZATION-RELATED BENEFITS	CP108
<p><b>Non-Local Transportation</b></p> <p>Cost of round trip coach fare by common carrier or amount shown for each mile up to 700 miles for round trip personal vehicle transportation for treatment at a hospital (inpatient or outpatient). Radiation Therapy Center, Chemotherapy or Oncology Clinic, or any other specialized freestanding treatment center nearest to the covered person's home provided, the same or similar treatment cannot be obtained locally. "Non-local" means a round trip of more than 70 miles from the covered person's home to the nearest treatment facility. Does not cover transportation for someone to accompany or visit the person receiving treatment, or visits to physician's office/clinic, for services other than actual treatment (N/A – MD).</p>	<p>Cost of round trip coach fare or \$0.40/mile personal auto</p>
<b>EXTENDED CARE BENEFITS</b>	
<p><b>Hospice Care</b></p> <p>One of (N/A - MD) the following is paid if a covered person has been diagnosed by a physician as terminally ill and the attending physician has approved services. Payable only if home care services or admission to a freestanding hospice care center occurs within 14 days after a period of inpatient hospital confinement (N/A - MD). <b>Freestanding Hospice Care Center</b> – Charges up to amount shown each day for confinement in a licensed freestanding hospice care center. Benefits payable for hospice care centers that are designated areas of hospitals will be paid the same as inpatient hospital confinement; or <b>Hospice Care Team</b> – Charges up to amount shown for each visit, limited to 1 visit a day, for home care services by a hospice care team. Home care services are hospice services provided in the patient's home. Food services or meals other than dietary counseling, services related to well-baby care, services provided by volunteers or support for the family after the death of the covered person are not covered. (This benefit is limited to 15 home care visits per covered person. Counseling and Bereavement – MD).</p> <p><b>Extended Care Facility</b></p> <p>Charges up to amount shown each day for each day a covered person is confined in an extended care facility. Confinement period is limited to the number of days of previous continuous hospital confinement. Confinement must begin within 14 days after hospital confinement and must be at the direction of the attending physician.</p> <p><b>Extended Benefits (N/A – CA)</b></p> <p>If continuous hospital confinement for the treatment of cancer or a specified disease lasts more than 70 days, the policy pays the actual hospital charges up to amount shown for each day. Begins on the 71st day until discharge. Paid in addition to any other benefits paid prior to the 71st day and paid in lieu of all other benefits after the 70th day.</p> <p><b>At Home Nursing</b></p> <p>Charges up to amount shown each day for private nursing care and attendance by a nurse at home. Must be required and authorized by the attending physician and must begin within 14 days after confinement as an inpatient in a hospital. Limited to the number of days that the Hospital Confinement benefit is paid.</p> <p><b>Surgery</b></p> <p>Surgeon's fee not to exceed amount shown in the Schedule of Operations in the policy. (The amount shown in the Schedule of Operations in the policy: - UT) Two or more procedures done at the same time through one incision are considered one operation; pays the amount shown in the Schedule of Operations for the one operation with the largest benefit. <b>The Surgeon's charge for reconstructive breast surgery (N/A - AZ) and stem cell transplants are among the many surgeries covered under this benefit. Outpatient surgery is paid at 150% of the scheduled benefit, (N/A - AZ), Assistant and co-surgeons are not covered, (N/A - FL)</b> (Reasonable and customary charges for the surgeon's fee for a surgical operation not to exceed amount shown. Assistant and co-surgeons are not covered. – PA)</p> <p><b>Second Surgical Opinion</b></p> <p>Charges up to amount shown. Must be incurred after diagnosis and before surgery.</p> <p><b>Anesthesia</b></p> <p>Charges of an anesthetist not to exceed 25% of the amount paid for surgery (not to exceed the greater of 25% or \$100 – CA). The maximum benefit paid for skin cancer is \$100.</p> <p><b>Ambulatory Surgical Center</b></p> <p>Charges up to amount shown each day when surgery is performed at an Ambulatory Surgical Center.</p> <p><b>Physical or Speech Therapy</b></p> <p>Charges up to amount shown each day for restoration of normal body function (for physical, occupational, speech or hearing therapy – IL).</p>	<p>\$100/day or \$100/visit</p> <p>\$100/day</p> <p>\$200/day</p> <p>\$100/day</p> <p>\$3,000 Max. will vary according to surgery</p> <p>\$3,500 - PA</p> <p>\$200</p> <p>25% of surgery or \$100 if skin cancer</p> <p>\$250/day</p> <p>\$25/day</p>
<b>OTHER CANCER TREATMENT BENEFITS</b>	
<p><b>New or Experimental Treatment</b></p> <p>Charges up to maximum shown for each 12 month period beginning with the first day of treatment under this provision when the attending physician judges such treatment necessary and no other generally accepted treatment produces superior results in the opinion of the attending physician.</p>	<p>\$10,000/12 mos.</p>

OTHER CANCER TREATMENT BENEFITS	CP108
<p><b>Prostheses</b></p> <p>Charges up to maximum shown for each prosthetic device prescribed as a direct result of surgery for cancer or specified disease treatment and which requires surgical implantation. Limited to \$2,000 (\$3,000-AZ) for each covered person, for each amputation. (Usual and customary charges for commensurate coverage for 2 prosthetic devices and for reconstructive surgery incident to a mastectomy. – NV)</p> <p><b>Reconstructive Breast Surgery (AZ only)</b></p> <p>We pay actual charges up to \$3,000 for reconstructive breast surgery following a mastectomy that is covered under the policy. This includes charges for the expense of reconstruction of the breast on which the mastectomy was performed; and surgery and reconstruction of the other breast to produce a symmetrical appearance; and prosthesis; and treatment of physical complications for all stages of the mastectomy, including lymphedemas; and at least 2 external postoperative prostheses. This benefit is limited to \$3,000 per covered person.</p> <p><b>Radiation Therapy, Radio-Active Isotopes Therapy, Chemotherapy and Immunotherapy</b></p> <p>Charges up to maximum shown for each 12 month period beginning with the first day of benefit under this provision for covered treatment techniques used for modification or destruction of cancerous tissue.</p> <p><b>Blood, Plasma and Platelets</b></p> <p>Charges up to maximum shown for each 12 month period beginning with the first day of benefits under this provision for blood, plasma, and platelets (including transfusions and administration charges); (blood products, both derivatives and components – MD) processing and procurement costs; and cross-matching. Donor replaced blood is not covered.</p> <p><b>Outpatient Lodging</b></p> <p>Cost, up to maximum shown, of single room in a motel, hotel, or other accommodations acceptable to us. Covered person must be receiving radiation or chemotherapy treatment on an outpatient basis. Limited to maximum shown each 12 month period beginning with the first day of benefit under this provision. Outpatient treatment must be received at a treatment facility more than 100 miles from the covered person's home. Must be authorized by the attending physician and cannot be obtained locally.</p> <p><b>Skin Cancer</b></p> <p>Charges for removal of skin cancer up to amount shown when a physician who is not a pathologist diagnoses it. If more than one skin cancer is removed at the same time, the amount payable is the amount shown for each additional skin cancer removed. <b>Skin cancers diagnosed by a pathologist are eligible for other policy benefits (N/A – KS).</b></p> <p><b>Home Health Services (AZ only)</b></p> <p>Pays for any home health services performed by a licensed home health agency which a physician has prescribed in lieu of hospital services, provided the hospital services would have been covered.</p> <p><b>Cervical Cancer Screening Test (CA only)</b></p> <p>The greater of \$50 or charges for annual cervical cancer screening test upon recommendation by physician, nurse practitioner or certified nurse midwife. Limited to one test for each covered person, each calendar year.</p> <p><b>Mammography Benefit (CA, PA only)</b></p> <p>The greater of \$50 or charges for baseline mammography for women ages 35-39; mammography every 2 years (or more frequently based upon physician's recommendation) for women over 40; annual mammography for women age 50 or older. (Actual charges for a mammogram for a covered person age 40 or over; one each calendar year; each covered person, if under age 40; one mammogram each year if recommended by a physician. – PA)</p> <p><b>Medical Apparatus (IA, IL, WV only)</b></p> <p>Pays actual charges for the rental of (an iron lung, – IL, WV) a respirator or similar mechanical apparatus, braces, crutches and wheelchairs as are deemed necessary by the attending physician (and special equipment including hospital beds, toilet, pulleys, aspirators, incontinence pants, oxygen, surgical dressings, rubber shields, colostomy and ileostomy appliances – IL). (The maximum benefit is the amount shown for each period of continuous hospital confinement. – IA, IL)</p> <p><b>Non-Custodial Nursing Home Care and Home Health Care (IL only)</b></p> <p>Pays amount shown for non-custodial nursing home care. The maximum benefit is \$200 for each period of continuous hospital confinement. Pays amount shown for home health care by a qualified home health care agency for treatment that would otherwise require confinement in a hospital or skilled nursing facility. Treatment must be based on a plan approved by the attending physician. Maximum of \$200 for each period of continuous hospital confinement.</p> <p><b>Temporomandibular Joint Syndrome (NM only)</b></p> <p>Benefits described in the policy are paid for if diagnosed as having Temporomandibular Joint Syndrome or Craniomandibular Disorder, resulting from cancer or specified disease. Expenses for orthodontic appliances and treatment, crowns, bridges and dentures are not paid for, unless the disorder is related to the diagnosed cancer or specified disease.</p> <p><b>Colorectal Cancer Screening Benefit (MD only)</b></p> <p>The policy provides coverage for colorectal cancer screening in accordance with the latest screening guidelines issued by the American Cancer Society ("ACS").</p>	<p>\$2,000</p> <p>\$3,000(AZ)</p> <p>\$3,000(AZ)</p> <p>\$10,000/12 mos.</p> <p>\$10,000/12 mos.</p> <p>\$10,000/12 mos.</p> <p>\$100/day Up to \$4,000/12 mos.</p> <p>\$120 for first removal, and \$60 each additional at same time</p> <p>Pays services</p> <p>Greater of \$50 or charges</p> <p>Greater of \$50 or charges</p> <p>Maximum \$200/hospital confinement - IA, IL Charges - WV</p> <p>\$25/day; Max. of \$200/hospital confinement</p> <p>Pays benefits</p> <p>Pays benefits</p>