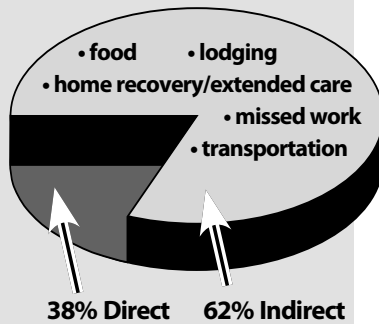


Cancer

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 1 in 2 men and in 1 in 3 women, according to the American Cancer Society — and it's always costly. NCFlex offers Cancer Insurance, underwritten by American Heritage Life Insurance Company (Allstate Work Division (AWD)), to help pay for cancer-related expenses.

CANCER — THE COST

Because it strikes so frequently, and because it is often fatal if ignored, cancer consumes enormous health care dollars. The National Institutes of Health estimate that the overall annual costs for cancer in 2006 was \$206.3 billion. This number includes \$78.2 billion for direct medical costs, \$17.9 billion for indirect morbidity costs (cost of lost productivity due to illness) and \$110.2 billion for indirect mortality costs (cost of lost productivity due to premature death).*



* Cancer Facts & Figures, American Cancer Society, 2007

You have two plan options and two coverage levels to choose from depending on how much coverage you need. In addition to cancer coverage, this insurance pays benefits for 29 other specified diseases listed below:

Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease), Muscular Dystrophy, Poliomyelitis, Multiple Sclerosis, Encephalitis, Rabies, Tetanus, Tuberculosis, Osteomyelitis, Diphtheria, Scarlet Fever, Cerebrospinal Meningitis (bacterial), Brucellosis, Sickle Cell Anemia, Thalassemia, Rocky Mountain Spotted Fever, Legionnaire's Disease (confirmation by culture or sputum), Addison's Disease, Hansen's Disease, Tularemia, Hepatitis (chronic B or chronic C with liver failure or hepatoma), Typhoid Fever, Myasthenia Gravis, Reye's Syndrome, Primary Sclerosing Cholangitis (Walter Payton's Liver Disease), Lyme Disease, Systemic Lupus Erythematosus, Cystic Fibrosis, and Primary Biliary Cirrhosis.

COVERAGE — LOW OPTION AND HIGH OPTION

You can choose between two plan options depending on your cancer insurance needs. Both plan options offer the same type of benefits and/or services. However, in most cases, the amount of coverage differs. The benefits under the High Option are richer as compared to the Low Option. Refer to the "Summary of Benefits" on the following page for more details.

COST

The monthly premium you pay for cancer coverage is based on the plan you choose and whether you choose to cover yourself only or yourself and your family.

Cost	Employee Only	Employee and Family
Low Option	\$ 6.78	\$ 11.26
High Option	\$ 15.68	\$ 26.06

LIMITATIONS AND EXCLUSIONS

Pre-Existing Condition — A pre-existing condition is a disease or physical condition for which the covered person received medical advice or treatment during the 12-month period prior to the effective date of the covered person's coverage. AWD does not pay for any loss due to a pre-existing condition during the 12-month period beginning on the date that person became a covered person. This is true whether you are required to provide EOI or not when you apply for the coverage. Any covered loss that is incurred after the 12-month period is payable.

Exclusions and Limitations — The policy does not pay for any loss except those due from cancer or covered specified disease. Diagnosis must be submitted to support each claim.

ELIGIBLE DEPENDENT

Your eligible dependents include your spouse or unmarried dependent child(ren) up to age 22, or if enrolled as a full-time student, up to age 26. Verification of full-time student status will be required once a year. For more information on dependent eligibility refer to the "2008 Dependent Eligibility" section.

Allstate Workplace Division is the marketing name for American Heritage Life Insurance Company (Home Office, Jacksonville, FL), a wholly-owned subsidiary of The Allstate Corporation © 2007 Allstate Insurance Company.

SUMMARY OF BENEFITS

You must review the Certificates of Coverage for complete details regarding these benefits.

Benefit	Low Option	High Option
Continuous Hospital Confinement (per day) (up to 70 days for each period of continuous confinement)	\$100	\$200
Extended Benefits* (per day after 70 days)	up to \$100	up to \$200
Surgery* (per surgery, based on surgical schedule)	up to \$1,500	up to \$3,000
Second Surgical Opinion*	up to \$200	up to \$400
Anesthesia*	up to 25% of surgery benefit	
Ambulatory Surgical Center* (per day)	up to \$250	up to \$500
Radiation/Chemotherapy* (per 12 month period)	up to \$2,500	up to \$7,500
Inpatient Drugs and Medicine*	up to \$25 per day while confined in hospital	
Private Duty Nursing Services* (per day)	up to \$100	up to \$200
New or Experimental Treatment*	up to \$5,000 per 12 month period	
Blood, Plasma and Platelets* (per 12 month period)	up to \$2,500	up to \$7,500
Physician's Attendance*	up to \$50 per day	
At Home Nursing* (per day)	up to \$100	up to \$200
Prosthesis*	up to \$2,000 per amputation	
Ambulance*	up to \$100	
Hospice Benefits		
Freestanding Hospice Care Center* (per day)	up to \$100	up to \$200
Hospice Care Team* (per day, limit 1 visit per day)	up to \$100	up to \$200
Government or Charity Hospital (per day in lieu of all other benefits in the policy, except the Waiver of Premium benefit)	\$100	\$200
Outpatient Lodging* (day/per 12 months)	\$50/\$2000	\$50/\$2000
Non-Local Transportation	pays coach fare or \$0.40 per mile	
Family Member Lodging and Transportation (for one adult member of covered person's family)		
Lodging*	up to \$50 per day, maximum 60 days	
Transportation*	round trip coach fare on common carrier or \$0.40 per mile	
Extended Care Facility* (per day)	up to \$100	up to \$200
Physical or Speech Therapy*	up to \$50 per day	
Comfort/Anti-Nausea*	up to \$200 per calendar year	
Bone Marrow or Stem Cell Transplant		
Transplant other than non-autologous (per calendar year)	up to \$500	up to \$1,000
Transplant for non-autologous; treatment of cancer or other specified disease; except Leukemia (per calendar year)	up to \$1,250	up to \$2,500
Transplant for non-autologous; treatment of Leukemia (per calendar year)	up to \$2,500	up to \$5,000
Cancer Screening Benefit** (per calendar year)	\$25	\$75
Premium Waiver	premiums waived after 90 days of disability due to cancer for insured employee	

* *These benefits are payable based on actual charges up to the maximum amount listed.*

** *Cancer Screening Benefit includes: bone marrow testing; CA15-3 (cancer antigen 15-3 blood test for breast cancer); CA125 (cancer antigen 125- blood test for ovarian cancer); CEA (carcinoembryonic antigen-blood test for colon cancer); chest X-ray; colonoscopy; flexible sigmoidoscopy; hemocult stool analysis; mammography; pap smear; PSA (Prostate Specific Antigen blood test for prostate cancer); and Serum Protein Electrophoresis (test for myeloma). This benefit is paid regardless of the result of the test.*

EVIDENCE OF INSURABILITY (EOI)

If you enroll in this plan the first time it is offered, you may elect coverage on a guaranteed basis (without providing EOI).

EOI is a way of providing proof of good health. This evaluation may include your current health status, medical history and family medical history. **If you decide to enroll for cancer insurance coverage, increase your coverage or add your family to your coverage at a later date, you will have to provide an EOI form to AWD for approval before coverage becomes effective.** You can access an EOI form by visiting www.ncflex.org. If you are enrolling online, you will be prompted to complete the EOI information.

DETERMINING IF EOI IS REQUIRED

Newly Eligible:

- You may elect coverage on a guaranteed issue basis. You do not need to provide Evidence of Insurability (EOI).

Existing Employees:

- You did not elect Cancer Insurance for your family when it was first offered to you, and you decide to enroll for coverage for the first time. You will need to submit EOI*.
- You are currently enrolled in the Low Option and decide to enroll in the High Option. You will need to submit EOI*.
- You did not elect Cancer Insurance when it was first offered to you, and you decide to enroll for coverage for the first time. You will need to submit EOI*.

**Evidence of Insurability (EOI) is a way of providing proof of good health. This evaluation may include your current health status, medical history and family medical insurance.*

SUBMITTING EOI*

If you determined you must submit EOI as noted above, follow these instructions:

Step 1: Visit www.ncflex.org.

Step 2: Select and print the Cancer EOI form.

Step 3: Complete the EOI form.

Step 4: Submit your completed EOI form with your NCFlex Enrollment Form and return to your HBR or benefits department. If the EOI form is not received and approved by AWD, the coverage applied for during the enrollment period will not be effective. The EOI form must be approved by AWD within 60 days from the date the form is signed by the employee.

**Online enrollment participants will be prompted to complete the EOI information as part of the online enrollment process.*

CONVERSION PRIVILEGE

Under the conversion feature, you or your covered dependents may convert your cancer insurance coverage to an individual policy if coverage is terminated. You must convert the policy within 31 days of termination, and you pay the full cost of individual policy coverage.

CERTIFICATE OF COVERAGE

The Certificate of Coverage provides complete details about the benefits and the limits and exclusions. For complete details, you must review the Certificates of Coverage located on www.ncflex.org.

TAX ISSUE

If premiums are paid through your employer's Section 125 cafeteria plan, benefit amounts received from accident and health insurance that exceed qualified medical expenses incurred by you or your covered family members may be taxable for federal and state income tax purposes. It is your responsibility to report this income on your individual tax return(s).

MEDICAID INFORMATION

For individuals who are eligible for Medicaid, this cancer insurance policy may not be the best choice for you. Benefits assigned under the policy are required to be assigned back to Medicaid.