

CancerSelect® Plus

Cancer Insurance



What Is It?

Cancer insurance is designed to provide benefits to help with the cost of cancer treatment. Benefits are paid directly to you and are paid in addition to any other insurance you may have. This policy can also help protect your income from out-of-pocket expenses that aren't covered by your major medical coverage including:

- Travel and lodging
- Child care and household help
- Normal living expenses - such as your car payment, mortgage, rent, and utility bills
- Out-of-pocket medical expenses
- Out-of-network specialists

Policy Highlights

- Individual and family insurance available
- Fully portable

Hospital Benefits

Hospital Confinement & Extended Benefits	\$200 per day of covered confinement; \$400 per day; begins on day 91 of continuous confinement; in lieu of all other benefits (except surgery and anesthesia)
Attending Physician	\$40 per day while hospital confined; one visit per 24-hour period
Inpatient Drugs & Medicines	\$30 per day while hospital confined
Ambulance	\$200 for service by a licensed ambulance service for transportation to a hospital; admittance required
Additional Hospital Benefits	Up \$200 per day for: <ul style="list-style-type: none"> • Private Duty Nurse • Extended Care Facility • Government or Charity Hospital • Hospice Care

Surgery Benefits

Surgery	Inpatient-\$3,000; Outpatient-\$4,500 Maximum benefit; actual benefit is determined by the surgery schedule in the contract; for multiple procedures in same incision only the highest benefit is paid; for multiple procedures in separate incisions will pay highest benefit and then 50% for each lesser procedure
Anesthesia	25% of covered surgery benefit
Prosthesis	\$1,500 maximum benefit; pays actual charges per device requiring implantation; \$150 maximum benefit; pays actual charges for wig to cover hair loss from cancer treatment
Additional Surgery Benefits	<ul style="list-style-type: none"> • Reconstructive Surgery • Second Surgical Opinion • Ambulatory Surgical Center • Skin Cancer Surgery

Radiation and Chemotherapy Benefits

Radiation & Chemotherapy and Related Expenses	\$15,000 maximum benefit per 12-month period; pays actual charges; \$750 maximum benefit per 12-month period; pays actual charges for treatment consultations and planning, adjunctive therapy, radiation management, chemotherapy administration, physical exams, checkups, and laboratory or diagnostic tests; transportation and lodging are not included as associated expenses
Blood, Plasma, Blood Components, Bone Marrow & Stem Cell Transplant and Associated Blood & Plasma Expenses	\$15,000 maximum benefit per 12-month period; pays actual charges; \$750 maximum benefit per 12-month period; pays actual charges for administration of blood, plasma and blood components, transfusions, processing and procurement, or cross-matching, treatment consultations and planning, physical exams, checkups, and laboratory or diagnostic tests; transportation and lodging are not included as associated expenses
New or Experimental Treatment	\$15,000 maximum benefit per 12-month period; pays actual charges for drugs or chemical substances approved by the FDA for experimental use on humans or surgery or therapy endorsed by either the NCI or ACS for experimental studies received in the US or its territories

Wellness & Non-Medical Benefits

Annual Cancer Screening Benefit	\$100 per calendar year for cancer screening tests: mammogram, pap smear, flexible sigmoidoscopy, prostate-specific antigen test, chest x-ray, hemocult stool specimen, ultrasound, CEA, CA125, biopsy, thermography, colonoscopy, serum protein electrophoresis bone marrow testing, and blood screening
Additional Wellness & Non-Medical Benefits	<ul style="list-style-type: none"> • Non-Local Transportation • Family Member Lodging • Outpatient Lodging • Physical Therapy & Speech Therapy • At-Home Nursing • MRI Scan
Waiver of Premium	Waives premium for total disability due to cancer after 60 consecutive days of total disability; total disability must begin prior to the insured person's 70th birthday

Cancer Maintenance Therapy Benefit

Cancer Suppressive Therapy, Hematological Drugs, Anti-Nausea Drugs, and Motility Drugs	\$1,000 maximum benefit per 12-month period; pays actual charges
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LIMITATIONS + EXCLUSIONS

CancerSelect® PLUS

EXCLUSIONS & LIMITATIONS

We provide benefits only for cancer as defined herein, which is positively diagnosed while insurance is in force. It does not provide benefits for any other illness or disease.

- We may reduce or deny a claim or void coverage for loss incurred by an insured person:
 - During the first 2 years from the effective date of such insurance for any misstatements in the application which would have materially affected our acceptance of the risk;
 - At any time for fraudulent misstatements in the application.
- We will only pay for loss as a direct result of cancer. Proof of positive diagnosis must be submitted to us for each new claim. We will not pay for any other disease or incapacity that has been caused, complicated, worsened or affected by, or as a result of cancer, except as specifically covered under the contract.
- If a covered hospital confinement is due to more than one covered condition, benefits will be payable as though the confinement or expense were due to one condition. If a hospital confinement or expense is also due to a disease or condition that is not covered, benefits will be payable only for the part of the hospital confinement or expense due to the covered disease or condition.
- Under no condition will we pay any benefits for losses or medical expenses incurred prior to the effective date.

Pre-Existing Condition Limitation - No benefits are provided during the first 12 months for pre-existing conditions for which the insured person has been diagnosed, treated, or for which the insured person has incurred expense or has taken medication within 12 months prior to the effective date of such person's policy. Pre-existing condition also includes a condition that manifests itself in a way that would cause an ordinarily prudent person to seek medical advice, diagnosis, care or treatment.

Total Disability means the inability to perform all of the material and substantial duties of the member's regular occupation. Total Disability will be considered to exist when under the regular care and attendance of a physician for the necessary treatment of cancer. After the first two years of Total Disability, the member will continue to be considered Totally Disabled if unable to engage in any employment or occupation for which he or she is or becomes qualified by reason of education, training, or experience. On or after age 65, Total Disability will mean that a physician has certified that the member is unable to perform two or more Activities of Daily Living (continence, transferring, dressing, toileting, eating and bathing) without direct personal assistance as a result of cancer.

12-Month Benefit Period - The initial 12-Month Benefit Period is the 12-month period beginning on the date of positive diagnosis. Subsequent 12-Month Benefit Periods begin on the same month and day as the immediately preceding 12-Month Benefit Period; however, if the insured person incurs no covered loss during the 3 months after the end of any 12-Month Benefit Period, the next 12-Month Benefit Period will begin on the next date a covered loss is incurred. Benefit Periods are determined separately for each insured person.

Termination of Insurance

Member insurance will terminate on the earliest of:

- The date of the member's death;
- The date on which the member ceases to be eligible for insurance;
- The last date for which premium payment has been made to us;
- The last date on which employment terminates;
- The date the group master policy terminates; or
- The date the employee sends us a written notice to cancel insurance.

Dependent insurance will terminate on the earliest of:

- The date the member's insurance terminates;
- The last date for which premium payment has been made to us;
- The date the dependent no longer meets the definition of dependent;
- The date the group master policy is modified so as to exclude dependent insurance; or
- The date the employee sends us a written notice to cancel dependent insurance.

We will have the right to terminate the insurance of any insured person who submits a fraudulent claim under the policy.

Portability Option

If a member loses eligibility for this insurance for any reason other than nonpayment of premiums, insurance can be continued by paying the premiums directly to us within 31 days after termination. We will bill the member directly once we receive notification to continue insurance.

Termination of the Group Master Policy

The policyholder may end the policy on any premium due date by submitting a 60-day advance written notice. A group will not be continued if it drops below the minimum required participation. The group master policy will be terminated and insurance of all remaining insureds will end, subject to the Portability Option.

Other Insurance with Us

An individual can only have one cancer policy or certificate with us. If a person already has cancer insurance with us, such person is not eligible to apply for this insurance.