

## Cancer Insurance

Level 4 Benefits

BENEFIT DESCRIPTION

Our cancer insurance helps provide financial protection through a variety of benefits. These benefits are not only for you but also for your covered family members.



For more information, talk with your benefits counselor.

Air Ambulance  Transportation to or from a hospital or medical facility [max. of two trips per confinement]	\$2,000 per trip
Ambulance Transportation to or from a hospital or medical facility [max. of two trips per confinement]	\$250 per trip
Anesthesia Administered during a surgical procedure for cancer treatment  General Anesthesia  Local Anesthesia	
Anti-nausea Medication  Doctor-prescribed medication for radiation or chemotherapy [\$240 monthly max.]	\$60 per day administered or per prescription filled
Blood/Plasma/Platelets/Immunoglobulins A transfusion required during cancer treatment [\$10,000 calendar year max.]	\$250 per day
Bone Marrow Donor Screening.  Testing in connection with being a potential donor [once per lifetime]	\$50
Bone Marrow or Peripheral Stem Cell Donation.  Receiving another person's bone marrow or stem cells for a transplant [once per lifetime]	\$1,000
Bone Marrow or Peripheral Stem Cell Transplant.  Transplant you receive in connection with cancer treatment  [max. of two bone marrow transplant benefits per lifetime]	\$10,000 per transplant
Cancer Vaccine An FDA-approved vaccine for the prevention of cancer [once per lifetime]	\$50
Companion Transportation Companion travels by plane, train or bus to accompany a covered cancer patient more than 50 miles one way for treatment [up to \$1,500 per round trip]	\$0.50 per mile
Egg(s) Extraction or Harvesting/Sperm Collection and Storage  Extracted/harvested or collected before chemotherapy or radiation [once per lifetime]	
■ Egg(s) Extraction or Harvesting/Sperm Collection	\$1,500
■ Egg(s) or Sperm Storage (Cryopreservation)	
Experimental Treatment  Hospital, medical or surgical care for cancer [\$15,000 lifetime max.]	\$300 per day
Family Care Inpatient or outpatient treatment for a covered dependent child [\$3,000 calendar year max.]	\$60 per day
Hair/External Breast/Voice Box Prosthesis Prosthesis needed as a direct result of cancer	\$500 per calendar year
Home Health Care Services  Examples include physical therapy, occupational therapy, speech therapy and audiology; prosthesis and orthopedic appliances; rental or purchase of durable medical equipment [up to 30 days per calendar year or twice the number of days hospital confined, whichever is greater]	\$150 per day
Hospice (Initial or Daily Care)  An initial, one-time benefit and a daily benefit for treatment [\$15,000 lifetime max. for both]  Initial hospice care [once per lifetime]  Daily hospice care	\$1,000

**BENEFIT AMOUNT** 

BENEFIT DESCRIPTION BENEFIT AMOUNT

**Hospital Confinement** 

Hospital stay (including intensive care) required for cancer treatment

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■ 30 days or less	\$350 per day
■ 31 days or more	\$700 per day
<b>Lodging</b> Hotel/motel expenses when being treated for cancer more than 50 miles from home [70-day calendar year max.]	\$80 per day
Medical Imaging Studies.  Specific studies for cancer treatment [\$450 calendar year max.]	\$225 per study
Outpatient Surgical Center Surgery at an outpatient center for cancer treatment [\$1,200 calendar year max.]	\$400 per day
<b>Private Full-time Nursing Services</b> Services while hospital confined other than those regularly furnished by the hospital	\$150 per day
Prosthetic Device/Artificial Limb.	\$3,000 per device or limb
A surgical implant needed because of cancer surgery [payable one per site, \$6,000 lifetime max.]	
Radiation/Chemotherapy Weekly Benefit [max. once per week]	
■ Injected chemotherapy by medical personnel	
■ Radiation delivered by medical personnel	\$1,000
Monthly Chemotherapy Benefit [max. once per month]	<b>*</b> 400
■ Self-Injected	
■ Pump ■ Topical	
Oral Hormonal [1-24 months].	
Oral Hormonal [25+ months].	
■ Oral Non-Hormonal	
Reconstructive Surgery	\$60 per surgical unit
A surgery to reconstruct anatomic defects that result from cancer treatment [up to \$3,000 per procedure, including 25% for general anesthesia]	300 per surgical unit
Second Medical Opinion	\$300
A second physician's opinion on cancer surgery or treatment [once per lifetime]	
Skilled Nursing Care Facility	\$150 per day
Confinement to a covered facility after hospital release [up to the number of days paid for hospital confinement]	,
Skin Cancer Initial Diagnosis.  A skin cancer diagnosis while the policy is in force [once per lifetime]	\$600
<b>Supportive or Protective Care Drugs and Colony Stimulating Factors</b> Doctor-prescribed drugs to enhance or modify radiation/chemotherapy treatments [\$1,600 calendar year max.]	\$200 per day
<b>Surgical Procedures</b> Inpatient or outpatient surgery for cancer treatment [\$6,000 max. per procedure]	\$70 per surgical unit
<b>Transportation</b> Travel expenses when being treated for cancer more than 50 miles from home [up to \$1,500 per round trip]	\$0.50 per mile
Waiver of Premium  No premiums due if the named insured is disabled longer than 90 consecutive days	Is available

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The policy has limitations and exclusions that may affect benefits payable. Most benefits require that a charge be incurred. Policy may not be available in all states and may vary by state. For cost and complete details, see your benefits counselor.

This chart highlights the benefits of policy form CanAssist (including state abbreviations where used – for example: CanAssist-TX). This chart is not complete without form #101481.