



Group Voluntary Cancer Plan

Policy Benefits

The listing below details benefit amounts associated with the benefits described in the brochure.

HOSPITAL AND RELATED BENEFITS		LOW	HIGH
Continuous Hospital Confinement (daily)		\$200	\$300
Government or Charity Hospital (daily)		\$200	\$300
Private Duty Nursing Services (daily)		\$200	\$300
Extended Care Facility (daily)		\$200	\$300
At Home Nursing (daily)		\$200	\$300
Hospice Care (daily)		\$200	\$300
Hospice Care Team (per visit)		\$200	\$300
RADIATION, CHEMOTHERAPY & RELATED BENEFITS			
Radiation/Chemotherapy for Cancer (every 12 months)		\$12,800	\$19,200
Blood, Plasma and Platelets (every 12 months)		\$10,000	\$15,000
Medical Imaging (yearly)		\$500	\$750
Hematological Drugs (yearly)		\$200	\$300
SURGERY AND RELATED BENEFITS			
Surgery		\$3,000	\$4,500
Anesthesia (% of surgery)		25%	25%
Ambulatory Surgical Center (daily)		\$500	\$750
Second Opinion		\$400	\$600
Bone Marrow or Stem Cell Transplant	1. Autologous	\$1,000	\$1,500
	2. Non-autologous	\$2,500	\$3,750
	3. Non-Autologous for Leukemia	\$5,000	\$7,500
MISCELLANEOUS BENEFITS			
Inpatient Drugs and Medicine (daily)		\$25	\$25
Physician's Attendance (daily)		\$50	\$50
Ambulance (per confinement)		\$100	\$100
Non-Local Transportation (per trip or mile)		Coach Fare or \$.40	Coach Fare or \$.40
Outpatient Lodging (daily)		\$50	\$50
Family Member Lodging (daily)		\$50	\$50
And Transportation (per trip or mile)		Coach Fare or \$.40	Coach Fare or \$.40
Physical or Speech Therapy (daily)		\$50	\$50
New or Experimental Treatment (every 12 months)		\$5,000	\$5,000
Prosthesis		\$2,000	\$2,000
Hair Prosthesis (every 2 years)		\$25	\$25
Nonsurgical External Breast Prosthesis		\$50	\$50
Anti-Nausea Benefit (yearly)		\$200	\$200
Waiver of Premium (primary insured only)		Yes	Yes
ADDITIONAL BENEFITS			
Cancer Initial Diagnosis		\$2,000	\$5,000
Wellness (Yearly)		\$50	\$75
RATES	Bi-weekly / Weekly	LOW	HIGH
		<u>Bi-weekly / Weekly</u>	<u>Bi-weekly / Weekly</u>
	Employee Only	\$10.10 / \$5.05	\$15.80 / \$7.90
	Employee + Spouse	\$15.50 / \$7.75	\$24.38 / \$12.19
	Employee + Child(ren)	\$14.32 / \$7.16	\$22.50 / \$11.25
	Family	\$19.72 / \$9.36	\$31.08 / \$15.54