sync

Ease the financial burden while healing

Fortunately, we can help with unexpected expenses

Every year, more and more people are being diagnosed with cancer.¹ Treatment of cancer can lead to unexpected expenses that create an additional financial burden. Cancer insurance helps fill in the gaps that medical insurance doesn't cover. Benefits are paid directly to the employee and may be used for any purpose - such as travel to treatment centers, medical co-pays, deductibles and experimental treatment, as well as everyday expenses like groceries, rent and ongoing household bills.

See next page for a schedule of paid benefits and monthly rates.

Enroll today

During this enrollment, you can elect coverage for you and your family:

- Convenient payroll deductions
- Portable
- · Guarantee Issue: no health question asked at enrollment
- Pre-existing Condition Limitation 3 month look back period, 12 month exclusion period for new enrollees (Does not apply for those transferring coverage)
- Waiver of Premium if you become disabled due to cancer for 90 days, premiums will be waived thereinafter so long as you continue to be disabled

Benefits Claim Example

Kidney Cancer Diagnosis and Treatment		
COVERED EVENTS	Benefit Paid	
Cancer Screening Benefit	\$100	
Cancer Screening Follow Up	\$100	
Second Surgical Opinion	\$300	
Hospital Confinement (3 days)	\$1,200	
Kidney Removal Surgery	\$3,000	
Medical Imaging (2 images)	\$400	
Anesthesia	\$750	
Radiation Therapy	\$10,000	
2 Months of Anti-Nausea Medication	\$500	
Home Health Care (20 visits)	\$2,000	
Transportation for two travelers:120 miles round-trip	¢700	
(12 trips at \$0.50/mile)	\$720	
Attending Doctor (3 days)	\$75	
TOTAL BENEFIT PAID UNDER POLICY	\$20,145	

DID YOU KNOW?

2/3 of the cost of cancer is non-medical¹

\$1,266 is the monthly average out-of-pocket cost for cancer²

5% increase In cancer costs every year³

62% of bankruptcies

are the result of medical causes despite 76% of those claiming bankruptcy had medical insurance⁴

1 www.cdc.gov/nchs/data/nhis/earlyrelease/ emergency_room_use_january-june_2011.pdf; 2 "Study Links Medical Costs and Personal Bankruptcy," Bloomberg BusinessWeek, June 4, 2009 3 Duke University Medical Center, 2011 http://clearhealthcosts.com/tag/dukeuniversity-medical-center

Annual Cancer Screening For Covered Employees and Family Members

This plan pays you \$100 once per calendar year per covered individual. See schedule for a list of covered procedures

Treatment Benefits Radiation/Chemotherapy Actual Costs up to \$10,000 per year Blood, Plasma, Platelets Actual Costs up to \$10,000 per year Experimental Treatment \$200 per day up to \$2,400 per month Surgical Benefit Schedule amount up to \$5,500 Second Surgical Opinion \$300 per surgical procedure Anesthesia 25% of surgery benefit Bone Marrow/Stem Cell Bone Marrow: \$10,000, Stem Cell: \$2,500, 50% for second transplant. \$1,500 for donor Immunotherapy \$500 per treatment up to 12 treatments per year Outpatient Surgical Center \$350 per day, 3 days per procedure Hospital Confinement \$400 per day first 30 days Extended Hospital Confinement \$800 per day in lieu of all other benefits Inpatient Special Nursing \$150/day Attending Physician \$25 per day while hospital confined Extended Care Facility \$150 per day Home Health Care \$100 per visit up to \$1,500 per round trip/equal benefits Ambulance \$250 per trip, limit 2 trips per hospital confinement Transportation/Companion \$100 per day Transportation/Companion \$1000 per visit up to 4 visits per month	COVERED EVENTS	Premier Plan 1		
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Reproductive Benefit\$1500 egg harvesting, \$500 egg or sperm storageReconstructive SurgeryBreast TRAM: \$3,000, Breast reconstruction: \$700, Breast Symmetry: \$350, Facial reconstruction: \$700	Anti-Nausea Medication	\$50 per day up to \$250 per month		
Breast TRAM: \$3,000, Breast reconstruction: \$700, Breast Symmetry: \$350, Facial reconstruction: \$700	Reproductive Benefit	\$1500 egg harvesting, \$500 egg or sperm storage		
	·	Breast TRAM: \$3,000, Breast reconstruction: \$700,		
	Waiver of Premium	Included		

Tier	Plan 1
Employee	\$21.64
Employee & Spouse	\$34.56
Employee & Child(ren)	\$23.04
Family	\$35.96

Specified Disease

For Employees & Covered Family Members

The benefits of this plan will also pay if a covered person is diagnosed with one of the following Specified Diseases while coverage is in force.

Addison's Disease, ALS, Brucellosis, Cerebrospinal Meningitis, Cystic Fibrosis, Diphtheria, Encephalitis, Hansen's Disease, Hepatitis (Chronic B or Chronic C with liver failure), Legionnaire's Disease, Lyme Disease, Multiple Sclerosis, Muscular Dystrophy, Myasthenia Gravis, Osteomyelitis, Poliomyelitis, Primary Biliary Cirrhosis, Primary Sclerosing Cholangitis, Rabies, Reye's Syndrome, Rocky Mountain Spotted Fever, Scarlet Fever, Sickle Cell Anemia, Systemic Lupus Erythematosus, Tetanus, Thallasemia, Tuberculosis, Tularemia, Typhoid Fever

Only one specified disease from this list may be claimed under this plan.