



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 thereafter 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 |
| Cancer Initial Diagnosis | \$5,000 |
| 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 (12 trips at \$0.50/mile) | \$720 |
| Attending Doctor (3 days) | \$75 |
| TOTAL BENEFIT PAID UNDER POLICY | \$25,145 |

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/duke-university-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

| COVERED EVENTS | Premier Plan 3 |
|--|---|
| Prevention & Non-Invasive Cancer Related Events | |
| Cancer Screening Benefit | \$100/insured/year Includes a \$100 cancer screening follow up benefit |
| Initial Diagnosis of Cancer | \$5,000 Employee \$5,000 Spouse \$5,000 Child |
| 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 month |
| Hormone Therapy | \$50 per treatment up to 12 treatments per year |
| Outpatient Surgical Center | \$350 per day, 3 days per procedure |
| Hospital Confinement Benefits | |
| Hospital Confinement | \$400 per day first 30 days |
| Extended Hospital Confinement | \$800 per day for 31 st day thereafter |
| Hospital Intensive Care | \$600/day first 30 days, \$800/day for 31 st day thereafter |
| Government or Charity Hospital | \$400 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 day |
| Lodging and Transportation Benefits | |
| Ambulance | \$250 per trip, limit 2 trips per hospital confinement |
| Transportation/Companion Transportation | \$0.50 per mile up to \$1,500 per round trip/equal benefit for companion |
| Outpatient and Family Member Lodging | \$100/day |
| Miscellaneous Benefits | |
| Hospice | \$100 per day |
| Physical or Speech Therapy | \$50 per visit up to 4 visits per month |
| Prosthesis | Surgically implanted \$3,000 per device, \$6,000 lifetime Non-surgical \$300/device, \$600 lifetime |
| Skin Cancer | Biopsy Only: \$100, Reconstructive Surgery: \$250, Excision of a skin cancer: \$375, with flap or graft: \$600 |
| Medical Imaging | \$200 per image up to 2 per year |
| Anti-Nausea Medication | \$50 per day up to \$250 per month |
| Reproductive Benefit | \$1500 egg harvesting, \$500 egg or sperm storage |
| Reconstructive Surgery | Breast TRAM: \$3,000, Breast reconstruction: \$700, Breast Symmetry: \$350, Facial reconstruction: \$700 |
| ICU Rider | \$600/day up to 45 days for each period of confinement. ICU confinement rider is paid for treatment of any sickness or injury other than internal Cancer |
| Waiver of Premium | Included |

| Tier | Plan 3 |
|-----------------------|---------|
| Employee | \$29.28 |
| Employee & Spouse | \$48.66 |
| Employee & Child(ren) | \$31.18 |
| Family | \$50.56 |

INITIAL DIAGNOSIS BENEFIT

This one-time benefit pays \$5,000 for the first time diagnosis of internal cancer, other than carcinoma-in-situ, while covered under this plan.

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, Thalassemia, Tuberculosis, Tularemia, Typhoid Fever

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