



Your cancer coverage

CANCER

COVERAGE - DETAILS	Option 1	Option 2
Your Monthly premium	\$22.51	\$29.28
You and Spouse	\$35.95	\$48.66
You and Child(ren)	\$23.97	\$31.18
You, Spouse and Child(ren)	\$37.41	\$50.56

INITIAL DIAGNOSIS BENEFIT - Paid when you are diagnosed with internal invasive cancer for the first time while insured under this Plan.

Benefit Amount(s)	Employee \$2,500 Spouse \$2,500 Child \$2,500	Employee \$5,000 Spouse \$5,000 Child \$5,000
Benefit Waiting Period - A specified period of time after your effective date during which the Initial Diagnosis benefits will not be payable.	30 Days	30 Days

CANCER SCREENING

Benefit Amount	\$100; \$100 for Follow-Up screening	\$100; \$100 for Follow-Up screening
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RADIATION THERAPY OR CHEMOTHERAPY

Benefit	Schedule amounts up to a \$10,000 benefit year maximum.	Schedule amounts up to a \$10,000 benefit year maximum.
Pre-Existing Conditions Limitation: A pre-existing condition includes any condition for which you, in the specified time period prior to coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs.	3 months prior/ 6 months treatment free/ 12 months after.	3 months prior/ 6 months treatment free/ 12 months after.
Portability: Allows you to take your Cancer coverage with you if you terminate employment. Ported Cancer plan terminates at age 70.	Included	Included
Child(ren) Age Limits	Children age birth to 26 years	Children age birth to 26 years

FEATURES

Air Ambulance	\$2,000/trip, limit 2 trips per hospital confinement	\$2,000/trip, limit 2 trips per hospital confinement
Alternative Care	\$50/visit up to 20 visits	\$50/visit up to 20 visits
Ambulance	\$250/trip, limit 2 trips per hospital confinement	\$250/trip, limit 2 trips per hospital confinement
Anesthesia	25% of surgery benefit	25% of surgery benefit
Anti-Nausea	\$50/day up to \$250 per month	\$50/day up to \$250 per month
Attending Physician	\$25/day while hospital confined. Limit 75 visits.	\$25/day while hospital confined. Limit 75 visits.
Blood/Plasma/Platelets	\$200/day up to \$10,000 per year	\$200/day up to \$10,000 per year
Bone Marrow/Stem Cell	Bone Marrow: \$10,000 Stem Cell: \$2,500 50% benefit for 2nd transplant. \$1,500 benefit if a donor	Bone Marrow: \$10,000 Stem Cell: \$2,500 50% benefit for 2nd transplant. \$1,500 benefit if a donor



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FEATURES (Cont.)	Option 1	Option 2
Experimental Treatment	\$200/day up to \$2,400/month	\$200/day up to \$2,400/month
Extended Care Facility/Skilled Nursing care	\$150/day up to 90 days per year	\$150/day up to 90 days per year
Government or Charity Hospital	\$400 per day in lieu of all other benefits	\$400 per day in lieu of all other benefits
Home Health Care	\$100/visit up to 30 visits per year	\$100/visit up to 30 visits per year
Hormone Therapy	\$50/treatment up to 12 treatments per year	\$50/treatment up to 12 treatments per year
Hospice	\$100/day up to 100 days/lifetime	\$100/day up to 100 days/lifetime
Hospital Confinement	\$400/day for first 30 days; \$800/day for 31st day thereafter per confinement	\$400/day for first 30 days; \$800/day for 31st day thereafter per confinement
ICU Confinement	\$600/day for first 30 days; \$800/day for 31st day thereafter per confinement	\$600/day for first 30 days; \$800/day for 31st day thereafter per confinement
Immunotherapy	\$500 per month, \$2500 lifetime max	\$500 per month, \$2500 lifetime max
Inpatient Special Nursing	\$150/day up to 30 days per year	\$150/day up to 30 days per year
Medical Imaging	\$200/image up to 2 per year	\$200/image up to 2 per year
Outpatient and family member lodging - Lodging must be more than 50 miles from your home.	\$100/day, up to 90 days per year	\$100/day, up to 90 days per year
Outpatient or Ambulatory Surgical Center	\$350/day, 3 days per procedure	\$350/day, 3 days per procedure
Physical or Speech Therapy	\$50/visit up to 4 visits per month, \$1,000 lifetime max	\$50/visit up to 4 visits per month, \$1,000 lifetime max
Prosthetic	Surgically Implanted: \$3,000/device, \$6,000 lifetime max Non-Surgically: \$300/device, \$600 lifetime max	Surgically Implanted: \$3,000/device, \$6,000 lifetime max Non-Surgically: \$300/device, \$600 lifetime max
Reconstructive Surgery	Breast TRAM \$3,000 Breast reconstruction \$700 Breast Symmetry \$350 Facial reconstruction \$700	Breast TRAM \$3,000 Breast reconstruction \$700 Breast Symmetry \$350 Facial reconstruction \$700
Reproductive Benefit	\$1,500 egg harvesting, \$500 egg or sperm storage, \$2,000 lifetime max	\$1,500 egg harvesting, \$500 egg or sperm storage, \$2,000 lifetime max
Second Surgical Opinion	\$300/surgery procedure	\$300/surgery procedure
Skin Cancer	Biopsy Only: \$100 Reconstructive Surgery: \$250 Excision of a skin cancer: \$375 Excision of a skin cancer with flap or graft: \$600	Biopsy Only: \$100 Reconstructive Surgery: \$250 Excision of a skin cancer: \$375 Excision of a skin cancer with flap or graft: \$600
Surgical Benefit	Schedule amount up to \$5,500	Schedule amount up to \$5,500
Transportation/Companion Transportation - Benefit is paid if you have to travel more than 50 miles one way to receive treatment for internal cancer.	\$0.50/mile up to \$1,500 per round trip/equal benefit for companion	\$0.50/mile up to \$1,500 per round trip/equal benefit for companion
Waiver of Premium - If you become disabled due to cancer that is diagnosed after the employee's effective date, and you remain disabled for 90 days, we will waive the premium due after such 90 days for as long as you remain disabled.	Included	Included