



## Cancer Insurance

## Focus on the fight.

A Cancer diagnosis may be both a physical and emotional drain. But thanks to advances in medicine and procedures to treat Cancer, more and more people are beating the disease. However, with the arrival of these advances comes the continuous rise of Cancer treatment costs.

**Limited Benefit Individual Cancer Insurance** offers a solution to help you and your family focus on fighting the disease.

### Plan Highlights

- **Helps cover expenses**  
for the treatment of Cancer, transportation, hospitalization and more.
- **Benefits paid directly to you**  
to be used however you see fit.
- **Portable to take with you**  
even if you leave employment.
- **Coverage options available**  
for you, your spouse and your children under age 26.

## Benefits

With over 25 benefits specifically designed to help you with the financial impact of being diagnosed, Cancer Insurance may help pay for expenses not covered by your major medical insurance.

### Benefits include:



#### Experimental Treatment

This benefit may help pay for experimental treatment to give you alternatives in your healing. These treatment types may not be covered by major medical plans.



#### Transportation and Lodging

This benefit may help pay for qualified transportation and lodging for the patient and family.

Marketed By:



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### SCREENING BENEFIT

Receive a benefit for your annual internal Cancer screening test, including but not limited to mammogram, pap, prostate-specific antigen blood test (PSA), chest x-ray, flexible sigmoidoscopy, thinprep pap test and colonoscopy.

| DIAGNOSTIC AND PREVENTION<br>BENEFIT (per calendar year) |          |
|----------------------------------------------------------|----------|
| BASIC                                                    | ENHANCED |
| \$60                                                     | \$75     |

*The premium and amount of benefits provided vary based upon the plan selected.*

*Diagnostic and Prevention Benefit not available in all states.*

# Benefits

| BENEFITS                                                             | BASIC | ENHANCED |
|----------------------------------------------------------------------|-------|----------|
| <b>SCREENING</b>                                                     |       |          |
| <b>Diagnostic and Prevention Benefit</b><br>(one per calendar year)  | \$60  | \$75     |
| <b>Cancer Screening Follow-Up Benefit</b><br>(one per calendar year) | \$60  | \$75     |

|                                                                                                                      |                                      |                   |
|----------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------|
| <b>TREATMENT</b>                                                                                                     |                                      |                   |
| <b>Radiation Therapy/Chemotherapy/Immunotherapy Benefit</b><br>(per 12-month period) (actual charges)                | up to \$15,000                       | up to \$20,000    |
| <b>Medical Imaging Benefit</b><br>(per image - max two per calendar year)                                            | \$200                                | \$300             |
| <b>Hormone Therapy Benefit</b><br>(per treatment - max 12 treatments per calendar year)                              | \$50                                 | \$50              |
| <b>Administrative/Lab Work Benefit</b><br>(per calendar month)                                                       | \$75                                 | \$100             |
| <b>Blood, Plasma, and Platelets Benefit</b><br>(actual charges up to max shown per day)<br>(per calendar year max)   | \$150<br>\$7,500                     | \$200<br>\$10,000 |
| <b>Experimental Treatment Benefit</b>                                                                                | Paid as any non-experimental benefit |                   |
| <b>Bone Marrow/Stem Cell Transplant Benefit</b>                                                                      |                                      |                   |
| <b>Autologous</b> (patient-provided)<br>(per calendar year)                                                          | \$1,000                              | \$1,500           |
| <b>Non-autologous</b> (donor-provided)<br>(per calendar year)                                                        | \$3,000                              | \$4,500           |
| <b>Donor Benefit</b>                                                                                                 | \$1,000 per donation                 |                   |
| <b>Inpatient Special Nursing Services Benefit</b> (per day)                                                          | \$150                                | \$150             |
| <b>Dread Disease Benefit</b><br>(per day for the first 30 days,<br>per Hospital confinement)<br>(per day thereafter) | \$200<br>\$400                       | \$300<br>\$600    |

|                                                                                                |                |                |
|------------------------------------------------------------------------------------------------|----------------|----------------|
| <b>HOSPITALIZATION</b>                                                                         |                |                |
| <b>Hospital Confinement Benefit</b><br>(per day for the first 30 days)<br>(per day thereafter) | \$200<br>\$400 | \$300<br>\$600 |
| <b>Drugs and Medicine Benefit</b>                                                              | \$200          | \$300          |
| <b>Hospital Confinement</b><br>(per confinement)                                               | \$50           | \$50           |
| <b>Outpatient</b> (per prescription - \$100<br>monthly max for basic; \$150 for<br>enhanced)   |                |                |
| <b>Attending Physician Benefit</b> (per day)                                                   | \$40           | \$50           |
| <b>U.S. Government/Charity Hospital or HMO Benefit</b> (per day in lieu of most benefits)      |                |                |
| <b>Hospital Confinement</b>                                                                    | \$200          | \$300          |
| <b>Outpatient Services</b>                                                                     | \$200          | \$300          |

| BENEFITS                                                                                                                  | BASIC                               | ENHANCED         |
|---------------------------------------------------------------------------------------------------------------------------|-------------------------------------|------------------|
| <b>AMBULANCE, TRANSPORTATION AND LODGING</b>                                                                              |                                     |                  |
| <b>Ambulance Benefit</b><br>(per trip - max two trips any<br>combination, per confinement)<br><b>Ground</b><br><b>Air</b> | \$200<br>\$2,000                    | \$200<br>\$2,000 |
| <b>Transportation and Lodging Benefit (Patient and/or Family)</b>                                                         | Coach fare or \$.50/<br>mile by car |                  |
| <b>Transportation</b><br>(\$1,500 max per round trip -<br>max 12 trips per calendar year)                                 |                                     |                  |
| <b>Outpatient/Family Lodging</b><br>(per day up to 90 days, per<br>calendar year)                                         | \$60                                | \$80             |

|                                                                                           |                                                  |                 |
|-------------------------------------------------------------------------------------------|--------------------------------------------------|-----------------|
| <b>SURGICAL TREATMENT</b>                                                                 |                                                  |                 |
| <b>Surgical Benefit</b><br>(unit dollar amount, per surgical unit)<br>(max per operation) | \$30<br>\$3,000                                  | \$40<br>\$4,000 |
| <b>Anesthesia Benefit</b>                                                                 | 25% of the<br>amount paid for<br>covered surgery |                 |
| <b>Outpatient Hospital or Ambulatory Surgical Center Benefit</b> (per day)                | \$400                                            | \$600           |
| <b>Second and Third Surgical Opinion Benefit</b> (per diagnosis)                          | \$300                                            | \$300           |

|                                                                                                                                         |                                           |         |
|-----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|---------|
| <b>CONTINUING CARE</b>                                                                                                                  |                                           |         |
| <b>Prosthesis Benefit</b>                                                                                                               |                                           |         |
| <b>Non-Surgical</b> (per device - one per<br>site, lifetime max of three)                                                               | \$150                                     | \$200   |
| <b>Surgical Implantation</b> (per device,<br>includes surgical fee - one per site,<br>lifetime max of two)                              | \$1,500                                   | \$2,000 |
| <b>Hair Prosthesis</b> (once per life)                                                                                                  | \$150                                     | \$200   |
| <b>Extended Care Facility Benefit</b><br>(per day for up to the same number<br>of days of paid Hospital confinement)                    | \$75                                      | \$100   |
| <b>Physical or Speech Therapy Benefit</b><br>(per visit any combination, up to four<br>per calendar month - lifetime max of<br>\$1,000) | \$25                                      | \$25    |
| <b>Hospice Care Benefit</b> (per day -<br>\$13,500 lifetime max for basic; \$18,000<br>lifetime max for enhanced)                       | \$75                                      | \$100   |
| <b>Home Health Care Benefit</b><br>(per day for up to the same number of<br>days of paid Hospital confinement)                          | \$75                                      | \$100   |
| <b>Waiver of Premium</b><br>(as long as the primary insured<br>remains disabled)                                                        | after 90 continuous<br>days of disability |         |

Refer to Plan Benefit Highlights for complete benefit descriptions and limits on the plan.

The premium and amount of benefits provided above vary based upon the plan selected.

# Plan Benefit Highlights

## MONTHLY PREMIUMS

| BASIC                | Age 18-40 | Age 41-50 | Age 51-60 | Age 61-70 |
|----------------------|-----------|-----------|-----------|-----------|
| Individual           | \$16.30   | \$23.60   | \$32.60   | \$44.20   |
| Single Parent Family | \$24.40   | \$35.20   | \$48.70   | \$65.90   |
| Family               | \$31.80   | \$45.70   | \$63.30   | \$85.80   |

| ENHANCED             | Age 18-40 | Age 41-50 | Age 51-60 | Age 61-70 |
|----------------------|-----------|-----------|-----------|-----------|
| Individual           | \$21.00   | \$30.80   | \$42.40   | \$57.30   |
| Single Parent Family | \$31.40   | \$45.80   | \$63.30   | \$85.60   |
| Family               | \$40.80   | \$59.50   | \$82.30   | \$111.30  |

## Plan Benefit Highlights

**Only Loss for Cancer:** Pays only for loss resulting from definitive Cancer treatment, including direct extension, metastatic spread or recurrence. Proof must be submitted to support each claim. The policy also covers other conditions or diseases directly caused by Cancer or the treatment of Cancer. The policy does not cover any other disease, sickness or incapacity, even though after contracting Cancer it may have been aggravated or affected by Cancer or the treatment of Cancer except for conditions specifically provided in the dread disease benefit.

**Cancer:** A disease which is manifested by autonomous growth (malignancy) in which there is uncontrolled growth, function or spread (local or distant) of cells in any part of the body. This includes Cancer in situ and malignant melanoma. It does not include other conditions which may be considered precancerous or having malignant potential such as: leukoplakia; hyperplasia; polycythemia; actinic keratosis; myelodysplastic and non-malignant myeloproliferative disorders; aplastic anemia; atypia; non-malignant monoclonal gammopathy; carcinoid; or pre-malignant lesions, benign tumors or polyps.

All diagnoses of Cancer must be positively diagnosed by a legally licensed doctor of medicine certified by the American Board of Pathology or American Board of Osteopathic Pathology. **Benefits under this policy pay the benefit amount shown per covered person due to a covered Cancer unless otherwise specified.**

**Diagnostic, Prevention and Cancer Screening Benefit:** Pays for a generally medically recognized internal Cancer screening test when a charge is incurred for the test. Tests include but are not limited to mammogram, thinprep pap test, prostate-specific antigen blood test (PSA), colonoscopy and chest x-ray. Refer to the policy for more examples. Screening tests payable under this benefit will ONLY be paid under this benefit and does not include any test payable under the medical imaging benefit. Benefits will only be paid for tests performed after the 30-day period following the covered person's effective date of coverage. This benefit is available without a diagnosis of Cancer.

**Cancer Screening Follow-Up Benefit:** Payable for one invasive follow-up screening test needed due to an abnormal result from a covered screening test. Diagnostic surgeries which result in a positive diagnosis of Cancer will be paid under the surgical benefit.

**Radiation/Chemotherapy/Immunotherapy Benefit:** Pays the Actual Charges up to the maximum amount shown when radiation therapy, chemotherapy or immunotherapy is received as defined in the policy, per 12-month period. The 12-month period begins on the first day the covered radiation therapy, chemotherapy or immunotherapy is received. This benefit does not cover other procedures related to radiation/chemotherapy/immunotherapy.

This benefit does not include any drugs/medicines covered under the drugs and medicine benefit or the hormone therapy benefit. Actual Charges means the amount actually paid by or on behalf of the insured person and accepted by the provider for services provided.

**Medical Imaging Benefit:** Pays the indemnity amount for either an MRI, CT scan, CAT scan or PET scan when performed at the request of a physician.

**Hormone Therapy Benefit:** Drugs and medicines covered under the drugs and medicine benefit or the radiation/chemotherapy/immunotherapy benefit are not included. This benefit does not cover associated administrative processes.

**Administrative/Lab Work Benefit:** Pays when procedures related to radiation therapy/chemotherapy/immunotherapy treatment occur and benefits are payable during the same calendar month as the radiation therapy/chemotherapy/immunotherapy benefit.

**Blood, Plasma and Platelets Benefit:** Pays the actual charges up to the maximum amount shown for blood, plasma and platelets including fees for administering such and are only provided under this benefit. Other laboratory processes and colony stimulating factors are not covered. Actual charges means the amount actually paid by or on behalf of the insured person and accepted by the provider for services provided.

**Bone Marrow/Stem Cell Transplant Benefit:** Harvesting of bone marrow or stem cells from a donor are not covered under this benefit.

**Hospital Confinement Benefit:** Payable while confined to a Hospital for at least 18 continuous hours. A Hospital is not an institution, or part thereof, used as a hospice unit, including any bed designated as a hospice or swing bed; a convalescent home; a rest or nursing facility; a rehabilitative facility; an extended care facility; a skilled nursing facility; or a facility primarily affording custodial care, educational care, or care or treatment for persons suffering from mental diseases or disorders, or care for the aged, or drug or alcohol addiction. This benefit is not payable for outpatient treatment.

**Drugs and Medicine Benefit:** Pays for anti-nausea and pain medication prescribed by a physician and administered while also receiving radiation therapy/chemotherapy/immunotherapy, a covered surgery or a bone marrow/stem cell transplant. It does not include associated administrative processes or drugs or medicines covered under the radiation therapy/chemotherapy/immunotherapy benefit or the hormone therapy benefit.

**Attending Physician Benefit:** Pays for one physician's visit per day when the services of a physician, other than a surgeon, are required while confined in a Hospital.

**U.S. Government/Charity Hospital/HMO Benefit:** Payable when an itemized list of services is not available due to confinement in a charity Hospital or a Hospital owned or operated by the U.S. government or covered under an HMO or diagnostic-related group where no charges are made for treatment of Cancer or a covered dread disease. This benefit will be paid in lieu of most benefits covered under this policy.

**Ambulance Benefit:** If air and ground ambulance services are both required on the same day, we will only pay the higher benefit amount. The covered person must be admitted as an inpatient and Hospital-confined for at least 18 consecutive hours.

**Transportation and Lodging Benefits:** Pays a benefit for transportation by scheduled bus, plane or train, or by car and outpatient/family lodging to receive radiation therapy, chemotherapy or immunotherapy treatment, bone marrow or stem cell transplant, or surgery in a Hospital not available locally and at least 50 miles from the covered person's residence. Payable for the covered person and one adult family member. If traveling in the same car or lodging in the same room, the benefit is payable only for the covered person. If covered person receives treatment while hospital confined lodging and travel paid once per confinement. Travel must be within the United States or its territories. Pays for one mode of transportation per round trip.

**Surgical Benefit:** Payable when a surgical operation is performed for covered diagnosed Cancer, skin Cancer or reconstructive surgery due to Cancer. Benefits are calculated up to a maximum benefit by multiplying the surgical unit value assigned to the procedure, as shown in the most current physician's relative value table, by the unit dollar amount shown in the policy. Two or more surgical procedures performed through the same incision will be considered one operation and benefits will be limited to the most expensive procedure. Diagnostic surgeries that result in a negative diagnosis of Cancer are not covered under this benefit. Bone marrow surgeries and surgeries to implant a permanent prosthetic device are not covered under this benefit.

**Anesthesia Benefit:** Services of an anesthesiologist for bone marrow transplants, skin Cancer or surgical prosthesis implantation are not covered.

**Outpatient Hospital or Ambulatory Surgical Center Benefit:** Surgical procedures for skin Cancer are not covered.

## Plan Benefit Highlights (cont.)

**Second and Third Surgical Opinion Benefit:** Payable once per diagnosis of Cancer for a second surgical opinion and a third if the second disagrees with the first. Surgical opinions for reconstructive, skin Cancer or prosthesis surgeries are not covered.

**Prosthesis Benefit:** Payable for a prosthetic device received due to Cancer that manifested after the 30th day following the Effective Date and, if surgery is required, its surgical implantation. Prosthetic-related supplies, such as special bras or ostomy pouches and supplies, or hair prosthesis are not covered.

**Hair Prosthesis Benefit:** Payable once per covered person, per lifetime when a hair prosthesis is needed.

**Extended Care Facility Benefit:** Pays for physician-authorized confinement that begins within 14 days after a Hospital confinement.

**Physical or Speech Therapy Benefit:** Therapy must be provided by a caregiver licensed in physical or speech therapy. Benefits payable for any combination of physical or speech therapy treatments up to the max shown.

**Hospice Care Benefit:** Payable when a physician determines terminal illness with life expectancy of six months or less and approves hospice care at home or in a hospice facility. This benefit does not include well-baby care, volunteer services, meals, housekeeping services or family support after the death.

**Home Health Care Benefit:** Pays for physician-authorized home health care that begins within 14 days of a Hospital confinement. This benefit does not include nutrition counseling, medical social services, medical supplies, prosthesis or orthopedic appliances, rental or purchase of durable medical equipment, drugs or medicines, child care, meals or housekeeping services, or physical or speech therapy. The service must be provided by a nurse or home health nurse's aid and can not be a family member.

**Waiver of Premium Benefit:** If the primary insured becomes disabled due to Cancer and remains so for more than 90 continuous days, we will pay all premiums for policy and rider(s) due after the 90th day so long as the primary insured remains disabled. "Disabled" is defined as the primary insured's inability, due to Cancer, to work at any job for which they are qualified by education, training or experience; not working at any job for pay or benefits; and under the care of a physician for the treatment of Cancer. The policy must be in force at the time disability begins and the primary insured must be under age 65.

**Experimental Treatment Benefit:** Benefits for experimental treatment prescribed by a physician for treatment of Cancer will be provided the same as non-experimental treatment. Coverage for treatments received outside of the United States or its territories is not provided.

**Donor Benefit:** Pays if a donor incurs expenses on behalf of a covered person for a covered surgery due to organ transplant or a bone marrow/ stem cell transplant. Blood donor expenses are not covered under this benefit.

**Dread Disease Benefit:** Covered dread diseases are: addison's disease; amyotrophic lateral sclerosis; cystic fibrosis; diphtheria; encephalitis; grand mal epilepsy; legionnaire's disease; meningitis; multiple sclerosis; muscular dystrophy; myasthenia gravis; niemann-pick disease; osteomyelitis; poliomyelitis; reye's syndrome; rheumatic fever; rocky mountain spotted fever; sickle cell anemia; systemic lupus erythematosus; tay-sach's disease; tetanus; toxic epidermal; toxic shock syndrome; tuberculosis; tularemia; typhoid fever; whipple's disease.

**Inpatient Special Nursing Services Benefit:** Pays when a covered person is Hospital-confined and receiving physician-authorized special nursing care (other than that regularly furnished by a Hospital) of at least eight consecutive hours during a 24-hour period.

*See your policy for more information regarding the benefits listed above.*

**Eligibility:** The policy/rider(s) will be issued only to those persons who meet American Fidelity's insurability requirements, which includes satisfactory responses to medical questions. You, your lawful spouse and each natural, adopted, foster or step child who is under 26 years of age are eligible to apply for coverage.

**Limitations and Exclusions:** The policy does not cover any other disease, sickness or incapacity even though after contracting Cancer it may have been aggravated or affected by Cancer or the treatment of Cancer except for conditions specifically stated in the dread disease benefit.

**Pre-Existing Condition:** A Pre-Existing Condition means a Specified disease for which, within 12 months prior to the Effective Date of coverage, medical advice, consultation or treatment, including prescribed medications, was recommended by or received from a member of the medical profession. Pre-Existing Conditions specifically named or described as excluded in any part of this contract are never covered. No benefits are payable for any covered person for any loss incurred during the first year of the policy as a result of a related Pre-Existing Condition. Benefits will be provided for unrelated Cancer diagnosed after the Effective Date of coverage. Conditions revealed in the application will be covered unless specifically excluded by the rider.

**Waiting Period:** The policy contains a 30-day waiting period during which no benefits will be paid under the policy. If any Cancer or dread disease is diagnosed before the end of the 30-day period immediately following the effective date, coverage will apply only to loss that is incurred after one year from the effective date. If any covered person is diagnosed as having Cancer or a dread disease during the 30-day period immediately following the effective date, you may elect to void the policy from the beginning and receive a full refund of premium. All benefits are payable only up to the maximum amount listed in the schedule of benefits in the policy.

**Termination of Insurance:** Policy/rider(s) will terminate and coverage will end on the earliest of: the end of the grace period if the premium remains unpaid; or the end of the policy/rider(s) month in which we receive a written request from you to delete yourself or the date of your death, if this is an Individual Plan. If the plan is other than individual the remaining covered persons may have the right to continue or convert their coverage. Coverage will terminate when they no longer meet the eligibility requirements.

For the spouse, policy/rider(s) will terminate and coverage will end on the earliest of 1) the end of the policy/rider(s) month in which we receive a written request from you to delete the spouse from the policy/rider(s); 2) the end of the premium term in which a divorce, annulment or legal separation is obtained; or 3) upon their death.

For the child(ren), policy/rider(s) will terminate and coverage will end the earliest of 1) the end of the policy/rider(s) month in which we receive a written request from you to delete the child(ren) from the policy/rider(s); 2) the end of the premium term in which the child ceases to meet the definition of eligible child; or 3) upon their death.

**Guaranteed Renewable:** You are guaranteed the right to renew your policy/rider(s) during your lifetime as long as you pay premiums when due or within the premium grace period. We have the right to increase premiums by class.

*This product may contain limitations, exclusions and waiting periods. This product is inappropriate for people who are eligible for Medicaid coverage.*

Underwritten and administered by:



American Fidelity Assurance Company  
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