



Cobb County...Expect the Best!

# Cancer Insurance



The following is a summary of the plans designed for Cobb County Government employees. Premiums are paid on a "pre-tax" basis under the Cafeteria/Section 125 plan. Please refer to your policy or certificate/booklet for exact provisions and limitations.

Benefit	MAX Base	MAX Plus 50	MAX Plus 75
Experimental Treatment	\$500/week if charged \$125/week if no charge	Same Coverage as MAX Base Plan	Same Coverage as MAX Base Plan
Immunotherapy	\$500 per calendar month \$2500 Lifetime Max		
Anti-Nausea	\$150 per calendar mo.		
Nursing Services	\$150/day		
Skin Cancer Surgery	\$50 to \$600		
Surgical/Anesthesia	\$140 to \$5000		
Outpatient Hospital Surgical	\$300/day Room Charge		
Prosthesis	\$3,000 surgical, \$6000 Lifetime Max, \$250 nonsurgical, \$500 Lifetime Max		
Reconstructive Surgery	\$350 to \$3,000		
In-Hospital Blood and Plasma	\$150 times the number of days paid under the Hospital Confinement Benefit		
Outpatient Blood and Plasma Second	\$250/day	\$300/day	\$300/day
Second Surgical Opinion	No Coverage	\$300/day	\$300/day
National Cancer Institute (NCI) Evaluation/Consultation	No Coverage	\$1000 per person	\$1000 per person
Ambulance	\$250 Ground and \$2000 for Air Ambulance	Same Coverage as MAX Base Plan	Same Coverage as MAX Base Plan
Transportation	(Over 50 Miles) \$.50 per mile or two round-trip commercial tickets (three if treatment is for a child); Limit \$1,500 per round-trip		
Lodging	(Over 50 miles) \$80/day Limit 90 days per year		
Bone Marrow Transplantation	\$10,000 per covered person; donor \$1,000; \$10,000 Lifetime Max	\$40 per covered person, per lifetime	\$40 per covered person, per lifetime
Bone Marrow Donor Screening Benefit	No Coverage		
Stem Cell Transplantation	\$10,000 Lifetime Max per covered person	Same Coverage as MAX Base Plan	Same Coverage as MAX Base Plan
Extended-Care Facility	\$150 per day up to 30 days per year		
Hospice	\$1,000 for First day; \$50 per day thereafter; Lifetime Max \$12,000 per person		
Home Health Care	\$150 per Day		

Benefit	MAX Base	MAX Plus 50	MAX Plus 75
Cancer Wellness Benefit	No Coverage	\$50 per covered person, per calendar year	\$75 per covered person, per calendar year
Cancer Vaccine Benefit	No Coverage	\$40 per covered person, per calendar year	\$40 per covered person, per calendar year
Initial Diagnosis	No Coverage	\$2,500 for the insured, \$2,500 for the spouse, or \$5,000 for children	\$5,000 for the insured, \$5,000 for the spouse, or \$10,000 for children
Annual Care Benefit	No Coverage	\$500 per year for up to five years	\$500 per year for up to five years
Hospital Confinement	1-30 Days - \$300 per day Adult; \$375 Child 31+ Days - \$600 per day Adult; \$750 Child	Same Coverage as MAX Base Plan	Same Coverage as MAX Base Plan
Medical Imaging	No Coverage	\$200 - 1 time per year, per person	\$200 - 1 time per year, per person
Radiation and Chemotherapy - Initial Treatment	\$3,000 per person, per Lifetime	Same Coverage as MAX Base Plan	Same Coverage as MAX Base Plan
Radiation	\$500 per calendar week		
Chemotherapy - Self Injected	\$900 per calendar week		
Chemotherapy - Pump or Implant			
Chemotherapy - Oral	Nonhormonal: \$400 per Medication; Per Calendar Month Hormonal: \$400 per Medication; Per Calendar Month up to 24 months; \$100 per Medication; Per Calendar Month after 24 months <u>Total Benefits Payable:</u> Up to 3 Different Medication per calendar month; up to a Max of \$1,200 per calendar month.		

**Premium Based on Employee's Age & Children are included at no cost**

Premiums:	MAX Base	MAX Plus 50	MAX Plus 75
<b>Individual</b>	<u>Bi-weekly Premium:</u>	<u>Bi-weekly Premium:</u>	<u>Bi-weekly Premium:</u>
Ages 18-35	\$7.44	\$12.30	\$13.68
Ages 36-45	\$10.80	\$17.76	\$19.74
Ages 46-55	\$15.24	\$23.88	\$26.58
Ages 56-70	\$20.10	\$29.46	\$32.88
<b>Insured &amp; Spouse</b>	<u>Bi-weekly Premium:</u>	<u>Bi-weekly Premium:</u>	<u>Bi-weekly Premium:</u>
Ages 18-35	\$13.80	\$23.88	\$26.46
Ages 36-45	\$19.44	\$32.94	\$36.42
Ages 46-55	\$28.50	\$45.30	\$50.16
Ages 56-70	\$39.54	\$57.42	\$63.66

**Limitations and Exclusions:** Aflac will only pay only for the treatment of Cancer and Associated cancerous Conditions diagnosed on or after the Effective Date of coverage, including direct extension, metastatic spread, or recurrence. Benefits are not provided for premalignant conditions or conditions with malignant potential (unless specifically covered); complications of either Cancer or an Associated Cancerous Condition; or any other disease, sickness, or incapacity. The policy contains a 30 day waiting period. If a Covered Person has Cancer or an Associated Cancerous Condition diagnosed before his or her coverage has been in force for 30 days, benefits for treatment of that Cancer or Associated Cancerous Condition will apply only to treatment occurring after 2 years from the Effective Date of such person's coverage or, at your option, you may elect to void the coverage and receive a full refund of premium.