



CANCER PROTECTION ASSURANCE PLANS
Supplemental Cancer Indemnity Insurance

Benefit Description	Option 1	Option 2
Cancer Screening Wellness Benefit	\$25 *	\$75 *
Prophylactic Surgery (Due to Positive Genetic Testing Results)	\$125/Once per Lifetime	\$250/Once per Lifetime
Initial Diagnosis Initial Diagnosis Building Benefit Rider & Dependent Child Rider	Insured/Spouse: \$1,250; Child: \$2,500 Includes \$500 building benefit rider and an additional \$10,000 child rider	Insured/Spouse: \$5,000; Child: \$10,000 Includes \$500 building benefit rider and an additional \$10,000 child rider
Annual Care Benefit	\$250/Anniversary date of Cancer Diagnosis Lifetime Max - 5 Years	\$500/Anniversary date of Cancer Diagnosis Lifetime Max - 5 Years
Nonsurgical Treatment Benefit (Chemotherapy, Immunotherapy, Radiation or Experimental)	\$150/mo (Self-Administered) and \$800/mo (Physician-Administered)	\$375/mo (Self-Administered) and \$1,600/mo (Physician-Administered)
Hormonal Oral Chemotherapy	\$15/mo- Self-Administered (prescribed, receives and incurs a charge)	\$25/mo- Self-Administered (prescribed, receives and incurs a charge)
Topical Chemotherapy	\$100/mo (prescribed, receives and incurs a charge)	\$150/mo (prescribed, receives and incurs a charge)
Anti-Nausea	\$50/mo.	\$100/mo.
Stem Cell & Bone Marrow Transplantation (Combined)	\$3,500-Lifetime Max / \$50-Stem Cell Donor / \$500-Bone Marrow Donor	\$7,000-Lifetime Max / \$100-Stem Cell Donor / \$750-Bone Marrow Donor
Blood and Plasma	Inpatient: \$50x/Days Confined Outpatient: \$140/day	Inpatient: \$50x/Days Confined Outpatient: \$175/day
Surgical/Anesthesia Benefit	\$50-\$1,700 / 25% of surgical benefit	\$100-\$3,400 / 25% of surgical benefit
Skin Cancer Surgery	\$20 to \$200	\$35 to \$400
Additional Opinion Benefit	\$150 Lifetime Max	\$300 Lifetime Max
Prophylactic Surgery	(With Correlating Internal Cancer Diagnosis) \$125/Once per Lifetime	(With Correlating Internal Cancer Diagnosis) \$250/Once per Lifetime
Hospital Confinement < 30 days	Insured/Spouse: \$100/day; Child: \$125/day	Insured/Spouse: \$200/day; Child: \$250/day
Hospital Confinement 31 st day +	Insured/Spouse: \$200/day; Child: \$250/day	Insured/Spouse: \$400/day; Child: \$500/day
Outpatient Hospital Surgical Room	\$100/Day	\$200/Day
Extended-Care Facility	\$75/day – up to 30 days/calendar year	\$100/day – up to 30 days/calendar year
Home Health Care	\$50/day (10 days per hospital confinement) – Limit: 30 days/Calendar Yr.	\$100/day (10 days per hospital confinement) – Limit: 30 days/Calendar Yr.
Hospice	\$1,000/1st day, \$50/day thereafter, \$12,000/Lifetime Max	\$1,000/1st day, \$50/day thereafter, \$12,000/Lifetime Max
Nursing Services	\$50/day	\$100/day
Surgical Prosthesis	\$1,000 - Lifetime Max \$2,000	\$2,000 - Lifetime Max \$4,000
Non Surgical Prosthesis	\$90/Occurrence - Lifetime Max \$180	\$175/Occurrence - Lifetime Max \$350
Reconstructive Surgery/Anesthesia	\$50-\$1,000 (Breast) - \$250(Other) / 25% of Surgery Benefit	\$100-\$2,000 (Breast) - \$500 (Other) / 25% of Surgery Benefit
Egg Harvesting and Storage (Cryopreservation) Benefit	\$500/ \$100 (storage) - \$100 (Embryo transfer) \$700 Lifetime Max	\$1,000/\$200 (storage) - \$200 (Embryo transfer) - \$1,400 Lifetime Max
Ambulance	\$250 Ground and \$2000 Air	\$250 Ground and \$2000 Air
Transportation	\$.35/mile - Max: \$1,050	\$.40/mile - Max: \$1,200
Lodging	\$50/day – Max: 90 days/Calendar Year	\$65/day – Max: 90 days/Calendar Year
Bi-Weekly Payroll Premium:	Option 1	Option 2
Individual	\$10.40	\$18.21
One Parent Family	\$10.82	\$18.63
Insured/Spouse	\$18.65	\$33.09
Two Parent Family	\$19.07	\$33.51

**Payable up to 3/yr with a Positive Medical Diagnosis of Internal Cancer or an Associated Cancerous Condition
This outline is for illustrative purposes only. Refer to the policy for complete details, limitations and exclusions.*