



**CANCER PROTECTION ASSURANCE PLANS**  
Supplemental Cancer Indemnity Insurance



<b>Benefit Description</b>	<b>Option 1</b>	<b>Option 2</b>
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 <sup>st</sup> 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
<b>Monthly Payroll Premium:</b>	<b>Option 1</b>	<b>Option 2</b>
Individual	\$22.54	\$39.45
One Parent Family	\$23.45	\$40.36
Insured/Spouse	\$40.40	\$71.69
Two Parent Family	\$41.31	\$72.60

*\*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.*



**ACCIDENT ADVANTAGE PLAN (Option 3)**  
**Supplemental (OFF-the-JOB) Accident Indemnity Insurance**



Wellness Benefit	\$100 once per policy, per Calendar Year (Annual physical exams, dental exams, mammograms, pap smears, eye exams, immunizations, flexible sigmoidoscopies, ultrasounds, PSAs and blood screenings) <i>There is No Waiting Period for this Benefit, after the Effective Date</i>																						
Initial Accident Hospitalization Building Benefit	\$1,500 Y1, \$2,000 Y2, \$2,500 Y3, \$3,000 Y4, \$3,500 Y5+ when admitted for a hospital confinement (18+ hours) or \$3,000 Y1, \$4,000 Y2, \$5,500 Y3, \$6,000 Y4 or \$7,000 Y5+when admitted directly to an intensive care unit. Once per covered accident, per covered person																						
Hospital Confinement Building Benefit	\$300 Y1, \$350 Y2, \$400 Y3, \$450 Y4, \$500 Y5+ per day, up to 365 days per acc, per person																						
Intensive Care Confinement Building Benefit	\$600 Y1, \$700 Y2, \$800 Y3, \$900 Y4, \$1,000 Y5+per day for up to 15 days, per acc, per person																						
Accident Treatment Benefit	\$200 per accident, per person in Physician's Office, Urgent Care or Hospital Payable based on a calendar year. Number of visits limits by coverage type: Individual: 10 visits -- One Parent Family 20 visits Individual/Spouse 15 visits -- Two Parent Family 25 visits																						
Ambulance	\$300 ground ambulance transportation or \$2,000 air/water ambulance transportation																						
Accident Follow-up	\$35 for one treatment per day (up to a max of 30 treatments), per covered accident, per covered person																						
Therapy	Covered under Accident Follow-up																						
Prosthesis	\$1,000 once per covered accident, per covered person																						
Prosthesis Repair/Replacement	\$1,000 once per covered person, per lifetime																						
Rehabilitation Facility	\$200/day up to 30 days																						
Home Modification Benefit	\$4,000 once per covered accident, per covered person- includes Auto Modification																						
Specific-Sum Injuries	<table border="0"> <tr><td>Dislocations</td><td>\$100 - \$3,000</td></tr> <tr><td>Fractures</td><td>\$100 - \$3,000</td></tr> <tr><td>Dismemberment</td><td>\$400 - \$30,000</td></tr> <tr><td>Emergency Dental</td><td>\$140 - \$400</td></tr> <tr><td>Emergency Vision</td><td>\$75 - \$400</td></tr> <tr><td>Laceration</td><td>\$50 - \$100</td></tr> <tr><td>Road Rash with Skin Graft</td><td>\$100 - \$2,000</td></tr> <tr><td>Burns</td><td>\$100 - \$15,000</td></tr> <tr><td>Surgical</td><td>\$400 - \$2,000</td></tr> <tr><td>Brain Injury</td><td>\$200 - \$15,000</td></tr> <tr><td>Paralysis</td><td>\$10,000 - \$30,000</td></tr> </table>	Dislocations	\$100 - \$3,000	Fractures	\$100 - \$3,000	Dismemberment	\$400 - \$30,000	Emergency Dental	\$140 - \$400	Emergency Vision	\$75 - \$400	Laceration	\$50 - \$100	Road Rash with Skin Graft	\$100 - \$2,000	Burns	\$100 - \$15,000	Surgical	\$400 - \$2,000	Brain Injury	\$200 - \$15,000	Paralysis	\$10,000 - \$30,000
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Organized Sporting Activity	\$125																						
Continuation of Coverage	Waives all monthly premiums for up to two months, if conditions are met																						
Waiver of Premium	Yes																						

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Accident Class A	Individual	1 Parent Family	Insured & Spouse	2 Parent Family
<b>Monthly Payroll</b>	\$19.11	\$32.11	\$27.23	\$41.61