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## **A Cancer Expense Program**

- A supplemental cancer insurance program designed to protect your savings at the time when you need it the most.
- This program helps to cover the costs associated with treating cancer that are not fully reimbursed by your present coverage.
- It is a flexible benefit plan that offers you a variety of valuable coverage options.

## **Summary of Benefits:**

### **Cancer Screening**

Pays a scheduled amount up to \$100 per calendar year for each insured person for any one or more of the following cancer screening tests that are performed more than 60 days after the policy effective date.

- Mammography Screening
- Pap Smear/Thin Prep Pap (test only)
- CA125 (blood test for ovarian cancer)
- PSA (blood test for prostate)
- Hemocult stool specimen
- CA 15-3 (blood test for breast cancer)
- Flexible Sigmoidoscopy
- CEA (blood test for colon cancer)
- Colonoscopy
- Chest X-ray
- Thermography
- Serum protein electrophoresis
- Biopsy for Skin Cancer

### **Hospital Confinement:**

Pays the selected amount for each day of covered hospital confinement.

Benefit options:

- \$150 per day
- \$250 per day
- \$350 per day

### **Experimental Treatment**

Benefits for experimental treatment are payable on the same basis as any other benefit under this policy.

### **Chemotherapy, Radiation Treatment, Hormone Therapy, Immunotherapy and Related Services Benefit:**

This benefit pays for charges incurred, as defined in the rider, up to the benefit amount selected. See the Outline of Coverage for a description of the available options.

### **Surgical Benefit**

Pays a scheduled amount for surgical procedures. The maximum amount payable is \$10,000 per calendar year per insured person. The maximum amount payable for surgical procedures related to skin cancer is \$500 per calendar year per insured person.

### **Outpatient Surgery Facility Benefit**

Pays two times the selected daily hospital confinement benefit for covered outpatient surgery in a hospital or free-standing surgical facility. This benefit is not payable for skin cancer.

### **Second Surgical Opinion**

Pays up to \$250 for the charges incurred for a second surgical opinion.

### **Home Health Care Services**

Pays up to \$100 per day for charges incurred for services provided at home, not to exceed a maximum of 60 days per calendar year.

### **Hospice Care**

Pays up to \$100 per day for charges incurred for care provided by a hospice. This benefit is payable for a lifetime maximum of 120 days.

### **Artificial Limb**

After amputation, pays up to a lifetime maximum of \$2,500 per insured person for an artificial limb and the procedure to affix or implant it.

## **Additional Benefits**

- Ambulance
- Anesthesia
- Blood and Blood Plasma
- Bone Marrow Donors
- Breast Prosthesis/Breast Reconstruction
- Durable Medical Equipment
- Extended Care Facility
- Government or Charity Hospital
- Hairpiece
- Physical or Speech Therapy
- Transportation and Lodging for Insured and Adult Companion
- Waiver of Premium

## **Specified Disease Benefit Rider 8311N**

*Available for additional premium*

Benefits for treatment of 24 specified diseases are subject to a lifetime maximum of \$50,000 for each insured person.

*(Maximums vary in Texas)*

### Hospital Confinement

Pays \$250 per day for each day of covered hospital confinement.

### Radiation Treatment, Chemotherapy, Hormone Therapy and Immunotherapy Benefit for the Treatment of Specified Disease

Pays 50 percent of the charges incurred, as defined in the rider, up to a maximum of \$1,200 per calendar month per insured person for covered treatment of a specified disease.

- Oral or self-administered chemotherapy, hormone therapy and immunotherapy drugs are limited to 50 percent up to a maximum of \$300 for each filled prescription.

## **Internal Cancer First Occurrence Benefit Rider 8288N**

*Available for additional premium*

Pays the first time an insured person has been diagnosed as having internal cancer.

Benefit Options:

- \$2,500
- \$5,000

## **Hospital Intensive Care Confinement Benefit Rider 8290N**

*Available for additional premium*

Pays for each day beginning with the first day of confinement in an Intensive Care Unit (ICU) of a hospital as the result of **any sickness or any accident**.

Benefit Options:

- \$300 per day
- \$600 per day

Pays \$150 for each day of confinement in a sub-acute ICU, if confinement immediately follows an ICU confinement. Pays \$150 per day for confinement in a regular hospital room if the confinement was immediately preceded by an ICU confinement, or by sub-acute intensive care confinement which was immediately preceded by an ICU confinement. The number of days paid will not exceed the number of covered days of hospital ICU confinement. Total benefits for any one period of confinement are limited to 30 days.

### Ambulance Benefit

Pays the ambulance charges incurred per trip to transfer an insured person to the hospital for an ICU confinement. This ambulance benefit is limited to \$5,000 per calendar year per insured person.

All ICU benefits under this rider reduce 50 percent after an insured person is age 70 or older.



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