



**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
<b>Initial Diagnosis</b> Initial Diagnosis Building Benefit Rider & Dependent Child Rider	<b>Insured/Spouse: \$1,250; Child: \$2,500</b> Includes \$500 building benefit rider and an additional \$10,000 child rider	<b>Insured/Spouse: \$5,000; Child: \$10,000</b> Includes \$500 building benefit rider and an additional \$10,000 child rider
<b>Annual Care Benefit</b>	<b>\$250</b> /Anniversary date of Cancer Diagnosis Lifetime Max - 5 Years	<b>\$500</b> /Anniversary date of Cancer Diagnosis Lifetime Max - 5 Years
<b>Nonsurgical Treatment Benefit (Chemotherapy, Immunotherapy, Radiation or Experimental)</b>	<b>\$150</b> /mo (Self-Administered) and <b>\$800</b> /mo (Physician-Administered)	<b>\$375</b> /mo (Self-Administered) and <b>\$1,600</b> /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>Semi-Monthly Payroll Premium:</b>	<b>Option 1</b>	<b>Option 2</b>
Individual	\$11.27	\$19.73
One Parent Family	\$11.73	\$20.18
Insured/Spouse	\$20.20	\$35.85
Two Parent Family	\$20.66	\$36.30

*\*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

<b>Wellness Benefit</b>	\$90 once per policy, per Calendar Year (Annual physical exams, dental exams, mammograms, pap smears, eye exams, immunizations, flexible sigmoidoscopies, ultrasounds, PSAs and blood screenings) <b>There is No Waiting Period for this Benefit, after the Effective Date</b>		
Initial Accident Hospitalization Benefit	\$1,000 when admitted for a hospital confinement of at least 18 hours or \$2,000 when admitted directly to an intensive care unit of a hospital for a covered accident, per calendar year, per covered person		
Hospital Confinement	\$250 per day, up to 365 days per covered accident, per covered person		
Intensive Care Confinement	Additional \$400 per day for up to 15 days, per covered accident, per covered person		
<b>Accident Treatment Benefit</b>	Payable once per 24-hour period and only once per covered accident, per covered person Hospital emergency room with X-ray: \$200 Hospital emergency room without X-ray: \$200 Office or facility (other than a hospital emergency room) with X-ray: \$200 Office or facility (other than a hospital emergency room) without X-ray: \$200		
Ambulance	\$200 ground ambulance transportation or \$1,500 air ambulance transportation		
Blood/Plasma/Platelets	\$200 once per covered accident, per covered person		
Major Diagnostic & Imaging Exams	\$200 per calendar year, per covered person		
Accident Follow-up	\$35 for one treatment per day (up to a max of 6 treatments), per covered accident, per covered person		
Therapy	\$35 for one treatment per day (up to a max of 10 treatments), per covered accident, per covered person		
Appliances	\$25 to \$300 based on appliance. Payable once per covered accident, per covered person		
Prosthesis	\$800 once per covered accident, per covered person		
Prosthesis Repair/Replacement	\$800 once per covered person, per lifetime		
Rehabilitation Facility	\$150/day		
Home Modification Benefit	\$3,000 once per covered accident, per covered person		
Specific-Sum Injuries	DISLOCATIONS.....\$100-\$3,750 BURNS..... \$125-\$12,500 SKIN GRAFTS..... 50% of the burns benefit amount paid for the burn involved EYE INJURIES Surgical repair..... \$300 Removal of foreign body by a physician... \$65 LACERATIONS Not requiring sutures..... \$35 Less than 5 centimeters..... \$65 At least 5 cm but not more than 15 cm.. \$250 Over 15 centimeters.....\$500 FRACTURES..... \$125-\$3,500 CONCUSSION (brain)..... \$150	<b>EMERGENCY DENTAL WORK</b> Broken tooth repaired with crown.....\$400 Broken tooth resulting in extraction.....\$130 COMA..... \$12,500 <b>PARALYSIS</b> Quadriplegia..... \$12,500 Paraplegia.....\$6,250 Hemiplegia.....\$4,750 <b>SURGICAL PROCEDURES.....\$200-\$1,250</b> <b>MISCELLANEOUS SURGICAL PROCEDURES..... \$120-\$300</b> <b>PAIN MANAGEMENT (NON-SURGICAL)</b> Epidural..... \$100	
<b>Accidental Death</b>	Common-Carrier Insured = \$150,000 Spouse = \$150,000 Child = \$25,000 <b>Other Accidents Insured = \$50,000 Spouse = \$50,000 Child = \$12,500</b> Hazardous Activity Insured = \$10,000 Spouse = \$10,000 Child = \$5,000 Accidental Dismemberment = \$300-\$40,000		
Family Support Benefit	\$20 per day (up to 30 days), per covered accident		
Organized Sporting Activity Benefit	Additional 25% of the benefits payable, limited to \$1,000 per policy, per calendar year		
Continuation of Coverage	Waives all monthly premiums for up to two months, if conditions are met		
Waiver of Premium	Yes		
Transportation	\$600 per round Trip, up to 3 round trips per calendar year, per covered person		
Family Lodging	\$125 per night, up to 30 days per covered accident		

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Accident Class A	Individual	1 Parent Family	Insured & Spouse	2 Parent Family
<b>Semi-mo. Payroll Premium</b>	\$9.88	\$16.45	\$14.04	\$21.39