

This plan is no longer being enrolled by Houze & Associates, Inc. or Aflac.  
 Employees with existing policies can keep them at the same rates.

## CANCER INSURANCE

### MAX BASE, MAX PLUS 50 OR MAX PLUS 75

Employees have three (3) different Cancer Plans with various riders from which to choose from. Rates are based on employee's age as of January 1<sup>st</sup> when first issued and do not increase with age. See the benefit chart on next page for plan details.

Individual or One-Parent Family	Max Base Plan Monthly Premium	Max Plus 50 Monthly Premium	Max Plus 75 Monthly Premium
Age 18–35	\$16.12	\$26.65	\$29.64
Age 36–45	\$23.40	\$38.48	\$42.77
Age 46–55	\$33.02	\$51.74	\$57.59
Age 56–70	\$43.55	\$63.83	\$71.24
Insured & Spouse or Two-Parent Family	Max Base Plan Monthly Premium	Max Plus 50 Monthly Premium	Max Plus 75 Monthly Premium
Age 18–35	\$29.90	\$51.74	57.33
Age 36–45	\$42.12	\$71.37	\$78.91
Age 46–55	\$61.75	\$98.15	\$108.68
Age 56–70	\$85.67	\$124.41	\$137.93

Go to [www.houze.org/bibbschools](http://www.houze.org/bibbschools) for details.

This chart and included rates are for illustrative purposes only. Limitations apply.  
 Please refer to the brochure/riders for complete details, limitations, and exclusions.  
 This information is for Georgia residents only.

Cancer Information	Max Base Plan	Max Plus 50	Max Plus 75
Experimental Treatment Benefit	\$500 per week if charge incurred; \$125 per week if no charge incurred	Same coverage as Max Base	Same coverage as Max Base
Immunotherapy Benefit	\$500 once per calendar month		
Anti-Nausea Benefit	\$150 once per calendar month		
Nursing Services Benefit	\$150 per day		
Skin Cancer Surgery Benefit	\$50–\$600		
Surgical/Anesthesia Benefit	\$140–\$5,000 (based on Schedule of Operations listed in the policy) 25% of benefit amount shown paid for administration of anesthesia during a covered operation		
Outpatient Hospital Surgical Room Charge Benefit	\$300 per day		
Surgical Prosthesis Benefit	\$3,000		
Prosthesis Nonsurgical Benefit	\$250 per occurrence		
Reconstructive Surgery Benefit	\$350–\$3,000 25% of benefit amount will be paid for administration of anesthesia during a covered reconstructive operation		

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Ambulance Benefit	Ground \$250      Air \$2,000		
<b>Cancer Information</b>	<b>Max Base Plan</b>	<b>Max Plus 50</b>	<b>Max Plus 75</b>
<b>Blood and Plasma Benefit</b>	Inpatient \$150 times the number of days paid under the Hospital Confinement Benefit Outpatient \$250 per day		
<b>Additional Surgical Opinion Benefit</b>	N/A	\$300 per day	\$300 per day
<b>Bone Marrow Donor Screening Benefit</b>	N/A	\$40	\$40
<b>Cancer Vaccine Benefit</b>	N/A	\$40	\$40
<b>National Cancer Institute (NCI) Evaluation/Consultation Benefit</b>	N/A	\$1,000 per insured	\$1,000 per insured
<b>Transportation Benefit</b>	50 cents per mile, up to \$1,500	Same coverage as Max Base	Same coverage as Max Base
<b>Lodging Benefit</b>	\$80 per day		
<b>Bone Marrow Transplantation Benefit</b>	Covered Person \$10,000 Donor \$1,000		
<b>Stem Cell Transplantation Benefit</b>	\$10,000	Same coverage as Max Base	Same coverage as Max Base
<b>Extended-Care Facility Benefit</b>	\$150 per day		
<b>Hospice Care Benefit</b>	Day 1 \$1,000 (one-time benefit) Additional days \$50/day		
<b>Home Health Care Benefit</b>	\$150 per visit		
<b>Cancer Wellness Benefit</b>	N/A	\$50	\$75
<b>Annual Care Benefit</b>	N/A	\$500	\$500
<b>Initial Diagnosis Benefit</b>	N/A	\$2,500 Insured/Spouse \$5,000 Dependent Child	\$5,000 Insured/Spouse \$10,000 Dependent Child
<b>Medical Imaging with Diagnosis Benefit</b>	N/A	\$200 per calendar year	\$200 per calendar year
<b>Initial Diagnosis Building Benefit</b>	N/A	Please see the rider for more information.	Please see the rider for more information.
<b>Hospital Confinement Benefit</b>	Days 1–30 Insured/Spouse \$300 per day and Dependent Child \$375/day Days 31+ Insured/Spouse \$600 per day and Dependent Child \$750/day	Same coverage as Max Base	Same coverage as Max Base
<b>Initial Treatment Benefit</b>	\$3,000		
<b>Radiation Therapy Benefit</b>	\$500 once per calendar week		
<b>Injected Chemotherapy Benefit</b>	\$900 once per calendar week		
<b>Oral Chemotherapy Benefit</b>	Non-hormonal \$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 of paid benefits of hormonal oral chemotherapy		
<b>Continuation of Coverage Benefit</b>	Please see the brochure for more information.		
<b>Waiver of Premium Benefit</b>	Please see the brochure for more information.		

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