



The EMCNL
Protector
for Cancer



EMC National Life Company

U.S. Cancer Facts*

- ▶ About 1,372,910 new cancer cases are expected to be diagnosed in 2005.
- ▶ Since 1990, more than 18 million new cancer cases have been diagnosed.
- ▶ Cancer is the second leading cause of death in the U.S. exceeded only by heart disease.
- ▶ Cancer does not discriminate by gender. In the U.S., men have a little less than 1 in 2 lifetime risk of developing cancer, and for women the risk is a little more than 1 in 3.

What costs are not covered by your health insurance?

Your major medical plan may be adequate to cover most of the medical costs associated with cancer, but not all the actual costs. In addition to medical costs, there are numerous non-medical and indirect expenses that patients and their families must contend with...

- ▶ Insurance deductibles
- ▶ Co-payments
- ▶ Experimental treatment
- ▶ Loss of income
- ▶ Cancer screening
- ▶ Transportation to speciality treatment centers
- ▶ Private duty nursing
- ▶ Travel and lodging

**Non-medical expenses
account for 63% of
all cancer costs***

* Based on statistics from Cancer Facts & Figures, American Cancer Society, 2005

The last things you should worry about while recovering from cancer are...

- ▶ Mortgage payments
- ▶ Automobile payments
- ▶ Insurance premiums
- ▶ Taxes
- ▶ Groceries
- ▶ Utilities
- ▶ Childcare or housekeeping expenses

PROTECT YOUR FINANCIAL FUTURE

There's no question about it, the indirect costs of cancer could present a financial burden for you and your family. The EMCNL Protector cancer insurance policy is designed to help provide you cash for these indirect costs.

Here are some of the important benefits that will make a difference for you and your family...

Radiation Therapy/ Chemotherapy/ Immunotherapy (RCI)

In addition to any health insurance you may have, the policy pays the actual charges to the extent they do not exceed **usual and customary** in the area where the charges are made up to the **combined monthly benefit amount selected** for chemotherapy agents and their administration, radiation, radioactive isotope delivery, radium and cesium implants, cobalt therapy or other radiation techniques, and immunotherapy agents. These services must be administered by medical personnel in a doctor's office, clinic, or hospital.

Select the monthly benefit to meet your need
 \$2,500 \$5,000 \$7,500

Benefit Options:

- \$2,500 RCI - accumulated benefit total per covered person is \$75,000 then the benefit reduces to \$1,200 per month.
- \$5,000 RCI - accumulated benefit total per covered person is \$120,000 then the benefit reduces to \$1,200 per month.
- \$7,500 RCI - accumulated benefit total per covered person is \$150,000 then the benefit reduces to \$1,200 per month.

Self-Administered Chemotherapy And Immunotherapy

Pays the actual charges to the extent they do not exceed **usual and customary** in the area where the charges are made up to a lifetime maximum per covered person equal to the monthly benefit amount selected for chemotherapy, radiation therapy and immunotherapy agents. The benefit then reduces to \$1,000 per month, not to exceed a maximum of 24 months per covered person.

New or Experimental Treatment

- New or experimental chemotherapy, radiation, and immunotherapy will be covered under the same category of benefits in the same way and subject to the same limitations as any other treatment for cancer.
- The treatment must be consistent with one or more National Cancer Institute sponsored protocols.
- Treatment must be received in the United States.
- Based on the policy definition, experimental treatment means a radiation therapy, chemotherapy, or immunotherapy treatment that is the subject of ongoing study to determine its toxicity, safety, efficacy or its efficacy compared to a standard means of treatment, provided that such treatment is judged necessary by the attending physician, and no other treatment will produce superior results.

Hospital Confinement

Select the daily benefit to meet your need
 \$150 \$200 \$300

Daily benefit payable for the first 70 days of hospital confinement.

Government or Charity Hospital

Pays an indemnity equal to:

1. \$500 for each day a covered person is confined in a government or charity hospital for the treatment of cancer.
2. \$500 for each day a covered person receives outpatient radiation therapy, chemotherapy, or immunotherapy at a government or charity hospital for the treatment of cancer.

This benefit is limited to a lifetime maximum of 30 days. This benefit is in lieu of all other benefits payable under the policy for the same time period.

Extended Benefits

Actual charges up to \$1,000 per day beginning with the 71st day of confinement for hospital room and board, medicines, laboratory tests, and any other medically necessary hospital charges. This benefit is in lieu of all other benefits payable under the policy for the same time period.

Outpatient Surgery

If outpatient surgery is required, the policy pays a one-time benefit equivalent to the chosen hospital confinement benefit.

Surgery

Select the monthly benefit to meet your need
 \$2,500 \$5,000 \$7,500

Actual charges up to the scheduled amount as outlined in the surgical benefits schedule. Payable in or out of the hospital.

Second and Third Opinions

Actual charges up to \$200 for a second opinion. Second opinion means an evaluation of the treatment options available by a second physician. Actual charges up to \$200 for a third, if necessary, opinion. Third opinion means the evaluation by a third physician if the opinions of the first two physicians are in conflict.

Anesthesia

Actual charges up to 25% of the amount payable under the surgical benefit.

Blood and Blood Plasma

Actual charges up to \$150 per day for blood and blood plasma, blood administration, cross matching and transfusion fees for treatment of cancer. Payable in or out of the hospital. This does not include clerical, storage and administrative expenses associated with blood and blood plasma. If a covered person receives blood for leukemia, lymphoma or multiple myeloma, benefits will be payable under the radiation, chemotherapy and immunotherapy benefit.

Bone Marrow and Peripheral Stem Cell Transplant

Actual charges per covered person for surgical and anesthetic charges associated with bone marrow transplant and/or peripheral stem cell transplant up to a combined lifetime maximum of \$10,000 per covered person.

Breast Reconstruction

Actual charges up to a lifetime maximum of \$5,000 for each breast to restore body contour lost due to breast cancer. The breast cancer must be diagnosed more than 30 days after the effective date of the policy and the policy must be in force when the reconstruction or implantation is performed. This benefit is in lieu of all other benefits payable under the policy for the same time period.

Breast Prosthesis

When a covered mastectomy is performed while the policy is in force, pays the actual charges up to a lifetime maximum of \$1,500 for external postoperative prosthesis.

Artificial Limb and Prosthesis

When a covered amputation is performed while the policy is in force, pays the actual charges up to \$1,500 for an artificial limb or prosthesis and the procedure to affix or implant it.

Positive Diagnosis Test

Actual charges up to \$250 for diagnostic tests to detect, support, or confirm a positive diagnosis of cancer. Not payable for reoccurrences.

Private Duty Nursing Service (in hospital)

Actual charges up to \$150 per day. Maximum number of days payable is equal to the number of days of covered hospital confinement.

Ambulance Services

Pays actual charges up to \$500 per trip for ambulance service if the covered person is taken to the hospital for a covered confinement. This coverage includes air ambulance services.

Transportation and Lodging

For non-local treatment covered under the policy, pays:

When hospital confinement is required:

- Actual charges for round trip coach fare on a common carrier to the hospital that provides the treatment OR
- Personal automobile allowance of \$.50 per mile not to exceed 700 miles round trip.

When hospital confinement is not required:

- Personal automobile allowance of \$.50 per mile not to exceed 700 miles round trip AND
- Actual charges up to \$75 per day for a single room in a hotel, motel, or other acceptable accommodations.

Adult Companion Transportation and Lodging

When undergoing treatment non-locally and hospital confinement is required:

- Actual charges up to \$75 per day for a single room in a hotel, motel, or other acceptable accommodations (limited to the number of days of the covered person's hospitalization). Maximum benefit for any one period of confinement is \$2,400.
- Actual charges for round trip coach fare on a common carrier or \$.50 per mile not to exceed 700 miles round trip.
- In the event the covered person receiving treatment is a child, pays the actual charges up to two round trip coach fares on a common carrier.

Medical, Transportation and Lodging for Bone Marrow and Peripheral Stem Cell Donors

- Actual charges up to \$1,000 for medical expenses, including hospital charges directly related to the transplant;
- Actual charges for round trip coach fare on a common carrier to the city where the transplant is performed; OR \$.50 per mile for personal automobile expense, not to exceed 700 miles round trip;
- Actual charges up to \$75 per day for lodging and meal expenses when it is medically necessary for the donor to remain near the hospital for possible donation of additional blood components.

Extended Care Facility

- Actual charges up to \$100 per day.
- Confinement must begin within 14 days of a covered hospitalization.

Limited to number of days of the most recent hospital confinement not to exceed 70 days.

Hospice Care

Actual charges up to \$150 per day for hospice care if diagnosed as terminally ill and prescribed by the attending physician. Limited to a lifetime maximum of 90 days.

Home Health Care

- Pays actual charges up to \$100 per day for home health care when provided to a covered person within seven days of release from a covered hospital confinement.
- Limited to a lifetime maximum of 30 visits for each covered person.

Hairpiece

Actual charges up to \$100 per covered person as a one-time benefit when hair loss is the result of cancer treatment.

Rental or Purchase of Durable Medical Equipment

Actual charges up to \$1,000 per calendar year for the rental or purchase of a respirator or similar mechanical device, brace, crutches, hospital bed or wheelchair.

Physical, Occupational or Speech Therapy

Actual charges up to \$25 per session not to exceed a lifetime maximum of \$1,000.

Professional Mental Health Consultation

Up to \$50 per session with a mental health professional for any covered person receiving treatment for cancer. Lifetime maximum of ten visits.

Tutorial Services

Actual charges up to \$50 per one hour session with a tutor for any dependent child receiving treatment for cancer. Lifetime maximum of 50 sessions.

Skin Cancer Benefit

Surgical:

Actual charges up to \$100 per event for the removal of skin cancer. If more than one skin cancer is removed at the same time, pays actual charges up to \$50 per skin cancer removed after the first.

Anesthesia:

Actual charges up to \$50 per skin cancer operation.

Positive Diagnosis Test:

Actual charges up to \$30 per diagnosis for skin cancer diagnostic tests.

Cancer Screening

Actual charges up to \$50 per calendar year for each covered person who has cancer screening tests such as but not limited to: mammogram; flexible sigmoidoscopy; pap smear; chest x-ray; hemoccult stool specimen; and prostate-specific antigen testing. This cancer screening benefit is payable only if such test occurs more than 60 days after the policy effective date. Interim coverage is not applicable to the cancer screening benefit. Benefits are paid for the tests only, not the associated office visit.

Waiver of Premium

Premium will be waived starting with the first policy renewal date following a 90-day period of disability by the principal insured due to cancer.

Renewability

The policy is guaranteed renewable for life. All benefits payable will reduce by 25% after the covered person has attained age 65 or over.

Exclusions and Limitations

The policy pays benefits only for cancer, as defined in the policy. It does not cover:

1. any other disease or sickness;
2. injuries;
3. any disease, condition, or incapacity that has been caused, complicated, worsened, or affected by cancer or cancer treatment;
4. care and treatment received outside the United States;
5. treatment not medically necessary;
6. experimental treatment by any program that does not qualify as experimental treatment as defined in the policy; or
7. hospital confinement or expenses that are incurred prior to the effective date of coverage, regardless of the date of positive diagnosis, except if interim coverage is applied for, as noted on the application; and
8. non-prescription medications; vitamins, nutritional supplements and minerals.

Pre-Existing Conditions-Limitations For Certain Conditions

The benefits of the policy will not be payable for pre-existing conditions during the first two years the policy is in force. During the first two years following the date a covered person makes a change in coverage that increases his or her benefits, the increase will not be paid for pre-existing conditions. After this two year period, however, benefits for such conditions will be payable unless specifically excluded from coverage. This two year period is measured from the effective date of coverage for each covered person. A pre-existing condition means cancer for which a covered person has received medical consultation, treatment, care, services, or for which diagnostic test(s) have been recommended, or for which medication has been prescribed during the 24 months immediately preceding the effective date of coverage.

Usual and Customary Definition

Usual and Customary means charges for eligible medical services or supplies for which you are legally liable and which do not exceed the average rate charged for the same or similar services or supplies in the geographic region where the services or supplies are received. Usual and Customary charges are determined by referencing the 50th percentile (midpoint) of the most current survey published for such services or supplies.

OPTIONAL COVERAGES

First Occurrence Benefit

With this optional coverage, we will pay a **one-time** benefit for each covered person who receives diagnosis of internal cancer. This one-time benefit may be applied to the deductible and/or coinsurance. The coverage amount depends on the option chosen for each covered person who receives diagnosis for internal cancer. Available benefit options are \$2,500 and \$5,000. **All benefits reduce by 25% after the covered person has attained age 65 or over.**

Intensive Care Confinement

When a covered person is confined to an intensive care unit or coronary care unit, we will pay \$300, \$400, or \$600 per day depending upon the level chosen. The daily benefit will be paid beginning with the first day of confinement due to an accidental injury and with the second day of confinement due to sickness. Pays one-half of the daily benefit chosen when a covered person is confined to a step-down or hospital sub-acute intensive care unit. Not to exceed 30 days per confinement. **All benefits will reduce 50% for a confinement beginning after the insured person has attained age 65 or over.**

Coverage for Thirty-One Specified Diseases

Pays a **one-time** benefit of \$2,500 for each covered person who receives diagnosis of a covered specified disease below.

Addison's Disease	Poliomyelitis
Amyotrophic Lateral Sclerosis	Q Fever
Botulism	Rabies
Cystic Fibrosis	Reye's Syndrome
Diphtheria	Rheumatic Fever
Encephalitis	Rocky Mountain Spotted Fever
Histoplasmosis	Sickle Cell Anemia
Legionnaires' Disease	Tetanus
Lupus Erythematosus	Toxic Shock Syndrome
Lyme Disease	Trichinosis
Malaria	Tuberculosis
Meningitis (bacterial)	Tularemia
Multiple Sclerosis	Typhoid Fever
Muscular Dystrophy	Undulant Fever
Myasthenia Gravis	West Nile Virus
Osteomyelitis	

All benefits reduce by 25% after the covered person has attained age 65 or over.

Supplemental Nature of Coverage

The policy provides supplemental insurance coverage to give you additional economic protection against Cancer. It is not designed to cover all the expenses associated with the diagnosis and treatment of Cancer. IT IS A LIMITED BENEFIT POLICY which should be used as part of an overall plan of protection. **READ YOUR POLICY CAREFULLY.**

This is a brief description of the policy and riders described. For complete details of the benefits of this coverage see your state's outline of coverage and policy form HP3000.

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