

CancerSelect® Plus

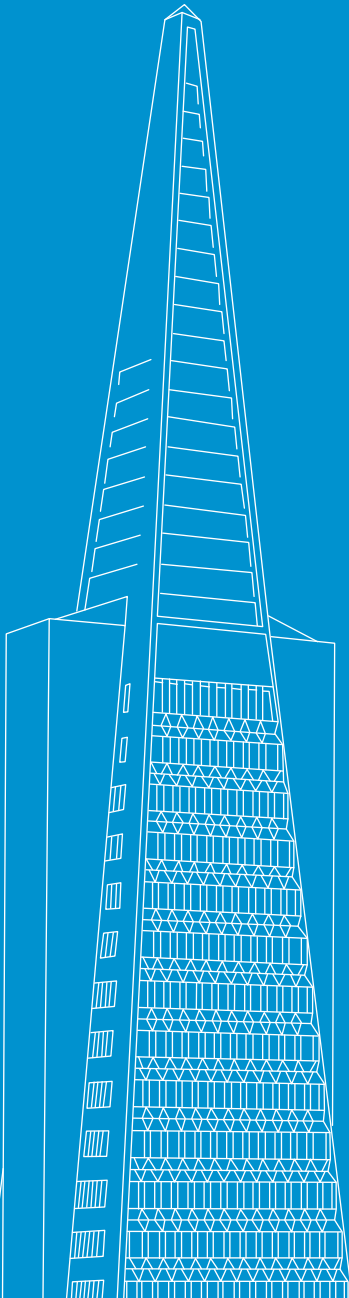
Voluntary Group Cancer-Only Insurance Policy

Employer Brochure

The Power of the Pyramid®



CancerSelect Plus – Consumer Brochure – CCP01C-B-0707
Underwritten by: **Transamerica Life Insurance Company**



®

CancerSelect[®] Plus

Voluntary Group Cancer-Only Insurance Policy

Why Offer CancerSelect Plus?

CancerSelect Plus provides your employees valuable health benefits by offering a voluntary group cancer-only insurance policy that helps you to:

- ▶ Provide a positive impact on worker recruitment
- ▶ Increase employee retention
- ▶ Improve the health status and productivity of your employees

*CancerSelect Plus is a voluntary group cancer-only insurance policy, **underwritten by Transamerica Life Insurance Company**, Home Office: Cedar Rapids, Iowa (Policy Form Series CPCAN200). Forms may vary and coverage may not be available in all jurisdictions. Benefits provided and premiums payable depend upon the coverage selected. This is a brief summary of the benefits of the coverage; please refer to the contract for complete information.*



A Voluntary Group Cancer-Only Insurance Policy With Flexible Plan Design Options

CancerSelect Plus is flexible, convenient and designed to provide employees with benefits for these common health care needs:

Hospital Benefits

- ▶ Hospital confinement
- ▶ Extended benefits
- ▶ Attending physician
- ▶ Government or charity hospital
- ▶ Private-duty nursing
- ▶ Inpatient drugs and medicines
- ▶ Ambulance
- ▶ Extended care facility
- ▶ Hospice care

Surgery Benefits

- ▶ Surgery
- ▶ Anesthesia
- ▶ Reconstructive surgery
- ▶ 2nd surgical opinion
- ▶ Outpatient surgery
- ▶ Ambulatory surgical center
- ▶ Prosthesis
- ▶ Hair prosthesis
- ▶ Skin Cancer

Cancer Maintenance Therapy Benefits

- ▶ Hematological drugs
- ▶ Anti-nausea drugs
- ▶ Motility agents
- ▶ Cancer suppressive therapy

Radiation and Chemotherapy Benefits

- ▶ Radiation and chemotherapy treatments
- ▶ Associated expenses with radiation and chemotherapy
- ▶ Blood, plasma, blood components (e.g., platelets), bone marrow and stem cell transplants
- ▶ Associated expenses with blood, plasma, and blood components (e.g., platelets)
- ▶ New or experimental treatment

Wellness and Miscellaneous Benefits

- ▶ Wellness screenings
- ▶ MRI scans
- ▶ Non-local transportation
- ▶ At home nursing
- ▶ Family member lodging
- ▶ Waiver of premium
- ▶ Physical therapy and speech therapy
- ▶ Outpatient lodging

Additional Information

- ▶ Limitations and exclusions apply
- ▶ Family coverage is available

Please refer to the following sections for additional information.

The Benefits of CancerSelect Plus

Medical Benefits

- ▶ Hospital room
- ▶ Radiation therapy/chemotherapy treatments
- ▶ Drugs and medicines
- ▶ Blood and plasma
- ▶ Bone marrow and stem cell transplants
- ▶ Physicians
- ▶ Anesthesia and surgery
- ▶ Prosthesis and physical therapy

Non-Medical Benefits

- ▶ Transportation
- ▶ Ambulance
- ▶ Family member lodging
- ▶ Waiver of premium

Pays in Addition to Other Insurance Directly to Employee

- ▶ Benefits are paid in addition to any other insurance the employee may have, including the employer's medical plan and Medicare (in most states).
- ▶ Benefits are paid directly to the employee —or directly to anyone else he/she chooses.

Easy and Convenient

- ▶ Employees may purchase CancerSelect Plus through the convenience of payroll deductions.
- ▶ CancerSelect Plus is also available for employees spouse* and eligible dependent children.
- ▶ CancerSelect Plus may be available by answering just a few health questions.
- ▶ No physical exams or blood tests are required.
- ▶ Coverage is 100% portable.

**Spouse or equivalent as defined by governing state law.*

Who is Eligible?

Employee Coverage*

To be eligible for coverage, an employee must:

- ▶ be of age 18 or over
- ▶ meet eligibility requirements as selected on the policyholder's application
- ▶ satisfactorily answer all eligibility questions, provide evidence of insurability satisfactory to us, if we ask for it; and
- ▶ be in active service, performing in the usual manner all of the regular duties of his or her occupation on a scheduled work day at one of the places of business where he or she normally does such duties or at some location to which the employer sends the employee.

** Issue ages may vary by state. The proposal for this product will reflect the correct issue ages for the employer's state.*

Understanding CancerSelect Plus

Plan Design

The employer can select up to two plan design options for CancerSelect Plus to offer to employees. CancerSelect Plus is an optionally renewable group cancer only insurance policy issued on a group contract. It has 5 core modules including Hospital Benefits, Surgery Benefits, Radiation and Chemotherapy Benefits, Wellness and Miscellaneous Benefits & Cancer Maintenance Therapy Benefits. Within each module, the employer has the option of selecting a unit value for each of the 5 core modules along with optional riders.

Hospital Benefits (Module #1)

The employer has the option to select from 1 to 5 units for this module containing the following hospital benefits.

- ▶ **Hospital Confinement:** Pays \$100 per unit per day for up to 90 days of covered confinement.
- ▶ **Extended Benefits:** Beginning with the 91st day of continuous confinement, pays \$200 per unit per day of hospital confinement in lieu of all other benefits (except surgery and anesthesia, which remain the same).
- ▶ **Inpatient Drugs and Medicines:** Pays \$15 per unit per day for covered person during hospital confinement.
- ▶ **Attending Physician (other than the surgeon):** Pays \$20 per unit per day during hospital confinement.
- ▶ **Private-duty Nurse (other than staff member of the hospital or family member):** Pays \$100 per unit per day during hospital confinement.
- ▶ **Ambulance:** Pays \$100 per unit per continuous confinement for service by a licensed professional ambulance service for transportation to a hospital to which the covered person is admitted.
- ▶ **Extended Care Facility:** Pays \$100 per unit per day, up to the number of days of the hospital stay when admitted to the extended care facility within 14 days of hospital discharge.
- ▶ **Government or Charity Hospital:** Pays \$100 per unit per day—in lieu of all other benefits—for hospital treatment where the insured is not required to pay for most services.
- ▶ **Hospice Care:** Pays \$100 per unit per day when confined in a hospice center or for hospice care at home by a hospice team. Benefit is limited to a lifetime maximum of 100 days per covered person.

Surgery Benefits (Module #2)

The employer has the option to select from 1 to 5 units for this module containing the following surgery benefits.

- ▶ **Surgery:** Pays up to \$1,000 per unit for in-hospital surgery as scheduled in the certificate. For in-hospital surgery performed for the treatment of cancer not in the surgical schedule - pays the lesser of 1) amount determined by multiplying the work relative value unit obtained from the current Medicare fee schedule by \$25.00 or 2) \$1,000 per unit. Treatment must be approved by the attending physician.
- ▶ **Anesthesia:** Pays 25% of Surgery Benefit per unit as scheduled in the certificate.
- ▶ **Prosthesis:** Pays actual charges* not to exceed \$500 per unit for a prosthetic device and its implementation. The prosthesis must be authorized by the attending physician.
- ▶ **Hair Prosthesis:** Pays actual expenses* of up to \$50 per unit for wig or hair piece for hair loss from radiation or chemotherapy treatment.
- ▶ **Reconstructive Surgery:** Pays up to \$250 per unit for reconstructive surgery within two years after cancer removal.
- ▶ **2nd Surgical Opinion:** Pays \$100 per unit for a second opinion when the prescribed treatment is surgery as determined by the first opinion.
- ▶ **Ambulatory Surgical Center:** Pays up to \$150 per unit per day for surgery performed at an ambulatory surgical center or hospital as an outpatient. This benefit is paid in addition to outpatient surgery benefit
- ▶ **Outpatient Surgery:** Pays up to \$1,500 per unit for outpatient surgery as scheduled in the certificate. For outpatient surgery performed for the treatment of cancer not in the surgical schedule - pays the lesser of 1) Amount determined by multiplying the work relative value unit obtained from the current Medicare fee schedule by \$37.50 or 2) \$1,500 per unit). Treatment must be approved by the attending physician.
- ▶ **Skin Cancer:** Pays \$75 per unit per diagnosis for one removal of skin cancer; \$35 per unit for each additional removal.

Radiation and Chemotherapy Benefits (Module #3)

The employer has the option to select from 1 to 4 units for this module containing the following radiation and chemotherapy benefits.

- ▶ **Radiation and Chemotherapy:** Pays actual charges* not to exceed \$5,000 per unit for radiation and chemotherapy treatments per 12 month period.
- ▶ **Associated Radiation and Chemotherapy Expenses:** Pays \$250 per unit per 12 month period for treatment consultation and planning, radiation management, physical exams, checkups, laboratory or diagnostic tests when authorized by a radiologist, chemotherapist, or oncologist.
- ▶ **Blood, Plasma, Platelets, Bone Marrow and Stem Cell Transplant:** Pays actual charges* not to exceed \$5,000 per unit per 12 month period for bone marrow and stem cell transplants, blood, plasma, and blood components, (except when replaced by donated blood when there is a charge to the covered person).
- ▶ **Associated Blood, Plasma, and Platelets Expenses:** Pays \$250 per unit per 12 month period for treatment consultation and planning, administration of blood, physical exams, checkups, and laboratory or diagnostic tests and authorized by the covered person's physician.
- ▶ **New or Experimental Treatment:** Pays actual charges* not to exceed \$5,000 per unit for drugs, chemicals, surgery, or therapy approved by FDA and either the NCI or ACS. Treatment must be received in a US hospital when authorized by the attending physician.

** Pays actual charges as the amount actually paid by or on behalf of the insured, and accepted by a provider as payment in full for services provided.*



Wellness and Miscellaneous Benefits (Module #4)

The employer has the option to select from 1 to 3 units for this module containing the following wellness and miscellaneous benefits.

- ▶ **Wellness Benefit** — Pays \$50 per unit per calendar year for covered cancer screening tests: mammograms, pap smears, flexible sigmoidoscopy, prostate-specific antigen tests, chest x-rays, hemocult stool specimen, ultrasounds, CEA, CA125, biopsy, thermography, colonoscopy, serum protein electrophoresis, bone marrow testing, and blood screenings. Services must be under the supervision of or recommended by a physician, and charge must be incurred.
- ▶ **Magnetic Resolution Imaging (MRI) Scans** — In addition to Wellness Benefit, pays \$50 per unit per calendar year for an MRI Scan when used as a diagnostic tool for breast cancer.
- ▶ **Non-Local Transportation** — When prescribed treatment is not available locally and non-local hospital confinement (more than 50 miles from the covered person's residence) is required, we will pay either the actual roundtrip charges by a common carrier or a private vehicle allowance of \$.40 per mile (up to 750 miles, round-trip). Payable once per period of hospital confinement.
- ▶ **Family Member Lodging** — When non-local hospital confinement is required, we will pay for lodging expenses for an adult member of the insured's immediate family charges of \$50 per unit per day. This benefit is limited to the lesser of the number of days the covered person is hospital confined and 50 days per 12 month benefit period.
- ▶ **Outpatient Lodging** — Pays \$50 per unit per day for a maximum of 50 days per 12 month period at a motel, hotel or other accommodations, provided treatment is authorized by the attending physician and cannot be obtained locally.
- ▶ **Physical Therapy and Speech Therapy** — Pays \$25 per treatment (limited to one session per day).
- ▶ **At Home Nursing** — Pays \$50 per unit per day, up to the number of days of the prior hospital confinement when admitted within 14 days of hospital discharge.
- ▶ **Waiver of Premium** — We will waive each premium due during a period of total disability after 60 consecutive days of the insured employee's total disability due to cancer. This benefit applies only to the employee, not to the spouse* or children on family coverage. This benefit does not apply to total disability which begins on or after the insured's 70th birthday.

**Spouse or equivalent as defined by governing state law.*

Cancer Maintenance Therapy Benefits (Module #5)

The employer may select from 1 to 5 units for this module containing the following cancer maintenance therapy benefits. Pays actual charges* not to exceed \$1,000 per unit per 12 month period for any combination of the below listed drug-related expenses:

- ▶ **Cancer Suppressive Therapy** — Benefits for treatment to keep cancer in check or after acute chemotherapy treatment.
- ▶ **Hematological Drugs** — Benefits for drugs aimed to boost cell lines such as white blood cell counts, red blood cell counts, and platelets.
- ▶ **Anti-Nausea Drugs** — Benefits for drugs used to reduce the symptoms brought about as a result of chemotherapy or radiation.
- ▶ **Motility Agents** — Benefits for drugs used to improve motility or treat side effects caused by chemotherapy or radiation.



Important Information

Pre-Existing Conditions

No benefits are provided during the first 12 months for any cancer that has been diagnosed, treated, or for which the covered person has incurred expense or has taken medication within 12 months prior to the effective date of such person's coverage.

A Pre-existing Condition is defined as a sickness or physical condition for which the insured:

1. Had treatment;
2. Incurred expense;
3. Took medication; or
4. Received a diagnosis or advice from a physician, during the 12-month period immediately before the effective date of the insured's coverage. The term "Pre-existing Condition" will also include a condition that manifests itself in a way that would cause a person to seek medical advice, diagnosis, care or treatment.

Family Coverage

Family coverage includes the insured, his or her spouse*, and all eligible dependent children under age 25. Newborn children are automatically covered under the terms of the certificate from the moment of birth. Single-Parent Coverage includes the insured and all eligible dependent children under age 25. (The definition of children may vary by state.)

**Spouse or equivalent as defined by governing state law.*

Extension of Benefits

Whenever termination of coverage under this section occurs due to termination of the employee's employment or membership, such termination will be without prejudice to:

1. Any hospital confinement which began while coverage was in force; or
2. Any covered treatment or service for which benefits would be provided and which began while coverage was in force; provided, however, that the covered person is and continues to be hospital confined or receiving treatment. Such extension of benefits will continue for up to the earlier of:
 1. 30 days; or
 2. The date on which the covered person is no longer hospitalized or receiving treatment

Termination of Coverage

Subject to the Portability Option, the employee's insurance will cease on the earliest of:

1. The last day of the payroll deduction period during which the employee cease to be eligible for coverage;
2. The end of the last period for which premium payment has been made to us;
3. The last day of the payroll deduction period during which the employee terminates employment;
4. The date the group master policy terminates; or
5. The date the employee send us a written notice that you want to cancel coverage.

The insurance on a dependent will cease on the earliest of:

1. The date the employee coverage terminates; or
2. The end of the last period for which a premium payment has been made to us; We will have the right to terminate the coverage of any covered person who submits a fraudulent claim under the policy.

Portability Option

If the employee loses eligibility for this insurance for any reason other than nonpayment of premiums, the employee will have the option to continue the coverage (including any riders, if applicable) by paying the premiums directly to the company or at our administrative office within 31 days after this insurance terminates. We will bill the employee directly for these premiums after the employee notifies us to continue coverage. If the employee stops paying the premiums under this option, this coverage will continue, subject to the terms of the grace period.

Exceptions and Limitations

The certificate provides benefits only for cancer as defined herein, which is positively diagnosed while the certificate is in force. It does not provide benefits for any other illness or disease.

1. We may reduce or deny a claim or void the certificate for loss incurred by a covered person
 - a. During the first 2 years from the effective date of such coverage for any misstatements in the application which would have materially affected our acceptance of the risk; or
 - b. At any time for fraudulent misstatements in the application
2. We will only pay for loss as a direct result of cancer. Proof of positive diagnosis must be submitted to us for each new claim. We will not pay for any other disease or incapacity that has been caused, complicated, worsened or affected by, or as a result of, cancer.
3. If a covered hospital confinement is due to more than one covered disease or condition, benefits will be payable as though the confinement or expense were due to one disease or condition. If a hospital confinement or expense is also due to a disease or condition that is not covered, benefits will be payable only for the part of the hospital confinement or expense due to the covered disease or condition.
4. Under no condition will we pay any benefits for losses or medical expenses incurred prior to the effective date.

Pre-Existing Conditions

No benefits are provided during the first 12 months for any cancer that has been diagnosed, treated, or for which the covered person has incurred expense or has taken medication within 12 months prior to the effective date of such person's coverage.

CancerSelect® Plus is underwritten by:

Transamerica Life Insurance Company

Home Office: Cedar Rapids, Iowa

Administrative Office:

1400 Centerview Drive

Little Rock, AR 72211

(888) 763-7474



INSURANCE MARKETPLACE
STANDARDS ASSOCIATION



Custom Plan Design

Hospital Benefits	
Hospital Confinement	\$100 per day for up to 90 days of covered confinement
Extended Benefits	\$200 per day of hospital confinement in lieu of all other benefits (except surgery and anesthesia) beginning on 91st day of continuous confinement
Attending Physician	\$20 per day during hospital confinement
Inpatient Drugs and Medicines	\$15 per day during hospital confinement
Private-Duty Nurse	\$100 per day during hospital confinement
Ambulance	\$100 per continuous confinement
Extended Care Facility	\$100 per day, up to the number of days of the prior hospital stay when admitted within 14 days of hospital discharge
Government or Charity Hospital	\$100 per day of covered hospital confinement in lieu of all other benefits
Hospice Care	\$100 per day at hospice center or hospice home visit; 100 day lifetime maximum
Surgery Benefits	
Surgery	Up to \$2,000 for in-hospital and up to \$3,000 for outpatient surgeries as scheduled in the certificate
Anesthesia	25% of covered surgery benefit as scheduled in the certificate
Prosthesis	Actual charges* up to \$1,000 per prosthetic device that requires implantation
Hair Prosthesis	Actual charges* up to \$100 for wig, hair piece for hair loss from cancer treatment
Reconstructive Surgery	Up to \$500 for reconstructive surgery within two years of cancer removal
Second Surgical Opinions	\$200 when surgery is prescribed treatment
Ambulatory Surgical Center	Up to \$300 per day for surgery at an ambulatory surgical center
Skin Cancer	\$150 per diagnosis for removal of one skin cancer; \$70 per additional removal
Radiation and Chemotherapy Benefits	
Radiation and Chemotherapy	Actual charges* up to \$5,000 for radiation and chemotherapy treatments per 12 month period.
Associated Radiation and Chemotherapy Expenses	Actual charges* up to \$250 for consultation, planning, exams, checkup, diagnostic tests, etc. per 12 month period.
Blood, Plasma and Blood Components, Bone Marrow Transplant and Stem Cell Transplant	Actual charges* up to \$5,000 per 12 month period for blood, plasma, blood components, bone marrow transplant or stem cell transplant.
Associated Blood, Plasma and Blood Components Expenses	Actual charges* of up to \$250 for consultation, planning, exams, checkup, laboratory tests, etc. per 12 months.
New or Experimental Treatment	Actual charges* up to \$5,000 per 12 months for drugs, chemicals, surgery or therapy approved by FDA, NCI or ACS.
Wellness and Miscellaneous Benefits	
Wellness	\$50 per calendar year for cancer screening tests.
Magnetic Resonance Imaging (MRI) Scans	\$50 per calendar year for MRI scan when used as diagnostic tool for breast cancer, in addition to Wellness Benefit
Non-Local Transportation	Pays actual round-trip charges, up to 750 miles, by common carrier or private vehicle of \$.40 per mile when non-local hospital confinement more than 50 miles from residence is required and actual round-trip charges by common carrier for covered person and one adult member of the immediate family during confinement. Payable once per period of hospital confinement period.
Family Member Lodging	\$50 per day at motel, hotel or other accommodation for adult, immediate family when non-local hospital confinement is required; 50 day maximum

Physical Therapy and Speech Therapy	\$25 per treatment (limit one per day).
At-Home Nursing	\$50 per day, up to the number of days of the prior hospital stay when admitted within 14 days of hospital discharge.
Waiver of Premium	Waives premiums for remainder of total disability due to cancer for insured employee after totally disabled for 60 days.
Outpatient Lodging	\$50 per day for a 50 day maximum per 12 months at a motel, hotel or other accommodation.
Cancer Maintenance Therapy- <i>Actual charges* not to exceed \$1,000 per 12 month period for any combination of the following listed drug-related expenses</i>	
Cancer Suppressive Therapy	Treatment to keep cancer in check or after acute chemotherapy treatment
Hematological Drugs	Benefits for drugs aimed to boost cell lines such as white blood cell counts, red blood cell counts and platelets
Anti-Nausea Drugs	Benefits for drugs used to reduce the symptoms brought about as a result of chemotherapy or radiation
Motility Agent	Benefits for drugs used to improve motility or treat side effects caused by chemotherapy or radiation
Optional Riders	
First Occurrence Benefit	One-time lump sum benefit of \$1,000 when cancer is first diagnosed in an individual
Intensive Care Benefit	Provides benefits when the covered person is confined in an intensive care unit
Daily Benefit:	\$300 per day for up to 45 days of covered confinement
Step-Down Unit Benefit:	\$150 per day for progressive care, subacute care, and intermediate care in a step-down unit
Ambulance:	Actual charges* up to \$600 per confinement
Specified Illness and Disease Benefit	Provides benefits when diagnosed with a covered specified illness or disease
Hospital Confinement:	\$100 per day for up to 90 days of covered confinement
Extended Benefits:	\$200 per day of hospital confinement in lieu of all other benefits (except surgery and anesthesia) beginning on 91st day of continuous confinement
Attending Physician:	\$20 per day during hospital confinement
Inpatient Drugs and Medicines:	\$15 per day during hospital confinement
Private-Duty Nurse:	\$100 per day during hospital confinement
Ambulance:	\$100 per continuous confinement
Extended Care Facility:	\$100 per day, up to the number of days of the prior hospital stay when admitted within 14 days of hospital discharge
Government or Charity Hospital:	\$100 per day of covered hospital confinement in lieu of all other benefits
Hospice Care:	\$100 per day at hospice center or hospice home visit; 100 day lifetime maximum
Surgery:	Up to \$1,000 for in-hospital and up to \$1,500 for outpatient surgeries as scheduled in the certificate
Anesthesia:	25% of the covered surgery benefit
Second Surgical Opinions:	\$100 when surgery is prescribed treatment
Ambulatory Surgical Center:	Up to \$150 per day for surgery at an ambulatory surgical center
Monthly Premium Rates <i>Valid in the state of Texas</i>	
Individual	\$ 15.68
Individual + Child(ren)	\$ 17.76
Family	\$ 27.76

* Pays Actual Charge/Expenses defined as the amount actually paid by or on behalf of the Insured, and accepted by a provider for services provided

This custom plan is incomplete without a state-specific proposal or brochure, which describes the benefits, exclusions, and limitations of policy form CPCAN200 or state variations thereof.





Custom Plan Design

Hospital Benefits	
Hospital Confinement	\$100 per day for up to 90 days of covered confinement
Extended Benefits	\$200 per day of hospital confinement in lieu of all other benefits (except surgery and anesthesia) beginning on 91st day of continuous confinement
Attending Physician	\$20 per day during hospital confinement
Inpatient Drugs and Medicines	\$15 per day during hospital confinement
Private-Duty Nurse	\$100 per day during hospital confinement
Ambulance	\$100 per continuous confinement
Extended Care Facility	\$100 per day, up to the number of days of the prior hospital stay when admitted within 14 days of hospital discharge
Government or Charity Hospital	\$100 per day of covered hospital confinement in lieu of all other benefits
Hospice Care	\$100 per day at hospice center or hospice home visit; 100 day lifetime maximum
Surgery Benefits	
Surgery	Up to \$3,000 for in-hospital and up to \$4,500 for outpatient surgeries as scheduled in the certificate
Anesthesia	25% of covered surgery benefit as scheduled in the certificate
Prosthesis	Actual charges* up to \$1,500 per prosthetic device that requires implantation
Hair Prosthesis	Actual charges* up to \$150 for wig, hair piece for hair loss from cancer treatment
Reconstructive Surgery	Up to \$750 for reconstructive surgery within two years of cancer removal
Second Surgical Opinions	\$300 when surgery is prescribed treatment
Ambulatory Surgical Center	Up to \$450 per day for surgery at an ambulatory surgical center
Skin Cancer	\$225 per diagnosis for removal of one skin cancer; \$105 per additional removal
Radiation and Chemotherapy Benefits	
Radiation and Chemotherapy	Actual charges* up to \$15,000 for radiation and chemotherapy treatments per 12 month period.
Associated Radiation and Chemotherapy Expenses	Actual charges* up to \$750 for consultation, planning, exams, checkup, diagnostic tests, etc. per 12 month period.
Blood, Plasma and Blood Components, Bone Marrow Transplant and Stem Cell Transplant	Actual charges* up to \$15,000 per 12 month period for blood, plasma, blood components, bone marrow transplant or stem cell transplant.
Associated Blood, Plasma and Blood Components Expenses	Actual charges* of up to \$750 for consultation, planning, exams, checkup, laboratory tests, etc. per 12 months.
New or Experimental Treatment	Actual charges* up to \$15,000 per 12 months for drugs, chemicals, surgery or therapy approved by FDA, NCI or ACS.
Wellness and Miscellaneous Benefits	
Wellness	\$50 per calendar year for cancer screening tests.
Magnetic Resonance Imaging (MRI) Scans	\$50 per calendar year for MRI scan when used as diagnostic tool for breast cancer, in addition to Wellness Benefit
Non-Local Transportation	Pays actual round-trip charges, up to 750 miles, by common carrier or private vehicle of \$.40 per mile when non-local hospital confinement more than 50 miles from residence is required and actual round-trip charges by common carrier for covered person and one adult member of the immediate family during confinement. Payable once per period of hospital confinement period.
Family Member Lodging	\$50 per day at motel, hotel or other accommodation for adult, immediate family when non-local hospital confinement is required; 50 day maximum

Physical Therapy and Speech Therapy	\$25 per treatment (limit one per day).
At-Home Nursing	\$50 per day, up to the number of days of the prior hospital stay when admitted within 14 days of hospital discharge.
Waiver of Premium	Waives premiums for remainder of total disability due to cancer for insured employee after totally disabled for 60 days.
Outpatient Lodging	\$50 per day for a 50 day maximum per 12 months at a motel, hotel or other accommodation.
Cancer Maintenance Therapy- <i>Actual charges* not to exceed \$2,000 per 12 month period for any combination of the following listed drug-related expenses</i>	
Cancer Suppressive Therapy	Treatment to keep cancer in check or after acute chemotherapy treatment
Hematological Drugs	Benefits for drugs aimed to boost cell lines such as white blood cell counts, red blood cell counts and platelets
Anti-Nausea Drugs	Benefits for drugs used to reduce the symptoms brought about as a result of chemotherapy or radiation
Motility Agent	Benefits for drugs used to improve motility or treat side effects caused by chemotherapy or radiation
Optional Riders	
First Occurrence Benefit	One-time lump sum benefit of \$2,000 when cancer is first diagnosed in an individual
Intensive Care Benefit	Provides benefits when the covered person is confined in an intensive care unit
Daily Benefit:	\$600 per day for up to 45 days of covered confinement
Step-Down Unit Benefit:	\$300 per day for progressive care, subacute care, and intermediate care in a step-down unit
Ambulance:	Actual charges* up to \$1,200 per confinement
Specified Illness and Disease Benefit	Provides benefits when diagnosed with a covered specified illness or disease
Hospital Confinement:	\$100 per day for up to 90 days of covered confinement
Extended Benefits:	\$200 per day of hospital confinement in lieu of all other benefits (except surgery and anesthesia) beginning on 91st day of continuous confinement
Attending Physician:	\$20 per day during hospital confinement
Inpatient Drugs and Medicines:	\$15 per day during hospital confinement
Private-Duty Nurse:	\$100 per day during hospital confinement
Ambulance:	\$100 per continuous confinement
Extended Care Facility:	\$100 per day, up to the number of days of the prior hospital stay when admitted within 14 days of hospital discharge
Government or Charity Hospital:	\$100 per day of covered hospital confinement in lieu of all other benefits
Hospice Care:	\$100 per day at hospice center or hospice home visit; 100 day lifetime maximum
Surgery:	Up to \$1,000 for in-hospital and up to \$1,500 for outpatient surgeries as scheduled in the certificate
Anesthesia:	25% of the covered surgery benefit
Second Surgical Opinions:	\$100 when surgery is prescribed treatment
Ambulatory Surgical Center:	Up to \$150 per day for surgery at an ambulatory surgical center
Monthly Premium Rates <i>Valid in the state of Texas</i>	
Individual	\$ 29.88
Individual + Child(ren)	\$ 33.38
Family	\$ 52.58

* Pays Actual Charge/Expenses defined as the amount actually paid by or on behalf of the Insured, and accepted by a provider for services provided

This custom plan is incomplete without a state-specific proposal or brochure, which describes the benefits, exclusions, and limitations of policy form CPCAN200 or state variations thereof.

