

Cancer 1000 Level 3 Benefit Chart

This policy has limitations and exclusions that may affect benefits payable. Most benefits require that a charge be incurred. See the Outline of Coverage for complete details of benefits, exclusions and limitations. Policy may not be available in all states and may vary by state.

We will pay benefits if certain routine cancer screening tests are performed or if cancer is diagnosed after the waiting period and while your policy is in force, and if the cancer or treatment is not excluded by name or specific description in the policy.

Cancer Screening Benefits

● Part I. Cancer Screening/Wellness Benefits per calendar year per insured person		\$100
<ul style="list-style-type: none"> • Pap Smear • ThinPrep Pap Test • CA125 (Blood test for ovarian cancer) • Mammography • Breast Ultrasound • CA 15-3 (Blood test for breast cancer) • PSA (Blood test for prostate cancer) • Chest X-ray • Biopsy of Skin Lesion 	<ul style="list-style-type: none"> • Colonoscopy • Virtual Colonoscopy • Hemocult Stool Analysis • Flexible Sigmoidoscopy • CEA (Blood test for colon cancer) • Bone Marrow Aspiration/Biopsy • Thermography • Serum Protein Electrophoresis (Blood test for Myeloma) 	

To file a claim for a Cancer Screening/Wellness Benefit test, it is not necessary to complete a claim form. Call our toll-free Customer Service number, 1-800-325-4368, with the medical information.

● Part II. Additional Invasive Diagnostic Procedure (as a result of an abnormal cancer screening test as shown in Part I) per calendar year per insured person	\$100
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Cancer Benefits

● Inpatient Benefits	
Hospital Confinement, Days 1-30, per day	\$300
Hospital Confinement, Days 31+, per day	\$600
Hospital Confinement in a US Government Hospital Days 1-30, per day	\$300
Hospital Confinement in a US Government Hospital Days 31+, per day	\$600
Ambulance per trip, limit 2 trips per confinement	\$200
Air Ambulance per trip, limit 2 trips per confinement	\$1,000
Private Full Time Nursing Services per day	\$150

This chart highlights the benefits of policy form C1000 (including state abbreviations where used). This is not an insurance contract and only the actual policy provisions will control. The policy sets forth in detail the rights and obligations of both you and us. It is, therefore, important that you READ YOUR POLICY CAREFULLY. **This chart is not complete without the Outline of Coverage (form number C1000-O and state abbreviations where used).**

THIS IS A CANCER-ONLY POLICY.

● Treatment Benefits (In- or Outpatient)	
Radiation/Chemotherapy per day for the day administered or for the day prescription filled or pump filled up to monthly maximum shown below. <u>Monthly Maximums:</u> Injected by Medical Personnel: no monthly limit Self Injected: \$2,400 Pump: \$1,200 Topical: \$1,200 Oral: \$1,200 Any Other Method Not Listed: \$1,200	\$300
Antinausea Medication per day administered or per day prescription filled subject to monthly maximum below – Monthly Maximum: \$200	\$50
Blood/Plasma/Platelets/Immunoglobulins per day – up to \$10,000 per calendar year	\$200
Experimental Treatment per day – up to \$10,000 per lifetime	\$300
Hair/External Breast/Voice Box Prosthesis per calendar year	\$200
Supportive or Protective Care Drugs & Colony Stimulating Factors, per day – up to \$1,200 calendar year maximum	\$150
Medical Imaging Studies per study – up to \$500 calendar year maximum	\$250
Bone Marrow Stem Cell Transplant per lifetime	\$10,000
Bone Marrow Stem Cell Donation Benefit per lifetime	\$1,000
Peripheral Stem Cell Transplant per lifetime	\$5,000

● Transportation/Lodging Benefits	
Transportation (\$ per mile) – up to \$1,500 maximum per round trip	0.50
Companion Transportation (\$ per mile) – up to \$1,500 maximum per round trip	0.50
Lodging per day up to 70 days per calendar year	\$75

● Surgical Procedures Benefits	
Surgical Procedures-Unit Value – up to \$5,000 maximum per procedure	\$60
Anesthesia Benefit for General Anesthesia Anesthesia Benefits for local anesthesia , \$40 per procedure	25% of benefit paid for surgical procedure
Second Medical Opinion (limit once per malignant condition)	\$300
Reconstructive Surgery unit value – up to \$3,000 maximum per procedure for Surgery and Anesthesia, limit 2 per site	\$60
Prosthesis/Artificial Limb per device, limit 1 per site – up to \$6,000 lifetime maximum	\$3,000
Outpatient Surgical Center per day – up to \$900 calendar year maximum	\$300

● Extended Care Benefits	
Skilled Nursing Care Facility per day up to days confined in hospital	\$100
Family Care per day	\$60
Hospice per day, no lifetime limit	\$70
Home Health Care Services per day up to greater of 30 days/per calendar year or 2 times number of days confined in hospital	\$75
Waiver of Premium	Yes

● Initial Diagnosis of Skin Cancer (Once per Lifetime)	
	\$300

This chart is not complete without the Outline of Coverage (form number C1000-O and state abbreviations where used).