



CancerCare Plus Series 6
Cancer Insurance

Cancer will occur in 3 out of 4 families.

Cancer Risk Factors Include:



Air



Work



Tobacco



Food



Home



Diet



Water



Heredity



Weight

More than **6 out of 10 people** with cancer will survive! The bad news is cancer can be expensive totaling more than **\$226 billion** in the United States. Most people are surprised that their largest expenses during illnesses are often not their medical expenses — it's the **indirect costs** their health insurance **doesn't cover**.

Two Types of Costs:

Direct Costs

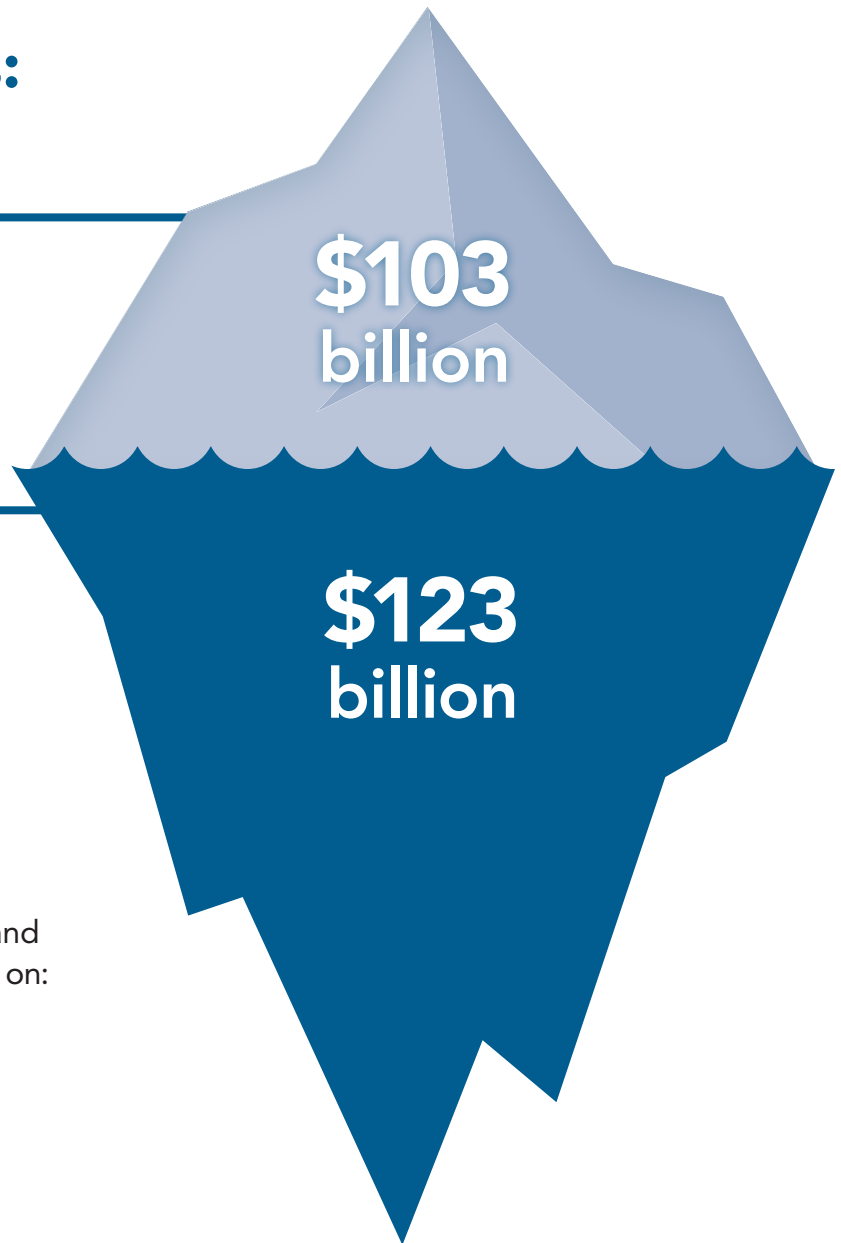
- Doctor Bills
- Hospital Charges
- Medical Expenses

Indirect Costs

- Lost Income and Savings
- Living Expenses
- Insurance Limitations
- Travel for Best Treatment
- In-Home Care
- Child Care

While your expenses go up, your income and savings often go down, forcing you to rely on:

- Savings and Investments
- Selling Assets
- Retirement Funds
- College Funds



CancerCare Plus Series 6

- Pays benefits directly to you, you decide how to spend them
- Pays in addition to any other insurance you own
- This policy's benefits are never reduced
- Premiums don't increase with age or due to claims
- Guaranteed renewable for life — only you can cancel
- Policy has no cap on total amount of benefits you receive or the number of claims you can have

BASE 1	STANDARD 2	CancerCare Plus Series 6 – Benefits	PREFERRED 4	ELITE 8
\$750 \$150	\$1,500 \$300	First Occurrence (Paid once per insured). Paid upon confirmed diagnosis of: <ul style="list-style-type: none"> Internal Cancer Skin Cancer 	\$3,000 \$600	\$6,000 \$1,200
\$100	\$200	Hospitalization (No Lifetime Limits) <ul style="list-style-type: none"> For each day for covered cancer treatments, includes U.S. government hospitals 	\$400	\$800
\$150	\$300	Ambulance (No Lifetime Limits) (Includes air ambulance) <ul style="list-style-type: none"> Each trip (two one-way trips per hospitalization) 	\$600	\$1,200
\$25	\$50	Hospice Service <ul style="list-style-type: none"> For each day of Hospice Service up to 180 days 	\$100	\$200
\$60– \$3,000	\$120– \$6,000	Surgery & Anesthesia (No Lifetime Limits) <ul style="list-style-type: none"> For each surgery based on the schedule in your policy, from 	\$240– \$12,000	\$480– \$24,000
\$250	\$500	Second Surgical Opinion (No Lifetime Limits) <ul style="list-style-type: none"> For a second opinion concerning cancer surgery 	\$1,000	\$2,000
\$150	\$300	Reconstructive Breast Surgery (Lifetime Maximum of 2 surgeries per Insured) <ul style="list-style-type: none"> Following a mastectomy 	\$600	\$1,200
\$3,750	\$7,500	Leukemia Bone Marrow Transplant (Lifetime Maximum per Insured) <ul style="list-style-type: none"> For a Bone Marrow Transplant from one person to another for the treatment of leukemia (Not paid for autologous bone marrow transplants for the implantation of artificial or synthetic bone marrow or for stem cell transplants) 	\$15,000	\$30,000
\$750	\$1,500	Donor Benefit (Lifetime Maximum per Insured) <ul style="list-style-type: none"> For insured who donates stem cells to a person receiving a transplant for cancer treatment 	\$3,000	\$6,000
\$60	\$120	Radiation & Chemotherapy (No Lifetime Limits) <ul style="list-style-type: none"> For the delivery of radiation or chemotherapy treatment, each day 	\$240	\$480
\$60	\$120	Radiation Planning (Lifetime Maximum of up to 5 sessions per Insured) <ul style="list-style-type: none"> For radiation planning, each day 	\$240	\$480
\$50	\$100	Self-Administered Chemotherapy (Lifetime Maximum of 120 months per Insured) <ul style="list-style-type: none"> For your prescriptions filled for self-administered chemotherapy, each month (Not paid in any month that Radiation & Chemotherapy Benefit is paid) 	\$200	\$400
\$500	\$1,000	Special Treatment (Lifetime Maximum per Insured) <ul style="list-style-type: none"> Charges for any of the following FDA approved treatments up to (Immunotherapy, Stem Cell Transplant, Hormone Therapy, Autologous Bone Marrow Transplant, Radioimmunotherapy and Photodynamic Therapy) 	\$2,000	\$4,000
\$30	\$60	Wellness Benefit (No Lifetime Limits, except HPV) <ul style="list-style-type: none"> For the following tests per calendar year, based on the schedule in your policy, up to a max of (Mammography, Breast Ultrasound, Colonoscopy, Flexible Sigmoidoscopy, Barium Enema, HPV, Pap Smear, Sputum Cytology, Urine Cytology, Transvaginal Ultrasound, Fecal Occult Stool Specimen, CEA, CA 125 or PSA) 	\$120	\$240
\$2,500 \$.20	\$2,500 \$.20	Patient Transportation (No Lifetime Limits) <ul style="list-style-type: none"> When you travel over 80 miles from home for covered services or up to 3 consultations prior to treatment, Round trip charges for your plane, train, or bus up to For each mile by personal auto 	\$2,500 \$.40	\$2,500 \$.60
\$2,500 \$.20	\$2,500 \$.20	Family Member Transportation (If a child is hospitalized, we will pay this benefit for both parents) <ul style="list-style-type: none"> For one member of your immediate family also traveling more than 80 miles from home to be with you when you are hospitalized, round trip charges for plane, train, or bus up to For each mile by personal auto 	\$2,500 \$.40	\$2,500 \$.60
\$25	\$50	Family Member Lodging <ul style="list-style-type: none"> For each day, up to 60 days, for a member of your immediate family who also travels more than 80 miles from home and requires lodging while you are hospitalized, we will pay charges up to 	\$100	\$200

