

# Cancer Insurance

## Level 2 Benefits

Our cancer insurance helps provide financial protection through a variety of benefits. These benefits are not only for you but also for your covered family members.



For more information,  
talk with your  
benefits counselor.

| BENEFIT DESCRIPTION                                                                                     | BENEFIT AMOUNT                     |
|---------------------------------------------------------------------------------------------------------|------------------------------------|
| <b>Air Ambulance</b> .....                                                                              | \$2,000 per trip                   |
| Transportation to or from a hospital or medical facility <i>[max. of two trips per confinement]</i>     |                                    |
| <b>Ambulance</b> .....                                                                                  | \$250 per trip                     |
| Transportation to or from a hospital or medical facility <i>[max. of two trips per confinement]</i>     |                                    |
| <b>Anesthesia</b>                                                                                       |                                    |
| Administered during a surgical procedure for cancer treatment                                           |                                    |
| ■ General Anesthesia.....                                                                               | 25% of Surgical Procedures Benefit |
| ■ Local Anesthesia.....                                                                                 | \$30 per procedure                 |
| <b>Anti-nausea Medication</b> .....                                                                     | \$40 per day administered or       |
| Doctor-prescribed medication for radiation or chemotherapy <i>[\$160 monthly max.]</i>                  |                                    |
| per prescription filled                                                                                 |                                    |
| <b>Blood/Plasma/Platelets/Immunoglobulins</b> .....                                                     | \$150 per day                      |
| A transfusion required during cancer treatment <i>[\$10,000 calendar year max.]</i>                     |                                    |
| <b>Bone Marrow Donor Screening</b> .....                                                                | \$50                               |
| Testing in connection with being a potential donor <i>[once per lifetime]</i>                           |                                    |
| <b>Bone Marrow or Peripheral Stem Cell Donation</b> .....                                               | \$500                              |
| Receiving another person's bone marrow or stem cells for a transplant <i>[once per lifetime]</i>        |                                    |
| <b>Bone Marrow or Peripheral Stem Cell Transplant</b> .....                                             | \$4,000 per transplant             |
| Transplant you receive in connection with cancer treatment                                              |                                    |
| <i>[max. of two bone marrow transplant benefits per lifetime]</i>                                       |                                    |
| <b>Cancer Vaccine</b> .....                                                                             | \$50                               |
| An FDA-approved vaccine for the prevention of cancer <i>[once per lifetime]</i>                         |                                    |
| <b>Companion Transportation</b> .....                                                                   | \$0.50 per mile                    |
| Companion travels by plane, train or bus to accompany a covered cancer patient more                     |                                    |
| than 50 miles one way for treatment <i>[up to \$1,000 per round trip]</i>                               |                                    |
| <b>Egg(s) Extraction or Harvesting/Sperm Collection and Storage</b>                                     |                                    |
| Extracted/harvested or collected before chemotherapy or radiation <i>[once per lifetime]</i>            |                                    |
| ■ Egg(s) Extraction or Harvesting/Sperm Collection.....                                                 | \$700                              |
| ■ Egg(s) or Sperm Storage (Cryopreservation).....                                                       | \$200                              |
| <b>Experimental Treatment</b> .....                                                                     | \$250 per day                      |
| Hospital, medical or surgical care for cancer <i>[\$12,500 lifetime max.]</i>                           |                                    |
| <b>Family Care</b> .....                                                                                | \$40 per day                       |
| Inpatient or outpatient treatment for a covered dependent child                                         |                                    |
| <i>[\$2,000 calendar year max.]</i>                                                                     |                                    |
| <b>Hair/External Breast/Voice Box Prosthesis</b> .....                                                  | \$200 per calendar year            |
| Prosthesis needed as a direct result of cancer                                                          |                                    |
| <b>Home Health Care Services</b> .....                                                                  | \$75 per day                       |
| Examples include physical therapy, occupational therapy, speech therapy and                             |                                    |
| audiology; prosthesis and orthopedic appliances; rental or purchase of durable                          |                                    |
| medical equipment <i>[up to 30 days per calendar year or twice the number of days</i>                   |                                    |
| <i>hospital confined, whichever is greater]</i>                                                         |                                    |
| <b>Hospice (Initial or Daily Care)</b>                                                                  |                                    |
| An initial, one-time benefit and a daily benefit for treatment <i>[\$15,000 lifetime max. for both]</i> |                                    |
| ■ Initial hospice care <i>[once per lifetime]</i> .....                                                 | \$1,000                            |
| ■ Daily hospice care.....                                                                               | \$50 per day                       |



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## BENEFIT DESCRIPTION

## BENEFIT AMOUNT

### Hospital Confinement

Hospital stay (including intensive care) required for cancer treatment

- 30 days or less ..... \$150 per day
- 31 days or more ..... \$300 per day

### Injected Chemotherapy Administration

Administration by medical personnel once per calendar week

**Lodging** ..... \$50 per day

Hotel/motel expenses when being treated for cancer more than 50 miles from home  
[70-day calendar year max.]

**Medical Imaging Studies** ..... \$125 per study

Specific studies for cancer treatment [ \$250 calendar year max.]

**Outpatient Surgical Center** ..... \$200 per day

Surgery at an outpatient center for cancer treatment [ \$600 calendar year max.]

**Private Full-time Nursing Services** ..... \$75 per day

Services while hospital confined other than those regularly furnished by the hospital

**Prosthetic Device/Artificial Limb** ..... \$1,500 per device or limb

A surgical implant needed because of cancer surgery [payable one per site, \$3,000 lifetime max.]

### Radiation/Chemotherapy

Weekly Benefit [max. once per week]

- Radiation delivered by medical personnel ..... \$500

Monthly Chemotherapy Benefit [max. once per month]

- Injected by medical personnel [1-24 months] ..... \$200
- Injected by medical personnel [25+ months] ..... \$100
- Self-Injected ..... \$200
- Pump ..... \$200
- Topical ..... \$200
- Oral Hormonal [1-24 months] ..... \$200
- Oral Hormonal [25+ months] ..... \$100
- Oral Non-Hormonal ..... \$200

**Reconstructive Surgery** ..... \$40 per surgical unit

A surgery to reconstruct anatomic defects that result from cancer treatment  
[up to \$2,500 per procedure, including 25% for general anesthesia]

**Second Medical Opinion** ..... \$200

A second physician's opinion on cancer surgery or treatment [once per lifetime]

**Skilled Nursing Care Facility** ..... \$100 per day

Confinement to a covered facility after hospital release [up to the number of days paid for hospital confinement]

**Skin Cancer Initial Diagnosis** ..... \$300

A skin cancer diagnosis while the policy is in force [once per lifetime]

**Supportive or Protective Care Drugs and Colony Stimulating Factors** ..... \$100 per day

Doctor-prescribed drugs to enhance or modify radiation/chemotherapy treatments  
[ \$800 calendar year max.]

**Surgical Procedures** ..... \$50 per surgical unit

Inpatient or outpatient surgery for cancer treatment [ \$3,000 max. per procedure]

**Transportation** ..... \$0.50 per mile

Travel expenses when being treated for cancer more than 50 miles from home  
[up to \$1,000 per round trip]

**Waiver of Premium** ..... Is available

No premiums due if the named insured is disabled longer than 90 consecutive days

The policy has limitations and exclusions that may affect benefits payable. Most benefits require that a charge be incurred. Policy may not be available in all states and may vary by state. For cost and complete details, see your benefits counselor.

This chart highlights the benefits of policy form CanAssist-KS. This chart is not complete without form #101481 (including state abbreviations where used – for example: 101481-NC).