



YOUR FAMILY DESERVES A BETTER TOMORROW

CancerSelect® Plus cancer only indemnity insurance

CancerSelect® Plus Cancer only Indemnity Insurance is underwritten by **Transamerica Life Insurance Company**, Cedar Rapids, Iowa.

In the US, men have slightly less than a 1 in 2 lifetime risk of developing cancer, while the risk for women is a little more than 1 in 3.¹ Anyone can develop cancer, but can you help protect yourself and your family from the out-of-pocket costs associated with cancer treatment?

Good medical coverage helps, but is it enough?

While some individuals diagnosed with cancer have meaningful and adequate health insurance to cover most of the cost of treatment, an increasing number of privately insured workers face the prospect of crippling out-of-pocket costs, according to updated information from the National Cancer Institute. Those rising health care costs often leave both uninsured and individuals with insurance without the coverage they need – especially the 11 million Americans with cancer.²

If you or one of your family members were to be diagnosed with cancer, would you want to face those chances? Now there's a way you can add more benefits for you and your family.

If cancer is the disease you worry about most, you're not alone.

The financial costs of cancer care can be a burden to people diagnosed with cancer, their families, and society as a whole. National cancer care expenditures have been steadily increasing in the United States. Costs also are likely to increase as new, more advanced treatments are adopted as standards of care.³ With this supplemental benefit your employer is making available, you'll not only have more resources to cope with any future diagnosis of cancer, but you'll also have wellness benefits to help you detect cancer early when it's most treatable.

Wellness Benefits

Hospital Benefits

Surgery Benefits

Radiation and
Chemotherapy Benefits

Cancer Maintenance
Therapy Benefits

MA brochure

1 American Cancer Society. *Cancer Facts & Figures 2012*. Atlanta: American Cancer Society; 2012.

2 National Cancer Institute. *Cancer Query System; Cancer Prevalence Database*. <http://srab.cancer.gov/prevalence/canques.html>. 2012.

3 National Cancer Institute. "Cancer Costs Projected to Reach at Least \$158 Billion in 2020." Jan. 12, 2011. <http://www.nih.gov/news/health/jan2011/nci-12.htm>.

Policy form series CPCAN200 and CQCAN200. Forms may vary, coverage available where approved. This is a brief summary of CancerSelect Plus Group Cancer-only Insurance. Limitations and Exclusions apply. Please refer to the policy, certificate and riders for complete details.

This insurance pays you directly and is not reduced by other insurance.

While typical health insurance pays your doctor or hospital, this supplemental insurance pays you directly unless you assign benefits. Some benefits pay by the day or treatment, while others reimburse you for expenses you incur. Either way, it can be a source of financial support just when you and your family need it most!

You can cover only yourself or add your eligible spouse and children.

If you are 18 years old or more, you can purchase this valuable supplemental benefit. You can also choose to cover your eligible family members, including your spouse age 18 or older and your children from birth through age 25.

Valuable benefits for your life.

Review the attached benefits and costs for the insurance policy your employer has designed for your consideration. It's a long list of benefits, but they're all important. As you read through the list of all the ways this supplemental coverage pays, think about how you could possibly cover all these costs on your own. Fighting cancer can be challenging both financially and emotionally, and the more resources you have, the better prepared you and your family will be.

Up to date information regarding our compensation practices can be found in the Disclosures section of our website at: www.tebcs.com.

PRODUCT DETAILS

Hospital Benefits		Plan 1 - 2.00 Units	Policy Pays
Hospital Confinement		\$200	per day of covered confinement
Attending Physician		\$40	per day while hospital confined; one visit per 24-hour period
Inpatient Drugs and Medicines		\$30	per day while hospital confined
Private Duty Nurse		\$200	per day while hospital confined; must be authorized by the attending physician; cannot be hospital staff or a family member
Ambulance		\$200	for service by a licensed ambulance service for transportation to a hospital; admittance required
Skilled Nursing Facility		\$100	per day; up to 100 days of covered confinement
Hospice Care		\$200	per day of hospice care; 100-day lifetime maximum; not payable while hospital confined
Surgery Benefits		Plan 1 - 1.00 Units	Policy Pays
Surgery	Inpatient	\$1,000	maximum benefit; actual benefit is determined by the surgery schedule in the contract; for multiple procedures in same incision only the highest benefit is paid; for multiple procedures in separate incisions will pay highest benefit and then 50% for each lesser procedure
	Outpatient	\$1,500	
Anesthesia		25%	of covered surgery benefit
Prosthesis		\$500	pays actual charges per device requiring implantation
Hair Prosthesis		\$50	pays actual charges for wig to cover hair loss from cancer treatment
Reconstructive Surgery	Breast Cancer – simple or total mastectomy	\$120	for reconstructive surgery within 2 years of the initial cancer removal; excludes skin cancer and malignant melanoma; benefit not payable if paid under any other provision of the policy
	Breast Cancer – radical mastectomy	\$170	
	Cancers of the male or female genitalia	\$170	
	Cancer of the head, neck, or oral cancers	\$250	
Second Surgical Opinion		\$100	when surgery is prescribed; excludes skin cancer
Ambulatory Surgical Center		\$150	maximum per day; pays actual charges for outpatient surgery at an ambulatory surgical center

PRODUCT DETAILS

Skin Cancer	One removal	\$75	for removal of skin cancer (skin cancer does not include malignant melanoma or mycosis fungoides)
	Per additional removal	\$50	
Radiation and Chemotherapy Benefits		Plan 1 - 1.00 Units	Policy Pays
Radiation and Chemotherapy		\$150	per day
Associated Radiation & Chemo Expenses		\$25	per day for treatment consultations and planning, adjunctive therapy, radiation management, chemotherapy administration, physical exams, checkups, and laboratory or diagnostic tests; transportation and lodging are not included as associated expenses
Blood, Plasma, Blood Components, Bone Marrow and Stem Cell Transplant		\$150	per day
Associated Blood & Plasma Expenses		\$150	per day for administration of blood, plasma and blood components, transfusions, processing and procurement, or cross-matching, treatment consultations and planning, physical exams, checkups, and laboratory or diagnostic tests; transportation and lodging are not included as associated expenses
New or Experimental Treatment		\$150	per day for drugs or chemical substances approved by the FDA for experimental use on humans or surgery or therapy endorsed by either the NCI or ACS for experimental studies received in the US or its territories

PRODUCT DETAILS

Wellness & Non-Medical Benefits	Plan 1 - 3.00 Units	Policy Pays
Annual Cancer Screening	\$150	per calendar year for cancer screening tests: <ul style="list-style-type: none"> • mammogram • pap smear • flexible sigmoidoscopy • prostate-specific antigen test • chest x-ray • hemocult stool specimen • ultrasound • CEA • CA125 • biopsy • thermography • colonoscopy • serum protein electrophoresis • bone marrow testing • blood screening
Magnetic Resonance Imaging (MRI) Scan	\$150	per calendar year for MRI scan used as diagnostic tool for breast cancer
Non-Local Transportation	Included	round-trip charges or private vehicle allowance, up to 750 miles at \$0.40 per mile, when required non-local hospital confinement is more than 50 miles from residence for a covered person and an adult immediate family member during confinement; payable once per confinement
Family Member Lodging	\$150	per day (maximum 50 days per 12 month period) for lodging expenses for an adult immediate family member when non-local hospital confinement is required
Outpatient Lodging	\$150	per day (maximum 50 days per 12 month period) for lodging expenses for a covered person to receive radiation or chemotherapy on an outpatient basis if not available locally
Physical Therapy & Speech Therapy	\$75	per treatment; limit one treatment per day
At-Home Nursing	\$150	per day, up to the number of days of the prior hospital stay when admitted within 14 days of hospital discharge
Waiver of Premium	Included	waives premium for total disability due to cancer after 60 consecutive days of total disability; total disability must begin prior to the covered person's 70th birthday

PRODUCT DETAILS

Cancer Maintenance Therapy Benefit	Plan 1 - 1.00 Units		Policy Pays
<ul style="list-style-type: none"> • Cancer Suppressive Therapy • Hematological Drugs • Anti-Nausea Drugs • Motility Agents 	\$25		per day; up to the same number of days of radiation or chemotherapy
Semi-Monthly Premium	Individual	Single Parent Family	Family
Plan 1	\$7.21	\$8.47	\$13.17

Issue State: Massachusetts
 Rate generation date: November 8, 2013

LIMITATIONS AND EXCLUSIONS

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

- We may reduce or deny a claim or void coverage for loss incurred by a covered person 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.
- 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, except as specifically covered under the contract.
- If a covered hospital confinement is due to more than one covered condition, benefits will be payable as though the confinement or expense were due to one 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.
- Under no condition will we pay any benefits for losses or medical expenses incurred prior to the effective date.

Pre-Existing Condition Limitation - No benefits are provided during the first 6 months for pre-existing conditions for which medical advice was given or treatment was recommended by, or received from, a licensed health care provider within the 6-month period immediately preceding the effective date of a covered person's coverage under this policy.

Total Disability means the inability to perform all of the material and substantial duties of the employee's regular occupation. Total Disability will be considered to exist when under the regular care and attendance of a physician for the necessary treatment of cancer. After the first two years of Total Disability, the employee will continue to be considered Totally Disabled if unable to engage in any employment or occupation for which he or she is or becomes qualified by reason of education, training, or experience. On or after age 65, Total Disability will mean that a physician has certified that the employee is unable to perform two or more Activities of Daily Living (continence, transferring, dressing, toileting, eating and bathing) without direct personal assistance as a result of cancer.

Termination of Coverage

Employee coverage will terminate on the earliest of:

- The date of the employee's death;
- The date on which the employee ceases to be eligible for coverage;
- The last date for which premium payment has been made to us;
- The last date on which employment terminates;
- The date the group master policy terminates; or
- The date the employee sends us a written notice to cancel coverage.

Dependent coverage will terminate on the earliest of:

- The date the employee's coverage terminates;
- The last date for which premium payment has been made to us;
- The date the dependent no longer meets the definition of dependent;
- The date the group master policy is modified so as to exclude dependent coverage; or
- The date the employee sends us a written notice to cancel dependent coverage.

We will have the right to terminate the coverage of any covered person who submits a fraudulent claim under the policy.

Portability Option

If an employee loses eligibility for this insurance for any reason other than nonpayment of premiums, coverage can be continued by paying the premiums directly to us within 31 days after termination. We will bill the employee directly once we receive notification to continue coverage.

Termination of the Group Master Policy

The policyholder may end the policy on any premium due date by submitting a 60-day advance written notice. A group will not be continued if it drops below the minimum required participation. The group master policy will be terminated and coverage of all remaining insureds will end, subject to the Portability Option.

Other Insurance with Us

An individual can only have one cancer policy or certificate with us. If a person already has cancer insurance with us, such person is not eligible to apply for this coverage.