



# Cancer Supplemental Insurance Policy with Transplant & Chronic Illness

FIXED INDEMNITY BENEFIT INSURANCE POLICY



Insurance Coverage underwritten by



# Cancer Lump Sum Benefit<sup>1</sup>

## \$50,000\*

### CANCER LUMP SUM BENEFIT

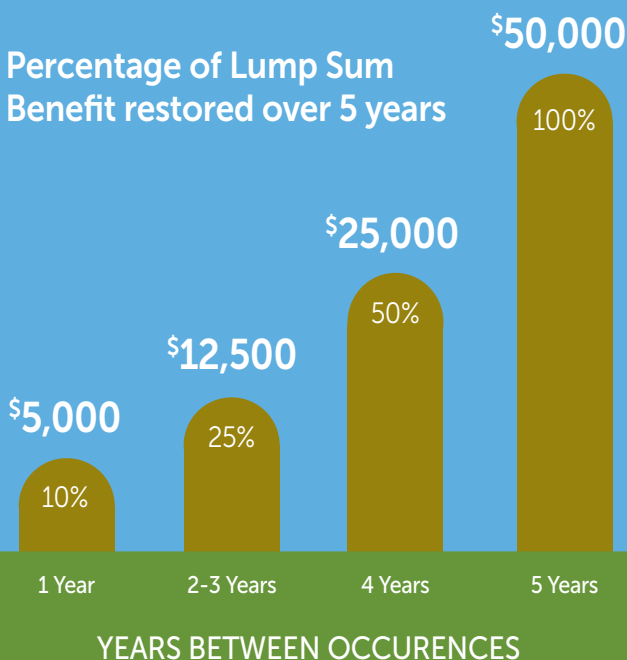
Pays the lump sum benefit amount when the insured is diagnosed as having cancer.  
Pays 25% of lump sum benefit for limited cancer, including cancer in-situ.  
Non-malignant melanoma skin cancer will pay a onetime benefit of \$500.

# Recurrence Benefit<sup>1</sup>

After you recover, your Lump Sum Benefit starts to restore!

The Recurrence Benefit is a percentage of the Lump Sum Benefit. Benefits are payable after an insured has been in a Period of Remission for at least one full year from a previous cancer.

Percentage of Lump Sum Benefit restored over 5 years



11 of the 12 cancer drugs approved in 2012 by the Food and Drug Administration cost more than \$100,000 per year.<sup>2</sup>

\*Benefit amounts listed are based on the Plan F benefit plan. Other benefit plans are available. Premiums will vary by plan.

Non-malignant melanoma skin cancer will pay a onetime benefit of \$500 on plans A-F.

<sup>1</sup>Cancer Lump Sum and Recurrence Indemnity Benefit Insurance Policy

<sup>2</sup>Journal of the American Society of Clinical Oncology <http://jco.ascopubs.org/content/31/28/3600.long>

# Hospital Confinement Benefit<sup>\*3</sup>

## HOSPITAL CONFINEMENT BENEFIT

**DAYS 1-90 \$2,000/DAY**

**\$60,000/MONTH**

Pays per day when you are confined to the hospital for at least 18 hours as a direct result of cancer.  
**NO LIFETIME MAXIMUM.**

## CATASTROPHIC HOSPITAL CONFINEMENT BENEFIT

**DAYS 91+ \$6,000/DAY**

**\$180,000/MONTH**

Pays beginning on the 91st day of being continuously confined to a hospital or a U.S. Government hospital.  
Pays in addition to all other benefits except the Hospital Confinement Benefit. **NO LIFETIME MAXIMUM.**

## DRUGS AND MEDICINE // \$1,000/DAY

Pays each day for FDA-approved medication received during a covered hospital confinement.  
**NO LIFETIME MAXIMUM.**

## ATTENDING PHYSICIAN // \$500/DAY

Pays each day an insured receives services for an attending physician while hospital confined.  
**NO LIFETIME MAXIMUM.**

# Cancer Treatment Benefits<sup>3</sup>

### Private Nurse // \$250/day

**NO LIFETIME MAXIMUM**

Pays each day an insured receives full-time services from a private nurse while hospital confined.

### Skilled Nursing Facility // \$250/day

**NO LIFETIME MAXIMUM**

Pays each day the insured is skilled nursing facility confined. The nursing confinement must begin within 14 days after the covered person is discharged from a hospital.

### Lodging // \$100/day

**NO LIFETIME MAXIMUM**

**UP TO 30 DAYS PER CALENDAR YEAR**

Pays lodging each day for the insured or an adult companion when insured is receiving treatment from a medical facility located more than 100 miles from the insured's home.

### Transportation

**NO LIFETIME MAXIMUM**

**Common Carrier (Air, Rail or Bus) // up to \$2,000/trip**

**LIMITED TO 2 ROUND TRIPS PER PERSON, PER CALENDAR YEAR.**

Pays the benefit amount for the insured and one adult companion to travel to or from the hospital.

**Private Vehicle // up to \$2,000/trip**

**\$0.60/MILE UP TO THE BENEFIT AMOUNT. PAYS FOR UNLIMITED TRIPS.**

Pays the benefit amount for the insured to travel to or from the hospital located more than 50 miles from the home.

### Ambulance

**NO LIFETIME MAXIMUM**

Pays per trip to or from a hospital where insured is confined as an inpatient.

**Ground // \$250/trip LIMITED TO 4 TIMES PER CALENDAR YEAR**

**Air // \$1,500/trip LIMITED TO 1 TRIP PER CALENDAR YEAR**

## SCREENING\* // \$250/year **NO LIFETIME MAXIMUM**

Pays for the insured's diagnostic test to screen for cancer. Must be at least 18 years old.

## EXPERIMENTAL TREATMENT\* // \$50,000 per cancer occurrence

Pays for experimental drugs and chemicals, surgery or therapy endorsed by either the NCI or ACS for experimental studies in the treatment of cancer.

## HOSPICE BENEFIT\* // \$1,000/day **6 MONTH MAXIMUM**

Pays each day that a terminally ill individual receives hospice care as a direct result of cancer.

\*Other benefit plans are available. Premiums will vary by plan.

<sup>3</sup>Cancer Related Indemnity Benefit Rider & Cancer Surgical Procedures Indemnity Benefit Rider

## Cancer Surgical Benefits<sup>4</sup>

up to **\$50,000\***

### **SURGICAL PROCEDURES** NO LIFETIME MAXIMUM

Pays per surgery, based upon the surgical schedule required. Benefits vary by surgical procedure.

### **ANESTHESIA\* // Up to \$15,000/surgery** NO LIFETIME MAXIMUM

Pays per surgery, 30% of benefits paid for the surgery performed.

### **2ND AND 3RD SURGICAL OPINIONS // \$300/opinion** NO LIFETIME MAXIMUM

Pays for the opinion of other physicians if surgery is recommended.

### **SURGICAL PROSTHESIS\* // \$15,000/device** PER LIFETIME

Pays for surgically implanted prosthesis needed as a direct result of surgical procedure performed.

### **NON-SURGICAL PROSTHESIS\* // \$3,750/device** PER LIFETIME

Pays for non-surgically implanted prosthesis.

## Chemotherapy and Radiation Benefits<sup>\*5</sup>

### **INJECTED CHEMOTHERAPY // \$1,000/day** NO LIFETIME MAXIMUM

Pays **per day** for covered injected chemotherapy treatments.

### **RADIATION // \$1,000/day** NO LIFETIME MAXIMUM

Pays **per day** for covered radiation treatments.

### **ORAL CHEMOTHERAPY** (per medication) // **\$3,000/month**

LIMITED TO 36 MONTHS

MAXIMUM OF 3 MEDICATIONS PER MONTH

### **ANTI-NAUSEA DRUGS // \$500/month** NO LIFETIME MAXIMUM

Pays **per month** for prescribed anti-nausea drugs while an insured person is receiving chemotherapy, radiation, or experimental treatment on an outpatient basis.

### **SUPPORTIVE DRUGS // \$250/month** NO LIFETIME MAXIMUM

Pays **per month** for supportive or protective care drugs prescribed in connection or conjunction with injected chemotherapy.



<sup>4</sup>Cancer Surgical Procedures Indemnity Benefit Rider

<sup>5</sup>Cancer Chemotherapy & Radiation Indemnity Benefit Rider.

\*Benefit amounts listed are based on the Plan F benefit plan. Other benefit plans are available. Premiums will vary by plan.

## Transplant Benefits\*<sup>6</sup>

The benefits listed below increase by 5% every year, for 20 years.

**\$100,000/surgery**

### **HUMAN ORGAN TRANSPLANT** Grows to \$200,000 in 20 Years

Pays the Organ Transplant Lifetime Benefit amount if the insured is the recipient of a human organ transplant because the organ can no longer adequately function causing the insured to be at greater risk of death.

### **BONE MARROW TRANSPLANT // \$50,000** Grows to \$100,000 in 20 Years

Pays the Bone Marrow Transplant Lifetime Benefit amount if the insured is the recipient of a human bone marrow transplant. This benefit is not payable for the harvesting, storage and subsequent reinfusion of bone marrow from the recipient.

### **STEM CELL TRANSPLANT // \$50,000** Grows to \$100,000 in 20 Years

Pays the Stem Cell Transplant Lifetime Benefit amount if the insured is the recipient of a human stem cell transplant. This benefit is not payable for a harvesting of peripheral blood cells or stem cells and subsequent reinfusion.

### **DONOR BENEFIT // \$50,000** Grows to \$100,000 in 20 Years

Pays the Donor Benefit amount when the insured is the recipient of a transplant covered under this Rider.

Each day, an average of 79 people receive organ transplants.<sup>7</sup>

## Chronic Illness Benefits\*<sup>8</sup>

The benefits listed below increase by 5% every year, for 20 years.

### **ALZHEIMER'S // \$50,000** Grows to \$100,000 in 20 Years

Pays the Alzheimer's Lifetime Benefit amount if the insured is diagnosed by a physician with Alzheimer's and such person, as a result of Alzheimer's is confined to a Licensed Nursing Facility for at least 60 days. **PER COVERED PERSON/LIFETIME**

### **PERMANENT PARALYSIS // \$100,000** Grows to \$200,000 in 20 Years

Pays the Permanent Paralysis Lifetime Benefit amount when the insured is diagnosed with permanent paralysis. **PER COVERED PERSON/LIFETIME**

### **COMA // \$100,000** Grows to \$200,000 in 20 Years

Pays the Coma Lifetime Benefit amount when the insured has been in a coma for a period of 30 consecutive days. **PER COVERED PERSON/LIFETIME**

### **END-STAGE RENAL FAILURE // \$25,000** Grows to \$50,000 in 20 Years

Pays the End-Stage Renal Failure Lifetime Benefit amount when the insured is diagnosed with end-stage renal failure as a result of sickness or disease. **PER COVERED PERSON/LIFETIME**

The out-of-pocket costs to the family add up to an average of \$6,923 per year for an Alzheimer's patient.<sup>9</sup>

<sup>6</sup>Chronic Illness Indemnity Benefit Rider. Benefits decrease by half at age 70.

<sup>7</sup><http://www.organdonor.gov/about/data.html> \*Accessed May 26, 2015

\*Benefit amounts listed are based on Plan F benefit plan. Other benefit plans are available. Premiums will vary by plan.

<sup>8</sup>Chronic Illness Indemnity Benefit Rider. Benefits decrease by half at age 70.

<sup>9</sup>[https://www.alz.org/downloads/Facts\\_Figures\\_2014.pdf](https://www.alz.org/downloads/Facts_Figures_2014.pdf)

# Wellness Benefit<sup>10</sup>

## HEALTHY SCREENING AND DIAGNOSTIC TESTING

**\$100 per covered person/calendar year**

This pays a lump sum benefit amount for diagnostic tests, such as mammograms, CAT scans, MRIs and many blood tests. Benefit payment is limited to one test per calendar year per covered person.

## HEALTHY LIFESTYLE

**\$50 per covered person/calendar year.**

This pays a lump sum benefit amount if the insured undergoes a physical examination by a physician or for participation in a healthy lifestyle program by joining a gym, a weight loss program or smoking cessation program. Benefit payment is limited to one program per calendar year per covered person (age 18 or older).

## ALTERNATIVE CARE BENEFIT

**\$50 per covered person/24 visits per lifetime**

Alternative care is limited to yoga, meditation, relaxation techniques, Tai Chi, acupuncture, therapeutic massage and nutritional counseling. Pays benefit amount for alternative care prescribed by a physician. Limited to once per month for a lifetime maximum of 24 visits per covered person.

## PHYSICIAN OFFICE VISIT BENEFIT

**\$50 per visit/4 visits per covered person per calendar year NO LIFETIME MAXIMUM**

Pays benefit amount for a physician's office visit each day that the insured receives outpatient treatment from a physician due to a covered sickness.

# Intensive Care Unit Benefit<sup>11</sup>

**NO LIFETIME MAXIMUM**

**LIMITED TO 30 DAYS PER INTENSIVE CARE CONFINEMENT**

**Confined for Illness // \$1,000 per day**

Pays for each day a covered person is confined to an intensive care unit of a hospital as a result of a covered loss due to a sickness. If confined to a step-down unit, the benefit will pay one-half the Intensive Care Benefit. Each day must include an overnight stay.

# Policy Advantages

- You're paid regardless of any other insurance you may have, and the cash benefits are paid directly to you. You decide how to use the money!!\*
- Policy is guaranteed renewable as long as you pay your premiums on time.
- Premiums do not increase because you get older.



<sup>10</sup>Wellness Indemnity Benefit Rider

<sup>11</sup>Intensive Care Indemnity Benefit Rider. ICU benefits decrease by one-half when a covered person is 70 or older.

\*The benefits may be paid directly to the hospital or other health care facility if an assignment of benefits is made.

# Annual Benefit Example

Primary Insured Age \_\_\_\_\_ Premium \_\_\_\_\_

Probable Annual Benefits without Diagnosis				
	Annual Cancer Screening <sup>12</sup> (1/person/year)	Any Screening (1/person/year)	Healthy Lifestyle (1/person/year)	Physician Visits (max. 4/person/year)
Primary Insured	\$250	\$100	\$50	\$50
Spouse				
Dependents 18+				
Dependents Under 17	N/A		N/A	
<b>TOTALS</b>				

**POTENTIAL BENEFIT EXAMPLE**

Example assumes eligibility for all listed benefits. See limitations and exclusions.  
Premium payable for the base policy and riders.

# Policy Options

Your Age \_\_\_\_\_

\$ \_\_\_\_\_ Plan Level      \$ \_\_\_\_\_ Plan Level      \$ \_\_\_\_\_ Plan Level

\$ \_\_\_\_\_      \$ \_\_\_\_\_      \$ \_\_\_\_\_



<sup>12</sup>Cancer Lump Sum and Recurrence Indemnity Benefit Insurance Policy  
Benefit amounts listed are based on the Plan B-F benefit plans. Other benefit plans are available. Premiums will vary by plan.

Toll Free **1-877-822-0582**

Our customer service specialists are friendly, knowledgeable and licensed agents!  
If you have a question, please call us.

This brochure is intended to provide a general description of the policy benefits. Policy provisions and benefits may vary from state to state. Please see the policy and riders for exact details for costs and further details of coverage, including exclusions, any restrictions or limitation and the terms under which the policy may be continued in force, see your agent or contact the insurance company. This is a solicitation of insurance and an agent may contact you.

**THIS IS A LIMITED POLICY-READ YOUR POLICY CAREFULLY.**

Pre-Existing Conditions are not covered during the first six months after the policy date.

**Waiting Periods:** A waiting period is the number of days for which no benefits are payable. The benefits listed under the Wellness Indemnity Benefit Rider and the Screening Benefit under the Fixed Indemnity Benefit Insurance Policy are subject to a 90 day waiting period. The other benefits under the Fixed Indemnity Benefit Insurance Policy, the Cancer Surgical Procedures Indemnity Benefit Rider, the Cancer Related Indemnity Benefit Rider, the Chemotherapy and Radiation Indemnity Benefit Rider, the Chronic Illness Indemnity Benefit Rider, and the Intensive Care Indemnity Benefit Rider are subject to a 30 day waiting period.

**Limitations & Exclusions:** This policy/rider does not pay benefits for any loss due to: (1) Any loss for Cancer that occurs while this policy or the Covered Person's coverage is not in force; (2) Any loss for Cancer that occurs during the Waiting Period, including: (a) When medical advice, care, treatment or diagnosis received during the Waiting Period leads to a Diagnosis of Cancer during or after the Waiting Period; (b) If tissue extracted during the Waiting Period leads to a Diagnosis of Cancer during or after the Waiting Period; or (c) Cancer that manifests itself during the Waiting Period. Cancer is manifested when symptoms exist; (3) Any loss due to a Sickness that is not directly related or attributable to the Covered Person's Diagnosed Cancer; (4) For treatment, services, or supplies received on an outpatient basis; (5) Any loss due to an Injury; (6) Any treatment for loss for Diagnosed Cancer that: (a) Is not Medically Necessary; (b) Is a complication of a noncovered loss; (c) Is not prescribed by a Physician as necessary to treat Cancer; (d) Is received without charge or legal obligation to pay (except treatment for loss in a United States Government Hospital); (e) Would not routinely be paid in the absence of insurance; (f) Is received from any Family Member; (7) Any treatment for Cancer that is determined to be Experimental or Investigational. The Experimental Treatment Indemnity Benefit is not subject to this exclusion; (8) Cosmetic or elective procedures that are not Medically Necessary; (9) Confinement in an observation unit; (10) Hospital Confinement primarily for hospice care, rest care, convalescent care or for rehabilitation.

**Right to Return:** If you are not satisfied with your policy, send it back to Customer Service within thirty (30) days after you receive it and the insurance company will return your money, less any claims paid.

The policy/riders are limited health coverage that provide benefits in addition to other insurance you may have.

A Hospital is an institution licensed or certified as a hospital in the state in which it is located. It does not include other facilities that provide institutional care, such as nursing facilities, rehabilitation facilities, alcohol, drug, or substance abuse treatment facilities, or extended care facilities.

Hospital Confinement period begins with the first day of Confinement as an inpatient in a hospital. It ends when an insured has been out of the hospital 60 consecutive days.

**NOTICE TO BUYER:** This policy and riders provide limited benefits. They may not cover all the costs incurred by the buyer during the period of coverage. The buyer is advised to carefully review all policy limitations, exclusions, terms and conditions. **PLEASE READ YOUR ACCOMPANYING OUTLINE OF COVERAGE.**

This brochure is designed to be a marketing aid and is not to be construed as a contract for insurance.

This brochure provides a brief description of the important features of policy form(s)  
SMCA2015CO, SMCAIRCO, SMCCRR, SMCSPP, SMCIIR, SMICURCO, SMWIBRCO



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