



Cancer Insurance Policy

SUPPLEMENTAL INSURANCE POLICY



Insurance coverage underwritten by



State Mutual
Insurance Company
Since 1936



Established in 1995
Dubuque, Iowa

A

Rated A with the Better Business Bureau.



Building innovative supplemental healthcare policies
that support the real needs of rural families.



Delivering helpful person-to-person service
to 70,000+ customers in 20 states—and growing.

Policies underwritten by:



Established in 1936
Rome, Georgia



Fighting cancer **can be costly.** It creates **two types** of expenses:

Medical Expenses

such as doctor or hospital bills.
Medical insurance typically covers most of these expenses.

Nonmedical Expenses

are unavoidable expenses (caused by your illness) that you pay for out of your own pocket.

The facts are:

- **60%** of the total cost of cancer is nonmedical and is not paid for by major medical insurance.¹
- **1 in 3** people will be diagnosed with cancer at some point in their lives.²

Your out-of-pocket expenses:

Medical Expenses:

- Deductibles
- Co-payments
- Benefit limitations
- Experimental treatments

Living Expenses:

- Mortgage or rent
- Car payments
- Utilities
- Groceries

Additional Expenses:

- Transportation
- Hotels
- Special diets
- Family care

Loss of Income:

If you or your spouse need time off from work, or are caring for a family member.

How will you pay for these extra expenses?

- Spend savings
- Borrow from your retirement
- Sell assets
- Assistance from family

An estimated 1 in 3 Americans reports having difficulty paying medical bills.³

A better solution:

Insurance policies marketed by

Platinum Supplemental Insurance

¹Source: Cancer Facts & Figures 2014. American Cancer Society. Retrieved from <http://www.cancer.org/acs/groups/content/@research/documents/webcontent/acspc-042151.pdf>.

²American Cancer Society. *Cancer Facts & Figures 2014*. Page 3.

³Pollitz, Karen; Cox, Cynthia; Lucia, Kevin; Keith, Katie. (2014, Jan. 7). Medical Debt Among People with Health Insurance. Kaiser Family Foundation. Retrieved from <http://kff.org/private-insurance/report/medical-debt-among-people-with-health-insurance/>.

Cancer Lump Sum Benefit⁴

\$100,000* **CANCER LUMP SUM BENEFIT**

Pays the lump sum benefit amount when a covered person is diagnosed as having cancer. Pays 25 percent of lump sum benefit for limited cancer, including cancer in situ. Nonmalignant melanoma skin cancer will pay a onetime benefit of \$500.

Recurrence Benefit⁴

After you recover, your lump sum benefit starts to restore!

The Recurrence Benefit is a percentage of the lump sum benefit. The Cancer Lump Sum Benefit is payable after a covered person has been in a period of remission for at least one full year from a previous diagnosed cancer.

Cancer Benefits⁵

Hospital Confinement Benefit

Days 1–90 \$500/day // \$15,000/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+ \$1,500/day // \$45,000/Month*

Pays beginning on the 91st day of being continuously confined to a hospital. Pays in addition to all other benefits except the Hospital Confinement Benefit.

NO LIFETIME MAXIMUM

Drugs and Medicine // \$250/day

NO LIFETIME MAXIMUM

Pays each day for FDA-approved medication received during a covered hospital confinement.

Attending Physician // \$125/day

NO LIFETIME MAXIMUM

Pays each day a covered person receives services from an attending physician during a covered hospital confinement.

Private Nurse // \$250/day

NO LIFETIME MAXIMUM

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

Skilled Nursing Facility // \$250/day

NO LIFETIME MAXIMUM

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

Screening // \$250/year

NO LIFETIME MAXIMUM

Pays for a covered person's diagnostic test to screen for cancer, heart attack or stroke. Must be at least 18 years old.

Experimental Treatment // \$12,500

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 // \$7,500/month

BASED ON 30-DAY MONTH

6 MONTH MAXIMUM

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

Lodging // \$100/day

NO LIFETIME MAXIMUM

UP TO 30 DAYS PER CALENDAR YEAR

Pays lodging each day for a covered person or an adult companion when insured is receiving treatment from a medical facility located more than 100 miles from their 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 a covered person and one adult companion to travel to or from the hospital.

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

\$.60/MILE UP TO THE BENEFIT AMOUNT. PAYS FOR UNLIMITED TRIPS.

Pays the benefit amount for a covered person 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

⁴Cancer Lump Sum and Recurrence Indemnity Benefit Insurance Policy

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

⁵Cancer Indemnity Benefit Rider

*Example uses daily benefit multiplied by assumed 30 days per month.

**This benefit is payable up to the same number of days you received the Hospital Confinement Benefit.

Chemotherapy and Radiation Benefits^{*6}

UP TO \$3,000 per month

ORAL CHEMOTHERAPY

Pays per medication, maximum of 3 medications per month. **LIMITED TO 36 MONTHS**

UP TO \$1,000 per day

INJECTED CHEMOTHERAPY

Pays per day for covered injected chemotherapy treatments. **NO LIFETIME MAXIMUM**

UP TO \$1,000 per day

RADIATION

Pays per day for covered radiation treatments. **NO LIFETIME MAXIMUM**

UP TO \$500 per month

ANTI-NAUSEA DRUGS

Pays per month for prescribed anti-nausea drugs while an insured person is receiving chemotherapy, radiation or experimental treatment on an outpatient basis. **NO LIFETIME MAXIMUM**

UP TO \$250 per month

SUPPORTIVE DRUGS

Pays per month for supportive or protective care drugs prescribed in connection or conjunction with injected chemotherapy. **NO LIFETIME MAXIMUM**

Wellness Benefit⁷

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 a covered person 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 a covered person receives outpatient treatment from a physician due to a covered injury or sickness.

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.
- Your premiums do not increase because you get older.

Annual Benefit Example

Primary Insured Age _____ Premium _____

Probable Annual Benefits without Diagnosis				
	Annual Cancer Screening ⁸ (1/person/year)	Any Covered Screening ⁹ (1/person/year)	Healthy Lifestyle ⁹ (1/person/year)	Physician Visits ⁹ (max. 4/person/year)
Primary Insured	\$250	\$100	\$50	\$50
Spouse				
Dependents 18+				
Dependents Under 17	N/A		N/A	
TOTALS				

PROBABLE BENEFIT EXAMPLE

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

Return of Premium

APPLICANTS AGE 49 AND UNDER¹⁰

We will return all premiums paid (less any claims paid) every 20 years.

APPLICANTS AGE 74 AND UNDER¹¹

We will return all premiums paid (less any claims paid) if you pass away within 10 years of the issue date or your death occurs prior to age 80, whichever is later.

	Premium Paid In	Claims Paid	Refund Amount
Example 1	\$15,000	\$150,000 Claims	No Refund
Example 2	\$15,000	\$5,000 Claims	\$10,000
Example 3	\$15,000	\$0 Claims	\$15,000

⁸Cancer Indemnity Benefit Rider

⁹Wellness Indemnity Benefit Rider

¹⁰20-Year Return of Premium Benefit Rider

¹¹Return of Premium upon Death Benefit Rider

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

Policy Options

Your Age _____

\$ _____ Plan Level

\$ _____ Plan Level

\$ _____ Plan Level

\$ _____

\$ _____

\$ _____

Cancer Benefit Levels

Scheduled Benefits	Plan A	Plan B	Plan C	Plan D	Plan E	Plan F
Cancer Lump Sum and Recurrence	\$10,000	\$15,000	\$20,000	\$30,000	\$40,000	\$100,000
Nonmalignant Melanoma Skin Cancer - Lifetime Benefit Amount	\$500	\$500	\$500	\$500	\$500	\$500
Limited Cancer - Lifetime Benefit Amount	\$2,500	\$3,750	\$5,000	\$7,500	\$10,000	\$25,000
Cancer or Hospital Confinement						
Days 1-90 (per day)	\$500	\$500	\$500	\$500	\$500	\$500
Days 91+ (per day)	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500
Hospice Care (per day)	\$250	\$250	\$250	\$250	\$250	\$250
Drugs & Medicine (per day)	\$250	\$250	\$250	\$250	\$250	\$250
Attending Physician (per day)	\$125	\$125	\$125	\$125	\$125	\$125
Screening Benefit (per year)	\$250	\$250	\$250	\$250	\$250	\$250
Private Nurse (per day)	\$250	\$250	\$250	\$250	\$250	\$250
Skilled Nursing Facility (per day)	\$250	\$250	\$250	\$250	\$250	\$250
Ground Ambulance (per trip, 4 trips/year)	\$250	\$250	\$250	\$250	\$250	\$250
Air Ambulance (per trip, 1 trip/year)	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500
Private Vehicle - \$0.60/mile (up to \$2,000/trip)	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000
Common Carrier (up to \$2,000/trip)	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000
Lodging (per day)	\$100	\$100	\$100	\$100	\$100	\$100
Experimental Treatment (per cancer occurrence)	\$12,500	\$12,500	\$12,500	\$12,500	\$12,500	\$12,500
Chemotherapy Injected (per day)	\$100	\$200	\$300	\$500	\$800	\$1,000
Chemotherapy Oral/Topical (per month, up to 3 medications per month, up to 36 months)	\$100	\$200	\$300	\$500	\$800	\$1,000
Radiation (per day)	\$100	\$200	\$300	\$500	\$800	\$1,000
Anti-Nausea Drug (per month)	\$50	\$100	\$150	\$250	\$400	\$500
Supportive Drug (per month)	\$25	\$50	\$75	\$125	\$200	\$250
Health & Wellness	\$100	\$100	\$100	\$100	\$100	\$100
Physical/Healthy Lifestyle	\$50	\$50	\$50	\$50	\$50	\$50
Alternative Care	\$50	\$50	\$50	\$50	\$50	\$50
Physician Office Visit	\$50	\$50	\$50	\$50	\$50	\$50

All Chronic Illness/Transplant benefits are lifetime benefit amounts.

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

Our customer service specialists are friendly and knowledgeable 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, limitations and the terms under which the policy may be continued in force. With questions, 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 does not apply in Wyoming.

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.

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)
SMCCRR, SMCAIR, SMCA2015WY, SMCIIR, SMWIBR, SMROPD, SM20ROP



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Insurance coverage underwritten by

