



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

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 CCCAN200. 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 - 1.00 Units	Plan 2 - 1.00 Units	Policy Pays
Hospital Confinement	\$100	\$100	per day of covered confinement
Extended Benefits	\$200	\$200	per day; begins on day 91 of continuous confinement; in lieu of all other benefits (except surgery and anesthesia)
Attending Physician	\$20	\$20	per day while hospital confined; one visit per 24-hour period
Inpatient Drugs and Medicines	\$15	\$15	per day while hospital confined
Private Duty Nurse	\$100	\$100	per day while hospital confined; must be authorized by the attending physician; cannot be hospital staff or a family member
Ambulance	\$100	\$100	for service by a licensed ambulance service for transportation to a hospital; admittance required
Extended Care Facility	\$100	\$100	per day; up to the number of days for the prior hospital stay; admittance must be within 14 days of hospital discharge
Government or Charity Hospital	\$100	\$100	per day of covered confinement; in lieu of all other benefits
Hospice Care	\$100	\$100	per day of hospice care; 100-day lifetime maximum; not payable while hospital confined

PRODUCT DETAILS

Surgery Benefits		Plan 1 - 1.00 Units	Plan 2 - 1.00 Units	Policy Pays
Surgery	Inpatient	\$1,000	\$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	\$1,500	
Anesthesia		25%	25%	of covered surgery benefit
Prosthesis		\$500	\$500	maximum benefit; pays actual charges per device requiring implantation
Hair Prosthesis		\$50	\$50	maximum benefit; pays actual charges for wig to cover hair loss from cancer treatment
Reconstructive Surgery	Breast Cancer – simple or total mastectomy	\$120	\$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	\$170	
	Cancers of the male or female genitalia	\$170	\$170	
	Cancer of the head, neck, or oral cancers	\$250	\$250	
Second Surgical Opinion		\$100	\$100	when surgery is prescribed; excludes skin cancer
Ambulatory Surgical Center		\$150	\$150	maximum per day; pays actual charges for outpatient surgery at an ambulatory surgical center

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Skin Cancer	One removal	\$75	\$75	for removal of skin cancer (skin cancer does not include malignant melanoma or mycosis fungoides)
	Per additional removal	\$35	\$35	
Radiation and Chemotherapy Benefits		Plan 1 - 2.00 Units	Plan 2 - 2.00 Units	Policy Pays
Radiation and Chemotherapy		\$10,000	\$10,000	maximum benefit per 12-month period; pays actual charges
Associated Radiation & Chemo Expenses		\$500	\$500	maximum benefit per 12-month period; pays actual charges 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		\$10,000	\$10,000	maximum benefit per 12-month period; pays actual charges
Associated Blood & Plasma Expenses		\$500	\$500	maximum benefit per 12-month period; pays actual charges 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

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New or Experimental Treatment	\$10,000	\$10,000	maximum benefit per 12-month period; pays actual charges 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
Wellness & Non-Medical Benefits	Plan 1 - 2.00 Units	Plan 2 - 2.00 Units	Policy Pays
Annual Cancer Screening	\$100	\$100	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	\$100	\$100	per calendar year for MRI scan used as diagnostic tool for breast cancer
Non-Local Transportation	Included	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

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Family Member Lodging	\$100	\$100	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	\$100	\$100	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	\$50	\$50	per treatment; limit one treatment per day
At-Home Nursing	\$100	\$100	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	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
Cancer Maintenance Therapy Benefit	Plan 1 - 1.00 Units	Plan 2 - 1.00 Units	Policy Pays
<ul style="list-style-type: none"> • Cancer Suppressive Therapy • Hematological Drugs • Anti-Nausea Drugs • Motility Agents 	\$1,000	\$1,000	maximum benefit per 12-month period; pays actual charges
First Occurrence Rider (Rider Form Series CROCC100, 200 or 300)	Plan 1 - 3.00 Units	Plan 2 - 10.00 Units	Policy Pays
Initial Diagnosis Benefit	\$3,000	\$10,000	pays a one-time, lump-sum benefit when a covered person is initially diagnosed with cancer (except skin cancer), based on a microscopic examination of fixed tissue or preparations from the hemic system. Clinical diagnosis is accepted under certain conditions.

PRODUCT DETAILS

Specified Illness and Disease Rider (Rider Form Series CRSPD200)	Plan 1 - 1.00 Units	Plan 2 - 3.00 Units	Policy Pays
Provides benefits for losses that are the direct result of a covered specified illness or disease.			
Hospital Confinement	\$100	\$300	per day of covered confinement
Extended Benefits	\$200	\$600	per day; begins on day 91 of continuous confinement; in lieu of all other benefits (except surgery and anesthesia)
Attending Physician	\$20	\$60	per day while hospital confined; one visit per 24-hour period
Inpatient Drugs and Medicines	\$15	\$45	per day while hospital confined
Private Duty Nurse	\$100	\$300	per day while hospital confined; must be authorized by the attending physician; cannot be hospital staff or a family member
Ambulance	\$100	\$300	for service by a licensed ambulance service for transportation to a hospital; admittance required
Extended Care Facility	\$100	\$300	per day; up to the number of days for the prior hospital stay; admittance must be within 14 days of hospital discharge
Government or Charity Hospital	\$100	\$300	per day of covered confinement; in lieu of all other benefits
Hospice Care	\$100	\$300	per day of hospice care; 100-day lifetime maximum; not payable while hospital confined
Surgery	\$1,000	\$3,000	per surgery; pays the lesser of the amount shown or an amount determined by multiplying the work relative value unit obtained from the Medicare Physician Fee Schedule by \$25
Outpatient Surgery	\$1,500	\$4,500	per surgery; pays 150% of the surgery benefit

PRODUCT DETAILS

Anesthesia	25%	25%	per surgery; pays the selected percentage of the surgery benefit
Second Surgical Opinion	\$100	\$300	for a second opinion when the first opinion prescribes surgery as treatment
Ambulatory Surgical Center	\$150	\$450	maximum per day; pays charges for surgery performed at an ambulatory surgical center or hospital as an outpatient; paid in addition to the outpatient surgery benefit

Covered Specified Illnesses and Diseases include:

Adrenal Hypofunction (Addison's Disease)	Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease)	Botulism	Brucellosis	Budd-Chiari Syndrome
Cerebral Palsy	Cholera	Cystic Fibrosis	Diphtheria	Encephalitis
Hansen's Disease	Hepatitis (Chronic B or Chronic C with liver failure or hepatoma)	Histoplasmosis	Huntington's Chorea	Legionnaires' Disease
Lupus	Lyme Disease	Mad Cow Disease	Malaria	Meningitis
Muscular Dystrophy	Myasthenia Gravis	Necrotizing Fasciitis	Osteomyelitis	Poliomyelitis
Primary Biliary Cirrhosis	Primary Sclerosing Cholangitis (Walter Payton's Liver Disease)	Q Fever	Rabies	Reye's Syndrome
Rheumatic Fever	Rocky Mountain Spotted Fever	Scarlet Fever	Scleroderma	Sickle Cell Anemia
Tay-Sachs Disease	Tetanus	Thalassemia	Toxic Epidermal Necrolysis	Toxic Shock Syndrome
Trichinosis	Tuberculosis	Tularemia	Typhoid Fever	Whooping Cough (Pertussis)

Actual charges means the amount actually paid by or on behalf of the insured and accepted by the provider as payment in full for services provided.

PRODUCT DETAILS

Weekly Premium	Individual	Single Parent Family	Family
Plan 1	\$4.75	\$5.47	\$8.70
Weekly Premium			
Plan 2	\$7.04	\$7.98	\$12.60

PRODUCT DETAILS

Bi-Weekly Premium	Individual	Single Parent Family	Family
Plan 1	\$9.51	\$10.95	\$17.41
Bi-Weekly Premium			
Plan 2	\$14.08	\$15.96	\$25.20

Issue State: South Carolina
Rate generation date: August 26, 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;
 - At any time for fraudulent misstatements in the application.
- 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 12 months for pre-existing conditions for which the covered person has been diagnosed, treated, or for which the covered person has incurred expense or has taken medication within 12 months prior to the effective date of such person's coverage. Pre-existing condition also includes a condition that manifests itself in a way that would cause an ordinarily prudent person to seek medical advice, diagnosis, care or treatment.

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.

12-Month Benefit Period - The initial 12-Month Benefit Period is the 12-month period beginning on the date of positive diagnosis. Subsequent 12-Month Benefit Periods begin on the same month and day as the immediately preceding 12-Month Benefit Period; however, if the covered person incurs no covered loss during the 3 months after the end of any 12-Month Benefit Period, the next 12-Month Benefit Period will begin on the next date a covered loss is incurred. Benefit Periods are determined separately for each covered person.

First Occurrence Rider

Benefits are not payable:

- For cancer diagnosed prior to the Effective Date of this Rider;
- For any other illness or disease other than internal Cancer;
- For Skin Cancer or any Cancer excluded from coverage by name or specific description.

Specified Illness and Disease Rider

This Rider provides benefits for the Initial Positively Diagnosed Specified Illness or Disease defined in this Rider on or after the Effective Date of this Rider. It does not provide benefits for any other illness or disease.

We will only pay for loss as a direct result of a Specified Illness or Disease. Proof of Positive Diagnosis must be submitted with each new claim. We will not pay for any disease or incapacity that has been caused, complicated, worsened, or affected by, or as a result of a Specified Illness or Disease or its treatment.

Benefits under "Waiver of Premium" of the Contract do not apply to this Rider for Total Disability due to a Specified Illness or Disease.

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.