

Classic Cancer Care Benefit Overview

BENEFIT NAME

BENEFIT AMOUNT

Cancer Wellness Benefit \$75 per year, per Covered Person

Cancer Diagnosis Benefits:

Initial Diagnosis Benefit Insured/Spouse: \$4,000; Dependent Child: \$8,000; payable once per Covered Person
Medical Imaging With Diagnosis Benefit \$135; two payments per year, per Covered Person; no lifetime max
NCI Evaluation/Consultation Benefit \$500 payable only once per Covered Person

Cancer Treatment Benefits:

Injected Chemotherapy Benefit \$600 per day; limited to one payment per week; no lifetime max
Oral Chemotherapy Benefit \$250 per day up to \$750 max per month for Oral/Topical Benefit²
Topical Chemotherapy Benefit \$150 per prescription, per month up to \$750 max per month for Oral/Topical Benefit²
Radiation Therapy Benefit \$350 per day; limited to one payment per week; no lifetime max
Experimental Treatment Benefit \$350 per week outside of a clinical trial; \$100 per week as part of a clinical trial; no lifetime max
Immunotherapy Benefit \$350 once per month; \$1,750 lifetime max per Covered Person
Antinausea Benefit \$100 per month; no lifetime max
Stem Cell Transplantation Benefit \$7,000; lifetime max \$7,000 per Covered Person
Bone Marrow Transplantation Benefit \$7,000; \$7,000 lifetime max per Covered Person; \$750 to donor
Blood and Plasma Benefit Inpatient: \$100 times the number of days paid under the Hospital Confinement Benefit; Outpatient: \$175 per day; no lifetime max
Surgical/Anesthesia Benefit \$100–\$3,400 (Anesthesia: additional 25% of Surgical Benefit); maximum daily benefit not to exceed \$4,250; no lifetime max on number of operations
Skin Cancer Surgery Benefit \$35–\$400; no lifetime max on number of operations
Additional Surgical Opinion Benefit \$200 per day; no lifetime max

Hospitalization Benefits:

Hospital Confinement Benefit \$200 per day; no lifetime max
Outpatient Hospital Surgical Room Benefit \$200 (payable in addition to Surgical/Anesthesia Benefit); no lifetime max on number of operations

Continuing Care Benefits:

Extended-Care Facility Benefit \$100 a day, limited to 30 days per year, per Covered Person
Home Health Care Benefit \$50 per day; lifetime max of 100 days per Covered Person
Hospice Care Benefit \$1,000 for the 1st day; \$50 per day thereafter; \$12,000 lifetime max per Covered Person
Nursing Services Benefit \$100 per day; no lifetime max
Surgical Prosthesis Benefit \$2,000; lifetime max \$4,000 per Covered Person
Nonsurgical Prosthesis Benefit \$175 per occurrence; lifetime max \$350 per Covered Person
Reconstructive Surgery Benefit \$220–\$2,000 (Anesthesia: 25% of Reconstructive Surgery Benefit); no lifetime max on number of operations
Egg Harvesting and Storage (Cryopreservation) Benefit \$1,000 to have oocytes extracted; \$350 for storage; \$1,350 lifetime max per Covered Person

Ambulance, Transportation, Lodging, and Other Benefits:

Ambulance Benefit \$250 ground or \$2,000 air; no lifetime max
Transportation Benefit \$.40 per mile; max \$1,200 per round trip; no lifetime max
Lodging Benefit \$65 per day; limited to 90 days per year
Bone Marrow Donor Screening Benefit \$40; limited to one benefit per Covered Person, per lifetime

²Up to three different oral/topical chemotherapy medicines per calendar month.