

Product Details

Hospital Benefits		Plan Option 1 - 1.00 Units	Policy Pays
Hospital Confinement		\$100	per day of covered confinement
Extended Benefits		\$200	per day; begins on day 91 of continuous confinement; in lieu of all other benefits (except surgery and anesthesia)
Attending Physician		\$20	per day while hospital confined; one visit per 24-hour period
Inpatient Drugs and Medicines		\$15	per day while hospital confined
Private Duty Nurse		\$100	per day while hospital confined; must be authorized by the attending physician; cannot be hospital staff or a family member
Ambulance		\$100	for service by a licensed ambulance service for transportation to a hospital; admittance required
Extended Care Facility		\$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	per day of covered confinement; in lieu of all other benefits
Hospice Care		\$100	per day of hospice care; 100-day lifetime maximum; not payable while hospital confined
Surgery Benefits		Plan Option 1 - 2.00 Units	Policy Pays
Surgery	Inpatient	\$2,000	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	\$3,000	
Anesthesia		25%	of covered surgery benefit
Prosthesis		\$1,000	maximum benefit; pays actual charges per device requiring implantation
Hair Prosthesis		\$100	maximum benefit; pays actual charges for wig to cover hair loss from cancer treatment
Reconstructive Surgery	Breast Cancer – simple or total mastectomy	\$240	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	\$340	
	Cancers of the male or female genitalia	\$340	
	Cancer of the head, neck, or oral cancers	\$500	

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Second Surgical Opinion	\$200	when surgery is prescribed; excludes skin cancer
Ambulatory Surgical Center	\$300	maximum per day; pays actual charges for outpatient surgery at an ambulatory surgical center
Skin Cancer	One removal	for removal of skin cancer (skin cancer does not include malignant melanoma or mycosis fungoides)
	Per additional removal	
Radiation and Chemotherapy Benefits	Plan Option 1 - 2.00 Units	Policy Pays
Radiation and Chemotherapy	\$10,000	maximum benefit per 12-month period; pays actual charges
Associated Radiation & Chemo Expenses	\$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	maximum benefit per 12-month period; pays actual charges
Associated Blood & Plasma Expenses	\$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
New or Experimental Treatment	\$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

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Wellness & Non-Medical Benefits	Plan Option 1 - 2.00 Units	Policy Pays
Annual Cancer Screening	\$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	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 an insured person and an adult immediate family member during confinement; payable once per confinement
Family Member Lodging	\$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	per day (maximum 50 days per 12 month period) for lodging expenses for an insured person to receive radiation or chemotherapy on an outpatient basis if not available locally
Physical Therapy & Speech Therapy	\$50	per treatment; limit one treatment per day
At-Home Nursing	\$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	waives premium for total disability due to cancer after 60 consecutive days of total disability; total disability must begin prior to the insured person's 70th birthday

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Cancer Maintenance Therapy Benefit	Plan Option 1 - 1.00 Units	Policy Pays
<ul style="list-style-type: none"> • Cancer Suppressive Therapy • Hematological Drugs • Anti-Nausea Drugs • Motility Agents 	\$1,000	maximum benefit per 12-month period; pays actual charges
First Occurrence Rider (Rider Form Series CROCC100, 200 or 300)	Plan Option 1 - 3.00 Units	Policy Pays
Initial Diagnosis Benefit	\$3,000	pays a one-time, lump-sum benefit when an insured person is initially diagnosed with cancer for the first time ever after the effective date of insurance (except skin cancer), based on a microscopic examination of fixed tissue or preparations from the hemic system. Clinical diagnosis is accepted under certain conditions.

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.

Weekly Premium	Individual	Single Parent Family	Family
Plan Option 1	\$4.79	\$5.52	\$8.77

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