

# GROUP CANCER-ONLY INSURANCE

Underwritten by Transamerica Life Insurance Company, Home Office, Cedar Rapids, Iowa.



## Gallup McKinley County Schools

Monthly Premium	Plan I	
Individual	\$24.51	
Single-Parent Family	\$28.02	
Family	\$44.76	
Wellness and Non-Medical Benefits	Plan I	Policy Pays
Wellness	\$100	per calendar year for cancer screening tests
Magnetic Resonance Imaging (MRI) Scans	\$100	per calendar year for MRI scan used as diagnostic tool for breast cancer, in addition to Wellness Benefit
Non-Local Transportation	✓	actual round-trip charges or private vehicle allowance, up to 750 miles at \$.40 per mile, when required non-local hospital confinement is more than 50 miles from residence for covered person and an adult, immediate family member during confinement; payable once per hospital confinement period
Family Member Lodging	\$100	per day for lodging expenses for adult, immediate family when non-local hospital confinement is required; 50-day maximum
Physical Therapy and Speech Therapy	\$50	per treatment; limit one 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	✓	waives premiums for remainder of total disability due to cancer for insured employee after totally disabled for 60 days
Outpatient Lodging	\$100	per day for lodging expenses; 50-day maximum per 12 months
Hospital Benefits	Plan I	Policy Pays
Hospital Confinement	\$200	per day; up to 90 days of covered confinement
Extended Benefits	\$400	per day of hospital confinement in lieu of all other benefits (except surgery and anesthesia); begins on day 91 of continuous confinement
Attending Physician	\$40	per day during hospital confinement
Inpatient Drugs and Medicines	\$30	per day during hospital confinement
Private-Duty Nurse (excluding hospital staff and family members)	\$200	per day during hospital confinement
Ambulance	\$200	for service by a licensed professional ambulance service for transportation to a hospital to which the covered person is admitted
Extended Care Facility	\$200	per day; up to the number of days for the prior hospital stay when admitted within 14 days of hospital discharge
Government or Charity Hospital	\$200	per day of covered hospital confinement in lieu of all other benefits
Hospice Care	\$200	per day when confined in a hospice center or hospice home care by a hospice team; 100-day lifetime maximum

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Surgery Benefits		Plan I	Policy Pays
Surgery	Inpatient	\$3,000	up to selected amount for surgeries as scheduled in the certificate
	Outpatient	\$4,500	
Anesthesia		25%	of covered surgery benefit as scheduled in the certificate
Prosthesis		\$1,500	actual charges,* up to selected amount, per device requiring implantation
Hair Prosthesis		\$150	actual charges,* up to selected amount, for wig or hair piece for hair loss from cancer treatment
Reconstructive Surgery		\$750	up to selected amount for reconstructive surgery within two years of the initial cancer removal
Second Surgical Opinion		\$300	when surgery is prescribed treatment
Ambulatory Surgical Center		\$450	up to selected amount per day for outpatient surgery at an ambulatory surgical center
Skin Cancer	One removal	\$225	up to selected per diagnosis
	Per additional removal	\$105	

Radiation and Chemotherapy Benefits		Plan I	Policy Pays per 12 month period
Radiation and Chemotherapy		\$15,000	actual charges,* up to selected amount, for radiation and chemotherapy treatments
Associated Radiation and Chemotherapy Expenses		\$750	selected amount for treatment consultation and planning, radiation management, physical exams, checkups, laboratory or diagnostic tests when authorized by a radiologist, chemotherapist or oncologist
Blood, Plasma, Blood Components, Bone Marrow and Stem Cell Transplant		\$15,000	actual charges,* up to selected amount, for bone marrow and stem cell transplants, blood, plasma, and blood components, <i>(except when replaced by donated blood when there is no charge to the covered person)</i>
Associated Blood, Plasma and Blood Components Expenses		\$750	selected amount for treatment consultation and planning, administration of blood plasma and blood components; transfusions, processing and procurement, cross-matching, physical exams, checkups, and laboratory or diagnostic tests and authorized by the covered person's physician
New or Experimental Treatment		\$15,000	actual charges,* up to selected amount, for experimental or investigational treatment defined as drugs or chemicals approved by the FDA or surgery or therapy approved by either the NCI or ACS for experimental studies

Cancer Maintenance Therapy Benefit		Plan I	Policy Pays
Cancer Suppressive Therapy, Hematological Drugs, Anti-Nausea Drugs and Motility Agents		\$1,000	actual charges,* up to selected amount for any combination of listed cancer maintenance therapy expenses; per 12 months

\* .....As the amount actually paid by or on behalf of the insured and accepted by the provider as payment in full for services provided.

# CancerSelect<sup>®</sup> Plus

## Voluntary Group Cancer-Only Insurance Policy

### Wellness and Non-Medical Benefits

**Wellness:** Pays amount selected per unit per calendar year for covered cancer screening tests: mammograms, pap smears, flexible sigmoidoscopy, prostate-specific antigen tests, chest x-rays, hemocult stool specimen, ultrasounds, CEA, CA125, biopsy, thermography, colonoscopy, serum protein electrophoresis, bone marrow testing, and blood screenings. Services must be under the supervision of or recommended by a physician, and charge must be incurred.

**Magnetic Resonance Imaging (MRI) Scans:** In addition to Wellness Benefit, amount selected per calendar year for an MRI Scan when used as a diagnostic tool for breast cancer.

**Non-Local Transportation:** When prescribed treatment is not available locally and non-local hospital confinement (more than 50 miles from the covered person's residence) is required, we will pay either the actual roundtrip charges by a common carrier or a private vehicle allowance of \$.40 per mile (up to 750 miles), round-trip for covered person and an adult, immediate family member during confinement; payable once per hospital confinement period.

**Physical Therapy and Speech Therapy:** Amount selected per treatment (limited to one session per day).

**Family Member Lodging:** When non-local hospital confinement is required, this benefit pays amount selected per day for lodging expenses for an adult member of your immediate family for a maximum of 50 days per 12 month period.

**At Home Nursing:** Amount selected per day, up to the number of days of the prior hospital confinement when admitted within 14 days of hospital discharge.

**Waiver of Premium:** After you (the insured employee) have been totally disabled due to cancer for 60 days, all premiums due will be waived for the remainder of the total disability. This benefit applies only to the Insured, not to the spouse or children on family coverage.

**Outpatient Lodging:** Amount selected per day for a maximum of 50 days per 12 month period for lodging expenses provided treatment is authorized by attending physician and can not be obtained locally.

### Surgery Benefits

**Surgery:** Up to amount selected for in-hospital surgery as scheduled in the certificate. Up to amount selected for outpatient surgery as scheduled in the certificate.

**Anesthesia:** Percentage selected of covered Surgery Benefit as scheduled in the certificate.

**Prosthesis:** Actual charges\* of up to amount selected per prosthetic device that requires implantation.

**Hair Prosthesis:** Actual charges\* of up to amount selected for a wig or hair piece for hair loss from cancer treatment.

**Reconstructive Surgery:** Up to amount selected as scheduled in the certificate for reconstructive surgery within two years of the initial cancer removal.

**Second Surgical Opinion:** Amount selected when the prescribed treatment is surgery as determined by the first opinion.

**Ambulatory Surgical Center:** Up to amount selected per day for surgery performed at an ambulatory surgical center or hospital as an outpatient.

**Skin Cancer:** Amount selected per diagnosis for one removal of skin cancer; amount selected for each additional removal.

### Hospital Benefits

**Hospital Confinement:** Amount selected per day for up to 90 days of covered confinement.

**Extended Benefits:** Beginning with the 91st day of continuous confinement, CancerSelect Plus will pay amount selected per day of hospital confinement in lieu of all other benefits (except surgery and anesthesia, which remain the same).

**Attending Physician:** Amount selected per day during hospital confinement.

**Inpatient Drugs and Medicines:** Amount selected per day per hospital confinement.

**Private-Duty Nurse:** Amount selected per day during hospital confinement (*excludes hospital staff and family members*).

**Ambulance:** Amount selected per continuous confinement for service by a licensed professional ambulance service for transportation to a hospital to which the covered person is admitted.

**Extended Care Facility:** Amount selected per day, up to the number of days of the prior hospital stay when admitted within 14 days of hospital discharge.

**Government or Charity Hospital:** For hospital treatment where you are not required to pay for most services—in lieu of all other benefits—CancerSelect Plus will pay amount selected per day of covered hospital confinement.

**Hospice Care:** Amount selected per day when confined in a hospice center or for hospice care at home by a hospice team. Benefit is limited to a lifetime maximum of 100 days per covered person.

## Cancer Maintenance Therapy Benefits

Actual charges\* not to exceed amount selected per 12 month period for any combination of the following listed Cancer Maintenance Therapy expenses:

**Cancer Suppressive Therapy:** Treatment to keep cancer in check or after acute chemotherapy treatment

**Hematological Drugs:** Benefits for drugs aimed to boost cell lines such as white blood cell counts, red blood cell counts and platelets

**Anti-Nausea Drugs:** Benefits for drugs used to reduce the symptoms brought about as a result of chemotherapy or radiation

**Motility Agents:** Benefits for drugs used to improve motility or treat side effects caused by chemotherapy or radiation

## Radiation and Chemotherapy Benefits

**Radiation and Chemotherapy:** Actual charges\* not to exceed amount selected for radiation and chemotherapy treatments per 12 month period.

**Associated Radiation and Chemotherapy Expenses:** Amount selected per 12 month period for treatment consultation and planning, radiation management, physical exams, checkups, laboratory or diagnostic tests when authorized by a radiologist, chemotherapist, or oncologist.

**Blood, Plasma, and Blood Components (e.g., Platelets), Bone Marrow Transplant and Stem Cell Transplant:** Actual charges\* not to exceed amount selected per 12 month period for bone marrow and stem cell transplants, blood, plasma, and blood components, (except when replaced by donated blood when there is no charge to the covered person).

**Associated Blood, Plasma and Blood Components (e.g., Platelets) Expenses:** Amount selected per 12 month period for treatment consultation and planning, administration of blood plasma and blood components; transfusions, processing and procurement, cross-matching, physical exams, checkups, and laboratory or diagnostic tests and authorized by the covered person's physician.

**New or Experimental Treatment:** Actual charges\* not to exceed amount selected per 12 month period for experimental or investigational treatment. This is defined as drugs or chemicals approved by the FDA or surgery or therapy approved by either the NCI or ACS for experimental studies. Treatment must be received in a U.S. hospital and authorized by the attending physician.

*\*As the amount actually paid by or on behalf of the insured, and accepted by a provider for services provided*

## Exceptions and Limitations

The certificate provides benefits only for cancer as defined herein, which is positively diagnosed while this certificate is in force. It does not provide benefits for any other illness or disease.

1. We may reduce or deny a claim or void the certificate for loss incurred by a covered person
  - a. 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; or
  - b. At any time for fraudulent misstatements in the application
2. 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.
3. If a covered hospital confinement is due to more than one covered disease or condition, benefits will be payable as though the confinement or expense were due to one disease or 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.
4. Under no condition will we pay any benefits for losses or medical expenses incurred prior to the effective date.

### Pre-Existing Conditions

If the insured has a Pre-Existing Condition (a sickness or physical condition for which the insured had treatment, incurred expense, took medication, or received a diagnosis or advice from a physician, or a condition that manifests itself in a way that could cause an ordinarily prudent person to seek medical advice, diagnosis, care, or treatment) during the 12 months period prior to the effective date of coverage, any claims related to it will not be covered until the insured has been continuously covered under the policy for one year.

## Important Information

### Pre-Existing Conditions

A pre-existing condition is defined as a sickness or physical condition for which the insured:

1. Had treatment;
2. Incurred expense;
3. Took medication; or
4. Received a diagnosis or advice from a physician, during the 12-month period immediately before the effective date of the insured's coverage.

The term "Pre-existing Condition" will also include a condition that manifests itself in a way that would cause a person to seek medical advice, diagnosis, care or treatment.

### Extension of Benefits

Whenever termination of coverage under this section occurs due to termination of your employment or membership, such termination will be without prejudice to:

1. Any hospital confinement which began while coverage was in force; or
2. Any covered treatment or service for which benefits would be provided and which began while coverage was in force; provided, however, that the covered person is and continues to be hospital confined or receiving treatment.

Such extension of benefits will continue for up to the earlier of:

1. 30 days; or
2. The date on which the covered person is no longer hospitalized or receiving treatment

### Family Coverage

Family coverage includes the insured, his or her spouse, and all dependent, unmarried children under age 25. Newborn children are automatically covered under the terms of the certificate from the moment of birth. Single-Parent Coverage includes the insured and all dependent, unmarried children under age 25. (Definition of children varies by state.)

### Termination of Coverage

Subject to the Portability Option, your insurance will cease on the earliest of:

1. The last day of the payroll deduction period during which you cease to be eligible for coverage;
2. The end of the last period for which premium payment has been made to us;
3. The last day of the payroll deduction period during which you terminate employment;
4. The date the group master policy terminates; or
5. The date you send us a written notice that you want to cancel coverage.

The insurance on a dependent will cease on the earliest of:

1. The date your coverage terminates; or
2. The end of the last period for which premium payment has been made to us;
3. The date the dependent no longer meets the definition of dependent;
4. The date the policy is modified so as to exclude dependent coverage; or
5. The date you send us a written notice that you want to cancel your dependent's 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 you lose eligibility for this insurance for any reason other than nonpayment of premiums, you will have the option to continue the coverage (including any riders, if applicable) by paying the premiums directly to the company or at our administrative office within 31 days after this insurance terminates. We will bill you directly for these premiums after you notify us to continue coverage. If you stop paying the premiums under this option, this coverage will continue, subject to the terms of the grace period.