

| CancerCare Plus Benefits (3 Levels of Coverage Available) | ELITE | PREFERRED | STANDARD |
|---|------------------------------------|------------------------------------|----------------------------------|
| First Occurrence <i>(Paid once per insured). Paid upon confirmed diagnosis of:</i> <ul style="list-style-type: none"> Internal Cancer Breast Cancer <i>(an additional)</i> Prostate Cancer <i>(an additional)</i> Skin Cancer | \$2,250 \$750 \$750 \$750 | \$1,500 \$500 \$500 \$500 | \$750 \$250 \$250 \$250 |
| Hospital Confinement <i>(No Lifetime Limits)</i> <ul style="list-style-type: none"> For each day, up to 365 days, for covered cancer treatment | \$450 | \$300 | \$150 |
| Private Nurse <i>(No Lifetime Limits)</i> <ul style="list-style-type: none"> Each day you are provided a Private Nurse during confinement | \$150 | \$100 | \$50 |
| Ambulance <i>(No Lifetime Limits) (includes air ambulance)</i> <ul style="list-style-type: none"> Each trip (two one-way trips per hospitalization) charges up to | \$300 | \$200 | \$100 |
| U.S. Government Hospital <i>(No Lifetime Limits)</i> <ul style="list-style-type: none"> Each day, up to 365 days, of confinement to a U.S. Government Hospital <i>(This benefit replaces all others, except First Occurrence and Transportation & Lodging Benefits)</i> | \$450 | \$300 | \$150 |
| Surgery & Anesthesia <i>(No Lifetime Limits)</i> <ul style="list-style-type: none"> For each operation based on the schedule in your policy, from | \$225-\$12,000 | \$150-\$8,000 | \$75-\$4,000 |
| Second Surgical Opinion <i>(No Lifetime Limits)</i> <ul style="list-style-type: none"> Charges up to | \$450 | \$300 | \$150 |
| Bone Marrow Transplant <ul style="list-style-type: none"> Paid one time per insured for a Bone Marrow Transplant from one person to another for the treatment of leukemia | \$12,000 | \$8,000 | \$4,000 |
| Bone Marrow Donor <ul style="list-style-type: none"> One-time payment per insured who donates | \$1,500 | \$1,000 | \$500 |
| Prosthesis <i>(Lifetime Maximum per Insured)</i> <ul style="list-style-type: none"> For prosthetic devices, including external devices, charges up to | \$1,500 | \$1,000 | \$500 |
| Radiation & Chemotherapy <i>(No Lifetime Limits)</i> <ul style="list-style-type: none"> Charges for each day of the following FDA approved treatments <i>(Chemotherapy, X-ray Radiation, Teleradiotherapy, Radium and Cesium Implants, Cobalt, New or Experimental Treatments)</i> | \$300 | \$200 | \$100 |
| Self-Administered (Oral Chemotherapy) <i>(No Lifetime Limits)</i> <ul style="list-style-type: none"> Charges for the cost of the prescription up to | \$300 | \$200 | \$100 |
| Anti-Nausea <i>(No Lifetime Limits) (Benefit payable while receiving radiation or chemotherapy)</i> <ul style="list-style-type: none"> Charges per calendar year per insured person up to | \$600 | \$400 | \$200 |
| Special Treatment <i>(Lifetime Maximum per Insured)</i> <ul style="list-style-type: none"> Charges for any of the following FDA approved treatments up to <i>(Immunotherapy, Stem Cell Transplant, Hormone Therapy, Autologous Bone Marrow Transplant, Radioimmunotherapy and Photodynamic Therapy)</i> | \$1,500 | \$1,000 | \$500 |
| Early Detection <i>(No Lifetime Limits)</i> <ul style="list-style-type: none"> One test annually per insured <i>(Mammography, Breast Ultrasound, Colonoscopy, Flexible Sigmoidoscopy, Hemocult Stool Specimen, Pap Smear, CEA, CA 125 or PSA)</i> | \$75 | \$50 | \$25 |
| Hospice Service <ul style="list-style-type: none"> For each of the first 60 days For each of the next 120 days | \$150 \$75 | \$100 \$50 | \$50 \$25 |
| Transportation <i>(No Lifetime Limits)</i> <ul style="list-style-type: none"> When you travel over 80 miles from home for covered services or consultations in the continental U.S., we will pay. . . Charges for your plane, train or bus each way up to For each mile by personal auto | \$2,250 \$.60 | \$1,500 \$.40 | \$750 \$.20 |
| Family Member Transportation <i>(If a child is hospitalized we will pay this benefit for both parents)</i> <ul style="list-style-type: none"> For one member of your immediate family who also travels more than 80 miles from home to be with you when you are hospitalized, round trip charges for plane, train, or bus up to For each mile by personal auto | \$2,250 \$.60 | \$1,500 \$.40 | \$750 \$.20 |
| Family Member Lodging <i>(No Lifetime Limits)</i> <ul style="list-style-type: none"> For each day, up to 60 days, for a member of your immediate family who also travels more than 80 miles from home and requires lodging while you are hospitalized, we will pay charges up to | \$75 | \$50 | \$25 |

IntensiveCare

Unit Rider

INTENSIVE CARE UNIT RIDER

INTENSIVE CARE UNIT CONFINEMENT BENEFIT - No Lifetime Limits

For each day, up to 30 days, of confinement in an **Intensive Care Unit** for any reason, we will pay . . .

| | Elite | Preferred | Standard |
|-------------------------|-------|-----------|----------|
| You or your spouse..... | \$900 | \$600 | \$300 |
| Your covered child..... | \$450 | \$300 | \$150 |

An Intensive Care Unit (ICU, CCU, PICU or NICU) is a specifically designated facility of the hospital which:

- provides the highest level care (as determined based on the billing rate charged by the hospital);
- is restricted to those patients who are critically ill or injured;
- is separate and apart from other hospital areas; and
- is permanently equipped with special life-saving equipment for the care of the critically ill or injured

An Intensive Care Unit (ICU, CCU, PICU or NICU) is not a step down unit; sub-acute care unit, progressive care unit, intermediate care unit, bone marrow or stem cell transplant unit, private monitored room, observation room or unit, surgical recovery room, or a room, bed or ward customarily used for regular patient hospitalization.

STEP DOWN UNIT BENEFIT - No Lifetime Limits

For each day, up to 3 days, of confinement in a **Step Down Unit** for any reason, we will pay . . .

| | Elite | Preferred | Standard |
|-------------------------|-------|-----------|----------|
| You or your spouse..... | \$450 | \$300 | \$150 |
| Your covered child..... | \$225 | \$150 | \$75 |

A Step Down Unit is part of an ICU, CCU, PICU or NICU where the patient is charged less than the highest level care. A Step Down Unit may also be referred to as a progressive care unit, and intermediate care unit, or a sub-acute care unit.

A Step Down Unit is not an emergency room, special care unit, bone marrow or stem cell transplant unit, observation room or unit, surgical recovery room, or a room, bed or ward customarily used for regular patient hospitalization.

VEHICULAR ACCIDENT BENEFIT - No Lifetime Limits

For each day, up to 30 days, of confinement in an ICU, due to a **vehicular accident**, we will pay an additional . . .

| | Elite | Preferred | Standard |
|-------------------------|-------|-----------|----------|
| You or your spouse..... | \$900 | \$600 | \$300 |
| Your covered child..... | \$450 | \$300 | \$150 |

This benefit is not payable for confinements in a Step Down Unit.

AMBULANCE BENEFITS - No Lifetime Limits

For Ambulance transportation per confinement in an ICU or Step Down Unit, we will pay . . .

| | Elite | Preferred | Standard |
|---------------------------------------|---------|-----------|----------|
| Surface Ambulance, charges up to..... | \$600 | \$400 | \$200 |
| Air Ambulance, charges up to..... | \$1,500 | \$1,000 | \$500 |

ACCIDENTAL DEATH BENEFIT

If you are injured in an accident and the injury causes death within 180 days of the accident, we will pay . . .

| | Elite | Preferred | Standard |
|-------------------------|----------|-----------|----------|
| You or your spouse..... | \$15,000 | \$10,000 | \$5,000 |
| Your covered child..... | \$7,500 | \$5,000 | \$2,500 |

| InjurCare Benefits (3 Levels of Coverage Available) | ELITE | PREFERRED | STANDARD |
|---|--|--|---|
| Hospital Confinement Benefit (180 days per covered accident) <ul style="list-style-type: none"> For each day | \$450 | \$300 | \$150 |
| Outpatient Physical Therapy Benefit (up to 6 days per confinement) <ul style="list-style-type: none"> For each day following a covered accident (Pays up to the number of days that you receive benefits under the Hospital Confinement Benefit) | \$75 | \$50 | \$25 |
| Prosthesis Benefit (Lifetime Maximum per insured) <ul style="list-style-type: none"> For prosthetic devices prescribed as a direct result of a covered accident | \$450 | \$300 | \$150 |
| Ambulance Benefit (for a covered accident, includes air ambulance) <ul style="list-style-type: none"> For transportation by a licensed professional ambulance service to a hospital where you are confined as an inpatient, charges up to (2 one-way trips per covered accident) | \$450 | \$300 | \$150 |
| Surgery Benefit (complete list of surgeries and dollar amounts are shown in the benefit schedule) <ul style="list-style-type: none"> Pays, within 90 days of a covered accident, for treatment by a physician and surgical repairs within 1 year of the covered accident: Multiple Ligaments and Tendons Ruptured Disc Hernia | \$1,350 \$900 \$900 | \$900 \$600 \$600 | \$450 \$300 \$300 |
| Fracture Benefit (complete list of fractures and dollar amounts are shown in the benefit schedule) <ul style="list-style-type: none"> Pays for fractures treated by a physician within 90 days of a covered accident: Hip or Thigh Leg Wrist <i>(If more than one bone is fractured, the amount paid is limited to 150% of the fracture with the largest dollar amount. Chip fractures pay 10%)</i> | \$4,500 \$3,000 \$2,400 | \$3,000 \$2,000 \$1,600 | \$1,500 \$1,000 \$800 |
| Outpatient Surgery Benefit <ul style="list-style-type: none"> Pays if the Surgery Benefit is payable and you are not confined to a hospital within 48 hrs of your surgery. Also pays if the Fracture Benefit is payable for an open reduction (w/ incision) and you are not confined within 48 hrs of the surgery | \$900 | \$600 | \$300 |
| Laceration Benefit (complete list of lacerations and amounts are shown in the benefit schedule) <ul style="list-style-type: none"> For repair with stitches within 72 hours of a covered accident (For multiple lacerations, the benefit is based on the largest single laceration which requires stitches) | \$300 | \$200 | \$100 |
| Dismemberment Benefit (complete list of dollar amounts are shown in the benefit schedule) <ul style="list-style-type: none"> Pays if a covered accident causes the dismemberment of a limb or loss of the use of an eye within one year: Single (hand, foot or eye) Double (hand, foot or eye) Entire finger or toe <i>(This benefit is reduced by any Fracture Benefit resulting from the same covered accident)</i> | \$15,000 \$30,000 \$300 | \$10,000 \$20,000 \$200 | \$5,000 \$10,000 \$100 |
| Paralysis Benefit (payable once per covered accident) <ul style="list-style-type: none"> Pays if you are permanently paralyzed in two or more limbs within 90 days of a covered accident | \$15,000 | \$10,000 | \$5,000 |
| Accidental Death Benefit <ul style="list-style-type: none"> Pays if you are injured in a covered accident and the injury causes you to die within 90 days after the accident (This benefit is reduced by any Fracture, Dismemberment or Paralysis Benefit paid for the same covered accident) | \$30,000 | \$20,000 | \$10,000 |

Covered children receive 50% of the adult benefits shown