

### ABOUT CANCER

Cancer insurance offers you and your family supplemental insurance protection in the event you or a covered family member is diagnosed with cancer. It pays a benefit directly to you to help with expenses associated with cancer treatment.

For full plan details, please visit your benefit website:  
[www.mybenefitshub.com/reoakisd](http://www.mybenefitshub.com/reoakisd)



Cancer Monthly Premiums		
	Plan 1	Plan 2
Employee	\$15.92	\$24.68
Employee + Spouse	\$28.60	\$43.78
Employee + Child(ren)	\$20.22	\$30.62
Family	\$31.52	\$47.82

Cancer Benefit Highlights		
Cancer Treatment Policy Benefits	Plan 1	Plan 2
<b>Radiation Therapy, Chemotherapy, or Immunotherapy</b> Maximum per 12-month period	\$10,000	\$20,000
<b>Hormone Therapy</b> - Maximum of 12 treatments per Calendar Year	\$50 per treatment	\$50 per treatment
<b>Experimental Treatment</b>	paid in same manner and under the same maximums as any other benefit	
Surgical Rider Benefits		
<b>Surgical</b>	\$30 Unit Dollar Amount \$3,000 per operation	\$45 Unit Dollar Amount \$4,500 per operation
<b>Anesthesia</b>	25% of amount paid for covered surgery	
<b>Bone Marrow Transplant</b> - Maximum per lifetime	\$6,000	\$9,000
<b>Stem Cell Transplant</b> - Maximum per lifetime	\$600	\$900
<b>Prosthesis</b> Surgical Implantation/Non-Surgical (not Hair Piece) 1 device per site, per lifetime	\$1,000/\$100	\$2,000/\$200
Miscellaneous Care Rider Benefits		
<b>Cancer Treatment Center Evaluation or Consultation</b> - 1 per lifetime	\$750	\$750
<b>Evaluation or Consultation Travel and Lodging</b> - 1 per lifetime	\$350	\$350
<b>Second / Third Surgical Opinion</b> - per diagnosis of cancer	\$300 / \$300	\$300 / \$300
<b>Drugs and Medicine</b> - Inpatient / Outpatient (maximum \$150 per month)	\$150 per confinement \$50 per prescription	\$150 per confinement \$50 per prescription
<b>Hair Piece (Wig)</b> - 1 per lifetime	\$150	\$150
<b>Transportation</b> - Maximum 12 trips per calendar year for all modes of transportation combined Travel by bus, plane or train Travel by car Lodging - up to a maximum of 100 days per calendar year	actual coach fare or \$0.75 per mile \$0.75 per mile \$100 per day	actual coach fare or \$0.75 per mile \$0.75 per mile \$100 per day

# Cancer Insurance

## APL

## EMPLOYEE BENEFITS

Cancer Benefit Highlights	Plan 1	Plan 2
<b>Family Transportation</b> - Maximum 12 trips per calendar year for all modes of transportation combined Travel by bus, plane or train Travel by car	actual coach fare or \$0.75 per mile \$0.75 per mile	actual coach fare or \$0.75 per mile \$0.75 per mile
<b>Family Lodging</b> - up to a maximum of 100 days per calendar year	\$100 per day	\$100 per day
<b>Blood, Plasma and Platelets</b>	\$300 per day	\$300 per day
<b>Ambulance</b> - Ground/Air - Maximum of 2 trips per Hospital Confinement for all modes of transportation combined	\$200 / \$2,000 per trip	\$200 / \$2,000 per trip
<b>Inpatient Special Nursing Services</b> - per day of Hospital Confinement	\$150 per day	\$150 per day
<b>Outpatient Special Nursing Services</b> - Up to same number of Hospital Confinement days	\$150 per day	\$150 per day
<b>Medical Equipment</b> - Maximum of 1 benefit per calendar year	\$150	\$150
<b>Physical, Occupational, Speech, Audio Therapy &amp; Psychotherapy</b> / Maximum per calendar year	\$25 per visit / \$1,000	\$25 per visit / \$1,000
<b>Waiver of Premium</b>	Waive Premium	Waive Premium
<b>Internal Cancer First Occurrence Rider Benefits</b>		
<b>Lump Sum Benefit</b> - Maximum 1 per Covered Person per lifetime	\$2,500	\$5,000
<b>Lump Sum for Eligible Dependent Children</b> - Maximum 1 per Covered Person per lifetime	\$3,750	\$7,500
<b>Hospital Intensive Care Unit Rider Benefits</b>		
<b>Intensive Care Unit</b>	\$600 per day	\$600 per day
<b>Step Down Unit</b> - Maximum of 45 days per Confinement for any combination of Intensive Care Unit or Step Down Unit	\$300 per day	\$300 per day

THE INSURANCE POLICY UNDER WHICH THIS CERTIFICATE IS ISSUED IS NOT A POLICY OF WORKERS' COMPENSATION INSURANCE. YOU SHOULD CONSULT YOUR EMPLOYER TO DETERMINE WHETHER YOUR EMPLOYER IS A SUBSCRIBER TO THE WORKERS' COMPENSATION SYSTEM.