Traditional Cancer

Benefit Type	Leve 1	Level 2	Level 3
Cancer Screening Benefit	$25 per Calendar Year	$75 per Calendar Year	$100 per Calendar Year
Prophylactic Surgery (Due to a Positive Genetic Test Result) Benefit	$125 once per Covered Person, per lifetime	$250 once per Covered Person, per lifetime	$350 once per Covered Person, per lifetime
Initial Diagnosis Benefit	$1,250 (Insured/Spouse), $2,500 (Child)	$5,000 (Insured/Spouse), $10,000 (Child)	$7,500 (Insured/Spouse), $15,000 (Child)
Additional Opinion Benefit	$150 once per Covered Person, per lifetime	$300 once per Covered Person, per lifetime	$400 once per Covered Person, per lifetime
Nonsurgical Treatment Benefits (Chemotherapy, Immunotherapy, Radiation Therapy, Experimental Chemotherapy)	$150 per month (Self-administered) $800 (Physician)	$375 per month (Self-administered) $1,600 (Physician)	$600 per month (Self-administered) $2,000 (Physician)
Hormonal Therapy Benefit	$15 once per Calendar Month	$25 once per Calendar Month	$40 once per Calendar Month
Topical Chemotherapy Benefit	$100 once per Calendar Month	$150 once per Calendar Month	$200 once per Calendar Month
Antinausea Benefit	$50 once per Calendar Month	$100 once per Calendar Month	$150 once per Calendar Month
Stem Cell Transplantation Benefit	Benefits combined	Benefits combined	Benefits combined
Bone Marrow Transplantation Benefit	$3,500 lifetime max per Covered Person, $500 Bone Marrow Donor, $50 Stem Cell Donor	$7,000 lifetime max per Covered Person, $750 Bone Marrow Donor, $100 Stem Cell Donor	$10,000 lifetime max per Covered Person, $1,000 Bone Marrow Donor, $150 Stem Cell Donor
Blood and Plasma Benefit	Inpatient: $50 times number of days confirmed, Outpatient: $140 per day, $50-$1,700	Inpatient: $50 times number of days confirmed, Outpatient: $175 per day, $100-$3,400	Inpatient: $75 times number of days confirmed, Outpatient: $250 per day, $140-$5,000
Surgical/Anesthesia Benefit	Anesthesia: additional 25% of surgical benefit, $20â€“$200	Anesthesia: additional 25% of surgical benefit, $35â€“$400	Anesthesia: additional 25% of surgical benefit, $50â€“$600
Skin Cancer Surgery Benefit	$125 once per Covered Person, per lifetime	$250 once per Covered Person, per lifetime	$350 once per Covered Person, per lifetime
Prophylactic Surgery (With Correlating Internal Cancer Diagnosis) Benefit (New)	$100 (Insured/Spouse), $250 (Child)	$200 (Insured/Spouse), $500 (Child)	$300 (Insured/Spouse), $750 (Child)
Hospitalization (30 days or more)	$125 (Child)	$250 (Child)	$375 (Child)
Hospitalization (31 days or more)	$100 (Insured/Spouse), $250 (Child)	$200 (Insured/Spouse), $500 (Child)	$300 (Insured/Spouse), $750 (Child)
Outpatient Hospital Surgical Room Charge Benefit	$100 (in addition to Surgical/Anesthesia Benefit)	$200 (in addition to Surgical/Anesthesia Benefit)	$300 (in addition to Surgical/Anesthesia Benefit)
Extended-Care Facility Benefit	$75/day, up to 30 days per Calendar year, per Covered Person	$100/day, up to 30 days per Calendar year, per Covered Person	$150/day, up to 30 days per Calendar year, per Covered Person
Home Health Care Benefit	$50 per day	$100 per day	$150 per day
Hospice Care Benefit	$1,000 once (1st day), $50/day thereafter, $12,000 lifetime max	$1,000 once (1st day), $50/day thereafter, $12,000 lifetime max	$1,000 once (1st day), $50/day thereafter, $12,000 lifetime max
Nursing Services Benefit	$50 per day max	$100 per day max	$150 per day max
Surgical Prosthesis Benefit	$1,000; lifetime max $2,000 per Covered Person	$2,000; lifetime max $4,000 per Covered Person	$3,000; lifetime max $6,000 per Covered Person
Nonsurgical Prosthesis Benefit	$90 per occurrence; Lifetime max $180 per Covered Person $50-$1,000 (Breast) $250 (Other)	$175 per occurrence; Lifetime max $350 per Covered Person $100-$2,000 (Breast) $500 (Other)	$250 per occurrence; Lifetime max $500 per Covered Person $150-$3,000 (Breast) $700 (Other)
Reconstructive Surgery Benefit	Anesthesia: 25% of this Benefit	Anesthesia: 25% of this Benefit	Anesthesia: 25% of this Benefit
Egg Harvesting, Storage (Cryopreservation) and Implantation Benefit	$500; $100 (storage); $100 (Embryo transfer) lifetime max $700	$1,000; $200 (storage); $200 (Embryo transfer) lifetime max $1,400	$1,500; $250 (storage); $250 (Embryo transfer) lifetime max $2,000
Annual Care Benefit (New)	$250/anniversary date of cancer diagnosis; lifetime max 5 years	$500/anniversary date of cancer diagnosis; lifetime max 5 years	$750/anniversary date of cancer diagnosis; lifetime max 5 years
Ambulance Benefit	$250 ground or $2,000 air	$250 ground or $2,000 air	$250 ground or $2,000 air
Transportation Benefit	$.35 per mile; max $1,050	$.40 per mile; max $1,200	$.50 per mile; max $1,500
Lodging Benefit	$50/day; max 30 days per Calendar Year	$65/day; max 30 days per Calendar Year	$80/day; max 30 days per Calendar Year

Traditional Cancer

Level	Plan	Price
Employee	1	$16.59
Employee + Spouse	1	$26.35
Employee + Children	1	$16.59
Family	1	$26.35

Level	Plan	Price
Employee	2	$33.50
Employee + Spouse	2	$57.64
Employee + Children	2	$33.50
Family	2	$57.64

Level	Plan	Price
Employee	3	$47.37
Employee + Spouse	3	$80.86
Employee + Children	3	$47.37
Family	3	$80.86