

CANCER

AND SPECIFIED DISEASE INSURANCE

I'VE GOT MAJOR MEDICAL, WHY DO I NEED A CANCER PLAN?

When Cancer Strikes...



Expenses increase.... travel and lodging to and from treatment, medication, co-payments, special diets, and treatment not covered by health insurance, etc.



Income decreases.... missed work for both you and your spouse (will you be able to afford to have your spouse with you when you have to go for treatment?)

Direct medical cost represents about 35% of the cost when you are stricken with Cancer.

Source: The American Cancer Society's Cancer Facts & Figures, 2003.

HOW CAN YOU EASE THE ECONOMIC IMPACT WHEN CANCER STRIKES?

RELATIVES

SAVINGS

LIQUIDATION OF ASSETS

LOAN

CANCER PLAN BENEFITS

PLAN PAYS YOU!!

- ⇒ Major medical pays the doctor and hospital
- ⇒ This Plan pays money directly to you or a person designated by you
- ⇒ You can use the money any way you want

HIGHLIGHTS...

- * Pays regardless of other coverage
- * Covers certain transportation and lodging
- * Wellness Benefits
- * Donor Benefits
- * In and out of hospital benefits
- * Many benefits have no lifetime maximum
- * Portable (take it with you)
- * Renewable for life

COVERAGE FOR YOU AND YOUR FAMILY

Underwritten by: National Union Fire Insurance Company of Pittsburgh, PA

CANCER

...AND SPECIFIED DISEASE INSURANCE PROTECTION

BENEFIT	BBAC-LOW Maximum Benefit	BBAC-HIGH Maximum Benefit
<p>Wellness Benefit. For Cancer screening tests such as mammogram, flexible sigmoidoscopy, pap smear, chest X-ray, hemoccult stool specimen, or prostate screen.</p>	Up to \$100 per calendar year.	Up to \$100 per calendar year.
<p>Positive Diagnosis Test. Payable for a test that leads to positive diagnosis of Cancer or Specified Disease within 90 days. This benefit is not payable if the same Cancer or Specified Disease recurs.</p>	Up to \$300 per calendar year.	Up to \$300 per calendar year.
<p>First Diagnosis Benefit. One-time benefit payable when a covered person is first diagnosed with Cancer (other than Skin Cancer) or a Specified Disease. Must occur after the policy effective date.</p>	\$2,500	\$2,500
<p>Second and Third Surgical Opinions. Covers written opinions received after a positive diagnosis and before surgery.</p>	Actual charges.	Actual charges.
<p>Non-Local Transportation. Payable for transportation to a hospital, clinic or treatment center which is more than 60 miles and less than 700 miles from a Covered Person's home.</p>	Actual charges by a common carrier, or 50 cents per mile if a personal vehicle is used.	Actual charges by a common carrier, or 50 cents per mile if a personal vehicle is used.
<p>Adult Companion Lodging and Transportation. Payable for one adult companion to stay with a Covered Person who is confined in a hospital that is more than 60 miles and less than 700 miles from his or her home. Covered expenses include a single room in a motel or hotel up to 60 days per confinement; and the actual cost of round trip coach fare by a common carrier or a mileage allowance for the use of a personal vehicle.</p>	Up to \$50 per day for lodging. 50 cents per mile for transportation if a personal vehicle is used.	Up to \$50 per day for lodging. 50 cents per mile for transportation if a personal vehicle is used.
<p>Ambulance. For ambulance service if the Covered Person is taken to a hospital and admitted as an inpatient.</p>	Actual charges.	Actual charges.
<p>Surgery. Covers actual surgeon's fee for an operation up to an amount based on the schedule in the policy.</p>	Up to \$1,500. Outpatient surgery at 150% of the schedule not to exceed the actual surgeon's fees.	Up to \$1,500. Outpatient surgery at 150% of the schedule not to exceed the actual surgeon's fees.
<p>Donor Benefit Bone Marrow and Stem Cell Transplant. We will pay expenses incurred by the covered person and his or her live donor. Medical Expense Allowance Round trip Coach Fare for Common Carrier to the city where the transplant is performed; or Personal Automobile expense measured from the home of the Donor or Covered Person. Not to exceed 700 miles per Hospital stay. Lodging and meals expense for donor to remain near Hospital.</p>	\$200 per day Actual charges. 50 cents per mile. Actual charges, up to \$50 per day.	\$400 per day Actual charges. 50 cents per mile. Actual charges, up to \$50 per day.

BENEFIT

Bone Marrow and Peripheral Stem Cell Transplant.

We will pay Actual Charges per Covered Person for surgical and anesthetic charges associated with bone marrow transplant and/ or peripheral stem cell transplant.

Anesthesia. For services of an anesthesiologist during a Covered Person's surgery.

Ambulatory Surgical Center. We will pay the expenses incurred for surgery performed at an Ambulatory Surgical Center.

Drugs and Medicine. Payable for drugs and medicine received while the Covered Person is hospital confined.

Outpatient Anti-Nausea Drugs. Payable for drugs prescribed by a physician to suppress nausea due to Cancer or Specified Disease treatment.

Radiation Therapy, Radioactive Isotopes Therapy, Chemotherapy and Immunotherapy. Covers treatment administered by a Radiologist, Chemotherapist or Oncologist on an inpatient or outpatient basis.

Miscellaneous Therapy Charges. Covers charges for physical exams, lab work or x-rays in connection with radiation and chemotherapy treatment.

Self-Administered Drugs. We will pay expenses incurred for each category of self-administered chemotherapy and immunotherapy agents.

Colony- Stimulating Factors. We will pay expenses incurred for cost of the chemical substance and their administration to stimulate the production of blood cells. Treatment must be administered by an Oncologist or Chemotherapist.

Blood, Plasma and Platelets. For blood, plasma and platelets, and transfusions; including administration.

Physician's Attendance. For one visit per day by a physician while hospital confined.

Private Duty Nursing. For private nursing services ordered by the attending physician while hospital confined.

Skin Cancer. For surgical removal of Skin Cancer when a physician who is not a pathologist diagnoses it.

Breast Prosthesis. Covers the prosthesis and its implantation if it is required due to breast cancer.

BBAC-LOW Maximum Benefit

Actual charges to a combined lifetime maximum of \$15,000.

Up to 25% of surgical benefit paid. Skin Cancer \$100.

\$250 per day.

Up to \$25 per day, \$600 per calendar year.

Up to \$250 per calendar year.

Actual charges up to \$5,000 per month each category.

Actual charges up to a Lifetime Maximum of \$10,000.

Actual charges up to \$4,000 per month.

Actual charges up to \$4,000 per month.

Actual charges up to \$200 per day.

Up to \$35 per day.

Up to \$100 per day.

Up to \$75 for removal of first skin Cancer; up to \$37.50 after the first.

Actual charges.

BBAC-HIGH Maximum Benefit

Actual charges to a combined lifetime maximum of \$15,000.

Up to 25% of surgical benefit paid. Skin Cancer \$100.

\$250 per day.

Up to \$25 per day, \$600 per calendar year.

Up to \$250 per calendar year.

Actual charges up to \$10,000 per month each category.

Actual charges up to a Lifetime Maximum of \$10,000.

Actual charges up to \$4,000 per month.

Actual charges up to \$4,000 per month.

Actual charges up to \$200 per day.

Up to \$35 per day.

Up to \$100 per day.

Up to \$75 for removal of first skin Cancer; up to \$37.50 after the first.

Actual charges.

BENEFIT

Artificial Limb or Prosthesis. Covers implantation of an artificial limb or prosthesis when an amputation is performed.

Physical or Speech Therapy. Payable when therapy is needed to restore normal bodily function.

Extended Benefits. If a Covered Person is confined in a Hospital for 60 continuous days, we will pay a Hospital Confinement Benefit beginning on the 61st day for Hospital Confinement. This benefit is payable in lieu of all other benefits payable under the policy.

Extended Care Facility. Limited to number of days of prior hospital confinement. Must begin within 14 days after hospital confinement, and be at the direction of the attending physician.

At Home Nursing. Limited to number of days of prior hospital confinement. Must begin immediately following a hospital confinement, and be authorized by the attending physician.

New or Experimental Treatment. We will pay the expenses incurred by a Covered Person for New or Experimental Treatment judged necessary by the attending Physician; and received in the United States or in its territories.

Hospice Care. If a Covered Person elects to receive hospice care, we will pay the expenses incurred for care received in a Free Standing Hospice Care Center.

Government or Charity Hospital. Payable if the Covered Person is confined in a U.S. Government Hospital or a hospital that does not charge for its services. Paid in place of all other benefits under the policy.

Hairpiece. We will pay the actual expenses incurred per Covered Person for a hairpiece when hair loss is the result of Cancer Treatment.

Rental or Purchase of Durable Goods. We will pay the actual expenses incurred for the rental or purchase of the following pieces of durable medical equipment: a respirator or similar mechanical device, brace, crutches, hospital bed, or wheelchair.

Waiver of Premium. After 60 continuous days of disability due to Cancer or a Specified Disease, we will waive premiums starting on the first day of policy renewal.

Hospital Confinement. Payable for each day a Covered Person is charged the daily room rate by a Hospital, for up to 60 days of continuous stay. The benefit for covered children under age 21 is two times the Covered Person's daily benefit.

BBAC-LOW Maximum Benefit

\$1,500 lifetime max per amputation.

Up to \$35 per session.

\$300 per day.

Up to \$50 per day .

Up to \$100 per day.

Up to \$7,500 per calendar year.

\$50 per day.

\$200 per day.

Actual charges up to a lifetime maximum of \$150.

Actual charges up to \$1,500 per calendar year.

Yes.

\$100 per day.

BBAC-HIGH Maximum Benefit

\$1,500 lifetime max per amputation.

Up to \$35 per session.

\$600 per day.

Up to \$50 per day.

Up to \$100 per day.

Up to \$7,500 per calendar year.

\$50 per day.

\$200 per day.

Actual charges up to a lifetime maximum of \$150.

Actual charges up to \$1,500 per calendar year.

Yes.

\$200 per day.

EXCEPTIONS AND LIMITATIONS. Benefits will not be paid for the following: Cancer or Specified Disease diagnosed before the policy effective date; or losses not directly due to Cancer or Specified Disease. Claims may be reduced, limited or denied during the first 24 months after the policy effective date if you made a fraudulent misstatement in the application for the policy. A claim may be denied or the policy may be voided at any time if you make any material misstatements in the application for the policy.

EXCEPTIONS AND OTHER LIMITATIONS. The Policy pays benefits only for diagnosis resulting from Cancer or Specified Diseases, as defined in the Policy. It does not cover:

- (1) any other disease or sickness;
- (2) injuries;
- (3) any disease, condition, or incapacity that has been caused, complicated, worsened, or affected by:
 - (a) Specified Disease or Specified Disease treatment; or
 - (b) Cancer or Cancer treatment, or unless otherwise defined in the Policy
- (4) care and treatment received outside the United States or its territories;
- (5) treatment not approved by a Physician as medically necessary;
- (6) Experimental Treatment by any program that does not qualify as Experimental Treatment as defined in the Policy.

PRE-EXISTING CONDITION LIMITATION. During the first 12 months of a Covered Person's insurance, losses incurred for Pre-Existing Conditions are not covered. During the first 12 months following the date a Covered Person makes a change in coverage that increases his or her benefits, the increase will not be paid for Pre-Existing Conditions. After this 12 month period, however, benefits for such conditions will be payable unless specifically excluded from coverage. This 12 month period is measured from the effective date of coverage for each Covered Person. A Pre-Existing Condition period is measured from the effective date of coverage for each Covered Person. A Pre-Existing Condition means Cancer or a Specified Disease, for which a Covered Person has received medical consultation, treatment, care, services, or for which diagnosis test(s) have been recommended or for which medication has been prescribed during the 12 months immediately preceding the effective date of coverage.

ADDITIONAL INFORMATION. Family Plan Coverage may include the following: you; your spouse who is not legally separated or divorced from you; your unmarried child, including a natural child from the moment of birth, stepchild, foster or legally adopted child, or child in the process of adoption (from the moment of birth if written agreement to adopt such child is entered into prior to the birth of the child); a child for whom you are required by a court order to provide medical support, and grandchildren who are dependent on you for federal income tax purposes at the time of application, who is: (a) not yet age 26; or (b) not yet age 29 if a full time student at an accredited school. Coverage is subject to each applicant submitting evidence of insurability on themselves and their dependents (if applying) which is acceptable to National Union Fire Insurance Company of Pittsburgh, PA. No coverage will be issued until your application is approved. If approved, your effective date of coverage will be indicated in the policy that is issued to you.

CLAIM PROVISION

Notice of Claim. Written notice of claim must be given to Us within 20 days after an Covered Person's loss, or as soon thereafter as reasonably possible. Written notice given by or on behalf of the claimant to Us with information sufficient to identify the Covered Person, is deemed notice to Us.

This **Sales Brochure** is not a contract. It is intended only as a *brief description* of the policy provisions in the planning of your program. The benefits are determined by the terms and conditions of the policy alone. **IN ALL CASES, CONSULT YOUR POLICY FOR FULL DETAILS.**

Upon receipt of your policy, please review it and your application. If any information is incorrect, please contact the Administrator at 1-800-845-7519.

This is not a Medicare Supplement Policy.

If you are eligible for Medicare, see the Medicare Supplement Buyer's Guide available from the Company.

THIS POLICY ONLY COVERS CANCER AND THE DISEASES SPECIFIED ABOVE, UNLESS THE HOSPITAL INTENSIVE CARE RIDER IS SELECTED.

**Underwritten By:
National Union Fire Insurance Company of Pittsburgh, Pa**

**Administered By:
Bay Bridge Administrators, LLC
P.O. Box 161690
Austin, TX 78716**