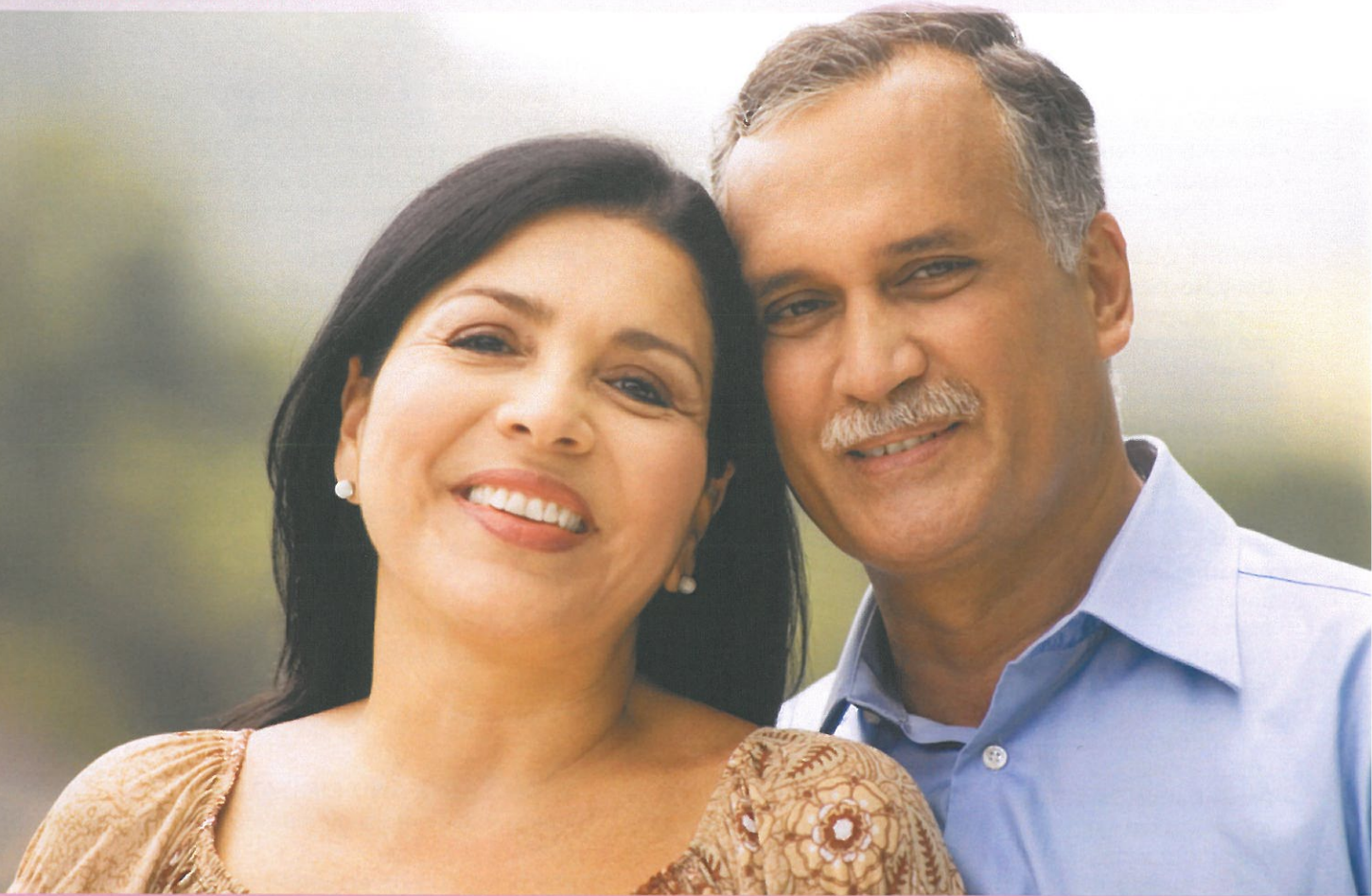


SelectHealth

Combined Insurance



Cancer Care Protector



Let's make this easy.®

Cancer Care Protector

Policy Form No. 16075-WA-R08

PRODUCT FEATURES

- **Policy is paid up in 20 years**—coverage continues with no additional premiums due
- **Guaranteed renewable** for life
- **Coverage is portable**; employees can keep their coverage if they change jobs or retire

BENEFIT DESIGN

- **Daily Hospital Benefit** paid for each day of confinement in a hospital overnight as an inpatient, beginning with the first day and continuing up to the insured's lifetime. Benefit increases by 50% after 60 consecutive days and again after 120 consecutive days.
- **Intensive Care Benefit** paid in addition to Daily Hospital Benefit for confinement in an Intensive Care Unit
- **Surgical Benefit** pays a specified amount determined by the type of surgery up to the policy maximum per operation or procedure as defined in the policy.
- **Anesthesia Benefit** pays a specified amount for an anesthetic administered by an anesthesiologist during an operation covered by the policy.
- **Radiotherapy or Chemotherapy Benefit** pays for expenses incurred for inpatient radiotherapy or chemotherapy up to a lifetime maximum, plus a daily benefit for outpatient treatment, subject to the lifetime limit
- **Preventative Care Benefit** pays a fixed benefit amount for a physical exam or cancer-screening test (including mammography) at the end of every three years the policy remains in force
- **First Occurrence Benefit** pays a single lump sum benefit the first time the insured is diagnosed as having a covered cancer, other than skin cancer
 - Increases 10% every 6 months the policy is in force to age 65
 - Payable once per covered person

Additional benefits — subject to an aggregate lifetime maximum benefit amount:

- **Physician's Hospital Visits Benefit** pays expenses incurred up to a daily maximum amount for visits by a physician (other than the surgeon who performed the surgery) while hospital confined
- **Private Nursing Benefit** pays expenses incurred up to a daily maximum amount for private duty nursing services by a registered graduate nurse or licensed practical nurse during a hospital confinement
- **Prescription Drug Benefit** pays for expenses incurred up to the daily maximum for prescription drugs (other than drugs considered chemotherapy) during a hospital confinement
- **Blood and Plasma Benefit** pays for expenses incurred for blood or blood plasma. Blood and plasma received in the treatment of leukemia is not be subject to the aggregate lifetime limit
- **Transportation Benefit** pays expenses incurred up to the policy maximum for transportation to or from a hospital
 - up to two trips per confinement (ambulance or air)

ELIGIBILITY

- Can match the employer's existing benefit plan waiting period of full-time employees
- Employee must earn at least \$12,000 a year
- Employee/spouse issue ages: 18-64 years
- Children issue ages: 11 days-17 years

PREMIUM STRUCTURE

- Rates are issue age based and do not increase for the term of the policy
- Age bands: 18-44, 45-54, 55-64
- Unisex and uni-smoker rates
- Two Plans available:
 - Plan 1: \$100 daily hospital benefit
 - Plan 2: \$200 daily hospital benefit

COVERAGE OPTIONS

- Employee only
- Family

UNDERWRITING GUIDELINES

- Employee must be actively at work on the date of enrollment
- Employee must not have had cancer for the last 10 years.

EXCLUSIONS AND LIMITATIONS

Inpatient and outpatient maximum benefit amounts may apply.

This policy only covers cancer (except skin cancer).

Loss caused by a pre-existing condition is not covered unless such loss begins after 12 months from the Issue Date.

SAMPLE RATES

EMPLOYEE Monthly Deduction

PLAN 1 \$100 Daily Hospital Benefit		PLAN 2 \$200 Daily Hospital Benefit	
Ages	Amount	Ages	Amount
18-44	\$9.88	18-44	\$19.34
45-54	\$16.00	45-54	\$31.30
55-64	\$20.72	55-64	\$40.42

FAMILY Monthly Deduction (Oldest insured 18-64)

PLAN 1 \$100 Daily Hospital Benefit		PLAN 2 \$200 Daily Hospital Benefit	
Ages	Amount	Ages	Amount
18-44	\$17.28	18-44	\$33.80
45-54	\$29.58	45-54	\$57.78
55-64	\$39.38	55-64	\$76.88

The information contained within this document is only a brief description. Product features, benefits, rates, and any limitations may vary by state and are subject to change. See the actual policy for your state for specific details.