

***Section 3***

***Policy Benefits***

## ***Highlights of the Personal Cancer Indemnity Policy***

- Indemnity policy benefits (however, a charge must be incurred)
- Three distinct plan levels (unlike PCPP, where Levels 2 and 3 differed only by the First-Occurrence Benefit)
- Simplified application processes (see Section 7 for details)

### ***New Benefits***

- **Immunotherapy**

Pays for immunoglobulins and colony-stimulating factors, which are specifically excluded under the Radiation and Chemotherapy Benefit and the Experimental Treatment Benefit. Such drugs are often prescribed to help the immune system fight infection and disease or to lessen the side effects of cancer treatment.

- **Medical Imaging**

Pays one time per year for specific exams that are used to diagnose cancer or as follow-up screenings for previously detected internal cancers.

- **Outpatient Hospital Surgical**

Pays a benefit equivalent to one day of hospital confinement for operating room charges incurred as a result of outpatient surgery in a hospital or ambulatory surgical center. Many times these operating room charges are as expensive as inpatient confinement but are not eligible for the Hospital Confinement Benefit.

- **Reconstructive Surgery**

Includes breast reconstruction benefits that have been removed from the Surgical/Anesthesia Benefit. Because the surgical schedule is not listed in the brochure, it was often misinterpreted that Aflac did not pay for reconstructive surgery. Benefits for the newer TRAM flap procedure and for facial reconstruction have also been added.

### ***Improved Benefits***

- New wellness exams
- Increased First-Occurrence Benefit (FOB) for children
- Increased maximums for prosthetics
- Reduced mileage requirements from 100 to 50
- Increased outpatient bone marrow transplant
- Increased lodging days
- First-day benefit for hospice
- Increased several benefit amounts for Levels 2 and 3
- Ten new diseases added to the Specified-Disease Benefit Rider

## ***Cancer Screening Wellness Benefit***

Aflac will pay a Wellness Benefit when a charge is incurred for one of the following tests performed to determine whether cancer exists in a covered person:

- Mammogram
- Breast ultrasound
- Pap smear
- ThinPrep
- Biopsy
- Flexible sigmoidoscopy
- Hemocult stool specimen
- Chest X-ray
- CEA (blood test for colon cancer)
- CA 125 (blood test for ovarian cancer)
- PSA (blood test for prostate cancer)
- Thermography
- Colonoscopy
- Virtual colonoscopy

	<i>Per covered person, per calendar year</i>
<i>Level 1</i>	<b>\$40</b>
<i>Levels 2 &amp; 3</i>	<b>\$75</b>

This benefit is limited to one payment per covered person, per calendar year.

Although the Wellness Benefit is payable immediately, remember that the policy has a 30-day waiting period before cancer benefits are payable. If cancer is detected through a wellness exam during the first 30 days, only the Wellness Benefit will be payable.

**The following benefits are payable if a covered person is diagnosed with and treated for cancer and is hospitalized for the treatment of cancer, or receives specified outpatient cancer treatment.**

### **First-Occurrence Benefit (FOB)**

Aflac will pay the following benefit when a covered person is diagnosed as having internal cancer, which includes melanomas classified as Clark's Level III and higher or a Breslow level greater than 1.5 mm:

	<i>Insured/Spouse</i>	<i>Child</i>
<i>Level 1</i>	<i>\$1,500</i>	<i>\$2,250*</i>
<i>Level 2</i>	<i>\$2,000</i>	<i>\$3,000*</i>
<i>Level 3</i>	<i>\$5,000</i>	<i>\$7,500*</i>

*\*The First-Occurrence Benefit was increased for children to help alleviate the dual loss of income that may result if both parents take time off work.*

- The FOB is paid in addition to any other benefit in the policy.
- Any covered person who has had a previous diagnosis of cancer will not be eligible for a First-Occurrence Benefit for a recurrence, extension, or metastatic spread of that same cancer.

### **The First-Occurrence Benefit is not payable for:**

- Any internal cancer diagnosed or treated before the effective date of the policy and the subsequent recurrence, extension, or metastatic spread of such internal cancer that is diagnosed prior to the effective date of the policy.
- Cancer diagnosed during the policy's 30-day waiting period.
- The diagnosis of skin cancer or melanomas classified as Clark's Levels I and II, or a Breslow level less than or equal to 1.5 mm.

This benefit is payable only once per covered person.

The Breslow measurement represents the thickness of a melanoma. It is a newer classification and may be used in place of, or in conjunction with, the Clark's level.

## ***Hospital Confinement Benefit***

Aflac will pay the following benefit for each day a covered person is confined to a hospital for the treatment of cancer and is charged for a room as an inpatient:

	<i>Per day for days 1-30</i>	<i>Per day for days 31+</i>
<b>Level 1</b>	<b>\$200</b>	<b>\$400</b>
<b>Level 2</b>	<b>\$300</b>	<b>\$600</b>

Exception: A person confined to a U.S. government hospital does not need to be charged for this benefit to be payable.

This benefit has no lifetime maximum.

The remaining benefits are not payable for treatment received in a U.S. government hospital unless the covered person is actually charged and is legally required to pay for such services.

## ***Medical Imaging Benefit***

Aflac will pay the following benefit when a charge is incurred for an initial diagnosis or follow-up evaluation of internal cancer for a covered person using one of the following medical imaging exams:

- CT scan
- MRI
- Bone scan
- Positron Emission Tomography (PET) scan
- Multiple Gated Acquisition (MUGA) scan
- Transrectal ultrasound

Exams must be performed in a hospital (including ambulatory surgical center) or a physician's office.

	<i>Per person, per calendar year</i>
<b>Level 1</b>	<b>\$100</b>
<b>Level 2</b>	<b>\$150</b>
<b>Level 3</b>	<b>\$200</b>

*The Medical Imaging Benefit is not payable as a screening exam without a diagnosis of cancer. It is payable only for exams resulting in an initial cancer diagnosis or as a follow-up to a previously diagnosed cancer.*

This benefit is payable once per covered person, per calendar year.

## Radiation and Chemotherapy Benefit

Aflac will pay the following daily benefit when a charge is incurred for a covered person who receives one or more of the following cancer treatments for the purpose of modification or destruction of abnormal tissue:

<b>Cytotoxic Chemical Substances and Their Administration</b>				
	<b>Medical personnel injection*</b>	<b>Self-injection</b>	<b>Pump or implant dispensation</b>	<b>Oral chemotherapy</b>
<b>Level 1</b>	<b>\$200/day</b>	<b>\$200/day</b>  <b>\$1,600/monthly maximum</b>	<b>\$200/initial or refill</b>  <b>\$800/monthly maximum</b>	<b>\$200/prescription</b>  <b>\$800/monthly maximum</b>
<b>Levels 2 &amp; 3</b>	<b>\$300/day</b>	<b>\$300/day</b>  <b>\$2,400/monthly maximum</b>	<b>\$300/initial or refill</b>  <b>\$1,200/monthly maximum</b>	<b>\$300/prescription</b>  <b>\$1,200/monthly maximum</b>

\*Injection must be received in a physician's office, clinic, or hospital.

<b>Radiation</b>		
	<b>Radiation therapy</b>	<b>Insertion of interstitial or intracavitary application of radium or radioisotopes</b>
<b>Level 1</b>	<b>\$200/day</b>	<b>\$200/day</b>
<b>Levels 2 &amp; 3</b>	<b>\$300/day</b>	<b>\$300/day</b>

If delivery of radiation or chemotherapy is other than the methods listed above, benefits will be subject to a monthly maximum of **\$800** for Level 1 and **\$1,200** for Levels 2 and 3.

The Surgical/Anesthesia Benefit provides additional amounts payable for insertion and removal of pumps, implants, radium, or radioisotopes.

- Treatments must be FDA- or NCI-approved for the treatment of cancer.
- This benefit does not pay for laboratory tests, diagnostic X-rays, immunoglobulins, immunotherapy, colony-stimulating factors, therapeutic devices, simulation, dosimetry, treatment planning, or other procedures related to these therapy treatments.
- Benefits will not be paid for each day the radium or radioisotope remains in the body or for each day of continuous infusion of medications dispensed by a pump or implant.
- This benefit is not payable on the same day that the Experimental Treatment Benefit is paid.

This benefit has no lifetime maximum.

**Antinausea Benefit**

Aflac will pay the following benefit per calendar month during which a charge is incurred for a covered person who receives antinausea drugs that are prescribed while receiving radiation or chemotherapy treatments:

	<i>Per Calendar Month</i>
<b>Level 1</b>	<b>\$100</b>
<b>Level 2</b>	<b>\$150</b>
<b>Level 3</b>	<b>\$200</b>

This benefit has no lifetime maximum.

**Experimental Treatment Benefit**

Aflac will pay the following benefit when a charge is incurred for a covered person who receives one or more of the following experimental cancer treatments, prescribed by a physician, for the purpose of modification or destruction of abnormal tissue:

	<i>Medical personnel administration*</i>	<i>Self-injection</i>	<i>Pump dispensed</i>	<i>Oral medications</i>
<b>Level 1</b>	<b>\$200/day</b>	<b>\$200/day</b> <b>\$1,600/monthly maximum</b>	<b>\$200/initial or refill</b> <b>\$800/monthly maximum</b>	<b>\$200/prescription</b> <b>\$800/monthly maximum</b>
<b>Levels 2 &amp; 3</b>	<b>\$300/day</b>	<b>\$300/day</b> <b>\$2,400/monthly maximum</b>	<b>\$300/initial or refill</b> <b>\$1,200/monthly maximum</b>	<b>\$300/prescription</b> <b>\$1,200/monthly maximum</b>

*\*Treatment must be administered in a physician's office, clinic, or hospital*

- Treatments must be approved by the NCI as viable experimental treatments for cancer.
- This benefit does not pay for laboratory tests, diagnostic X-rays, immunoglobulins, immunotherapies, colony-stimulating factors, therapeutic devices, or other procedures related to these therapy treatments.
- Benefits will not be paid for each day of continuous infusion of medications dispensed by a pump or implant.
- This benefit is not payable on the same day that the Radiation and Chemotherapy Benefit is paid.

This benefit has no lifetime maximum.

### Immunotherapy Benefit

Aflac will pay the following benefit per calendar month during which a charge is incurred for a covered person who receives immunoglobulins or colony-stimulating factors as prescribed by a physician as part of a treatment regimen for internal cancer:

	Per Calendar Month	Lifetime Maximum
Level 1	\$300	\$1,500
Level 2	\$400	\$2,000
Level 3	\$500	\$2,500

Any medications paid under the Radiation and Chemotherapy Benefit or the Experimental Treatment Benefit will not be paid under the Immunotherapy Benefit.

*The Immunotherapy Benefit is payable at the same time the Radiation and Chemotherapy or Experimental Treatment Benefit is paid, but not for the same medications.*

### Nursing Services Benefit

Aflac will pay the following benefit per 24-hour day if, while confined to a hospital, a covered person requires private nurses and their services other than those regularly furnished by the hospital and a charge is incurred:

	Per Day
Level 1	\$100
Level 2	\$125
Level 3	\$150

- Services must be required and authorized by the attending physician.
- This benefit is not payable for private nurses who are immediate family members. *Immediate family* includes anyone related to the insured in the following manner: spouse; brother or sister (includes stepbrother and stepsister); children (includes stepchildren); parents (includes step-parents); grandchildren; father- or mother-in-law; and spouses, as applicable, of any of these.
- This benefit is payable only for the number of days the Hospital Confinement Benefit is payable.

This benefit has no lifetime maximum.

***Surgical/Anesthesia Benefit***

- Aflac will pay the benefit listed in the Schedule of Operations when a surgical operation is performed on a covered person for a diagnosed internal cancer and a charge is incurred for the specific procedure.
- If any operation for the treatment of cancer is performed other than those listed, Aflac will pay an amount comparable to the amount shown for the operation most nearly similar in severity and gravity.
- Two or more surgical procedures performed through the same incision will be considered one operation, and benefits will be paid based on the highest eligible benefit.
- Aflac will pay an indemnity benefit equal to **25 percent** of the surgery benefit for the administration of anesthesia during a covered surgical operation.
- The combined benefits payable in the Surgical/Anesthesia Benefit for any one operation will not exceed **\$3,750** for Level 1 and **\$6,250** for Levels 2 and 3.

*Skin cancer and reconstructive surgery have separate benefits and are covered later in this section. See the sample policy for a listing of procedures covered under the Schedule of Operations.*

This benefit has no lifetime maximum.

***Outpatient Hospital Surgical Benefit***

Aflac will pay the following benefit when a surgical operation is performed on a covered person for a diagnosed internal cancer and an operating room charge is incurred. Surgery must be performed on an outpatient basis in a hospital, including an ambulatory surgical center.

- This benefit is payable once per day.
- This benefit is not payable on the same day as the Hospital Confinement Benefit.
- This benefit is payable in addition to the Surgical/Anesthesia Benefit.
- This benefit is not payable for surgery performed in a physician’s office or for skin cancer surgery.

	<b><i>Per Operating Room Charge</i></b>
<b><i>Level 1</i></b>	<b><i>\$200</i></b>
<b><i>Levels 2 &amp; 3</i></b>	<b><i>\$300</i></b>

This benefit has no lifetime maximum.

### **Skin Cancer Surgery Benefit**

Aflac will pay the following benefit when a surgical operation is performed on a covered person for a diagnosed skin cancer and a charge is incurred. The amount listed includes anesthesia services:

	<b>All Levels</b>
<b>Biopsy</b>	<b>\$100</b>
<b>Excision of skin lesion without flap or graft</b>	<b>\$250</b>
<b>Flap or graft without excision</b>	<b>\$375</b>
<b>Excision of skin lesion with flap or graft</b>	<b>\$600</b>

This benefit has no lifetime maximum.

### **Prosthesis Benefit**

Aflac will pay the following benefit for prosthetic devices that are prescribed as a direct result of cancer treatment when a charge is incurred:

	<b>Surgically implanted benefit/ lifetime maximum per person</b>	<b>Nonsurgically implanted benefit/ lifetime maximum per person</b>
<b>Level 1</b>	<b>\$2,500/\$5,000</b>	<b>\$200/\$400</b>
<b>Level 2</b>	<b>\$3,000/\$6,000</b>	<b>\$225/\$450</b>
<b>Level 3</b>	<b>\$3,000/\$6,000</b>	<b>\$250/\$500</b>

*A prosthesis is used to replace a missing body part, whether for functional or cosmetic reasons, or both. Some prostheses are surgically implanted.*

- Examples of nonsurgical implants include a voice box, hairpiece, or removable breast prosthesis.
- This benefit is not payable for a breast transverse rectus abdominis myocutaneous (TRAM) flap procedure, which is listed under the Reconstructive Surgery Benefit.



### ***Outpatient Blood and Plasma Benefit***

Aflac will pay the following benefit when a covered person receives blood and/or plasma transfusions for the treatment of cancer as an outpatient in a physician's office, clinic, hospital, or ambulatory surgical center, and a charge is incurred. This benefit does not pay for immunoglobulins, immunotherapy, or colony-stimulating factors.

	<i>Per Day</i>
<i>Level 1</i>	<b>\$200</b>
<i>Levels 2 &amp; 3</i>	<b>\$250</b>

This benefit has no lifetime maximum.

### ***Second Surgical Opinion Benefit***

Aflac will pay the following benefit when a charge is incurred for a second surgical opinion concerning cancer surgery for a diagnosed cancer by a licensed physician. This benefit is not payable the same day the NCI Evaluation/Consultation Benefit is payable.

	<i>Per Visit</i>
<i>Level 1</i>	<b>\$200</b>
<i>Level 2</i>	<b>\$250</b>
<i>Level 3</i>	<b>\$300</b>

This benefit has no lifetime maximum.

### ***National Cancer Institute Evaluation/Consultation Benefit***

Aflac will pay \$500 when a covered person seeks evaluation or consultation at an NCI-Designated Cancer Center as a result of receiving a prior diagnosis of internal cancer.

The purpose of the evaluation/consultation must be to determine the appropriate course of cancer treatment.

- If the NCI-Designated Cancer Center is more than 50 miles from the covered person's residence, Aflac will pay \$250 for the transportation and lodging of the covered person receiving the evaluation/consultation.
- This benefit is also payable at the Aflac Cancer Center and Blood Disorders Service of Children's Healthcare of Atlanta.
- This benefit is not payable the same day the Second Surgical Opinion Benefit is payable.

This benefit is payable only once under this policy per covered person.

**Ambulance Benefit**

Aflac will pay **\$200 for ground** and **\$1,000 for air** when a charge is incurred for ambulance transportation of a covered person to or from a hospital where the covered person is confined overnight for cancer treatment.

- This benefit is limited to two trips per confinement.
- Service must be provided by a licensed professional ambulance company.

This benefit has no lifetime maximum.

**Transportation Benefit**

Aflac will pay the following benefit when a covered person requires cancer treatment at a hospital or facility located more than 50 miles from the covered person’s residence. A local attending physician must prescribe the treatment. This benefit will be paid only for the covered person for whom the treatment is prescribed.

	<b>Benefit</b>	<b>Round Trip Maximum</b>
<b>Level 1</b>	<b>\$.40 per mile</b>	<b>\$1,200</b>
<b>Levels 2 &amp; 3</b>	<b>\$.50 per mile</b>	<b>\$1,500</b>

If treatment is for a dependent child and commercial travel (coach-class plane, train, or bus fare) is necessary, Aflac will pay this benefit for up to two adults to accompany the dependent child.

<b>Example:</b>	Dependent Child	2,000 miles	\$ 800
	Adult	2,000 miles	\$ 800
	Adult	2,000 miles	\$ 800
	<b>TOTAL</b>		<b>\$2,400</b>

This benefit has no lifetime maximum.

**Lodging Benefit**

Aflac will pay the following benefit when a charge is incurred for lodging for the insured or any one adult family member when a covered person receives cancer treatment at a hospital or medical facility more than 50 miles from his or her residence:

	<b>Per Day</b>
<b>Level 1</b>	<b>\$50</b>
<b>Levels 2 &amp; 3</b>	<b>\$60</b>

This benefit is not payable for lodging occurring more than 24 hours before or 24 hours after treatment.

This benefit is limited to 90 days per calendar year.

### ***Bone Marrow Transplantation Benefit***

Aflac will pay **\$10,000** when a covered person receives a bone marrow transplantation for which a charge is incurred for the treatment of cancer. This does not include the harvesting of peripheral blood cells or stem cells and subsequent reinfusion.

Aflac will pay the covered person's bone marrow donor an indemnity of **\$1,000** for his or her expenses incurred as a result of the transplantation.

This benefit has a lifetime maximum of \$10,000 per covered person.

### ***Stem Cell Transplantation Benefit***

Aflac will pay the following benefit when a charge is incurred if a covered person receives a peripheral stem cell transplantation for the treatment of cancer. This does not include the harvesting, storage, and subsequent reinfusion of bone marrow from the recipient or a matched donor under general anesthesia.

	<b><i>Benefit</i></b>
<b><i>Level 1</i></b>	<b><i>\$2,500</i></b>
<b><i>Levels 2 &amp; 3</i></b>	<b><i>\$5,000</i></b>

This benefit has a lifetime maximum of \$2,500 for Level 1 or \$5,000 for Levels 2 and 3 per covered person.

### ***Extended-Care Facility Benefit***

Aflac will pay **\$100 per day** when a covered person receives Hospital Confinement Benefits and, within 30 days of hospital confinement, is confined to an extended-care facility, a skilled nursing facility, a rehabilitation unit or facility, a transitional care unit or any bed designated as a swing bed, or to a section of the hospital used as such, and a charge is incurred.

- This benefit is limited to the same number of days that the Hospital Confinement Benefit is paid.
- This benefit is not payable on the same day as the Hospital Confinement Benefit.
- If extended care stays are separated by more than 30 days, benefits are not payable for the second extended-care confinement unless the covered person was again confined to a hospital prior to the second extended-care confinement.

This benefit has a lifetime maximum of 365 days per covered person.

**Hospice Benefit**

Aflac will pay the following benefits when a covered person is terminally ill and receives hospice care:

	<i>1st Day</i>	<i>Each day thereafter</i>	<i>Lifetime maximum</i>
<i>Level 1</i>	<b>\$500</b>	<b>\$50</b>	<b>\$12,000</b>
<i>Levels 2 &amp; 3</i>	<b>\$1,000</b>	<b>\$50</b>	<b>\$12,000</b>

- Therapeutic intervention directed toward the cure of the disease must be medically determined to be no longer appropriate.
- Life expectancy must be six months or less as the direct result of cancer.
- The attending physician must provide a written statement that the covered person is terminally ill within these terms.
- The hospice must provide a written statement certifying the days on which services were provided.
- This benefit is not payable the same day the Home Health Care Benefit is payable.

This benefit has a lifetime maximum of \$12,000 per covered person.

**Home Health Care Benefit**

Aflac will pay **\$50** when a charge is incurred for home health care or health supportive services following hospitalization for the treatment of cancer.

- Services must begin within seven days of release from the hospital.
- This benefit is not payable unless the attending physician prescribes such services to be performed in the home and certifies that if these services were not available, hospitalization would be required to receive the necessary care, treatment, and services.
- Services must be performed by a person who is licensed, certified, or otherwise duly qualified to perform such services on the same basis as if the services had been performed in a health care facility.
- This benefit is not payable the same day the Hospice Benefit is payable.

This benefit is limited to ten visits per hospitalization and 30 visits per calendar year, per covered person.

### ***Waiver of Premium Benefit***

Aflac will waive, from month to month, any premiums falling due during a policyholder's disability due to internal cancer for a period of 90 continuous days as defined below:

- The complete inability to do all of the usual and customary duties of one's occupation.
- If not employed, the complete inability to perform two or more ADLs (maintaining continence, transferring, dressing, toileting, and eating) without the assistance of another person.

Aflac will require an employer's statement (if applicable) and a physician's statement of the inability to perform said duties or activities, and may require a new statement each month. Aflac may also use an independent consultant to determine whether a person can perform an ADL when this benefit is in force.

- This benefit is for the named insured only.
- If the named insured dies and the spouse becomes the new named insured, premiums will again be due beginning on the first premium due date after the change.
- The new named insured will then be eligible for this benefit if needed.

Aflac will also waive, from month to month, any premiums falling due while the named insured is receiving the Hospice Benefit.

### ***Continuation of Coverage Benefit***

Aflac will waive all monthly premiums due for the policy and riders for up to two months if the named insured meets all of the following conditions:

- The policy has been in force for at least six months;
- Aflac has received premiums for at least six consecutive months;
- The premiums have been paid through payroll deduction;
- The named insured or the employer notifies Aflac in writing within 30 days of the date the premium payments cease due to leaving employment;
- The named insured re-establishes premium payments through:
  - (a) A new employer's payroll deduction process, or
  - (b) Direct payment to Aflac.

The named insured will again become eligible to receive this benefit after re-establishing premium payments through payroll deduction for a period of at least six months and Aflac receives premiums for at least six consecutive months.

**PCI Comparison by Level**

Benefit	Level 1	Level 2	Level 3
<b>Wellness</b>	\$40/calendar year per person	\$75/calendar year per person	\$75/calendar year per person
<b>First-Occurrence</b>	\$1,500 Primary & Spouse; \$2,250 Child	\$2,000 Primary & Spouse; \$3,000 Child	\$5,000 Primary & Spouse; \$7,500 Child
<b>Hospital Confinement</b>	Days 1-30: \$200/day; Days 31+: \$400/day \$100	Days 1-30: \$300/day; Days 31+: \$600/day \$150	Days 1-30: \$300/day; Days 31+: \$600/day \$200
<b>Medical Imaging (Diagnostic with Malignancy)</b>			
<b>Radiation, Chemotherapy</b>	\$200/daily treatment Monthly Max: \$1,600 self-injected, \$800 pump & oral	\$300/daily treatment Monthly Max: \$2,400 self-injected, \$1,200 pump & oral	\$300/daily treatment Monthly Max: \$2,400 self-injected, \$1,200 pump & oral
<b>Experimental Treatment</b>	\$200/daily treatment Monthly Max: \$1,600 self-injected, \$800 pump & oral	\$300/daily treatment Monthly Max: \$2,400 self-injected, \$1,200 pump & oral	\$300/daily treatment Monthly Max: \$2,400 self-injected, \$1,200 pump & oral
<b>Immunotherapy</b>	\$300/month; Lifetime Max \$1,500	\$400/month; Lifetime Max \$2,000	\$500/month; Lifetime Max \$2,500
<b>Antinausea</b>	\$100/month	\$125/month	\$150/month
<b>Nursing Services</b>	\$100/day	\$125/day	\$150/day
<b>Surgery &amp; Anesthesia</b>	\$95-\$3,000; Anesthesia = 25%	\$100-\$5,000; Anesthesia = 25%	\$100-\$5,000; Anesthesia = 25%
<b>Outpatient Hospital Surgical</b>	\$200 (in addition to Surgical Benefit)	\$300 (in addition to Surgical Benefit)	\$300 (in addition to Surgical Benefit)
<b>Skin Cancer Surgery</b>	\$100-\$600	\$100-\$600	\$100-\$600
<b>Prosthesis: Surgical/Nonsurgical</b>	\$2,500/\$200 Lifetime Maximum \$5,000/\$400 per covered person	\$3,000/\$225 Lifetime Maximum \$6,000/\$450 per covered person	\$3,000/\$250 Lifetime Maximum \$6,000/\$500 per covered person
<b>Reconstructive Surgery</b>	\$325-\$2,500/procedure; Anesthesia = 25%	\$350-\$3,000/procedure; Anesthesia = 25%	\$350-\$3,000/procedure; Anesthesia = 25%
<b>Blood and Plasma</b>	Inpatient - \$50 times the number of days confined. Outpatient - \$200/day. \$200	Inpatient - \$100 times the number of days confined. Outpatient - \$250/day. \$250	Inpatient - \$150 times the number of days confined. Outpatient - \$250/day. \$300
<b>Second Surgical Opinion</b>			
<b>NCI Evaluation/ Consultation</b>	Consultation \$500 Travel & Lodging \$250	Consultation \$500 Travel & Lodging \$250	Consultation \$500 Travel & Lodging \$250
<b>Ambulance</b>	\$200 Ground; \$1,000 Air	\$200 Ground; \$1,000 Air	\$200 Ground; \$1,000 Air
<b>Transportation</b>	\$40/mile Limit \$1,200/round trip	\$50/mile Limit \$1,500/round trip	\$50/mile Limit \$1,500/round trip
<b>Lodging</b>	\$50/day	\$60/day	\$60/day
<b>Bone Marrow Transplant</b>	\$10,000; Donor \$1,000	\$10,000; Donor \$1,000	\$10,000; Donor \$1,000
<b>Stem Cell Transplant</b>	\$2,500	\$5,000	\$5,000
<b>Extended-Care Facility</b>	\$100/day	\$100/day	\$100/day
<b>Hospice</b>	\$500 for 1 <sup>st</sup> day; \$50/day thereafter \$12,000 maximum	\$1,000 for 1 <sup>st</sup> day; \$50/day thereafter \$12,000 maximum	\$1,000 for 1 <sup>st</sup> day; \$50/day thereafter \$12,000 maximum
<b>Home Health Care</b>	\$50/day	\$50/day	\$50/day
<b>Waiver of Premium</b>	Yes	Yes	Yes
<b>Continuation of Coverage</b>	Yes	Yes	Yes

**PCI vs. PCPP – Level 1**

(New benefits are shaded | enhanced benefits are italicized.)

Benefit	PCI Level 1	PCPP Level 1
Wellness	\$40/calendar year per person <i>Added ThinPrep, Virtual Colonoscopy</i>	\$40/calendar year per person
First-Occurrence	\$1,500 Primary & Spouse; \$2,250 (child)	\$1,500
Hospital Confinement	Days 1–30: \$200/day; Days 31+: \$400/day	Days 1–30: \$200/day; Days 31+: \$400/day
Medical Imaging (diagnostic with malignancy) Radiation, Chemotherapy	\$100 - 1x per year/per person \$200/daily treatment Monthly Max = \$1,600 self-injected; \$800 pump & oral Monthly Max = \$1,600 self-injected; \$800 pump & oral	N/A Up to \$200/day Up to \$200/day
Experimental Treatment	\$300/month; Lifetime Max \$1,500	N/A
Immunotherapy	\$100/month	Up to \$100/month
Antinausea	\$100/day	Up to \$100/day
Nursing Services	\$95–\$3,000; Anesthesia = 25%	\$95–\$3,000; Anesthesia = 25%
Surgery & Anesthesia	\$200 (in addition to Surgical Benefit)	N/A
Outpatient Hospital Surgical	\$100–\$600	\$100–\$600
Skin Cancer Surgery	\$2,500	Up to \$2,500
Prostheses:	\$200 per occurrence	Up to \$200
Surgical	Lifetime Maximum \$5,000/\$400 per covered person	Lifetime Maximum \$2,500/\$200 per covered person
Nonsurgical	\$25–\$2,500/procedure; Anesthesia = 25%	N/A
Reconstructive Surgery	Inpatient - \$50 times the number of days confined. Outpatient – \$200/day.	Inpatient – \$50 times the number of days confined. Outpatient – Up to \$200/day.
Blood and Plasma	\$200	Up to \$200
Second Surgical Opinion	Consultation \$500 (once per person) Travel, Lodging \$250 (over 50 miles)	Consultation \$500 (once per person) Travel, Lodging \$250 (over 100 miles)
NCI Evaluation/Consultation (reduce miles)	\$200 Ground; \$1,000 Air (over 50 miles)	Actual Charges (Over 100 miles)
Ambulance	\$40/mile; Limit \$1,200/round trip	Coach Fare or \$40/mile; Limit \$1,200/round trip
Transportation (reduce miles)	\$50/day; Limit 90 days/calendar year	Up to \$50/day; Limit 60 days/calendar year
Lodging (increase days & reduce miles)	\$10,000 Inpatient or Outpatient Donor \$1,000	Up to \$10,000 Inpatient; Up to \$5,000 Outpatient Donor \$1,000
Bone Marrow Transplant	Lifetime Maximum \$10,000/covered person	Lifetime Maximum \$10,000/ person
Stem Cell Transplant	\$2,500; Lifetime Maximum \$2,500/covered person	\$2,500; Lifetime Maximum \$2,500/covered person
Extended-Care Facility	\$100/day; Lifetime Maximum 365 days/covered person	\$100/day; Lifetime Maximum 365 days/covered person
Hospice	\$500 for 1 <sup>st</sup> day \$50/day thereafter	\$100/day for 60 days \$50/day for 61+ days
Home Health Care	Lifetime maximum \$12,000/covered person	Lifetime Maximum \$12,000/ person
Waiver of Premium	\$50/day (10 confinement/30 per year)	Up to \$50/day (10 confinement/30 per year)
Continuation of Coverage	Yes	Yes
	Yes	Yes

**PCI vs. PCPP - LEVEL 2**

(New benefits are shaded ; enhanced benefits are italicized.)

Benefit	PCI Level 2	PCPP Level 2
Wellness	\$75/calendar year per person	\$75/calendar year per person
First-Occurrence	<i>Added ThinPrep, Virtual Colonoscopy</i>	
Hospital Confinement	\$2,000 Primary & Spouse; \$3,000 (child)	\$2,000
Medical Imaging (diagnostic with malignancy)	Days 1-30: \$300/day; Days 31+: \$600/day	Days 1-30: \$300/day; Days 31+: \$600/day
Radiation, Chemotherapy	\$150 - 1x per year/per person	N/A
Experimental Treatment	\$300/daily treatment	Up to \$300/day
Immunotherapy	Monthly Max = \$2,400 self-injected; \$1,200 pump & oral	Up to \$300/day
Anti-Nausea	\$300/daily treatment	
Nursing Services	Monthly Max = \$2,400 self-injected; \$1,200 pump & oral	
Surgery & Anesthesia	\$400/month; Lifetime Max \$2,000	N/A
Outpatient Hospital Surgical	\$125/month	Up to \$100/month
Skin Cancer Surgery	\$100-\$5,000; Anesthesia = 25%	Up to \$100/day
Prostheses:	\$300 (in addition to Surgical Benefit)	\$100-\$5,000; Anesthesia = 25%
Surgical	\$100-\$600	N/A
Nonsurgical	\$3,000	\$100-\$600
Reconstructive Surgery	\$225 per occurrence	Up to \$3,000
Blood and Plasma	Lifetime Maximum \$6,000/\$450 per covered person	Up to \$200
Second Surgical Opinion	\$350-\$3,000/procedure; Anesthesia = 25%	Lifetime Maximum \$3,000/\$200 per covered person
NCI Evaluation/Consultation (reduce miles)	Inpatient - \$100 times the number of days confined.	Inpatient - \$100 times the number of days confined.
Ambulance	Outpatient - \$250/day.	Outpatient - Up to \$250/day.
Transportation (reduce miles)	\$250	Up to \$250
Lodging (increase days & reduce miles)	Consultation \$500 (once per person)	Consultation \$500 (once per person)
Bone Marrow Transplant	Travel, Lodging \$250 (over 50 miles)	Travel, Lodging \$250 (over 100 miles)
Stem Cell Transplant (increase amount payable)	\$200 Ground; \$1,000 Air	Actual Charges
Extended-Care Facility	(Over 50 miles)	(over 100 miles)
Hospice	\$50/mile; Limit \$1,500/round trip	Coach Fare or \$.50/mile; Limit \$1,500/round trip
Home Health Care	\$60/day; Limit 90 days/calendar year	Up to \$60/day; Limit 60 days/calendar year
Waiver of Premium	\$10,000 Inpatient or Outpatient	Up to \$10,000 Inpatient; Up to \$5,000 Outpatient
Continuation of Coverage	Donor \$1,000	Donor \$1,000
	Lifetime Maximum \$10,000/covered person	Lifetime Maximum \$10,000/person
	\$5,000; Lifetime Maximum \$5,000/covered person	Lifetime Maximum \$2,500/covered person
	\$100/day; Lifetime Maximum 365 days/covered person	\$100/day; Lifetime Maximum 365 days/covered person
	\$1,000 for 1st day	\$100/day for 60 days
	\$50/day thereafter	\$50/day for 6+ days
	Lifetime Maximum \$12,000/covered person	Lifetime Maximum \$12,000/person
	\$50/day (10/confinement/30 per year)	Up to \$50/day (10/confinement/30 per year)
	Yes	Yes
	Yes	Yes

**PCI vs. PCPP - Level 3**

(New benefits are shaded ; enhanced benefits are italicized.)

Benefit	PCI Level 3	PCPP Level 3
Wellness	\$75/calendar year per person <i>Added ThinPrep, Virtual Colonoscopy</i>	\$75/calendar year per person
First-Occurrence Hospital Confinement	\$5,000 Primary & Spouse; \$7,500 (child) Days 1-30: \$300/day; Days 31+: \$600/day	\$5,000 Days 1-30: \$300/day; Days 31+: \$600/day
Medical Imaging (diagnostic with malignancy)	\$200 - 1x per year/per person	N/A
Radiation, Chemotherapy	\$300/daily treatment Monthly Max = \$2,400 self-injected; \$1,200 pump & oral	Up to \$300/day
Experimental Treatment	\$300/daily treatment Monthly Max = \$2,400 self-injected; \$1,200 pump & oral	Up to \$300/day
Immunotherapy	\$500/month; Lifetime Max \$2,000	N/A
Antinausea		
Nursing Services	\$150/day	Up to \$100/day
Surgery & Anesthesia	\$100-\$5,000; Anesthesia = 25%	\$100-\$5,000; Anesthesia = 25%
Outpatient Hospital Surgical	\$300 (in addition to Surgical Benefit)	N/A
Skin Cancer Surgery	\$100-\$600	\$100-\$600
Prosthesis:	\$3,000	Up to \$3,000
	\$250 per occurrence	Up to \$200
	Lifetime Maximum \$6,000/\$500 per covered person	Lifetime Maximum \$3,000/\$200 per covered person
Reconstructive Surgery	\$350-\$3,000/procedure; Anesthesia = 25%	N/A
Blood and Plasma	Inpatient - \$150 times the number of days confined. Outpatient - \$250/day.	Inpatient - \$100 times the number of days confined. Outpatient - Up to \$250/day.
Second Surgical Opinion	\$300	Up to \$250
NCI Evaluation/Consultation (reduce miles)	Consultation \$500 (once per person) Travel, Lodging \$250 (over 50 miles)	Consultation \$500 (once per person) Travel, Lodging \$250 (over 100 miles)
Ambulance	\$200 Ground; \$1,000 Air	Actual Charges
Transportation (reduce miles)	(over 50 miles) \$50/mile; Limit \$1,500/round trip	(over 100 miles) Coach Fare or \$50/mile; Limit \$1,500/round trip
Lodging (increase days & reduce miles)	\$60/day; Limit 90 days/calendar year	Up to \$60/day; Limit 60 days/calendar year
Bone Marrow Transplant	\$10,000 Inpatient or Outpatient Donor \$1,000	Up to \$10,000 Inpatient; Up to \$5,000 Outpatient Donor \$1,000
Stem Cell Transplant	Lifetime Maximum \$10,000/covered person	Lifetime Maximum \$10,000/person
Extended-Care Facility	\$5,000; Lifetime Maximum \$5,000/covered person	Up to \$2,500; Lifetime Maximum \$2,500/covered person
Hospice	\$100/day; Lifetime Maximum 365 days/covered person \$1,000 for 1st day \$50/day thereafter	\$100/day; Lifetime Maximum 365 days/covered person \$100/day for 60 days \$50/day for 61+ days
Home Health Care	Lifetime Maximum \$12,000/covered person	Lifetime Maximum \$12,000/person
Waiver of Premium	\$50/day (10/confinement/30 per year)	Up to \$50/day (10/confinement/30 per year)
Continuation of Coverage	Yes	Yes
	Yes	Yes