

# *Humana Group Cancer and Specified Disease Insurance*

***Effective Date: January 1, 2018***

## ***Plan Features***

- Donor Benefits
- Wellness Benefits
- Many Benefits have No Lifetime Maximum
- Covers Certain Lodging and Transportation
- Portable (take it with You)
- In and Out of Hospital benefits
- Pays regardless of other coverage

## ***Benefit***

## ***Benefit Amounts***

### **Wellness Benefit:**

**Up to \$100 per calendar year**

For Cancer screening tests such as mammogram, flexible sigmoidoscopy, pap smear, chest X-ray, hemocult stool specimen, or prostate screen. No Lifetime Maximum

### **Positive Diagnosis Test:**

**Up to \$300 per calendar year**

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.

### **First Diagnosis Benefit**

**Option 1: No Benefit**

**Option 2: \$2,500**

**Option 3: No Benefit**

**Option 4: \$5,000**

First Diagnosis means the first time a covered person is diagnosed as having internal cancer or malignant melanoma (this excludes all other skin cancer); provided the diagnosis is [after the Waiting Period and] while this policy is in force with respect to the covered person. While this policy is in force, if a covered person receives a First Diagnosis of Cancer or malignant melanoma (this excludes all other skin cancer), We will pay the insured the benefit amount, provided the First Diagnosis is after the Waiting Period. No benefit is payable for diagnosis of skin cancer other than malignant melanoma. Each covered person is limited to one First Diagnosis benefit under the terms of this policy.

## ***Benefit***

## ***Benefit Amounts***

### **Second and Third Surgical Opinions**

### **Actual Charges**

Covers written opinions received after a Positive Diagnosis and before surgery. No Lifetime Maximum.

### **Non-Local Transportation**

### **Actual charges by a common carrier or 50 cents per mile if a personal vehicle is used**

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. No Lifetime Maximum.

### **Adult Companion Lodging and Transportation**

### **Up to \$75 per day for lodging, 50 cents per mile if a personal vehicle is used.**

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 charge of round trip coach fare by a common carrier or a mileage allowance for the use of a personal vehicle. This benefit is not payable for lodging expense incurred more than 24 hours before the treatment nor for lodging expense incurred more than 24 hours following treatment. No Lifetime Maximum

### **Ambulance**

### **Actual Charges**

For ambulance service if the Covered Person is taken to a Hospital and admitted as an inpatient. No Lifetime Maximum.

### **Surgery**

### **Up to \$3,000**

Covers actual surgeon's fee for an operation up to the amount listed on the schedule. Benefits for surgery performed on an outpatient basis will be 150% of the schedule benefit amount, not to exceed the actual surgeon's fees. No Lifetime Maximum

### **Donor Benefit Bone Marrow and Stem Cell Transplant**

### **(a) \$200**

### **(b) Actual charges for round trip coach fare: or personal automobile expense of 50 cents per mile**

### **(c) Actual charges up to \$50 per day**

We will pay the following expenses incurred by the Covered Person and his or her live donor:

(a) Medical expense allowance of two times the selected Hospital Confinement benefit.

(b) Actual charges for round trip coach fare on a Common Carrier to the city where the transplant is performed; or personal automobile expense allowance of 50 cents per mile. Mileage is measured from the home of the Donor or Covered Person to the Hospital in which the Covered Person is staying. We will pay for up to 700 miles per Hospital stay.

(c) Actual Charges up to \$50 per day for lodging and meals expense for donor to remain near Hospital.

## ***Benefit***

## ***Benefit Amounts***

### **Bone Marrow and Stem Cell Transplant**

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

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**

**Up to 25% of surgical benefit paid**

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

For anesthesia in connection with the treatment of the treatment of skin Cancer.

No Lifetime Maximum

**\$100 maximum per Covered Person**

### **Ambulatory Surgical Center**

**\$250 Per Day**

We will pay the expense incurred at an Ambulatory Surgical Center. No Lifetime Maximum.

### **Drugs and Medicines**

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

Payable for drugs and medicine received while the Covered Person is Hospital confined. No Lifetime Maximum.

### **Outpatient Anti-Nausea Drugs**

**Up to \$250 per calendar year**

Payable for drugs prescribed by a Physician to suppress nausea due to Cancer or Specified Disease. No Lifetime Maximum.

### **Radiation, Radioactive Isotopes Therapy, Chemotherapy, or Immunotherapy.**

**Option 1- Actual charges up to \$2,500 per month**

**Option 2- Actual charges up to \$2,500 per month**

**Option 3- Actual charges up to \$5,000 per month**

**Option 4- Actual charges up to \$5,000 per month**

### **Miscellaneous Therapy Charges**

**Actual charges up to a lifetime maximum of \$10,000**

Covers charges for lab work or x-rays in connection with radiation and chemotherapy treatment. Service must be performed while receiving treatment(s) in Radiation, Radioactive Isotopes Therapy, Chemotherapy, or Immunotherapy or within 30 days following a covered treatment.

### **Self-Administered Drugs**

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

We will pay the actual expenses incurred for self-administered chemotherapy, including hormone therapy, or immunotherapy agents. This benefit is not payable for planning, monitoring, or other agents used to treat or prevent side effects, or other procedures related to this therapy treatment. No Lifetime Maximum.

### **Colony Stimulating Factors**

**Actual charges up to \$500 per month**

We will pay expenses incurred for: (a) cost of the chemical substances and (b) their administration to stimulate the production of blood cells. Treatment must be administered by an Oncologist or Chemotherapist. No Lifetime Maximum.

## ***Benefit***

## ***Benefit Amounts***

### **Blood, Plasma and Platelets**

**Actual charges up to \$200 per day**

For blood, plasma and platelets, and transfusions: including administration. No Lifetime Maximum.

### **Physician's Attendance**

**Up to \$35 per day**

For one visit per day while Hospital confined. No Lifetime Maximum.

### **Private Duty Nursing Service**

**Up to \$100 per day**

For private nursing services ordered by the Physician while Hospital confined. No Lifetime Maximum.

### **National Cancer Institute Designated Comprehensive Cancer Treatment Center Evaluation/Consultation**

**Benefit Expenses incurred limited to a lifetime maximum up to \$750 for evaluation. Expenses incurred limited to a lifetime maximum up to \$350 for transportation and lodging.**

We will pay the expense incurred if an Covered Person is diagnosed with Internal Cancer and seeks evaluation or consultation from a National Cancer Institute designated Comprehensive Cancer Treatment Center. If the Comprehensive Cancer Treatment Center is located more than 30 miles from the Covered Person's place of residence, We will also pay the transportation and lodging expenses incurred. This benefit is not payable on the same day a Second or Third Surgical Opinion Benefit is payable and is in lieu of the Non-Local Transportation Benefits of the policy.

### **Breast Prosthesis**

**Actual Charges**

Covers the prosthesis and its implantation if it is required due to breast cancer. No Lifetime Maximum.

### **Artificial Limb or Prosthesis**

**\$1,500 lifetime maximum per amputation**

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

### **Physical or Speech Therapy**

**Up to \$35 per session**

Payable when therapy is needed to restore normal bodily function. No Lifetime Maximum.

### **Extended Benefits**

**\$300 per day**

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 place of the Hospital Confinement Benefit. No Lifetime Maximum.

### **Extended Care Facility**

**Up to \$50 per day**

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. No Lifetime Maximum.

### **At Home Nursing**

**Up to \$100 per day**

Limited to number of days of prior Hospital confinement. Must begin immediately following a Hospital confinement, and be authorized by the attending Physician. No Lifetime Maximum.

## ***Benefit***

## ***Benefit Amounts***

### **New or Experimental Treatment**

**Up to \$7,500 per calendar year**

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. No Lifetime Maximum.

### **Hospice Care**

**Up to \$50 per day**

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. No Lifetime Maximum.

### **Government or Charity Hospital**

**\$200 per day**

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. No Lifetime Maximum.

### **Hairpiece**

**Actual charge up to a lifetime maximum of \$150**

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

### **Rental or Purchase of Durable Goods**

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

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. No Lifetime Maximum.

### **Waiver of Premium**

**After 60 days**

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

### **Hospital Confinement**

**\$100 per day**

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. No Lifetime Maximum.

## Other Specified Diseases Covered:

- Addison's Disease
- Scarlet Fever
- Multiple Sclerosis
- Cystic Fibrosis
- Tay-Sachs Disease
- Myasthenia Gravis
- Encephalitis
- Epilepsy
- Osteomyelitis
- Hansen's Disease
- Tularemia
- Rabies
- Lupus Erythematosus
- Undulant Fever
- Rheumatic Fever
- Malaria
- Meningitis (epidemic cerebrospinal)
- Amyotrophic Lateral Sclerosis
- Sickle Cell Anemia
- Muscular Dystrophy
- Diphtheria
- Tetanus
- Niemann-Pick Disease
- Toxic Epidermal Necrolysis
- Tuberculosis
- Poliomyelitis
- Legionnaire's Disease
- Typhoid Fever
- Reye's Syndrome
- Lyme Disease
- Whipple's Disease
- Rocky Mountain Spotted Fever

## Payment of Benefits

Benefits are payable for a Covered Person's Positive Diagnosis of a Cancer or Specified Disease that begins after the Certificate Effective Date and while this Certificate has remained in force.

## Pre-Existing Condition Limitation

No benefits will be provided during the first 12 months of the policy for cancer diagnosed before the 30th day after the effective date shown in the policy schedule. 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 Certificate Effective Date for each Covered Person.

**Pre-Existing Condition** means Cancer or a Specified Disease, for which a Covered Person has received medical consultation, treatment, care, services, or for which diagnostic test(s) have been recommended or for which medication has been prescribed during the 12 months immediately preceding the Certificate Effective Date of coverage for each Covered Person.

## Exceptions and Other Limitations

The Policy pays benefits only for diagnoses 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.

## **Termination of Coverage**

A Covered Person's insurance under the Policy will automatically terminate on the earliest of the following dates:

1. the date that the Policy terminates.
2. the date of termination of any section or part of the Policy with respect to insurance under such section or part.
3. the date the Policy is amended to terminate the eligibility of the Employee class.
4. any premium due date, if premium remains unpaid by the end of the grace period.
5. the premium due date coinciding with or next following the date the Covered Person ceases to be a member of an eligible class.
6. the date the Policyholder no longer meets participation requirements.

## **Portability**

On the date the Policy terminates or the date the Named Insured ceases to be a member of an eligible class, Named Insureds and their covered dependents will be eligible to exercise the portability privilege. Portability coverage may continue beyond the termination date of the Policy, subject to the timely payment of premiums. Portability coverage will be effective on the day after insurance under the Policy terminates.

The benefits, terms and conditions of the portability coverage will be the same as those provided under the Policy when the insurance terminated. The initial portability premium rate is the rate in effect under the Policy for active employees who have the same coverage. The premium rate for portability coverage may change for the class of Covered Persons on portability on any premium due date.

## **Covered Persons**

Covered Person means any of the following:

- (a) the Named Insured; or
- (b) any eligible Spouse or Child, as defined and as indicated on the Certificate Schedule whose coverage has become effective;
- (c) any eligible Spouse or Child, as defined and added to this Certificate by endorsement after the Certificate Effective Date whose coverage has become effective; or
- (d) a newborn child (as described in the Eligibility Section).

## **Child (Children)**

means the Named Insured's unmarried child, including a natural child from the moment of birth, stepchild, foster or legally adopted child, or child in the process of adoption (including a child while the Named Insured is a party to a proceeding in which the adoption of such child by the Named Insured is sought); a child for whom the Named Insured is required by a court order to provide medical support, and grandchildren who are dependent on the Named Insured for federal income tax purposes at the time of application, who is:

- (a) not yet age 25; or
- (b) not yet age 26 if a full time student at an accredited school.

## **Option to Add Additional Benefits Hospital Intensive Care Insurance Rider Form Number HIC-GP-ICR 6/09**

In consideration of additional premium, this coverage will provide you with benefits if you go into a Hospital Intensive Care Unit (ICU).

### **Benefits**

Your benefits start the first day you go into ICU. The benefit is payable for up to 45 days per ICU stay.

### **Hospital Intensive Care Confinement Benefit**

You may choose the benefit of \$325 or \$625 per day. It is reduced by one-half at age 75.

### **Double Benefits**

We will double the daily benefits for each day you are in an ICU as a result of Cancer or a Specified Disease. We will also double the benefit for an injury that results from: being struck by an automobile, bus, truck, motorcycle, train, or airplane; or being involved in an accident in which the named insured was the operator or was a passenger in such vehicle. ICU confinement must occur within 48 hours of the accident.

### **Emergency Hospitalization and Subsequent Transfer to an ICU**

We will pay the benefit selected by you for the highest level of care in a hospital that does not have an ICU, if you are admitted on an emergency basis, and you are transferred within 48 hours to the ICU of another Hospital.

### **Step Down Unit**

We will pay a benefit equal to one half the chosen daily benefit for confinement in a Step Down Unit.

### **Exceptions and Other Limitations**

Except as provided in Step Down Unit and Emergency Hospitalization and Subsequent Transfer to an ICU, coverage does not provide benefits for: surgical recovery rooms; progressive care; intermediate care; private monitored rooms; observation units; telemetry units; or other facilities which do not meet the standards for a Hospital Intensive Care Unit. Benefits are not payable: if you go into an ICU before the Certificate Effective Date; if you go into an ICU for intentionally self-inflicted injury or suicide attempts; if you go into an ICU due to being intoxicated or under the influence of alcohol, drugs or any narcotics, unless administered on the advice of a Physician and taken according to the Physician's instructions. The term "intoxicated" refers to that condition as defined by law in the jurisdiction where the accident or cause of loss occurred.

**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. Upon receipt of your policy, please review it and your application. If any information is incorrect, please contact:**

**Bay Bridge Administrators  
P.O. Box 161690 | Austin, Texas 78716 | 1-800-845-7519**



### SEMI-MONTHLY RATES

| Coverage Tier           | Option 1 | Option 2 | Option 3 | Option 4 |
|-------------------------|----------|----------|----------|----------|
| Individual              | \$8.83   | \$11.69  | \$9.82   | \$15.45  |
| Individual + Spouse     | \$17.79  | \$23.80  | \$19.72  | \$31.44  |
| Individual + Child(ren) | \$12.60  | \$16.60  | \$13.82  | \$21.68  |
| Family                  | \$21.55  | \$28.72  | \$23.73  | \$37.67  |

### VARIABLE BENEFIT ELECTIONS

| Benefit                              | Option 1 | Option 2 | Option 3 | Option 4 |
|--------------------------------------|----------|----------|----------|----------|
| Hospital Confinement                 | \$100    | \$100    | \$100    | \$100    |
| Surgical                             | \$3,000  | \$3,000  | \$3,000  | \$3,000  |
| Radiation/Chemotherapy per month     | \$2,500  | \$2,500  | \$5,000  | \$5,000  |
| First Diagnosis                      | \$0      | \$2,500  | \$0      | \$5,000  |
| Colony Stimulating Factors per month | \$500    | \$500    | \$500    | \$500    |
| Wellness                             | \$100    | \$100    | \$100    | \$100    |
| Intensive Care Rider                 | \$0      | \$325    | \$0      | \$625    |

**Underwritten by:**  
**Humana Insurance Company**

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