



# Cancer Insurance Program

Underwritten by: National Teachers Associates Life Insurance Company (NTA Life)  
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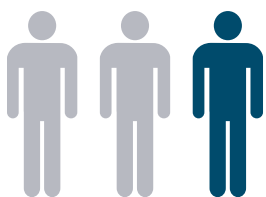
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UNCERTAIN ABOUT YOUR NEED FOR CANCER INSURANCE?  
CONSIDER THESE FACTS

According to the American Cancer Society,

## The lifetime risk of developing cancer is greater than...

**1** in **3**  
men



**1** in **3**  
women



In 2019, about **1,762,450** new cancer cases were expected to be diagnosed in the U.S.



The overall cost for cancer treatment and recovery in the U.S. in 2019 was estimated at **\$80.2 billion** for direct medical expenses.



Approximately **96,480 new cases** of melanoma were expected to be diagnosed in 2019 in the U.S.



About **268,600 new cases** of breast cancer were expected to occur among U.S. women in 2019.



In the U.S., Cancer is the **second most common cause of death** (exceeded only by cardiovascular disease).



Cancer is the **leading cause of death** by illness in children ages 1-14 in the U.S.

Source: Cancer Facts and Figures 2019 American Cancer Society. The above facts are presented for information only and do not imply coverage provided under this policy or endorsement of the American Cancer Society. The American Cancer Society does not endorse any product or service.

# CANCER INSURANCE PROGRAM

## TREATMENT BENEFITS

## GREEN

## GOLD

### CANCER DIAGNOSIS

#### Express Payment Benefit

Payable one time for a Covered Person upon first diagnosis of internal Cancer or melanoma. Not payable for Skin Cancer. Benefit is 50% larger for diagnosis in a covered Child.

**\$2,000/adult**  
**\$3,000/child**

**\$3,000/adult**  
**\$4,500/child**

### HOSPITAL CONFINEMENT <sup>1</sup>

#### Hospital Confinement Benefit

Payable daily for the first 60 Days of One Period of Confinement.

**\$200/Day**

**\$300/Day**

#### Extended Hospital Confinement

Payable daily for the 61st and later Days of One Period of Confinement. This benefit is payable in lieu of all Policy benefits except Waiver of Premium.

**\$300/Day**

**\$450/Day**

#### Private Duty Hospital Nurse Benefit

Payable daily, for a nurse's 4-hour shift, during the first 60 Days of One Period of Confinement.

**\$100/Day**

**\$150/Day**

#### Hospital Drugs and Testing Benefit

Payable for drugs and diagnostic tests administered to a Covered Person during One Period of Confinement. Calendar Year maximum applies.

**\$200/One Period of Confinement**  
**max \$400/Calendar Year**

**\$300/One Period of Confinement**  
**max \$600/Calendar Year**

### CANCER THERAPY <sup>2</sup>

#### Inpatient/Outpatient Injected Chemotherapy Benefit

Payable for each day a Covered Person receives Chemotherapy Treatment by injection, either during the first 60 Days of One Period of Confinement or at an Outpatient Care Facility.

**\$200/day of service**

**\$300/day of service**

#### In-Home Injected Chemotherapy Benefit

Payable for self-injected Chemotherapy Treatment or Chemotherapy Treatment which is self-administered by pump.

**\$400/month**

**\$600/month**

#### Non-Hormonal Oral Chemotherapy Benefit

Payable for oral Chemotherapy Treatment.

**\$800/month**

**\$1,200/month**

#### Radiation Benefit

Payable for each day a Covered Person undergoes radiation therapy for the modification or destruction of Cancer, either during the first 60 Days of One Period of Confinement or at an Outpatient Care Facility.

**\$200/day of service**

**\$300/day of service**

#### Immunotherapy and Hormonal Therapy Benefit

Payable for immunotherapy or hormonal therapy treatment of Cancer.

**\$400/month**

**\$600/month**

#### Blood, Plasma, Platelets Benefit

Payable for each unit of blood, plasma, and platelets a Covered Person receives in connection with treatment of Cancer. Calendar Year maximum applies.

**\$50/unit**  
**50 units/Calendar Year**

**\$75/unit**  
**50 units/Calendar Year**

<sup>1</sup> Benefits payable only while confined in Hospital for Cancer Treatment <sup>2</sup> Benefits not payable on same day as Experimental Treatment Benefit

## TREATMENT BENEFITS

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### TRANSPORTATION AND TRAVEL

#### Ambulance Benefit

Payable for 2 one-way trips to the Hospital for Cancer treatment, by ground or air ambulance, per One Period of Confinement.

**\$200/land trip**  
**\$2,000/air trip**

**\$300/land trip**  
**\$3,000/air trip**

#### Covered Person and Family Transportation Benefit

Payable for 2 round trips of qualifying travel (over 100 miles away) for a Covered Person to receive Cancer treatment or for family members to visit the Covered Person during treatment. Calendar Year maximum applies.

**\$0.50/mile**  
**up to \$1,000/round trip**

**\$0.75/mile**  
**up to \$1,500/round trip**

#### Outpatient Lodging Benefit

Payable for a hotel/motel room occupied by the Covered Person during qualifying treatment for Cancer at a Hospital or Outpatient Care Facility more than 100 miles from the Covered Person's home. Maximum 2 days per qualifying treatment. Maximum 90 days per Calendar Year.

**\$50/day**

**\$75/day**

#### Family Member Lodging Benefit

Payable for one family member's hotel/motel room while visiting a Covered Person who is undergoing qualifying treatment for Cancer at a Hospital more than 100 miles from the Covered Person's home. Not payable if room is covered by the Outpatient Lodging Benefit. Maximum 14 days per qualifying treatment. Maximum 90 days per Calendar Year.

**\$50/Day**

**\$75/Day**

### CANCER SURGERY

#### 2nd & 3rd Surgical Opinion Benefit

Payable to help give you peace of mind that a first opinion recommending surgery is appropriate. This benefit is not payable on the same day that the National Cancer Institute Evaluation/Consultation Benefit is paid.

**\$200/opinion**

**\$300/opinion**

#### Surgical Facility Benefit

Payable when a Covered Person undergoes a Covered Surgery at a surgical facility (e.g., operating room) in a Hospital or Outpatient Care Facility. Not payable for Skin Cancer.

**\$200/facility**

**\$300/facility**

#### Surgeon's Fee Benefit

Payable for surgery in or out of the Hospital, including surgery for Skin Cancer, up to the maximum amount described in the Policy, based on the severity of the operation as rated by the Federal Register.

**up to \$5,500/operation**

**up to \$8,250/operation**

#### Reconstructive Surgery

Payable similarly if performed within 3 years of a Covered Surgery for which benefits were paid.

#### Anesthesia Benefit

Payable for anesthesia services and anesthesia drugs administered in connection with a Covered Surgery.

**25% of Surgeon's Fee Benefit**

**25% of Surgeon's Fee Benefit**

## TREATMENT BENEFITS

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### Bone Marrow Transplant Benefit

Payable for the permanent implantation of human bone marrow tissue, once per Covered Person, solely in connection with treatment of Cancer. Payable in lieu of the Surgical Facility Benefit, Surgeon's Fee Benefit, and Anesthesia Benefit.

Inpatient Implantation Benefit

Outpatient Implantation Benefit

Donor Benefit (if not Covered Person)

\$10,000

\$15,000

\$5,000

\$7,500

\$1,000

\$1,500

### Stem Cell Transplant Benefit

Payable for peripheral stem cell transplant, once per Covered Person, solely in connection with treatment of Cancer. Payable in lieu of the Surgical Facility Benefit, Surgeon's Fee Benefit, and Anesthesia Benefit.

\$8,000

\$12,000

### Surgically Implanted Prosthesis Benefit

Payable for the surgical implantation of a prosthetic device made necessary as the direct result of a Covered Surgery. Maximum 2 devices per Covered Person.

\$2,000/device

\$3,000/device

## CONTINUING CARE

### Annual Treatment Support Benefit

Annual benefit payable for the first 5 years following the Calendar Year during which Cancer was First Diagnosed, if the Covered Person remains under the active care of a Physician for that Cancer. Designed to cover labs, blood work, urinalysis and other generalized care and screening.

\$350/  
Calendar Year

\$525/  
Calendar Year

### Dental Services Benefit

Payable once per Covered Person, if a Covered Person receives dental services because of tooth/jaw damage from Cancer treatment. Dental services must take place within 5 years of date Cancer is First Diagnosed.

\$400

\$600

### Post-Hospitalization Extra Care Benefit

Payable daily if the Covered Person uses any of the following within 14 days following One Period of Confinement for care and treatment of Cancer: Skilled Nursing Facility, private duty Nurse, home health care, physiotherapist services.

\$100/day  
max. 30 days/  
One Period of  
Confinement

\$150/day  
max. 30 days/  
One Period of  
Confinement

### Non-Surgical Prosthesis Benefit

Payable for prosthetic devices or related supplies, prescribed as a direct result of Cancer treatment, that do not require surgical implantation. Payable for such devices as special bras, ostomy pouches, wigs, and hairpieces.

\$200/  
Calendar Year

\$300/  
Calendar Year

## PEACE OF MIND

### Pain Management and Alternative Care Benefit

Payable for pain management or alternative care during Cancer treatment, such as acupuncture, counseling, anti-nausea medication, herbal medicine, and respiratory therapy. Not payable for Skin Cancer. Not payable for chiropractic care.

\$50/month  
up to 12 months

\$75/month  
up to 12 months



## MOST BENEFITS AVAILABLE WHETHER OR NOT YOU ARE HOSPITAL CONFINED & WITHOUT REGARD TO ACTUAL COSTS

### TREATMENT BENEFITS

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#### Experimental Treatment Benefit

Payable for experimental Cancer treatment, consistent with National Cancer Institute-sponsored protocols, which modifies or destroys abnormal tissue. Not payable on same day as Inpatient/Outpatient Injected Chemotherapy Benefit, Radiation Benefit, or Bone Marrow Transplant Benefit.

**\$200/day**

**\$300/day**

#### Fertility Treatment Benefit

Payable once per Covered Person if a Covered Person receives fertility treatment after Cancer is First Diagnosed due to risk of iatrogenic infertility.

**\$2,000**

**\$3,000**

#### Pet Boarding Benefit

Payable for pet boarding services at a licensed kennel or veterinarian's office while that Covered Person (the pet owner) is Hospital confined for Cancer treatment. Daily benefit only, regardless of number of pets boarded.

**\$20/Day**

**\$30/Day**

#### Waiver of Premium Benefit

Premiums are waived if the Primary Insured, before the age of 60, becomes Totally Disabled for more than 90 days as the result of a covered Cancer.

Policy Form GRC-2005-MA (11/11) Premium and benefits vary with the benefit level selected. Hospital generally does not include a Hospice, convalescent home, or extended care facility.

## OPTIONAL WELLNESS RIDER

OPTIONAL RIDER FORM GR-2011-MA (6/14). PREMIUMS AND BENEFITS MAY VARY WITH LEVEL SELECTED.

### TREATMENT BENEFITS

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#### Cancer Screening Wellness Benefit

Payable once per Calendar Year for each Covered Person who receives a mammography exam, pap-smear lab, chest x-ray, colonoscopy, certain blood tests, or other wellness tests specified in the Policy.

**\$50/  
Calendar Year**

**\$75/  
Calendar Year**

#### National Cancer Institute (NCI) Benefits

Payable once per Covered Person, for seeking NCI's opinion on the covered Person's Cancer treatment.

##### One-Time Consultation Benefit

Not payable on same day as 2nd/3rd Surgical Opinion Benefit.

**\$500**

**\$750**

##### One-Time Transport Benefit

Payable only if NCI's Cancer center is more than 100 miles from the Covered Person's home. Not payable on same day as Covered Person and Family Transportation Benefit.

**\$200**

**\$300**

## QUESTIONS ABOUT EXCLUSIONS & LIMITATIONS? WE HAVE ANSWERS.

### 1. What is the purpose for buying this insurance Policy?

This Policy is a SPECIFIED DISEASE INSURANCE POLICY. It provides insurance protection only for treatment of Cancer and, unless specifically noted in the Policy, does not cover any other disease or complication caused or contributed to by Cancer. The optional rider provides coverage only for the benefits listed in the rider terms.

### 2. Can I rely on the description of the benefits in this brochure?

Yes, however, space limits Us to providing only general descriptions. READ YOUR POLICY CAREFULLY since only the Policy provisions (and rider provisions), not this brochure, control. This brochure is only a summary of benefits, exclusions and limitations.

### 3. Are the capitalized words I see throughout the brochure, like “Day” and “Hospital” capitalized for a reason?

Yes, critical definitions of capitalized words are contained in your Policy, along with a complete description of all exclusions and limitations.

### 4. Can I decide to cancel the Policy at any time, and can you, the insurance company, cancel it as well?

You can cancel the Policy by sending written notice to Us or by simply not paying the renewal premium at any time. However, elections to pay premiums through pre-tax deductions in an IRS Section 125 plan generally permit changes at the end of a plan year or after a qualifying event. We, the insurance company, cannot cancel the Policy and guarantee you the right to keep it in force by timely paying your premiums when due or during the Grace Period for your entire life. We do have the right to increase premiums, but only if We do so for all similar policies in your state.

### 5. How do we resolve any dispute that might arise?

If the dispute is over claims, you have the right to have Our Claims Appeal Committee review the matter. We have an excellent record at resolving disputes and misunderstandings.

### 6. Can I send my Policy back and get my money back if after reading it I decide I don't want it?

Yes. If after receiving the Policy, you decide it's not the right fit for you then send it back to Us within 10 days for a full refund and the Policy will be voided from its date of issue.

### 7. When might a benefit for a covered disease not be payable to me?

FOR SPECIFIED DISEASE POLICIES, no coverage is provided for six months after the Policy's Coverage Effective Date (generally, the issue date) for a Preexisting Condition. Generally, a Preexisting Condition means a medical condition for which an insured received diagnosis or treatment during the six-month period prior to the Coverage Effective Date. For Cancer that is First Diagnosed within the 30 days following the Coverage Effective Date, the Express Payment Benefit will not be payable, and benefits will only be paid for any care and treatment for that specific condition that is received more than six months after the Coverage Effective Date. For the optional rider, if diagnoses for a covered condition was within 30 days following the Rider Effective Date, benefits for that condition will only be paid when confinement or treatment is received more than 6 months after the Rider Effective Date. No benefits are provided for care or treatment that is not Medically Necessary. No benefits are provided for conditions that are not covered conditions under the Policy or Rider terms.

### 8. Can I receive treatment anywhere in the world and be paid benefits?

Yes.

### 9. Can I receive insurance protection for my spouse and children?

Yes. Instead of an Individual Plan, you may apply for a One Parent Plan to cover you and your eligible Children, or a Family Plan for you, your Spouse and Children as well. Additional premium applies. Each person must meet the underwriting standards to have coverage under the Policy.

### 10. Is there any coverage for events before the Policy is issued or after the Policy lapses or terminates?

Coverage is provided after the Coverage Effective Date for a Covered Person and until the Policy terminates (other than continuous Hospital confinement for up to 90 Days, as specified in the Policy).



# Outstanding Features



Provides payment of benefits directly to you or whomever you designate.

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Pays in addition to other insurance including HMO & PPO.

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Portable coverage that stays with you even if your career changes.

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Most of our insurance programs are guaranteed renewable for life.\*

\*Premium rates may change.



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