

Cancer Insurance

Level 3 Benefits

Our cancer insurance helps provide financial protection through a variety of benefits. These benefits are not only for you but also for your covered family members.



For more information, talk with your benefits counselor.

BENEFIT DESCRIPTION	BENEFIT AMOUNT
Air Ambulance Transportation to or from a hospital or medical facility [max. of two trips per confinement]	\$2,000 per trip
Ambulance Transportation to or from a hospital or medical facility [max. of two trips per confinement]	\$250 per trip
Anesthesia Administered during a surgical procedure for cancer treatment	
■ General Anesthesia ■ Local Anesthesia.....	25% of Surgical Procedures Benefit \$40 per procedure
Anti-nausea Medication Doctor-prescribed medication for radiation or chemotherapy [\$200 monthly max.]	\$50 per day administered or per prescription filled
Blood/Plasma/Platelets/Immunoglobulins A transfusion required during cancer treatment [\$10,000 calendar year max.]	\$175 per day
Bone Marrow Donor Screening Testing in connection with being a potential donor [once per lifetime]	\$50
Bone Marrow or Peripheral Stem Cell Donation Receiving another person's bone marrow or stem cells for a transplant [once per lifetime]	\$750
Bone Marrow or Peripheral Stem Cell Transplant Transplant you receive in connection with cancer treatment [max. of two bone marrow transplant benefits per lifetime]	\$7,000 per transplant
Cancer Vaccine An FDA-approved vaccine for the prevention of cancer [once per lifetime]	\$50
Companion Transportation Companion travels by plane, train or bus to accompany a covered cancer patient more than 50 miles one way for treatment [up to \$1,200 per round trip]	\$0.50 per mile
Egg(s) Extraction or Harvesting/Sperm Collection and Storage Extracted/harvested or collected before chemotherapy or radiation [once per lifetime]	
■ Egg(s) Extraction or Harvesting/Sperm Collection ■ Egg(s) or Sperm Storage (Cryopreservation)	\$1,000 \$350
Experimental Treatment Hospital, medical or surgical care for cancer [\$15,000 lifetime max.]	\$300 per day
Family Care Inpatient or outpatient treatment for a covered dependent child [\$2,500 calendar year max.]	\$50 per day
Hair/External Breast/Voice Box Prosthesis Prosthesis needed as a direct result of cancer	\$350 per calendar year
Home Health Care Services Examples include physical therapy, occupational therapy, speech therapy and audiology; prosthesis and orthopedic appliances; rental or purchase of durable medical equipment [max. of 100 days per lifetime]	\$125 per day
Hospice (Initial or Daily Care) An initial, one-time benefit and a daily benefit for treatment [\$15,000 lifetime max. for both]	
■ Initial hospice care [once per lifetime] ■ Daily hospice care	\$1,000 \$50 per day



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BENEFIT DESCRIPTION

BENEFIT AMOUNT

Hospital Confinement

Hospital stay (including intensive care) required for cancer treatment

- 30 days or less \$250 per day
- 31 days or more \$500 per day

Lodging \$75 per day

Hotel/motel expenses when being treated for cancer more than 50 miles from home
[70-day calendar year max.]

Medical Imaging Studies \$175 per study

Specific studies for cancer treatment [\$350 calendar year max.]

Outpatient Surgical Center \$300 per day

Surgery at an outpatient center for cancer treatment [\$900 calendar year max.]

Private Full-time Nursing Services \$125 per day

Services while hospital confined other than those regularly furnished by the hospital

Prosthetic Device/Artificial Limb \$2,000 per device or limb

A surgical implant needed because of cancer surgery [payable one per site, \$4,000 lifetime max.]

Radiation/Chemotherapy

Radiation Benefit [per day with a max. of one per calendar week]

- Injected chemotherapy by medical personnel \$750
- Radiation delivered by medical personnel \$750

Chemotherapy Benefit [per day with a max. of one per calendar week]

- Self-Injected \$300
- Pump \$300
- Topical \$300
- Oral Hormonal [1-24 months] \$300
- Oral Hormonal [25+ months] \$150
- Oral Non-Hormonal \$300

Reconstructive Surgery \$60 per surgical unit

A surgery to reconstruct anatomic defects that result from cancer treatment

[min. benefit amount will not be less than \$250 per procedure; up to \$3,000 per procedure, including 25% for general anesthesia]

Second Medical Opinion \$300

A second physician's opinion on cancer surgery or treatment [once per lifetime]

Skilled Nursing Care Facility \$125 per day

Confinement to a covered facility after hospital release [max. of 100 days per lifetime]

Skin Cancer Initial Diagnosis \$400

A skin cancer diagnosis while the policy is in force [once per lifetime]

Supportive or Protective Care Drugs and Colony Stimulating Factors \$150 per day

Doctor-prescribed drugs to enhance or modify radiation/chemotherapy treatments
[\$1,200 calendar year max.]

Surgical Procedures \$60 per surgical unit

Inpatient or outpatient surgery for cancer treatment [min. benefit amount will not be less than \$250 per procedure; \$5,000 max. per procedure]

Transportation \$0.50 per mile

Travel expenses when being treated for cancer more than 50 miles from home
[up to \$1,200 per round trip]

Waiver of Premium Is available

No premiums due if the named insured is disabled longer than 90 consecutive days

The policy has limitations and exclusions that may affect benefits payable. Most benefits require that a charge be incurred. Policy may not be available in all states and may vary by state. For cost and complete details, see your benefits counselor.

This chart highlights the benefits of policy form CanAssist-NH. This chart is not complete without form #101481 (including state abbreviations where used – for example: 101481-NC).