

# CANCER SCHEDULE OF BENEFITS

BENEFIT	OPTION A	OPTION B	OPTION C	OPTION D
Hospital & U.S. Govt. Hospital Confinement	\$100 per day	\$180 per day	\$250 per day	\$410 per day
Hospital Confinement Inflation Fighter	Not Available	\$10 per day	\$15 per day	\$20 per day
Extended Benefits (Begins with day 90 of consecutive hospital confinement, in lieu of all other benefits, except waiver of premium)	Actual charges up to \$350 per day	Actual charges up to \$600 per day	Actual charges up to \$600 per day	Actual charges up to \$600 per day
Drugs & Diagnostic Testing	Actual charges up to \$10 per day	Actual charges up to \$25 per day	Actual charges up to \$40 per day	Actual charges up to \$50 per day
Attending Physician	Actual charges up to \$10 per day	Actual charges up to \$30 per day	Actual charges up to \$35 per day	Actual charges up to \$40 per day
Private Nurse	Actual charges up to \$50 per day	Actual charges up to \$125 per day	Actual charges up to \$125 per day	Actual charges up to \$125 per day
Ambulance	Actual charges up to \$75 per trip	Actual charges up to \$150 per trip	Actual charges up to \$225 per trip	Actual charges up to \$300 per trip
Surgical Procedure	Up to \$2,500	Up to \$4,500	Up to \$7,500	Up to \$9,000
Radiation/Chemotherapy	Actual charges up to \$100 per day	Actual charges up to \$175 per day plus \$100 at time of 1st treatment	Actual charges up to \$250 per day plus \$250 at time of 1st treatment	Actual charges up to \$300 per day plus \$500 at time of 1st treatment
Breast Reconstruction	Actual charges up to mastectomy amount	Actual charges up to mastectomy amount	Actual charges up to mastectomy amount	Actual charges up to mastectomy amount
Anesthesia	up to \$625	up to \$1,125	up to \$1,875	up to \$2,250
Second and Third Surgical Opinion	Not Available	Actual charges up to \$150 per opinion	Actual charges up to \$225 per opinion	Actual charges up to \$225 per opinion
Blood and Plasma	\$20 per unit	\$40 per unit	\$60 per unit	\$80 per unit
Skilled Nursing Facility	Actual charges up to \$50 per day	Actual charges up to \$100 per day	Actual charges up to \$125 per day	Actual charges up to \$150 per day
Home Care and Recovery	Not Available	\$15 per day	\$15 per day	\$25 per day
Prosthesis	Actual charges up to \$250 per device	Actual charges up to \$1,000 per device	Actual charges up to \$2,000 per device	Actual charges up to \$2,500 per device
Hospice Days 1-60 Days 61+	\$50 per day \$25 per day	\$80 per day \$40 per day	\$100 per day \$50 per day	\$120 per day \$60 per day
Waiver of Premium	Yes	Yes	Yes	Yes
Transport (air)	Actual charges up to \$500 per trip one-way	Actual charges up to \$1,000 per trip one-way	Actual charges up to \$1,500 per trip one-way	Actual charges up to \$2,500 per trip one-way
One Way trip	\$0.15 per mile	\$0.25 per mile	\$0.40 per mile	\$0.40 per mile
Family Transport	Actual charges up to \$500 per trip one-way	Actual charges up to \$1,000 per trip one-way	Actual charges up to \$1,500 per trip one-way	Actual charges up to \$2,500 per trip one-way
One Way trip	\$0.15 per mile	\$0.25 per mile	\$0.40 per mile	\$0.40 per mile
Family Lodging	Actual charges up to \$20 per day	Actual charges up to \$40 per day	Actual charges up to \$50 per day	Actual charges up to \$60 per day
Comfort Benefit (Outpatient Drugs)	Not Available	Not Available	Actual charges up to \$200 per year	Actual charges up to \$226 per year
Bone Marrow Transplant	Not Available	\$2,500	\$5,000	\$10,000
Daily Room Benefit (first 70 days of confinement)	\$100	\$150	\$200	\$300

# HEART ATTACK AND STROKE SCHEDULE OF BENEFITS

BENEFIT	OPTION A	OPTION B	OPTION C	OPTION D
Hospital & U.S. Govt. Hospital Confinement	\$100 per day	\$180 per day	\$250 per day	\$410 per day
Hospital Confinement Inflation Fighter	Not Available	\$10 per day	\$15 per day	\$20 per day
Extended Benefits (Begins with day 90 of consecutive hospital confinement, in lieu of all other benefits, except waiver of premium)	Actual charges up to \$350 per day	Actual charges up to \$600 per day	Actual charges up to \$600 per day	Actual charges up to \$600 per day
Drugs & Diagnostic Testing	Actual charges up to \$10 per day	Actual charges up to \$25 per day	Actual charges up to \$40 per day	Actual charges up to \$50 per day
Attending Physician	Actual charges up to \$10 per day	Actual charges up to \$30 per day	Actual charges up to \$35 per day	Actual charges up to \$40 per day
Private Nurse	Actual charges up to \$50 per day	Actual charges up to \$125 per day	Actual charges up to \$125 per day	Actual charges up to \$125 per day
Ambulance	Actual charges up to \$75 per trip	Actual charges up to \$150 per trip	Actual charges up to \$225 per trip	Actual charges up to \$300 per trip
Surgical Procedure	Up to \$2,500	Up to \$4,500	Up to \$7,500	Up to \$9,000
Anesthesia	Up to \$625	Up to \$1,125	Up to \$1,875	Up to \$2,250
Second and Third Surgical Opinion	Not Available	Actual charges up to \$150 per opinion	Actual charges up to \$225 per opinion	Actual charges up to \$225 per opinion
Blood and Plasma	\$20 per unit	\$40 per unit	\$60 per unit	\$80 per unit
Skilled Nursing Facility	Actual charges up to \$50 per day	Actual charges up to \$100 per day	Actual charges up to \$125 per day	Actual charges up to \$150 per day
Transport (air)	Actual charges up to \$500 per trip one-way	Actual charges up to \$1,000 per trip one-way	Actual charges up to \$1,500 per trip one-way	Actual charges up to \$2,500 per trip one-way
One Way trip	\$0.15 per mile	\$0.25 per mile	\$0.40 per mile	\$0.40 per mile
Family Transport	Actual charges up to \$500 per trip one-way	Actual charges up to \$1,000 per trip one-way	Actual charges up to \$1,500 per trip one-way	Actual charges up to \$2,500 per trip one-way
One Way trip	\$0.15 per mile	\$0.25 per mile	\$0.40 per mile	\$0.40 per mile
Family Lodging	Actual charges up to \$20 per day	Actual charges up to \$40 per day	Actual charges up to \$50 per day	Actual charges up to \$60 per day
Daily Room Benefit (first 70 days of confinement)	\$100	\$150	\$200	\$300

## SCHEDULE OF BENEFITS PLAN RATES

### SCHEDULE OF BENEFITS PLAN – INDIVIDUAL

Ages	Option A	Option B	Option C	Option D
18-39	\$ 62.00	\$ 99.90	\$ 129.50	\$ 197.00
40-49	75.90	121.20	164.70	247.00
50-55	90.70	145.20	192.40	292.30
56-60	109.20	174.80	231.30	352.40
61-65	126.70	204.40	271.00	409.80
66-70	138.80	224.80	296.00	451.40
71-79	175.80	284.90	374.60	568.90

### SCHEDULE OF BENEFITS PLAN – FAMILY

Ages	Option A	Option B	Option C	Option D
18-39	\$ 105.50	\$ 170.20	\$ 220.20	\$ 334.90
40-49	128.60	206.30	280.30	420.00
50-55	154.50	247.00	327.50	496.70
56-60	185.90	296.90	393.10	599.40
61-65	215.50	347.80	460.70	696.50
66-70	235.90	382.00	503.20	767.80
71-79	298.80	484.70	637.30	967.60

### HEART ATTACK AND STROKE RIDER – INDIVIDUAL

Ages	Option A	Option B	Option C	Option D
18-39	\$ 93.40	\$ 150.80	\$ 196.10	\$ 297.90
40-49	130.40	209.10	284.00	426.40
50-55	176.70	282.10	373.70	568.90
56-60	216.50	346.90	458.80	699.30
61-65	258.10	416.30	551.30	834.40
66-70	291.40	471.80	620.70	947.20
71-79	351.50	568.90	748.30	1,136.80

### HEART ATTACK AND STROKE RIDER – FAMILY

Ages	Option A	Option B	Option C	Option D
18-39	\$159.10	\$ 257.20	\$ 333.00	\$ 506.90
40-49	222.00	355.20	482.90	724.30
50-55	299.70	480.10	636.40	966.60
56-60	368.20	590.20	780.70	1,189.60
61-65	438.50	707.60	938.00	1,418.00
66-70	494.90	802.00	1,055.40	1,609.50
71-79	596.60	967.60	1,271.90	1,932.30

### EXPRESS PAY RIDER

INDIVIDUAL (CANCER ONLY)		INDIVIDUAL (CANCER, HEART ATTACK & STROKE)		FAMILY (CANCER ONLY)		FAMILY (CANCER, HEART ATTACK & STROKE)	
Ages	Per \$1,000	Ages	Per \$1,000	Ages	Per \$1,000	Ages	Per \$1,000
18-39	\$ 6.80	18-39	\$14.28	18-39	\$ 11.60	18-39	\$ 24.30
40-49	11.20	40-49	23.30	40-49	19.00	40-49	39.60
50-55	16.60	50-55	34.03	50-55	28.20	50-55	57.90
56-60	21.70	56-60	46.44	56-60	36.90	56-60	78.90
61-65	26.80	61-65	59.50	61-65	45.60	61-65	101.10
66-70	31.90	66-70	73.69	66-70	54.20	66-70	125.30
71-79	37.40	71-79	89.76	71-79	63.60	71-79	152.60

### RETURN OF PREMIUM INDIVIDUAL & FAMILY

Ages	Factor
18-39	1.37
40-49	1.33
50-55	1.30
56-60	1.25
61-65	1.34
66-70	1.37
71-79	1.41

## PREMIUM CALCULATION WORKSHEET

Calculate the Premium for your Supplemental Solutions plan in 6 Easy Steps!

**STEP 1:**

Select the annual premium rate for the desired schedule (e.g. At age 50, Schedule A for an individual costs \$90.70 per year.) a) = \$90.70

**STEP 2:\***

Select the annual premium rate for the Heart Attack and Stroke Rider (e.g. At age 50, Schedule A for an individual costs \$176.70 per year.) b) = \$176.70

**STEP 3:\***

Select the appropriate rate per thousand for the Express Pay Rider. (e.g. At age 50, the Express Pay rider rate is \$34.03 per thousand. Multiply this by the desired number of units. For example,  $34.03 \times 10 = 340.30$ .) c) = \$340.30

**STEP 4:**

Add a) \$90.70 + b) \$176.70 + c) \$340.30 = d) \$607.70

**STEP 5:\***

Multiply d) \$607.70 by the Return of Premium Percentage (e.g.  $607.70 \times 1.30 = 790.01$ ) This is the annual premium for the plan with Return of Premium.

**STEP 6:**

Multiply the annual premium \$790.01 x the appropriate modal factor. (e.g. for Monthly Bank Draft,  $790.01 \times .084 = 66.36$ )

This is the total modal premium.

Don't forget to submit a \$20 one-time fee with each application.  
(\$6 in MS; \$0 in AR & KY)

\* optional riders.

MODAL FACTORS

Monthly PAC: .084

Quarterly: .265

Semi: .52