

Summary of Benefits

Employees should review the Certificates of Coverage for complete details regarding these benefits.

Benefit	Low Option	High Option	Premium Option
Cancer Prevention and Screening Benefit - Refer to page 20 for list of screenings (per calendar year/per covered insured)	\$25	\$100	\$100
Continuous Hospital Confinement (per day) (up to 70 days for each period of continuous confinement)	\$100	\$200	\$300
Extended Benefits** (per day after 70 days)	Up to \$100	Up to \$200	Up to \$300
Surgery** (per surgery, based on surgical schedule)	Up to \$1,500	Up to \$3,000	Up to \$4,500
Second Surgical Opinion**	Up to \$200	Up to \$400	Up to \$600
Anesthesia**	Up to 25% of surgery benefit		
Ambulatory Surgical Center** (per day)	Up to \$250	Up to \$500	Up to \$750
Radiation/Chemotherapy** (per 12-month period)	Up to \$2,500	Up to \$7,500	Up to \$10,000
Inpatient Drugs and Medicine**	Up to \$25 per day while confined in the hospital		
Private Duty Nursing Services** (per day)	Up to \$100	Up to \$200	Up to \$300
New or Experimental Treatment**	Up to \$5,000 per 12-month period		
Blood, Plasma, and Platelets** (per 12-month period)	Up to \$2,500	Up to \$7,500	Up to \$10,000
Physician's Attendance**	Up to \$50 per day		
At-Home Nursing** (per day)	Up to \$100	Up to \$200	Up to \$300
Prosthesis**	Up to \$2,000 per amputation		
Ambulance**	Up to \$100		
Hospice Benefits:			
• Freestanding Hospice Care Center** (per day)	Up to \$100	Up to \$200	Up to \$300
• Hospice Care Team** (per day; limit 1 visit/day)	Up to \$100	Up to \$200	Up to \$300
• Government or Charity Hospital (per day; in lieu of all other benefits in the policy, except the Waiver of Premium benefit)	\$100	\$200	\$300
Outpatient Lodging** (day/per 12 months)	\$50/\$2,000	\$50/\$2,000	\$50/\$2,000
Non-Local Transportation	Pays coach fare or \$0.40 per mile		
Family Member Lodging and Transportation (for one adult member of covered person's family)			
Lodging**	Up to \$50 per day; maximum 60 days		
Transportation**	Round-trip coach fare on common carrier or \$0.40 per mile		
Extended Care Facility** (per day)	Up to \$100	Up to \$200	Up to \$300
Physical or Speech Therapy**	Up to \$50 per day		
Comfort/Anti-Nausea**	Up to \$200 per calendar year		
Bone Marrow or Stem Cell Transplant			
Transplant other than non-autologous (per calendar year)	Up to \$500	Up to \$1,000	Up to \$1,500
Transplant for non-autologous; treatment of cancer or other specified disease; except Leukemia (per calendar year)	Up to \$1,250	Up to \$2,500	Up to \$3,750
Transplant for non-autologous; treatment of Leukemia (per calendar year)	Up to \$2,500	Up to \$5,000	Up to \$7,500
Waiver of Premium	Premiums waived after 90 days of disability due to cancer for insured employee		

** These benefits are payable based on actual charges up to the maximum amount listed.