Wellness Benefit Included!

Cancer and Specified Disease

The Cancer and Specified Disease Plan pays cash benefits for cancer and 29 other specified diseases to help with the costs associated with treatments and expenses as they happen. This coverage can help pay for hospitalization, surgery, radiation/chemotherapy and more.

Employees can choose between three plan options (Low, High and Premium) depending on their cancer insurance needs and specified diseases. All three plan options cover the same type of services. In most cases, however, the amount of coverage differs based on the option chosen.

Coverage

Refer to the *Summary of Benefits* on **page 19** for more details.

In addition to cancer coverage, this insurance pays benefits for 29 other specified diseases listed below:

- Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease)
- Muscular Dystrophy
- Poliomyelitis
- Multiple Sclerosis
- Encephalitis
- Rabies
- Tetanus
- Tuberculosis
- Osteomyelitis
- Diphtheria
- Scarlet Fever
- Cerebrospinal Meningitis (bacterial)
- Brucellosis
- Sickle Cell Anemia
- Thalassemia
- Rocky Mountain Spotted Fever
- Legionnaires' Disease
- Addison's Disease
- Hansen's Disease
- Tularemia
- Hepatitis (chronic B or C)
- Typhoid Fever
- Myasthenia Gravis
- Reye's Syndrome
- Primary Sclerosing Cholangitis (Walter Payton's Liver Disease)
- Lyme Disease
- Systemic Lupus Erythematosus
- Cystic Fibrosis
- Primary Biliary Cirrhosis

Cost

The monthly premium is based on the plan an employee chooses and who they cover. New hires do not need to provide Evidence of Insurability (EOI) if they enroll within 30 days of their date of hire. (See *Evidence of Insurability* on **page 20** for more details.)

Coverage Level	Low Option	High Option	Premium Option
Employee Only	$6.06	$14.42	$19.26
Employee and Family	$10.02	$23.90	$31.84

Examples of Net Cost

Each plan option includes the Cancer Screening Benefit, which pays a benefit for each covered insured **annually** for having certain tests, regardless of the cost of the test. In addition, since the monthly premium is subtracted from pay before taxes, the employee receives tax savings.

The following are a few examples of how the Cancer Screening Benefit and the tax savings affect the total cost for NCFlex Cancer and Specified Disease Insurance.

Option	Annual Cost	Cancer Screening Benefit	Tax Savings (30% Tax Bracket)	NET Annual Cost
Low: Employee	$72.72 ($6.06/month)	$25	$21.82	$25.90 ($2.16/month)
High: Family	$286.80 ($23.90/month)	$200 (2 @ $100)	$86.04	$.76 ($0.06/month)
Premium: Family	$383.08 ($31.84/month)	$200 (2 @ $100)	$114.92	$68.16 ($5.68/month)

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.*

Cancer Prevention and Screening Benefit Includes:

- Biopsy for skin cancer
- Blood test for triglycerides
- Bone Marrow Testing
- CA125 (cancer antigen 125 - blood test for ovarian cancer)
- CA 15-3 (cancer antigen 15-3 - blood test for breast cancer)
- CEA (carcinoembryonic antigen - blood test for colon cancer)
- Chest X-ray
- Colonoscopy
- Doppler screening for carotids
- Doppler screening for peripheral vascular disease
- Echocardiogram
- EKG (Electrocardiogram)
- Flexible sigmoidoscopy
- Hemoccult stool analysis
- HPV (Human Papillomavirus) Vaccination
- Lipid Panel (total cholesterol count)
- Mammography, including Breast Ultrasound
- Pap Smear, including ThinPrep Pap Test
- PSA (prostate specific antigen - blood test for prostate cancer)
- Serum Protein Electrophoresis (test for myeloma)
- Stress test on bike or treadmill
- Thermography
- Ultrasound screening of the abdominal aorta for abdominal aortic aneurysms

Medicaid Information

For individuals who are eligible for Medicaid, this cancer insurance policy may not be the best choice. Benefits assigned under the policy are required to be assigned back to Medicaid.

Exceptions and Limitations

The Standard does not pay benefits for a **pre-existing condition** during the 12-month period beginning on the date coverage starts. Any covered loss that is incurred after the 12-month period is payable. A pre-existing condition is a disease or physical condition for which medical advice or treatment was received by the covered person during the 12-month period prior to his or her effective date of coverage.

The policy does not pay for any loss except those due to cancer or a covered specified disease. A diagnosis must be submitted to support each claim.

For complete details on exclusions and limitations, see the Certificate of Coverage located at **ncflex.org**.

Evidence of Insurability

Evidence of Insurability (EOI) is a way of providing proof of good health. This evaluation may include the employee's current health status, medical history and family history. If an employee is required to submit EOI, The Standard must approve EOI before coverage becomes effective. The EOI form is available on the "Cancer & Specified Disease" section at **ncflex.org**.

Portability Privilege

The portability feature allows employees to continue cancer coverage when their employment ends or policy terminates, by paying premiums directly to The Standard. Employees can contact The Standard for more information at **866-232-1517**.

Certificate of Coverage

The Certificate of Coverage provides complete details about the benefits and the limits and exclusions. For complete details, review the Certificates of Coverage located on **ncflex.org**.

The coverage provided is limited benefit supplemental cancer and specified diseases insurance, policy form GVCP2, or state variations thereof. The Standard is the marketing name used for American Heritage Life Insurance Company, Home Office, Jacksonville, FL, a wholly owned subsidiary of StanCorp Financial Group, Inc.

This coverage does not constitute comprehensive health insurance coverage (often referred to as "major medical coverage") and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.