Supplemental Cancer Insurance

LIFESHIELD NATIONAL INSURANCE CO.

Coverage Benefits	
Positive Diagnosis	Actual charge not to exceed **$300 per calendar year** for one test confirming a positive diagnosis of Cancer in an insured Person
Ambulance	Actual charge for ambulance service if the insured person is transported to a hospital where they are admitted as an inpatient for the treatment of Cancer
Private Duty Nursing	**Inpatient:** Actual charge not to exceed **$150 per day** for the full-time service of a nurse **Outpatient:** Actual charge not to exceed **$150 per day**, limited to the same number of days of the prior hospital confinement for the full service of a nurse
National Cancer Institute Designated Comprehensive Cancer Treatment Center Evaluation/Consultation	Actual charge not to exceed a **lifetime maximum of $750**
Second and Third Surgical Opinions	Actual charge for a written second surgical opinion. If the second surgical opinion conflicts with that of the physician's original recommendation, we will pay actual charge for a written third surgical opinion
Outpatient Hospital or Ambulatory Surgical Center	Actual charge not to exceed **$350 per day**
Medical Imaging Planning and Monitoring	Actual charge not to exceed **$1,000 per calendar year**
Anti-Nausea Medication	Actual charge not to exceed **$150 per calendar month**
Colony Stimulating Factor or Immunoglobulin	Actual charge not to exceed **$1,000 per calendar month**
Outpatient Blood, Plasma, and Platelets	Actual charge not to exceed **$300 per day**

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Coverage Benefits Cont'd	
Inpatient Blood, Plasma, and Platelets	Actual charge not to exceed **$300 per day**
Inpatient Oxygen	Actual charge not to exceed **$300 per hospital confinement**
Bone Marrow or Stem Cell Transplant	Actual charge not to exceed a **lifetime maximum of $15,000**
Bone Marrow Donor	Will pay the **daily** hospital confinement benefit amount shown on the policy schedule for each day the donor is confined in a hospital
Attending Physician	Actual charge not to exceed **$40 per day**
Home Health Care	**Home Health Care:** Actual charge not to exceed **$75 for each day** **Medicine and Supplies:** Actual charge not to exceed **$450 in any calendar year** **Services of a Nutritionist:** Actual charge not to exceed a **lifetime maximum of $300**
Convalescent Care Facility	Actual charge not to exceed **$100 per day**
Hospice Care	Actual charge not to exceed **$100 per day**
Non-Local Transportation	Actual charge not to exceed **coach fare by a common carrier**
Lodging Expense	Actual charge not to exceed **$75 per day**
Prosthesis	**Surgically Implanted:** Actual charge for the prostheses and its implantation **Non-Surgically Implanted:** Actual charge not to exceed **lifetime maximum of $2,000 per such amputation**
Hairpiece	Actual charge not to exceed a **lifetime maximum of $150**
Rental or Purchase of Medical Equipment	Will pay the lesser of the actual charge for the rental or purchase not to exceed **$1,500 per calendar year**
Physical, Speech, Audio Therapy, and Psychotherapy	Actual charge not to exceed **$25 per therapy session**
Waiver of Premium	Will waive the premiums starting on the first premium due date following a 60-day period of total disability of the named insured due to Cancer

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Additional Benefit Riders	
Annual Cancer Screening	**Coverage Amount:** $50
Daily Hospital Confinement	**Coverage Amount:** $100
First Occurrence	**Coverage Amount:** $5,000
Fist Occurrence Building	**Coverage Amount:** $100
Annual Radiation, Chemotherapy, Immunotherapy, and Experimental Treatment	**Coverage Amount:** $10,000
Hospital Intensive Care Unit	**Coverage Amount:** $250
Surgical	**Coverage Amount:** $2,500
Specified Disease	**Coverage Amount:** $1,500 Initial Hospitalization; $300 Daily Confinement for first 30 days increasing to $600 on the 31st day of continuous hospital confinement

*Coverage is guaranteed issue if the employee meets all eligibility requirements of actively at work.

Premiums			
Monthly Premiums for Cancer Policy With Riders			
Benefit	**Individual**	**Single Parent**	**Family**
Cancer Policy with Riders	$26.48	$32.47	$44.84