

**KELLER ISD
CANCER INSURANCE**

	American Public Life (Mass Group Marketing)		All State Kerry Jacobs Agency		
	APLC9		Plan A	Plan B	Plan C
Hospital	up to 75 Days \$225 / day \$300 / day		70 day Max \$100 / day \$200 / day \$300 / day		
	\$10,000 / yr		\$5,000 / yr	\$7,500 / yr	\$10,000 / yr
	\$60 / yr		\$100 / yr	\$100 / yr	\$100 / yr
Surgery	up to \$3,000		up to \$1,500	up to \$3,000	up to \$4,500
Waiver of Premium	90 days		90 days		
1st Occurrence Benefit	\$1,250 EE \$625 Dep		\$2,000	\$3,000	\$5,000
RATES					
Employee	\$35.10	\$36.10	\$15.54	\$21.70	\$28.74
Single Parent	\$43.95	\$45.15			
Employee + Family	\$55.70	\$57.10	\$27.22	\$37.54	\$49.46

	Colonial (1 yr rate guarantee - Commissions Included in Plan)			
	Level 1	Level 2	Level 3	Level 4
Hospital	1 - 70 days \$100 / day	1 - 70 days \$200 / day	1 - 70 days \$300 / day	1 - 70 days \$400 / day
	71+ days \$200 / day	71+ days \$400 / day	71+ days \$600 / day	71+ days \$800 / day
Rad/Chemo	\$100 / day	\$200 / day	\$300 / day	\$400 / day
	\$25 / yr	\$75 / yr	\$100 / yr	\$125 / yr
	up to \$2,500	up to \$3,000	up to \$4,000	up to \$5,000
Waiver of Premium	90 days			
1st Occurrence Benefit	\$1,000			
RATES				
Employee	\$9.70	\$18.35	\$24.35	\$30.35
Single Parent	\$11.25	\$20.45	\$26.95	\$33.95
Employee + Family	\$16.50	\$30.30	\$40.30	\$50.30

	Aflac		
	Level 1	Level 2	Level 3
Hospital	1 - 30 days \$200 / day	1 - 30 days \$300 / day	1 - 30 days \$300 / day
	31+ days \$400 / day	31+ days \$600 / day	31+ days \$600 / day
Rad/Chemo	\$200 / day \$1,600 / Month Max	\$300 / day \$2,400 / Month Max	
Preventive Benefit	\$40 / yr	\$75 / yr	\$75 / yr
Surgery	up to \$3,000	up to \$5,000	up to \$5,000
	90 days		
1st Occurrence Benefit	\$1,500	\$2,000	\$5,000
RATES			
Employee	\$18.70	\$26.90	\$33.50
Single Parent	\$21.70	\$32.90	\$40.20
Employee + Family	\$30.50	\$45.50	\$55.90

KELLER ISD CANCER INSURANCE

	EMC			
	Level 1	Level 2	Level 3	Level 4
Hospital	1 - 70 days \$150 / day	1 - 70 days \$200 / day	1 - 70 days \$300 / day	1 - 70 days \$300 / day
	71+ \$1,000 / day	71+ \$1,000 / day	71+ \$1,000 / day	71+ \$1,000 / day
Rad/Chemo	up to \$10,000 / month not to exceed \$120,000 / yr			
Preventive Benefit	\$50 / yr			
Surgery	up to \$1,500	up to \$3,000	up to \$7,500	up to \$9,000
Waiver of Premium	90 days			
1st Occurrence Benefit	\$2,000	\$2,000	\$2,000	\$2,000
RATES				
Employee	\$23.23	\$24.65	\$28.23	\$28.97
Single Parent	\$28.39	\$30.09	\$34.38	\$35.27
Employee + Family	\$43.38	\$46.11	\$52.96	\$54.36

	EMC (Charles Brooks)				AIG (Charles Brooks)	
	Level 1	Level 2	Level 3	Level 4	BBAC0021	BBAC0022
Hospital	1 - 70 days \$150 / day	1 - 70 days \$200 / day	1 - 70 days \$300 / day	1 - 70 days \$300 / day	1 - 60 days \$100 / day \$200 / day	
	71+ \$1,000 / day	71+ \$1,000 / day	71+ \$1,000 / day	71+ \$1,000 / day		
Rad/Chemo	up to \$10,000 / month not to exceed \$120,000 / yr				up to \$1,000 / month	up to \$10,000 / month
Preventive Benefit	\$50 / yr				\$50 / yr	\$100 / yr
Surgery	up to \$1,500	up to \$3,000	up to \$7,500	up to \$9,000	up to \$3,000	up to \$6,000
Waiver of Premium	90 days				60 days	
1st Occurrence Benefit	\$2,000	\$2,000	\$2,000	\$2,000	\$2,500	\$7,500
RATES						
Employee	\$23.23	\$24.65	\$28.23	\$28.97	\$12.57	\$24.11
Single Parent	\$28.39	\$30.09	\$34.38	\$35.27		
Employee + Family	\$43.38	\$46.11	\$52.96	\$54.36	\$26.32	\$48.57

	All State (Charles Brooks)		
	Basic	Enhanced	Premier
Hospital	70 day Max		
	\$200 / day	\$300 / day	\$400 / day
Rad/Chemo	\$10,000 / yr	\$15,000 / yr	\$20,000 / yr
Preventive Benefit	\$75 / yr	\$100 / yr	\$100 / yr
Surgery	up to \$3,000		
Waiver of Premium	90 days		
1st Occurrence Benefit	\$2,000	\$4,000	\$5,000
RATES			
Employee	\$18.96	\$25.47	\$33.76
Single Parent			
Employee + Family	\$32.62	\$44.29	\$59.43