



PROPOSAL FOR

# LA VERNIA INDEPENDENT SCHOOL DISTRICT

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Marketed by:



Underwritten and administered by:



American Fidelity Assurance Company

# GROUP CANCER INSURANCE



## Plan Highlights

- Coverage available for your employees and, if elected, their spouse and children under age 26. No health questions or medical exam required. Employee must be actively at work.
- Pre-Existing Conditions Limitation of 12 months of continuous coverage and 12 months lookback period.
- Coverage may be portable.
- Compatible with a Health Savings Account (HSA).



## Cancer Benefits<sup>+</sup>

	Basic	Enhanced	Enhanced Plus
<b>Radiation Therapy/Chemotherapy/Immunotherapy</b> (actual charges per 12 month period)	up to \$10,000	up to \$15,000	up to \$15,000
<b>Administrative/Lab Work</b> (per calendar month)	\$50	\$75	\$75
<b>Hormone Therapy</b> (per calendar month; max 12 treatments per calendar year)		\$50	
<b>Experimental Treatment</b> (only payable for treatment within the US or its territories)	Paid in the same manner and under the same maximums as any other treatment		
<b>Blood, Plasma, and Platelets</b> (per day) Basic: up to \$10,000 per calendar year Enhanced and Enhanced Plus: up to \$15,000 per calendar year	\$200	\$300	\$300
<b>Medical Imaging</b> (per image; max two per calendar year)	\$200	\$300	\$300
<b>Surgical</b>	\$20 surgical unit/Max per operation: \$2,000	\$30 surgical unit/Max per operation: \$3,000	\$40 surgical unit/Max per operation: \$4,000
<b>Anesthesia</b>	25% of the amount paid for covered surgery		
<b>Second &amp; Third Surgical Opinion</b> (per diagnosis)		\$300	
<b>Outpatient Hospital or Ambulatory Surgical Center</b> (per day of surgery)	\$200	\$400	\$600
<b>Bone Marrow/Stem Cell Transplant</b> Autologous (patient provided) (per calendar year) Non-Autologous (donor provided) (per calendar year)	\$500 \$1,500	\$1,000 \$3,000	\$1,500 \$4,500
<b>Prosthesis and Orthotic and Related Services</b> Surgical (one per site; lifetime max of two devices) Non-Surgical (one per site; lifetime max of three devices) Hair Prosthesis (once per lifetime)	\$1,000 \$100 \$100	\$1,500 \$150 \$150	\$2,000 \$200 \$200
<b>Hospital Confinement</b> (per day) Day 1-30 Day 31+	\$100 \$200	\$200 \$400	\$300 \$600
<b>U.S. Government/Charity Hospital</b> (per day) (paid in lieu of most benefits — inpatient and outpatient)	\$100	\$200	\$300
<b>Extended Care Facility</b> (per day; up to the same number of days of paid hospital confinement)	\$100	\$200	\$300



## Cancer Benefits+ (continued)

	Basic	Enhanced	Enhanced Plus
<b>Home Health Care</b> (per day; up to the same number of days of paid hospital confinement)	\$100	\$200	\$300
<b>Hospice Care</b> (per day) Basic: \$18,000 lifetime max; Enhanced: \$36,000 lifetime max; Enhanced Plus: \$54,000 lifetime max	\$100	\$200	\$300
<b>Inpatient Special Nursing Services</b> (per day)	\$100	\$200	\$300
<b>Dread Disease</b> (per day while hospital confined)			
Day 1-30	\$100	\$200	\$300
Day 31+	\$200	\$400	\$600
<b>Donor</b>		\$1,000/donation	
<b>Drugs &amp; Medicine</b>			
<b>Inpatient</b> (per confinement)	\$50	\$100	\$200
<b>Outpatient</b> (\$50 per prescription; up to maximum shown per calendar month)	\$50	\$50	\$100
<b>Attending Physician</b> (per day while hospital confined)		\$50	
<b>Transportation &amp; Lodging (Patient and Family Member)</b>			
<b>Transportation</b> (\$1,500 max per round trip; max 12 trips per calendar year)		Coach fare or \$0.50/mile by car	
<b>Lodging</b> (per day; up to 90 days per calendar year)	\$50	\$50	\$75
<b>Ambulance</b> (per trip; max two trips any combination per confinement)			
<b>Ground</b>		\$200	
<b>Air</b>		\$2,000	
<b>Physical or Speech Therapy</b> (per visit; up to four per calendar month/ lifetime max of \$1,000)		\$50	
<b>Diagnostic and Prevention</b> (one per calendar year)	\$25	\$50	\$75
<b>Cancer Screening Follow-Up</b> (one per calendar year)	\$25	\$50	\$75
<b>Waiver of Premium</b> (employee only)		After 90 days of continuous disability	
<b>Internal Cancer Diagnosis</b> (one per lifetime; benefits reduce 50% at age 70)	\$2,500	\$5,000	\$5,000
<b>Heart Attack or Stroke Diagnosis</b> (one per lifetime; benefits reduce 50% at age 70)	N/A	N/A	\$5,000
<b>Hospital Intensive Care Unit</b> (per day; up to 30 days per confinement; benefits reduce 50% at age 70)		\$600	
<b>ICU Ambulance Transportation</b>		\$100	

\*Unless otherwise indicated, benefits are for a specified indemnity amount listed in the above schedule (per covered person) and are subject to applicable maximums.



## Covered Dread Diseases

- Addison's Disease
- Amyotrophic Lateral Sclerosis
- Cystic Fibrosis
- Diphtheria
- Encephalitis
- Grand Mal Epilepsy
- Legionnaire's Disease
- Meningitis
- Multiple Sclerosis
- Muscular Dystrophy
- Myasthenia Gravis
- Niemann-Pick Disease
- Osteomyelitis
- Poliomyelitis
- Reye's Syndrome
- Rheumatic Fever
- Rocky Mountain Spotted Fever
- Sickle Cell Anemia
- Systemic Lupus Erythematosus
- Tay-Sachs Disease
- Tetanus
- Toxic Epidermal Necrolysis
- Toxic Shock Syndrome
- Tuberculosis
- Tularemia
- Typhoid Fever
- Whipple's Disease



## Monthly Premiums\*

	Basic	Enhanced	Enhanced Plus
Individual	\$15.80	\$24.26	\$31.62
Family	\$26.86	\$41.26	\$53.80

\*The premium and amount of benefits provided vary based upon the plan selected.

### Exclusions & Limitations

We will not pay benefits resulting from or caused by: (a) an intentionally self-inflicted bodily injury, suicide or attempted suicide; (b) alcoholism or drug addiction; (c) any act of war or any act related to war; (d) military service for any country at war; (e) participation in any activity or event while intoxicated or under the influence of any narcotic unless administered by a Physician or taken according to the Physician's instructions; or (f) participation in, or attempting to participate in, a felony, riot, or insurrection. Benefits are also not payable for services performed by a Physician who is related to the Covered Person. Unless otherwise indicated, benefits are payable only for loss resulting from definitive Cancer treatment, including direct extension, metastatic spread, or recurrence. The Policy also covers other conditions or diseases directly caused by Cancer or the treatment of Cancer. The Policy does not cover any other disease, sickness, or incapacity, even though after contracting Cancer it may have been aggravated or affected by Cancer or the treatment of Cancer except for conditions specifically covered under the Dread Disease Benefit, Hospital Intensive Care Unit Benefit or Heart Attack or Stroke Diagnosis Benefit.

Hospital Intensive Care Unit Benefit Limitations: No benefits will be payable during the first two years of coverage for confinement caused by any heart condition that was diagnosed or treated prior to 30 days following the Effective Date of coverage. (The heart condition causing confinement need not be the same condition diagnosed or treated prior to the Effective Date).

### Disclaimer

American Fidelity's Group Cancer policies contain certain exclusions, limitations, waiting periods, and terms for keeping the policy in force. Products described in this proposal may not be available in all states. Specific policy provisions may vary by states. Premium rates will not increase due to age. The policy may be continued by timely payment of premium. The employer or the company may terminate the policy on any premium due date upon 31 days written notice to the other party. The information provided is intended to be a brief description of coverage to help you choose the plans to best meet your employees' needs. A more detailed description of the benefits, limitations, and exclusions will be found in the brochure provided at enrollment. For additional information you may contact your American Fidelity representative.

The term "Hospital" shall not include a place used by the Covered Person as a place for rehabilitation; a hospice unit, including any bed designated as hospice or swing bed; a place for rest or for the aged; a nursing or convalescent home; a long-term nursing unit or geriatrics ward; or as an extended care facility for the care of convalescent, rehabilitative, or ambulatory patients.

**American Fidelity's Limited Benefit Group Cancer Insurance is inappropriate for people who are eligible for Medicaid coverage and is not intended to be a substitute for medical coverage.**