

CANCER PLUS

Form 70240 4/98 NC



THIS IS A LIMITED BENEFIT INSURANCE POLICY

CANCER PLUS

*Cancer Statistics **

- ◆ One in two men and one in three women will get cancer.
- ◆ Cancer causes one of every four deaths.
- ◆ Sixty-six percent of costs to fight cancer are non-medical, indirect costs not covered by traditional insurance.
- ◆ Eight million Americans alive today have a history of cancer.
- ◆ Since 1990, approximately 11 million new cancer cases have been diagnosed.

**Facts and Figures, 1998,
The American Cancer Society*

Cancer Plus is a cancer expense insurance policy designed to provide funds to help offset expenses incurred for a covered cancer 30 days after policy issue.

- Benefits are based on the number of units purchased to a maximum per calendar year of \$50,000 per insured.
- Benefits are paid directly to the insured.
- This policy is fully portable. Premiums do not increase if you change employment.

PLAN FEATURES

- Policy has no deductibles
- Unlimited lifetime benefits
- Guaranteed renewable for life
- Pays to 100% of covered charges for inpatient or outpatient services, supplies and treatments to policy maximums per calendar year
- You select your benefit amount from \$10,000 to a maximum of \$50,000
- Issue ages 18-69
- Travel benefit for family members
- Wellness benefit

POLICY PROVISIONS

BASE POLICY ... Choice of \$10,000 to \$50,000 per calendar year for cancer related treatment. Benefits are payable to the maximum amount you select.

Policy pays **100%** of usual and customary charges for the following covered expenses for each family member insured:

- ✓ Hospital room and miscellaneous services.
- ✓ Drugs and medicines prescribed by a physician, including chemotherapy drugs
- ✓ X-rays, cobalt and other radiation treatment
- ✓ Laboratory services
- ✓ Blood transfusions
- ✓ Medical or surgical services and anesthesia
- ✓ Services of a professional nurse
- ✓ Ground ambulance service to and from the hospital within 100 miles
- ✓ Emergency transportation for treatment (includes air) more than 100 miles
- ✓ Braces, crutches, and wheel chairs
- ✓ Prosthetic devices
- ✓ Actual charges for blood and plasma
- ✓ Ambulance services from one medical facility to another

TRAVEL BENEFIT ... Provides coverage for expense incurred for travel to and from a cancer treatment facility at least 60 miles each way outside the residence area, limited to a maximum of \$200 per day for all family members.

WELLNESS BENEFIT ... Provides coverage for annual physical examinations for cancer, limited to a maximum of \$150 per calendar year per insured after the policy has been in force for one year.

LIMITATIONS AND EXCLUSIONS

The policy provides benefits only for cancer. The policy does not cover any other disease or sickness or incapacity or injury.

No benefit is payable for confinement to a nursing home, hospice, rest home or similar institution.

Cancer diagnosed during the waiting period will not be a covered condition. Cancer will not be a covered condition when any advice, treatment, or clinical diagnosis received within the waiting period leads to a diagnosis of cancer.

Cancer will not be a covered condition if tissue extracted during the waiting period leads to a diagnosis of cancer. If cancer is diagnosed during the waiting period, you have the option to cancel all coverage under the policy and receive a refund of premiums paid for all insured persons.

There is no waiting period for newborn children, newly adopted children or foster children.

PRE-EXISTING CONDITION LIMITATIONS

The policy does not cover pre-existing conditions for 12 months after the date of policy with respect to persons named in the application for insurance.

The policy does not cover pre-existing conditions for 12 months after the effective date of coverage with respect to any insured person added after the date of policy subject to evidence of insurability.

No benefits will be provided for pre-existing conditions on an insured age 64 or less during the first 12 months of the policy. For insureds ages 65 and above, pre-existing conditions are covered after the 30-day waiting period unless the cancer is excluded by name or specific description in an exclusionary rider attached to the policy.

Pre-existing condition limitations do not apply to newborn children, newly adopted children or foster children.



KANAWHA INSURANCE COMPANY

210 South White Street
Post Office Box 610
Lancaster, South Carolina 29721-0610
(803) 283-5300

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MONTHLY PREMIUMS WORKSITE MARKETING Face Amounts

	AGE	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
Employee	18-50	\$12.83	\$17.83	\$22.83	\$27.83	\$32.83	\$37.83	\$42.83	\$47.83	\$52.83
	51-59	\$20.78	\$29.61	\$38.44	\$47.27	\$56.10	\$64.93	\$73.76	\$82.59	\$91.42
	60-69	\$26.15	\$37.59	\$49.03	\$60.47	\$71.91	\$83.35	\$94.79	\$106.23	\$117.67
Employee & Spouse	18-50	\$21.37	\$29.52	\$37.67	\$45.82	\$53.97	\$62.12	\$70.27	\$78.42	\$86.57
	51-59	\$34.29	\$48.67	\$63.05	\$77.43	\$91.81	\$106.19	\$120.57	\$134.95	\$149.33
	60-69	\$43.02	\$61.64	\$80.26	\$98.88	\$117.50	\$136.12	\$154.74	\$173.36	\$191.98
Employee & Child(ren) No Spouse	18-50	\$16.30	\$21.99	\$27.68	\$33.37	\$39.06	\$44.75	\$50.44	\$56.13	\$61.82
	51-59	\$24.30	\$33.85	\$43.40	\$52.95	\$62.50	\$72.05	\$81.60	\$91.15	\$100.70
	60-69	\$29.67	\$41.83	\$53.99	\$66.15	\$78.31	\$90.47	\$102.63	\$114.79	\$126.95
Family	18-50	\$24.84	\$33.68	\$42.52	\$51.36	\$60.20	\$69.04	\$77.88	\$86.72	\$95.56
	51-59	\$37.82	\$52.92	\$68.02	\$83.12	\$98.22	\$113.31	\$128.42	\$143.52	\$158.62
	60-69	\$46.54	\$65.88	\$85.22	\$104.56	\$123.90	\$143.24	\$162.58	\$181.92	\$201.26

The rates illustrated above include the premium for the base policy AND the Wellness benefit AND the Travel benefit.