



UNL Cancer Shield

First Diagnosis Cancer Insurance
Scheduled Benefit Plan



ACCESS TO
online symptom
assessment service.
See page 8.

UNDERWRITTEN BY:
United National Life Insurance Company of America

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CANCER SHIELD *Scheduled Benefit Plan*



Many seniors are under the impression that Medicare covers all cancer treatments, but **did you know...**

www.medicare.gov/coverage/radiation-therapy.html

Is my test, item, or service covered?

type your test, item, or service here

Go

Radiation therapy

How often is it covered?

Medicare Part A (Hospital Insurance) covers radiation therapy for hospital inpatients. Medicare Part B (Medical Insurance) covers this therapy for outpatients or patients in freestanding clinics.

Who's eligible?

All people with Medicare Part A and/or Part B are covered.

Your costs in Original Medicare

- ◆ As an inpatient, you pay the Part A deductible and coinsurance (if applicable).
- ◆ As an outpatient, you pay a copayment, and the Part B deductible applies.
- ◆ For therapy at a freestanding facility, you pay 20% of the Medicare-approved amount for the therapy, and the Part B deductible applies.

Note

Your doctor or other health care provider may recommend you get services more often than Medicare covers. Or, they may recommend services that Medicare doesn't cover. If this happens, you may have to pay some or all of the costs. It's important to ask questions so you understand why your doctor is recommending certain services and whether Medicare will pay for them.

Source: Medicare.gov, Radiation Therapy, 2017



QUICK STATS ABOUT CANCER

In a lifetime, cancer is expected to strike...

1 out of 3 women



1 out of 2 men



3 out of 4 American families



Out-of-Pocket Cost for Cancer Patients on Medicare Can Top \$8,000 Annually

Article



In November of 2016, researchers at Johns Hopkins Bloomberg School of Public Health took an in depth look at the out of pocket (OOP) expenditures associated with cancer for Medicare beneficiaries. The results were quite sobering.

The study concluded that the average OOP costs were between \$5,492 and \$8,155 annually for those on Medicare who had a cancer diagnosis.

"The spending associated with a new cancer diagnosis gets very high quickly, even if you have insurance," says one of the study's authors, Lauren Hersch Nicholas, PhD, MPP, an assistant professor in the Department of Health Policy and Management at the Bloomberg School. "The health shock can be followed by financial toxicity. In many cases, doctors can bring you back to health, but it can be tremendously expensive and a lot of treatments are given without a discussion of the costs or the financial consequences." ¹



Additionally, only **10%** of cancers are hereditary.

Source: American Cancer Society, Cancer Facts & Figures 2015, Atlanta GA, 2015
[1] Johns Hopkins Bloomberg School of Public Health. Medicare beneficiaries face high out-of-pocket costs for cancer treatment. November 23, 2016.



of annual income for Medicare beneficiaries with cancer is spent on fighting the illness¹

In fact...

Amol Narang, M.D. Instructor of Radiation Oncology and Molecular Radiation Sciences, Johns Hopkins says...

Cancer costs are high, and a significant segment of our seniors who don't have adequate insurance coverage can be hit hard... we need to think about how to offer our seniors better insurance coverage¹.



up to **\$8,155**/Year
Average cancer out-of-pocket costs¹



CANCER AND HEART ATTACK/STROKE (if rider is chosen) – Cancer Shield will pay the following benefits for treatment upon diagnosis of cancer. If you select the Heart Attack and Stroke rider, you will receive the benefits on this page for heart attack and stroke as well as cancer.

Plan A	Plan B		Plan C	Plan D
Up to \$20,000 upon first diagnosis (If Optional Express Pay Rider is Included)				
\$200/Day \$100/Day	\$330/Day \$180/Day	Hospital Confinement Benefit Days 1-70 Days 71-90	\$450/Day \$250/Day	\$710/Day \$410/Day
\$350/Day	\$600/Day	Extended Hospital Confinement Benefit Up to: Begins with day 90 of consecutive hospital confinement, actual charges. During receipt of this benefit, no other benefits are payable under the policy except waiver of premium.	\$600/Day	\$600/Day
\$10/Day	\$30/Day	Attending Doctor Up To: For services while hospital confined, actual charges.	\$35/Day	\$40/Day
\$50/Day	\$125/Day	Nurse (Private duty) Up To: For full-time services of a nurse while hospital confined, other than those nursing services regularly furnished by a hospital.	\$125/Day	\$125/Day
\$2,500	\$4,500	Surgical Procedure Up To: For surgery performed by a doctor due to cancer, according to the policy surgical schedule.	\$7,500	\$9,000
\$625	\$1,125	Anesthesia Up To: For anesthesia during a surgery for which a surgical procedure benefit is payable, 25% of the surgical procedure benefit.	\$1,875	\$2,250
\$50/Day	\$100/Day	Skilled Nursing Facility Up To: For confinement in a skilled nursing facility which begins within 14 days of discharge from a hospital, actual charges.	\$125/Day	\$150/Day
\$500/Trip	\$1,000/Trip	Non-Local Patient Transportation Up To*: Coach class plane, train or bus expense on a regularly scheduled route within the U.S. to receive cancer treatment or consultation that is not available within 100 miles one-way from your home, actual charges.	\$1,500/Trip	\$2,500/Trip

Plan A	Plan B		Plan C	Plan D
\$500/Trip	\$1,000/Trip	Family Member Transportation Up To*: Coach class plane, train or bus expense on a regularly scheduled route for a family member when you are confined to a hospital located in the U.S. which is more than 100 miles one-way from a family member's home, actual charges.	\$1,500/Trip	\$2,500/Trip
.15/Mile	.25/Mile	For travel by automobile*	.40/Mile	.40/Mile
\$20/Day	\$40/Day	Family Member Lodging Up To: For lodging expense incurred by a family member while you are confined as an inpatient for treatment of cancer in a hospital that is located in the U.S. and is more than 100 miles one-way from the family member's home, actual charges.	\$50/Day	\$60/Day

CANCER ONLY (these benefits are not applicable for heart attack and stroke)

		Radiation/Chemotherapy Up To:		
\$100/Day	\$175/Day	For radiation or chemical treatments which are part of definitive treatment, actual charges.	\$250/Day	\$300/Day
N/A	\$100	PLUS at time of first radiation/chemotherapy treatment:	\$250	\$500
\$100/Month	\$200/Month	Oral Chemotherapy Treatment	\$300/Month	\$400/Month

Breast Reconstruction

Actual charges up to the surgical procedure benefit paid for the mastectomy for breast reconstruction as the direct result of surgery for which benefits are paid under the policy.

Plan A	Plan B	Prosthesis Up To:	Plan C	Plan D
\$250	\$1,000	For prosthetic devices needed as the direct result of, and received within 3 years of a cancer surgery for which benefits were paid under the policy, actual charges per prosthetic device.	\$2,000	\$2,500

*Benefit is limited to two (2) one-way trips within the U.S. per period of confinement.

Plan A	Plan B		Plan C	Plan D
N/A	\$2,500	Bone Marrow Transplant Up To[†]: For human bone marrow transplant for the definitive treatment cancer actual charges.	\$5,000	\$10,000
Included	Included	Waiver of Premium Premium payments will not be required if you are diagnosed as having cancer after the waiting period and while covered under the policy and are disabled due to cancer for more than 90 consecutive days. The disability must begin on or after the date of diagnosis.	Included	Included

Cancer In Situ Benefit – 50% of the benefits amount will be paid for Cancer in situ. Cancer in situ not applicable to optional Lump Sum Rider.

OPTIONAL RIDERS

Heart Attack or Stroke

This option will pay a scheduled benefit for heart attack or stroke. Your benefits for this option depend upon which cancer plan you choose.

Express Pay - Lump Sum






This option pays a lump sum benefit of \$1,000 to \$20,000 upon first diagnosis of cancer. If you select both the Heart Attack & Stroke option and the Lump Sum rider, a lump sum benefit will be paid upon diagnosis of cancer, heart attack or stroke.

Return of Premium

Under this option, we will return 100% of all premiums, less any benefits paid, upon death or upon cancellation after the rider has been in force 20 years for issue ages 18-60 and 15 years at issue ages 61-79.

***Note:** After coverage has been in force for one year, the initial bone marrow transplant benefit will increase by 5%. On each subsequent policy anniversary, the benefit will continue to increase by 5%. Such increases will continue to take place on each policy anniversary for a period not to exceed 10 years.

What the first year of benefits paid **DIRECTLY** to **YOU** might look like...

	<u>Plan A</u>	<u>Plan B</u>	<u>Plan C</u>	<u>Plan D</u>
 <p>Express Pay Benefit upon diagnosis*</p>			Up to \$20,000	
 <p>10 Days confined to a Hospital throughout the year:</p>	\$2,000	\$3,300	\$4,500	\$7,100
 <p>One round trip travel to cancer treatment facility with family member over 100 miles away and stay for two weeks:</p>	Up to \$2,280	Up to \$4,560	Up to \$6,700	Up to \$10,840
 <p>Chemotherapy 1x/week over 4 months and Radiation 5x/week over 2 months throughout the year:</p>	\$6,200	\$10,950	\$15,750	\$19,100
 <p>One surgery throughout the year:</p>	Up to \$3,125	Up to \$5,625	Up to \$9,375	Up to \$11,250
 <p>In the above example, UNL, over the course of a year, would pay YOU DIRECTLY:</p>	Up to \$33,605	Up to \$44,435	Up to \$56,325	Up to \$68,290

*If Optional Express Pay Rider is Included

ACCESS TO **ASK MAYO CLINIC ONLINE!**



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Waiting Period:

This plan has a 30-day waiting period before any benefits will be paid for loss due to cancer. If the first diagnosis of cancer is made during the waiting period, you have the option to cancel the policy and receive a refund of all premiums paid. The waiting period also applies to heart attack or stroke if such optional coverage is selected.

POLICY DEFINITIONS FOR THE FOLLOWING:

Cancer (Life Threatening) means a malignant tumor which meets the diagnosis criteria of malignancy established by The American Board of Pathology after a study of the histocytologic architecture or pattern of the suspect tumor, tissue or specimen. It is characterized by the uncontrolled growth and spread of malignant cells and the invasion of body tissue by such malignant cells. Cancer includes leukemia. Excluded are Cancers such as:

1. pre-malignant tumors or polyps;
2. intraductal non-invasive carcinoma of the breasts;
3. Stage 1 Hodgkin's Disease;
4. carcinoid of the appendix;
5. Stage 0 transitional carcinoma of the urinary bladder; or
6. Skin Cancer, except malignant melanoma.

Cancer will not be a covered condition when advice or treatment is received within the Waiting Period or prior to the Effective Date, and such advice or treatment results in the First Diagnosis of Cancer.

Cancer In-Situ means the first diagnosis of cancer wherein the tumor cells still lie within the tissues of the site of origin without having invaded neighboring tissue.

Heart Attack means only an acute myocardial infarction (irreversible injury and death of a portion of the myocardium or heart muscle) caused by either:

1. coronary thrombosis (complete occlusion of a coronary artery); or
2. severe stenosis or narrowing of a coronary artery causing a partial occlusion of at least 75% of the lumen of such coronary artery.

Heart Attack does not include any other disease or injury involving the cardiovascular system. Cardiac arrest not caused by a myocardial infarction is not a Heart Attack.

Stroke means an acute cerebrovascular accident or incident, which results in paralysis or other measurable objective neurological deficit lasting more than twenty-four (24) hours. A cerebrovascular accident is a sudden, unexpected interference in brain function caused by insufficient blood flow to part of the brain. Stroke does not mean a head injury, transient ischemic attack or chronic cerebrovascular insufficiency.

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