

Cancer Select Plus, underwritten by Transamerica Life Insurance Company, can help provide extra protection in the event of a cancer diagnosis.

Nancy knows her family history may put her at a higher risk for a cancer diagnosis. When a coworker battled cancer and faced a financial strain due to his deductible, co-pays, and missed work, his situation hit close to home. She worries her medical insurance might not be enough.

GOOD MEDICAL INSURANCE HELPS, BUT IS IT ENOUGH?

While some people diagnosed with cancer have health insurance to help pay for some of their treatment, many face the prospect of significant out-of-pocket costs.

IF CANCER IS THE DISEASE YOU WORRY ABOUT MOST, YOU'RE NOT ALONE

If Nancy or one of her loved ones were to be diagnosed with cancer, how would she face that challenge? There's a way she can take simple steps now to help protect her and her family's Wealth + HealthSM.

HOW IT WORKS

- Pays benefits directly to you
- Spouse and dependent benefits available
- Payroll-deducted premiums
- Easy enrollment process



Visit:

transamerica.com



Customer Service:

888-763-7474

With this supplemental benefit, she'll have more resources to cope with any future cancer diagnosis, and have wellness benefits to help her detect cancer early — when it's most treatable.

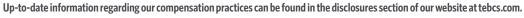
YOU CAN INSURE YOURSELF OR ADD YOUR ELIGIBLE SPOUSE AND CHILDREN

If you are 18 years of age or older, you can purchase this valuable supplemental benefit. You can also choose to insure your eligible family members, including your spouse, age 18 or older, and your children from birth through age 25.

VALUABLE BENEFITS FOR YOUR LIFE

Review the attached benefits and costs for the insurance policy. It's a long list of benefits, but they're all important. As you read through the list, think about how you could possibly pay for all these costs on your own. Fighting cancer can be challenging both financially and emotionally, and the more resources you have, the better prepared you and your family will be.

This is a brief summary of CancerSelect® Plus, cancer-only insurance, underwritten by Transamerica Life Insurance Company, Cedar Rapids, Iowa. Policy form series CPCAN200 and CCCAN200. Forms and numbers may vary. Insurance may not be available in all jurisdictions. Limitations and exclusions apply. Refer to the policy, certificate, and riders for complete details.





Product Details

Hospital Benefits		Plan Policy Pays			
Hospital Confinement		\$200	per day of covered confinement		
Attending Physician		\$40	per day while hospital confined; one visit per 24-hour period		
Inpatient Drugs and Medicines		\$30	per day while hospital confined		
Private Duty Nurse		\$200	per day while hospital confined; must be authorized by the attending physician; cannot be hospital staff or a family member		
Ambulance		\$200	for service by a licensed ambulance service for transportation to a hospital; admittance required		
Skilled Nursing Facility		\$100	per day; up to 100 days of covered confinement		
Hospice Care		\$200	per day of hospice care; 100-day lifetime maximum; not payable while hospital confined		
Surgery Benefits		Plan	Policy Pays		
Surgery	Inpatient	\$2,000	maximum benefit; actual benefit is determined by the surgery schedule in the contract; for multiple procedures in same incision only the highest benefit is		
	Outpatient	\$3,000	paid; for multiple procedures in separate incisions will pay highest benefit and then 50% for each lesser procedure		
Anesthesia		25%	of covered surgery benefit		
Prosthesis		\$1,000	pays actual charges per device requiring implantation		
Hair Prosthesis		\$100	pays actual charges for wig to cover hair loss from cancer treatment		
	Breast Cancer – simple or total mastectomy	\$240	for reconstructive surgery within 2 years of the initial cancer removal; excludes skin cancer and malignant melanoma;		
Reconstructive Surgery	Breast Cancer – radical mastectomy	\$340			
	Cancers of the male or female genitalia	\$340	benefit not payable if paid under any other provision of the policy		
	Cancer of the head, neck, or oral cancers	\$500			
Second Surgical Opinion		\$200	when surgery is prescribed; excludes skin cancer		
Ambulatory Surgical Center		\$300	maximum per day; pays actual charges for outpatient surgery at an ambulatory surgical center		

Product Details

One removal	\$150	for removal of skin cancer (skin cancer does not include malignant melanoma or mycosis fungoides)	
Per additional removal	\$100		
Radiation and Chemotherapy Benefits	Plan	Policy Pays	
Radiation and Chemotherapy	\$300	per day	
Associated Radiation & Chemo Expenses	\$50	per day for treatment consultations and planning, adjunctive therapy, radiation management, chemotherapy administration, physical exams, checkups, and laboratory or diagnostic tests; transportation and lodging are not included as associated expenses	
Blood, Plasma, Blood Components, Bone Marrow and Stem Cell Transplant	\$300	per day	
Associated Blood & Plasma Expenses	\$300	per day for administration of blood, plasma and blood components, transfusions, processing and procurement, or cross-matching, treatment consultations and planning, physical exams, checkups, and laboratory or diagnostic tests; transportation and lodging are not included as associated expenses	
New or Experimental Treatment	\$300	per day for drugs or chemical substances approved by the FDA for experimental use on humans or surgery or therapy endorsed by either the NCI or ACS for experimental studies received in the US or its territories	
Wellness & Non-Medical Benefits	Plan	Policy Pays	
Annual Cancer Screening	\$50	per calendar year for cancer screening tests:	

Product Details

Magnetic Resonance Imaging (MRI) Scan		\$50		per calendar year for MRI scan used as diagnostic tool for breast cancer	
Non-Local Transportation		\$300 or \$0.40 per mile		or private vehicle allowance, up to 750 miles at \$0.40 per mile, when required non-local hospital confinement is more than 50 miles from residence for an insured person and an adult immediate family member during confinement; payable once per confinement	
Family Member Lodging		\$50		per day (maximum 50 days per 12 month period) for lodging expenses for an adult immediate family member when non-local hospital confinement is required	
Outpatient Lodging		\$8	50	per day (maximum 50 days per 12 month period) for lodging expenses for an insured person to receive radiation or chemotherapy on an outpatient basis if not available locally	
Physical Therapy & Speech Therapy		\$2	25	per treatment; limit one treatment per day	
At-Home Nursing		\$5	50	per day when admitted within 14 days of hospital discharge; lifetime maximum 100 days	
Waiver of Premium		Included		waives premium for total disability due to cancer after 60 consecutive days of total disability; total disability must begin prior to the insured person's 70th birthday	
Cancer Maintenance Therapy Benefit		Plan		Policy Pays	
 Cancer Suppressive Therapy Hematological Drugs Anti-Nausea Drugs Motility Agents First Occurrence Rider (Rider Form		\$25 Plan		per day; up to the same number of days of radiation or chemotherapy	
Series CROCC100, 200 or 300) Initial Diagnosis Benefit		\$2,000		pays a one-time, lump-sum benefit when an insured person is initially diagnosed with cancer for the first time ever after the effective date of insurance (except skin cancer), based on a microscopic examination of fixed tissue or preparations from the hemic system. Clinical diagnosis is accepted under certain conditions.	
Monthly Premium		Employee + Ch		nild(ren)	Employee+Spouse/Family
Plan		\$17.13	\$17.13 \$19.19		\$29.70

Issue State: Washington Rate generation date: June 5, 2020

Limitations and Exclusions

We provide benefits only for cancer as defined herein, which is positively diagnosed while insurance is in force. It does not provide benefits for any other illness or disease.

- We may reduce or deny a claim or void insurance for loss incurred by an insured person:
 - During the first 2 years from the effective date of such insurance for any misstatements in the application which would have materially affected our acceptance of the risk;
 - At any time for fraudulent misstatements in the application.
- We will only pay for loss as a direct result of cancer. Proof of positive diagnosis must be submitted to us for each new
 claim. We will not pay for any other disease or incapacity that has been caused, complicated, worsened or affected by,
 or as a result of cancer, except as specifically covered under the contract.
- If a covered hospital confinement is due to more than one covered condition, benefits will be payable as though the confinement or expense were due to one condition. If a hospital confinement or expense is also due to a disease or condition that is not covered, benefits will be payable only for the part of the hospital confinement or expense due to the covered disease or condition.
- Under no condition will we pay any benefits for losses or medical expenses incurred prior to the effective date.

Pre-Existing Condition Limitation - No benefits are provided during the first 6 months for pre-existing conditions for which the insured person has been diagnosed, treated, or for which the insured person has incurred expense or has taken medication within 6 months prior to the effective date of such person's policy. Pre-existing condition also includes a condition that manifests itself in a way that would cause an ordinarily prudent person to seek medical advice, diagnosis, care or treatment.

Total Disability means the inability to perform all of the material and substantial duties of the employee's regular occupation. Total Disability will be considered to exist when under the regular care and attendance of a physician for the necessary treatment of cancer. After the first two years of Total Disability, the employee will continue to be considered Totally Disabled if unable to engage in any employment or occupation for which he or she is or becomes qualified by reason of education, training, or experience. On or after age 65, Total Disability will mean that a physician has certified that the employee is unable to perform two or more Activities of Daily Living (continence, transferring, dressing, toileting, eating and bathing) without direct personal assistance as a result of cancer.

First Occurrence Rider

Benefits are not payable:

- For cancer diagnosed prior to the Effective Date of this Rider;
- For any other illness or disease other than internal Cancer;
- For Skin Cancer or any Cancer excluded from insurance by name or specific description.

Termination of Insurance

Employee insurance will terminate on the earliest of:

- The date of the employee's death;
- The last date for which premium payment has been made to us;
- The date the employee sends us a written notice to cancel insurance.

Dependent insurance will terminate on the earliest of:

- The date the employee's insurance terminates:
- The last date for which premium payment has been made to us;
- The date the dependent no longer meets the definition of dependent;
- The date the employee sends us a written notice to cancel dependent insurance.

We will have the right to terminate the insurance of any insured person who submits a fraudulent claim under the policy.

Portability Option

If an employee loses eligibility for this insurance for any reason other than nonpayment of premiums, insurance can be continued by paying the premiums directly to us within 31 days after termination. We will bill the employee directly once we receive notification to continue insurance.

Other Insurance with Us

An individual can only have one cancer policy with us. If a person already has cancer insurance with us, such person is not eligible to apply for this insurance.