

ABOUT CANCER

Cancer insurance offers you and your family supplemental insurance protection in the event you or a covered family member is diagnosed with cancer. It pays a benefit directly to you to help with expenses associated with cancer treatment.

For full plan details, please visit your benefit website:

www.mybenefitshub.com/redoakisd



| Cancer Insurance Benefits | Low Plan | High Plan |
|---|--|--|
| First Cancer Benefit | \$100 paid upon receipt of first covered claim for cancer; only one payment per covered person per certificate per calendar year | \$100 paid upon receipt of first covered claim for cancer; only one payment per covered person per certificate per calendar year |
| Diagnosis of cancer | Employee or spouse: \$5,000 Child(ren): \$7,500 Waiting period: 0 days Benefit reduction: none | Employee or spouse: \$10,000 Child(ren): \$15,000 Waiting period: 0 days Benefit reduction: none |
| Hospital confinement | \$100 per day – days 1 through 30 Additional days: \$100 Maximum days per confinement: 31 | \$200 per day – days 1 through 30 Additional days: \$200 Maximum days per confinement: 31 |
| Hospital confinement ICU | \$600 per day – days 1 through 30 Additional days: \$600 Maximum days per confinement: 31 | \$600 per day – days 1 through 30 Additional days: \$600 Maximum days per confinement: 31 |
| Radiation therapy, chemotherapy, immunotherapy | Maximum per covered person per calendar year 12-month period: \$10,000 | Maximum per covered person per calendar year 12-month period: \$20,000 |
| Alternative care | \$75 per visit Maximum visits per calendar year: 4 | \$75 per visit Maximum visits per calendar year: 4 |
| Medical imaging | \$150 per imaging study Maximum studies per calendar year: 2 | \$150 per imaging study Maximum studies per calendar year: 2 |
| Skin cancer initial diagnosis | \$100 per diagnosis Lifetime maximum: 1 | \$100 per diagnosis Lifetime maximum: 1 |
| Attending physician | \$30 per visit. Maximum visits per confinement: 2 Maximum visits per calendar year: 4 | \$50 per visit. Maximum visits per confinement: 2 Maximum visits per calendar year: 4 |
| Hospital confinement sub-acute ICU | \$300 per day – days 1 through 30 Additional days: \$300. Maximum days per confinement: 31 | \$300 per day – days 1 through 30 Additional days: \$300. Maximum days per confinement: 31 |
| Family care | Childcare: \$100 per day per child Maximum days per calendar year: 30 Adult day care or home healthcare: \$100 per day Maximum days per calendar year: 30 | Childcare: \$100 per day per child Maximum days per calendar year: 30 Adult day care or home healthcare: \$100 per day Maximum days per calendar year: 30 |
| Prescription drug in-patient | Per confinement: \$150 Maximum confinements per calendar year: 6 | Per confinement: \$150 Maximum confinements per calendar year: 6 |
| Private full-time nursing services | \$150 per day Maximum days per confinement: 5 | \$150 per day Maximum days per confinement: 5 |
| U.S. government or charity hospital | Days 1 through 30: \$100 Additional days: \$100 Maximum days per confinement: 15 | Days 1 through 30: \$300 Additional days: \$300 Maximum days per confinement: 15 |
| Family member transportation and lodging | Family transportation: \$100 per trip Maximum trips per calendar year: 12 Family lodging: \$100 per day Maximum days per calendar year: 100 | Family transportation: \$100 per trip Maximum trips per calendar year: 12 Family lodging: \$200 per day Maximum days per calendar year: 100 |
| Home health care | \$100 per day not to exceed the number of days confined. Maximum days per calendar year: 30 | \$300 per day not to exceed the number of days confined. Maximum days per calendar year: 30 |
| Hospice care | \$100 per day | \$300 per day |
| Skilled nursing care facility | \$100 per day Maximum days per calendar year: 30 | \$300 per day Maximum days per calendar year: 30 |
| Cancer Treatment Benefits | Low Plan | High Plan |
| Air ambulance | \$2,000 per trip. Maximum trips per confinement: 2 | \$2,000 per trip. Maximum trips per confinement: 2 |
| Ambulance | \$200 per trip. Maximum trips per confinement: 2 | \$200 per trip. Maximum trips per confinement: 2 |
| Blood, plasma, and platelets | \$300 per transfusion. Maximum transfusions per calendar year: 2 | \$300 per transfusion. Maximum transfusions per calendar year: 2 |
| Bone marrow or stem cell donation | \$100 per confinement. Lifetime maximum donations: 2 | \$300 per confinement. Lifetime maximum donations: 2 |

Cancer Insurance

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EMPLOYEE BENEFITS

| Cancer Treatment Benefits | Low Plan | High Plan |
|--|--|--|
| Bone marrow or stem cell transplant | First bone marrow transplant: \$6,000 Additional transplant: 50%. Lifetime maximum transplant(s): 2 First stem cell transplant: \$600 Additional transplant: 50% Lifetime maximum transplant(s): 2 | First bone marrow transplant: \$9,000 Additional transplant: 50%. Lifetime maximum transplant(s): 2 First stem cell transplant: \$900 Additional transplant: 50% Lifetime maximum transplant(s): 2 |
| Hormonal therapy | \$50 per treatment. Maximum treatments per calendar year: 12 | \$50 per treatment. Maximum treatments per calendar year: 12 |
| National Cancer Institute Designated Comprehensive Cancer Treatment Center Evaluation/Consultation Benefit | \$750 Lifetime maximum consultation(s): 1 | \$750 Lifetime maximum consultation(s): 1 |
| Counseling | \$75 per visit Maximum visits per calendar year: 6 | \$75 per visit Maximum visits per calendar year: 6 |
| Hair piece | \$150 per hair piece Lifetime maximum: 1 | \$150 per hair piece Lifetime maximum: 1 |
| Medical equipment | \$150 per piece of equipment. Maximum pieces per calendar year: 2 | \$150 per piece of equipment. Maximum pieces per calendar year: 2 |
| Non-surgical prosthesis | \$100. Lifetime maximum number of devices: 1 | \$200. Lifetime maximum number of devices: 1 |
| Recovery at home | \$150 per day not to exceed the number of days confined. Maximum days per calendar year: 15 | \$150 per day not to exceed the number of days confined. Maximum days per calendar year: 15 |
| Therapy | \$25 per day of therapy. Maximum days per calendar year: 40 | \$25 per day of therapy. Maximum days per calendar year: 40 |
| Transportation and lodging | Transportation: \$100 per trip Maximum trips per calendar year: 12 Lodging: \$100 per day Maximum days per calendar year: 100 | Transportation: \$100 per trip Maximum trips per calendar year: 12 Lodging: \$200 per day Maximum days per calendar year: 100 |
| Preventative and Wellness Benefits | Low Plan | High Plan |
| Cancer wellness | \$50. Maximum days of service, per covered person per calendar year: 1 day(s) Waiting period: 0 days | \$50. Maximum days of service, per covered person per calendar year: 1 day(s) Waiting period: 0 days |
| Genetic tumor testing | \$100 per test. Maximum tests per calendar year: 2 | \$100 per test. Maximum tests per calendar year: 2 |
| Heritable cancer screening | \$100. Maximum tests per calendar year: 1 | \$100. Maximum tests per calendar year: 1 |
| Pharmacogenomic (PGX) screening test | \$100 per test. Maximum tests per calendar year: 2 | \$100 per test. Maximum tests per calendar year: 2 |
| Heart attack or stroke | \$10,000. Recurrence benefit: \$5,000 Waiting period: 0 days Benefit reduction: none | \$10,000. Recurrence benefit: \$5,000 Waiting period: 0 days Benefit reduction: none |
| Waiting period | Waiting period: 0 days | Waiting period: 0 days |
| Surgery | Up to \$3,000 | Up to \$5,000 |
| Anesthesia | General anesthesia: 25% of surgery benefit Maximum benefits per calendar year: 2 | General anesthesia: 25% of surgery benefit Maximum benefits per calendar year: 2 |
| Outpatient surgery facility service | \$200 per day. Maximum benefits per calendar year: 4 | \$200 per day. Maximum benefits per calendar year: 4 |
| Preventative surgery | \$250. Lifetime maximum: 1 | \$250. Lifetime maximum: 1 |
| Reconstructive surgery | Breast TRAM flap: \$2,000 Breast reconstruction: \$500 Breast symmetry: \$500 Facial reconstruction: \$500 | Breast TRAM flap: \$2,000 Breast reconstruction: \$500 Breast symmetry: \$500 Facial reconstruction: \$500 |
| Second and third opinion | \$300. Maximum benefits per calendar year: 2 | \$300. Maximum benefits per calendar year: 2 |
| Skin cancer surgery | \$100. Maximum benefits per calendar year: 2 | \$100. Maximum benefits per calendar year: 2 |
| Surgical prosthesis | \$1,000 per device. Lifetime maximum benefit amount: \$1,000 | \$2,000 per device. Lifetime maximum benefit amount: \$2,000 |
| Hospital intensive care for accident or sickness | Hospital confinement ICU for accident or sickness benefit: \$100. Maximum number of days per confinement: 30 | Hospital confinement ICU for accident or sickness benefit: \$200. Maximum number of days per confinement: 30 |
| Advocacy Package | Low Plan | High Plan |
| Kindly Human™ Participants can talk for up to six hours total per year for pre-clinical peer-to-peer connections and navigation across real-life issues. | Included | Included |
| Renewability | Conditionally Renewable Coverage is automatically renewed as long as the insured is an eligible employee, premiums are paid as due, and the Policy is in force. | |
| Portability | Portability Employees can keep their coverage if they change jobs or retire while the Policy is in force. | |
| Continuity of coverage | Included | |
| Pre-existing conditions limitation | A condition for which a covered person received medical advice or treatment within the 12 months preceding the certificate effective date. | |
| Waiver of premium | Included | |
| Monthly Premium | Low Plan | High Plan |
| Employee only | \$14.64 | \$22.94 |
| Employee & Spouse | \$28.42 | \$43.60 |
| Employee & Child(ren) | \$18.06 | \$28.12 |
| Family | \$30.68 | \$46.04 |