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Cancer Insurance Level 2 Benefits

Cancer insurance helps provide financial protection through a variety of benefits. These benefits are not only for you but also for your covered family members.



For more information, talk with your benefits counselor.

BENEFIT DESCRIPTION	BENEFIT AMOUNT
Air ambulance Transportation to or from a hospital or medical facility [max. of two trips per confinement	
Ambulance	
Anesthesia Administered during a surgical procedure for cancer treatment General anesthesia Local anesthesia	
Anti-nausea medication Doctor-prescribed medication for radiation or chemotherapy [\$160 monthly max.]	\$40 per day administered or per prescription filled
Blood/plasma/platelets/immunoglobulins. A transfusion required during cancer treatment [\$10,000 calendar year max.]	\$150 per day
Bone marrow donor screening	\$50
Bone marrow or peripheral stem cell donation Receiving another person's bone marrow or stem cells for a transplant [once per lifetime	
Bone marrow or peripheral stem cell transplant Transplant you receive in connection with cancer treatment [max. of two bone marrow transplant benefits per lifetime]	\$4,000 per transplant
Cancer vaccine. An FDA-approved vaccine for the prevention of cancer [once per lifetime]	\$50
Companion transportation	The state of the s
Egg(s) extraction or harvesting/sperm collection and storage Extracted/harvested or collected before chemotherapy or radiation [once per lifetime]	
■ Egg(s) extraction or harvesting/sperm collection■ Egg(s) or sperm storage (cryopreservation)	
Experimental treatment Hospital, medical or surgical care for cancer [\$12,500 lifetime max.]	\$250 per day
Family care	\$40 per day
Hair/external breast/voice box prosthesis Prosthesis needed as a direct result of cancer	\$200 per calendar year
Home health care services Examples include physical therapy, occupational therapy, speech therapy and audiology; prosthesis and orthopedic appliances; rental or purchase of durable medical equipment [up to 30 days per calendar year or twice the number of days hospital confined, whichever is greater]	\$75 per day
Hospice (initial or daily care) An initial, one-time benefit and a daily benefit for treatment [\$15,000 lifetime max. for box Initial hospice care [once per lifetime] Daily hospice care	\$1,000

Hospital confinement

Hospital stay (including intensive care) required for cancer treatment



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30 days or less31 days or more	
Lodging	\$50 per day
Medical imaging studies Specific studies for cancer treatment [\$250 calendar year max.]	\$125 per study
Outpatient surgical center Surgery at an outpatient center for cancer treatment [\$600 calendar year max.]	\$200 per day
Private full-time nursing services Services while hospital confined other than those regularly furnished by the hospital	\$75 per day
Prosthetic device/artificial limb A surgical implant needed because of cancer surgery [payable one per site, \$3,000 lifetime max.]	\$1,500 per device or limb
Radiation/chemotherapy Weekly benefit [max. once per week] Injected chemotherapy by medical personnel Radiation delivered by medical personnel	
Monthly chemotherapy benefit [max. once per month] Self-injected Pump Topical Oral hormonal [1-24 months] Oral hormonal [25+ months] Oral non-hormonal	\$200 \$200 \$200 \$100
Reconstructive surgery A surgery to reconstruct anatomic defects that result from cancer treatment [up to \$2,500 per procedure, including 25% for general anesthesia]	\$40 per surgical unit
Second medical opinion	\$200
Skilled nursing care facility Confinement to a covered facility after hospital release [up to the number of days paid for hospital confinement]	\$100 per day
Skin cancer initial diagnosis A skin cancer diagnosis while the policy is in force [once per lifetime]	\$300
Supportive or protective care drugs and colony stimulating factors Doctor-prescribed drugs to enhance or modify radiation/chemotherapy treatments [\$800 calendar year max.]	\$100 per day
Surgical procedures Inpatient or outpatient surgery for cancer treatment [\$3,000 max. per procedure]	\$50 per surgical unit
Transportation Travel expenses when being treated for cancer more than 50 miles from home [up to \$1,000 per round trip]	\$0.50 per mile
Waiver of premium No premiums due if the named insured is disabled longer than 90 consecutive days	Is available

THIS POLICY PROVIDES LIMITED BENEFITS.

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. Applicable to policy form CanAssist (including state abbreviations where used, for example: CanAssist-TX). This chart is not complete without form number 101481. For cost and complete details of coverage, call or write your Colonial Life benefits counselor or the company.

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