Choosing to focus on winning the battle

Cancer Insurance

Sun Life Financial®

What are the chances that I might be diagnosed with cancer?

While 1 in 3 Americans are expected to get cancer in their lifetime[1], advances in early detection, medicines, surgical procedures, and chemotherapy, as well as alternative treatments, have improved the odds of surviving. In fact, recent data shows the five-year survival rate to be 66%[1].

With increases in cancer treatment options comes increased costs. In 2007, the National Institute of Health estimated the overall cost of cancer to be in excess of $219 billion.

How can cancer insurance help?

Cancer insurance provides fixed benefits for early detection and treatment of certain kinds of cancer, including related expenses such as screenings, hospital confinement, radiation, chemotherapy, surgery and more. Benefits are paid directly to you regardless of any other coverage you may have and you can spend it any way you choose.

How do I know if I'm eligible to participate in this plan?

You are eligible to participate if you are an active full-time employee as defined by your employer and meet any other policyholder defined eligibility requirements.

This product is inappropriate for those persons who are eligible for Medicaid coverage.

Key Advantages of This Plan

- **Benefits are payable directly to you to be spent any way you choose.**
- **Pays in addition to any other coverage you may have.**
- **Fast and accurate claims service.**
- **Coverage is fully portable - if you change jobs you can take your coverage with you.**

Sources: [1] American Cancer Society, National Cancer Facts & Figures, 2008

This cancer policy pays benefits if a covered person is diagnosed after the covered person's effective date and receives services or treatment while insured under this policy. This is a cancer only insurance policy. It does not pay benefits for loss from any other cause. This policy provides limited benefits and has some specific benefit limits. This is not a medical insurance policy, a Medicare Supplement policy, or a high deductible health plan, or a policy of Workers' Compensation insurance. Please refer to the issued insurance policy for complete details and all benefit requirements, including all limitations, exclusions, and restrictions. We reserve the right to cancel the policy with advance written notice to the policyholder. Insurance policies and certain policy benefits are subject to state variations and availability. Issued insurance contracts determine all plan features and benefits. Always review your insurance certificate booklet for complete contract provisions.

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Cancer Q&A

Q. I'm not signed up for Cancer insurance. Can I enroll now?

A. Yes! Whether you've just become eligible for this coverage or didn't sign up in the past, now is the time to enroll.

If you were offered this coverage in the past, but chose not to enroll, you can join the plan now, but you'll need to provide proof of good health. Once approved, a pre-existing conditions limitation will apply.

A pre-existing condition means a sickness, symptom or physical finding, or any related sickness, symptom or physical finding, for which you or your covered dependent consulted with or received advice from a licensed medical or dental practitioner; or received medical or dental care, treatment or services, including taking drugs, medicine, insulin or similar substances during the 12 months that end on the day before you or your covered dependent became insured under the policy. We will not pay benefits for claims resulting, directly or indirectly from a pre-existing condition unless you or your covered dependent are diagnosed with cancer after the earlier of:

- 12 consecutive months during which you or your covered dependent are continuously insured under this plan; or
- 12 consecutive months during which you or your covered dependent do not consult with or receive advice from a licensed medical practitioner or receive medical or dental care, treatment or services, including taking drugs, medicine, insulin, or similar substances, for that condition.

See your certificate for additional pre-existing condition details.

Q. What about coverage for my family?

A. If you elect coverage for yourself, you can elect coverage for your eligible family members. Eligible family members include your spouse and children from live birth to less than age 26. See your certificate or group insurance policy for additional eligibility details.

You will need to complete a simple health questionnaire for any dependents you wish to cover. Once approved, the pre-existing conditions limitation will apply.

Q. When will my coverage become effective?

A. Your coverage starts on the entry date specified in the group policy, provided you are at active work on that date. Otherwise, your coverage will become effective on the day you return to full-time duties. If a family member is in a hospital on the day insurance would otherwise take effect, then insurance will take effect on the day after the family member leaves the hospital.

How much does Cancer insurance cost?

The financial assistance that Cancer insurance can provide doesn't have to take a big bite out of your wallet. Because issue age rating applies, your premiums will not increase due to age changes. Your premiums are based on your age as of the effective date and whether or not you use tobacco.

Cancer Insurance Monthly Premium Deduction Level 2

Issue Age	<100				
For you	$31.68				
For you and your spouse	$55.15	$55.15	$55.15	$55.15	$55.15
For you and your child(ren)	$34.40				
For you and your family	$57.87				

What benefits are payable under this Cancer insurance plan?

The following Level 2 benefits are available. The issued policy controls all benefit amounts.

Covered Services	Level 2 Benefits
Cancer Screening Includes the following tests or procedures for internal cancer for which you or your covered dependent are charged: colonoscopy, CA 125 test, chest x-ray, flexible sigmoidoscopy, mammogram, pap smear, biopsy, PSA, CT scans or MRI scans, BRCA testing, or Hemocult stool specimen. **This benefit is limited to once per benefit year.**	**$75**
Second Surgical Opinion This benefit is payable if you or your covered dependent are diagnosed by a doctor with internal cancer requiring surgery and obtain a second surgical opinion.	**$200**
Surgery and General Anesthesia This benefit is payable if you or your covered dependent are diagnosed by a doctor with internal cancer requiring surgery. A separate benefit amount is paid for the surgery and for general anesthesia. Benefits vary based on the procedure performed. **Combined maximum for any one surgery is $7,500 for Level 2. Surgery for skin cancer and reconstruction is not covered under this benefit.**	**Anesthesia - $50 to $1,815** **Surgical - $150 to $5,500**
Hospital Confinement A daily benefit is payable for each day you or your covered dependent are confined to a hospital for inpatient treatment for internal cancer. **Limited to 90 days per period of hospital confinement.**	**$400 Daily**
In-hospital Blood and Plasma Pays the amount shown for each day you or your covered dependent receive blood and/or plasma due to internal cancer treatment while hospital confined.	**$50 Daily**
Outpatient Blood and Plasma Pays the amount shown for each day you or your covered dependent receive outpatient blood and/or plasma transfusions in a doctor's office, clinic, hospital, or ambulatory surgical center directly related to internal cancer treatment.	**$50 Daily**
Ambulance This benefit is payable for a licensed professional ambulance to transport you or your covered dependent to a hospital for inpatient internal cancer treatment. **Limited to 2 one-way trips per period of hospital confinement per covered person.**	**Ground - $250** **Air - $2,000**
In-hospital Doctor Visits Pays the amount shown for you or your covered dependent each day you are visited by a doctor other than the operating surgeon while hospital confined for internal cancer treatment. **Limited to a maximum of 75 visits.**	**$25 Daily**

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Covered Services	Level 2 Benefits
Prosthesis This benefit is payable if you or your covered dependent receive an implantable or non-implantable prosthetic device, such as a voice box, hairpiece or removable breast prosthesis as a direct result or consequence of the treatment of internal cancer. **Lifetime maximum for surgically implanted prosthesis is $6,000 for Level 2. Lifetime maximum for other devices is $600 for Level 2. Excludes coverage for a Breast Transverse Rectus Abdominis Myocuntaneous (TRAM) flap procedure.**	**Surgically Implanted - $3,000** **Other Devices - $300**
Skin Cancer This benefit is payable for procedures performed if you or your covered dependent are diagnosed with skin cancer and includes the amount payable for anesthesia services. The amount payable varies based on the procedure performed.	
▪ Biopsy Only	**$100**
▪ Reconstructive surgery following previous excision of skin cancer	**$250**
▪ Excision of skin cancer without flap or graft	**$375**
▪ Excision of skin cancer with flap or graft	**$600**
Radiation and Chemotherapy If you or your covered dependent receive cytotoxic medications or radiation (approved by the FDA or NCI-listed) administered by medical personnel in a hospital, clinic or doctor's office as internal cancer treatment for the purpose of changing or destroying abnormal tissue, the following benefits will be paid:	
▪ Injected Cytotoxic Medications	**$1,000 Weekly**
▪ Pump Dispensed Cytotoxic Medications	**$1,000 First Prescription & per Refill**
▪ Oral Cytotoxic Medications	**$500 per Prescription**
▪ Cytotoxic Medications Administration by Any Other Method	**$1,000 Weekly**
▪ External Radiation Therapy	**$600 Weekly**
▪ Insertion of Interstitial or Intracavity Administration of Radioisotopes or Radium	**$750 Weekly**
▪ Oral or I.V. Radiation	**$600 Weekly**
This benefit is not payable for the same day the Experimental Treatment benefit is payable. These benefits are not payable for treatment planning, therapeutic devices, immunotherapy, laboratory tests, diagnostic x-rays, dosimetry or simulation associated with these procedures. Maximums apply: Oral Cytotoxic Medications are subject to a $1,500 monthly maximum for Level 2. A $12,000 benefit year maximum applies to each of the other listed treatments for Level 2.	
Extended-care Facility Pays the amount shown for you or your covered dependent for each day you are confined in an extended-care facility. This benefit is payable if the extended care confinement occurs within 30 days of a period of hospital confinement due to internal cancer and you have received a Hospital Confinement benefit. **Limited to a maximum of 90 days per benefit year per covered person.** This benefit is not payable for any day the Hospital Confinement benefit is payable.	**$200 Daily**
Hospice Pays the daily amount shown for hospice care for you or your covered dependent for terminal illness as a result of internal cancer. Limited to a maximum of 100 days during the covered person's lifetime. This benefit is not payable for any day the Extended-Care Facility benefit, the Home Health Care benefit or the Hospital Confinement benefit is payable.	**$100 Daily**

Covered Services	Level 2 Benefits
National Cancer Institute Evaluation/Consultation Pays the amount shown if you or your covered dependent obtain an evaluation or consultation at a National Cancer Institute designated cancer center strictly to determine the appropriate course of cancer treatment as a result of receiving a prior diagnosis of internal cancer. This benefit is not payable for the same day the Second Surgical Opinion benefit is payable. **This benefit is limited and only payable once per lifetime.**	**$500**
Medical Imaging When a follow-up evaluation is performed using any imaging test as directed by a doctor after an initial diagnosis of internal cancer, (except breast mammography and breast ultrasound) this benefit is payable. You may receive this benefit twice per benefit year provided you or your covered dependent are charged for these procedures and they are performed on an outpatient basis.	**$100**
Home Health Care If a doctor prescribes home health care or health support services for you or your covered dependent after being released from the hospital due to internal cancer this benefit is payable. The service must begin within 7 days of the date you or your covered dependent are released from hospital confinement. This benefit is not payable for any day the Hospice benefit is payable. Caregivers must be licensed or certified. **Limited to a maximum of 10 visits per period of hospital confinement; up to 30 visits per benefit year.**	**$50 per Visit**
First Occurrence Pays the amount shown when you or your covered dependent are diagnosed or treated for the first time as having internal cancer. **This benefit is only payable once per lifetime.** *If internal cancer is diagnosed or treated within the first 30 days of the effective date for you or your covered dependent the benefit is limited to $100.	**$5,000***
Outpatient Hospital Surgical When a doctor performs a surgical procedure on an outpatient basis in a hospital or ambulatory surgical center on you or your covered dependent for internal cancer this daily benefit is payable. This benefit is not payable for surgery performed in a doctor's office or if you or your covered dependent are hospital confined on the same day. **Limited to a maximum of 3 days per procedure.**	**$250 Daily**
Transportation Pays the amount shown for round trip transport (not including ambulance) to a hospital or clinic for the purpose of obtaining internal cancer treatment prescribed by your or your covered dependent's local attending doctor. The hospital or clinic must be more than 100 miles away from your or your covered dependent's residence. The benefit will also be paid for commercial travel by bus, train or airplane for a parent or guardian if the medical care is for a covered dependent child and he or she is accompanied by a parent or guardian. **Limited to 3 round trips per benefit year, per covered person.**	**$500**
Lodging This benefit is payable daily for hotel lodging during treatment for internal cancer at a hospital or clinic. The hospital or clinic must be more than 100 miles away from your or your covered dependent's residence. **Limited to 1 benefit per day up to 90 days per benefit year, per covered person.**	**$100 Daily**
Bone Marrow or Stem Cell Transplant Pays the amount shown if you or your covered dependent is charged for a bone marrow transplant or a peripheral stem cell transplant as the result of internal cancer. A benefit is paid for either a bone marrow transplant or a stem cell transplant, not both. **Payable once per lifetime, per covered person.**	**Bone Marrow - $10,000** **(Donor - $1,500)** **Stem Cell - $2,500**

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Covered Services	Level 2 Benefits
Nursing Services Pays the daily amount shown if a doctor prescribes a private nurse for full-time care in addition to those provided by the hospital while you or your covered dependent are hospital confined for internal cancer. Care must be provided by a licensed registered graduate nurse or vocational nurse, but not by a family member. **Limited to 30 days per benefit year per covered person.**	**$125 Daily**
Immunotherapy This benefit is payable when you or your covered dependent receive immunotherapy prescribed by a doctor as treatment for internal cancer. We will not pay benefits under this provision for the same treatment under either the Radiation and Chemotherapy Benefit or the Experimental Treatment Benefit. **Lifetime maximum of $3,500 applies, per covered person.**	**$450 Monthly**
Reconstructive Surgery Pays the amounts shown for internal cancer related reconstructive surgery listed below. In addition, 30% of the surgery amounts listed is paid for general anesthesia used during these procedures. ▪ Breast Symmetry (modification of the non-cancerous breast performed within 5 years of reconstructing the cancerous breast) ▪ Breast Reconstruction ▪ Facial Reconstruction ▪ Breast Transverse Rectus Abdominis Myocutaneous (TRAM) Flap	 **$350** **$700** **$700** **$2,500**
Alternative Care Pays the amount shown per visit to an accredited practitioner for you or your covered dependent upon the diagnosis of internal cancer for Palliative care (acupuncture, massage therapy, bio-feedback and hypnosis), and Lifestyle training (smoking cessation, Yoga, meditation, relaxation techniques, Tai Chi and nutritional counseling). Limited to 20 visits per benefit year under either category, per c**overed person and lifetime maximum of 2 benefit years.** There is also a one-time benefit ($150) for Integrative Assessment and Education when performed by an accredited practitioner following the diagnosis of internal cancer.	**$50 per Visit**
Experimental Treatment This benefit is payable for dctor prescribed experimental treatments intended to destroy or change abnormal tissue. Treatment must be administered by medical personnel in a doctor's office, clinic, or hospital; **maximum monthly benefit is $1,050**. We will not pay benefits under this provision for laboratory tests, immunotherapy, diagnostic x-rays and therapeutic devices or other procedures related to these treatments. This benefit is not payable for any day the Radiation or Chemotherapy benefit is payable.	**$150 Daily**
Anti-nausea Pays the amount shown for each month you or your covered dependent are charged for drugs prescribed by a doctor to control nausea related to chemotherapy or radiation treatments for internal cancer.	**$100 Monthly**
Post-hospital Doctor Visits If you or your covered dependent visit the doctor after being released from the hospital, this benefit is payable per doctor visit once every 6 months. Benefits payable up to 5 years after the diagnosis of internal cancer for the purpose of ongoing cancer evaluation.	**$50 per Visit**

Important Definitions

Cancer means you or your covered dependent have been diagnosed with a disease manifested by the presence of a malignant tumor characterized by the uncontrolled growth and spread of malignant cells in any part of the body. This includes leukemia, Hodgkin's disease, lymphoma, sarcoma, malignant tumors and melanoma. Cancer includes carcinomas in situ (in the natural or normal place, confined to the site of origin without having invaded neighboring tissue). Pre-malignant conditions or conditions with malignant potential, such as myelodysplastic and myeloproliferative disorders, leukoplakia, hyperplasia, and non-malignant skin lesions will not be considered cancer.

Diagnosed, diagnosis or diagnoses means an evaluation of a medical condition for you or your covered dependent that is performed by a doctor whose specialty is appropriate for the condition being evaluated, and who is board certified in that specialty in accordance with the American Board of Medical Specialties criteria. The evaluation must include conclusions that are definite and supported by presence of symptoms, clinical signs on physical examination, and test results consistent with the most current medically accepted diagnostic standards according to nationally recognized authorities. In addition, the evaluation must meet one or more of the following criteria depending on the condition that is being evaluated: if cognitive function is being evaluated, the conclusions must be confirmed with neuropsychological testing conducted by a clinical psychologist at the doctorate level certified through the American Board of Professional Psychology in the area of clinical neuropsychology; if pulmonary function is being evaluated, the conclusion must be supported by testing performed in accordance with the American Thoracic Society criteria; and if the condition is evaluated using the results of exercise testing, that testing must be performed in accordance with the American College of Sports Medicine or American Heart Association standards.

Hospital means an institution which is primarily engaged in providing, by and under the supervision of doctors to inpatients, diagnostic and therapeutic services for medical diagnosis, treatment and care of injured, disabled, or sick persons; or rehabilitation services of injured, disabled, or sick persons. It must meet all of the following requirements: maintain clinical records on all patients; have every patient be under the care of a doctor; provide 24 hour nursing service provided by a licensed practical or registered nurse and supervised by a registered professional nurse; be licensed or be approved by the state or local licensing agency; meet other health and safety requirements found necessary by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO); and is not primarily a clinic, nursing, rest or convalescent home.

Hospital confined or hospital confinement means admission to a hospital as an inpatient for at least 24 consecutive hours by a doctor for an injury or sickness. A hospital stay that does not result in charges to you or your covered dependent is not a hospital confinement under this policy unless there is no charge because the hospital is a United States government facility.

Internal Cancer means a cancer contained within the body. Internal cancers do not include cancers of the skin except for melanomas classified as Clark's Level III and higher or a Breslow level greater than or equal to 1.5mm.

State variations can exist; please contact Sun Life Financial for additional information.

Limitations, exclusions, restrictions and reductions

Please carefully review the Other Important Plan Provisions section for additional important plan limitations, exclusions, restrictions and reductions that may apply.

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Other Important Plan Provisions

Cancer

We will not pay benefits relating to or resulting, directly or indirectly, from any of the following: services or treatment for which you or your covered dependent are not charged, unless there is no charge because the facility is a United States government facility; services or treatment not included in the Schedule; services or treatment provided by a family member; services or treatment rendered or hospital confinement outside the United States; any cancer diagnosed solely outside the United States; services or treatment provided primarily for cosmetic purposes; services or treatment for premalignant conditions; services or treatment for conditions with malignant potential; services or treatment for non-cancer illnesses; service in the armed forces or related auxiliaries such as the National Guard or Army Reserve of any country, combination of countries, or international organization at war, whether declared or not; war or any act of war, whether declared or not; taking part in a riot or insurrection, or an act of riot or insurrection; committing or attempting to commit an assault or felony; incarceration in a penal institution of any kind; treatment of mental illness; intoxication (intoxication means the blood alcohol level for you or your covered dependent exceeds the legal limit for operating a motor vehicle in the jurisdiction in which the injury occurs); intentionally self-inflicted injury, while sane or insane; or suicide or attempted suicide, while sane or insane.

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