

## Maine Cancer Assist Benefit Chart

This policy has limitations that may affect benefits payable. Most benefits require that a charge be incurred. See the Outline of Coverage for complete details of benefits, exclusions and limitations. Policy may vary by state.

Cancer Assist Regular Benefit Chart	Level 1	Level 2	Level 3	Level 4
<b>Covered Cancer Screening Benefits</b> Cancer Screening/Wellness Benefit <i>per calendar year / per person</i> <b>\$25    \$50    \$75    \$100</b> Additional Invasive Diagnostic Procedure <i>per cal. year / per person</i> <b>\$25    \$50    \$75    \$100</b>	One cancer screening/wellness benefit level and invasive diagnostic procedure level per group			
<b>Air Ambulance, per trip, maximum 2 trips per confinement</b>	\$2,000	\$2,000	\$2,000	\$2,000
<b>Ambulance, per trip, maximum 2 trips per confinement</b>	\$250	\$250	\$250	\$250
<b>Anesthesia, General</b>	25% of Surgical Procedures Benefit			
<b>Anesthesia, Local, per procedure</b>	\$25	\$30	\$40	\$50
<b>Anti-Nausea Medication, per day</b>	\$25	\$40	\$50	\$60
<i>Maximum per month</i>	\$100	\$160	\$200	\$240
<b>Blood/Plasma/Platelets/Immunoglobulins, per day</b>	\$150	\$150	\$175	\$250
<i>Maximum per calendar year</i>	\$10,000	\$10,000	\$10,000	\$10,000
<b>Bone Marrow or Peripheral Stem Cell Donation, per donation, maximum one per lifetime</b>	\$500	\$500	\$750	\$1,000
<b>Bone Marrow Stem Cell Transplant, per transplant</b>	\$3,500	\$4,000	\$7,000	\$10,000
<b>Peripheral Stem Cell Transplant, per transplant</b>	\$3,500	\$4,000	\$7,000	\$10,000
<i>Maximum transplants per lifetime</i>	2	2	2	2
<b>Companion Transportation, per mile</b>	\$0.50	\$0.50	\$0.50	\$0.50
<i>Maximum per round trip</i>	\$1,000	\$1,000	\$1,200	\$1,500
<b>Egg (s) Extraction or Harvesting or Sperm Collection, one per lifetime</b>	\$500	\$700	\$1,000	\$1,500
<b>Egg (s) or Sperm Storage, one per lifetime</b>	\$175	\$200	\$350	\$500
<b>Experimental Treatment, per day</b>	\$200	\$250	\$300	\$300
<i>Maximum per lifetime</i>	\$10,000	\$12,500	\$15,000	\$15,000
<b>Family Care, per day</b>	\$30	\$40	\$50	\$60
<i>Maximum per calendar year</i>	\$1,500	\$2,000	\$2,500	\$3,000
<b>Hair/External Breast/Voice Box Prosthesis, per calendar year</b>	\$200	\$200	\$350	\$500
<b>Home Health Care Services, per day</b>	\$50	\$75	\$125	\$175
<i>Examples include: physical therapy, occupational therapy, speech therapy, and audiology, prosthesis and orthopedic appliances and rental or purchase of medical equipment.</i>	Maximum of 100 days per covered person per lifetime			
<b>Hospice, Initial</b>	\$1,000	\$1,000	\$1,000	\$1,000
<b>Hospice, Daily</b>	\$50	\$50	\$50	\$50
<i>Maximum combined Initial and Daily per lifetime</i>	\$15,000	\$15,000	\$15,000	\$15,000
<b>Hospital Confinement, 30 days or less, per day</b>	\$100	\$150	\$250	\$350
<b>Hospital Confinement, 31 days or more, per day</b>	\$200	\$300	\$500	\$700
<b>Lodging, per day</b>	\$50	\$50	\$75	\$80
<i>Maximum days per calendar year</i>	70	70	70	70

Benefits are payable for each covered person under the policy. Benefits are payable only when charges are incurred.

*Treatment Benefits continued...*

<b>Benefits, continued</b>	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Level 4</b>
<b>Medical Imaging Studies, per study</b>	\$75	\$125	\$175	\$225
<i>Maximum per calendar year</i>	\$150	\$250	\$350	\$450
<b>Outpatient Surgical Center, per day</b>	\$100	\$200	\$300	\$400
<i>Maximum per calendar year</i>	\$300	\$600	\$900	\$1,200
<b>Private Full-time Nursing Services, per day</b>	\$50	\$75	\$125	\$150
<b>Prosthetic Device/Artificial Limb, per device or limb</b>	\$1,000	\$1,500	\$2,000	\$3,000
<i>Maximum per lifetime</i>	\$2,000	\$3,000	\$4,000	\$6,000
<b>Radiation/Chemotherapy</b>				
Injected chemotherapy by medical personnel, per day with a maximum of one per calendar week	\$250	\$500	\$750	\$1,000
Radiation delivered by medical personnel, per day with a maximum of one per calendar week	\$250	\$500	\$750	\$1,000
Self-Injected Chemotherapy, per day with a maximum of one per calendar month	\$150	\$200	\$300	\$400
Pump Chemotherapy, per day with a maximum of one per calendar month	\$150	\$200	\$300	\$400
Topical Chemotherapy, per day with a maximum of one per calendar month	\$150	\$200	\$300	\$400
Oral Hormonal Chemotherapy (1-24 months), per day with a maximum of one per calendar month	\$150	\$200	\$300	\$400
Oral Hormonal Chemotherapy (25+ months), per day with a maximum of one per calendar month	\$100	\$150	\$250	\$350
Oral Non-Hormonal Chemotherapy, per day with a maximum of one per calendar month	\$150	\$200	\$300	\$400
<b>Reconstructive Surgery, per surgical unit</b>	\$40	\$40	\$60	\$60
<i>Minimum per procedure</i>	\$100	\$150	\$250	\$350
<i>Maximum per procedure, including 25% for general anesthesia</i>	\$2,500	\$2,500	\$3,000	\$3,000
<b>Second Medical Opinion, one per lifetime</b>	\$150	\$200	\$300	\$300
<b>Skilled Nursing Care Facility, per day, maximum of 100 days per covered person per lifetime</b>	\$50	\$75	\$125	\$175
<b>Skin Cancer Initial Diagnosis one per lifetime</b>	\$300	\$300	\$400	\$600
<b>Supportive/Protective Care Drugs/Colony Stimulating Factors, per day</b>	\$50	\$100	\$150	\$200
<i>Maximum per calendar year</i>	\$400	\$800	\$1,200	\$1,600
<b>Surgical Procedures, per unit</b>	\$40	\$50	\$60	\$70
<i>Minimum per procedure</i>	\$100	\$150	\$250	\$350
<i>Maximum per procedure</i>	\$2,500	\$3,000	\$5,000	\$6,000
<b>Transportation, per mile</b>	\$0.50	\$0.50	\$0.50	\$0.50
<i>Maximum per round trip</i>	\$1,000	\$1,000	\$1,200	\$1,500
<b>Additional Benefits</b>				
<b>Bone Marrow Donor Screening</b>	\$50	\$50	\$50	\$50
<i>Maximum of one per lifetime</i>				
<b>Cancer Vaccine Benefit</b>	\$50	\$50	\$50	\$50
<i>Maximum of one per lifetime</i>				
<b>Waiver of Premium</b>	Yes	Yes	Yes	Yes

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