

# PROTECTION YOU CAN COUNT ON

## CANCERSELECT® PLUS CANCER-ONLY INSURANCE

*CancerSelect 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 + Health<sup>SM</sup>.

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.

## HOW IT WORKS

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



**Visit:**  
[transamerica.com](https://transamerica.com)



**Customer Service:**  
888-763-7474

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.

Up-to-date information regarding our compensation practices can be found in the disclosures section of our website at [tebcs.com](https://tebcs.com).



## Product Details

Hospital Benefits	Plan Option 1 - 1.00 Units	Plan Option 2 - 2.00 Units	Policy Pays
Hospital Confinement	\$100	\$200	per day of covered confinement
Extended Benefits	\$200	\$400	per day; begins on day 91 of continuous confinement; in lieu of all other benefits (except surgery and anesthesia)
Attending Physician	\$20	\$40	per day while hospital confined; one visit per 24-hour period
Inpatient Drugs and Medicines	\$15	\$30	per day while hospital confined
Private Duty Nurse	\$100	\$200	per day while hospital confined; must be authorized by the attending physician; cannot be hospital staff or a family member
Ambulance	\$100	\$200	for service by a licensed ambulance service for transportation to a hospital; admittance required
Extended Care Facility	\$100	\$200	per day; up to the number of days for the prior hospital stay; admittance must be within 14 days of hospital discharge
Government or Charity Hospital	\$100	\$200	per day of covered confinement; in lieu of all other benefits
Hospice Care	\$100	\$200	per day of hospice care; 100-day lifetime maximum; not payable while hospital confined
Surgery Benefits	Plan Option 1 - 2.00 Units	Plan Option 2 - 3.00 Units	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 paid; for multiple procedures in separate incisions will pay highest benefit and then 50% for each lesser procedure
	Outpatient	\$3,000	
Anesthesia	25%	25%	of covered surgery benefit

## Product Details

Prosthesis	\$1,000	\$1,500	maximum benefit; pays actual charges per device requiring implantation
Hair Prosthesis	\$100	\$150	maximum benefit; pays actual charges for wig to cover hair loss from cancer treatment
Reconstructive Surgery	Breast Cancer – simple or total mastectomy	\$240	for reconstructive surgery within 2 years of the initial cancer removal; excludes skin cancer and malignant melanoma; benefit not payable if paid under any other provision of the policy
	Breast Cancer – radical mastectomy	\$340	
	Cancers of the male or female genitalia	\$340	
	Cancer of the head, neck, or oral cancers	\$500	
Second Surgical Opinion	\$200	\$300	when surgery is prescribed; excludes skin cancer
Ambulatory Surgical Center	\$300	\$450	maximum per day; pays actual charges for outpatient surgery at an ambulatory surgical center
Skin Cancer	One removal	\$150	for removal of skin cancer (skin cancer does not include malignant melanoma or mycosis fungoides)
	Per additional removal	\$70	
<b>Radiation and Chemotherapy Benefits</b>	<b>Plan Option 1 - 1.00 Units</b>	<b>Plan Option 2 - 2.00 Units</b>	<b>Policy Pays</b>
Radiation and Chemotherapy	\$5,000	\$10,000	maximum benefit per 12-month period; pays actual charges

## Product Details

Associated Radiation & Chemo Expenses	\$250	\$500	maximum benefit per 12-month period; pays actual charges 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	\$5,000	\$10,000	maximum benefit per 12-month period; pays actual charges
Associated Blood & Plasma Expenses	\$250	\$500	maximum benefit per 12-month period; pays actual charges 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	\$5,000	\$10,000	maximum benefit per 12-month period; pays actual charges 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

## Product Details

Wellness & Non-Medical Benefits	Plan Option 1 - 2.00 Units	Plan Option 2 - 2.00 Units	Policy Pays
Annual Cancer Screening	\$100	\$100	per calendar year for cancer screening tests: <ul style="list-style-type: none"> <li>● mammogram</li> <li>● pap smear</li> <li>● flexible sigmoidoscopy</li> <li>● prostate-specific antigen test</li> <li>● chest x-ray</li> <li>● hemocult stool specimen</li> <li>● ultrasound</li> <li>● CEA</li> <li>● CA125</li> <li>● biopsy</li> <li>● thermography</li> <li>● colonoscopy</li> <li>● serum protein electrophoresis</li> <li>● bone marrow testing</li> <li>● blood screening</li> </ul>
Magnetic Resonance Imaging (MRI) Scan	\$100	\$100	per calendar year for MRI scan used as diagnostic tool for breast cancer
Non-Local Transportation	Included	Included	round-trip charges 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	\$100	\$100	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	\$100	\$100	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	\$50	\$50	per treatment; limit one treatment per day

## Product Details

At-Home Nursing	\$100	\$100	per day, up to the number of days of the prior hospital stay when admitted within 14 days of hospital discharge
Waiver of Premium	Included	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
<b>Cancer Maintenance Therapy Benefit</b>	<b>Plan Option 1 - 1.00 Units</b>	<b>Plan Option 2 - 1.00 Units</b>	<b>Policy Pays</b>
<ul style="list-style-type: none"> <li>• Cancer Suppressive Therapy</li> <li>• Hematological Drugs</li> <li>• Anti-Nausea Drugs</li> <li>• Motility Agents</li> </ul>	\$1,000	\$1,000	maximum benefit per 12-month period; pays actual charges
<b>First Occurrence Rider (Rider Form Series CROCC100, 200 or 300)</b>	<b>Plan Option 1 - 2.00 Units</b>	<b>Plan Option 2 - 2.00 Units</b>	<b>Policy Pays</b>
Initial Diagnosis Benefit	\$2,000	\$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.

Actual charges means the amount actually paid by or on behalf of the insured and accepted by the provider as payment in full for services provided.

Monthly Premium	Individual	Single Parent Family	Family
Plan Option 1	\$15.32	\$17.90	\$28.28
Monthly Premium			
Plan Option 2	\$22.40	\$25.69	\$40.75

Issue State: North Carolina  
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