

CANCER

Keep your focus on winning the battle

63%
of cancer
patients faced
financial struggles
following a cancer
diagnosis.



Cancer insurance provides fixed benefits for early detection, incidence and treatment of certain types of cancer, as well as related expenses such as screenings, hospital confinement, radiation/chemotherapy, surgery and hospice care. There are no restrictions on how employees spend the money. They can use it to pay monthly bills, buy gas or take care of anything else they need.

Employers choose from:

- Level 1 only
- Level 2 only
- Both Level 1 and Level 2

A benefit that is easy to offer

- 100% employee-paid
- Guarantee Issue available
- Benefits payable regardless of other coverages
- Coverage is portable
- Issue-age rating makes the plan easy to administer
- Full enrollment support available
- Flexible enrollment options

This cancer policy pays benefits if a covered person is diagnosed with cancer after the covered person's effective date and receives services or treatment while insured under this policy. Not for use in Wyoming.

1. <https://healthpayerintelligence.com/news/cost-of-cancer-care-reaches-nearly-150b-nationally> (accessed 07/20)

Level 1* Benefits Include:

- Ambulance
- Blood and Plasma
- Cancer Screening
- Extended-Care Facility
- Hospice
- Hospital Confinement

*HSA Compliant

- In-Hospital Doctor Visits
- Prosthesis
- Radiation and Chemotherapy
- Second Surgical Opinion
- Skin Cancer Treatment
- Surgery and General Anesthesia

Level 2 Benefits include all of Level 1 Benefits PLUS:

- Alternative Care
- Anti-Nausea Treatment
- Bone Marrow (donor and recipient) or Stem Cell Transplant
- Experimental Treatment
- First Occurrence
- Home Health Care

- Immunotherapy
- Lodging
- Medical Imaging
- National Cancer Institute Evaluation/Consultation
- Nursing Services
- Outpatient Hospital Surgical

- Post-Hospital Doctor Visits
- Reconstructive Surgery
- Transportation

Group Cancer Insurance Schedule

Level 1

Level 2

Alternative Care

Pays the amount shown per visit to an accredited practitioner for each covered employee or 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 covered employee or dependent with a 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.

No benefit

\$50

Ambulance

Pays the amount shown for a licensed professional ambulance to transport the covered employee or dependent to a hospital for inpatient internal cancer treatment. This benefit is limited to 2 one-way trips per period of hospital confinement per covered employee or dependent.

\$250

Ground—\$250
Air—\$2,000

Anti-Nausea

Pays the amount shown for each month the covered employee or dependent is charged for drugs prescribed by a doctor to control nausea related to chemotherapy or radiation treatments for internal cancer.

No benefit

\$100

Group Cancer Insurance Schedule	Level 1	Level 2
<p>Blood and Plasma (In-Hospital)</p> <p>Pays the amount shown for each day the covered employee or dependent receives blood and/or plasma due to internal cancer treatment while hospital confined.</p>	\$50	\$50
<p>Blood and Plasma (Outpatient)</p> <p>Pays the amount shown for each day the covered employee or dependent receives outpatient blood and/or plasma transfusions in a doctor's office, clinic, hospital, or ambulatory surgical center directly related to internal cancer treatment.</p>	\$50	\$50
<p>Bone Marrow or Stem Cell Transplant</p> <p>Pays the amount shown if the covered employee or dependent is charged for a bone marrow transplant or a peripheral stem cell transplant as the result of internal cancer. Payable once per lifetime, per covered employee or dependent. A benefit is paid for either a bone marrow transplant or a stem cell transplant, not both.</p>	<p>Bone Marrow — No benefit</p> <p>Stem Cell — No benefit</p>	<p>Bone Marrow— \$10,000 (Donor—\$1,500)</p> <p>Stem Cell — \$2,500</p>
<p>Cancer Screening</p> <p>Pays the amount shown for each covered employee or dependent who is tested for internal cancer and charged for undergoing either a 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.</p>	\$50	\$75
<p>Experimental Treatment</p> <p>Pays the daily amount shown for doctor 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; the maximum monthly benefit is \$1,050. This benefit is not payable for any day the Radiation or Chemotherapy benefit is payable. 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.</p>	No benefit	\$150
<p>Extended-Care Facility</p> <p>Pays the amount shown for each day a covered employee or dependent is confined in an extended-care facility. The extended care confinement must occur within 30 days of a period of hospital confinement for internal cancer and the covered employee or dependent has received a Hospital Confinement benefit. Maximum 90 days per benefit year for each covered employee or dependent. This benefit is not payable for any day the Hospital Confinement benefit is payable.</p>	\$200	\$200

Issue age rating applies — premiums will not increase due to age increases. The employee's age is used to determine both the employee and spouse rates.

See back page for important contract provisions, including limitations and exclusions.

Group Cancer Insurance Schedule	Level 1	Level 2
<p>First Occurrence</p> <p>Pays the amount shown when the covered employee or dependent is diagnosed for the first time as having internal cancer. A 30-day waiting period applies. This benefit is limited and only payable once per lifetime.</p>	No benefit	\$5,000
<p>Home Health Care</p> <p>Pays the amount shown per visit if a doctor prescribes home health care or health support services for a covered employee or dependent after being released from the hospital due to internal cancer. The service must begin within 7 days of the covered employee's or dependent's release from hospital confinement. Limited to a maximum of 10 visits per period of hospital confinement; up to 30 visits per benefit year. This benefit is not payable for any day the Hospice benefit is payable. Caregivers must be licensed or certified.</p>	No benefit	\$50
<p>Hospice</p> <p>Pays the daily amount shown for hospice care for the covered employee or dependent for terminal illness as a result of internal cancer. Maximum of 100 days during the covered employee's or dependent'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.</p>	\$100	\$100
<p>Hospital Confinement</p> <p>Pays the daily amount shown for hospital confinement due to inpatient treatment of the covered employee or dependent for internal cancer. Limited to 90 days per period of hospital confinement.</p>	\$200	\$400
<p>Immunotherapy</p> <p>Pays the amount shown for each month the covered employee or dependent receives immunotherapy as treatment for internal cancer, if doctor prescribed. Lifetime maximum of \$3,500 applies, per covered employee or dependent. We will not pay benefits under this provision for the same treatment under either the Radiation and Chemotherapy benefit or the Experimental Treatment benefit.</p>	No benefit	\$450
<p>In-Hospital Doctor Visits</p> <p>Pays the daily visit amount shown for each covered employee or dependent visited by a doctor other than the operating surgeon while hospital confined for internal cancer treatment. Limited to a maximum of 75 visits.</p>	\$25	\$25

Group Cancer Insurance Schedule	Level 1	Level 2
<p>Lodging</p> <p>Pays the amount shown per day for hotel lodging for internal cancer treatment at a hospital or clinic. The hospital or clinic must be more than 100 miles away from the covered employee's or dependent's residence. Limited to 1 benefit per day up to 90 days per benefit year, per covered employee or dependent.</p>	No benefit	\$100
<p>Medical Imaging</p> <p>Pays the amount shown if, after an initial diagnosis of internal cancer, a follow-up evaluation is performed using any imaging test as directed by a doctor (except breast mammography and breast ultrasound). Benefits are payable twice per benefit year provided the covered employee or dependent is charged for these procedures and they are performed on an outpatient basis.</p>	No benefit	\$100
<p>National Cancer Institute Evaluation/Consultation</p> <p>Pays the amount shown for each covered employee or dependent if the covered employee or dependent obtains 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.</p>	No benefit	\$500
<p>Nursing Services</p> <p>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 the covered employee or dependent is hospital confined for internal cancer. Limited to 30 days per benefit year per covered employee or dependent. Care must be provided by a licensed registered graduate nurse or vocational nurse, but not by a family member.</p>	No benefit	\$125
<p>Outpatient Hospital Surgical</p> <p>Pays the amount shown per day when a doctor performs a surgical procedure on a covered employee or dependent diagnosed with internal cancer on an outpatient basis in a hospital or ambulatory surgical center. The benefit is not payable for surgery performed in a doctor's office or if the covered employee or dependent is hospital confined on the same day. Limited to a maximum of 3 days per procedure</p>	No benefit	\$250

Group Cancer Insurance Schedule	Level 1	Level 2
<p>Post-Hospital Doctor Visits</p> <p>Pays the amount shown per doctor visit once every 6 months if the covered employee or dependent visits the doctor after being released from the hospital. Benefits payable up to 5 years after the diagnosis of internal cancer for the purpose of ongoing cancer evaluation.</p>	No benefit	\$50
<p>Prosthesis</p> <p>Pays the amount shown per device if, as a direct result or consequence of treatment of internal cancer, a covered employee or dependent receives an implantable prosthetic device or other non-implantable prosthetic devices, such as voice boxes, hairpieces or removable breast prosthesis. Surgically Implanted - Lifetime maximum for Level 1 is \$4,000 and for Level 2 is \$6,000. Other Devices – Lifetime maximum for Level 1 is \$400 and for Level 2 is \$600. This benefit does not include coverage for a Breast Transverse Rectus Abdominis Myocutaneous (TRAM) flap procedure.</p>	<p>Surgically Implanted — \$2,000</p> <p>Other Devices — \$200</p>	<p>Surgically Implanted — \$3,000</p> <p>Other Devices — \$300</p>
<p>Radiation and Chemotherapy</p> <p>Pays the amount shown if the covered employee or dependent receives 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. These benefits are not payable for the same day the Experimental Treatment benefit is payable. Benefit year maximum for Level 1 is \$4,000 and for Level 2 is \$12,000. (A monthly maximum applies to Oral Cytotoxic Medications; \$450 for Level 1 and \$1,500 for Level 2.) This benefit is not payable for treatment planning, therapeutic devices, immunotherapy, laboratory tests, diagnostic x-rays, dosimetry or simulation associated with these procedures.</p> <ul style="list-style-type: none"> • Injected Cytotoxic Medications (per week) • Pump Dispensed Cytotoxic Medications (first prescription & then per week for refills) • Oral Cytotoxic Medications (per prescription) • Cytotoxic Medications Administration by Any Other Method (per week) • External Radiation Therapy (per week) • Insertion of Interstitial or Intracavity Administration of Radioisotopes or Radium (per week) • Oral or I.V. Radiation (per week) 	<p>\$300</p> <p>\$300</p> <p>\$150</p> <p>\$300</p> <p>\$400</p> <p>\$450</p> <p>\$400</p>	<p>\$1,000</p> <p>\$1,000</p> <p>\$500</p> <p>\$1,000</p> <p>\$600</p> <p>\$750</p> <p>\$600</p>
<p>Reconstructive Surgery</p> <p>Pays the amounts shown for internal cancer related reconstructive surgery listed below. In addition, 30% of the surgery benefit amounts listed is paid for general anesthesia used during these procedures.</p> <ul style="list-style-type: none"> • 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 	<p>No benefit</p> <p>No benefit</p> <p>No benefit</p> <p>No benefit</p>	<p>\$350</p> <p>\$700</p> <p>\$700</p> <p>\$2,500</p>

Group Cancer Insurance Schedule	Level 1	Level 2
<p>Second Surgical Opinion</p> <p>Pays the amount shown once per surgical procedure for each covered employee or dependent who is diagnosed by a doctor with internal cancer requiring surgery and obtains a second surgical opinion. This benefit is not payable for the same day the National Cancer Institute Evaluation/Consultation benefit is payable.</p>	\$200	\$200
<p>Skin Cancer Treatment</p> <p>Pays the amount shown based on the procedure performed for diagnosed skin cancer. The benefit amount shown includes the amount payable for anesthesia services.</p> <ul style="list-style-type: none"> • Biopsy only • Reconstructive surgery following previous excision of skin cancer • Excision of skin cancer without flap or graft • Excision of skin cancer with flap or graft 	\$100 \$250 \$375 \$600	\$100 \$250 \$375 \$600
<p>Surgery and General Anesthesia</p> <p>Pays the benefit amount listed in the policy if the treatment of internal cancer requires surgery. A separate benefit amount is paid for surgery and general anesthesia and varies based on the procedure performed. Surgery for skin cancer and reconstruction is not covered under this benefit. The combined surgery and anesthesia maximum benefit for one operation for Level 1 is \$2,000 and for Level 2 is \$7,500.</p>	Anesthesia — \$50 to \$1,815 Surgical — \$150 to \$5,500	Anesthesia — \$50 to \$1,815 Surgical — \$150 to \$5,500
<p>Transportation</p> <p>Pays the amount shown for round trip transport (not including ambulances) to a hospital or clinic for the purpose of obtaining internal cancer treatment prescribed by the covered employee's or dependent's local attending doctor. The hospital or clinic must be more than 100 miles away from the covered employee's or dependent's residence. Limited to 3 round trips per year</p>	No benefit	\$500

To learn more, please contact your Sun Life Employee Benefits Sales Representative.

What limitations apply to the benefits payable?

In addition to the limitations stated in the Covered Cancer Benefits section of this Certificate, we will not pay any benefit for any Cancer that is Diagnosed in the first 12 months following the effective date of any Insured's insurance and results from a Pre-Existing Condition.

Pre-Existing Condition means during the 12 months prior to any Insured's effective date of insurance any condition for which any Insured:

- sought medical Treatment, consultation, advice, care or services, including diagnostic measures for the condition, or symptoms related to the condition, regardless of whether the condition was Diagnosed or suspected at that time;
- took prescribed drugs or medicines for the condition.

What exclusions apply to the benefits payable?

In addition to the exclusions stated in the Covered Cancer Benefits section of this Certificate, we will not pay any benefit that is caused by, contributed to in any way, or resulting from any Cancer Diagnosed outside the United States or Canada without confirmation of the Diagnosis by a Physician who practices in the United States or Canada; or any service, Treatment or Confinement outside the United States or Canada.

We will not pay a benefit for any Cancer that is due to or results from:

- services or Treatment not included in the Covered Cancer Benefits;
- war or any act of war or your active duty in any armed service during a time of war (this does not include acts of terrorism); active military duty;
- intentionally self-inflicted injuries while sane or insane;
- services or Treatment for which the Insured is not charged, unless there is no charge because the facility is a United States government facility;
- services or Treatment provided by a Family Member;
- services or Treatment for premalignant conditions;
- services or Treatment for conditions with malignant potential;
- services or Treatment for non-cancer illnesses; elective plastic or cosmetic surgery

This coverage does not constitute comprehensive health insurance (often referred to as "major medical coverage") and does not satisfy the requirement for Minimum Essential Coverage under the Affordable Care Act.

This cancer only insurance policy provides limited benefits. This limited policy has some specific benefit limits and is not a medical insurance policy, a Medicare Supplement policy, or a high deductible health plan. Please refer to the issued insurance policy for complete details and all benefit requirements, including all limitations, exclusions, restrictions and reductions. 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 may not be available in all states. Issued insurance contracts determine all plan features and benefits.

Not approved for use in New Mexico.

Cancer insurance policies are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) in all states, except New York, under Policy Form Series 15-GP-01, 16-CAN-C-01, and 16-CANPort-C-01. Product offerings may not be available in all states and may vary depending on state laws and regulations.

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