

# Classic Cancer Care Benefit Overview

## BENEFIT NAME

## BENEFIT AMOUNT

Cancer Wellness Benefit \$75 per year, per Covered Person

### Cancer Diagnosis Benefits:

Initial Diagnosis Benefit Insured/Spouse: \$4,000; Dependent Child: \$8,000; payable once per Covered Person  
 Medical Imaging With Diagnosis Benefit \$135; two payments per year, per Covered Person; no lifetime max  
 NCI Evaluation/Consultation Benefit \$500 payable only once per Covered Person

### Cancer Treatment Benefits:

Injected Chemotherapy Benefit \$600 per day; limited to one payment per week; no lifetime max  
 Oral Chemotherapy Benefit \$250 per day up to \$750 max per month for Oral/Topical Benefit<sup>2</sup>  
 Topical Chemotherapy Benefit \$150 per prescription, per month up to \$750 max per month for Oral/Topical Benefit<sup>2</sup>  
 Radiation Therapy Benefit \$350 per day; limited to one payment per week; no lifetime max  
 Experimental Treatment Benefit \$350 per week outside of a clinical trial; \$100 per week as part of a clinical trial; no lifetime max  
 Immunotherapy Benefit \$350 once per month; \$1,750 lifetime max per Covered Person  
 Antinausea Benefit \$100 per month; no lifetime max  
 Stem Cell Transplantation Benefit \$7,000; lifetime max \$7,000 per Covered Person  
 Bone Marrow Transplantation Benefit \$7,000; \$7,000 lifetime max per Covered Person; \$750 to donor  
 Blood and Plasma Benefit Inpatient: \$100 times the number of days paid under the Hospital Confinement Benefit; Outpatient: \$175 per day; no lifetime max  
 Surgical/Anesthesia Benefit \$100–\$3,400 (Anesthesia: additional 25% of Surgical Benefit); maximum daily benefit not to exceed \$4,250; no lifetime max on number of operations  
 Skin Cancer Surgery Benefit \$35–\$400; no lifetime max on number of operations  
 Additional Surgical Opinion Benefit \$200 per day; no lifetime max

### Hospitalization Benefits:

Hospital Confinement Benefit \$200 per day; no lifetime max  
 Outpatient Hospital Surgical Room Benefit \$200 (payable in addition to Surgical/Anesthesia Benefit); no lifetime max on number of operations

### Continuing Care Benefits:

Extended-Care Facility Benefit \$100 a day, limited to 30 days per year, per Covered Person  
 Home Health Care Benefit \$50 per day, lifetime max of 100 days per Covered Person  
 Hospice Care Benefit \$1,000 for the 1st day; \$50 per day thereafter; \$12,000 lifetime max per Covered Person  
 Nursing Services Benefit \$100 per day; no lifetime max  
 Surgical Prosthesis Benefit \$2,000; lifetime max \$4,000 per Covered Person  
 Nonsurgical Prosthesis Benefit \$175 per occurrence; lifetime max \$350 per Covered Person  
 Reconstructive Surgery Benefit \$220–\$2,000 (Anesthesia: 25% of Reconstructive Surgery Benefit); no lifetime max on number of operations  
 Egg Harvesting and Storage (Cryopreservation) Benefit \$1,000 to have oocytes extracted; \$350 for storage; \$1,350 lifetime max per Covered Person

### Ambulance, Transportation, Lodging, and Other Benefits:

Ambulance Benefit \$250 ground or \$2,000 air; no lifetime max  
 Transportation Benefit \$.40 per mile; max \$1,200 per round trip; no lifetime max  
 Lodging Benefit \$65 per day; limited to 90 days per year  
 Bone Marrow Donor Screening Benefit \$40; limited to one benefit per Covered Person, per lifetime

<sup>2</sup>Up to three different oral/topical chemotherapy medicines per calendar month.

# Aflac™ CANCER CARE PLAN / MONTHLY RATES

**WHO IS COVERED? INDIVIDUAL, INDIVIDUAL & SPOUSE. DEPENDENT CHILDREN COVERED AT NO CHARGE UP TO AGE 26**

## RATES

**NOTE: RATES ARE FIXED FOREVER / NEVER A RATE INCREASE!**

<u>TYPE OF POLICY</u>	<u>AGES</u>	<u>MONTHLY PREMIUM</u>	<u>WITH \$500 ANNUAL INCREASE IN INITIAL DIAGNOSIS BENEFIT</u>
Individual / One Parent Family	18-49	\$32.89	\$38.74
	50-59	\$44.98	\$53.43
	60-65	\$55.64	\$64.09
Insured / Spouse Two Parent Family	18-49	\$56.29	\$69.29
	50-59	\$77.35	\$98.15
	60-65	\$90.61	\$111.36

**Aflac**™ CANCER CARE PLAN / CONTACT INFORMATION

**WORK DIRECTLY WITH AN AFLAC REPRESENTATIVE!**

**WORK WITH A PERSON THAT SPECIALIZES IN CANCER CARE!**

**GREG MAZUROWSKI**

**(716) 480-2004**

**CANCERCAREPLAN@GMAIL.COM**

**GREG WILL:**

**ANSWER ALL YOUR QUESTIONS**

**TAKE YOUR APPLICATION**

**COORDINATE MONTHLY PAYMENTS VIA BANK DRAFT**

**ASSIST WITH YOUR ANNUAL WELLNESS BENEFIT (\$75)**

**ASSIST WITH CLAIMS**