# CANCER

Humana
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# Webb County

## Individual Cancer Plan

### Monthly Rates

| BBAC - 110 | | | | |
|---|---|---|---|---|
| Coverage | 0 - 29 | 30 - 44 | 45 - 59 | 60 + |
| Employee Only | $5.46 | $10.26 | $22.03 | $33.38 |
| One Parent Family | $10.30 | $15.09 | $26.96 | $37.42 |
| Two Parent Family | $11.82 | $21.36 | $44.43 | $66.29 |

| BBAC - 66 | | | | |
|---|---|---|---|---|
| Coverage | 0 - 29 | 30 - 44 | 45 - 59 | 60 + |
| Employee Only | $8.13 | $16.52 | $35.21 | $51.62 |
| One Parent Family | $14.88 | $23.26 | $42.09 | $57.62 |
| Two Parent Family | $17.19 | $33.46 | $70.14 | $102.53 |

| Intensive Care Rider - $325 | | | | |
|---|---|---|---|---|
| Coverage | 0 - 29 | 30 - 44 | 45 - 59 | 60 + |
| Employee Only | $1.48 | $2.59 | $3.24 | $3.61 |
| One Parent Family | $3.02 | $4.13 | $4.80 | $5.18 |
| Two Parent Family | $3.70 | $5.78 | $6.89 | $6.53 |

| Intensive Care Rider - $625 | | | | |
|---|---|---|---|---|
| Coverage | 0 - 29 | 30 - 44 | 45 - 59 | 60 + |
| Employee Only | $2.85 | $4.99 | $6.22 | $6.95 |
| One Parent Family | $5.80 | $7.94 | $9.23 | $9.96 |
| Two Parent Family | $7.12 | $11.12 | $13.25 | $12.56 |

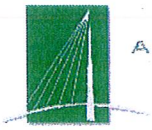
| Intensive Care Rider - $825 | | | | |
|---|---|---|---|---|
| Coverage | 0 - 29 | 30 - 44 | 45 - 59 | 60 + |
| Employee Only | $3.76 | $6.58 | $8.21 | $9.17 |
| One Parent Family | $7.66 | $10.48 | $12.19 | $13.15 |
| Two Parent Family | $9.39 | $14.67 | $17.49 | $16.58 |

### Variable Benefit Elections

| Benefit | BBAC - 110 | BBAC - 66 |
|---|---|---|
| Hospital Confinement | $100 | $100 |
| Surgical | $1,500 | $3,000 |
| Radiation/Chemotherapy | $200 per day | $1,000 per day |
| First Diagnosis | $2,500 | $2,500 |
| Colony Stimulating Factors | $1,000 | $1,000 |
| Wellness | $50 | $50 |

Underwritten by:
Humana Insurance Company

Administered by:



BAY BRIDGE ADMINISTRATORS

*"Your solutions begin at the Bridge"™*

P.O. Box 161690 - Austin, Texas 78716 - (800) 845-7519

# Individual Cancer and Specified Disease Insurance

**POLICY FORM HIC-CAN-POL-TX 5/09**
**Underwritten by Humana Insurance Company**

## Plan Features

- Donor Benefits
- Wellness Benefits
- Many Benefits have No Lifetime Maximum
- Covers Certain Lodging and Transportation
- Renewable for Life
- In and Out of hospital benefits
- Pays regardless of other coverage

| Benefit | BBAC-110 | BBAC-66 |
|---|---|---|
| **Wellness Benefit.** For Cancer screening tests such as mammogram, flexible sigmoidoscopy, pap smear, chest X-ray, hemocult stool specimen, or prostate screen. No Lifetime Maximum | Up to $50 per calendar year | Up to $50 per calendar year |
| **Positive Diagnosis Test.** Payable for a test that leads to positive diagnosis of Cancer or Specified Disease within 90 days. This benefit is not payable if the same Cancer or Specified Disease recurs. | Up to $300 per calendar year | Up to $300 per calendar year |
| **First Diagnosis Benefit.** One-time benefit payable when a Covered Person is first diagnosed with Cancer (other than Skin Cancer) or a Specified Disease. Must occur after the Policy Effective Date. | $2,500 | $2,500 |
| **Second and Third Surgical Opinions.** Covers written opinions received after a Positive Diagnosis and before surgery. No Lifetime Maximum | Actual Charges | Actual Charges |
| **Non-Local Transportation.** Payable for transportation to a Hospital, clinic or treatment center which is more than 60 miles and less than 700 miles from a Covered Person's home. No Lifetime Maximum | Actual charges by a common carrier or 50 cents per mile if a personal vehicle is used. | Actual charges by a common carrier or 50 cents per mile if a personal vehicle is used. |
| **Adult Companion Lodging and Transportation.** Payable for one adult companion to stay with a Covered Person who is confined in a Hospital that is more than 60 miles and less than 700 miles from his or her home. Covered expenses include a single room in a motel or hotel up to 60 days per confinement; and the actual charge of round trip coach fare by a common carrier or a mileage allowance for the use of a personal vehicle. This benefit is not payable for lodging expense incurred more than 24 hours before the treatment nor for lodging expense incurred more than 24 hours following treatment. No Lifetime Maximum | Up to $75 per day for lodging. 50 cents per mile if a personal vehicle is used. | Up to $75 per day for lodging. 50 cents per mile if a personal vehicle is used. |
| **Ambulance.** For ambulance service if the Covered Person is taken to a Hospital and admitted as an inpatient. No Lifetime Maximum | Actual Charges | Actual Charges |
| **Surgery.** Covers actual surgeon's fee for an operation up to the amount listed on the schedule. Benefits for surgery performed on an outpatient basis will be 150% of the schedule benefit amount, not to exceed the actual surgeon's fees. No Lifetime Maximum | Up to $1,500 | Up to $3,000 |
| **Donor Benefit Bone Marrow and Stem Cell Transplant.** We will pay the following expenses incurred by the Covered Person and his or her live donor: (a) Medical expense allowance of two times the selected Hospital Confinement benefit. (b) Actual charges for round trip coach fare on a Common Carrier to the city where the transplant is performed; or personal automobile expense allowance of 50 cents per mile. Mileage is measured from the home of the Donor or Covered Person to the Hospital in which the Covered Person is staying. We will pay for up to 700 miles per Hospital stay. (c) Actual Charges up to $50 per day for lodging and meals expense for donor to remain near Hospital. | (a) $200 per day (b) Actual charges for round trip coach fare; or personal automobile expense of 50 cents per mile. (c) Actual charges up to $50 per day | (a) $200 per day (b) Actual charges for round trip coach fare;or personal automobile expense of 50 cents per mile. (c) Actual charges up to $50 per day |
| **Bone Marrow and Stem Cell Transplant.** We will pay Actual Charges per Covered Person for surgical and anesthetic charges associated with bone marrow transplant and/or peripheral stem cell transplant | Actual charges to a combined lifetime maximum of $15,000 | Actual charges to a combined lifetime maximum of $15,000 |

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| Benefit | BBAC-110 | BBAC-66 |
|---|---|---|
| **Anesthesia.** For services of an anesthesiologist during a Covered Person's surgery. No Lifetime Maximum | Up to 25% of surgical benefit paid. | Up to 25% of surgical benefit paid. |
| For anesthesia in connection with the treatment of skin Cancer. No Lifetime Maximum | $100 maximum per Covered Person | $100 maximum per Covered Person |
| **Ambulatory Surgical Center.** We will pay the expense incurred at an Ambulatory Surgical Center. No Lifetime Maximum | $250 Per Day | $250 Per Day |
| **Drugs and Medicines.** Payable for drugs and medicine received while the Covered Person is Hospital confined. No Lifetime Maximum | Up to $25 per day, $600 per calendar year | Up to $25 per day, $600 per calendar year |
| **Outpatient Anti-Nausea Drugs.** Payable for drugs prescribed by a Physician to suppress nausea due to Cancer or Specified Disease. No Lifetime Maximum | Up to $250 per calendar year | Up to $250 per calendar year |
| **Radiation, Radioactive Isotopes Therapy, Chemotherapy, or Immunotherapy.** Covers treatment administered by a Radiologist, Chemotherapist or Oncologist on an inpatient or outpatient basis. No Lifetime Maximum | Actual charges up to $200 per day | Actual charges up to $1,000 per day |
| **Miscellaneous Therapy Charges.** Covers charges for lab work or x-rays in connection with radiation and chemotherapy treatment. Service must be performed while receiving treatment(s) in Item 15 or within 30 days following a covered treatment. | Actual charges up to a lifetime maximum of $10,000 | Actual charges up to a lifetime maximum of $10,000 |
| **Self-Administered Drugs.** We will pay the actual expenses incurred for self-administered chemotherapy, including hormone therapy, or immunotherapy agents. This benefit is not payable for planning, monitoring, or other agents used to treat or prevent side effects, or other procedures related to this therapy treatment. No Lifetime Maximum | Actual charges up to $4,000 per month | Actual charges up to $4,000 per month |
| **Colony Stimulating Factors.** We will pay expenses incurred for: [a] cost of the chemical substances and [b] their administration to stimulate the production of blood cells. Treatment must be administered by an Oncologist or Chemotherapist. No Lifetime Maximum | Actual charges up to $1,000 per month | Actual charges up to $1,000 per month |
| **Blood, Plasma and Platelets.** For blood, plasma and platelets, and transfusions: including administration. No Lifetime Maximum | Actual charges up to $200 per day | Actual charges up to $200 per day |
| **Physician's Attendance.** For one visit per day while Hospital confined. No Lifetime Maximum | Up to $35 per day | Up to $35 per day |
| **Private Duty Nursing Service.** For private nursing services ordered by the Physician while Hospital confined. No Lifetime Maximum | Up to $100 per day | Up to $100 per day |
| **National Cancer Institute Designated Comprehensive Cancer Treatment Center Evaluation/Consultation Benefit.** We will pay the expense incurred if an Covered Person is diagnosed with Internal Cancer and seeks evaluation or consultation from a National Cancer Institute designated Comprehensive Cancer Treatment Center. If the Comprehensive Cancer Treatment Center is located more than 30 miles from the Covered Person's place of residence, We will also pay the transportation and lodging expenses incurred. This benefit is not payable on the same day a Second or Third Surgical Opinion Benefit is payable and is in lieu of the Non-Local Transportation Benefits of the policy. | Expenses incurred limited to a lifetime maximum up to $750 for evaluation. Expenses incurred limited to a lifetime maximum up to $350 for transportation and lodging. | Expenses incurred limited to a lifetime maximum up to $750 for evaluation. Expenses incurred limited to a lifetime maximum up to $350 for transportation and lodging. |
| **Breast Prosthesis.** Covers the prosthesis and its implantation if it is required due to breast cancer. No Lifetime Maximum | Actual Charges | Actual Charges |
| **Artificial Limb or Prosthesis.** Covers implantation of an artificial limb or prosthesis when an amputation is performed. | $1,500 lifetime maximum per amputation. | $1,500 lifetime maximum per amputation. |
| **Physical or Speech Therapy.** Payable when therapy is needed to restore normal bodily function. No Lifetime Maximum | Up to $35 per session | Up to $35 per session |
| **Extended Benefits.** If a Covered Person is confined in a Hospital for 60 continuous days We will pay three times the selected Hospital Confinement Benefit beginning on the 61st day for Hospital Confinement. This benefit is payable in place of the Hospital Confinement Benefit. No Lifetime Maximum | $300 per day | $300 per day |
| **Extended Care Facility.** Limited to number of days of prior Hospital confinement. Must begin within 14 days after Hospital confinement, and be at the direction of the attending Physician. No Lifetime Maximum | Up to $50 per day | Up to $50 per day |
| **At Home Nursing.** Limited to number of days of prior Hospital confinement. Must begin immediately following a Hospital confinement, and be authorized by the attending Physician. No Lifetime Maximum | Up to $100 per day | Up to $100 per day |
| **New or Experimental Treatment.** We will pay the expenses incurred by a Covered Person for New or Experimental Treatment judged necessary by the attending Physician and received in the United States or in its territories. No Lifetime Maximum | Up to $7,500 per calendar year | Up to $7,500 per calendar year |
| **Hospice Care.** If a Covered Person elects to receive hospice care, We will pay the expenses incurred for care received in a Free Standing Hospice Care Center. No Lifetime Maximum | Up to $50 per day | Up to $50 per day |
| **Government or Charity Hospital.** Payable if the Covered Person is confined in a U. S. Government Hospital or a Hospital that does not charge for its services. Paid in place of all other benefits under the Policy. No Lifetime Maximum | $200 per day | $200 per day |

| Benefit | BBAC-110 | BBAC-66 |
|---|---|---|
| **Hairpiece.** We will pay the actual expense incurred per Covered Person for a hairpiece when hair loss is a result of Cancer Treatment. | Actual charge up to a lifetime maximum of $150 | Actual charge up to a lifetime maximum of $150 |
| **Rental or Purchase of Durable Goods.** We will pay the actual expenses incurred for the rental or purchase of the following pieces of durable medical equipment: a respirator or similar mechanical device, brace, crutches, Hospital bed, or wheelchair. No Lifetime Maximum | Actual charges up to $1,500 per calendar year | Actual charges up to $1,500 per calendar year |
| **Waiver of Premium.** After 60 continuous days of disability due to Cancer or Specified Disease, We will waive premiums starting on the first day of policy renewal. | After 60 days | After 60 days |
| **Hospital Confinement.** Payable for each day a Covered Person is charged the daily room rate by a Hospital, for up to 60 days of continuous stay. The benefit for covered children under age 21 is two times the Covered Person's daily benefit. No Lifetime Maximum | $100 per day | $100 per day |

## *Other Specified Diseases Covered:*

- Addison's Disease
- Amyotrophic Lateral Sclerosis
- Cystic Fibrosis
- Diphtheria
- Encephalitis
- Epilepsy
- Hansen's Disease
- Legionnaire's Disease
- Lupus Erythematosus
- Lyme Disease
- Malaria
- Meningitis (epidemic cerebrospinal)
- Multiple Sclerosis
- Muscular Dystrophy
- Myasthenia Gravis
- Niemann-Pick Disease
- Osteomyelitis
- Poliomyelitis
- Rabies
- Reye's Syndrome
- Rheumatic Fever
- Rocky Mountain Spotted Fever
- Scarlet Fever
- Sickle Cell Anemia
- Tay-Sachs Disease
- Tetanus
- Toxic Epidermal Necrolysis
- Tuberculosis
- Tularemia
- Typhoid Fever
- Undulant Fever
- Whipple's Disease

## *Renewability*

As long as premiums are paid on time, you have the right to renew your policy and riders.

## *Premiums*

Premiums for this policy are calculated at age at issue class as of the effective date of the policy. You lock in your age class for the life of the policy. The premium for this policy and rider if selected may change but will not change because you attain the next premium rate age classification. Any change in premium will apply to all policies and riders of this form number issued in your State of residence.

## *Payment Of Benefits*

Benefits are payable for a Covered Person's Positive Diagnosis of a Cancer or Specified Disease that begins after the Policy Effective Date and while this Policy has remained in force.

## *Exceptions and Other Limitations*

The Policy pays benefits only for diagnoses resulting from Cancer or Specified Diseases, as defined in the Policy. It does not cover:

1. any other disease or sickness;
2. injuries;
3. any disease, condition, or incapacity that has been caused, complicated, worsened, or affected by:
   a. Specified Disease or Specified Disease treatment; or
   b. Cancer or Cancer treatment, or unless otherwise defined in the Policy
4. care and treatment received outside the United States or its territories;
5. treatment not approved by a Physician as medically necessary;
6. Experimental Treatment by any program that does not qualify as Experimental Treatment as defined in the Policy.

## *Pre-Existing Condition Limitation*

During the first 12 months of a Covered Person's insurance, losses incurred for Pre-Existing Conditions are not covered. During the first 12 months following the date a Covered Person makes a change in coverage that increases his or her benefits, the increase will not be paid for Pre-Existing Conditions. After this 12 month period, however, benefits for such conditions will be payable unless specifically excluded from coverage. This 12 month period is measured from the Policy Effective Date for each Covered Person.

**Pre-Existing Condition** means Cancer or a Specified Disease, for which a Covered Person has received medical consultation, treatment, care, services, or for which diagnostic test(s) have been recommended or for which medication has been prescribed during the 12 months immediately preceding the effective date of coverage.

## *Right to Examine Policy*

If You decide not to keep this Policy, send it to Us or Our agent within 30 days after You receive it. We will treat the Policy as though it had never been issued. We will refund any premiums paid.

## *Covered Persons*

**Covered Person**

means any of the following:

a. the Named Insured; or
b. any eligible Spouse or Child, as defined and as indicated on the Policy Schedule whose coverage has become effective;
c. any eligible Spouse or Child, as defined and added to this Policy by endorsement after the Policy Effective Date whose coverage has become effective; or
d. a newborn child (as described in the Eligibility Section).

**Child (Children)**
means the Named Insured's unmarried child, including a natural child from the moment of birth, stepchild, foster or legally adopted child, or child in the process of adoption (including a child while the Named Insured is a party to a proceeding in which the adoption of such child by the Named Insured is sought); a child for whom the Named Insured is required by a court order to provide medical support, and grandchildren who are dependent on the Named Insured for federal income tax purposes at the time of application, who is:

a. not yet age 25; or
b. not yet age 26 if a full time student at an accredited school.

## *Option To Add Additional Benefits*
## *Hospital Intensive Care Insurance Rider*
### Form Number HIC-ICR-TX 5/09

In consideration of additional premium, this coverage will provide you with benefits if you go into a Hospital Intensive Care Unit (ICU).

**Benefits**
Your benefits start the first day you go into ICU. The benefit is payable for up to 45 days per ICU stay.

**Hospital Intensive Care Confinement Benefit**
You may choose the benefit of $325, $625, or $825 per day. It is reduced by one-half at age 75.

**Double Benefits**
We will double the daily benefits for each day you are in an ICU as a result of Cancer or a Specified Disease. We will also double the benefit for an injury that results from: being struck by an automobile, bus, truck, motorcycle, train, or airplane; or being involved in an accident in which the named insured was the operator or was a passenger in such vehicle. ICU confinement must occur within 48 hours of the accident.

**Emergency Hospitalization and Subsequent Transfer to an ICU**
We will pay the benefit selected by you for the highest level of care in a hospital that does not have an ICU, if you are admitted on an emergency basis, and you are transferred within 48 hours to the ICU of another Hospital.

**Step Down Unit**
We will pay a benefit equal to one half the chosen daily benefit for confinement in a Step Down Unit.

**Exceptions and Other Limitations**
Except as provided in Step Down Unit and Emergency Hospitalization and Subsequent Transfer to an ICU, coverage does not provide benefits for: surgical recovery rooms; progressive care; intermediate care; private monitored rooms; observation units; telemetry units; or other facilities which do not meet the standards for a Hospital Intensive Care Unit.

Benefits are not payable: if you go into an ICU before the Policy Effective Date; if you go into an ICU for intentionally self-inflicted bodily injury or suicide attempts; if you go into an ICU due to being intoxicated or under the influence of alcohol, drugs or any narcotics, unless administered on the advice of a Physician and taken according to the Physician's instructions. The term "intoxicated" refers to that condition as defined by law in the jurisdiction where the accident or cause of loss occurred.

**Upon receipt of your policy, please review it and your application. This is not a medicare supplement policy. If you are eligible for medicare, see the medicare supplement buyer's guide Available from the company. This policy only covers cancer and the Diseases specified above, unless The hospital intensive care rider is selected.**
**If any information is incorrect, please contact:**

**Bay Bridge Administrators**
**P.O. Box 161690 | Austin, Texas 78716 | 1-800-845-7519**