



# Educators Select Series®

National Teachers Associates Life Insurance Company

## Gold Cancer Insurance Program

We provide an **EXPRESS PAYMENT BENEFIT** to help with the extra expenses associated with Cancer when any Covered Person submits a pathology report of first diagnosis of Cancer (other than Skin Cancer). This benefit is payable only once for each Covered Person.

**EXPRESS PAY BENEFIT**

**\$2,000**

**WELLNESS**

up to  
**\$75**

### *Cancer Screening Wellness Benefit*

**EARLY DETECTION CAN SAVE LIVES.** NTA will pay up to **\$75** per calendar year to any Covered Person for any combination of the following: pap smear lab, mammogram, chest x-ray, breast ultrasound sonogram, biopsy (non-cancerous), blood test to detect colon, prostate, or ovarian cancer, sigmoidoscopy, thermography, and colonoscopy.

Should any Covered Person be confined as an inpatient in the Hospital for any form of Cancer, we will pay **\$300** per Day for the first 60 Days. After 60 Days, Extended Confinement Benefit applies. **No Lifetime Maximum.**

**HOSPITAL CONFINEMENT**

**\$300/Day** up to **\$18,000**

(based on 60 Day hospital stay)

#### 1. **EXTENDED CONFINEMENT BENEFIT**

**\$900** per Day, in lieu of all other benefits, beginning with the 61st consecutive Day of Hospital confinement and ending with discharge from the Hospital. **No Lifetime Maximum.**

#### 2. **RADIATION AND CHEMOTHERAPY**

Actual charges up to **\$300** per Day for an unlimited number of Days for radiation therapy, drugs, and medicine used for modification or destruction of Cancer; chemical substances used in chemotherapy, immunotherapy, hormonal therapy and administration of antineoplastic drugs; and durable medical equipment and supplies used to administer the chemical substances above. Not payable for treatment, planning, physical exams, diagnostic testing, lab tests, or experimental treatments, unless FDA approved for Cancer therapy. In lieu of the above: 1) Actual charges up to **\$1,200** per calendar month for oral chemotherapy, regardless of where administered; 2) Actual charges up to **\$600** per calendar month for self-injected medications or medications dispensed by a pump. **No Lifetime Maximum.**

#### 3. **EXPERIMENTAL TREATMENT BENEFIT**

Actual charges up to **\$300** per day for NCI sponsored experimental Cancer treatment of a Covered Person for the purpose of modifying or destroying abnormal tissue (in lieu of Radiation/Chemotherapy and Bone Marrow Transplant Benefits). **No Lifetime Maximum.**

#### 4. **TRANSPORTATION**

Actual charges up to **\$1,500 (\$0.40 per mile)** per One Period of Confinement for coach air, train, or bus or car mileage allowance for prescribed consultation or treatment more than 100 miles from home. **Paid for both a Covered Person and family member (if the Covered Person is an Inpatient).** **No Lifetime Maximum.**

#### 5. **FAMILY MEMBER LODGING**

Actual charges up to **\$60** per Day for up to 14 Days per One Period of Confinement for one motel or hotel room for a family member over 18, when a Covered Person is an Inpatient more than 100 miles from home. **No Lifetime Maximum.**

#### 6. **OUTPATIENT LODGING BENEFIT**

Actual charges up to **\$60** per day up to 14 days per treatment

trip for one motel or hotel room for a Covered Person who receives prescribed treatment for Cancer at an Outpatient Care Facility 100 or more miles from the Covered Person's home. **No Lifetime Maximum.**

#### 7. **NATIONAL CANCER INSTITUTE EVALUATION/CONSULTATION BENEFIT**

Actual charges up to **\$600** for consultation or evaluation at the National Cancer Institute Cancer Center to determine the appropriate course of cancer treatment for a Covered Person. Also pays the actual charges up to **\$300** for the Covered Person's transportation to the Cancer Center if the center is more than 100 miles from the Covered Person's home. Payable once per Covered Person.

#### 8. **BONE MARROW TRANSPLANT BENEFIT**

Direct Charges up to **\$15,000-inpatient** or **\$7,500-outpatient** for implantation of human bone marrow tissue into a Covered Person solely in connection with treatment for Cancer of the Covered Person, whether such treatment is approved or experimental. We will also pay any medical expense for the live donor up to **\$1,500** provided the recipient is not also the donor. Payable once per Covered Person in lieu of Surgeon's Fee and Anesthesia Benefits.

#### 9. **STEM CELL TRANSPLANT BENEFIT**

Actual charges up to **\$3,000** for a peripheral stem cell transplant for treatment of Cancer of a Covered Person. Payable once per Covered Person in lieu of Surgeon's Fee and Anesthesia Benefits.

#### 10. **RECONSTRUCTIVE SURGERY**

Treated as a covered operation under the Surgeon's Fee Benefit if performed within 3 years of a surgery for which a Surgeon's Fee benefit is paid.

#### 11. **BIOPSY SURGERY**

Treated as a covered operation under the Surgeon's Fee Benefit if the biopsy leads to positive diagnosis of Cancer.

#### 12. **SURGEON'S FEE**

Actual charges for the professional fees of a surgeon to treat Cancer (including skin cancer) up to **\$7,500**, but not to exceed the maximum benefit amount for the operation as described in the Policy Benefits Schedule. **No Lifetime Maximum.**

**13. SECOND & THIRD SURGICAL OPINIONS**

Actual charges up to **\$300** for a Second and Third medical evaluation of a Covered Person's need for surgery. **No Lifetime Maximum.**

**14. ANESTHESIA**

Actual charges for costs relating to anesthesia up to **25%** of the amount payable under the covered Surgeon's Fee Benefit. **No Lifetime Maximum.**

**15. AMBULANCE**

Actual charges up to **\$300** per trip for 2 one-way trips per One Period of Confinement for ground or air ambulance, if required. **No Lifetime Maximum.**

**16. ATTENDING PHYSICIAN**

Actual charges up to **\$40** per Day for Physician Hospital visits, other than the surgeons who perform the surgery. **No Lifetime Maximum.**

**17. PRIVATE NURSE**

Actual charges up to **\$150** per Day for physician ordered private duty nurse during a covered Hospital confinement. **No Lifetime Maximum.**

**18. DRUGS AND MEDICINE**

**\$300** per One Period of Confinement for drugs and medicine. **\$600** per calendar year maximum. **No Lifetime Maximum.**

**19. BLOOD, PLASMA AND PLATELETS**

Actual charges up to **\$75** for each unit of blood you receive for Cancer treatment. 50 units per calendar year maximum. **No Lifetime Maximum.**

**20. PROSTHESIS**

Actual charges up to **\$2,000** per device for all surgically implanted prosthetic devices needed due to covered surgery. **No Lifetime Maximum.**

**21. NON-SURGICAL PROSTHESIS**

Actual charges up to **\$150** per calendar year for prosthetic devices that do not require surgical implantation, such as special bras, wigs and hair pieces. **No Lifetime Maximum.**

**22. SKILLED OR AT HOME NURSING**

Actual charges up to **\$150** per day (prorated for less than 8 hours) for Skilled Nursing Facility confinement within 14 days after a covered Hospital confinement and for a private duty nurse at home within 3 days after a covered Hospital confinement. This benefit is payable for the same number of days a Covered Person was hospitalized during the most recent confinement. **No Lifetime Maximum.**

**23. HOSPICE**

Actual charges up to **\$125** per day for the first 60 days, and **\$62.50** per day for each day thereafter. Benefits are payable for care provided at home, or in a hospice facility, by a licensed hospice to patients who are no longer receiving definitive cancer treatment and are expected to live 6 months or less. **\$15,000 Lifetime Maximum.**

**EXCEPTIONS, EXCLUSIONS, AND LIMITATIONS**

**THIS IS A CANCER ONLY INSURANCE POLICY.** This policy does not insure against: any loss or expense caused by sickness, injury, disability, or disease other than Medically Necessary care and treatment of Cancer even though such condition may be caused, complicated, or otherwise affected by Cancer (in AR only, this policy will cover a condition or disease directly caused or aggravated by Cancer or the treatment of Cancer); care or treatment received outside of the U.S. or its possessions or Canada; care or treatment provided before the Coverage Effective Date or after coverage termination (other than continuous Hospital Confinement up to 90 Days); preexisting conditions for the first 2 years (3 years in DC and NV); or Cancer that is first manifested within the first 30 days following the Coverage Effective Date (other than: a newborn or adopted child as described in the policy; and \$500 in MO) for the first 2 years (30 days in OK; 3 years in DC and NV). The Coverage Effective Date may be later than the date of your application. Persons or conditions excluded in the application are never covered unless there is an amendment attached to the policy that waives the exclusion.

Preexisting Condition means (except in SC): a condition (whether known or unknown) for which medical advice or treatment was recommended by or received from a Physician within the 1-year (5-year in OK) period before the Coverage Effective Date; or symptoms existed within the 1-year period before the Coverage Effective Date for the Covered Person that would cause an ordinarily prudent person ("person" in DC) to seek diagnosis, care, or treatment. (In SC, pre-existing condition means a condition, whether known or unknown, misrepresented or not revealed in the application for which: (1) medical advice or treatment was recommended by or received from a Physician prior to the Coverage Effective Date; or (2) symptoms existed prior to the Coverage Effective Date that would cause an ordinarily prudent person to seek diagnosis, care or treatment.)

*This policy is guaranteed renewable for life if the premiums are paid when due or within the Grace Period. We cannot change the premiums unless we do so for all similar policies in your state. In many states, any dispute under this policy or attached riders shall be resolved by negotiation, mediation, or arbitration.*

*This brochure is only a summary. The actual policy provisions will control. Read your policy carefully. Refer to the policy and any attached riders or write the company for a complete explanation of all exclusions, limitations, and definitions of capitalized terms. If you are not satisfied, you have 10 days (30 days in OK) after you receive your policy to return it to us or our agent. The premium paid will be refunded, and the policy will be voided from its date of issue.*



Underwritten By:

**National Teachers Associates Life Insurance Company**

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