

# Cancer insurance

Guided by Good, Inc. | All Eligible Employees | 967336

## Protect your savings against the costs of cancer

A cancer diagnosis may have crossed your mind over the years. Or you may have a family history. Recovering from cancer would be your main focus. Cancer also has a financial impact that can be hard to recover from. Cancer insurance pays you cash benefits for a variety of the ways your cancer is treated.

## How it works.

Your employer is offering you and your coworkers this coverage as a group, at a group rate. You are responsible for paying a portion or all of the cost.

The benefit schedule on the following pages lists what the plan pays for covered cancer treatments.

### Benefits

Coverage is provided for	A covered person who is diagnosed with cancer after the effective date of insurance. Coverage is available for you and your family. An eligible child is defined as your child from birth to age 26.
Additional plan features	Benefits are payable directly to you, the employee This plan pays benefits in addition to any other coverage you may have.



## What did cancer insurance mean for Beth?

Beth was diagnosed with breast cancer in her mid-50s. She was concerned about her health, and about her finances.

Beth filed claims with Sun Life as she received treatments.

We reviewed her medical information and details from her physician. We approved her claims.

She received cash benefits for hospital stays, radiation and chemotherapy treatments.

These benefits helped her pay her medical deductible and copays, and travel expenses for medical appointments

*Did you know? A recent study shows that cancer patients spend 11% of their household income on expenses related to their cancer treatments.\* This may prompt you to consider cancer insurance.*

## Benefit schedule

Once your coverage goes into effect, you can file a claim for covered cancer treatments for cancer diagnoses that occur after your insurance's effective date. Unless otherwise specified, benefits are payable only once. The full list of benefits is listed here.

Covered service	Level 1
<b>Second Surgical Opinion</b>	\$200
<b>Surgery and General Anesthesia</b> Benefits vary based on the procedure performed. Combined maximum for any one surgery is \$2,000 for Level 1. Surgery for skin cancer and reconstruction is not covered under this benefit.	Anesthesia \$50 to \$1,815 Surgical \$150 to \$5,500
<b>Hospital Confinement</b> (limited to 90 days per period of confinement)	\$200 Daily
<b>In-hospital and Outpatient Blood and Plasma</b>	\$50 Daily
<b>Ambulance</b> (limited to 2 one-way trips per period of confinement per person)	\$250
<b>Cancer Screening</b> Includes 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.	\$50
<b>In-hospital Doctor Visits</b> Limited to a maximum of 75 visits.	\$25 Daily
<b>Prosthesis</b> Lifetime maximum for surgically implanted prosthesis is \$4,000 for Level 1. Lifetime maximum for other devices is \$400 for Level 1.	Surgically implanted \$2,000 Other \$200
<b>Skin Cancer</b>	
<b>Biopsy Only</b>	\$100
<b>Reconstructive surgery following previous excision of skin cancer</b>	\$250
<b>Excision of skin cancer without flap or graft</b>	\$375
<b>Excision of skin cancer with flap or graft</b>	\$600
<b>Radiation and Chemotherapy</b>	
<b>Injected Cytotoxic Medications</b>	\$300 Weekly
<b>Pump Dispensed Cytotoxic Medications</b>	\$300 First Prescription and Per Refill
<b>Oral Cytotoxic Medications</b>	\$150 Per Prescription
<b>Cytotoxic Medications Administration by Any Other Method</b>	\$300 Weekly
<b>External Radiation Therapy</b>	\$400 Weekly
<b>Insertion of Interstitial or Intracavity Administration of Radioisotopes or Radium</b>	\$450 Weekly
<b>Oral or IV Radiation</b> These benefits are not payable for treatment planning, therapeutic devices, immunotherapy, laboratory tests, diagnostic x-rays, dosimetry or simulation associated with these procedures. Maximums apply: Oral Cytotoxic Medications are subject to a monthly maximum of \$450 for Level 1, other listed treatments are subject to a yearly maximum of \$4,000 for Level 1.	\$400 Weekly
<b>Extended-care Facility</b>	\$200 Daily

Covered service	Level 1
This benefit is payable if the extended care confinement occurs within 30 days of a period of hospital confinement due to internal cancer and you have received a Hospital Confinement benefit. Limited to a maximum of 90 days per benefit year per covered person. This benefit is not payable for any day the Hospital Confinement benefit is payable.	
<b>Hospice</b> Limited to a maximum of 100 days during the covered person's lifetime. This benefit is not payable for any day the Extended-Care Facility benefit or the Hospital Confinement benefit is payable.	\$100 Daily

## Cancer insurance FAQs

### How do I file a claim?

We will ask for information from you and your doctor about your medical condition. You can download forms from our website. Please complete and sign all forms. Missing information or signatures can delay your claim.

### Can I receive benefits for more than one cancer diagnosis?

Regardless of types of Cancer or number of diagnoses, you may receive benefits for covered Cancer treatments from your inforce policy.

### Is my benefit taxable?

If you pay for your coverage all post-tax, your benefit will not be taxable income or tax reported by us to the IRS. If you pay for your coverage all pre-tax, if you pay for part of your coverage post-tax and your employer pays for the rest, or if your employer pays the entire premium, some or all of your benefit amount will be tax

reported on a Form 1099 as taxable income. Please consult with a tax advisor or your employer if you have any questions.

### What if I have a pre-existing condition?

If you submit a claim within 1 months of your insurance taking effect, or 1 months following any increase in your amount of insurance, we will not pay any benefit for any pre-existing condition. A pre-existing condition includes anything you have sought or received treatment for in the 6 months prior to your insurance becoming effective. Treatment can include consultation, advice, care, services or a prescription for drugs or medicine.

### Can I take my insurance with me if I leave my employer?

Depending upon state variations and your employer's plan, you may have an option to continue group coverage when your employment terminates. Your employer can advise you about your options.

**"Cancer insurance" is a limited benefit policy. The certificate has exclusions and limitations that may affect any benefits payable. Benefits payable are subject to all terms and conditions of the certificate.**

**Read the important plan provisions section for more information including limitations and exclusions.**

\* Even Insured Patients Are Overwhelmed By The Cost Of Cancer Care," Duke University study, [www.forbes.com](http://www.forbes.com), August 2017

## Important plan provisions

**The following coverage(s) do not constitute comprehensive health insurance (often referred to as “major medical coverage”) and do not satisfy the requirement for Minimum Essential Coverage under the Affordable Care Act. They do NOT provide basic hospital, basic medical, or major medical insurance as defined by the New York State Department of Financial Services.**

To become insured, all persons must be actively at work and performing their regular duties at their usual place of business on the proposed effective date or their date of coverage will be deferred until they return to active work. Refer to the Certificate for details and similar requirements for dependent coverage.

### Limitations and exclusions

The below exclusions and limitations may vary by state law and regulations. This list may not be comprehensive. Please see the Certificate or ask your benefits administrator for details.

### Cancer

We will not pay a benefit that is due to or results from: services or Treatment not included in the Covered Cancer Benefits; war or an act of war; 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.

### Information about services offered

Value-added services are not insurance, are offered only on specific lines of coverage and carry a separate charge, which is added to the cost of the insurance. The cost is included in the total amount billed. The entities that provide the value-added services are not subcontractors of Sun Life and Sun Life is not responsible or liable for the care, services, or advice provided by them. Sun Life reserves the right to discontinue any of the Services at any time.

**This Overview is preliminary to the issuance of the Policy. Refer to your Certificate for details. Receipt of this Overview does not constitute approval of coverage under the Policy. In the event of a discrepancy between this Overview, the Certificate and the Policy, the terms of the Policy will govern. Product offerings may not be available in all states and may vary depending on state laws and regulations.**

Sun Life Financial companies include Sun Life and Health Insurance Company (U.S.) and Sun Life Assurance Company of Canada (collectively, “Sun Life Financial” or “Sun Life”).

Group insurance policies are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) in all states, except New York, under Policy Form Series 93P-LH, 98P-ADD, 12-GP-01, 13-ADD-C-01, 15-GP-01, 15-LF-C-01, 15-ADD-C-01, 12-DI-C-01, 16-DI-C-01, TDBPOLICY-2006, TDI-POLICY, 12-AC-C-01, 16-AC-C-01, 12-SD-C-01, 16-SD-C-01, and 16-CAN-C-01.

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