

Cancer insurance

Jefferson City School District | All Eligible Employees | 929469

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 2
Second Surgical Opinion	\$200
Surgery and General Anesthesia Benefits vary based on the procedure performed. Combined maximum for any one surgery is \$7,500 for Level 2. Surgery for skin cancer and reconstruction is not covered under this benefit.	Anesthesia \$50 to \$1,815 Surgical \$150 to \$5,500
Hospital Confinement (limited to 90 days per period of confinement)	\$400 Daily
In-hospital and Outpatient Blood and Plasma	\$50 Daily
Ambulance (limited to 2 one-way trips per period of confinement per person)	\$250 Ground \$2,000 Air
Cancer Screening 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.	\$75
In-hospital Doctor Visits Limited to a maximum of 75 visits.	\$25 Daily
Prosthesis Lifetime maximum for surgically implanted prosthesis is \$6,000 for Level 2. Lifetime maximum for other devices is \$600 for Level 2.	Surgically implanted \$3,000 Other \$300
Skin Cancer	
Biopsy Only	\$100
Reconstructive surgery following previous excision of skin cancer	\$250
Excision of skin cancer without flap or graft	\$375
Excision of skin cancer with flap or graft	\$600
Radiation and Chemotherapy	
Injected Cytotoxic Medications	\$1,000 Weekly
Pump Dispensed Cytotoxic Medications	\$1,000 First Prescription and Per Refill
Oral Cytotoxic Medications	\$500 Per Prescription
Cytotoxic Medications Administration by Any Other Method	\$1,000 Weekly
External Radiation Therapy	\$600 Weekly
Insertion of Interstitial or Intracavity Administration of Radioisotopes or Radium	\$750 Weekly
Oral or IV Radiation This benefit is not payable for the same day the Experimental Treatment benefit is payable. 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 \$1,500 for Level 2, other listed treatments are subject to a yearly maximum of \$12,000 for Level 2.	\$600 Weekly

Covered service	Level 2
Extended-care Facility 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.	\$200 Daily
Hospice 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, the Home Health Care benefit or the Hospital Confinement benefit is payable.	\$100 Daily

Additional benefits available if you enroll in Level 2

Covered service	Benefit amount
First Occurrence Payable if diagnosed with Internal Cancer for the first time. This benefit is only payable once per lifetime.	\$5,000
National Cancer Institute Evaluation/Consultation 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.	\$500
Medical Imaging When a follow-up evaluation is performed using any imaging test as directed by a doctor after an initial diagnosis of internal cancer, (except breast mammography and breast ultrasound) this benefit is payable. You may receive this benefit twice per benefit year provided you or your covered dependent are charged for these procedures and they are performed on an outpatient basis.	\$100
Home Health Care The service must begin within 7 days of the date you or your covered dependent are released from hospital confinement. This benefit is not payable for any day the Hospice benefit is payable. Caregivers must be licensed or certified. Limited to a maximum of 10 visits per period of hospital confinement; up to 30 visits per benefit year.	\$50 Per Visit
Outpatient Hospital Surgical This benefit is not payable for surgery performed in a doctor's office or if you or your covered dependent are hospital confined on the same day. Limited to a maximum of 3 days per procedure.	\$250 Daily
Transportation The hospital or clinic must be more than 100 miles away from your or your covered dependent's residence. Limited to 3 round trips per benefit year, per covered person.	\$500
Lodging The hospital or clinic must be more than 100 miles away from your or your covered dependent's residence. Limited to 1 benefit per day up to 90 days per benefit year, per covered person.	\$100 Daily
Bone Marrow or Stem Cell Transplant A benefit is paid for either a bone marrow transplant or a stem cell transplant, not both. Payable once per lifetime, per covered person.	Bone Marrow \$10,000 Donor (\$1,500) Stem Cell \$2,500
Nursing Services Care must be provided by a licensed registered graduate nurse or vocational nurse, but not by a family member. Limited to 30 days per benefit year per covered person.	\$125 Daily
Immunotherapy We will not pay benefits under this provision for the same treatment under either the Radiation and Chemotherapy Benefit or the Experimental Treatment Benefit. Lifetime maximum of \$3,500 applies, per covered person.	\$450 Monthly

Covered service	Benefit amount
Reconstructive Surgery In addition, 30% of the surgery amounts listed is paid for general anesthesia used during these procedures. 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	\$350 \$700 \$700 \$2,500
Alternative Care Pays the amount shown per visit to an accredited practitioner for you or your covered 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 person and 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.	\$50 Per Visit
Experimental Treatment Treatment must be administered by medical personnel in a doctor's office, clinic, or hospital; maximum monthly benefit is \$1,050. We will not pay benefits under this provision for laboratory tests, immunotherapy, diagnostic x-rays and therapeutic device or other procedures related to these treatments. This benefit is not payable for any day the Radiation or Chemotherapy benefit is payable.	\$150 Daily
Anti-nausea drugs	\$100 Monthly
Post-hospital Doctor Visits This benefit is payable per doctor visit once every 6 months. Benefits payable up to 5 years after the diagnosis of internal cancer for the purpose of ongoing cancer evaluation.	\$50 Per Visit

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. If you have Level 2 coverage, the First Occurrence Benefit provides a one-time payment for your initial Cancer diagnosis in addition to your covered treatment benefits.

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 12 months of your insurance taking effect, or 12 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 12 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, August 2017

Important information

The following coverage(s) do not constitute comprehensive health insurance (often referred to as "major medical coverage"). They do NOT provide basic hospital, basic medical, or major medical insurance.

To become insured, you must meet the eligibility requirements set forth by your employer. Your coverage effective date will be determined by the Policy and may be delayed if you are not actively at work on the date your coverage would otherwise go into effect. Similarly, dependent coverage, if offered, may be delayed if your dependents are in the hospital (except for newborns) on the date coverage would otherwise become effective. Refer to the Certificate for details.

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.

This product is inappropriate for individuals who are eligible for Medicaid coverage.

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 companies include Sun Life and Health Insurance Company (U.S.) and Sun Life Assurance Company of Canada (collectively, "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, 15-GP-01, 15-LF-C-01, 15-ADD-C-01, 16-DEN-C-01, 16-VIS-C-01, 12-DI-C-01, 16-DI-C-01, 12-AC-C-01, 16-AC-C-01, 13-SD-C-01, 16-SD-C-01, 16-CAN-C-01, 20-HI-C-01, 12-GPPort-P-01, 20-HIPORT-C-01, TDBPOLICY-2006, and TDI-POLICY.

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Rate Sheet

Coverage and **monthly** rate for Cancer Insurance.

Cancer coverage is contributory, meaning that you are responsible for paying for all or a portion of the cost through payroll deduction.

monthly Cost*				
Employee Age	Employee	Employee + Spouse	Employee + Child(ren)	Employee + Family
99	31.68	55.15	34.40	57.87

*The rate is in effect for July 1, 2024. Contact your employer to confirm the portion of the cost for which you will be responsible.