

# Prosperity Choice<sup>SM</sup> Voluntary Worksite Insurance

Issued by S.USA Life Insurance Company, Inc., a Prosperity Life Group Member Company

## CANCER INSURANCE POLICY

Protection for the  
treatment of cancer and  
40 specified diseases



PROSPERITY  
LIFE GROUP<sup>®</sup>

Enterprise Program-Standard States

This year, there  
will be over  
**1.6 million**  
new cancer  
cases<sup>1</sup>.

**1 in 3**

U.S. WOMEN have a  
lifetime risk of developing  
cancer<sup>1</sup>.

**1 in 2**

MEN in the U.S. have a  
lifetime risk of developing  
cancer<sup>1</sup>.

Early detection, improved treatment  
and access to care are factors that  
influence cancer survival

The number of cancer survivors in the U.S.  
is increasing, and is expected to jump to  
nearly 20.3 million by 2026<sup>1</sup>.

This is not a complete disclosure of plan qualifications and limitations. Please review this information before applying for coverage. The amount of benefits provided depends on the plan selected. Premiums will vary according to the selection made.

**THIS POLICY PROVIDES LIMITED BENEFITS AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE.**

# Cancer Insurance

## HOW IT WORKS...

Your health and financial peace of mind are important. You and your loved ones can rest a little easier knowing you have extra financial protection in place when a critical health event occurs. Benefits are paid directly to you, placing you in control at a time when you may feel that your options are limited.

### Why do I need cancer coverage?

This plan can assist you with a variety of expenses, so you can focus on getting better. You can use your benefits however you want, including direct or indirect costs associated with your illness, such as:

- Ongoing fixed expenses such as rent/mortgage, groceries, utilities etc.
- Insurance deductible/copays
- Loss of income
- Child care expenses
- Travel expenses

## Our Base Cancer Plan includes:

- ▶ First Occurrence Lump Sum Benefit
- ▶ Reoccurrence Benefit
- ▶ Individual, Spouse and Family coverage options
- ▶ Issue ages 18-99
- ▶ Specified Disease Benefit with 41 additional Illnesses

## 2 Benefit Levels to choose from...

- Premier
- Premier Plus

### Reoccurrence Benefit

If a Covered Person has been in a Period of Remission for at least two years after a previously diagnosed Cancer for which we have paid a First Occurrence Benefit and has a recurrence of a previously diagnosed cancer or a newly diagnosed cancer while the Policy is in effect, we will pay a Recurrence Benefit equal to a percentage of the Lump-Sum First-Occurrence Benefit. Benefit amount depends on time elapsed between occurrences.

#### Percentage of Selected Benefit Amount Payable

0%	25%	75%	100%
Less than two	Two or more but less than Five	Five or more but less than 10	10 or more

Year Elapsed Between Diagnoses

### Lump-Sum First-Occurrence Benefit

We will pay 100% of the selected benefit amount upon the first diagnosis of Cancer for a Covered Person while the coverage is in force. Each Covered Person is limited to one Cancer First-Occurrence benefit per lifetime..

Lump Sum Cancer Coverage	% of Benefit Amount
Cancer First Occurrence	100%

*Applies to Covered "Cancer" only*

*Not payable for any Cancer diagnosed in first 12 months of coverage if the Cancer is a Pre-Existing Condition.*

## ENHANCED BENEFITS

**Cancer Reoccurrence Benefit.** Pays a Recurrence Benefit equal to a percentage of the Lump-Sum First-Occurrence Benefit If a Covered Person has been in a Period of Remission for at least 2 years after a previously diagnosed Cancer for which a Lump-Sum First Occurrence Benefit was paid and has a recurrence of a previously diagnosed Cancer or a newly diagnosed Cancer. Percentage depends on time elapsed between occurrences.

### **Monthly Radiation Treatment, Chemotherapy, Immunotherapy and Experimental Treatment Expense Benefits.**

Pays the Incurred Expense up \$1,000 per month maximum for one or more of the following Cancer treatments: Chemotherapy (including Hormonal Therapy), Immunotherapy, Radiation Treatment or Experimental Treatment.

**Cancer Screening Benefits.** Pays \$100 per year if a Covered Person has one or more cancer screening tests, including Mammography, Pap Smear, Flexible Sigmoidoscopy, HPV Vaccination, Colonoscopy, EKG, and Stress Test. Double benefit payable for 1 additional Invasive Diagnostic Procedure required as a result of an abnormal screening.

**Daily Self-Administered Chemotherapy or Immunotherapy Drugs Benefit.** Pays Incurred Expense not to exceed the selected benefit amount \$250 for each day a Covered Person receives one or more of the following Self-Administered Cancer treatments: drugs dispensed by injection (up to 8 treatments/month); drugs dispensed by a pump or implant (up to 4 prescriptions or refills/month); drugs taken orally (up to 4 prescriptions/month), topical chemotherapy (up to 4 treatments/month), or other dispensation (up to 4 treatments/month).

**Surgical Expense Benefit.** Pays the Incurred Expense for a surgical procedure for Cancer treatment (excluding Skin Cancer), up to a specified amount stated in the Surgical Expense Benefit Schedule, which is based on your selected maximum benefit amount of up to \$1,000. If the procedure results in anesthesia charges, pays the Incurred Expense not to exceed an amount equal to 30% of the benefit payable for such procedure. If a cutting surgical procedure is performed to remove a diagnosed Skin Cancer, pays the Incurred Expense not to exceed \$125 for a biopsy or \$350 for excision of lesion of skin with flap or graft. *Consult your agent or the policy for a list of the covered surgeries and associated benefit amount.*

**Daily Hospital Confinement Benefit.** Pays \$100 for each of the first 30 days in each Period of Hospital Confinement for Cancer treatment. For longer confinements, pays 2 times the daily benefit amount for each day of confinement beginning with the 31<sup>st</sup> day until discharge. Double benefits for Covered Persons under age 21.

**Specified Disease Benefit.** If a Covered Person is diagnosed with a Specified Disease, pays \$1500 upon confinement to a hospital for 12 or more hours as a result of receiving treatment for the disease; payable only once per Calendar Year regardless whether there is a subsequent confinement for the same or different disease. If the Covered Person is hospitalized for a continuous period for the treatment of a Specified Disease, also pays separate benefit amount of \$100 per day for the first 30 days, and double that beginning with the 31<sup>st</sup> day of continuous confinement. Specified Diseases include: Addison's disease, ALS, Botulism, Bovine Spongiform, Budd-Chiari Syndrome, Cystic Fibrosis, Diphtheria, Encephalitis, Encephalopathy, Epilepsy, Hansen's Disease, Histoplasmosis, Legionnaire's Disease, Lupus Erythematosus, Lyme disease, Malaria, Meningitis, Multiple Sclerosis, Muscular Dystrophy, Myasthenia Gravis, Osteomyelitis, Poliomyelitis, Q Fever, Rabies, Reye's Syndrome, Rheumatic Fever, Rocky Mountain Spotted Fever, Sickle Cell Anemia, Tay - Sachs Disease, Tetanus, Toxic Epidermal Necrolysis, Tuberculosis, Tularemia, Typhoid Fever, Undulant Fever, West Nile Virus, Whipple's Disease, Whooping Cough, Neimann-Pick Disease.

**Medical Imaging and Medication Benefits.** Pays: (a) the Incurred Expense up to the benefit amount of \$1000 per year for laboratory tests, diagnostic X-rays, medical images, simulations, dosimetries, treatment planning or other procedures related to Radiation Treatment, Chemotherapy or Immunotherapy; (b) the Incurred Expense up to \$150 per month for anti-nausea medication prescribed as a result of Radiation Treatment, Chemotherapy or Immunotherapy; and (c) Incurred Expense up to \$1,000 per month for Colony Stimulating Factor Drugs or Immunoglobulins prescribed by a Physician or Oncologist as part of a Cancer treatment regimen.

**Additional Benefits.** Pays various amounts for certain expenses incurred as a result of the diagnosis or treatment of Cancer, including, but not limited to, diagnosis confirmation, NCI Designated Comprehensive Cancer Treatment Evaluation, Surgical Center Expense, Blood/Plasma/Platelet Transfusion, Bone Marrow or Stem Cell Donor Expense, Private Duty Nurse or Attending Physician Expense, Home Health Care Expense, Convalescent or Hospice Care, Transportation and Lodging, Ambulance Expense, Prostheses and Hairpieces, Medical Equipment, Physical/Speech/Audio Therapy, Mental Health Consultation, Child Care and Tutoring, Wheelchair Accessible Home Modifications, Pet Boarding. *Please consult your agent or the policy for benefit details; not all benefits available in all states.*

## Pre-Existing Condition Limitation

Benefits will not be paid for any loss that is a Pre-Existing Condition, unless the Covered Person has satisfied the Pre-Existing Condition Limitation Period. A pre-existing condition is a condition, whether diagnosed or not, for which symptoms existed within the Pre-Existing Condition Limitation Period, or for which medical advice or treatment was recommended or received from a physician within the same period. No pre-existing condition limitation will be applied for dependent children who are born or adopted while the named insured is covered, and who are continuously covered from the date of birth or adoption. **Pre-Existing Limitation Period is [12] months prior to the coverage Effective Date applicable to the Covered Person.**

## Other Exclusions

Benefits are not payable for:

- any loss due to any disease or illness other than Cancer;
- any loss due to a condition excluded by name or description within the Certificate or any attached rider;
- care or treatment received outside the territorial limits of the United States;
- treatment by any program engaged in research that does not meet the criteria for Experimental Treatment as defined;
- treatment that has not been approved by a physician as being medically necessary; or
- losses or medical expenses incurred prior to the Certificate Effective Date.

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<sup>1</sup>"Cancer" includes a malignant neoplasm, which is characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue, including Leukemia and lymphomas. **Does not include pre-malignant lesions (such as intraepithelial neoplasia); benign tumors or polyps; early prostate Cancer diagnosed as T1N0M0 or equivalent staging; Cancer In Situ; or any skin cancer (other than invasive malignant melanoma in the dermis or deeper or skin malignancies that have become metastatic).** The first-occurrence benefit is not payable for any Cancer diagnosed during the 12 months following your coverage effective date if Cancer is a Pre-Existing Condition. Pre-Existing Condition defined as: "a condition, whether diagnosed or not, for which symptoms existed within the Pre-existing Condition Limitation Period shown on the Certificate Schedule, or for which medical advice or treatment was recommended or received from a Physician within the Pre-existing Condition Limitation Period.

<sup>2</sup>"Heart Attack" means an acute myocardial infarction (irreversible injury and death of a portion of the myocardium or heart muscle) detected by the rise and/or fall of cardiac biomarkers (preferably troponin) with at least one (1) value above the ninety-ninth (99th) percentile of the upper reference limit (URL) together with evidence of myocardial ischaemia with at least one (1) of the following: (a) symptoms of ischaemia; (b) ECG changes indicative of new ischemia, new ST-T changes or new left bundle branch block (LBBB); (c) development of pathological Q waves in the ECG; or (d) imaging evidence of new loss of viable myocardium or new regional wall motion abnormality. **Covered "Heart Attack" does not include any other disease or injury involving the cardiovascular system or cardiac arrest not caused by a myocardial infarction.** "Stroke" means any acute cerebrovascular accident producing neurological impairment and resulting in paralysis or other measurable objective neurological deficit persisting for at least ninety-six (96) hours and expected to be permanent. Transient ischemic attack (mini-stroke), head injury, chronic cerebrovascular insufficiency and reversible ischemic neurological deficits are not a covered Stroke. "Initial Coronary Angioplasty" means the first time a Covered Person undergoes a procedure used to open blocked or narrowed coronary arteries in order to improve blood flow to the heart muscle while the coverage is in effect. "First Major Heart Surgery" means the first time any of the following Medically Necessary procedures are performed on a Covered Person while coverage is in effect: (a) heart vessel surgery including coronary artery bypass, aneurysm repair, and thoracic or abdominal aorta surgery; (b) heart valve surgery including aortic valve, mitral valve, tricuspid valve, and pulmonary valve; (c) initial pacemaker insertion; (d) cardiac tumor removal; or heart transplant. **"First Major Heart Surgery" does not include cardiac catheterization or any type of surgery on the pericardium.**

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<sup>1</sup>Cancer Statistics taken from American Cancer Society, Cancer Fact & Figures 2016, 2017. Available at [www.cancer.org/research/cancer-facts-statistics/all-cancer-facts-figures/cancer-facts-figures-2016,2017.html](http://www.cancer.org/research/cancer-facts-statistics/all-cancer-facts-figures/cancer-facts-figures-2016,2017.html). [Cardiovascular and stroke statistics taken from American Heart Association & American Stroke Association, Heart Disease and Stroke Statistics 2018 At-A-Glance. Available at <https://www.ahajournals.org/doi/10.1161/CIR.000000000000558>.]

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# Group Cancer

## Benefit Overview



	Premier	Premier Plus
First Diagnosis Benefit	\$5,000	\$10,000
First Diagnosis for insured dependent child under age 21	\$7,500	\$15,000
Reoccurrence Benefit	25% after 2 years, 50% after 5 years, 100% after 10 years	
Waiver of Premium	Yes	
<b>Screening and Diagnostic Benefit</b>		
Cancer Screening Benefit	\$100	
Additional Invasive Diagnostic Benefit	\$300	
<b>Daily Hospital Confinement Benefit</b>		
Confinements of 30 days or less	\$100/day	
Confinements longer than 30 days	\$200/Day	
Confinements for insured dependent child under age 21	\$200/Day	
<b>Monthly Radiation Treatment, Chemotherapy, Immunotherapy and Experimental Treatment Expense Benefit</b>		
Radiation/Chemotherapy/Immunotherapy	\$1,000 per month	
Experimental Treatment	\$1,000 per month	
<b>Daily Self-Administered Chemotherapy or Immunotherapy Drugs Benefit</b>		
Self-Administered by injection/8 per month	\$250 per day	
Self-Administered by pump or implant/4 per month	\$250 per day	
Self-Administered Drugs taken orally / 4 per month	\$250 per day	
<b>Surgical Expense Benefit</b>		
Surgical Benefit	\$1,000	
Anesthesia Benefit	30%	
Skin Cancer	Biopsy \$125, Excision \$350 with flap \$750	
<b>Medical Imaging and Medication Benefit</b>		
Medical Imaging	\$1,000 per year	
Anit-Nausea Medication Benefit	\$150 per month	
Colony Stimulating Factors	\$1,000 per month	
<b>Additional Benefits</b>		
Positive Diagnosis Benefit	\$300	
Second and Third Surgical Opinion	Incurred Expense	
Outpatient Hospital or Ambulatory Surgical Center	\$350 per day	
Non-Local Transportation	Common carrier coach fare; or \$.50 per mile.	
Lodging Benefit	Pays lodging up to \$100 per day up to 100 days.	
Ambulance	Incurred expense up to \$1,000 ground/\$2,000 air	
Bone Marrow and Stem Cell Transplant	Pays up to a lifetime maximum of \$15,000	
Bone Marrow Donor Expense Benefit	\$100 per day	
Drugs and Medicines	\$25 for each day of confinement up to \$600 per year	
Outpatient Anti-Nausea Drugs	Up to \$150 per month	
Miscellaneous Therapy Charges	Pays up to Lifetime maximum of \$10,000	
Blood, Plasma and Platelets (Inpatient or Out-patient)	\$300/day	
Attending Physician's Benefit	\$100/day	
Private Duty Nursing Benefit (Inpatient & Out-patient)	Pays up to \$150 per day	

Additional Benefits Continued	
National Cancer Institute-Designated Comprehensive Cancer Treatment Center Evaluation/Consultation Benefit	\$750 for evaluation \$350 for Transportation and Lodging
Breast Prosthesis (Surgically Implanted)	\$3000 per device, \$6,000 Lifetime
Artificial Limb or Prosthesis (Non Surgically Implanted)	Up to \$2,000 lifetime max
Physical Therapy or Speech Therapy	Up to \$50 per day up to \$1,000 per year
Hospice Care	Pays up to \$100 per day 365 day Lifetime maximum
Hairpiece	Lifetime maximum \$200
Rental or Purchase of Durable Goods	Pays up to \$1,500 per calendar year
Home Health Care Expense Benefit	\$100 per day / 60 days per year
Convalescent Care Facility Expense Benefit	\$75 per day equal to days of confinement
Mental Health Consultation Benefit	\$80 per session 50 sessions Lifetime maximum
Wheelchair Accessible Home Modifications	\$2,000 Lifetime
Child Tutorial Benefit	\$30 per 1 hour session 50 sessions Lifetime
Child Care Benefit	\$60 per day 50 days Lifetime
Pet Boarding Benefit	\$50 per day 30 days Lifetime
Specified Disease Benefit	

\$1,500 initial hospital confinement, \$100 per day first 30 days, \$200 after 30 days

Monthly (12) Cancer Plan Rates				
	Employee	Employee/Spouse	Employee/Children	Family
Premier	\$18.02	\$32.78	\$20.93	\$36.18
Premier Plus	\$21.04	\$38.73	\$24.57	\$42.88
Semi-Monthly (24) Plan Rates				
Premier	\$9.01	\$16.39	\$10.47	\$18.09
Premier Plus	\$10.52	\$19.37	\$12.29	\$21.44
Bi-Weekly (26) Plan Rates				
Premier	\$8.32	\$15.13	\$9.66	\$16.70
Premier Plus	\$9.72	\$17.88	\$11.34	\$19.80
Weekly (52) Plan Rates				
Premier	\$4.16	\$7.57	\$4.83	\$8.35
Premier Plus	\$4.86	\$8.94	\$5.67	\$9.90