

Cancer Policy Comparison



Benefit:			Preferred	Select	Classic	Premier	Level 1	Level 2	Level 3	Level 4
Initial Diagnosis	Initial Diagnosis of Cancer	Included / Rider*	\$ 500	\$ 2,000	\$ 4,000	\$ 6,000	\$ 1,000	\$ 3,000	\$ 5,000	\$ 8,000
Radiation/Chemotherapy	Chemotherapy	Once Per Week	\$ 300	\$ 300	\$ 600	\$ 900	\$ 250	\$ 500	\$ 750	\$ 1,000
	Radiation	Once Per Week	\$ 175	\$ 175	\$ 350	\$ 500	\$ 250	\$ 500	\$ 750	\$ 1,000
	Oral Chemotherapy	Once Per Month	\$ 135	\$ 135	\$ 250	\$ 400	\$ 150	\$ 200	\$ 300	\$ 400
	Topical Chemotherapy	Once Per Month	\$ 100	\$ 100	\$ 150	\$ 200	\$ 150	\$ 200	\$ 300	\$ 400
	Radiation/Chemotherapy Enhancement Drugs	Per Day	\$ -	\$ -	\$ -	\$ -	\$ 50	\$ 100	\$ 150	\$ 200
		Max	\$ -	\$ -	\$ -	\$ -	\$ 400	\$ 800	\$ 1,200	\$ 1,600
Surgical Procedure	General Anesthesia	% of Procedure Benefit	25%	25%	25%	25%	25%	25%	25%	25%
	Surgical Procedure	Min/Per Unit	\$ 50	\$ 50	\$ 100	\$ 140	\$ 40	\$ 50	\$ 60	\$ 70
		Max Per Procedure	\$ 1,700	\$ 1,700	\$ 3,400	\$ 5,000	\$ 2,500	\$ 3,000	\$ 5,000	\$ 6,000
	Prosthetic Device/Artificial Limb	Per Device or Limb	\$ 1,000	\$ 1,000	\$ 2,000	\$ 3,000	\$ 1,000	\$ 1,500	\$ 2,000	\$ 3,000
		Max	\$ 2,000	\$ 2,000	\$ 4,000	\$ 6,000	\$ 2,000	\$ 3,000	\$ 4,000	\$ 6,000
	Reconstructive Surgery	Min/Per Unit	\$ 110	\$ 100	\$ 200	\$ 350	\$ 40	\$ 40	\$ 60	\$ 60
		Max Per Procedure	\$ 1,000	\$ 1,000	\$ 2,000	\$ 3,000	\$ 2,500	\$ 2,500	\$ 3,000	\$ 3,000
	Outpatient Surgical Center	Per Day	\$ 100	\$ 100	\$ 200	\$ 300	\$ 100	\$ 200	\$ 300	\$ 400
	Blood/Plasma/Platelets	Per Day	\$ 140	\$ 140	\$ 175	\$ 250	\$ 150	\$ 150	\$ 175	\$ 250
Patient Care	Hospital Confinement	Up to 30 days	\$ 100	\$ 100	\$ 200	\$ 300	\$ 100	\$ 150	\$ 250	\$ 350
		More than 30 days	\$ 200	\$ 200	\$ 400	\$ 600	\$ 200	\$ 300	\$ 500	\$ 700
	Private Full-time Nursing Services	Per Day	\$ 50	\$ 50	\$ 100	\$ 150	\$ 50	\$ 75	\$ 125	\$ 150
	Home Health Care Services	Per Day	\$ 50	\$ 50	\$ 100	\$ 150	\$ 50	\$ 75	\$ 100	\$ 150
	Hospice	Initial	\$ 1,000	\$ 1,000	\$ 1,000	\$ 1,000	\$ 1,000	\$ 1,000	\$ 1,000	\$ 1,000
		Per Day	\$ 50	\$ 50	\$ 50	\$ 50	\$ 50	\$ 50	\$ 50	\$ 50
	Skilled Nursing Care Facility	Per Day	\$ 75	\$ 75	\$ 100	\$ 150	\$ 75	\$ 100	\$ 100	\$ 150
Transportation & Lodging	Ambulance	Ground	\$ 250	\$ 250	\$ 250	\$ 250	\$ 250	\$ 250	\$ 250	\$ 250
		Air	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000
	Transportation More than 50 Miles from Home	Per Mile	\$ 0.35	\$ 0.35	\$ 0.40	\$ 0.50	\$ 0.50	\$ 0.50	\$ 0.50	\$ 0.50
		Max Per Round Trip	\$ 1,000	\$ 1,000	\$ 1,200	\$ 1,500	\$ 1,000	\$ 1,000	\$ 1,200	\$ 1,500
	Lodging	Per Day	\$ 50	\$ 50	\$ 65	\$ 80	\$ 50	\$ 50	\$ 75	\$ 80
Additional Benefits	Anti-Nausea Medication	Per Month	\$ 50	\$ 50	\$ 100	\$ 150	\$ 100	\$ 160	\$ 200	\$ 240
	Bone Marrow or Stem Cell Transplant	Per Transplant	\$ 3,500	\$ 3,500	\$ 7,000	\$ 10,000	\$ 3,500	\$ 4,000	\$ 7,000	\$ 10,000
	Bone Marrow Donor Screening	Once	\$ 40	\$ 40	\$ 40	\$ 40	\$ 50	\$ 50	\$ 50	\$ 50
	Bone Marrow or Stem Cell Donation	Once	\$ 500	\$ 500	\$ 750	\$ 1,000	\$ 500	\$ 500	\$ 750	\$ 1,000
	Cancer Vaccine	Once	\$ -	\$ -	\$ -	\$ -	\$ 50	\$ 50	\$ 50	\$ 50
	Egg Extraction or Sperm Collection		\$ 500	\$ 500	\$ 1,000	\$ 1,500	\$ 500	\$ 700	\$ 1,000	\$ 1,500
	Egg or Sperm Storage		\$ 175	\$ 175	\$ 350	\$ 500	\$ 175	\$ 200	\$ 350	\$ 500
	Experimental Treatment	Per Week/Per Day	\$ 175	\$ 175	\$ 350	\$ 500	\$ 200	\$ 250	\$ 300	\$ 300
	Hair/External Breast/Voice Box Prosthesis		\$ 180	\$ 180	\$ 350	\$ 500	\$ 200	\$ 200	\$ 350	\$ 500
	Medical Imaging Studies	Per Study	\$ 75	\$ 75	\$ 135	\$ 200	\$ 75	\$ 125	\$ 175	\$ 225
		Max Per Year	\$ 150	\$ 150	\$ 270	\$ 400	\$ 150	\$ 250	\$ 350	\$ 450
	Second Medical Opinion	Per Day/Once	\$ 100	\$ 100	\$ 200	\$ 300	\$ 150	\$ 200	\$ 300	\$ 300
	Skin Cancer Initial Diagnosis	Once	\$ -	\$ -	\$ -	\$ -	\$ 300	\$ 300	\$ 400	\$ 600
Total Benefits			\$ 17,581	\$ 19,071	\$ 33,436	\$ 47,361	\$ 21,356	\$ 27,776	\$ 39,971	\$ 53,476
Wellness Benefit	Health Screening	Up to	\$ 25	\$ 40	\$ 75	100	\$ 100	100	\$ 100	100
		Per Year Per Person	1	1	1	1	1	1	1	1
Weekly Premium	Including Initial Diagnosis and Health Screening	Employee	\$ 3.21	\$ 4.14	\$ 7.32	\$ 10.59	\$ 3.98	\$ 5.30	\$ 7.30	\$ 10.17
		Employee & Spouse	\$ 5.13	\$ 6.69	\$ 12.45	\$ 18.45	\$ 7.97	\$ 10.59	\$ 14.58	\$ 20.35
		One-Parent Family	\$ 3.21	\$ 4.14	\$ 7.32	\$ 10.59	\$ 4.04	\$ 5.44	\$ 7.51	\$ 10.50
		Two-Parent Family	\$ 5.13	\$ 6.69	\$ 12.45	\$ 18.45	\$ 8.02	\$ 10.73	\$ 14.81	\$ 20.67
Additional Riders	Colonial \$600 Yearly Progressive Payment Rider	Employee	\$ 17.25	\$ 18.18	\$ 21.36	\$ 24.63	\$ 5.83	\$ 7.15	\$ 9.15	\$ 12.02
	Aflac \$500 Yearly Building Benefit Rider	Employee & Spouse	\$ 36.33	\$ 37.89	\$ 43.65	\$ 49.65	\$ 11.66	\$ 14.28	\$ 18.27	\$ 24.04
		One-Parent Family	\$ 17.25	\$ 18.18	\$ 21.36	\$ 24.63	\$ 5.89	\$ 7.29	\$ 9.36	\$ 12.35
		Two-Parent Family	\$ 36.33	\$ 37.89	\$ 43.65	\$ 49.65	\$ 11.71	\$ 14.42	\$ 18.50	\$ 24.36
	Progressive Payment Rider(Building Benefit)	Employee	\$ 28.17	\$ 29.10	\$ 32.28	\$ 35.55	\$ 6.06	\$ 7.38	\$ 9.39	\$ 12.25
	& Specified Disease Rider	Employee & Spouse	\$ 56.61	\$ 58.17	\$ 63.93	\$ 69.93	\$ 12.12	\$ 14.74	\$ 18.73	\$ 24.50
		One-Parent Family	\$ 28.17	\$ 29.10	\$ 32.28	\$ 35.55	\$ 6.12	\$ 7.52	\$ 9.59	\$ 12.58
	Aflac \$1000 Initial; 30 day - \$200; 31 day - \$500	Two-Parent Family	\$ 56.61	\$ 58.17	\$ 63.93	\$ 69.93	\$ 12.17	\$ 14.88	\$ 18.96	\$ 24.82

Initial Diagnosis Up To \$10,000 For All Levels