

Extra coverage, for those who need it most

A cancer diagnosis can be devastating. Despite having medical coverage, many people aren't prepared for the expenses that follow. Bay Bridge offers cancer insurance as a valuable voluntary option that helps employees focus on their health, not financial worries.



Designed to complement existing medical and disability benefits, cancer insurance can help employees manage out-of-pocket expenses such as deductibles, co-payments, and non-covered medical services.

Available in collaboration with Bay Bridge Administrators: Valuable protection against unexpected costs

Cancer insurance from MetLife is an effective way to enhance the security offered by your benefits package, without increasing your benefits costs. The coverage is designed to provide extra peace of mind and reduce financial stress at a time when employees need to keep their focus on their health.

- Benefits are paid regardless of what's covered by medical insurance
- Benefits paid directly to the covered employee to spend as they choose
- Guaranteed issue coverage¹
- No waiting period between different covered conditions²
- Benefits payable based on incurred expenses — may be subject to calendar year or lifetime max

Benefits also available for:

- Radiation/Chemotherapy treatment
- Self-administered drugs

MetLife & Bay Bridge: Protection plus simplicity

MetLife's expertise and customer-focused solutions combine with the Bay Bridge BeneBridge[®] benefit administration platform to make it easy to add competitive benefits that attract top talent and drive employee loyalty.

Offer valuable coverage employees appreciate.

Contact your Bay Bridge representative at <contact info> to request a quote.



In collaboration with



1. Coverage is guaranteed provided: (1) the employee is actively at work and (2) dependents are not subject to medical restrictions as set forth on the enrollment form and in the Certificate. Some states require the insured to have medical coverage. Additional restrictions apply to dependents serving in the Armed Forces or living overseas.
2. The Health Screening Benefit is not available in certain states. In some states, there is a separate mammogram benefit. Please review your Disclosure Statement or Outline of Coverage/Disclosure Document for specific state variations and exclusions around this benefit.

[metlife.com](https://www.metlife.com)

Availability of products and features is based on MetLife's guidelines, group size, underwriting and state requirements.

METLIFE'S CANCER AND SPECIFIED DISEASE EXPENSE INSURANCE IS A LIMITED BENEFIT GROUP INSURANCE POLICY. The policy is not intended to be a substitute for medical coverage providing benefits for medical treatment, including hospital, surgical and medical expenses. The Policy pays benefits only for diagnoses, treatment and services resulting from Cancer or Specified Diseases, as defined in the Policy. Product features and availability may vary by state. In most plans, there is a pre-existing condition exclusion. Prior hospital confinement may be required to receive certain benefits. There may be benefit reductions due to age. Like most group accident and health insurance policies, policies offered by MetLife may contain certain exclusions, limitations and terms for keeping them in force.

For complete details of coverage and availability, please refer to the group policy form GP18-BB-SD or contact Bay Bridge Administrators. Benefits are underwritten by Metropolitan Life Insurance Company, New York, New York. In certain states, availability of MetLife's Group Cancer and Specified Disease Expense Insurance is pending regulatory approval.

Metropolitan Life Insurance Company | 200 Park Avenue | New York, NY 10166

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In collaboration with



Burba Insurance Services - NM School District Block

Group Cancer Quote - Monthly Rates

Effective Date - 10/01/2020

Situs State - NM

Base Policy

Coverage Tier	Low	Mid	High
Employee	\$18.51	\$23.30	\$26.66
Employee + Spouse	\$37.04	\$46.62	\$53.40
Employee + Child(ren)	\$26.17	\$32.55	\$36.96
Family	\$44.71	\$55.86	\$63.70

Variable Benefit Elections

Benefit	Low	Mid	High
Hospital Confinement	\$100 per day	\$100 per day	\$100 per day
Surgical	up to \$3,000	up to \$3,000	up to \$4,500
Radiation/Chemotherapy	\$2,500 per month	\$5,000 per month	\$5,000 per month
First Diagnosis	\$5,000	\$7,500	\$10,000
Colony Stimulating Factors	\$2,000 per month	\$4,000 per month	\$4,000 per month
Wellness	\$50 per year	\$50 per year	\$50 per year

Optional Intensive Care Rider (ICR)

Rider amount selection is the choice of the Employee, and is independent of the option selected above

Coverage Tier	\$325 per day
Employee	\$2.51
Employee + Spouse	\$5.12
Employee + Child(ren)	\$4.11
Family	\$6.72

Residents of most states will be covered by the situs state plan. Residents of certain states will be covered by a state specific certificate of insurance due to these states having extraterritorial laws.

Underwritten by:
Metropolitan Life Insurance Company

Administered by:



**BAY BRIDGE
ADMINISTRATORS**

*"Your solutions begin
at the Bridge"®*

P.O. Box 161690 - Austin, Texas 78716 - (800) 845-7519

U.S. Business Intermediary and Producer Compensation Notice

Metropolitan Life Insurance Company, herein called MetLife, enters into arrangements concerning the sale, servicing and/or renewal of MetLife group insurance and certain other group-related products (“Products”) with brokers, agents, consultants, third party administrators, general agents, associations, and other parties that may participate in the sale, servicing and/or renewal of such products (each an “Intermediary”). MetLife may pay your Intermediary compensation, which may include, among other things, base compensation, supplemental compensation and/or a service fee. MetLife may pay compensation for the sale, servicing and/or renewal of products, or remit compensation to an Intermediary on your behalf. Your Intermediary may also be owned by, controlled by or affiliated with another person or party, which may also be an Intermediary and who may also perform marketing and/or administration services in connection with your products and be paid compensation by MetLife.

Base compensation, which may vary from case to case and may change if you renew your products with MetLife, may be payable to your Intermediary as a percentage of premium or a fixed dollar amount. MetLife may also pay your Intermediary compensation that is based upon your Intermediary placing and/or retaining a certain volume of business (*number of products sold or dollar value of premium*) with MetLife. In addition, supplemental compensation may be payable to your Intermediary. Under MetLife’s current supplemental compensation plan (SCP), the amount payable as supplemental compensation may range from 0% to 8% of premium. The supplemental compensation percentage may be based on one or more of: (1) the number of products sold through your Intermediary during a one-year period; (2) the amount of premium or fees with respect to products sold through your Intermediary during a one-year period; (3) the persistency percentage of products inforce through your Intermediary during a one-year period; (4) the block growth of the products inforce through your Intermediary during a one-year period; (5) premium growth during a one-year period; or (6) a fixed percentage or sliding scale of the premium for products as set by MetLife. The supplemental compensation percentage will be set by MetLife based on the achievement of the outlined qualification criteria and it may not be changed until the following SCP plan year. As such, the supplemental compensation percentage may vary from year to year, but will not exceed 8% under the current supplemental compensation plan.

The cost of supplemental compensation is not directly charged to the price of our products except as an allocation of overhead expense, which is applied to all eligible group insurance products, whether or not supplemental compensation is paid in relation to a particular sale or renewal. As a result, your rates will not differ by whether or not your Intermediary receives supplemental compensation. If your Intermediary collects the premium from you in relation to your products, your Intermediary may earn a return on such amounts. Additionally, MetLife may have a variety of other relationships with your Intermediary or its affiliates, or with other parties, that involve the payment of compensation and benefits that may or may not be related to your relationship with MetLife (e.g., *insurance and employee benefits exchanges, enrollment firms and platforms, sales contests, consulting agreements, participation in an insurer panel, or reinsurance arrangements*).

More information about the eligibility criteria, limitations, payment calculations and other terms and conditions under MetLife’s base compensation and supplemental compensation plans can be found on MetLife’s Website at www.metlife.com/business-and-brokers/broker-resources/broker-compensation. Questions regarding Intermediary compensation can be directed to ask4met@metlifeservice.com, or if you would like to speak to someone about Intermediary compensation, please call (800) ASK 4MET. In addition to the compensation paid to an Intermediary, MetLife may also pay compensation to your representative. Compensation paid to your representative is for participating in the sale, servicing, and/or renewal of products, and the compensation paid may vary based on a number of factors including the type of product(s) and volume of business sold. If you are the person or entity to be charged under an insurance policy or annuity contract, you may request additional information about the compensation your representative expects to receive as a result of the sale or concerning compensation for any alternative quotes presented, by contacting your representative or calling (866) 796-1800.

Non-U.S. Coverage

When providing you with information concerning a group insurance policy issued or proposed to your affiliate or subsidiary outside the United States by a MetLife affiliate or by other locally licensed insurers that are members of the MAXIS Global Benefits Network (MAXIS GBN), New York insurance law requires the person providing the information to be licensed as an insurance broker. In this capacity, the information provided to you will only be on behalf of such insurers and not on behalf of MetLife or any other insurer that is not a member of MAXIS GBN. Please note that while MetLife is a member of MAXIS GBN and is licensed to transact insurance business in New York, the other MAXIS GBN member insurers are not licensed or authorized to do business in New York. The group insurance policies they issue are for coverage outside the United States and are governed by the laws of the country they were issued in. These policies have not been approved by the New York Superintendent of Financial Services, are not subject to all of the laws of New York, and are not protected by the New York State Guaranty Fund.



**GROUP CANCER AND SPECIFIED DISEASE EXPENSE INSURANCE
GROUP POLICY FORM NO: GP18-BB-SD
GROUP CERTIFICATE FORM NO: GCERT18-BB-SD/CAN**

THE CERTIFICATE OF INSURANCE PROVIDES LIMITED BENEFITS – BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES. YOU SHOULD HAVE MEDICAL COVERAGE IN FORCE WHEN YOU ENROLL FOR THIS INSURANCE.

**THE CERTIFICATE IS NOT A MEDICARE SUPPLEMENT CONTRACT.
IF YOU ARE ELIGIBLE FOR MEDICARE, REVIEW THE GUIDE TO
HEALTH INSURANCE FOR PEOPLE WITH MEDICARE AVAILABLE FROM METLIFE.**

RECEIPT OF GROUP CANCER AND SPECIFIED DISEASE EXPENSE INSURANCE BENEFITS MAY AFFECT ELIGIBILITY FOR MEDICAID AND OTHER GOVERNMENTAL BENEFITS AND ENTITLEMENTS. ACCORDINGLY, PERSONS WHO WISH TO MAINTAIN ELIGIBILITY FOR SUCH BENEFITS SHOULD NOT PURCHASE THE COVERAGE MADE AVAILABLE UNDER THE GROUP POLICY.

OUTLINE OF COVERAGE

1) READ YOUR CERTIFICATE CAREFULLY! This outline of coverage provides a very brief description of the important features of the coverage. This is not the insurance contract and only the actual provisions of the Group Policy and Certificate under which you have coverage will control. The Certificate sets forth in detail the rights and obligations of both you and Metropolitan Life Insurance Company (“MetLife”).

2) CANCER AND SPECIFIED DISEASE INSURANCE COVERAGE. Policies of this category are designed to provide to persons insured, restricted coverage, paying benefits only when certain losses occur as a result of diagnosis of cancer or a specified disease.

3) BENEFITS. The benefits listed in the attached Benefits Summary are primarily payable for certain losses as a result of a diagnosis of cancer or a specified disease covered under the policy. Benefits are payable based on a positive diagnosis of cancer or specified disease made after the covered person’s effective date of insurance.

Please be aware that the Group Policy and Certificate contain specific conditions, definitions, maximums, limitations, exclusions and proof requirements for the benefits described below.

Throughout this outline, “you” and “your” refer to the employee who becomes insured for cancer and specified disease expense insurance. The term “covered person” refers to a person for whom insurance is in effect under the Group Policy.

4) EXCLUSIONS AND LIMITATIONS.

Exceptions and Other Limitations. The Group Policy and Certificate pay benefits only for diagnoses, treatment and services resulting from cancer or specified diseases, as defined in the policy. It does not cover:

- any other disease or sickness;
- injuries;
- unless otherwise defined in the Certificate, any disease, condition, or incapacity that has been caused, complicated, worsened, or affected by:
 - specified disease or specified disease treatment; or
 - cancer or cancer treatment;
- care and treatment received outside the United States or its territories; treatment not prescribed by a physician; or experimental treatment by any program that does not qualify as new and experimental treatment as defined in the policy.

Pre-Existing Condition Limitation. During the first 12 months that coverage under the Certificate is in effect for a covered person no benefits will be payable for a loss due to a Pre-Existing Condition.

Pre-Existing Condition - means a medical condition, for which a covered person has received medical consultation, treatment, care, services, or for which diagnostic test(s) have been recommended or for which medication has been prescribed during the 12 months immediately preceding the effective date of insurance for each covered person.

5) TERMINATION DATES. Your insurance under the Group Policy and Certificate will automatically terminate on the earliest of the following dates:

- the date that the policy terminates;
- the date of termination of any section or part of the policy with respect to insurance under such section or part;
- the premium due date that coincides with or next follows the date that you cease to be a member of an eligible class; or
- any premium due date, if premium remains unpaid by the end of the grace period.

The Certificate also sets forth termination provisions for dependents.

6) PORTABILITY. If your insurance ends, you may keep it in force under certain circumstances as described in the Certificate.

7) ADMINISTRATION OF INSURANCE. Some services in connection with this insurance may be performed by our third-party administrator(s). This service arrangement in no way alters Metropolitan Life Insurance Company's obligation to you. Services will not be performed by our third-party administrator(s) if prohibited by mutual agreement with a group customer.

8) PREMIUMS. Premium rates are shown in the enclosed materials. Premium rates change based on your age and are subject to change as stated in the policy.

BENEFITS SUMMARY
Low Plan

The term “Incurred Expense” refers to charges that are solely your responsibility, or expenses that are a combination of insurance reimbursement and your responsibility such as deductibles or co-payment. The fee negotiated between your major medical insurer and medical providers, as reflected on an explanation of benefits from such insurer, would be considered the Incurred Expense.

BENEFIT	BENEFIT AMOUNT
Positive Diagnosis Test	The provider’s actual billed charge, up to \$300 per covered person per calendar year
Second and Third Surgical Opinions	The Incurred Expense for the opinion
Non-Local Transportation	(a) The actual billed charges for round trip coach fare on a common carrier; or (b) 50 cents per mile for round-trip personal vehicle transportation for round trips over 60 miles. We will pay up to 700 miles per treatment.
Adult Companion Lodging and Transportation	(a) For lodging: The actual billed charges up to \$75 per day for a single room in a motel, hotel, or other accommodations, to a maximum stay of 60 days. (b) For transportation: <ul style="list-style-type: none"> • the actual billed charges for a round trip coach fare on a common carrier; or • a personal vehicle allowance of 50 cents per mile for up to 700 miles per hospital stay.
Ambulance	The Incurred Expenses for the ambulance service
Donor Benefit Bone Marrow and Stem Cell Transplant	(a) Two times the Hospital Confinement benefit shown on the Certificate schedule for each day both the covered person and the donor are hospitalized for the transplant. (b) For transportation: <ul style="list-style-type: none"> • actual billed charges for round trip coach fare on a common carrier to the city where the transplant is performed; or • personal vehicle allowance of 50 cents per mile up to 700 miles per hospital stay; and (c) actual billed charges for lodging and meals for the donor to remain near hospital up to \$50 per day.
Bone Marrow and Peripheral Stem Cell Transplant	The Incurred Expense up to a combined lifetime maximum per covered person of \$15,000
Anesthesia	(a) For anesthesia for skin cancer that is not invasive melanoma: \$100 per covered person. (b) For anesthesia for all other surgery: 25% of the amount paid by us for the surgery.
Ambulatory Surgical Center	\$250 per covered person
Drugs and Medicine	\$25 per day per covered person for each day of confinement for a calendar year - maximum per covered person of \$600
Outpatient Anti-Nausea Drugs	The actual billed charges, up to \$250 per covered person per calendar year
Miscellaneous Diagnostic Services	The Incurred Expense up to a lifetime maximum of \$10,000 per covered person
Self- Administered Drugs	The Incurred Expense up to \$4,000 per calendar month per covered person

BENEFIT	BENEFIT AMOUNT
Blood, Plasma, and Platelets	The Incurred Expense up to \$200 per covered person per day
Physician's Attendance	\$35 per covered person per day
Private Duty Nursing Services	\$100 per covered person per day
National Cancer Institute Designated Comprehensive Cancer Treatment Center Evaluation/Consultation Benefit	<p>(a) For the evaluation: The actual billed charges, up to a lifetime maximum per covered person up to \$750</p> <p>(b) For transportation and lodging: The actual billed charges, up to a lifetime maximum per covered person up to \$350</p>
Breast Prosthesis	The Incurred Expenses
Artificial Limb or Prosthesis	The actual billed charges, up to \$1,500 lifetime maximum per covered person per amputated limb
Physical Therapy or Speech Therapy	\$35 per covered person per day
Extended Benefits	Three times the Hospital Confinement benefit shown on the Certificate schedule
Extended Care Facility	\$50 per covered person per day, not to exceed the number of days that the Hospital Confinement benefit was paid
At Home Nursing	\$100 per day per covered person, not to exceed the number of days that the Hospital Confinement benefit was paid
New and Experimental Treatment	The actual billed charges, up to \$7,500 per covered person per calendar year
Hospice Care	\$50 per covered person per day
Government or Charity Hospital or Outpatient Clinic	\$200 per covered person per day
Hairpiece	The actual billed charges up to the lifetime maximum of \$150 per covered person
Rental or Purchase of Durable Goods	The Incurred Expenses up to \$1,500 per covered person per calendar year
Waiver of Premium	Included
Surgery	<p>Up to \$3,000 per covered person for surgery based on the following:</p> <p>For inpatient surgery: The lesser of:</p> <ul style="list-style-type: none"> • the amount listed on the surgical schedule shown in the Certificate for the applicable surgery; and • the surgeon's actual billed charges for the surgery. <p>For outpatient surgery: 150% of the surgery benefit payable for inpatient surgery. However, we will not pay an amount which exceeds the surgeon's actual billed charges for the surgery.</p>
First Diagnosis Benefit	\$5,000 per covered person
Radiation/Chemotherapy/Immunotherapy	The Incurred Expense up to \$2,500 per calendar month per covered person.

BENEFIT	BENEFIT AMOUNT
Colony-Stimulating Factors	The Incurred Expense up to \$2,000 per calendar month per covered person.
Hospital Confinement	The daily benefit amount \$100 per day per covered person. For dependent children under the age of 21 the benefit is two (2) times the daily Hospital Confinement benefit.
Wellness Benefit	\$50 per calendar year per covered person.
BENEFITS PROVIDED BY RIDER	
RIDER	BENEFIT
INTENSIVE CARE UNIT BENEFIT RIDER Optional for You	ICU daily benefit amount (used to determine benefits payable): \$325 per covered person per day of confinement. Payable for up to 45 days of confinement per period of confinement.

BENEFITS SUMMARY
Mid Plan

The term "Incurred Expense" refers to charges that are solely your responsibility, or expenses that are a combination of insurance reimbursement and your responsibility such as deductibles or co-payment. The fee negotiated between your major medical insurer and medical providers, as reflected on an explanation of benefits from such insurer, would be considered the Incurred Expense.

BENEFIT	BENEFIT AMOUNT
Positive Diagnosis Test	The provider's actual billed charge, up to \$300 per covered person per calendar year
Second and Third Surgical Opinions	The Incurred Expense for the opinion
Non-Local Transportation	(a) The actual billed charges for round trip coach fare on a common carrier; or (b) 50 cents per mile for round-trip personal vehicle transportation for round trips over 60 miles. We will pay up to 700 miles per treatment.
Adult Companion Lodging and Transportation	(d) For lodging: The actual billed charges up to \$75 per day for a single room in a motel, hotel, or other accommodations, to a maximum stay of 60 days. (e) For transportation: <ul style="list-style-type: none"> • the actual billed charges for a round trip coach fare on a common carrier; or • a personal vehicle allowance of 50 cents per mile for up to 700 miles per hospital stay.
Ambulance	The Incurred Expenses for the ambulance service
Donor Benefit Bone Marrow and Stem Cell Transplant	(a) Two times the Hospital Confinement benefit shown on the Certificate schedule for each day both the covered person and the donor are hospitalized for the transplant. (b) For transportation: <ul style="list-style-type: none"> • actual billed charges for round trip coach fare on a common carrier to the city where the transplant is performed; or • personal vehicle allowance of 50 cents per mile up to 700 miles per hospital stay; and (f) actual billed charges for lodging and meals for the donor to remain near hospital up to \$50 per day.
Bone Marrow and Peripheral Stem Cell Transplant	The Incurred Expense up to a combined lifetime maximum per covered person of \$15,000
Anesthesia	(c) For anesthesia for skin cancer that is not invasive melanoma: \$100 per covered person. (d) For anesthesia for all other surgery: 25% of the amount paid by us for the surgery.
Ambulatory Surgical Center	\$250 per covered person
Drugs and Medicine	\$25 per day per covered person for each day of confinement for a calendar year - maximum per covered person of \$600
Outpatient Anti-Nausea Drugs	The actual billed charges, up to \$250 per covered person per calendar year
Miscellaneous Diagnostic Services	The Incurred Expense up to a lifetime maximum of \$10,000 per covered person
Self- Administered Drugs	The Incurred Expense up to \$4,000 per calendar month per covered person

BENEFIT	BENEFIT AMOUNT
Blood, Plasma, and Platelets	The Incurred Expense up to \$200 per covered person per day
Physician's Attendance	\$35 per covered person per day
Private Duty Nursing Services	\$100 per covered person per day
National Cancer Institute Designated Comprehensive Cancer Treatment Center Evaluation/Consultation Benefit	(c) For the evaluation: The actual billed charges, up to a lifetime maximum per covered person up to \$750 (d) For transportation and lodging: The actual billed charges, up to a lifetime maximum per covered person up to \$350
Breast Prosthesis	The Incurred Expenses
Artificial Limb or Prosthesis	The actual billed charges, up to \$1,500 lifetime maximum per covered person per amputated limb
Physical Therapy or Speech Therapy	\$35 per covered person per day
Extended Benefits	Three times the Hospital Confinement benefit shown on the Certificate schedule
Extended Care Facility	\$50 per covered person per day, not to exceed the number of days that the Hospital Confinement benefit was paid
At Home Nursing	\$100 per day per covered person, not to exceed the number of days that the Hospital Confinement benefit was paid
New and Experimental Treatment	The actual billed charges, up to \$7,500 per covered person per calendar year
Hospice Care	\$50 per covered person per day
Government or Charity Hospital or Outpatient Clinic	\$200 per covered person per day
Hairpiece	The actual billed charges up to the lifetime maximum of \$150 per covered person
Rental or Purchase of Durable Goods	The Incurred Expenses up to \$1,500 per covered person per calendar year
Waiver of Premium	Included
Surgery	Up to \$3,000 per covered person for surgery based on the following: For inpatient surgery: The lesser of: <ul style="list-style-type: none"> • the amount listed on the surgical schedule shown in the Certificate for the applicable surgery; and • the surgeon's actual billed charges for the surgery. For outpatient surgery: 150% of the surgery benefit payable for inpatient surgery. However, we will not pay an amount which exceeds the surgeon's actual billed charges for the surgery.
First Diagnosis Benefit	\$7,500 per covered person
Radiation/Chemotherapy/Immunotherapy	The Incurred Expense up to \$5,000 per calendar month per covered person.

BENEFIT	BENEFIT AMOUNT
Colony-Stimulating Factors	The Incurred Expense up to \$4,000 per calendar month per covered person.
Hospital Confinement	The daily benefit amount \$100 per day per covered person. For dependent children under the age of 21 the benefit is two (2) times the daily Hospital Confinement benefit.
Wellness Benefit	\$50 per calendar year per covered person.
BENEFITS PROVIDED BY RIDER	
RIDER	BENEFIT
INTENSIVE CARE UNIT BENEFIT RIDER Optional for You	ICU daily benefit amount (used to determine benefits payable): \$325 per covered person per day of confinement. Payable for up to 45 days of confinement per period of confinement.

BENEFITS SUMMARY
High Plan

The term “Incurred Expense” refers to charges that are solely your responsibility, or expenses that are a combination of insurance reimbursement and your responsibility such as deductibles or co-payment. The fee negotiated between your major medical insurer and medical providers, as reflected on an explanation of benefits from such insurer, would be considered the Incurred Expense.

BENEFIT	BENEFIT AMOUNT
Positive Diagnosis Test	The provider’s actual billed charge, up to \$300 per covered person per calendar year
Second and Third Surgical Opinions	The Incurred Expense for the opinion
Non-Local Transportation	(a) The actual billed charges for round trip coach fare on a common carrier; or (b) 50 cents per mile for round-trip personal vehicle transportation for round trips over 60 miles. We will pay up to 700 miles per treatment.
Adult Companion Lodging and Transportation	(g) For lodging: The actual billed charges up to \$75 per day for a single room in a motel, hotel, or other accommodations, to a maximum stay of 60 days. (h) For transportation: <ul style="list-style-type: none"> • the actual billed charges for a round trip coach fare on a common carrier; or • a personal vehicle allowance of 50 cents per mile for up to 700 miles per hospital stay.
Ambulance	The Incurred Expenses for the ambulance service
Donor Benefit Bone Marrow and Stem Cell Transplant	(a) Two times the Hospital Confinement benefit shown on the Certificate schedule for each day both the covered person and the donor are hospitalized for the transplant. (b) For transportation: <ul style="list-style-type: none"> • actual billed charges for round trip coach fare on a common carrier to the city where the transplant is performed; or • personal vehicle allowance of 50 cents per mile up to 700 miles per hospital stay; and (i) actual billed charges for lodging and meals for the donor to remain near hospital up to \$50 per day.
Bone Marrow and Peripheral Stem Cell Transplant	The Incurred Expense up to a combined lifetime maximum per covered person of \$15,000
Anesthesia	(e) For anesthesia for skin cancer that is not invasive melanoma: \$100 per covered person. (f) For anesthesia for all other surgery: 25% of the amount paid by us for the surgery.
Ambulatory Surgical Center	\$250 per covered person
Drugs and Medicine	\$25 per day per covered person for each day of confinement for a calendar year - maximum per covered person of \$600
Outpatient Anti-Nausea Drugs	The actual billed charges, up to \$250 per covered person per calendar year
Miscellaneous Diagnostic Services	The Incurred Expense up to a lifetime maximum of \$10,000 per covered person
Self- Administered Drugs	The Incurred Expense up to \$4,000 per calendar month per covered person

BENEFIT	BENEFIT AMOUNT
Blood, Plasma, and Platelets	The Incurred Expense up to \$200 per covered person per day
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Hospice Care	\$50 per covered person per day
Government or Charity Hospital or Outpatient Clinic	\$200 per covered person per day
Hairpiece	The actual billed charges up to the lifetime maximum of \$150 per covered person
Rental or Purchase of Durable Goods	The Incurred Expenses up to \$1,500 per covered person per calendar year
Waiver of Premium	Included
Surgery	Up to \$4,500 per covered person for surgery based on the following: For inpatient surgery: The lesser of: <ul style="list-style-type: none"> • the amount listed on the surgical schedule shown in the Certificate for the applicable surgery; and • the surgeon's actual billed charges for the surgery. For outpatient surgery: 150% of the surgery benefit payable for inpatient surgery. However, we will not pay an amount which exceeds the surgeon's actual billed charges for the surgery.
First Diagnosis Benefit	\$10,000 per covered person
Radiation/Chemotherapy/Immunotherapy	The Incurred Expense up to \$5,000 per calendar month per covered person.

BENEFIT	BENEFIT AMOUNT
Colony-Stimulating Factors	The Incurred Expense up to \$4,000 per calendar month per covered person.
Hospital Confinement	The daily benefit amount \$100 per day per covered person. For dependent children under the age of 21 the benefit is two (2) times the daily Hospital Confinement benefit.
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INTENSIVE CARE UNIT BENEFIT RIDER Optional for You	ICU daily benefit amount (used to determine benefits payable): \$325 per covered person per day of confinement. Payable for up to 45 days of confinement per period of confinement.