



Brought to you by United Teacher Associates Insurance Company (UTA)

# UTA Cancer Treatment Benefit Policy

Let us help you feel secure  
with a Cancer Treatment policy from UTA.



This brochure is designed as a marketing aid and is not to be construed as a contract for a Cancer policy. It provides a brief description of the important features of policy form series CT-950102-UTA. Please refer to the policy for the full terms and conditions of coverage.

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**UNITED TEACHER ASSOCIATES  
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# CANCER *Basic Facts*

## WHO CAN GET CANCER?

According to the American Cancer Society, anyone can develop cancer. Since the risk of being diagnosed with cancer increases as individuals age, most cases occur in adults who are middle-aged or older. About **78%** of all cancers are diagnosed in persons 55 and older.



### CANCER:

- In the US, **men have a slightly less than a 1 in 2 lifetime risk** of developing cancer and **women have a little more than a 1 in 3 risk**.
- The National Cancer Institute estimates that approximately **11.4 million Americans** with a history of cancer were alive in January 2006.
- About **1,529,560 new cancer cases** were expected to be diagnosed in 2010.
- This year, about **569,490 Americans** are expected to die of cancer, **more than 1,500 people a day**.

### How many people are surviving cancer?

The 5-year relative survival rate for all cancers diagnosed between 1999 and 2005 is 68%, up from 50% in 1975-1977. The improvement in survival reflects progress in diagnosing certain cancers at an earlier stage and improvements in treatment.

### FACT...

The National Institutes of Health estimate overall costs of cancer in 2010 at \$263.8 billion, of which \$102.8 billion for direct medical costs (total of all health expenditures).

## Here's the GOOD NEWS

There are advanced treatments available to increase your chance of cancer survival. However, sometimes these advanced treatments are not available locally, and the cost of travel and care can be overwhelming. Couldn't you use all the money you can get if you're diagnosed with cancer?

### How would you pay for out-of-pocket cancer expenses?

Major Medical, HMO, Medicare, Medicaid, use your own assets or rely on your family?

# Let UTA Help.

# CANCER TREATMENT *Benefits*

## HOSPITAL CONFINEMENT

- Will pay the Hospital Confinement Benefit amount selected.
- Choose from \$400, \$200 or \$0 daily benefit.

## INPATIENT DRUGS & MEDICINE

- We will pay charges up to the maximum for drugs and medicine received in the hospital (in WV, drugs and medicine must be prescribed by a physician and are available on an in-patient and out patient basis), not to exceed \$25 per day, and not to exceed \$500 per calendar year.

## SURGICAL

- We will pay charges in an amount not to exceed that shown in the Surgical Schedule, and not to exceed \$5,000 per surgical procedure.

## BLOOD, PLASMA & PLATELETS

- We will pay charges up to the maximum for cross matching, transfusions, processing and procurement and administration of treatment (and expenses incurred for blood donors in WV), not to exceed \$5,000 each calendar year.

## ANESTHESIA

- We will pay charges up to the maximum not to exceed 25% of the surgical fee.

## RADIATION & CHEMOTHERAPY

- We will pay charges up to the maximum for, radiation and chemotherapy (and anti neoplastic drug therapy in MI and xray in WV), not to exceed \$400 per treatment and \$25,000 per calendar year.

## ANTI-NAUSEA DRUG

- We will pay charges up to the maximum for anti-nausea drugs, as prescribed by the insured's physician, not to exceed \$300 per calendar year.

## ATTENDING PHYSICIAN

- We will pay charges up to the maximum for inpatient visits, not to exceed \$50 per visit and the number of visits not to exceed the number of days the insured is confined in the hospital.

## PRIVATE DUTY NURSING

- We will pay charges during hospitalization, not to exceed \$125 per day and the number of visits not to exceed the number of days the insured is confined in the hospital.

## EXTENDED CARE FACILITY

- We will pay charges up to the maximum of \$50 per day per confinement. Confinement must begin within 14 days of release from the hospital and is limited to the number of days of prior hospital confinement not to exceed 70 days of confinement.

## SKIN CANCER

- We will pay charges up to the maximum for removal, not to exceed \$100 per skin cancer and \$700 per calendar year.

## SECOND & THIRD OPINIONS

- We will pay charges up to the maximum of \$200, for a second surgical opinion. If the second opinion contradicts the first physician's opinion, pays charges, not to exceed \$200 for a third surgical opinion.

## BREAST PROSTHESIS

- We will pay charges up to the maximum for the prosthesis and the procedure to implant or affix the prosthetic device, not to exceed \$2,000 lifetime limit.



# CANCER TREATMENT *Benefits*



## ARTIFICIAL LIMB/PROSTHESIS

- We will pay charges up to the maximum for the prosthesis and the procedure to implant or affix the prosthetic device, not to exceed \$1,500 lifetime limit.

## BONE MARROW TRANSPLANT

- We will pay charges up to the maximum for anesthetic and surgical charges associated with bone marrow transplant, not to exceed \$10,000 lifetime limit. Payment of this benefit for an insured is in lieu of payment of any other benefit by this policy for the same covered expense.

## AMBULANCE

- We will pay charges up to the maximum for ground or air transportation for hospital confinement to and from the hospital, not to exceed \$1,000 per calendar year.

## FAMILY MEMBER

### TRANSPORTATION & LODGING

- If special treatment cannot be obtained locally, pays for a family member to accompany the insured person to the nearest hospital in the United States where such treatment is available.
- We will pay charges up to the maximum for round trip coach fare on a common carrier and \$50 per day for lodging for a family member. The Family Member Lodging and Transportation Benefit will not exceed \$2,500 per calendar year.

## PATIENT TRANSPORTATION & LODGING

- If special treatment cannot be obtained locally, pays actual charges for round trip coach fare on a common carrier to the nearest hospital in the United States.
- If common carrier service is not available, pays \$0.25 per mile if hospital confinement is required. If hospital confinement is not required, pays \$0.50 per mile.
- The lodging benefit pays \$50 per day. Both the lodging and transportation benefit will not exceed \$2,500 per calendar year.

## OUTPATIENT DIAGNOSTIC LABORATORY/BIOPSY

- We will pay charges up to the maximum for diagnostic tests, not to exceed \$250. Positive diagnosis must be made no later than ninety (90) days after the date a test is performed.

## PROFESSIONAL MENTAL HEALTH CONSULTATION

- We will pay charges up to the maximum for counseling sessions for any insured person receiving treatment for cancer and their immediate family members, not to exceed five sessions per year and \$75 per session.

## GOVERNMENT HOSPITAL

- We will pay \$300 per day for hospital confinement, in lieu of all other benefits. This benefit not available in IA or MO.

## NEW EXPERIMENTAL TREATMENT

- We will pay charges up to the maximum of \$10,000 per calendar year, when authorized by your physician.

## HAIRPIECE

- We will pay a one time benefit, not to exceed \$100 for hair loss associated with treatment for cancer.

## TUTORIAL SERVICES

- We will pay for tutorial services for any insured child receiving treatment for cancer, not to exceed \$75 per session and not to exceed twelve (12) sessions per calendar year.

## HOSPICE CARE

- We will pay charges not to exceed \$100 per day, either confined in a Hospice Center or per visit at the insured's home (one visit per day) and is limited to 180 days.

## WAIVER OF PREMIUM BENEFIT

- For insureds age 59 and younger, waives the premiums which are due if you become totally disabled for more than sixty (60) days as a result of internal cancer and lasts as long as you are certified by a physician as totally disabled in states where the benefit is approved.
- Total Disability or Totally Disabled means the complete inability of an Insured to perform the duties of his regular occupation due to internal Cancer.

## RENTAL OF MECHANICAL VENTILATOR\*

- Pays actual charges for rental of a medically necessary mechanical ventilator, not to exceed \$2,000 lifetime limit.

\* This benefit available only in WV.

## RESPIRATORS OR OTHER SIMILAR MECHANICAL DEVICES

- Pays actual charges for the medically necessary rental of respirators or similar mechanical apparatus, not to exceed \$500 lifetime limit. This benefit available only in IA.

## PHYSICAL/SPEECH THERAPY

- We will pay charges, not to exceed \$25 per session and a lifetime limit of \$1,000.



## ABOUT UNITED TEACHER ASSOCIATES INSURANCE COMPANY

**What do you look for when choosing financial protection for Life's later years? A company that is financially strong and positioned for the future. United Teacher Associates Insurance Company is both. As of May 10, 2010 UTA was rated B++ (Good) by A.M. Best Company. B++ is fifth highest out of 16 categories.**

*Quality insurance  
from people you trust.*



## BRACES, CRUTCHES & WHEELCHAIRS

- Pays actual charges for purchase of braces, crutches, or wheelchair, not to exceed \$500 lifetime limit. This benefit available only in IA & WV.

## CANCER SCREENING BENEFIT

- Pays actual charges for the following cancer screening tests: mammography, flexible sigmoidoscopy, pap smear (test only), chest x-ray, hemocult stool specimen, or prostate screening, not to exceed \$100 per calendar year.
- Other recognized cancer screening tests performed at the direction of a Physician may be eligible for this benefit. This benefit available only in MI, TN & WV.

# CANCER TREATMENT *Riders*

## **INTENSIVE CARE UNIT BENEFIT RIDER\***

(Rider Form Number RD-10205-ICU)

The optional Intensive Care Unit Benefit Rider pays for Intensive Care or Cardiac Intensive Care. When any covered person is confined to an intensive care unit as a result of any injury or sickness, we will pay the ICU charges not to exceed the maximum daily benefit amount You select:

**\$ 600.00 PER DAY OR \$ 300.00 PER DAY**

for confinement in Hospital Intensive Care Unit or Cardiac Intensive Care Unit. Coverage is from the first day for any accident and for any sickness not to exceed 30 days for each period of confinement. Benefits are reduced to one-half of the listed ICU Benefit Amount shown on the policy schedule for covered persons after attainment of age 65. This rider not available in Idaho or Tennessee.

## **CANCER SCREENING BENEFIT RIDER\***

(Rider Form Number RD-10301-CS)

The optional Cancer Screening Benefit Rider pays for Cancer Screening and Testing. We will pay actual charges, not to exceed \$100.00 per calendar year, when a covered person receives the following Cancer screening tests.

- Mammogram
- Flexible Sigmoidoscopy
- Pap Smear (test only)
- Chest X-ray
- Hemocult Stool Specimen
- Prostate Screening

Other recognized Cancer screening tests performed at the direction of a Physician may be eligible for this benefit. Benefits under the Cancer Screening Benefit Rider are available to covered persons upon attainment of age 25. This rider not available in MI, TN or WV.

## **DREAD DISEASE BENEFIT RIDER\***

(Rider Form Number RD-10101-DD)

The optional Dread Disease Benefit Rider pays a Daily Hospital Confinement Benefit, not to exceed \$400 per day, with a lifetime benefit of \$100,000, should you become confined in a hospital for treatment of the following dread diseases:

- Amyotrophic Lateral Sclerosis
- Addison's Disease
- Diphtheria
- Encephalitis
- Epilepsy
- Legionnaire's Disease
- Lupus Erythematosus
- Meningitis
- Multiple Sclerosis
- Muscular Dystrophy
- Myasthenia Gravis
- Niemann-Pick Disease
- Osteomyelitis
- Poliomyelitis
- Rabies
- Reye's Syndrome
- Rheumatic Fever
- Rocky Mountain Spotted Fever
- Scarlet Fever
- Sickle Cell Anemia
- Smallpox
- Tay-Sachs Disease
- Tetanus
- Tuberculosis
- Toxic Epidermal Necrolysis
- Toxic Shock Syndrome
- Tularemia
- Typhoid Fever
- Whipple's Disease



## FIRST DIAGNOSIS HEART ATTACK & FIRST MAJOR HEART SURGERY RIDER\*

(Rider Form Number RD-10501-FDH, max. issue age 64)

\$10,000-\$50,000 on first diagnosis of heart attack and first major heart surgery. If first major heart surgery is performed prior to the payment of the First Diagnosis Heart Attack Benefit, we will pay a First Major Heart Surgery Benefit equal to 20% of the First Diagnosis Heart Attack Benefit you select. The remaining 80% of the First Diagnosis Heart Attack Benefit will be payable upon a later first diagnosis of a heart attack under the terms of the rider.

## RETURN OF PREMIUM RIDER\*

(Rider Form Number RD-40101-ROP)

Buy your protection today and after your policy has been in force for 20 years, you receive a check for 100% of your premiums paid, less any claims paid to you.

After your money is returned, you can continue your policy and your premiums will be reduced by approximately 35%

Return of Premium Rider (ROP) is not available in states with the Cash Value (CV) Rider (Rider Form Number RD-40201-CV). The CV Rider is only available in LA, TN & TX.

The ROP rider maximum issue age is 60 and is based on the policy owner's age at issue. This rider is not available with policies purchased as part of your Section 125 plan. The CV Rider maximum issue age is 59 in LA & TN and 49 in TX.

Any agents selling the Cash Value Rider in LA, TN & TX must complete Anti-Money Laundering (AML) Training. For information on how to get AML certified contact the Licensing department at [Licensing@gasbins.com](mailto:Licensing@gasbins.com) or call (800) 880-8824.

\* Optional riders available for additional premium.



## UTA Cancer Treatment Benefit Policy

*A policy designed to provide you security...*

- **Optional intensive care unit benefit rider, cancer screening benefit rider & dread disease benefit rider available**
- **Covers experimental treatment**
- **Guaranteed renewable for life**
- **Coverage available for individual, single parent or family**
- **Portable Coverage Even if You Change Jobs or Retire** (coverage will end after a claim has been paid)
- **Pays regardless of any other insurance**

## **THIS IS A CANCER ONLY POLICY**

**10-DAY RIGHT TO EXAMINE POLICY:** You have ten (10) days to review the policy after you receive it. If for any reason you are not satisfied, you may return it to us for a full refund. There is a 30 day Right to Examine policy in Michigan, Oklahoma & Wyoming.

**RENEWABILITY CONDITIONS:** The policy is guaranteed renewable. Premium rates may be changed on a class or state basis.

**POLICY LIMITATIONS AND EXCLUSIONS:** This policy pays only for loss resulting from Cancer, as defined in this policy. It does not cover:

1. any other disease or sickness;
2. injuries;
3. any disease or incapacity that has been caused, complicated, worsened, or effected by Cancer or because of Cancer treatment (This exclusion does not apply in West Virginia);
4. care and treatment received outside the United States;
5. treatment not approved by a physician as medically necessary;
6. experimental treatment by any program that does not qualify as experimental treatment as defined in this policy; or
7. hospital confinement or expenses incurred before the effective date of coverage despite the date of positive diagnosis.

The Cancer Treatment Benefit Policy and the Dread Disease Benefit Rider contain a thirty (30) day “waiting period,” which means the number of days following the Effective Date of the policy, not exceeding 30 days (no Waiting Period in Michigan, Missouri & South Dakota). The Waiting Period is shown on the policy schedule. Any advice or treatment received within the Waiting Period which leads to the diagnosis of Cancer or Cancer first diagnosed during the Waiting Period will not be a covered condition (except in Georgia, Oklahoma and Tennessee). If Cancer is diagnosed during the Waiting Period, you have the option to cancel the policy and receive a refund of the initial premium. Cancer or a Dread Disease diagnosed with in the (30) day “waiting period” will not be covered. Benefits paid under the Cancer Screening Benefit Rider are for tests that are endorsed and recognized by either the National Cancer Institute or the American Cancer Society for Cancer Screening and the covered person has incurred a charge or expense associated with Cancer Screening and testing.

Benefit amounts will not be paid for any diagnosis resulting from a pre-existing condition. **A PRE-EXISTING CONDITION** means a Cancer or covered disease for which medical advice, diagnosis, care or treatment was recommended or received from a physician within the six (6) month period preceding the effective date of the policy. Benefits for a Pre-Existing Condition will be excluded 12 months from the Effective Date of the policy unless the Pre-Existing Condition is specifically excluded.



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