



---

**a Horace Mann company**

Underwritten by: National Teachers Associates Life Insurance Company (NTA Life)  
4949 Keller Springs Rd • Addison, Texas 75001 • P.O. Box 802207 - Dallas, Texas 75380 • 888.671.6771 • [ntalife.com](http://ntalife.com)

75-420-CA (9/19)

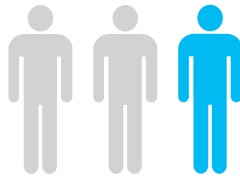
Cancer Insurance Program

UNCERTAIN ABOUT YOUR NEED FOR NTA LIFE'S CANCER  
INSURANCE PROGRAM? **CONSIDER THESE FACTS!**

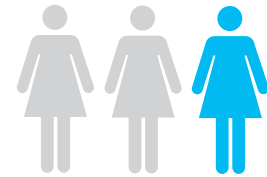
According to the American Cancer Society,

## The lifetime risk of developing cancer is greater than...

**1** of **3**  
men



**1** of **3**  
women



The overall cost for Cancer treatment and recovery in the U.S. in 2019 was estimated at **\$80.2 billion** for direct medical expenses.

In 2019, about 1,762,450 new cancer cases were expected to be diagnosed in the U.S.



Approximately 96,480 new cases of melanoma were expected to be diagnosed in 2019 in the U.S.



About 268,600 new cases of breast cancer were expected to occur among U.S. women in 2019.



In the U.S., Cancer is the second most common cause of death (exceeded only by cardiovascular disease).



Cancer is the leading cause of death by illness in children ages 1-14 in the U.S.

Source: Cancer Facts and Figures 2019 American Cancer Society. The above facts are presented for information only and do not imply coverage provided under this policy or endorsement of the American Cancer Society. The American Cancer Society does not endorse any product or service.

# CANCER INSURANCE PROGRAM

## TREATMENT BENEFITS

GREEN

GOLD

### CANCER DIAGNOSIS, SCREENING, AND TESTING

#### EXPRESS PAYMENT BENEFIT

Paid one time for a Covered Person upon first diagnosis of internal Cancer or melanoma. Not payable for Non-melanoma Skin Cancer. Benefit is 50% larger for diagnosis in a covered Child.

**\$2,000/adult**  
**\$3,000/child**

**\$3,000/adult**  
**\$4,500/child**

#### CANCER SCREENING WELLNESS BENEFIT

Paid once per Calendar Year for each Covered Person who receives a mammography exam, pap-smear lab, chest x-ray, colonoscopy, certain blood tests, or other wellness tests specified in the Policy.

**\$50/Year**

**\$75/Year**

#### NATIONAL CANCER INSTITUTE (NCI) BENEFITS

Paid once per Covered Person, for seeking NCI's opinion on the Covered Person's Cancer treatment.

##### ONE-TIME CONSULTATION BENEFIT

Not payable on same day as 2nd/3rd Surgical Opinion Benefit.

**\$500**

**\$750**

##### ONE-TIME TRANSPORTATION BENEFIT

Payable only if NCI's Cancer center is more than 100 miles from the Covered Person's home. Not payable on same day as Covered Person and Family Transportation Benefit.

**\$200**

**\$300**

### HOSPITAL CONFINEMENT <sup>1</sup>

#### HOSPITAL CONFINEMENT BENEFIT

Paid daily for the first 60 Days of One Period of Confinement.

**\$200/Day**

**\$300/Day**

#### EXTENDED HOSPITAL CONFINEMENT

Paid daily for the 61st and later Days of One Period of Confinement. This benefit is paid in lieu of all Policy benefits except Waiver of Premium.

**\$600/Day**

**\$900/Day**

#### PRIVATE DUTY HOSPITAL NURSE BENEFIT

Paid daily, for a nurse's 4-hour shift, during the first 60 Days of One Period of Confinement.

**\$100/Day**

**\$150/Day**

#### HOSPITAL DRUGS AND TESTING BENEFIT

Paid for drugs and diagnostic tests administered to a Covered Person during One Period of Confinement. Calendar Year maximum applies.

**\$200/One Period of Confinement**  
**max \$400/Calendar Year**

**\$300/One Period of Confinement**  
**max \$600/Calendar Year**

<sup>1</sup> Benefits payable only while confined in Hospital for Cancer Treatment

# CANCER INSURANCE PROGRAM

## TREATMENT BENEFITS

GREEN

GOLD

### CANCER THERAPY<sup>1</sup>

#### INPATIENT/OUTPATIENT INJECTED CHEMOTHERAPY BENEFIT

Paid for each day a Covered Person receives Chemotherapy Treatment by injection, either during the first 60 Days of One Period of Confinement or at an Outpatient Care Facility.

**\$200/day of service**

**\$300/day of service**

#### IN-HOME INJECTED CHEMOTHERAPY BENEFIT

Paid for self-injected Chemotherapy Treatment or Chemotherapy Treatment which is self-administered by pump.

**\$400/month**

**\$600/month**

#### NON-HORMONAL ORAL CHEMOTHERAPY BENEFIT

Paid for oral Chemotherapy Treatment.

**\$800/month**

**\$1,200/month**

#### RADIATION BENEFIT

Paid for each day a Covered Person undergoes radiation therapy for the modification or destruction of Cancer, either during the first 60 Days of One Period of Confinement or at an Outpatient Care Facility.

**\$200/day of service**

**\$300/day of service**

#### IMMUNOTHERAPY AND HORMONAL THERAPY BENEFIT

Paid for immunotherapy or hormonal therapy treatment of Cancer.

**\$400/month**

**\$600/month**

#### BLOOD, PLASMA, PLATELETS BENEFIT

Paid for each unit of blood, plasma, and platelets a Covered Person receives in connection with treatment of Cancer. Calendar Year maximum applies.

**\$50/unit  
50 units/year**

**\$75/unit  
50 units/year**

### TRANSPORTATION AND TRAVEL

#### AMBULANCE BENEFIT

Paid for 2 one-way trips to the Hospital for Cancer treatment, by ground or air ambulance, per One Period of Confinement.

**\$200/land trip  
\$2,000/air trip**

**\$300/land trip  
\$3,000/air trip**

#### COVERED PERSON AND FAMILY TRANSPORTATION BENEFIT

Paid for 2 round trips of qualifying travel (over 100 miles away) for a Covered Person to receive Cancer treatment or for family members to visit the Covered Person during treatment. Calendar Year maximum applies.

**\$0.50/mile  
up to \$1,000/  
round trip**

**\$0.75/mile  
up to \$1,500/  
round trip**

#### OUTPATIENT LODGING BENEFIT

Paid for a hotel/motel room occupied by the Covered Person during qualifying treatment for Cancer at a Hospital or Outpatient Care Facility more than 100 miles from the Covered Person's home. Maximum 2 days per qualifying treatment. Maximum 90 days per Calendar Year.

**\$50/day**

**\$75/day**

<sup>1</sup> Benefits not payable on same day as Experimental Treatment Benefit

MOST BENEFITS AVAILABLE WHETHER OR NOT YOU ARE  
HOSPITAL CONFINED & WITHOUT REGARD TO ACTUAL COSTS

— TREATMENT BENEFITS —

GREEN | GOLD

<p><b>FAMILY MEMBER LODGING BENEFIT</b></p> <p>Paid for one family member's hotel/motel room while visiting a Covered Person who is undergoing qualifying treatment for Cancer at a Hospital more than 100 miles from the Covered Person's home. Not payable if room is covered by the Outpatient Lodging Benefit. Maximum 14 days per qualifying treatment. Maximum 90 days per Calendar Year.</p>	<p>\$50/day</p>	<p>\$75/day</p>
<p><b>CANCER SURGERY</b></p>		
<p><b>2ND &amp; 3RD SURGICAL OPINION BENEFIT</b></p> <p>Paid to give you peace of mind that a first opinion recommending surgery is appropriate. This benefit is not payable on the same day that the National Cancer Institute Evaluation/Consultation Benefit is paid.</p>	<p>\$200/opinion</p>	<p>\$300/opinion</p>
<p><b>SURGICAL FACILITY BENEFIT</b></p> <p>Paid when a Covered Person undergoes a Covered Surgery at a surgical facility (e.g., operating room) in a Hospital or Outpatient Care Facility. Not payable for Non-melanoma Skin Cancer.</p>	<p>\$200/facility</p>	<p>\$300/facility</p>
<p><b>SURGEON'S FEE BENEFIT</b></p> <p>Paid for Covered Surgery in or out of the Hospital.</p>	<p>\$800/ operation</p>	<p>\$1,200/ operation</p>
<p><b>RECONSTRUCTIVE SURGERY</b></p> <p>Paid similarly if performed within 3 years of a Covered Surgery for which benefits were paid.</p>		
<p><b>ANESTHESIA BENEFIT</b></p> <p>Paid for anesthesia services and anesthesia drugs administered in connection with a Covered Surgery.</p>	<p>25% of Surgeon's Fee Benefit</p>	<p>25% of Surgeon's Fee Benefit</p>
<p><b>BONE MARROW TRANSPLANT BENEFIT</b></p> <p>Paid for the implantation of human bone marrow tissue, once per Covered Person, solely in connection with treatment of Cancer. Paid in lieu of the Surgical Facility Benefit, Surgeon's Fee Benefit, and Anesthesia Benefit.</p>		
<p><b>INPATIENT IMPLANTATION BENEFIT</b></p>	<p>\$10,000</p>	<p>\$15,000</p>
<p><b>OUTPATIENT IMPLANTATION BENEFIT</b></p>	<p>\$5,000</p>	<p>\$7,500</p>
<p><b>DONOR BENEFIT (IF NOT COVERED PERSON)</b></p>	<p>\$1,000</p>	<p>\$1,500</p>
<p><b>STEM CELL TRANSPLANT BENEFIT</b></p> <p>Paid for peripheral stem cell transplant, once per Covered Person, solely in connection with treatment of Cancer. Paid in lieu of the Surgical Facility Benefit, Surgeon's Fee Benefit, and Anesthesia Benefit.</p>	<p>\$8,000</p>	<p>\$12,000</p>



# CANCER INSURANCE PROGRAM

## TREATMENT BENEFITS

GREEN

GOLD

### SURGICALLY IMPLANTED PROSTHESIS BENEFIT

Paid for the surgical implantation of a prosthetic device made necessary as the direct result of a Covered Surgery. Maximum 2 devices per Covered Person.

**\$2000/device**

**\$3000/device**

### CONTINUING CARE

### ANNUAL TREATMENT SUPPORT BENEFIT

Annual benefit paid for the first 5 years following the Calendar Year during which Cancer was First Diagnosed, if the Covered Person remains under the active care of a Physician for that Cancer. Designed to cover labs, blood work, urinalysis and other generalized care and screening. Not payable for Non-melanoma Skin Cancer.

**\$350/year**

**\$525/year**

### DENTAL SERVICES BENEFIT

Paid once per Covered Person, if a Covered Person receives dental services because of tooth/jaw damage from Cancer treatment. Dental services must take place within 5 years of date Cancer is First Diagnosed.

**\$400**

**\$600**

### POST-HOSPITALIZATION EXTRA CARE BENEFIT

Paid daily if the Covered Person uses any of the following within 14 days following One Period of Confinement for care and treatment of Cancer: Skilled Nursing Facility, private duty Nurse, home health care, physiotherapist services.

**\$100/day**  
max. 30 days/  
One Period of  
Confinement

**\$150/day**  
max. 30 days/  
One Period of  
Confinement

### HOSPICE BENEFIT

Paid daily for care provided by a licensed Hospice facility or service provider to a Covered Person who is Terminally Ill. Benefit reduces 50% on the 31st day of Hospice care. Lifetime maximum applies.

**\$100/day**  
up to **\$12,000**

**\$150/day**  
up to **\$18,000**

### NON-SURGICAL PROSTHESIS BENEFIT

Paid for prosthetic devices or related supplies, prescribed as a direct result of Cancer treatment, that do not require surgical implantation. Payable for such devices as special bras, ostomy pouches, wigs, and hairpieces.

**\$200/year**

**\$300/year**

### PEACE OF MIND

### PAIN MANAGEMENT AND ALTERNATIVE CARE BENEFIT

Paid for pain management or alternative care during Cancer treatment, such as acupuncture, counseling, anti-nausea medication, herbal medicine, and respiratory therapy. Not payable for Non-melanoma Skin Cancer. Not payable for chiropractic care.

**\$50/month**  
up to 12 months

**\$75/month**  
up to 12 months

### EXPERIMENTAL TREATMENT BENEFIT

Paid for experimental Cancer treatment, consistent with National Cancer Institute-sponsored protocols, which modifies or destroys abnormal tissue. Not payable on same day as Inpatient/Outpatient Injected Chemotherapy Benefit, Radiation Benefit, or Bone Marrow Transplant Benefit.

**\$200/day**

**\$300/day**

MOST BENEFITS AVAILABLE WHETHER OR NOT YOU ARE  
HOSPITAL CONFINED & WITHOUT REGARD TO ACTUAL COSTS

## TREATMENT BENEFITS

GREEN

GOLD

### FERTILITY TREATMENT BENEFIT

Paid once per Covered Person if a Covered Person receives fertility treatment after Cancer is First Diagnosed, due to risk of iatrogenic infertility. Not payable for Non-melanoma Skin Cancer.

\$2,000

\$3,000

### WAIVER OF PREMIUM BENEFIT

Premiums are waived if the Primary Insured, before the age of 60, becomes Totally Disabled for more than 90 days as the result of a covered Cancer.

## OPTIONAL SPECIFIED DISEASE RIDER

POLICY FORM GRC-2005.1-CA (2/18) OPTIONAL RIDER FORM GR-2045-CA (11/11). PREMIUMS AND BENEFITS MAY VARY WITH LEVEL SELECTED.

## TREATMENT BENEFITS

GREEN

GOLD

### EXPRESS PAYMENT BENEFIT

Paid one time for a Covered Person upon First Diagnosis of Specified Disease. Paid once per Specified Disease. Maximum one payment per Calendar Year.

\$4,000

\$6,000

### HOSPITAL CONFINEMENT BENEFIT

Paid daily for the first 30 Days of Hospital confinement.

\$1,000/Day

\$1,500/Day

### EXTENDED HOSPITAL CONFINEMENT

Paid daily for the 31st and later Days of Hospital confinement. Maximum 30 Days.

\$2,000/Day

\$3,000/Day

## COVERED SPECIFIED DISEASES

Addison's Disease  
Amyotrophic Lateral Sclerosis  
Botulism  
Bubonic Plague  
Cerebral Palsy  
Cholera  
Cystic Fibrosis  
Diphtheria  
Encephalitis  
Huntington's Disease  
Legionnaire's Disease

Lupus Erythematosus  
Mad Cow Disease  
Malaria  
Meningitis  
Multiple Sclerosis  
Muscular Dystrophy  
Myasthenia Gravis  
Necrotizing Fasciitis  
Osteomyelitis  
Poliomyelitis  
Rabies

Reye's Syndrome  
Scarlet Fever  
Scleroderma  
Sickle Cell Anemia  
Tetanus  
Toxic Shock Syndrome  
Tuberculosis  
Tularemia  
Typhoid Fever  
Yellow Fever

## QUESTIONS ABOUT EXCEPTIONS & LIMITATIONS? WE HAVE ANSWERS.

### 1. WHAT IS THE PURPOSE FOR BUYING THIS INSURANCE POLICY/RIDER?

This Policy is a SPECIFIED DISEASE INSURANCE POLICY. It provides insurance protection only for treatment of Cancer and, unless specifically noted in the Policy, does not cover any other disease or complication caused or contributed to by Cancer. The optional rider provides coverage only for the diseases listed in the rider terms.

### 2. CAN I RELY ON THE DESCRIPTION OF THE BENEFITS IN THIS BROCHURE?

Yes, however, space limits us to providing only general descriptions. READ YOUR POLICY CAREFULLY since only the Policy provisions (and rider provisions), not this brochure, control. This brochure is only a summary of benefits and exclusions/limitations.

### 3. ARE THE CAPITALIZED WORDS I SEE THROUGHOUT THE BROCHURE, LIKE "DAY" AND "HOSPITAL" CAPITALIZED FOR A REASON?

Yes, critical definitions of capitalized words are contained in your Policy and (optional) rider, along with a complete description of all exclusions and limitations.

### 4. CAN I DECIDE TO CANCEL THE POLICY AT ANY TIME, AND CAN YOU, THE INSURANCE COMPANY, CANCEL IT AS WELL?

You can cancel the Policy by sending written notice to us or by simply not paying the renewal premium at any time. However, elections to pay premiums through pre-tax deductions in an IRS Section 125 plan generally may only be changed at the end of a plan year or after a qualifying event. We, the insurance company, cannot cancel the Policy and guarantee you the right to keep it in force by timely paying your premiums when due or during the Grace Period for your entire life. We do have the right to increase premiums, but only if we do so for all similar policies in your state.

### 5. HOW DO WE RESOLVE ANY DISPUTE THAT MIGHT ARISE?

If the dispute is over claims, you have the right to have our Claims Appeal Committee review the matter. We have an excellent record at resolving disputes and misunderstandings without any party needing to resort to legal action!

### 6. CAN I SEND MY POLICY BACK AND GET MY MONEY BACK IF AFTER READING IT I DECIDE I DON'T WANT IT?

Yes. Send it back to us within 10 days for a full refund and the Policy will be voided from its date of issue.

### 7. WHEN MIGHT A BENEFIT FOR A COVERED DISEASE NOT BE PAYABLE TO ME?

FOR THIS SPECIFIED DISEASE POLICY and riders, no coverage is provided for one year after the Policy's Coverage Effective Date (generally, the issue date) for a Preexisting Condition. A Preexisting Condition is a condition for which medical advice, consultation, or treatment was recommended by or received from a Physician within the one year period before the Coverage Effective Date. For Cancer that is First Diagnosed within the 30 days following the Coverage Effective Date, the Express Payment Benefit will not be payable, and benefits will only be paid for any care and treatment for that specific condition that is received more than one year following the Coverage Effective Date. Similar rule applies for optional rider where a Specified Disease is first diagnosed within 30 days following the Rider Effective Date. No benefits are provided for care or treatment that is not ordered by a Physician. No benefits are provided for conditions that are not covered conditions under the Policy or Rider terms.

### 8. CAN I RECEIVE TREATMENT ANYWHERE IN THE WORLD AND BE PAID BENEFITS?

Yes.

### 9. CAN I RECEIVE INSURANCE PROTECTION FOR MY SPOUSE AND CHILDREN?

Yes. Instead of an Individual Plan, you may elect a One Parent Plan to cover you and your unmarried Children, or a Family Plan for you, your Spouse and Children as well. Additional premium applies. Each person applied for must meet the underwriting standards to have coverage under the Policy.

### 10. IS THERE ANY COVERAGE FOR EVENTS BEFORE THE POLICY IS ISSUED OR AFTER THE POLICY LAPSES OR TERMINATES?

The Coverage is provided after the Coverage Effective Date for a Covered Person and until the Policy terminates (other than continuous Hospital confinement for up to 90 Days, as specified in the Policy).

