

**PERSONAL CANCER INDEMNITY OVERVIEW (POLICY SERIES A-75000)**  
(Policies A-75100-TX, A-75200-TX, A-75300-TX)

<u>BENEFIT</u>		<u>LEVEL 1</u>	<u>LEVEL 2</u>	<u>LEVEL 3</u>
<b>FIRST-OCCURRENCE</b>	Insured & Spouse Child	\$1,500 \$2,250	\$2,000 \$3,000	\$5,000 \$7,500
<b>HOSPITAL CONFINEMENT</b>	(Days 1–30) (Starting on 31st day of continuous confinement)	\$200 \$400	\$300 \$600	\$300 \$600
<b>MEDICAL IMAGING</b>	(yearly maximum)	\$100	\$150	\$200
<b>RADIATION AND CHEMO</b> (per day) Monthly Maximum (refer to outline of coverage or policy for complete coverage and limitations)		\$200	\$300	\$300
<b>EXPERIMENTAL TREATMENT</b> (per day) Monthly Maximum (refer to outline of coverage or policy for complete coverage and limitations)		\$200	\$300	\$300
<b>IMMUNOTHERAPY</b>	(month) (lifetime maximum)	\$300 \$1,500	\$400 \$2,000	\$500 \$2,500
<b>ANTINAUSEA</b>	(monthly maximum)	\$100	\$125	\$150
<b>NURSING SERVICES</b>		\$100/day	\$125/day	\$150/day
<b>SKIN CANCER SURGERY</b>		\$100–\$600	\$100–\$600	\$100–\$600
<b>SURGICAL ANESTHESIA</b>	25% of surgical charge	\$95–\$3,000	\$100–\$5,000	\$100–\$5,000
<b>OUTPATIENT HOSPITAL SURGERY</b>		\$200	\$300	\$300
<b>PROSTHESIS</b>				
	<b>Surgically implanted</b>	\$2,500	\$3,000	\$3,000
	Lifetime maximum	\$5,000	\$6,000	\$6,000
	<b>Nonsurgical</b>	\$200	\$225	\$250
	Lifetime maximum	\$400	\$450	\$500
<b>RECONSTRUCTIVE SURGERY ANESTHESIA</b>	25% of surgical charge	\$325–\$2,500	\$350–\$3,000	\$350–\$3,000
<b>IN-HOSPITAL BLOOD AND PLASMA</b>		\$50/day	\$100/day	\$150/day
<b>OUTPATIENT BLOOD AND PLASMA</b>		\$200/day	\$250/day	\$250/day
<b>SECOND SURGICAL OPINION</b>		\$200	\$250	\$300
<b>NAT. CANCER INST. EVALUATION</b>		\$500	\$500	\$500
	Travel	\$250	\$250	\$250
<b>AMBULANCE</b>	<b>Ground</b> <b>Air</b>	\$200 \$1,000	\$200 \$1,000	\$200 \$1,000
<b>TRANSPORTATION</b>	(over 50 miles)	\$0.40/mile \$1,200/trip maximum	\$0.50/mile \$1,500/trip maximum	\$0.50/mile \$1,500/trip maximum
<b>LODGING</b>	(up to 90 days per year)	\$50/day	\$60/day	\$60/day
<b>BONE MARROW TRANSPLANT</b>	(lifetime maximum)	\$10,000	\$10,000	\$10,000
<b>BONE MARROW DONOR</b>		\$1,000	\$1,000	\$1,000
<b>STEM CELL TRANSPLANT</b>	(lifetime maximum)	\$2,500	\$5,000	\$5,000
<b>EXTENDED CARE</b>	(365 days maximum)	\$100/day	\$100/day	\$100/day
<b>HOSPICE</b>	(\$12,000 lifetime maximum)	\$500 first day, \$50/day thereafter	\$1,000 first day, \$50/day thereafter	\$1,000 first day, \$50/day thereafter
<b>HOME HEALTH CARE</b>	10 visits/hospitalization 30 visits/year	\$50/visit	\$50/visit	\$50/visit
<b>CANCER SCREENING WELLNESS</b>		\$40/year	\$75/year	\$75/year

The following benefits have **NO LIFETIME MAXIMUM**: Hospital Confinement, Medical Imaging, Radiation and Chemotherapy, Experimental Treatment, Antinausea, Nursing Services, Surgical/Anesthesia, Outpatient Hospital Surgical, Skin Cancer Surgery, Reconstructive Surgery, In-Hospital Blood and Plasma, Outpatient Blood and Plasma, Second Surgical Opinion, Ambulance, Transportation, Lodging, Home Health Care, and Cancer Screening Wellness.

**THIS OVERVIEW IS FOR ILLUSTRATION PURPOSES ONLY. REFER TO THE ACCOMPANYING BROCHURE FOR COMPLETE DETAILS, LIMITATIONS, AND EXCLUSIONS.**

American Family Life Assurance Company of Columbus (Aflac)