



Group Cancer Insurance

Underwritten by Transamerica Life Insurance Company, Home Office, Cedar Rapids, Iowa.



Take Control of Your Health

Choose the TRANSAMERICA LIVESTRONG SurvivorPlan and receive benefits to inspire wellness as well as information and resources to help attack a cancer diagnosis from all sides.

Plan Highlights

- ◆ Guaranteed Issue for eligible groups of 100 or more lives.
- ◆ Insurance benefits to help those diagnosed with cancer stay focused on recovery by alleviating some of the financial burden associated with cancer treatment.
- ◆ Annual cancer screening wellness benefit.
- ◆ Information to aid in prevention, early detection and treatment options.
- ◆ Family coverage options, portability and the convenience of payroll deduction.
- ◆ The Lance Armstrong Foundation provides a LIVESTRONG Guidebook with information on other LIVESTRONG SurvivorCare resources – including confidential, one-on-one bilingual counseling, information on clinical trial matching, new treatments in development, and referrals to local resources.

Benefit Overview

- ◆ Benefits are paid directly to you—or to whomever you choose—regardless of other coverage.¹
- ◆ Benefits are paid in addition to any other insurance coverage including any group medical plan and Medicare (in most states).
- ◆ Benefits for wellness, hospitalization, surgery, radiation and chemotherapy.
- ◆ Intensive care option pays a benefit for confinement in ICU for any illness or injury.

Transamerica is proud to promote LIVESTRONG and the Lance Armstrong Foundation by paying a licensing fee to support the mission of the foundation.

¹ Varies by state.

LIVESTRONG®

The mission of the Lance Armstrong Foundation is to inspire and empower people affected by cancer. It fights for the 28 million people around the world living with cancer today.

There can be—and should be—life after cancer for more people. That’s why the Foundation kicks in at the moment of diagnosis, giving people the resources and support they need to fight cancer head-on.

The Lance Armstrong Foundation finds innovative ways to raise awareness, fund research and end the stigma of cancer that many survivors face. It connects people and communities to drive social change, and calls for state, national and world leaders to help fight this disease.

Anyone anywhere can join the fight against cancer at www.livestrong.org.

University Of San Diego Custom Plans

Monthly Premium	Low	High	
Individual	\$19.16	\$29.32	
Single-Parent Family	\$22.86	\$34.03	
Family	\$35.94	\$53.57	
Wellness and Non-Medical Benefits	Low	High	Policy Pays
Wellness	\$100	\$100	per calendar year for cancer screening tests
Magnetic Resonance Imaging (MRI) Scans	\$100	\$100	per calendar year for MRI scan used as diagnostic tool for breast cancer, in addition to Wellness Benefit
Non-Local Transportation	✓	✓	actual round-trip charges or private vehicle allowance, up to 750 miles at \$.40 per mile, when required non-local hospital confinement is more than 50 miles from residence for covered person and an adult, immediate family member during confinement; payable once per hospital confinement period
Family Member Lodging	\$100	\$100	per day for lodging expenses for adult, immediate family when non-local hospital confinement is required; 50-day maximum
Physical Therapy and Speech Therapy	\$50	\$50	per treatment; limit one per day
At-Home Nursing	\$100	\$100	per day, up to the number of days of the prior hospital stay when admitted within 14 days of hospital discharge
Waiver of Premium	✓	✓	waives premiums for remainder of total disability due to cancer for insured employee after totally disabled for 60 days
Outpatient Lodging	\$100	\$100	per day for lodging expenses; 50-day maximum per 12 months
Mammography Benefit	Low	High	Policy Pays
Mammography	\$200	\$200	per examination per female covered person performed for: <ul style="list-style-type: none"> ➢ One baseline mammogram between the ages of 35-39; ➢ One mammogram every two years between the ages of 40-50; ➢ One mammogram each calendar year for age 50 and older.
Hospital Benefits	Low	High	Policy Pays
Hospital Confinement	\$100	\$200	per day; up to 90 days of covered confinement
Extended Benefits	\$200	\$400	per day of hospital confinement in lieu of all other benefits (except surgery and anesthesia); begins on day 91 of continuous confinement
Attending Physician	\$20	\$40	per day during hospital confinement
Inpatient Drugs and Medicines	\$15	\$30	per day during hospital confinement
Private-Duty Nurse <i>(excluding hospital staff and family members)</i>	\$100	\$200	per day during hospital confinement
Ambulance	\$100	\$200	for service by a licensed professional ambulance service
Extended Care Facility	\$100	\$200	per day; up to the number of days for the prior hospital stay when admitted within 14 days of hospital discharge
Government or Charity Hospital	\$100	\$200	per day of covered hospital confinement in lieu of all other benefits
Hospice Care	\$100	\$200	per day when confined in a hospice center or hospice home care by a hospice team; 100-day lifetime maximum

Surgery Benefits		Low	High	Policy Pays
Surgery	Inpatient	\$2,000	\$3,000	up to selected amount for surgeries as scheduled in the certificate
	Outpatient	\$3,000	\$4,500	
Anesthesia		25%	25%	of covered surgery benefit as scheduled in the certificate
Prosthesis		\$1,000	\$1,500	actual charges,* up to selected amount, per device requiring implantation
Hair Prosthesis		\$100	\$150	actual charges,* up to selected amount, for wig or hair piece for hair loss from cancer treatment
Reconstructive Surgery		\$500	\$750	up to selected amount for reconstructive surgery within two years of the initial cancer removal
Second Surgical Opinion		\$200	\$300	when surgery is prescribed treatment
Ambulatory Surgical Center		\$300	\$450	up to selected amount per day for outpatient surgery at an ambulatory surgical center
Skin Cancer	One removal	\$150	\$225	up to selected per diagnosis
	Per additional removal	\$70	\$105	

Radiation and Chemotherapy Benefits		Low	High	Policy Pays per 12 month period
Radiation and Chemotherapy		\$5,000	\$10,000	actual charges,* up to selected amount, for radiation and chemotherapy treatments
Associated Radiation and Chemotherapy Expenses		\$250	\$500	selected amount for treatment consultation and planning, radiation management, physical exams, checkups, laboratory or diagnostic tests when authorized by a radiologist, chemotherapist or oncologist
Blood, Plasma, Blood Components, Bone Marrow and Stem Cell Transplant		\$5,000	\$10,000	actual charges,* up to selected amount, for bone marrow and stem cell transplants, blood, plasma, and blood components, <i>(except when replaced by donated blood when there is no charge to the covered person)</i>
Associated Blood, Plasma and Blood Components Expenses		\$250	\$500	selected amount for treatment consultation and planning, administration of blood plasma and blood components; transfusions, processing and procurement, cross-matching, physical exams, checkups, and laboratory or diagnostic tests and authorized by the covered person's physician
New or Experimental Treatment		\$5,000	\$10,000	actual charges,* up to selected amount, for experimental or investigational treatment defined as drugs or chemicals approved by the FDA or surgery or therapy approved by either the NCI or ACS for experimental studies

Cancer Maintenance Therapy Benefit		Low	High	Policy Pays
Cancer Suppressive Therapy, Hematological Drugs, Anti-Nausea Drugs and Motility Agents		\$1,000	\$1,000	actual charges,* up to selected amount for any combination of listed cancer maintenance therapy expenses; per 12 months

*As the amount actually paid by or on behalf of the insured and accepted by the provider as payment in full for services provided.

Additional Riders		Low	High	Rider Pays
First Occurrence Benefit		\$2,000	\$4,000	one-time, lump-sum benefit when an individual's cancer is first diagnosed
Intensive Care Rider		✓	✓	provides benefits for loss from sickness or injury resulting from the covered person's confinement in an Intensive Care Unit or Step Down Unit; During any one period of intensive care confinement, payments will not exceed 45 days for sickness or injury
Daily Indemnity Benefit		\$100	\$200	pays amount selected for each day of confinement in an intensive care unit such as cardiac care units, burn units or neonatal units
Step-Down Unit		\$50	\$100	pays one-half the Daily Benefit for progressive care, sub-acute care, and intermediate care in a step-down unit for any covered accident or sickness
Ambulance		\$200	\$400	pays actual charges by a licensed professional ambulance service, up to the amount listed per period of intensive care confinement, for transportation to or between medical facilities

WELLNESS AND MISCELLANEOUS BENEFITS

Wellness Benefit: Pays amount selected per unit per calendar year for covered cancer screening tests: mammograms, pap smears, flexible sigmoidoscopy, prostate-specific antigen tests, chest x-rays, hemocult stool specimen, ultrasounds, CEA, CA125, biopsy, thermography, colonoscopy, serum protein electrophoresis, bone marrow testing, and blood screenings. Services must be under the supervision of or recommended by a physician, and charge must be incurred.

Magnetic Resolution Imaging (MRI) Scans: In addition to Wellness Benefit, pays amount selected per unit per calendar year for an MRI Scan when used as a diagnostic tool for breast cancer.

Non-Local Transportation: When prescribed treatment is not available locally and non-local hospital confinement (more than 50 miles from the covered person's residence) is required, we will pay either the actual roundtrip charges by a common carrier or a private vehicle allowance of \$.40 per mile (up to 750 miles, round-trip) for the covered person and an adult, immediate family member during confinement. Payable once per period of hospital confinement.

Physical Therapy and Speech Therapy: Pays amount selected per treatment (limited to one session per day).

Family Member Lodging: When non-local hospital confinement is required, we will pay for lodging expenses for an adult member of the insured's immediate family charges of amount selected per unit per day. This benefit is limited to the lesser of the number of days the covered person is hospital confined and 50 days per 12 month benefit period.

At Home Nursing: Pays amount selected per unit per day, up to the number of days of the prior hospital confinement when admitted within 14 days of hospital discharge.

Waiver of Premium: We will waive each premium due during a period of total disability after 60 consecutive days of the insured employee's total disability due to cancer. This benefit applies only to the employee, not to the spouse or children on family coverage.

Outpatient Lodging: Pays amount selected per unit per day for a maximum of 50 days per 12 month period at a motel, hotel or other accommodations, provided treatment is authorized by the attending physician and cannot be obtained locally.

Cancer Mammography Benefit: This benefit pays \$200, per exam, per covered female for:

- One baseline mammogram performed between the ages of 35 to 39.
- One mammogram every two years performed between the ages of 40 to 50.
- One mammogram each calendar year for age 50 and older.

HOSPITAL BENEFITS

Hospital Confinement: Pays amount selected per unit per day for up to 90 days of covered confinement.

Extended Benefits: Beginning with the 91st day of continuous confinement, pays amount selected per unit per day of hospital confinement in lieu of all other benefits (except surgery and anesthesia, which remain the same).

Inpatient Drugs and Medicines: Pays amount selected per unit per day for covered person during hospital confinement.

Attending Physician (other than the surgeon): Pays amount selected per unit per day during hospital confinement.

Private-duty Nurse (other than staff member of the hospital or family member): Pays amount selected per unit per day during hospital confinement.

Ambulance: Pays amount selected per unit per continuous confinement for service by a licensed professional ambulance service for transportation to a hospital to which the covered person is admitted.

Extended Care Facility: Pays amount selected per unit per day, up to the number of days of the hospital stay when admitted to the extended care facility within 14 days of hospital discharge.

Government or Charity Hospital: Pays amount selected per unit per day—in lieu of all other benefits—for hospital treatment where the insured is not required to pay for most services.

Hospice Care: Pays amount selected per unit per day when confined in a hospice center or for hospice care at home by a hospice team. Benefit is limited to a lifetime maximum.

SURGERY BENEFITS

Surgery: Pays up to amount selected per unit for in-hospital surgery as scheduled in the certificate. Treatment must be approved by the attending physician.

Anesthesia: Pays percentage selected of Surgery Benefit per unit as scheduled in the certificate.

Prosthesis: Pays actual charges* not to exceed amount selected per unit for a prosthetic device and its implementation. The prosthesis must be authorized by the attending physician.

Hair Prosthesis: Pays actual expenses* of up to amount selected per unit for wig or hair piece for hair loss from radiation or chemotherapy treatment.

Reconstructive Surgery: Pays up to amount selected per unit for reconstructive surgery within two years after cancer removal.

Second Surgical Opinion: Pays amount selected per unit for a second opinion when the prescribed treatment is surgery as determined by the first opinion.

Ambulatory Surgical Center: Pays up to amount selected per unit per day for surgery performed at an ambulatory surgical center or hospital as an outpatient. This benefit is paid in addition to outpatient surgery benefit.

Skin Cancer: Pays amount selected per unit per diagnosis for one removal of skin cancer; amount selected per unit for each additional removal.

* Pays actual charges as the amount actually paid by or on behalf of the insured, and accepted by a provider as payment in full for services provided.

RADIATION AND CHEMOTHERAPY BENEFITS

Radiation and Chemotherapy: Pays actual charges* not to exceed amount selected per unit for radiation and chemotherapy treatments per 12 month period.

Associated Radiation and Chemotherapy Expenses: Pays amount selected per unit per 12 month period for treatment consultation and planning, radiation management, physical exams, checkups, laboratory or diagnostic tests when authorized by a radiologist, chemotherapist, or oncologist.

Blood, Plasma, Platelets, Bone Marrow and Stem Cell Transplant: Pays actual charges* not to exceed amount selected per unit per 12 month period for bone marrow and stem cell transplants, blood, plasma, and blood components, (except when replaced by donated blood when there is a charge to the covered person).

Associated Blood, Plasma, and Platelets Expenses: Pays amount selected per unit per 12 month period for treatment consultation and planning, administration of blood, physical exams, checkups, and laboratory or diagnostic tests and authorized by the covered person's physician.

New or Experimental Treatment: Pays actual charges* not to exceed amount selected per unit for drugs, chemicals, surgery, or therapy approved by FDA and either the NCI or ACS. Treatment must be received in a US hospital when authorized by the attending physician.

* Pays actual charges as the amount actually paid by or on behalf of the insured, and accepted by a provider as payment in full for services provided.

CANCER MAINTENANCE THERAPY BENEFITS

Pays actual charges* not to exceed amount selected per unit per 12 month period for any combination of the below listed drug-related expenses:

Cancer Suppressive Therapy: Benefits for treatment to keep cancer in check or after acute chemotherapy treatment.

Hematological Drugs: Benefits for drugs aimed to boost cell lines such as white blood cell counts, red blood cell counts, and platelets.

Anti-Nausea Drugs: Benefits for drugs used to reduce the symptoms brought about as a result of chemotherapy or radiation.

Motility Agents: Benefits for drugs used to improve motility or treat side effects caused by chemotherapy or radiation.

* Pays actual charges as the amount actually paid by or on behalf of the insured, and accepted by a provider as payment in full for services provided.

ADDITIONAL BENEFIT RIDERS

First Occurrence Rider (Rider Form Series CROCC200): Provides a lump-sum benefit of amount selected per unit when proof of cancer is first positively diagnosed (not skin cancer) while the policy is in force. This benefit is payable only once for each insured and is in addition to any other benefits payable under the certificate or rider.

Intensive Care Rider (Rider Form Series CRICU200): Provides the benefits listed below for loss from sickness or injury resulting from the insured's confinement in an Intensive Care Unit or Step-Down Unit. During any one period of intensive care confinement, payment will not exceed 45 days for sickness or injury.

Daily Benefit: Pays amount selected per unit for each day of confinement in an intensive care unit such as cardiac care units, burn units or neonatal units. During any one period of intensive care confinement, payments will not exceed 45 days for sickness or injury.

Step-Down Unit: Pays one-half the Daily Benefit for progressive care, sub-acute care, and intermediate care in a step-down unit for any covered accident or sickness.

Ambulance: Pays actual charges by a licensed professional ambulance service, not to exceed amount selected per unit per period of intensive care confinement, for transportation to a medical facility or between medical facilities.

Limitations and Exclusions

Intensive Care Rider

We will not pay benefits for loss resulting from:

- a specifically excluded diseases or conditions in the contract or in this rider; or
- an attempted suicide while sane or insane or an intentionally self-inflicted injury. In the event of suicide, the Company's liability may be limited to only the return of premiums paid. In Missouri, suicide is no defense to payment of benefits unless the Company can show the insured intended suicide when he/she applied/enrolled for coverage; or
- any act of war, either declared or undeclared; or
- alcoholism or drug addiction; or
- mental or nervous disorders; or
- an overdose of drugs, narcotics, or hallucinogens, unless administered on the advice of a physician; or
- intoxication, or being under the influence of any intoxicant or narcotic, unless administered on the advice of a physician (*narcotic only, in Oklahoma*); or
- injury received while engaging in an illegal occupation or activity.

We may reduce or deny a claim or void this rider for loss incurred by a insured a) during the first 2 years from the effective date of such coverage for any misstatements in the application which would have materially affected our acceptance of the risk; or b) at any time for fraudulent misstatements in the application. We will pay only one daily indemnity benefit per day. With respect to the benefits offered this rider, the "time limit on certain defenses" provision of the contract will apply from the effective date of this rider. Under no condition will we pay any benefits for losses or medical expenses incurred prior to the effective date.

First Occurrence Rider

Benefits are not payable:

- for expenses incurred prior to the effective date of this rider;
- during the first 12 months for any cancer diagnosed within 12 months prior to the effective date of such person's coverage;
- for any other illness or disease other than internal cancer; and
- for skin cancer or any cancer excluded from coverage by name or specific description.

We may reduce or deny a claim or void this rider for loss incurred by an insured a) during the first 2 years from the effective date of such coverage for any misstatements in the application which would have materially affected our acceptance of the risk; or b) at any time for fraudulent misstatements in the application.

Termination of Coverage

Subject to the Portability Option, your insurance will cease on the earliest of:

1. The last day of the payroll deduction period during which you cease to be eligible for coverage;
2. The end of the last period for which premium payment has been made to us;
3. The last day of the payroll deduction period during which you terminate employment;
4. The date the group master policy terminates; or
5. The date you send us a written notice that you want to cancel coverage.

The insurance on a dependent will cease on the earliest of:

1. The date your coverage terminates; or
2. The end of the last period for which premium payment has been made to us;

We will have the right to terminate the coverage of any covered person who submits a fraudulent claim under the policy.

Important Information

Portability Option

If you lose eligibility for this insurance for any reason other than nonpayment of premiums, you will have the option to continue the coverage (including any riders, if applicable) by paying the premiums directly to the company or at our administrative office within 31 days after this insurance terminates. We will bill you directly for these premiums after you notify us to continue coverage. If you stop paying the premiums under this option, this coverage will continue, subject to the terms of the grace period.

Waiting Period

There is no waiting period.

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For more information, visit www.livestrong.org.

TRANSAMERICA LIVESTRONG SurvivorPlan cancer-only indemnity policy is underwritten by:

Transamerica Life Insurance Company

Home Office: Cedar Rapids, Iowa

Administrative Office:

1400 Centerview Drive

Little Rock, AR 72211

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