

Cash benefits when you need them most – Cancer Insurance from Chubb

A cancer diagnosis and treatment can be an emotionally and physically difficult time. Chubb is there to help support you by providing cash benefits paid directly to you. Benefits are paid if you are diagnosed with cancer, but also help cover many other cancer-related services such as doctor’s visits, treatments, specialty care, and recovery. However, there are no restrictions on how to use these cash benefits—so you can use them as you see fit.

Choose the right level of coverage during the enrollment period to better protect your family.

Cash benefits for every step of the way

Cancer Insurance Benefits	Low Plan	High Plan
First cancer benefit	Not included	\$100 paid upon receipt of first covered claim for cancer; only one payment per covered person per certificate per calendar year
Diagnosis of cancer	Employee or spouse: \$5,000 Child(ren): \$7,500 Waiting period: 0 days Benefit reduction: none	Employee or spouse: \$10,000 Child(ren): \$15,000 Waiting period: 0 days Benefit reduction: none
Hospital confinement	\$100 per day – days 1 through 30 Additional days: \$100 Maximum days per confinement: 31	\$200 per day – days 1 through 30 Additional days: \$200 Maximum days per confinement: 31
Hospital confinement ICU	\$200 per day – days 1 through 30 Additional days: \$200 Maximum days per confinement: 31	\$600 per day – days 1 through 30 Additional days: \$600 Maximum days per confinement: 31
Radiation therapy, chemotherapy, immunotherapy	Maximum per covered person per calendar year 12-month period: \$10,000	Maximum per covered person per calendar year 12-month period: \$20,000
Alternative care	Not included	\$75 per visit Maximum visits per calendar year: 4
Medical imaging	Not included	\$500 per imaging study Maximum studies per calendar year: 2
Skin cancer initial diagnosis	Not included	\$100 per diagnosis Lifetime maximum: 1

Cash benefits for every step of the way (cont.)

Cancer Insurance Benefits	Low Plan	High Plan
Attending physician	Not included	\$50 per visit Maximum visits per confinement: 2 Maximum visits per calendar year: 4
Hospital confinement sub-acute ICU	Not included	\$300 per day – days 1 through 30 Additional days: \$300 Maximum days per confinement: 31
Family care	Not included	Childcare: \$100 per day per child Maximum days per calendar year: 30 Adult day care or home healthcare: \$100 per day Maximum days per calendar year: 30
Prescription drug in-patient	Not included	Per confinement: \$150 Maximum confinements per calendar year: 6
Private full-time nursing services	Not included	\$150 per day Maximum days per confinement: 5
U.S. government or charity hospital	Not included	Days 1 through 30: \$300 Additional days: \$600 Maximum days per confinement: 15
Specialty Care Benefits	Low Plan	High Plan
Family member transportation and lodging	Family transportation: \$100 per trip Maximum trips per calendar year: 12 Family lodging: \$100 per day Maximum days per calendar year: 100	Family transportation: \$100 per trip Maximum trips per calendar year: 12 Family lodging: \$200 per day Maximum days per calendar year: 100
Home health care	Not included	\$300 per day not to exceed the number of days confined Maximum days per calendar year: 30
Hospice care	Not included	\$300 per day
Skilled nursing care facility	Not included	\$300 per day Maximum days per calendar year: 30
Cancer Treatment Benefits	Low Plan	High Plan
Air ambulance	Not included	\$2,000 per trip Maximum trips per confinement: 2
Ambulance	Not included	\$200 per trip Maximum trips per confinement: 2
Blood, plasma, and platelets	Not included	\$300 per transfusion Maximum transfusions per calendar year: 2
Bone marrow or stem cell donation	Not included	\$300 per confinement Lifetime maximum donations: 2

Cash benefits for every step of the way (cont.)

Cancer Treatment Benefits	Low Plan	High Plan
Bone marrow or stem cell transplant	Not included	First bone marrow transplant: \$12,000 Additional transplant: 50% Lifetime maximum transplant(s): 2 First stem cell transplant: \$1,200 Additional transplant: 50% Lifetime maximum transplant(s): 2
Hormonal therapy	Not included	\$50 per treatment Maximum treatments per calendar year: 12
National Cancer Institute Designated Comprehensive Cancer Treatment Center Evaluation/Consultation Benefit	Not included	\$750 Lifetime maximum consultation(s): 1
Cancer Recovery Benefits	Low Plan	High Plan
Counseling	Not included	\$75 per visit Maximum visits per calendar year: 6
Hair piece	Not included	\$150 per hair piece Lifetime maximum: 1
Medical equipment	Not included	\$150 per piece of equipment Maximum pieces per calendar year: 2
Non-surgical prosthesis	Not included	\$300 Lifetime maximum number of devices: 1
Recovery at home	Not included	\$150 per day not to exceed the number of days confined Maximum days per calendar year: 15
Therapy	Not included	\$25 per day of therapy Maximum days per calendar year: 40
Transportation and lodging	Transportation: \$100 per trip Maximum trips per calendar year: 12 Lodging: \$100 per day Maximum days per calendar year: 100	Transportation: \$100 per trip Maximum trips per calendar year: 12 Lodging: \$200 per day Maximum days per calendar year: 100
Preventative and Wellness Benefits	Low Plan	High Plan
Cancer wellness	\$50 Maximum days of service, per covered person per calendar year: 1 day(s) Follow-up test benefit amount: Not included Waiting period: 0 days	\$50 Maximum days of service, per covered person per calendar year: 1 day(s) Follow-up test benefit amount: \$100 Waiting period: 0 days
Genetic tumor testing	Not included	\$100 per test Maximum tests per calendar year: 2

Cash benefits for every step of the way (cont.)

Preventative and Wellness Benefits	Low Plan	High Plan
Heritable cancer screening	Not included	\$100 Maximum tests per calendar year: 1
Pharmacogenomic (PGX) screening test	Not included	\$100 per test Maximum tests per calendar year: 2
Heart Attack or Stroke Benefit	Low Plan	High Plan
Heart attack or stroke	\$5,000 Recurrence benefit: \$2,500 Waiting period: 0 days Benefit reduction: none	\$10,000 Recurrence benefit: \$5,000 Waiting period: 0 days Benefit reduction: none
Surgical Treatment Benefits	Low Plan	High Plan
Waiting period	Waiting period: 0 days	Waiting period: 0 days
Surgery	Up to \$2,500	Up to \$5,000
Anesthesia	General anesthesia: 25% of surgery benefit Maximum benefits per calendar year: 2	General anesthesia: 25% of surgery benefit Maximum benefits per calendar year: 2
Outpatient surgery facility service	\$200 per day Maximum benefits per calendar year: 4	\$600 per day Maximum benefits per calendar year: 4
Preventative surgery	\$250 Lifetime maximum: 1	\$250 Lifetime maximum: 1
Reconstructive surgery	Breast TRAM flap: \$2,000 Breast reconstruction: \$500 Breast symmetry: \$500 Facial reconstruction: \$500	Breast TRAM flap: \$2,000 Breast reconstruction: \$500 Breast symmetry: \$500 Facial reconstruction: \$500
Second and third opinion	Not included	\$300 Maximum benefits per calendar year: 2
Skin cancer surgery	\$100 Maximum benefits per calendar year: 2	\$100 Maximum benefits per calendar year: 2
Surgical prosthesis	Not included	\$3,000 per device Lifetime maximum benefit amount: \$3,000
Accident and Sickness Benefits	Low Plan	High Plan
Hospital intensive care for accident or sickness	Hospital confinement ICU for accident or sickness benefit: \$100 Maximum number of days per confinement: 30	Hospital confinement ICU for accident or sickness benefit: \$200 Maximum number of days per confinement: 30

Advocacy Package	Low Plan	High Plan
Kindly Human™ Participants can talk for up to six hours total per year for pre-clinical peer-to-peer connections and navigation across real-life issues.	Not included	Included

Additional plan benefits

Renewability	Conditionally Renewable Coverage is automatically renewed as long as the insured is an eligible employee, premiums are paid as due, and the policy is in force.
Portability	Portability Employees can keep their coverage if they change jobs or retire while the policy is in-force.
Continuity of coverage	Included
Pre-existing conditions limitation	A condition for which a covered person received medical advice or treatment within the 12 months preceding the certificate effective date.
Waiver of premium	Included

Definitions and provisions

Continuity of coverage	<p>If the certificate replaced another cancer indemnity certificate or individual policy, your coverage under the certificate shall not limit or exclude coverage for a pre-existing condition or waiting period that would have been covered under the policy being replaced.</p> <p>Benefits payable for a pre-existing condition or during the waiting period will be the lesser of the benefits that would have been payable under the terms of the prior coverage if it had remained in force; or the benefits payable under the certificate.</p> <p>Time periods applicable to pre-existing conditions and waiting periods will be waived to the extent that similar limitations or exclusions were satisfied under the coverage being replaced.</p> <p>Continuity of coverage is only extended to the benefits provided under the certificate. The certificate may not include all the benefits provided under the prior coverage.</p>
Definition of cancer	<p>Cancer means carcinoma in situ, leukemia, or a malignant tumor characterized by uncontrolled cell growth and invasion or spread of malignant cells to distant tissue. Cancer is also defined as cancer which meets the diagnosis criteria of malignancy established by the American Board of Pathology after a study of the histocytologic architecture or pattern of the suspect tumor, tissue, or specimen.</p> <p>Carcinoma in situ means a malignant tumor which is typically classified as Stage 0 cancer, where the tumor cells still lie within the tissue of the site of origin without having invaded neighboring tissue.</p> <p>The following are not considered cancer: Pre-malignant conditions or conditions with malignant potential; non-invasive basal cell carcinoma of the skin; non-invasive squamous cell carcinoma of the skin; or melanoma diagnosed as Clark's Level I or II or Breslow less than .75mm.</p>
Plan descriptions	Refer to the Certificate of Coverage for details specific to each plan.

Exclusions and limitations

No benefits will be paid for a date of diagnosis or treatment of cancer prior to the coverage effective date, except where continuity of coverage applies.

No benefits will be paid for services rendered by a member of the immediate family of a covered person.

We will not pay benefits for other conditions or diseases, except losses due directly from cancer or skin cancer.

We will not pay benefits for cancer or skin cancer if the diagnosis or treatment of cancer is received outside of the territorial limits of the United States and its possessions. Benefits will be payable if the covered person returns to the territorial limits of the United States and its possessions, and a physician confirms the diagnosis or receives treatment.

Rates

Monthly Premium	Low Plan	High Plan
Employee only	\$12.92	\$25.56
Employee + spouse	\$24.46	\$52.28
Employee + child(ren)	\$15.78	\$32.76
Family	\$28.04	\$59.98



Questions?

Contact the FBS Benefits CareLine via the QR code or (833) 453-1680.

*Please refer to your Certificate of Insurance at <https://www.wtxebc.com> for a complete listing of available benefits, limitations and exclusions. Underwritten by ACE Property & Casualty Company, a Chubb company. This information is a brief description of the important benefits and features of the insurance plan. It is not an insurance contract. This policy does not constitute comprehensive health insurance coverage (often referred to as "major medical coverage") and does not satisfy a person's individual obligation to secure the requirement of minimum essential coverage under the Affordable Care Act (ACA). For more information about the ACA, please refer to <http://www.HealthCare.gov>.