

# Employee Guide

## Cancer Insurance

Plan features and benefits  
for the employees of Andrews ISD



**If you've known anyone who has dealt with cancer, you've probably seen the financial impact it can cause — even for those with good medical coverage.**

If you suddenly become diagnosed with cancer, it can be difficult on you and your family's financial and emotional stability. In addition to the direct costs of medical tests, doctor visits, and treatment, cancer patients and their families can also face indirect expenses such as transportation, child care, hotel stays, meals away from home and time missed from work for one or both of your family's

wage earners. Having the right coverage to help when you are sick and undergoing treatment is important. A Kemper Benefits Cancer insurance plan can help provide security when you need it most. The Kemper Benefits Cancer insurance plan is designed to meet your needs. Our cancer insurance includes a one-time lump-sum first diagnosis benefit paid directly to you, not the medical provider. It also includes additional benefits for radiation / chemotherapy / immunotherapy.

Our cancer insurance provides fixed benefits for early detection and treatment of certain types of cancer. It also includes benefits for other related expenses such as drugs and medicine, new or experimental treatment, hair pieces, hospital confinement, radiation, surgery and an evaluation / consultation at a National Cancer Institute Designated Comprehensive Cancer Treatment Center. There are no restrictions on how you spend the money. You can use it to pay monthly bills, loss of income, child care or anything else you need.

**Financial help when you need it most:**

- Benefits will be paid directly to you, not the hospital
- Coverage can be purchased for you and your entire family
- Waiver of premium after 60 days of disability due to cancer for as long as your disability lasts<sup>1</sup>
- Portable coverage if you leave your current job, at the same premium
- Includes coverage for 32 other specified diseases

**Kemper Benefits Cancer insurance plan highlights:**

- First diagnosis benefit with Second and Third opinions covered
- Drugs and Medicine, including outpatient anti-nausea drugs
- Private nursing services
- National Cancer Institute Designated Comprehensive Cancer Treatment Center Evaluation/Consultation Benefit
- Breast Prosthesis
- New or experimental therapy
- Hospice care
- Hairpieces and rental of durable goods
- Specified disease coverage
- Radiation/chemotherapy/immunotherapy
- Surgery

<sup>1</sup>Disability of primary insured only

# Product Features and Benefits

	Plan 1	Plan 2
<b>First Diagnosis Benefit</b>		
Benefit Amount Cancer	\$2,500	\$5,000
Includes Specified Disease	Yes	Yes
<b>Guaranteed Issue</b>	\$2,500	\$5,000
<b>Hospital Confinement Benefit</b>		
Benefit Amount per day	\$100	\$300
<b>Colony Stimulating Factors</b>		
Benefit Amount per month	\$500	\$500
<b>Radiation / Chemotherapy / Immunotherapy</b>		
Benefit Amount Daily or Monthly	\$1,000 per month	\$1,000 per month
<b>Surgical Benefit</b>		
Maximum Surgical Schedule Benefit Amount	\$1,500	\$4,500
<b>Intensive Care Unit (ICU)</b>		
Benefit Amount	\$325	\$625
Pays two times the daily amount elected for cancer or a specified disease		

See the certificate and any attached rider(s) for details on benefit requirements, provisions, terms, conditions, limitations and exclusions.

# Cancer Insurance Plan – Benefits\*

The following is a summary of the benefits included in the Kemper Benefits Cancer insurance plan. This is a brief description and does not replace or modify the comprehensive description of all benefits, limitations and exclusions contained in the policy/certificate and riders that are subject to the laws of the state having jurisdiction. Benefits, limitations, exclusions and rates may vary by state; plans not available in all states.

## First Diagnosis Benefit

Pays a one-time benefit per insured when first diagnosed with cancer (or specified disease, if selected). The first diagnosis must occur after the certificate effective date.

## Positive Diagnosis Test

Pays a one-time benefit per insured person for one diagnostic test that leads to positive diagnosis of cancer (or a specified disease) up to a maximum of \$300 per calendar year. This benefit is not payable if the same cancer (or specified disease, if selected) recurs.

## Second and Third Surgical Opinions

Pays an insured's expense incurred for a written second or third surgical opinion as to the need for a surgical procedure.

## Non-Local Transportation

Pays an insured's expenses for non-local travel to a hospital (inpatient or outpatient); radiation therapy center; chemotherapy or oncology clinic; or any other specialized treatment either at a common carrier fare; or 50 cents per mile for up to 700 miles per treatment for round-trip personal vehicle transportation for round trips over 60 miles. This benefit is payable if the insured's treatment is not available locally and is available non-locally.

## Adult Companion Lodging and Transportation

Pays for the insured's one adult companion lodging and transportation expenses if the insured is confined in a non-local hospital for cancer (or specified disease) treatment. This benefit is payable for up to \$75 per day for a single room in a motel, hotel or other accommodations up to a maximum stay of 60 days. This benefit is not payable for lodging expenses incurred more than 24 hours before the treatment nor for lodging expenses incurred more than 24 hours following treatment. This benefit pays a common carrier fare or 50 cents per mile round-trip personal vehicle transportation for round trips over 60 miles up to 700 miles per hospital stay for treatment. If we pay for personal vehicle mileage under the non-local transportation benefit we will pay personal vehicle mileage under this benefit only if the adult companion lives in another town other than where the insured lives.

## Ambulance

Pays an insured's expenses for ambulance service if the insured is taken to the hospital by a licensed or hospital-owned ambulance and is admitted as an inpatient.

## Bone Marrow and Peripheral Stem Cell Transplant

Pays for an insured's expenses for surgical and anesthetic charges associated with bone marrow transplant and/or peripheral stem cell transplant up to a combined lifetime maximum of \$15,000.

## Anesthesia

Pays an insured's expenses incurred for the services of an anesthesiologist in connection with surgery up to 25% of the amount paid for such surgery. For anesthesia in connection with the treatment of skin cancer, the benefit is limited to \$100.

\*Some provisions and benefits may not be available in all states or may vary by state. See each state's policy/certificate for details.

# Cancer Insurance Plan – Benefits (continued)\*

## Ambulatory Surgical Center

Pays an Insured's expenses incurred for surgery performed at an ambulatory surgical center up to a maximum of \$250 per day.

## Drugs and Medicines

Pays an insured's expenses for drugs and medicine while confined in a hospital up to a maximum of \$25 for each day of confinement, subject to a calendar year maximum of \$600.

## Outpatient Anti-Nausea Drugs

Pays an insured's expenses for drugs prescribed by a physician and used for suppressing nausea during cancer (or specified disease, if selected) treatment up to a maximum of \$250 per calendar year.

## Miscellaneous Therapy Charges

Pays an insured's expenses up to a lifetime maximum of \$10,000 for laboratory work and its interpretation and routine or diagnostic x-rays, scans and their interpretations. Service must be performed while receiving treatment(s) in radiation therapy, radioactive isotopes therapy; chemotherapy or immunotherapy or within 30 days following a covered treatment.

## Self-Administering Drugs

Pays an insured's expenses up to \$4,000 per month for self-administered chemotherapy, including hormone therapy, or immunotherapy agents.

## Blood, Plasma and Platelets

Pays for an insured person's expenses incurred up to a maximum of \$200 per day for:

1. Blood, plasma and platelets;
2. Transfusions;
3. The administration of 1 and 2 above;
4. Processing and procurement costs; and
5. Cross matching.

Will not pay for blood replaced by donors.

## Physician's Attendance

Pays an insured's expenses up to a maximum of \$35 per day for one visit per day by a physician while the insured is confined in a hospital.

## Private Duty Nursing Services

Pays an insured's expenses up to a maximum of \$100 per day for private nursing care by a nurse required and ordered by the attending physician, and while the insured is confined in a hospital.

## National Cancer Institute Designated Comprehensive Cancer Treatment Center Evaluation/Consultation Benefit

Pays an insured's expenses up to a lifetime maximum of \$750 for evaluation if diagnosed with cancer and seeking evaluation or consultation from a National Cancer Institute Designated Comprehensive Cancer Treatment Center. If the Comprehensive Cancer Treatment Center is located more than 30 miles from the insured's place of residence, it also pays for transportation and lodging expenses up to a lifetime maximum of up to \$350.

This benefit is not payable on the same day a second or third surgical opinion benefit is payable and is in lieu of the nonlocal transportation benefits of the policy.

\*Some provisions and benefits may not be available in all states or may vary by state. See each state's policy/certificate for details.

# Cancer Insurance Plan – Benefits (continued)\*

## Breast Prosthesis

Pays an insured's expenses for a breast prosthesis to restore body contour lost due to breast cancer and the implantation of the prosthesis.

## Artificial Limb or Prosthesis

Pays an insured's expenses incurred when an amputation is performed up to a lifetime maximum of \$1,500 per insured person for amputation per an artificial limb or prosthesis and the procedure to affix or implant it.

## Physical Therapy or Speech Therapy

Pays an insured's expenses up to \$35 per therapy session for physical or speech therapy for restoration of normal bodily function.

## New or Experimental Treatment

Pays an insured's expenses up to a maximum of \$7,500 per calendar year for new or experimental treatment, which is judged necessary by the attending physician and received in the United States or in its territories.

## Hospice Care

Pays an insured's expenses up to \$50 per day for care received in a free standing hospice care center or at home if diagnosed as terminally ill. The attending physician must approve the stay or care, and the stay or care must begin within 14 days after a hospital stay. Admission or benefits payable for hospice centers that are designated areas of hospitals will be paid the same as inpatient hospital stays. We will not pay for food services or meals other than dietary counseling; services related to well-baby care; services provided by volunteers; or support for the family after the death of the Insured Person.

## Government or Charity Hospital

Pays an insured up to \$200 per day for confinement in a hospital operated by or for the United States Government (including the Veteran's Administration) or a hospital that does not charge for the services it provides (charity). The daily benefit is paid in lieu of all other benefits provided in the policy.

## Hairpiece

Pays for an insured's expenses up to a lifetime maximum of \$150 for a hairpiece when hair loss is the result of cancer treatment.

## Rental or Purchase of Durable Goods

Pays for an insured's expenses up to \$1,500 per calendar year for the rental or purchase of the following pieces of durable medical equipment:

1. A respirator or similar mechanical device;
2. Brace;
3. Crutches;
4. Hospital bed; and
5. Wheelchair.

## Waiver of Premium

Premiums are waived following a 60-day period of disability due to cancer (or specified disease, if selected). An insured must be receiving treatment for such cancer (or specified disease, if selected) for which benefits are payable under the policy and remain disabled for 60 consecutive days. Premiums are waived for the period of disability.

\*Some provisions and benefits may not be available in all states or may vary by state. See each state's policy/certificate for details.

# Cancer Insurance Plan – Benefits (continued)\*

## Specified Disease - Plan 1, Plan 2

Specified disease means any of the following: Addison’s Disease, Amyotrophic Lateral Sclerosis, Cystic Fibrosis, Diphtheria, Encephalitis, Epilepsy, Hansen’s Disease, Legionnaire’s Disease, Lupus Erythematosus, Lyme Disease, Malaria, Meningitis(epidemic cerebrospinal), 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, Tay-Sachs Disease, Tetanus, Toxic Epidermal Necrolysis, Tuberculosis, Tularemia, Typhoid Fever, Undulant Fever, Whipple’s Disease.

## Hospital Confinement Benefit - Plan 1, Plan 2

Pays a daily benefit for each day an insured is charged the daily room rate by a hospital. This benefit is payable up to 60 days for one period of continuous stay. For covered dependent child(ren) under the age of 21, the benefit is two times the daily benefit for Hospital Confinement shown in the policy’s Schedule of Benefits.

## Colony Stimulating Factors - Plan 1, Plan 2

Pays the insured’s expense incurred up to the selected monthly maximum benefit for the cost of chemical substances and their administration to stimulate the production of blood cells.

## Radiation/Chemotherapy/Immunotherapy - Plan 1, Plan 2

Pays a daily or monthly benefit for expenses incurred for covered treatment to modify or destroy cancerous tissue.

## Surgery - Plan 1, Plan 2

Pays the insured’s expense incurred for a surgeon’s fee up to the amount shown in the policy’s Surgical Schedule for an operation and for care by the surgeon after the operation. Payment will not include charges by an assistant or cosurgeons. Benefits for surgery performed on an outpatient basis will be 150% of the scheduled amount shown on the surgical schedule not to exceed the actual surgeon’s fees for the surgery.

## Intensive Care Unit (ICU) Benefit - Plan 1, Plan 2

Pays a daily benefit per insured’s period of confinement in an intensive care unit (ICU). The period of confinement must be due to sickness or injury. Benefits are payable from the first day of intensive care unit (ICU) confinement. A day is defined as a 24-hour period. If an Insured is confined to an intensive care unit (ICU) for only part of a day, a pro-rata portion of the daily benefit will be paid.

Employer Elected Rider	Confinement Amounts
For confinement in an intensive care unit (ICU) for treatment other than for cancer (or specified disease, if selected) or common carrier injury	Plan 1 \$325 Plan 2 \$625
For confinement in a step down unit	One-half the daily benefit amount elected for intensive care unit (ICU) confinement
For confinement in an intensive care unit (ICU) for treatment of cancer (or specified disease, if selected)	2 times the daily benefit amount elected for intensive care unit (ICU) confinement
For confinement in an intensive care unit (ICU) for treatment of common carrier injury	2 times the daily benefit amount elected for intensive care unit (ICU) confinement
Maximum payment period	45 days per period of confinement

\*Some provisions and benefits may not be available in all states or may vary by state. See each state’s policy/certificate for details.

# Cancer Insurance Plan Limitations and Exclusions

## Limitations

During the 1 month, following the effective date of coverage for an insured person, losses incurred for pre-existing conditions are not covered. After this 1 month period, benefits for such conditions will be payable unless specifically excluded from coverage. We will give credit for any time the insured person was covered under a similar policy immediately prior to the certificate effective date.

The pre-existing condition exclusion period will be reduced for each insured person to the extent the pre-existing condition exclusion period was previously satisfied by similar coverage in force immediately prior to the insured's effective date of coverage under the policy.

**Pre-Existing Conditions** means Cancer or a specified disease for which an insured person has received medical consultation, treatment, care, services, or for which diagnostic test(s) have been recommended for which medication has been prescribed during the 1 month immediately preceding the effective date of coverage for the insured person.

## Exclusions

Benefits under the policy and any attached rider(s) will only be payable for diagnosis resulting from cancer (or specified diseases, if included). Benefits are not payable for any loss caused in whole or in part by or resulting in whole or part from the following:

1. Any other disease or sickness;
2. Injuries;
3. Any disease, condition, or incapacity that has been caused, complicated, worsened, or affected by:
  - a. Specified disease or specified disease treatment (if included); or
  - b. Cancer or cancer treatment, or unless otherwise defined in the policy;
4. Care and treatment received outside the United States or its territories; or
5. New and experimental treatment by any program that does not qualify as new and experimental treatment under the Policy.

Some provisions, exclusions or limitations may vary by state.

See the certificate for details. Policy Form Series KB-EC-POL-0117 and KB-MC-0117

# Intensive Care Unit (ICU) Rider Exclusions

## Exclusions

This rider does not cover intensive care unit (ICU) or step down unit confinements that occur during a period of confinement that began before the rider effective date or resulting from intentionally self-inflicted injury or suicide attempt.

This rider does not cover any loss as a result of the insured person's being intoxicated or under the influence of alcohol, drugs or any narcotic unless administered on the advice of a physician and taken according to the physician's advice. The term "intoxicated" refers to that condition as defined by law or the legal decisions of the jurisdiction in which the accident or the cause of the loss or losses occurred.

Some provisions, exclusions or limitations may vary by state. See the certificate for details.

Rider Form Series KB-EC-ICU-0117 and KB-MC-ICU-0117

# Strength. Solutions. Security. That's the Kemper edge.

## Kemper Benefits is bringing value back to benefits

Kemper Benefits products are meant to integrate with and supplement benefits already available to you through your employer. Voluntary benefits are simply insurance products that provide added value to your core health benefits.

[kemperbenefits.com](http://kemperbenefits.com)

Policies issued by:

**Reserve National Insurance Company**

A **Kemper Life and Health** Company

Oklahoma City, Oklahoma

Policy Form Number Series KB-EC-POL-0117 and KB-MC-0117, with Rider Form Series KB-EC-HASFDB and KB-MC-HASFDB-0117, KB-EC-ICU-0117 and KB-MC-ICU-0117, and KB-EC-BER-0117 and KB-MC-BER-0117. Form numbers may vary by state.

Kemper Benefits, kemperbenefits.com, is part of Kemper Corporation (NYSE: KMPR), a diversified insurance holding company, with subsidiaries that provide an array of products to the individual and business markets. Kemper's underwriting companies are rated "A-" (Excellent) for financial strength and ability to meet policyowner obligations by A.M. Best Company, a leading insurance rating authority.

Kemper Corporation's underwriting company for the Kemper Benefits voluntary worksite life, accident and health insurance products is Reserve National Insurance Company, which is responsible for the underwriting risks, financial and contractual obligations and support functions associated with the products it issues. Kemper Corporation is not responsible for the products of any of its underwriting companies.

This is only a summary of products and services offered. Actual offerings may vary by group size and other underwriting considerations, and are subject to state insurance law, and the benefits/provisions as described may vary due to such law. All products are subject to the terms, conditions, limitations and exclusions of the specific policy. Please see the specific policy and certificate for details. Policies are not available in all states.

The Kemper Benefits insurance plans, either separately or in combination with each other, are not "minimum essential coverage" under the federal Affordable Care Act. Lack of minimum essential coverage may result in an additional tax payment.

**IMPORTANT:** If an individual is insured under the Kemper Benefits Cancer Insurance Policy and is also covered by Medicaid or a state variation of Medicaid, most benefits are automatically assigned according to state regulations. This means that instead of paying the benefits to the insured individual, we must pay the benefits to Medicaid or the medical provider to reduce the charges billed to Medicaid. Please consider your circumstances before enrolling in Kemper Benefits coverage.

©2017. All rights reserved.