



Cancer Insurance Program

Underwritten by: NTA Life Insurance Company of New York (NTA Life)
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Most benefits available whether or not you are Hospital confined & without regard to actual costs:

GREEN LEVEL	TREATMENT BENEFITS	GOLD LEVEL
	CANCER DIAGNOSIS, SCREENING, AND TESTING	
\$2,000 adult \$3,000 child	Express Payment Benefit: Paid one time for a Covered Person upon first diagnosis of internal Cancer or melanoma. Not payable for Skin Cancer. Benefit is 50% larger for diagnosis in a covered Child.	\$3,000 adult \$4,500 child
\$250	Express Payment Skin Cancer Benefit: Paid one time for a Covered Person upon first diagnosis of Skin Cancer.	\$375
\$50/Year	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.	\$75/Year
\$500 \$200	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. 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.	\$750 \$300
	HOSPITAL CONFINEMENT ¹	
\$200/day	Hospital Confinement Benefit: Paid daily for the first 60 Days of One Period of Confinement.	\$300/day
\$600/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 other Policy benefits.	\$900/day
\$100/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.	\$150/day
\$200/One Period of Confinement max \$400/year	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.	\$300/One Period of Confinement max \$600/year

POLICY FORM GRC-2005-NY (6/12). Premium and benefits will vary with plan selected.

¹ Benefits payable only while confined in Hospital for Cancer Treatment

² Benefits not payable on same day as Experimental Treatment Benefit

GREEN LEVEL		GOLD LEVEL
CANCER THERAPY ²		
\$200/day of service	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. Not payable for medications covered by Immunotherapy or Hormonal Therapy Benefits.	\$300/day of service
\$400/month	In-Home Injected Chemotherapy Benefit: Paid for self-injected Chemotherapy Treatment or Chemotherapy Treatment which is self-administered by pump. Not payable for medications covered by Immunotherapy or Hormonal Therapy Benefits.	\$600/month
\$800/month	Non-Hormonal Oral Chemotherapy Benefit: Paid for oral Chemotherapy Treatment.	\$1,200/month
\$200/day of service	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.	\$300/day of service
\$400/month	Immunotherapy and Hormonal Therapy Benefit: Paid for immunotherapy or hormonal therapy treatment of Cancer.	\$600/month
\$50/unit 50 units/year	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.	\$75/unit 50 units/year
TRANSPORTATION AND TRAVEL		
\$200/land trip \$2,000/air trip	Ambulance Benefit: Paid for 2 one-way trips to the Hospital for Cancer treatment, by ground or air ambulance, per One Period of Confinement.	\$300/land trip \$3,000/air trip
\$0.50/mile max. \$1,000 per round 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.	\$0.75/mile max. \$1,500 per round trip
\$50/Day	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.	\$75/Day
\$50/Day	Family Member Lodging Benefit: 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.	\$75/Day

Most benefits available *whether or not you are Hospital confined & without regard to actual costs:*

GREEN LEVEL	TREATMENT BENEFITS	GOLD LEVEL
	CANCER SURGERY	
\$200 /opinion	<p>2nd & 3rd Surgical Opinion Benefit: 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>	\$300 /opinion
\$200 /facility	<p>Surgical Facility Benefit: 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 Skin Cancer.</p>	\$300 /facility
max. \$5,500 per operation	<p>Surgeon's Fee Benefit: Paid for surgery in or out of the Hospital, including surgery for Skin Cancer, up to the maximum amount described in the Policy, based on the severity of the operation as rated by the Federal Register.</p> <p>Reconstructive Surgery: Paid similarly if performed following a Covered Surgery for which benefits were paid.</p>	max. \$8,250 per operation
25% of Surgeon's Fee Benefit	<p>Anesthesia Benefit: Paid for anesthesia services and anesthesia drugs administered in connection with a Covered Surgery.</p>	25% of Surgeon's Fee Benefit
\$10,000 \$5,000 \$1,000	<p>Bone Marrow Transplant Benefit: 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 style="text-align: center;">Inpatient implantation benefit Outpatient implantation benefit Donor benefit (if not Covered Person)</p>	\$15,000 \$7,500 \$1,500
\$8,000	<p>Stem Cell Transplant Benefit: 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>	\$12,000
\$2,000 /device	<p>Surgically Implanted Prosthesis Benefit: Paid for the surgical implantation of a prosthetic device made necessary as the direct result of a Covered Surgery. Limit 2 devices per Covered Person.</p>	\$3,000 /device

GREEN LEVEL		GOLD LEVEL
	CONTINUING CARE	
\$350/year	<p>Annual Treatment Support Benefit: Annual benefit paid for the first 5 years following the 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.</p>	\$525/year
\$400	<p>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.</p>	\$600
\$100/day max. 100 days/ Covered Person	<p>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, rehabilitation facility, private duty Nurse, home health care, physiotherapist services.</p>	\$150/day max. 100 days/ Covered Person
\$100/day max. \$12,000	<p>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.</p>	\$150/day max. \$18,000
\$200/year	<p>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.</p>	\$300/year
	PEACE OF MIND	
\$50/month max. 12 months	<p>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 Skin Cancer or chiropractic care. Not payable while Hospice Benefit is payable for the Covered Person.</p>	\$75/month max. 12 months
\$200/day	<p>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.</p>	\$300/day
\$2,000	<p>Fertility Treatment Benefit: Paid once per Covered Person if a Covered Person receives Standard Fertility Preservation Treatment after Cancer is First Diagnosed, due to risk of iatrogenic infertility.</p>	\$3,000
\$20/day	<p>Pet Boarding Benefit: Paid for pet boarding services at a licensed kennel or veterinarian's office while that Covered Person (the pet owner) is Hospital confined for Cancer treatment. Daily benefit only, regardless of number of pets boarded.</p>	\$30/day

Here are some answers to your questions about exceptions & limitations.

1. What is the purpose for buying these insurance policies/riders?

This Policy provides LIMITED BENEFITS HEALTH INSURANCE ONLY. It does NOT provide basic hospital, basic medical, or major medical insurance as defined by the New York State Department of Financial Services. The expected benefit ratio for this policy is 60.47 percent. This ratio is the portion of future premiums which the company expects to return as benefits, when averaged over all people with this policy. This policy 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.

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, 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, along with a complete description of all exceptions 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 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 LIMITED POLICIES, such as this one, no coverage is provided for six months after the Policy's Coverage Effective Date (generally, the issue date) for a covered disease that is a Preexisting Condition. Generally, a Preexisting Condition is a condition for which: [1] medical advice was given by a licensed health care provider within the six month period before the Coverage Effective Date, or [2] treatment was recommended by or received from a licensed health care provider within the six month period before the coverage Effective Date. For Cancer that is First Diagnosed within the 30 days following the Coverage Effective Date for a Covered Person, the Covered Person may elect that: [1] the Policy will be void from its beginning with full premium refund, or [2] coverage for the diagnosed Cancer will be delayed for twelve months following the Coverage Effective Date. No benefits are provided for care or treatment that is not due to Cancer. No benefits are provided for conditions that are not covered conditions under the Policy 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).