

YOUR FLEXIBLE BENEFITS

CANCERSELECT® PLUS
CANCER-ONLY INSURANCE



CancerSelect Plus, underwritten by Transamerica Life Insurance Company, can help provide extra protection in the event of a cancer diagnosis.

Nancy knows that her family history may put her at higher risk for a cancer diagnosis. When a coworker battled cancer and faced a financial strain due to his deductible, copays, and missed work, his situation hit close to home. She worries that her medical insurance might not be enough.

GOOD MEDICAL INSURANCE HELPS, BUT IS IT ENOUGH?

Health insurance may cover some of the cost of cancer treatment but individuals could still face substantial out-of-pocket costs.

IF CANCER IS THE DISEASE YOU WORRY ABOUT MOST, YOU'RE NOT ALONE

If you or one of your family members were to be diagnosed with cancer, would you want to face those chances? Now there's a way you can add more benefits for you and your family.

With this supplemental benefit, you'll have more resources to cope with a diagnosis of cancer and wellness benefits to help you detect it early, when it's most treatable.

YOU CAN INSURE YOURSELF OR ADD YOUR ELIGIBLE SPOUSE AND CHILDREN

If you are 18 years of age or older, you can purchase this valuable supplemental benefit. You can also choose to insure your eligible family members, including your spouse age 18 or older and your children from birth through age 25.

VALUABLE BENEFITS FOR YOUR LIFE

Review the attached benefits and costs for the insurance policy. It's a long list of benefits, but they're all important. As you read through the list of all the ways this supplemental insurance pays, think about how you could possibly pay for all these costs on your own. Fighting cancer can be challenging both financially and emotionally, and the more resources you have, the better prepared you and your family will be.

This is a brief summary of **CancerSelect Plus**, cancer-only insurance, **underwritten by Transamerica Life Insurance Company, Cedar Rapids, Iowa**. Policy form series CPCAN200 and CCCAN200. Forms and numbers may vary. Insurance may not be available in all jurisdictions. Limitations and exclusions apply. Refer to the policy, certificate, and riders for complete details.

Up-to-date information regarding our compensation practices can be found in the Disclosures section of our website at tebcs.com.

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HOW IT WORKS

- Pays benefits directly to you.
- Spouse and dependent benefits available.
- Payroll-deducted premiums.
- Easy enrollment process.

 **Visit:**
transamericabenefits.com

 **Customer Service:**
888-763-7474



TRANSAMERICA®

Product Details

Hospital Benefits	Plan Option 1 - 2.00 Units	Plan Option 2 - 1.00 Units	Policy Pays
Hospital Confinement	\$200	\$100	per day of covered confinement
Extended Benefits	\$400	\$200	per day; begins on day 91 of continuous confinement; in lieu of all other benefits (except surgery and anesthesia)
Attending Physician	\$40	\$20	per day while hospital confined; one visit per 24-hour period
Inpatient Drugs and Medicines	\$30	\$15	per day while hospital confined
Private Duty Nurse	\$200	\$100	per day while hospital confined; must be authorized by the attending physician; cannot be hospital staff or a family member
Ambulance	\$200	\$100	for service by a licensed ambulance service for transportation to a hospital; admittance required
Extended Care Facility	\$200	\$100	per day; up to the number of days for the prior hospital stay; admittance must be within 14 days of hospital discharge
Government or Charity Hospital	\$200	\$100	per day of covered confinement; in lieu of all other benefits
Hospice Care	\$200	\$100	per day of hospice care; 100-day lifetime maximum; not payable while hospital confined
Surgery Benefits	Plan Option 1 - 2.00 Units	Plan Option 2 - 1.00 Units	Policy Pays
Surgery	Inpatient	\$2,000	maximum benefit; actual benefit is determined by the surgery schedule in the contract; for multiple procedures in same incision only the highest benefit is paid; for multiple procedures in separate incisions will pay highest benefit and then 50% for each lesser procedure
	Outpatient	\$3,000	
Anesthesia	25%	25%	of covered surgery benefit

Product Details

Prosthesis	\$1,000	\$500	maximum benefit; pays actual charges per device requiring implantation
Hair Prosthesis	\$100	\$50	maximum benefit; pays actual charges for wig to cover hair loss from cancer treatment
Reconstructive Surgery	Breast Cancer – simple or total mastectomy	\$240	\$120
	Breast Cancer – radical mastectomy	\$340	\$170
	Cancers of the male or female genitalia	\$340	\$170
	Cancer of the head, neck, or oral cancers	\$500	\$250
Second Surgical Opinion	\$200	\$100	when surgery is prescribed; excludes skin cancer
Ambulatory Surgical Center	\$300	\$150	maximum per day; pays actual charges for outpatient surgery at an ambulatory surgical center
Skin Cancer	One removal	\$150	\$75
	Per additional removal	\$70	\$35
Radiation and Chemotherapy Benefits	Plan Option 1 - 1.00 Units	Plan Option 2 - 1.00 Units	Policy Pays
Radiation and Chemotherapy	\$5,000	\$5,000	maximum benefit per 12-month period; pays actual charges

Product Details

Associated Radiation & Chemo Expenses	\$250	\$250	maximum benefit per 12-month period; pays actual charges for treatment consultations and planning, adjunctive therapy, radiation management, chemotherapy administration, physical exams, checkups, and laboratory or diagnostic tests; transportation and lodging are not included as associated expenses
Blood, Plasma, Blood Components, Bone Marrow and Stem Cell Transplant	\$5,000	\$5,000	maximum benefit per 12-month period; pays actual charges
Associated Blood & Plasma Expenses	\$250	\$250	maximum benefit per 12-month period; pays actual charges for administration of blood, plasma and blood components, transfusions, processing and procurement, or cross-matching, treatment consultations and planning, physical exams, checkups, and laboratory or diagnostic tests; transportation and lodging are not included as associated expenses
New or Experimental Treatment	\$5,000	\$5,000	maximum benefit per 12-month period; pays actual charges for drugs or chemical substances approved by the FDA for experimental use on humans or surgery or therapy endorsed by either the NCI or ACS for experimental studies received in the US or its territories

Product Details

Wellness & Non-Medical Benefits	Plan Option 1 - 2.00 Units	Plan Option 2 - 3.00 Units	Policy Pays
Annual Cancer Screening	\$100	\$150	per calendar year for cancer screening tests: <ul style="list-style-type: none"> ● mammogram ● pap smear ● flexible sigmoidoscopy ● prostate-specific antigen test ● chest x-ray ● hemocult stool specimen ● ultrasound ● CEA ● CA125 ● biopsy ● thermography ● colonoscopy ● serum protein electrophoresis ● bone marrow testing ● blood screening
Magnetic Resonance Imaging (MRI) Scan	\$100	\$150	per calendar year for MRI scan used as diagnostic tool for breast cancer
Non-Local Transportation	Included	Included	round-trip charges or private vehicle allowance, up to 750 miles at \$0.40 per mile, when required non-local hospital confinement is more than 50 miles from residence for an insured person and an adult immediate family member during confinement; payable once per confinement
Family Member Lodging	\$100	\$150	per day (maximum 50 days per 12 month period) for lodging expenses for an adult immediate family member when non-local hospital confinement is required
Outpatient Lodging	\$100	\$150	per day (maximum 50 days per 12 month period) for lodging expenses for an insured person to receive radiation or chemotherapy on an outpatient basis if not available locally
Physical Therapy & Speech Therapy	\$50	\$75	per treatment; limit one treatment per day

Product Details

At-Home Nursing	\$100	\$150	per day, up to the number of days of the prior hospital stay when admitted within 14 days of hospital discharge	
Waiver of Premium	Included	Included	waives premium for total disability due to cancer after 60 consecutive days of total disability; total disability must begin prior to the insured person's 70th birthday	
Cancer Maintenance Therapy Benefit	Plan Option 1 - 1.00 Units	Plan Option 2 - 1.00 Units	Policy Pays	
<ul style="list-style-type: none"> • Cancer Suppressive Therapy • Hematological Drugs • Anti-Nausea Drugs • Motility Agents 	\$1,000	\$1,000	maximum benefit per 12-month period; pays actual charges	
First Occurrence Rider (Rider Form Series CROCC100, 200 or 300)	Plan Option 1 - 10.00 Units	Plan Option 2 - 10.00 Units	Policy Pays	
Initial Diagnosis Benefit	\$10,000	\$10,000	pays a one-time, lump-sum benefit when an insured person is initially diagnosed with cancer for the first time ever after the effective date of insurance (except skin cancer), based on a microscopic examination of fixed tissue or preparations from the hemic system. Clinical diagnosis is accepted under certain conditions.	
Intensive Care Rider (Rider Form Series CRICU100, 200 or 300)	Plan Option 1 - 0 Units	Plan Option 2 - 1.00 Units	Policy Pays	
Maximum of 45 days per covered confinement	Intensive Care Unit	None	\$100	per day of confinement in an ICU such as a cardiac care unit, burn unit, or neonatal unit
	Step-Down Unit	None	\$50	per day of confinement in a step-down unit for progressive, sub-acute or intermediate care
Ambulance Benefit	None	\$200	maximum benefit; pays actual charges; per period of ICU confinement for transportation between medical facilities by a licensed professional ambulance service; benefit is not payable if paid under the base contract provision	

Product Details

Specified Illness and Disease Rider (Rider Form Series CRSPD200)	Plan Option 1 - 0 Units	Plan Option 2 - 1.00 Units	Policy Pays
Provides benefits for losses that are the direct result of a covered specified illness or disease.			
Hospital Confinement	None	\$100	per day of covered confinement
Extended Benefits	None	\$200	per day; begins on day 91 of continuous confinement; in lieu of all other benefits (except surgery and anesthesia)
Attending Physician	None	\$20	per day while hospital confined; one visit per 24-hour period
Inpatient Drugs and Medicines	None	\$15	per day while hospital confined
Private Duty Nurse	None	\$100	per day while hospital confined; must be authorized by the attending physician; cannot be hospital staff or a family member
Ambulance	None	\$100	for service by a licensed ambulance service for transportation to a hospital; admittance required
Extended Care Facility	None	\$100	per day; up to the number of days for the prior hospital stay; admittance must be within 14 days of hospital discharge
Government or Charity Hospital	None	\$100	per day of covered confinement; in lieu of all other benefits
Hospice Care	None	\$100	per day of hospice care; 100-day lifetime maximum; not payable while hospital confined
Surgery	None	\$1,000	per surgery; pays the lesser of the amount shown or an amount determined by multiplying the work relative value unit obtained from the Medicare Physician Fee Schedule by \$25
Outpatient Surgery	None	\$1,500	per surgery; pays 150% of the surgery benefit
Anesthesia	None	25%	per surgery; pays the selected percentage of the surgery benefit

Product Details

Second Surgical Opinion	None	\$100	for a second opinion when the first opinion prescribes surgery as treatment
Ambulatory Surgical Center	None	\$150	maximum per day; pays charges for surgery performed at an ambulatory surgical center or hospital as an outpatient; paid in addition to the outpatient surgery benefit

Covered Specified Illnesses and Diseases include:

Adrenal Hypofunction (Addison's Disease)	Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease)	Botulism	Brucellosis	Budd-Chiari Syndrome
Cerebral Palsy	Cholera	Cystic Fibrosis	Diphtheria	Encephalitis
Hansen's Disease	Hepatitis (Chronic B or Chronic C with liver failure or hepatoma)	Histoplasmosis	Huntington's Chorea	Legionnaires' Disease
Lupus	Lyme Disease	Mad Cow Disease	Malaria	Meningitis
Muscular Dystrophy	Myasthenia Gravis	Necrotizing Fascitis	Osteomyelitis	Poliomyelitis
Primary Biliary Cirrhosis	Primary Sclerosing Cholangitis (Walter Payton's Liver Disease)	Q Fever	Rabies	Reye's Syndrome
Rheumatic Fever	Rocky Mountain Spotted Fever	Scarlet Fever	Scleroderma	Sickle Cell Anemia
Tay-Sachs Disease	Tetanus	Thallasemia	Toxic Epidermal Necrolysis	Toxic Shock Syndrome
Trichinosis	Tuberculosis	Tularemia	Typhoid Fever	Whooping Cough (Pertussis)

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

Monthly Premium	Individual	Single Parent Family	Family
Plan Option 1	\$25.81	\$29.42	\$46.16
Monthly Premium			
Plan Option 2	\$27.02	\$31.27	\$48.99

Issue State: Alabama

Limitations and Exclusions

We provide benefits only for cancer as defined herein, which is positively diagnosed while insurance is in force. It does not provide benefits for any other illness or disease.

- We may reduce or deny a claim or void insurance for loss incurred by an insured person:
 - During the first 2 years from the effective date of such insurance for any misstatements in the application which would have materially affected our acceptance of the risk;
 - At any time for fraudulent misstatements in the application.
- We will only pay for loss as a direct result of cancer. Proof of positive diagnosis must be submitted to us for each new claim. We will not pay for any other disease or incapacity that has been caused, complicated, worsened or affected by, or as a result of cancer, except as specifically covered under the contract.
- If a covered hospital confinement is due to more than one covered condition, benefits will be payable as though the confinement or expense were due to one condition. If a hospital confinement or expense is also due to a disease or condition that is not covered, benefits will be payable only for the part of the hospital confinement or expense due to the covered disease or condition.
- Under no condition will we pay any benefits for losses or medical expenses incurred prior to the effective date.

Pre-Existing Condition Limitation - No benefits are provided during the first 12 months for pre-existing conditions for which the insured person has been diagnosed, treated, or for which the insured person has incurred expense or has taken medication within 12 months prior to the effective date of such person's policy. Pre-existing condition also includes a condition that manifests itself in a way that would cause an ordinarily prudent person to seek medical advice, diagnosis, care or treatment.

Total Disability means the inability to perform all of the material and substantial duties of the employee's regular occupation. Total Disability will be considered to exist when under the regular care and attendance of a physician for the necessary treatment of cancer. After the first two years of Total Disability, the employee will continue to be considered Totally Disabled if unable to engage in any employment or occupation for which he or she is or becomes qualified by reason of education, training, or experience. On or after age 65, Total Disability will mean that a physician has certified that the employee is unable to perform two or more Activities of Daily Living (continence, transferring, dressing, toileting, eating and bathing) without direct personal assistance as a result of cancer.

12-Month Benefit Period - The initial 12-Month Benefit Period is the 12-month period beginning on the date of positive diagnosis. Subsequent 12-Month Benefit Periods begin on the same month and day as the immediately preceding 12-Month Benefit Period; however, if the insured person incurs no covered loss during the 3 months after the end of any 12-Month Benefit Period, the next 12-Month Benefit Period will begin on the next date a covered loss is incurred. Benefit Periods are determined separately for each insured person.

First Occurrence Rider

Benefits are not payable:

- For cancer diagnosed prior to the Effective Date of this Rider;
- For any other illness or disease other than internal Cancer;
- For Skin Cancer or any Cancer excluded from insurance by name or specific description.

Intensive Care Rider

We will only pay one daily indemnity benefit per day. We will not pay any benefits for loss resulting from:

- Specifically excluded diseases or conditions in the Contract or in this Rider;
- An attempted suicide while sane or insane or an intentionally self-inflicted injury;
- Any act of war either declared or undeclared;
- Alcoholism or drug addiction;
- Mental or nervous disorders;
- An overdose of drugs, narcotics, hallucinogens, unless administered on the advice of a Physician;
- Intoxication, or being under the influence of any intoxicant or narcotic, unless administered on the advice of a Physician;
- Injury received while engaging in an illegal occupation or activity.

Limitations and Exclusions

Specified Illness and Disease Rider

This Rider provides benefits for the Initial Positively Diagnosed Specified Illness or Disease defined in this Rider on or after the Effective Date of this Rider. It does not provide benefits for any other illness or disease.

We will only pay for loss as a direct result of a Specified Illness or Disease. Proof of Positive Diagnosis must be submitted with each new claim. We will not pay for any disease or incapacity that has been caused, complicated, worsened, or affected by, or as a result of a Specified Illness or Disease or its treatment.

Benefits under "Waiver of Premium" of the Contract do not apply to this Rider for Total Disability due to a Specified Illness or Disease.

Termination of Insurance

Employee insurance will terminate on the earliest of:

- The date of the employee's death;
- The date on which the employee ceases to be eligible for insurance;
- The last date for which premium payment has been made to us;
- The last date on which employment terminates;
- The date the group master policy terminates; or
- The date the employee sends us a written notice to cancel insurance.

Dependent insurance will terminate on the earliest of:

- The date the employee's insurance terminates;
- The last date for which premium payment has been made to us;
- The date the dependent no longer meets the definition of dependent;
- The date the group master policy is modified so as to exclude dependent insurance; or
- The date the employee sends us a written notice to cancel dependent insurance.

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

Portability Option

If an employee loses eligibility for this insurance for any reason other than nonpayment of premiums, insurance can be continued by paying the premiums directly to us within 31 days after termination. We will bill the employee directly once we receive notification to continue insurance.

Termination of the Group Master Policy

The policyholder may end the policy on any premium due date by submitting a 60-day advance written notice. A group will not be continued if it drops below the minimum required participation. The group master policy will be terminated and insurance of all remaining insureds will end, subject to the Portability Option.

Other Insurance with Us

An individual can only have one cancer policy or certificate with us. If a person already has cancer insurance with us, such person is not eligible to apply for this insurance.

Disclosures

GROUP BENEFITS DISCLOSURE POLICY

Transamerica Employee Benefits (TEB) is a unit of Transamerica Life Insurance Company and Transamerica Financial Life Insurance Company. TEB markets and administers voluntary insurance benefits through licensed insurance agents. These agents are typically appointed to sell our products, and products of other providers, and receive various forms of compensation from us for the services provided. We believe our compensation arrangements with our agents are conducted with honesty, fairness and integrity. In addition, we realize that having trusted relationships between our agents and our customers is essential to all involved. To ensure this trust continues and to address any concerns within the industry, we have outlined our policy on agent compensation disclosure.

TEB's policy supports transparency and full disclosure of agent compensation to our customers and prospective customers. In addition, we have put controls in place to facilitate this disclosure and obligate our agents to disclose compensation information to customers: 1) when asked by a customer; 2) when receiving both a fee from the customer and compensation from TEB; and 3) when otherwise required by law. Agents must comply with all applicable laws in the sale of TEB products, including any pertaining to the disclosure of compensation information.

TEB's Group Benefits Compensation Disclosure Notice (below) describes the various means by which agents may be compensated for the sale of our products. It is the responsibility of your agent to share specific information with you about his or her compensation arrangements with TEB. Accordingly, please direct any compensation disclosure questions directly to your agent.

COMPENSATION DISCLOSURE NOTICE TO ALL POLICYHOLDERS

Agents who sell and service our products are paid a commission. It varies by the type of insurance policy sold and the state where the policy was sold, and is based on a percentage of the premium received in the first year, and at policy renewal. Agents may receive advances or loans against anticipated commissions for cases sold or to be sold. These advances may or may not require the payment of interest, depending upon the agent's total business and historical experience with TEB.

Agents may receive other compensation from TEB in the form of cash or non-cash awards or prizes, based upon a variety of factors that may include the level of premium written or earned, persistency and growth of premium, or other performance measures. Agents who manage, supervise or recruit other agents or wholesale our products and services to other agents, may receive commission overrides on business that results from their efforts.

Some of our agents may receive additional payments for providing services in connection with the administration of our products. Fees for such services may be calculated on a per policy or per certificate basis or upon the premium volume associated with a specific case. TEB may additionally reimburse these agents/administrators for certain expenses, such as the cost of mailings.

Agents may occasionally obtain exclusive rights to market TEB products or services to agents, employers, employees, or members of associations or unions. Certain groups or associations may also agree to endorse TEB's products to their members. TEB may pay a fee for these exclusive marketing rights or endorsements. See your proposed policy documents or policy certificate package for more information on any such arrangements.

Up to date information regarding our compensation practices can be found in the Disclosures section of our website at: www.tebcs.com.