

# Maine Cancer 1000 Benefit Chart

*This policy has limitations that may affect benefits payable. Most benefits require that a charge be incurred. See the Outline of Coverage for complete details of benefits, exclusions and limitations. Policy may vary by state.*

<b>Cancer 1000 Regular Benefit Chart</b>	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Level 4</b>
<b>Covered Cancer Screening Benefits</b>				
Part I. Cancer Screening/Wellness Benefit per calendar year per person	\$25	\$75	\$100	\$125
Part II. Additional Invasive Diagnostic Procedure per calendar year per person	\$25	\$75	\$100	\$125
<b>Inpatient Benefits</b>				
Hospital Confinement, Days 1-30, per day	\$100	\$200	\$300	\$400
Hospital Confinement, Days 31+, per day	\$200	\$400	\$600	\$800
Hospital Confinement in a US Government Hospital Days 1-30, per day	\$100	\$200	\$300	\$400
Hospital Confinement in a US Government Hospital Days 31+, per day	\$200	\$400	\$600	\$800
Ambulance per trip, limit 2 trips per confinement	\$200	\$200	\$200	\$200
Air Ambulance per trip, limit 2 trips per confinement	\$1,000	\$1,000	\$1,000	\$1,000
Private Full Time Nursing Services per day	\$150	\$150	\$150	\$150
<b>Treatment Benefits</b>				
Radiation/Chemotherapy per day administered or per day prescription/pump filled	\$100	\$200	\$300	\$300
<u>Monthly Maximum</u>				
Injected by Medical Personnel	No Monthly Limit	No Monthly Limit	No Monthly Limit	No Monthly Limit
Self Injected	\$800	\$1,600	\$2,400	\$2,400
Pump	\$400	\$800	\$1,200	\$1,200
Topical	\$400	\$800	\$1,200	\$1,200
Oral	\$400	\$800	\$1,200	\$1,200
Any Other Method Not Listed	\$400	\$800	\$1,200	\$1,200
Antinausea Medication per day administered or per day prescription filled subject to monthly maximum below	\$20	\$40	\$50	\$60
– Monthly Maximum	\$80	\$160	\$200	\$240
Blood/Plasma/Platelets/Immunoglobulins per day up to 365 days per lifetime	\$100	\$100	\$100	\$100
Experimental Treatment per day up to \$10,000 per lifetime	\$300	\$300	\$300	\$300
Hair/External Breast/Voice Box Prosthesis per calendar year	\$200	\$200	\$200	\$200

*Treatment Benefits continued on back*

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**Treatment Benefits continued**

Supportive or Protective Care Drugs & Colony Stimulating Factors				
– per day	\$50	\$100	\$150	\$200
– calendar year maximum	\$400	\$800	\$1,200	\$1,600
Medical Imaging Studies per study	\$250	\$250	\$250	\$250
– calendar year maximum	\$500	\$500	\$500	\$500
Bone Marrow Stem Cell Transplant per lifetime	\$10,000	\$10,000	\$10,000	\$10,000
Bone Marrow Stem Cell Donation Benefit per lifetime	\$1,000	\$1,000	\$1,000	\$1,000
Peripheral Stem Cell Transplant lifetime maximum	\$5,000	\$5,000	\$5,000	\$5,000
<b>Transportation/Lodging Benefits</b>				
Transportation (\$ per mile)	0.50	0.50	0.50	0.50
– maximum per round trip	\$1,500	\$1,500	\$1,500	\$1,500
Companion Transportation (\$ per mile)	0.50	0.50	0.50	0.50
– maximum per round trip	\$1,500	\$1,500	\$1,500	\$1,500
Lodging per day up to 70 days per calendar year	\$75	\$75	\$75	\$75
<b>Surgical Procedures Benefits</b>				
Surgical Procedures-Unit Value	\$40	\$50	\$60	\$70
– maximum per procedure	\$2,500	\$3,000	\$5,000	\$6,000
Anesthesia-Benefit for General is 25% of Surgical Procedures				
– per procedure for local anesthesia	\$25	\$30	\$40	\$50
Second Medical Opinion limit once per malignant condition	\$300	\$300	\$300	\$300
Reconstructive Surgery per unit value	\$40	\$40	\$60	\$60
maximum per procedure for Surgery and Anesthesia, limit 2 per site	\$2,500	\$2,500	\$3,000	\$3,000
Prosthesis/Artificial Limb per device, limit 1 per site	\$3,000	\$3,000	\$3,000	\$3,000
– lifetime maximum	\$6,000	\$6,000	\$6,000	\$6,000
Outpatient Surgical Center per day	\$200	\$200	\$300	\$400
– up to 365 days per lifetime				
<b>Extended Care Benefits</b>				
Skilled Nursing Care Facility per day up to 100 days per lifetime	\$100	\$100	\$100	\$100
Family Care per day	\$60	\$60	\$60	\$60
Hospice per day, no lifetime limit	\$70	\$70	\$70	\$70
Home Health Care Services per day See Outline of Coverage for maximum days	\$75	\$75	\$75	\$75
Waiver of Premium	Yes	Yes	Yes	Yes
<b>Initial Diagnosis of Skin Cancer (Once per Lifetime)</b>	\$300	\$300	\$300	\$300

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