

# Why Gamble?

to pay for the hidden costs... things like deductibles, lost earnings, out-of-pocket expenses, etc. has traveled...  
 ...and that's not even counting the out-of-pocket costs.

"Over one million people get cancer each year. Approximately one out of every two American men and one out of every three American women will have some type of cancer at some point during their lifetime."

According to the American Cancer Society, nearly 1 out of every 3 Americans will be stricken by cancer in their lifetime.

1 in 5 people with health insurance who are diagnosed with cancer use nearly all of their savings due to the financial cost of dealing with cancer.

Americans spent approximately \$219.2 Billion in 2007 for the direct cost of cancer treatment.

\*Source: 2007-2008 Cancer Facts and Figures American Cancer Society (Use of this information does not imply endorsement.)

## CURRENT UNIVERSITY POLICY CANCER COVERAGE (2 Units of Policy Form No. 61-6)\*

<i>Standard Benefits</i>	
<b>Additional Benefit</b>	<b>Lifetime Maximum Benefits (if any) Per Insured</b>
An additional payment of 20% of each claim paid under this Policy shall be made to the Insured.	
<b>Hospital Expense*</b>	<b>UNLIMITED</b>
Daily Indemnity of \$90.00/day for the first 7 days, \$50.00/day for the next 83 days. Extended benefits commence on the 91st day of continuous confinement.	
<b>Drugs and Medicine</b>	<b>UNLIMITED</b>
Pays up to 10% of the total payable Hospital Confinement Benefits for drugs and medicines administered in the hospital.	
<b>Surgical Benefits</b>	<b>No limit on number of Surgical Procedures</b>
Not to exceed \$60.00 to \$1,000.00 per operation as provided in the Surgical Schedule.	
<b>Anesthetics</b>	<b>UNLIMITED</b>
Not to exceed \$140.00 per operation (\$60.00 for skin cancer) if administered by an anesthetist not employed by the hospital.	
<b>Attending Physician</b>	<b>UNLIMITED</b>
Not to exceed \$20.00 per visit, not one visit per day while confined to a hospital.	
<b>X-Ray &amp; Radium Therapy, Radio-Active Isotopes &amp; Chemo Therapy</b>	<b>\$2,000.00 Per Insured</b>
Usual and customary charges (This does not include diagnostic, X-Ray or other diagnostic procedures or laboratory test related to treatment of Cancer.)	
<b>Graduate Nursing Benefits</b>	<b>UNLIMITED</b>
Payable for service or R.N. or L.P.N. while hospitalized and when required and authorized by the attending physician not to exceed \$48.00 per day.	
<b>Blood &amp; Plasma</b>	<b>\$600.00 Per Insured</b>
Usual and customary charges (No maximum limit for Leukemia.)	
<b>Ambulance</b>	<b>UNLIMITED</b>
Not to exceed \$100.00 per hospital confinement.	
<b>Transportation Expense</b>	<b>\$1,000.00</b>
Regular airplane or railroad fare when required and authorized by the attending physician for hospital confinement due to Cancer.	
<b>Extended Benefit</b>	
Pays 100% of the actual charges made by the hospital for care and treatment beginning on the ninety-first day of continuous confinement, not to exceed \$10,000.00 per month.	

\* Coverage will be issued as two separate policies.

\*\* Successive periods of Hospital Confinement will be considered as one if separated by less than 30 days out of the hospital.

ISSUED THROUGH AGE 64

BENEFITS PAID BY

**PIC** PROFESSIONAL INSURANCE CORPORATION  
 4000 Old Easton Road, Suite 85555, Lincoln, NE 68501 (800) 390-1177



SERVICES ADMINISTERED BY:

**Whitten & Associates, Inc.**  
 419 E Tennessee Street, Florence AL 35630



## CURRENT UNIVERSITY POLICY

# PROFESSIONAL INSURANCE COMPANY

Home Office: Houston, TX 77042 • Administrative Office: 4850 Street Road, Treviso, PA 19049 • 800-289-1122

### SPECIFIED DISEASE COVERAGE CANCER POLICY FORM NUMBER 61-6

#### OUTLINE OF COVERAGE (Retain For Your Records)

**Read Your Policy Carefully** - This outline of coverage provides a very brief description of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and your insurance company. It is, therefore, important that you **READ YOUR POLICY CAREFULLY!**

**Specified Disease Coverage** - Policies of this category are designed to provide, to persons insured, restricted coverage paying benefits **ONLY** when certain losses occur as a result of Specified diseases. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.

#### TABLE OF BENEFITS

- PART I. ADDITIONAL BENEFIT** - 20% of each claim paid under Parts II through XII.
- PART II. HOSPITAL EXPENSE** - (Hospital Confinement required) \$45.00 per day for the first 7 days of Hospital Confinement \$25.00 per day thereafter. Successive periods of Confinement will be considered as one if separated by less than 30 days out of hospital.
- PART III. NURSING EXPENSE** - (Hospital Confinement required) Up to \$24.00 a day for the services of an R.N. or L.P.N. not regularly furnished by the hospital when required and authorized by the attending physician.
- PART IV. BLOOD AND PLASMA** - (Hospital Confinement not required) Maximum Benefit \$300.00 per covered person. Includes charges for blood or blood plasma as required within the Maximum Benefit limit. This benefit for leukemia is unlimited.
- PART V. ANESTHETIST EXPENSE** - (Hospital Confinement not required) Up to \$70.00 per operation for the professional fee of an anesthetist not employed by the hospital. This fee is limited to \$30.00 for skin Cancer operations.
- PART VI. AMBULANCE EXPENSE** - (Hospital Confinement required) Up to \$50.00 per Hospital Confinement for charges for transportation by ambulance to or from a hospital when required and authorized by a physician.
- PART VII. X-RAY, RADIUM THERAPY, RADIO-ACTIVE ISOTOPES and CHEMOTHERAPY** - (Hospital Confinement not required) Maximum Benefit \$1,000.00 per covered person for charges for X-ray, radium therapy, radioactive isotopes or chemo-therapy. This does not include diagnostic procedures or laboratory tests related to these treatments.
- PART VIII. TRANSPORTATION EXPENSE** - (Hospital Confinement required) Maximum Benefit \$500.00 per covered person for regular airplane or railroad fare from the legal residence of any person while confined to the hospital. Must be required and authorized by the attending physician.
- PART IX. ATTENDING PHYSICIAN EXPENSE** - (Hospital Confinement required) Up to \$10.00 per visit to any person insured for the regular charges of a physician while confined to the hospital. Not more than one visit per day will be covered. The term "visit" means an actual personal call by the physician.
- PART X. EXTENDED BENEFITS** - (Hospital Confinement required) 100% of the actual charges made by the hospital for care and treatment rendered beginning on the 91st day of continuous confinement until discharged from the hospital, but not exceeding \$5,000.00 per month.
- PART XI. DRUGS AND MEDICINES** - (Hospital Confinement required) Up to 10% of the total payable Hospital Confinement Benefits for drugs and medicines administered in the hospital.
- PART XII. SURGICAL EXPENSES** - (Hospital Confinement not required) Surgical fee for surgical operation performed by a physician up to the amounts as listed in the Surgical Schedule. Includes post-operative attendance. For any cutting operation required but not specified in the Surgical Schedule, an amount shall be determined with the applicable limit for a comparable operation. Surgical procedures range from \$30.00 to \$500.00.

EXCISE