



NTA Life™

Cancer Insurance Program

Underwritten by: National Teachers Associates Life Insurance Company (NTA Life)
4949 Keller Springs Rd • Addison, Texas 75001 • P.O. Box 802207 - Dallas, Texas 75380 • (888) 671-6771 • ntalife.com

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

GREEN LEVEL	TREATMENT BENEFITS	GOLD LEVEL
<p>\$2,000 adult \$3,000 child</p>	<p>CANCER DIAGNOSIS, SCREENING, AND TESTING</p> <p>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.</p>	<p>\$3,000 adult \$4,500 child</p>
<p>\$50/Year</p>	<p>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.</p>	<p>\$75/Year</p>
<p>\$500 \$200</p>	<p>National Cancer Institute (NCI) Benefits: Paid once per Covered Person, for seeking NCI's opinion on the Covered Person's Cancer treatment.</p> <p>One-Time Consultation Benefit: Not payable on same day as 2nd/3rd Surgical Opinion Benefit.</p> <p>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.</p>	<p>\$750 \$300</p>
HOSPITAL CONFINEMENT ¹		
<p>\$200/day</p>	<p>Hospital Confinement Benefit: Paid daily for the first 60 Days of One Period of Confinement.</p>	<p>\$300/day</p>
<p>\$600/day</p>	<p>Extended Hospital Confinement: Paid daily for the 61st and later Days of One Period of Confinement. This benefit is paid in lieu of all Policy benefits except Waiver of Premium.</p>	<p>\$900/day</p>
<p>\$100/day</p>	<p>Private Duty Hospital Nurse Benefit: Paid daily, for a nurse's 4-hour shift, during the first 60 Days of One Period of Confinement.</p>	<p>\$150/day</p>
<p>\$200/One Period of Confinement max \$400/year</p>	<p>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.</p>	<p>\$300/One Period of Confinement max \$600/year</p>
CANCER THERAPY ²		
<p>\$200/day of service</p>	<p>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.</p>	<p>\$300/day of service</p>
<p>\$400/month</p>	<p>In-Home Injected Chemotherapy Benefit: Paid for self-injected Chemotherapy Treatment or Chemotherapy Treatment which is self-administered by pump.</p>	<p>\$600/month</p>

POLICY FORM GRC-2005 (11/11) and state specific versions.

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
\$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 up to \$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 up to \$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
CANCER SURGERY		
\$200/opinion	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.	\$300/opinion
\$200/facility	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.	\$300/facility
up to \$5,500 per operation	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. Reconstructive Surgery: Paid similarly if performed following a Covered Surgery for which benefits were paid.	up to \$8,250 per operation

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

GREEN LEVEL	TREATMENT BENEFITS	GOLD LEVEL
25% of Surgeon's Fee Benefit	Anesthesia Benefit: Paid for anesthesia services and anesthesia drugs administered in connection with a Covered Surgery.	25% of Surgeon's Fee Benefit
\$10,000 \$5,000 \$1,000	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. Inpatient implantation benefit Outpatient implantation benefit Donor benefit (if not Covered Person)	\$15,000 \$7,500 \$1,500
\$8,000	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.	\$12,000
\$2,000/device	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.	\$3,000/device
CONTINUING CARE		
\$350/year	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.	\$525/year
\$400	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.	\$600
\$100/day max. 30 days/ One Period of Confinement	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, private duty Nurse, home health care, physiotherapist services.	\$150/day max. 30 days/ One Period of Confinement
\$100/day up to \$12,000	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.	\$150/day up to \$18,000
\$200/year	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.	\$300/year

GREEN LEVEL	PEACE OF MIND	GOLD LEVEL
\$50/month up to 12 months	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. Not payable for chiropractic care.	\$75/month up to 12 months
\$200/day	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.	\$300/day
\$2,000	Fertility Treatment Benefit: Paid once per Covered Person if a Covered Person receives fertility treatment after Cancer is First Diagnosed, due to risk of iatrogenic infertility.	\$3,000
\$20/day	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.	\$30/day
	Waiver of Premium Benefit: Premiums are waived if the Primary Insured, before the age of 60, becomes Totally Disabled for more than 90 days as the result of a covered Cancer.	

Optional Specified Disease Rider

POLICY FORM GRC-2005 (11/11). OPTIONAL RIDER FORM GR-2045 (11/11). State specific versions .Premium and benefits may vary with level selected.

GREEN LEVEL		GOLD LEVEL
\$4,000	Express Payment Benefit: Paid one time for a Covered Person upon first diagnosis of Specified Disease. Paid once per Specified Disease. Maximum one payment per Calendar Year.	\$6,000
\$1,000/Day	Hospital Confinement Benefit: Paid daily for the first 30 Days of Hospital confinement.	\$1,500/Day
\$2,000/Day	Extended Hospital Confinement: Paid daily for the 31st and later Days of Hospital confinement. Maximum 30 Days.	\$3,000/Day

Covered Specified Diseases:

1. Addison's Disease
2. Amyotrophic Lateral Sclerosis
3. Botulism
4. Bubonic Plague
5. Cerebral Palsy
6. Cholera
7. Cystic Fibrosis
8. Diphtheria
9. Encephalitis
10. Huntington's Disease
11. Legionnaire's Disease
12. Lupus Erythematosus
13. Mad Cow Disease
14. Malaria
15. Meningitis
16. Multiple Sclerosis
17. Muscular Dystrophy
18. Myasthenia Gravis
19. Necrotizing Fasciitis
20. Osteomyelitis
21. Poliomyelitis
22. Rabies
23. Reye's Syndrome
24. Scarlet Fever
25. Scleroderma
26. Sickle Cell Anemia
27. Tetanus
28. Toxic Shock Syndrome
29. Tuberculosis
30. Tularemia
31. Typhoid Fever
32. Yellow Fever

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

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

This Policy is a SPECIFIED DISEASE INSURANCE POLICY (may be called a LIMITED BENEFIT POLICY, a LIMITED POLICY, or a CANCER-ONLY POLICY in other states). It 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. The optional rider provides coverage only for the diseases listed in the rider terms.

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 (and rider 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 and (optional) rider, 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! Any unresolved dispute concerning your Policy will be governed by the Dispute Resolution Program in the Policy (in AL, CO, DE, ID, MI, MS, NV, TN, WI).

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 SPECIFIED DISEASE POLICIES and riders, no coverage is provided for two years (six months in NM; one year in ID, NC, WA, WV) 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, whether known or unknown, for which: [1] medical advice or treatment was recommended by or received from a Physician within the two year period (six month period in ID, NM, NV; one year period in NC, WI; five year period in WA) before the Coverage Effective Date, [2] symptoms existed within the two year period (six month period in ID, NM; one year period in IL, NC, SC, WI; five year period in WA) before the Coverage Effective Date that would cause an ordinarily prudent person to seek diagnosis, care, or treatment. Part [2] not applicable in NV. For Cancer that is First Diagnosed within the 30 days following the Coverage Effective Date, the Express Payment Benefit will not be paid, and benefits will only be paid for any care and treatment of that condition received more than two years (31 days in ID, OK; 90 days in WA; one year in NC) following the Coverage Effective Date. Similar rule applies for optional rider where a Specified Disease is first diagnosed within 30 days following the Rider Effective Date. In Oregon rider, for Specified Disease diagnosed during the first 30 days of coverage, Express Payment Benefit is not payable, and benefits will only be paid for hospital confinement beginning more than one year after the Rider Effective Date. No benefits are provided for care or treatment that is not Medically Necessary. No benefits are provided for conditions that are not covered conditions under the Policy or Rider 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).