

# CSEA CANCER CAREPLUS PLAN APPLICATION

**To Enroll, Please Complete and Return to:  
CSEA Member Benefits  
1108 O Street, Suite 303  
Sacramento, CA 95814**

**SEND NO  
MONEY NOW!**



California State Employees Association

Underwritten by:  
Monumental Life Insurance Company, Cedar Rapids, IA

Please print in INK. Do not erase or use correction fluid. To correct, cross out and initial/date changes. Complete the following, then sign the Agreement and Authorization on the last page.

## 1. Member Information

1. Member Name:

2. Street Address:

3. City:  State:  Zip:

4. Date of Birth:  /  /  5. Daytime Phone #: (  )  -  6. Member Number:

7. Member Affiliate (Association Membership is required for participation in this plan.):

## 2. Insurance Requested

**YES**, please enroll me in the requested Cancer CarePLUS Plan.

Choose your requested level - fill in one circle (Monthly rates shown):

	Member's Age is 18-49	Member's Age is 50-64	Member's Age is 65 & Over
Member Only:	<input type="radio"/> \$5.42	<input type="radio"/> \$7.73	<input type="radio"/> \$9.69
Member & Spouse:	<input type="radio"/> \$7.56	<input type="radio"/> \$12.31	<input type="radio"/> \$14.32
Member & Family:	<input type="radio"/> \$8.07	<input type="radio"/> \$12.86	<input type="radio"/> \$14.92

**YES**, please add the Wellness Benefit to my base plan for the additional monthly amount below.

Fill in the circle above to add additional benefit to your plan:

	Member's Age is 18-49	Member's Age is 50-64	Member's Age is 65 & Over
Member Only:	\$2.00	\$2.88	\$3.86
Member & Spouse:	\$2.80	\$4.60	\$5.74
Member & Family:	\$3.70	\$4.86	\$6.00

NOTE: The Wellness Benefit is an optional benefit and cannot be purchased separately from the base Cancer CarePLUS Plan.

If Member & Spouse or Member & Family coverage selected above, please complete the following:

Spouse Name:  Date of Birth:  /  /

Child Name:  Date of Birth:  /  /

Child Name:  Date of Birth:  /  /

## 3. Agreement and Authorization

Monthly payments will be deducted from my bank account through automatic payment (ACH).

Bank Name:

Bank Routing Number:

Bank Account Number:

Please provide a voided check for processing.

**NEXT PAGE PLEASE →**



**IMPORTANT NOTICE TO PERSONS ON MEDICARE  
THIS POLICY OR CERTIFICATE DUPLICATES SOME MEDICARE BENEFITS**

**This is not a Medicare Supplement Insurance Policy**

This policy or certificate provides limited benefits, if you meet the policy conditions, for hospital and medical expenses only when you are treated for one of the specific diseases or health conditions listed in the policy or certificate. It does not pay your Medicare deductibles or coinsurance and is not a substitute for a Medicare Supplement insurance policy.

**This policy or certificate duplicates Medicare benefits when it pays:**

- hospital or medical expenses up to the maximum stated in the policy

**Medicare generally pays for most or all of these expenses.**

**Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:**

- hospitalization
- physician services
- hospice
- other approved items and services

**Before You Buy This Policy**

- ✓ Check the coverage in **all** health insurance policies you already have.
- ✓ For more information about Medicare and Medicare Supplement insurance, review the *Guide to Health Insurance for People with Medicare*, available from the insurance company.
- ✓ For help in understanding your insurance, contact your state insurance department or state senior insurance counseling program.

## **CSEA Endorsed Insurance Program: Cancer CarePLUS Plan**

### *Overview:*

#### **CSEA Endorsed Cancer CarePLUS Helps You Pay to Detect and Treat Cancer**

- **Be Paid up to \$60.00 Every Year for Cancer Screens**  
Cancer CarePLUS pays benefits for ANNUAL cancer screening tests such as mammography, diagnostic radiology/imaging, pap smears, skin scans, colorectal, prostate and even physical exams as part of cancer-related check-ups.
- **Collect CASH Benefits for Hospital Stays, Doctor Visits, Drugs, Chemo, Surgery and MORE**  
If cancer is detected after you've been enrolled 60 days, CancerCare Plus pays cash benefits toward many of the services used in your treatment and recovery.
- **Collect Benefits Regardless of Other Insurance**  
You're paid benefits directly (or to a provider of your choice) – to use as you see fit for day-to-day expenses, medical costs, traveling to/from the cancer center. You're in charge of how you spend the money.
- **Cover Your Spouse and Save on Rates**  
Depending on your age group, you pay up to 30% less for your family, than if family members join separately and pay the single rate.
- **Affordable Group Rates**  
Premiums are ACH-deducted to make it easy to budget.
- **30-Day FREE Look**

If you have any questions regarding these benefits, please call 1-800-952-5283.

### *Benefits:*

#### **CSEA Endorsed Cancer CarePLUS Benefits**

Add extra protection from Cancer.

1 out of every 4 deaths in the U.S. are from cancer (2010 Cancer Facts & Figures). That's why you need all the protection you can get to detect and treat this disease. The CSEA Endorsed Cancer CarePLUS Plan pays benefits to help you pay for screening each year. And if needed, Cancer CarePLUS works toward getting you treatments.

#### **You Are Eligible For Coverage Even If You Have Family History**

You can't be turned down for coverage as long as you are a CSEA Association Partnership Program member or the spouse/dependent child of a CSEA Association Partnership Program member, under age 75, and you have been free of cancer for the past six months.

#### **Collect Benefits to Help You Detect and Treat Cancer:**

- \$60.00/year Wellness Benefit (optional). This benefit helps prevent and detect cancer early by paying benefits for yearly exams. CSEA recommends every Association Partnership Program member to use this benefit for their annual cancer screenings. If you incur any expense for any tests/exams and you select this optional benefit with your plan, you will receive \$60 (\$75 for mammography and pap test) towards any actual incurred expense for mammography, pap test,

diagnostic radiology/imaging, colorectal, prostate, and even physical exams as part of a cancer-related check-up. Benefit is payable once every 12 months.

- \$60.00/day Hospital Confinement Benefit (days 1-10); \$40.00/day, days 11-90. (Note: You will also receive this benefit if you are diagnosed with a serious illness such as heart attack, stroke, multiple sclerosis, muscular dystrophy, and many other specified diseases.)
- Up to \$5,000.00/month for Extended Hospitalization. After 90 consecutive days in the hospital, 100% of hospital charges in lieu of all other benefits up to \$5,000.00/month for Extended Hospitalization. Successive periods of hospitalization separated by less than 90 consecutive days count as the same benefit period.
- \$2,250.00 maximum benefit/illness period for Private Duty Nurse. **\$25.00/day** for a private contracted nurse while hospitalized for cancer treatment.
- \$1,000.00 maximum benefit/illness period for Attending Physician. **\$15.00/day** for doctors' visits (other than your surgeon) while in the hospital.
- Up to \$750.00/Surgery. 10% of actual charges. No limit on the number of surgeries covered. For skin cancer, you'll receive \$125.00/initial incision; \$62.50/additional incision.
- 20% actual charges for Anesthesia. Per operative session, except skin cancer, for which you receive \$25.00/operative session. No limit on the number of procedures.
- 20% of actual charges for Anesthesia for Reconstructive Surgery (for CA residents only).
- \$750.00\* Lifetime maximum for pints of blood and plasma. For in-hospital or outpatient pints of blood and plasma. \*There is no maximum for leukemia.
- \$2,000.00 lifetime maximum for Radiology and Chemotherapy. **\$100.00/day**. Includes X-ray, radium and cobalt treatments.
- \$1,000.00 per illness maximum for Ambulance Service. **\$75.00/per illness period** for transportation to or from the hospital for cancer treatment.
- \$500.00 lifetime maximum for Outpatient Prescription Drugs. **\$50.00/calendar-year deductible**; 50% of benefit amount.
- 10% (maximum) of the Hospital Confinement daily benefit for Miscellaneous Hospital Expenses, including drugs, oxygen and other medical supplies (not the room) while hospitalized for cancer treatment.

### Keep Coverage Even if Your Health Changes

Coverage can't be cancelled because you get sick. You'll be protected up to age 80 as long as you remain eligible, pay your premiums and the master policy stays in force.

### You're Under No Obligation.

If you decide the CSEA Endorsed Cancer CarePLUS isn't for you, just let us know in the first 30 days. We'll promptly refund your premiums ... no questions. No obligation.

Rates:

**Cancer CarePlus Rates**

Check Out These ACH-Deducted Premiums – Easy to Budget!

The buying power of more than 130,000 CSEA Association Partnership Program members gain you access to affordable group Cancer CarePLUS rates. The Wellness Benefit is an additional valuable option. Plus, to make budgeting easier, premiums are ACH deducted.

Include your family and save money. Depending on your age group, you pay up to 30% less for your family, than if family members join separately and pay the single rate.

**Cancer CarePLUS Rates:**

Costs shown are based on a monthly rate; rates increase when you enter a higher age category, as shown. For your convenience, premiums will be deducted monthly through ACH.

Your dependent children qualify up to age 19 (25 if full-time student).

Member's Age	Member Only	Member & Spouse	Member & Family
18-49	\$5.42	\$7.56	\$8.07
50-64	\$7.73	\$12.31	\$12.86
65+	\$9.69	\$14.32	\$14.92

**Add the Optional Wellness Benefit**

Member's Age	Member Only	Member & Spouse	Member & Family
18-49	\$2.00	\$2.80	\$3.70
50-64	\$2.88	\$4.60	\$4.86
65+	\$3.86	\$5.74	\$6.00

Terms:

**Terms:** As long as you are a CSEA Association Partnership Program member or the spouse/dependent child of a CSEA Association Partnership Program A member, under age 75, and you have been free of cancer for the past six months, you cannot be turned down for this coverage.

**Effective Date:** Your coverage will become effective on the first day of the month following receipt and approval of your Activation Form and first payment by the Administrator.

**Termination:** Your coverage will remain in force until you reach age 80, as long as you keep paying your premiums, Master Policy No. MZ0911370H0000A remains in force and you remain a CSEA Association Partnership Program member.

**Pre-Existing Condition Limitation:** No benefits will be payable for the Covered Person's Pre-Existing Conditions. They are defined as a Cancer, except Skin Cancer, for which the Covered Person received medical Treatment or medical advice within six months prior to the effective date of this coverage. Covered Medical Expenses resulting from a Pre-Existing Condition will not be covered unless six months of continuous coverage have elapsed under this coverage or under any qualifying prior coverage. Credit will be given toward satisfaction of the six months of continuous coverage for the time the Covered Person was covered under the qualifying prior plan provided the Covered Person becomes eligible for coverage under this plan within 30 days of termination of qualifying prior coverage, exclusive of any waiting period, and applies for coverage under this plan within the enrollment period set forth in the Group Policy. Qualifying prior coverage means any individual or group policy, contract, or program that is underwritten or administered by a health or disability insurer, nonprofit hospital service plan, health care service plan, fraternal society, self-insured employer plan, or other entity and that provides or arranges medical, hospital, and surgical coverage which does not supplement other private or governmental plans. This includes continuation or conversion coverage, but does not include accident only, credit, disability income, Medicare Supplement, Long Term Care, dental or vision, worker's compensation or similar law, or liability insurance. Qualifying prior plan also includes Medicare, Medicaid, and any other publicly-sponsored health program. Any increase in benefits will be subject to a new Effective Date of Coverage on that increased amount of benefits only.

**Exclusions:** Benefits will not be paid under this Policy and any attached Rider for any expenses which result from: injury or sickness other than Cancer (except as noted in the specified disease rider to include Cystic Fibrosis, Diphtheria, Encephalitis, Heart Attack, Meningitis (Epidemic Cerebrospinal), Multiple Sclerosis, Muscular Dystrophy, Osteomyelitis, Poliomyelitis, Rabies, Scarlet Fever, Sickle Anemia, Small Pox, Stroke, Tetanus, Tuberculosis, Tularemia, and Typhoid Fever); expenses the Covered Person is not legally obligated to pay or those charged only because the Covered Person has insurance; treatment or services performed outside of the United States; declared or undeclared war or any act of war; full-time service in the armed forces; and participating in a riot, committing, or attempting to commit, a felony. All benefits are subject to the Overall Lifetime Maximum Benefit Amount of \$300,000. This brochure presents an outline of terms and benefits. For complete information, please refer to Master Policy MZ0911370H0000A.

Other insurance in this Company: Only one certificate or policy providing Cancer coverage may be in force issued by us or any other AEGON affiliates.

Endorsed by:



The CSEA incurs costs in connection with providing oversight and administrative support for this sponsored plan. To provide and maintain this valuable membership benefit, CSEA is reimbursed for these costs.

**California State Employees Association**

Administered by A.G.I.A., Inc.  
PO Box 9997  
Phoenix, AZ 85068-0997

Questions? Call toll-free 1-800-952-5283

Underwritten by:

Monumental Life Insurance Company, an AEGON company, Cedar Rapids, IA. #8886929

