

# Cancer Insurance

Explore Your Benefits

Group Number: 738492

**FLEXIBLE**  
BENEFITS  
FOR YOU



**There are more than just medical bills to pay after a cancer diagnosis or treatment. Cancer Insurance provides fixed benefit payments that can help.** This document includes expanded cost and benefit information for Cancer Insurance. As you explore, keep in mind:



Coverage is always  
Guaranteed Issue



You are eligible for an annual  
Cancer Screening Benefit of \$60  
for completing a covered cancer  
screening.



Benefit payments go directly to  
you. Use them how you'd like.

Cancer Insurance doesn't replace your medical coverage; instead, it complements it. **The benefit payments don't go out to pay for medical bills or treatments you may need; instead, they come in—directly to you—to be used however you'd like.** Choose Cancer Insurance to help lessen the financial impact of covered services and treatments resulting from a covered cancer diagnosis.

Cancer Insurance is a limited benefit policy. It is not health insurance and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

## How much does it cost?

You have the option to elect supplemental Cancer Insurance to meet your needs. This table shows your rates for Cancer Insurance.

Monthly Rates <sup>1</sup>			
Employee	Employee and Spouse <sup>2</sup>	Employee and Children <sup>3</sup>	Family
\$19.67	\$33.44	\$21.18	\$34.95

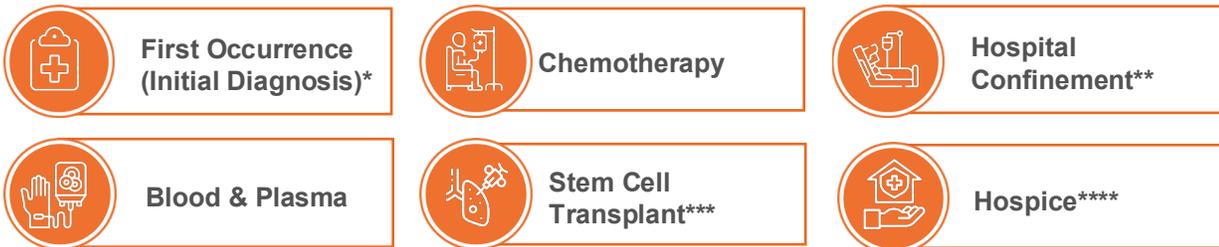
<sup>1</sup> Rates do not include any administrative fee.

<sup>2</sup> Spouse” may include domestic partners or civil union partners as defined by your employer’s plan.

<sup>3</sup> Children birth to age 26; no limit to the number of children per family.

## What’s covered?

Cancer Insurance provides fixed benefit payments if the insured is diagnosed with cancer and receives covered treatment or services on or after the coverage effective date. You may be required to seek care within a set amount of time. Pre-existing condition limitations may apply. Some of the specific covered treatments and conditions we pay benefits for include those shown below. For more information about your available benefits, exclusions and limitations, see the following pages. A sample of the covered treatments or services include these shown below:



\*Limited to once per lifetime.

\*\*Per day. Limited to 90 days per period of Confinement.

\*\*\*Limited to once per lifetime. Benefits will be paid once per Lifetime for either a Bone Marrow Transplant or Stem Cell Transplant, not both.

\*\*\*\*Per day. Limited to a maximum of 100 days per Lifetime

## Meet Beth – Claim Example

Beth was diagnosed with breast cancer and had no previous history of cancer. She lives more than 100 miles from the site of her treatments. The following outlines what benefits she could receive:

Cancer-related Benefits	Benefit
Cancer Screening	\$60
Second Surgical Opinion	\$300
First Occurrence	\$3,000
Needle Biopsy & Anesthesia	\$200
Lumpectomy & Anesthesia	\$400
External Radiation therapy (6 weeks)	\$3,600
Chemotherapy (6 months)	\$6,000

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Anti-Nausea medication (6 months)	\$600
Transportation (2 round trips)	\$500
<b>Total</b>	<b>\$14,660</b>

These potential benefits are for illustrative purposes only and actual benefits and results may vary based on the terms of the policy and the claimant's specific circumstances.

## When is my coverage effective?

### 2023 Annual Enrollment

If you elect coverage during Open Enrollment, it becomes effective on January 1, 2024. Coverage for your spouse and/or children becomes effective on the same date as yours. Benefits are only payable for a new cancer diagnosed on or after the effective date of coverage.

This coverage is subject to a pre-existing condition limitation. For a list of standard exclusions and limitations, please refer to the end of this document.

## What else is included?

The Cancer Insurance available through your employer also features the following:

 <p><b>Receive \$60 to use however you'd like</b></p>	<p><b>Cancer Screening</b> This pays an annual benefit when you complete an eligible cancer screening test. We will pay this benefit only once per year regardless of whether multiple tests are performed. This benefit pays even if internal cancer is not diagnosed.</p> <ul style="list-style-type: none"> <li>• Employee benefit amount is \$60.</li> <li>• Spouse benefit amount is \$60.</li> <li>• Children receive 100% of your benefit amount per child, with no annual maximum.</li> </ul>
 <p><b>Continue coverage at no cost</b></p>	<p><b>Waiver of Premium</b> If you aren't working because you are totally disabled, Waiver of Premium allows you to keep your Cancer Insurance coverage for a period of time without paying premiums. You may need to complete a waiting period of total disability before premiums are waived, during which time premiums need to be paid. Only premiums for employee coverage will be waived; all other coverage will terminate.</p>



### Take your coverage with you

#### Portability

If you are in a situation where you will lose eligibility for benefits, such as reduced hours, employment termination or a life event such as divorce, you may want to continue your insurance coverage. Portability allows you to continue your coverage under the same group policy by paying your premiums directly to Voya.



### Keep coverage during a leave of absence

#### Continuation of Insurance

Continuation allows you to maintain your current Cancer Insurance coverage for yourself, your spouse and children during an employer-approved leave of absence.

## Schedule of Benefits

The following list is a summary of the benefits provided by Cancer Insurance. Note that there may be some variations by state. For a complete description of your available benefits, conditions on benefit determination, exclusions and limitations, see your certificate of insurance and any riders. The total benefits paid under this Policy cannot exceed a lifetime maximum of \$1,000,000 for each insured. For a complete description of your available benefits, exclusions and limitations, see your certificate of insurance and any riders.

Cancer Losses	
Covered Benefit	Benefit Amount
Cancer Screening: Limited to once per Benefit Year	\$60
Hospital Confinement <sup>1</sup> : Limited to 90 days per period of Confinement	\$400 per day
Radiation and Chemotherapy:	
Injected Cytotoxic Medications	\$1,000 per Week not to exceed \$12,000 per Benefit Year
First Prescription Pump Dispensed Cytotoxic Medications	\$1,000 per prescription not to exceed \$12,000 per Benefit Year
Refill Pump Dispensed Cytotoxic Medications	\$1,000 per Week not to exceed \$12,000 per Benefit Year
Oral Cytotoxic Medications	\$500 per prescription not to exceed \$1,500 per month
Cytotoxic Medications Administration by Any Other Method	\$1,000 per Week not to exceed \$12,000 per Benefit Year
External Radiation Therapy	\$600 per Week not to exceed \$12,000 per Benefit Year
Insertion of Interstitial or Intracavity Administration of Radioisotopes or Radium	\$750 per Week not to exceed \$12,000 per Benefit Year
Oral or I.V. Radiation	\$600 per Week not to exceed \$12,000 per Benefit Year

In Hospital Blood and Plasma:	\$50 per day
Outpatient Blood and Plasma:	\$50 per day
Extended Care Facility: Limited to a maximum of 90 days per Benefit Year	\$200 per day
Hospice: Limited to a maximum of 100 days per lifetime	\$200 per day
In-hospital Physician Visits: Limited to a maximum of 75 visits	\$50 per daily visit
Prosthesis:  Surgically Implanted Devices  Other devices	\$3,000 per device not to exceed a Lifetime maximum of \$6,000  \$300 per device not to exceed a Lifetime maximum of \$600
Ambulance Benefit: Limited to 2 one-way trips per period of Confinement	\$250 Ground \$2,000 Air
Lodging: Limited to 1 benefit per day	\$100 per day, not to exceed a maximum of 90 days per Benefit Year
Second Surgical Opinion: Limited to once per surgical procedure	\$300
Skin Cancer:  Biopsy Only Reconstructive surgery following previous excision of skin Cancer Excision of skin Cancer without flap or graft Excision of skin Cancer with flap or graft	\$100  \$250 \$375 \$600

### Surgery and Anesthesia for Internal Cancer:

Limited to a combined maximum of \$7,500 for one operation

Procedure	Anesthesia Benefit	Surgical Benefit
Mandible-Mandibulectomy	\$760	\$2,300
Misc- Pathological hip fracture	\$400	\$1,200
Breast – Needle biopsy	\$50	\$150
Breast – Excisional biopsy	\$50	\$150
Breast - Lumpectomy	\$100	\$300
Breast - Mastectomy partial	\$100	\$300
Breast - Mastectomy simple	\$180	\$550
Breast - Mastectomy radical	\$400	\$1,200
Throat - Laryngectomy (without neck dissection)	\$365	\$1,100
Throat - Laryngectomy (with neck dissection)	\$730	\$2,200
Throat - Laryngoscopy	\$50	\$150
Throat - Tracheostomy	\$50	\$150

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Chest - Bronchoscopy	\$70	\$200
Chest - Thoracentesis	\$50	\$150
Chest - Thoracostomy	\$50	\$150
Chest - Thoracotomy	\$165	\$500
Chest - Pneumonectomy	\$400	\$1,200
Chest - Lobectomy	\$365	\$1,100
Chest - Wedge resection	\$250	\$750
Misc – Venous-catheters/venous port (chemo)	\$50	\$150
Misc – Bone marrow biopsy or aspiration	\$50	\$150
Lymphatic – Splenectomy	\$225	\$675
Lymphatic – Excision or biopsy of a single lymph node	\$60	\$175
Lymphatic - Lymphadenectomy (bilateral)	\$365	\$1,100
Lymphatic - Lymphadenectomy (unilateral)	\$255	\$775
Lymphatic - Axillary node dissection	\$215	\$650
Chest - Mediastinoscopy	\$100	\$300
Mouth - Hemiglossectomy	\$115	\$350
Mouth - Glossectomy	\$430	\$1,300
Mouth – Resection of palate	\$200	\$600
Salivary glands - Biopsy	\$50	\$150
Salivary glands - Parotidectomy	\$300	\$900
Salivary glands – Radical neck dissection	\$730	\$2,200
Mouth – Tonsil/Mucous membranes	\$290	\$875
Esophagus – Resection of esophagus	\$305	\$925
Esophagus – Esophagoscopy	\$50	\$150
Stomach – Gastroscopy	\$75	\$225
Intestines - ERCP	\$135	\$400
Esophagus – Esophagogastrectomy	\$1,155	\$3,500
Stomach - Gastrectomy (complete)	\$430	\$1,300
Stomach - Gastrectomy (partial)	\$325	\$975
Stomach - Gastrojejunostomy	\$265	\$800
Intestines – Resection of small intestine	<b>\$305</b>	<b>\$925</b>
Intestines - Colectomy	\$265	\$800
Intestines - Ileostomy	\$250	\$750
Intestines - Colostomy/or revision of	\$200	\$600

Intestines - Excision on rectum for biopsy	\$70	\$200
Intestines - Abdominal-perineal resection	\$400	\$1,200
Intestines - Proctosigmoidoscopy	\$50	\$150
Intestines - Sigmoidoscopy	\$50	\$150
Intestines - Colonoscopy (does not include virtual or CT Colonography)	\$85	\$250
Liver - Needle biopsy	\$50	\$150
Liver - Wedge biopsy	\$175	\$525
Liver - Resection of liver	\$1,090	\$3,300
Abdomen - Cholecystectomy	\$250	\$750
Pancreas - Pancreatectomy	\$400	\$1,200
Pancreas - Whipple procedure	\$1,520	\$4,600
Pancreas - Jejunostomy	\$530	\$1,600
Abdomen - Exploratory laparotomy	\$175	\$525
Abdomen - Paracentesis	\$50	\$150
Kidney - Nephrectomy (simple)	\$300	\$900
Kidney - Nephrectomy (radical)	\$530	\$1,600
Bladder - Cystectomy (partial)	\$250	\$750
Bladder - Cystectomy (complete)	\$1,485	\$4,500
Bladder - Cystectomy (with ureteroileal conduit)	\$1,815	\$5,500
Prostate - Cystoscopy	\$50	\$150

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Bladder - Cystoscopy	\$50	\$150
Bladder - (TUR) transurethral resection bladder tumors	\$135	\$400
Prostate - (TUR) transurethral resection prostate	\$265	\$800
Penis - amputation, partial	\$175	\$525
Penis - amputation, complete	\$265	\$800
Penis - amputation, radical	\$430	\$1,300
Testis - Orchiectomy (unilateral)	\$110	\$325
Testis - Orchiectomy (bilateral)	\$165	\$500
Prostate - Needle biopsy	\$50	\$150
Prostate - Radical prostatectomy	\$565	\$1,700
Vulva - Vulvectomy (partial)	\$190	\$575
Vulva - Vulvectomy (radical)	\$235	\$700
Female Reproductive - Colposcopy	\$50	\$150
Female Reproductive - D & C	\$60	\$175
Female Reproductive - Abdominal hysterectomy/uterus only	\$400	\$1,200
Female Reproductive - Uterus, tubes & ovaries with total pelvic exenteration	\$1,650	\$5,000
Female Reproductive - Vaginal hysterectomy/uterus only	\$330	\$1,000
Female Reproductive - Oophorectomy	\$190	\$575
Female Reproductive - Uterus, tubes & ovaries	\$500	\$1,500
Thyroid - Thyroidectomy (partial: one lobe)	\$265	\$800
Thyroid - Thyroidectomy (total: both lobes)	\$430	\$1,300
Brain - Burr holes not followed by surgery	\$200	\$600
Brain - Exploratory craniotomy	\$695	\$2,100
Brain - Excision brain tumor	\$1,090	\$3,300
Brain - Ventriculoperitoneal shunt	\$530	\$1,600
Spine - Cordotomy	\$430	\$1,300
Spine - Laminectomy	\$1090	\$3,300
Eye - Enucleation	\$265	\$800
Soft Tissue Tumor (sarcoma) - Simple biopsy	\$15	\$50
Soft Tissue Tumor (sarcoma) - Simple tumor extraction without graft	\$125	\$375
Soft Tissue Tumor (sarcoma) - Complex excision with reconstructive surgery	\$200	\$600
Soft Tissue Tumor (sarcoma) - Skin graft following complex excision	\$330	\$1,000
Soft Tissue Tumor (sarcoma) - Limb amputation	\$665	\$2,000
Radium Implants - Insertion	\$365	\$1,100
Radium Implants - Removal	\$200	\$600

### Other Covered Services and Treatments

Covered Benefit	Benefit Amount
First Occurrence: Limited to once per Lifetime	\$3,000
Experimental Treatment <sup>2</sup> : Oral, Injected or Pump Dispensed Medications	\$150 per day, not to exceed \$1,050 per month
National Cancer Institute Evaluation/Consultation <sup>3</sup> : Limited to once per Lifetime	\$500
Anti-nausea Medication:	\$100 per month

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Bone Marrow Transplant: Limited to once per Lifetime*	\$10,000 for each insured \$1500 to the bone marrow donor
Stem Cell Transplant: Limited to once per Lifetime*  *Benefits will only be paid once per Lifetime for either a Bone Marrow Transplant or Stem Cell Transplant, not both.	\$5,000
Transportation: Limited to 3 round trips per Benefit Year	\$250 per round trip
Reconstructive Surgery:  Breast Symmetry (modification of the non-cancerous breast performed within 5 years of reconstructing the cancerous breast)  Breast Reconstruction  Facial Reconstruction  Breast Transverse Rectus Abdominis Myocutaneous (TRAM) Flap  In addition, we will pay 30% of the amounts shown for Reconstructive Surgery for Anesthesia during these procedures.	\$350  \$700  \$700  \$2,500
Outpatient Hospital Surgical: Limited to 3 days per procedure	\$250 per day

<sup>1</sup>Hospital means a facility licensed in the applicable jurisdiction that provides medical care and Treatment to sick and injured persons on an Inpatient basis with 24-hour nursing service by or under the supervision of a Physician. Hospital does not include: (1) a rest home; (2) a skilled nursing facility; (3) an extended care facility; (4) a place of convalescence; (5) rehabilitative care; (6) custodial care; or (7) a place primarily for the Treatment of drug addiction or alcoholism.

<sup>2</sup>Experimental Treatment Pays the daily amount shown for doctor prescribed experimental treatments intended to destroy or change abnormal tissue. Treatment must be administered by medical personnel in a doctor's office, clinic, or hospital; maximum monthly benefit is \$1,050. We will not pay benefits under this provision for laboratory tests, immunotherapy, diagnostic x-rays and therapeutic devices or other procedures related to these treatments. This benefit is not payable for any day the Radiation or Chemotherapy benefit is payable.

<sup>3</sup> National Cancer Institute Evaluation/Consultation Pays the amount shown for each insured person who obtains an evaluation or consultation at a National Cancer Institute designated cancer center strictly to determine the appropriate course of cancer treatment as a result of receiving a prior diagnosis of internal cancer. This benefit is not payable for the same day the Second Surgical Opinion benefit is payable. This benefit is limited and only payable once per lifetime.

## Exclusions and limitations

### Pre-Existing Condition Limitation:

In addition to the limitations stated in the Covered Cancer Benefits section of this Certificate, we will not pay any benefit for any Cancer that is Diagnosed in the first 30 days following the effective date of any Insured's insurance and results from a Pre-Existing Condition.

Pre-Existing Condition means during the 6 months prior to any Insured's effective date of insurance or the effective date of an increase in any Insured's amount of insurance, any condition for which any Insured:

- sought medical Treatment, consultation, advice, care or services, including diagnostic measures for the condition, or symptoms related to the condition, regardless of whether the condition was Diagnosed or suspected at that time; or
- took prescribed drugs or medicines for the condition.

When newborn children, newly placed foster children, or newly adopted children are added to your Children Insurance within 31 days of the birth, placement or adoption, the Pre-Existing Condition limitation does not apply.

**Exclusions:** Standard exclusions for the Certificate, Spouse Cancer Insurance, and Children's Cancer Insurance are listed below. (These may vary by state.) For a complete description of your available benefits, exclusions and limitations, see your certificate of insurance and any riders.

The total benefits paid under this Policy cannot exceed a lifetime maximum of \$1,000,000 for each Insured.

In addition to the exclusions stated in the Covered Cancer Benefits section of this Certificate, we will not pay any benefit that is caused by, contributed to in any way, or resulting from any Cancer Diagnosed outside the United States without confirmation of the Diagnosis by a Physician who practices in the United States; or any service, Treatment or Confinement outside the United States. Neither will we pay any benefit for Treatment or Confinement that occurred outside the United States.

We will not pay a benefit for any Cancer that is due to or results from:

- Services or Treatment not included in the Covered Cancer Benefits;
  - War or any act of war or your active duty in any armed service during a time of war (this does not include acts of terrorism);
  - Active military duty;
  - Services or Treatment for which the Insured is not charged, unless there is no charge because the facility is a United States government facility;
  - Services or Treatment provided by a Family Member;
  - Services or Treatment for premalignant conditions;
  - Services or Treatment for conditions with malignant potential;
  - Services or Treatment for non-cancer illnesses;
- Elective plastic or cosmetic surgery

## Questions?

Enrollment instructions will be provided by your employer. If you have additional questions before you enroll:

- For questions related to enrollment you can call the **GaBreeze Benefits Center** at 877-342-7339
- For questions related to the Voya products you can call the **Voya Employee Benefits Customer Service** at 844-262-6042 or visit Voya's Employee Benefit Resource Center at <https://presents.voya.com/EBRC/stateofgeorgia>

**Please Note:** You are responsible for electing the benefits you want by either:  
–Entering elections on the GaBreeze website, [www.GaBreeze.ga.gov](http://www.GaBreeze.ga.gov), or  
–Calling the GaBreeze Benefits Center at 877-342-7339

This is a summary of benefits only. A complete description of benefits, limitations, exclusions and termination of coverage will be provided in the certificate of insurance and riders. All coverage is subject to the terms and conditions of the group policy. If there is any discrepancy between this document and the group policy documents, the policy documents will govern. To keep coverage in force, premiums are payable up to the date of coverage termination. Cancer Insurance is underwritten by ReliaStar Life Insurance Company (Minneapolis, MN), a member of the Voya® family of companies. Policy Form #RL-CNC-POL-738492; Certificate Form #RL-CNC-CERT-738492. Form numbers, provisions and availability may vary by state and employer's plan.

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**For use by State of Georgia only.** Date Prepared: 10/03/2023

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