



Secure Answer Coverage Overview

Cancer Insurance From Physicians Mutual®

With Secure Answer Cancer Insurance from Physicians Mutual Insurance Company, you can use your benefits to help pay for the quality treatments, drugs, therapies and specialists you deserve — so you can focus on your health and getting back to living your life.

For more information, talk with one of our insurance experts for benefits, rates, exceptions and reductions at **1-888-932-7642**.

Covered Benefits Include:

Covered Annual Preventive Care Screening Benefits

- \$50/\$100 for each covered preventive test (up to 12 different tests) such as mammograms, colonoscopies, pap smears, blood tests and skin cancer biopsies. You can receive one screening each calendar year.¹

Covered Inpatient Benefits

- \$150/\$300 daily hospital room benefit
- \$500/\$1,000 for ground or air ambulance transportation per calendar year
- \$30/\$60 per day for inpatient doctor visits (up to 60 per calendar year)
- Up to \$250/\$500 for inpatient prescription drugs per calendar year

Covered Surgery Benefits

- Benefits range from \$40/\$85 to \$1,515/\$3,030 for surgeries like mastectomies, hysterectomies and biopsies, with a maximum of 3 surgeries per day (benefits reduced 50% for the second and third surgeries performed in the same day)
- 25% of surgery benefit for general anesthesia

Covered Treatment Benefits

- Up to \$1,000/\$2,000 per calendar month for treatments like radiation, chemotherapy, hormone or immunotherapy drugs and experimental treatments (up to \$8,000/\$16,000 per calendar year)²

Additional benefits and options on next page 

¹ Waiting periods apply.

² Maximums are for all covered cancer treatments combined.

This coverage overview provides a brief description of the coverage and is not intended to provide full details of the insurance policy. Benefits may vary by state. Ask your agent/producer for additional information, including policy/rider limitations, exclusions and waiting periods. Issuance of this coverage may depend upon answers to health questions found in the application. Coverage may not be available in all states.

Covered Transportation and Lodging Benefits

- \$1,000/\$2,000 (lifetime maximum) when traveling to treatments at least 100 miles away from home — such as hotel rooms, airfare, car rental and gasoline

Additional Covered Benefits

- \$30/\$60 per day (up to 90 days per calendar year) for care provided by a Home Health Care Agency
- Benefits range from \$100/\$200 to \$1,000/\$2,000 (\$1,000/\$2,000 lifetime maximum) for miscellaneous treatments such as breast reconstruction, artificial limbs, wigs and durable medical equipment
- \$30/\$60 per day (180-day lifetime maximum) for care in a hospice unit
- \$75/\$150 per day (up to 10 days per calendar year) in an extended care facility for care such as skilled nursing
- \$30/\$60 per day for private duty nursing (up to 30 days per calendar year) for services not routinely provided by the hospital
- \$1,000/\$2,000 (lifetime maximum) for blood, plasma and platelets

Your Additional Options:

First Diagnosis Internal Cancer Benefit Rider

One-time payment of \$2,500/\$5,000/\$10,000 for the first covered diagnosis of internal cancer

First Diagnosis Critical Illness Benefit Rider for Heart Attack, Stroke or Heart Bypass Surgery

One-time payment up to \$5,000/\$10,000/\$20,000 for a first-ever heart attack or stroke or if you undergo coronary artery bypass surgery¹

For more information, talk with one of our insurance experts for benefits, rates, exceptions and reductions at 1-888-932-7642.

¹ All options pay half benefits for coronary artery bypass surgery. Benefits for heart attack or stroke will be reduced by the benefits paid for coronary artery bypass surgery. Rider available to individuals under age 65.

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AZ Residents: Please read these exceptions and reductions

P176 Cancer Insurance

No benefits under this Policy are payable for any of the following:

1. Loss due to any sickness, injury or disease, except cancer (unless benefits for other conditions are added by a rider).
2. Loss due to any condition, disease, illness or incapacity that has been caused, complicated, worsened or affected by cancer or by the treatment of cancer.
3. Diagnosis, treatment, screening, images or care occurring outside of the United States of America.
4. Diagnosis, treatment, screening, images or care occurring while a covered person's coverage is not in force.
5. Diagnosis, treatment, screening, images or care of a covered person occurring more than 30 days prior to his/her date of diagnosis of cancer (Note: A diagnosis of cancer is not required for loss covered under the Annual Cancer Screening Benefit).
6. Loss due to cancer diagnosed during the Benefit Reduction Period, except on a reduced benefit basis, as specifically provided for in the Benefit Reduction Period provision of this Policy.
7. Services provided by a family member, unless:
 - a. The family member is a physician;
 - b. The family member is a regular employee of the organization furnishing the service or care;
 - c. The organization receives the payment for the services; and
 - d. The family member receives no compensation other than the normal compensation for employees in his or her job category.

“Family member” means your spouse and anyone who is related to you or your spouse (including adopted, in-law and step relatives) as a parent, grandparent, child, grandchild, brother, sister, aunt, uncle, first cousin, nephew or niece.

LIMITATION FOR PRE-EXISTING CONDITIONS

We will not pay benefits for loss due to any Cancer with a Date of Diagnosis occurring during the two-year period after the Effective Date of a Covered Person's coverage if it is due to a Pre-Existing Condition.

A “Pre-Existing Condition” is a medical condition for which treatment or advice was received or recommended, or produced symptoms which would cause an ordinarily prudent person to seek medical diagnosis, care, or treatment, within the one year period before the Effective Date of a Covered Person's coverage.



Nothing in the language of this provision shall be construed to limit or otherwise reduce Our rights to void the Policy or deny a claim under the terms of the “Time Limit on Certain Defenses” provision of the Policy.

BENEFIT REDUCTION PERIOD

The Benefit Reduction Period for each Covered Person is the 90-day period immediately following the Effective Date of coverage for such Covered Person. All Policy benefit amounts and Policy benefit maximums shown in the Schedule (including the Surgery Schedule) are reduced by 75% for any loss due to Cancer with a Date of Diagnosis occurring during the Benefit Reduction Period. The reduction in benefits for any such Cancer shall apply to: (a) the entire period of time the Policy is in force for such Covered Person; and (b) any loss due to subsequent recurrence, extension, or metastatic spread of such Cancer.

ANNUAL CANCER SCREENING BENEFIT: This is a preventive benefit. A diagnosis of Cancer is not required for this benefit to be payable. We will pay the Annual Cancer Screening Benefit shown in the Schedule, once per Calendar Year per Covered Person, when a charge is incurred for any one of the following Cancer screening tests performed on a Covered Person:

- Mammography/breast ultrasound
- Flexible sigmoidoscopy
- Colonoscopy
- Pap smear/Thin Prep Pap (test only)
- CA 125 (blood test for ovarian cancer)
- PSA (blood test for prostate cancer)
- Hemoccult stool specimen
- CA 15-3 (blood test for breast cancer)
- CEA (blood test for colon cancer)
- Chest X-ray
- Thermography
- Biopsy for Skin Cancer

Such test must be performed to determine whether Cancer exists in a Covered Person. If a Covered Person has multiple Cancer screening tests, of the same or different types, performed in a Calendar Year, We will pay the Annual Cancer Screening Benefit only once per Calendar Year for such Covered Person. No benefit is payable for any test performed less than 180 days after the Effective Date of the Policy. If a Cancer screening test payable under this benefit is also payable under another benefit provision of this Policy, We will pay only once, under the benefit provision that results in the highest benefit. (Exception: A Cancer screening test covered under both this benefit and the Diagnostic Medical Imaging benefit in the Miscellaneous Treatments Benefit provision will be paid under both benefit provisions).



LIMITATIONS AND EXCLUSIONS

No benefits under this First Diagnosis Critical Illness Benefit Rider are payable for any of the following:

1. Diagnosis or surgery occurring during the Benefit Reduction Period, except on a reduced benefit basis, as specifically provided for in the Rider Benefit Reduction Period provision of this Rider.
2. Diagnosis or surgery occurring while a Covered Person's coverage under this Rider is not in force.
3. Diagnosis or surgery related to any sickness, injury, or disease other than a Covered Condition.
4. Diagnosis or occurrence of a Covered Condition that does not satisfy all of the diagnostic requirements and other criteria included in the definition of such Covered Condition.
5. Diagnosis of Heart Attack or Stroke that is not the first-ever diagnosis of such condition for a Covered Person.
6. Coronary Artery Bypass Surgery that is not the first-ever occurrence of such surgery for a Covered Person.

RIDER BENEFIT REDUCTION PERIOD

The Rider Benefit Reduction Period for each Covered Person is the 90-day period immediately following the Rider Effective Date for such Covered Person. The Coronary Artery Surgery Bypass Benefit and the Heart Attack/Stroke Benefit (both shown above) are reduced by 75% for any loss occurring during the Benefit Reduction Period.

LIMITATION FOR PRE-EXISTING CONDITIONS

We will not pay benefits for loss due to any Covered Condition with a Date of Diagnosis occurring during the two-year period after a Covered Person's coverage takes effect under this Rider if it is due to a Pre-Existing Condition.

A "Pre-Existing Condition" is a medical condition for which treatment or advice was received or recommended, or produced symptoms which would cause an ordinarily prudent person to seek medical diagnosis, care, or treatment, within the one-year period before the date a Covered Person's coverage takes effect under this Rider.

Nothing in the language of this provision shall be construed to limit or otherwise reduce Our rights to void the Policy or deny a claim under the terms of the "Time Limit on Certain Defenses" provision of the Policy.

LIMITATIONS AND EXCLUSIONS

No benefits under this First Diagnosis Internal Cancer Benefit Rider are payable for any of the following:

1. Diagnosis occurring during the Benefit Reduction Period, except on a reduced benefit basis, as specifically provided for in the Rider Benefit Reduction Period provision of this Rider.



2. Diagnosis occurring while a Covered Person's coverage under this Rider is not in force.
3. Diagnosis of any sickness, injury, or disease other than Internal Cancer.
4. Diagnosis of Skin Cancer.
5. Diagnosis that does not satisfy all of the diagnostic requirements and other criteria included in the definition of Internal Cancer.
6. Diagnosis that is not the first-ever diagnosis of Internal Cancer for a Covered Person.

RIDER BENEFIT REDUCTION PERIOD

The Rider Benefit Reduction Period for each Covered Person is the 90-day period immediately following the Rider Effective Date for such Covered Person. The First Diagnosis Internal Cancer Benefit shown above is reduced by 75% for any loss due to Cancer with a Date of Diagnosis occurring during the Benefit Reduction Period.

LIMITATION FOR PRE-EXISTING CONDITIONS

We will not pay benefits for loss due to any Internal Cancer with a Date of Diagnosis occurring during the two-year period after a Covered Person's coverage takes effect under this Rider if it is due to a Pre-Existing Condition.

A "Pre-Existing Condition" is a medical condition for which treatment or advice was received or recommended, or produced symptoms which would cause an ordinarily prudent person to seek medical diagnosis, care, or treatment, within the one-year period before the date a Covered Person's coverage takes effect under this Rider.

Nothing in the language of this provision shall be construed to limit or otherwise reduce Our rights to void the Policy or deny a claim under the terms of the "Time Limit on Certain Defenses" provision of the Policy.