



Cancer Protection Insurance

A source of financial protection when diagnosed with cancer
Offered through the ACerS Members' Insurance Program



What are the requirements for eligibility?

Any ACerS member may apply for the cancer plan who has not been medically treated for or advised of cancer, except skin cancer, in the last ten years.

Is coverage available for my spouse & children?

Yes coverage is available for your spouse. Your child(ren) are also eligible to apply if they are unmarried and under age 19, (age 25 if full-time student). Newborn children are covered immediately.

What about preexisting conditions?

No benefits will be payable for the covered person's pre-existing conditions. They are defined as a cancer for which treatment has been received before the covered person has been insured for 30 days from his or her effective date of coverage or a Cancer that was positively diagnosed within 10 years prior to the Covered Person's effective date of coverage.

(30 day limitation does not apply in AZ, MN, MO, OK, and WI)

We will however pay benefits for cancer diagnosed and treated within the first 30 days the covered person has been insured. Expenses for such treatment are payable only if incurred after coverage has been in force for 12 consecutive months from the effective date.

What is the coverage available for my family and me?

The covered person will collect the benefits listed below without a deductible and no co-payment for a period of illness. A new period of illness begins when the insured completes 180 consecutive days during which no expenses are incurred for the treatment of cancer. There is a \$250,000 overall lifetime maximum amount for all of the benefits listed.

Benefit	Standard Option Benefit	Enhanced Option Benefit
First Occurrence. Upon receipt of proof that the insurance has been in force for 30 days and the insured is first diagnosed as having cancer. This benefit is payable only once during the lifetime of each insured. The First Occurrence Benefit is not payable for diagnosis of skin cancer. (Not available in MN)	\$1,000	\$1,500
Intensive Care Indemnity. The covered person must be hospital confined in an Intensive Care Unit, the confinement must be caused by cancer, and the confinement must begin while the coverage is in force. This benefit will be paid in addition to the Hospital Confinement Benefit listed below.	\$100 per day for a maximum of 15 days	\$150 per day for a maximum of 15 days
Hospital Confinement for the 1st through 60th day of confinement. This benefit will be paid as long as the covered person is hospital confined and is in lieu of all other benefits provided by this cancer coverage, except the Intensive Care Benefit listed above.	\$100 per day	\$150 per day
Extended Hospital Confinement. The covered person must be in the hospital for a total of 60 days during any illness period. This benefit will be paid as long as the covered person is hospital confined and is in lieu of all other benefits provided by this cancer coverage.	\$250 per day for the 61st day & beyond	\$375 per day for the 61st day & beyond
Hospice Care. The hospice must be a facility that provides a Hospice Care Program, is separated from any other facility, and fulfills any licensing requirements of the state or locality where it operates. The hospice will provide a program for meeting the special needs of dying individuals and their families, by providing medical, nursing and other health services. Must be hospital confined for 3 consecutive days before benefit will be paid.	\$100 per day, up to 180 days of the covered person's lifetime and includes an \$18,000 maximum lifetime benefit	\$150 per day, up to 180 days of the covered person's lifetime and includes a \$27,000 maximum lifetime benefit
Outpatient. Proof of cancer treatment must be provided for outpatient treatment by a covered person's physician or by medical personnel under the direct supervision of the physician. Coverage will be provided for outpatient surgery, blood transfusion, x-ray therapy, chemotherapy by injection, radium or cobalt therapy. Coverage will also be provided for each day a covered person visits a physician and oral chemotherapy is administered.	\$100 per day	\$150 per day

When will this coverage become effective?

Coverage will become effective on the date shown on the Certificate issued to you upon approval, provided the initial premium is paid.

Can my coverage be cancelled?

Your coverage cannot be cancelled as long as the entire group policy remains in force, you remain a member of ACerS and premiums are paid when due. Coverage for dependent children terminates at age 19, (age 25 if full-time student) or when the member’s coverage ends. Rates may be changed only if they are changed for the entire group.

If my coverage terminates, what will be paid?

If your coverage terminates (except for nonpayment of premiums), you will receive payments for the duration of any hospital confinement, just as if coverage had not ended, provided any confinement starts within 90 days after the termination date, and confinement is due to the same cancer for which a covered person incurred expenses before this termination date.

Are there any limitations or exclusions?

Yes. Benefits will not be paid under this policy and any attached riders for any expenses which result from (1) Injury or sickness other than cancer, (2) treatment or services provided outside of the United States, (3) expenses the Covered Person is not legally obligated to pay or those charged only because the Covered Person has insurance.

Standard Option Monthly Rates	
Member Only	Family
\$6.95	\$13.00

Enhanced Option Monthly Rates	
Member Only	Family
\$10.25	\$19.16

A \$.50 per month administrative fee will be added to your bill.

Premiums are billed on an annual basis. To calculate annual rates, multiply rates shown by 12.

If you wish to pay monthly, your premiums must be deducted automatically from your checking account. Please complete the enclosed Automatic Payment Option Authorization Form and return it with your application. Actual premiums may vary slightly due to rounding.

How to apply

Please complete the enclosed application, sign, date and return it with your first modal premium check made payable to Selman & Company:

**ACerS Members’ Insurance Program
6110 Parkland Boulevard
Cleveland, Ohio 44124**

Questions? Call us toll-free at
1-800-556-7614

Or e-mail us at
enrollment@selmaninsurance.com

The Underwriter



This valuable protection is underwritten by Monumental Life Insurance Company an AEGON Company, 4333 Edgewood Rd NE, Cedar Rapids, IA 52499. Monumental Life was rated “A+” (Superior) for financial strength and operating performance by A.M. Best Company in insurance company ratings and analysis for May 30, 2007. This is the second out of sixteen ratings given by A.M. Best, one of America’s leading independent insurance company analysts.

The Administrator



For more than 30 years, associations across the country have looked to Selman & Company for specialized insurance protection. As the administrator for your endorsed insurance plan, our responsibilities are to provide you with a strong valuable plan of benefits, competitive rates, and the personal service you require.

This information is a brief description of important features of the plan. It is not a contract. Terms and conditions of coverage are set forth in Group Policy Numbers MZ0800577 0038A and MZ0100313H0037A on Policy Form CA1000GPM issued in the State of Ohio. The group policy is subject to the laws of the jurisdiction in which it is issued. Additional information is contained in the Certificate of Insurance, which is issued to the persons who become insured under the plan. All applications for this program are medically underwritten and are subject to approval by the Insurance Company. The availability of this offer may change and coverage may not be available in all states.

Certificate Form Number CA1000GPM, CA1000GCM, CA1000GCM.FL, CA1000GCM.MN, CA1000GCM.MO, CA1000GCM.WI, CA1000GCM.WY