

CANCER PRODUCT PLAN COMPARISON

Hartford Life Insurance Company vs Humana Insurance Company

<u>Provisions</u>	<u>Hartford's Benefits SRP1342</u>	<u>Humana Insurance Company</u>
Wellness Benefit	Up to \$100 per calendar year	Up to \$100 per calendar year
Positive Diagnosis	Up to \$300 per calendar year	Up to \$300 per calendar year
First Diagnosis Benefit	\$3,600 Insured; \$1,800 Dependent	\$2,500 per Covered Person
Second & Third Surgical Opinion	Actual Charges	Actual Charges
Non-Local Transportation	\$.40 or \$.50 per mile; Actual charges for common carrier	\$.50 per mile; Actual charges for common carrier
Adult Companion Lodging & Transportation	\$40 or \$50 per day Lodging; \$.40 or \$.50 per mile for common carrier	\$75 per day Lodging; \$.50 per mile or common carrier
Ambulance	Actual Charges	Actual Charges
Surgery	Up to \$2,700 or \$5,400; Outpatient 150%	Up to \$3,000; Outpatient 150%
Donor Benefit- Bone Marrow & Stem Cell Transplant	\$200 per day room; surgical cost per schedule; common carrier fare or transportation	\$200 per day Hospital Confinement; Actual charges per Lodging and Transportation benefit above
Bone Marrow & Stem Cell Transplant	\$2,700 or \$5,400 per surgical schedule	Actual Charges up to lifetime max of \$15,000 per covered person
Anesthesia	Up to 25% of surgical benefit	Up to 25% of surgical benefit; \$100 for Skin Cancer
Ambulatory Surgical Ctr.	Up to \$250 per day	Up to \$250 per day
Drugs & Medicine	Up to \$25 or \$50 per day; \$600 year max.	Up to \$25 per day; \$600 year max.
Outpatient Anti-Nausea Drugs	Up to \$250 or \$500 per calendar year	Up to \$250 per calendar year
Radiation, Radioactive Isotopes Therapy, Chemotherapy or Immunotherapy	Up to \$10,000 or \$20,000 per calendar year; Optional rider for \$200, \$500, \$1,000 or Reasonable & Customary	Up to \$1,000 per day
Miscellaneous Therapy Charges	Up to \$250 or \$500 per calendar year	Actual charges to lifetime max of \$10,000
Self Administered Drugs	Covered under Radiation/Chemo	Actual charges up to \$4,000/month
Colony Stimulating Factors	Not covered	Up to \$1,000 per month
Blood, Plasma & Platelets	Actual charges	Up to \$200 per day
Physician's Attendance	Up to \$35 or \$40 per day	Up to \$35 per day

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Private Duty Nursing	Up to \$100 or \$180 per day	Up to \$100 per day
Skin Cancer	Up to \$75 or \$100 removal of 1 st skin cancer; up to \$37.50 or \$50 after first	Covered Under Surgical Schedule.
National Cancer Institute Designated Comprehensive Cancer Treatment Center Evaluation/ Consultation Benefit	N/A	Expenses incurred limited to a lifetime maximum up to \$750 for evaluation. Expenses incurred limited to a lifetime maximum up \$350 for transportation and lodging.
Breast Prosthesis	Actual Charges	Actual Charges
Artificial Limb or Prosthesis	\$1,500 lifetime max per amputation	\$1,500 lifetime max per amputation
Physical or Speech Therapy	Up to \$35 per session	Up to \$35 per session
Extended Care Facility	Up to \$50 per day	Up to \$50 per day
At Home Nursing	Up to \$100 per day	Up to \$100 per day
New or Experimental Treatment	Up to \$5,000 or \$7,500 per calendar year	Up to \$7,500 per calendar year
Hospice Care	Up to \$50 per day	Up to \$50 per day
Gov't or Charity Hospital	\$200 per day	\$200 per day
Hairpiece	Actual charges up to \$150 lifetime max	Actual charges up to \$150 lifetime max
Rental or Purchase of Durable Goods	Up to \$1,500 per calendar year for wheelchair, crutches, brace, etc.	Up to \$1,500 per calendar year for wheelchair, crutches, brace, etc.
Waiver of Premium	After 60 days of disability	After 60 days of disability
Hospital Confinement	\$200 per day	\$100 per day
Extended Benefit	\$600 per day	\$300 per day

This comparison provides a very brief description of some of the important features of these two plans. This is not an exact description. Only actual policies can provide detailed information. Cypress Fairbanks ISD Benefits Department.