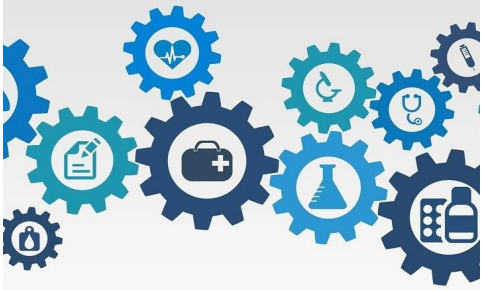
PROSPERITY LIFE GROUP®

Group Cancer Insurance



How it works…

Your health and financial peace of mind are important. You and your loved ones can rest a little easier knowing you have extra financial protection in place when a critical health event occurs. Benefits are paid directly to you, placing you in control at a time when you may feel that your options are limited.

Cancer Plan Benefits	Plan 1	Plan 2	Plan 3
First Occurrence Benefit	$2,500	$2,500	$5,000
First Occurrence for insured dependent child under age 21	$3,750	$3,750	$7,500
Cancer In Situ Benefit	$2,500	$2,500	$5,000
Reoccurrence Benefit	25% after 2 years, 75% after 5 years, 100% after 10 years		
Screening and Diagnostic Benefit			
Cancer Screening Benefit	$50	$50	$75
Additional Invasive Diagnostic Benefit	$100	$100	$150
Radiation, Chemotherapy, Immunotherapy and Experimental Treatment Benefit			
Radiation/Chemotherapy/ Immunotherapy	$2,500 per month	$5,000 per month	$10,000 per month
Experimental Treatment	$2,500 per month	$5,000 per month	$10,000 per month
Daily Hospital Confinement Benefit			
Confinements of 30 days or less	$100/day	$200/day	$300/day
Confinements longer than 30 days	$200/Day	$400/Day	$600/Day
Confinements for insured dependent child under age 21	$200/Day	$400/Day	$600/Day
Hospital ICU Benefit (Sickness or Injury)	$350/Day	$350/Day	$350/Day
Hospital ICU Benefit (Cancer Treatment)	$700/Day	$700/Day	$700/Day
Daily Self-Administered Chemotherapy or Immunotherapy Drugs Benefit			
Self-Administered by injection/8 per month	$250 per day		
Self-Administered by pump or implant /4 per month	$250 per day		
Self-Administered Drugs taken orally / 4 per month	$250 per day		
Surgical Expense Benefit			
Surgical Benefit	$1,000	$2,000	$3,000
Anesthesia Benefit	30%		
Skin Cancer	Biopsy $125, Excision $350 with flap $750		

Why do I need cancer coverage?

This plan can assist you with a variety of expenses, so you can focus on getting better.
You can use your benefits however you want, including direct or indirect cost associated with your illness, such as:

- Ongoing fixed expenses such as rent/mortgage, groceries, utilities etc.
- Insurance deductible/copays
- Loss of income
- Child care expenses
- Travel expenses

☑ 3 Plans to Choose from

Guaranteed Renewable for Life

Monthly Premium				
	E	E/S	E/C	F
Plan 1	$22.31	$41.05	$30.03	$45.43
Plan 2	$28.66	$54.84	$38.63	$60.74
Plan 3	$36.37	$70.56	$48.36	$78.01

Standard States

Prosperity Choice℠ Voluntary Worksite Insurance

Issued by S.USA Life Insurance Company, Inc., a Prosperity Life Group Member Company

Medical Imaging and Medication Benefit	
Medical Imaging	$1,000 per year
Anti-Nausea Medication Benefit	$150 per month
Colony Stimulating Factors	$1,000 per month

Additional Plan Benefits	
Positive Diagnosis Benefit	$300
Second and Third Surgical Opinion	Incurred Expense
Outpatient Hospital or Ambulatory Surgical Center	$350 per day
Non-Local Transportation	Common carrier coach fare; or $.50 per mile.
Lodging Benefit	Pays lodging up to $100 per day up to 100 days.
Ambulance	Incurred expense up to $1,000 ground/$2,000 air
Bone Marrow and Stem Cell Transplant	Pays up to a lifetime maximum of $15,000
Bone Marrow Donor Expense Benefit	$100 per day
Blood, Plasma and Platelets (Inpatient or Out-patient)	$300/day
Attending Physician's Benefit	$100/day
Private Duty Nursing Benefit (Inpatient & Out-patient)	Pays up to $150 per day
National Cancer Institute-Designated Comprehensive Cancer Treatment Center Evaluation/Consultation Benefit	$750 for evaluation $350 for Transportation and Lodging
Breast Prosthesis (Surgically Implanted)	$3000 per device, $6,000 Lifetime
Artificial Limb or Prosthesis (Non Surgically Implanted)	Up to $2,000 lifetime max
Physical Therapy or Speech Therapy	Up to $50 per day up to $1,000 per year
Hospice Care	Pays up to $100 per day 365 day Lifetime maximum
Hairpiece	Lifetime maximum $200
Rental or Purchase of Durable Goods	Pays up to $1,500 per calendar year
Home Health Care Expense Benefit	$100 per day / 60 days per year
Convalescent Care Facility Expense Benefit	$75 per day equal to days of confinement
Mental Health Consultation Benefit	$80 per session 50 sessions Lifetime maximum
Wheelchair Accessible Home Modifications	$2,000 Lifetime
Child Tutorial Benefit	$30 per 1 hour session 50 sessions Lifetime
Child Care Benefit	$60 per day 50 days Lifetime
Pet Boarding Benefit	$50 per day 30 days Lifetime
Waiver of Premium	Yes
Specified Disease Benefit (40 Additional Illnesses)	
$1,500 initial hospital confinement, $100 per day first 30 days, $200 after 30 days	

This sales brochure is not a contract. It is intended only as a brief description of the policy provisions in the planning of your program. The benefits are determined by the terms and conditions of the policy and certificate alone. This is not a Medicare supplemental policy. If you are eligible for Medicare, see the Medicare supplement buyer's guide available from the company. In all cases, consult your certificate for full details. Upon receipt of your policy, please review it and your application. If any information is incorrect, please contact us.

Pre-Existing Condition Limitation: Benefits will not be paid for any loss that is a Pre-Existing Condition, unless the Covered Person has satisfied the Pre-Existing Condition Limitation Period. A pre-existing condition is a condition, whether diagnosed or not, for which symptoms existed within the pre-Existing Condition Limitation Period, or for which medical advice or treatment was recommended or received from a physician within the same period. No pre-existing condition limitation will be applied to dependent children who are born or adopted whole the named insured is covered and who are continuously covered from the date of birth or adoption. **Pre-Existing Limitation Period is 3 months prior to the coverage Effective Date applicable to the Covered Person.**

Administered By:



BAY BRIDGE ADMINISTRATORS

"Your solutions begin at the Bridge"®

P.O. Box 161690 | Austin, Texas 78716 | 800 845-7519

3/22/2022