

# Cancer 1000 Level 2 Benefit Chart and Outline of Coverage

(Form Number C1000-O and State Abbreviations where used)

*We will pay benefits if certain routine cancer screening tests are performed or if cancer is diagnosed after the waiting period and while your policy is in force, and if the cancer or treatment is not excluded by name or specific description in the policy.*

*This policy has limitations that may affect benefits payable. Most benefits require that a charge be incurred. See the attached Outline of Coverage for complete details of benefits, exclusions and limitations. Policy may not be available in all states and may vary by state.*

## Cancer Screening Benefits

<b>■ Part I. Cancer Screening/Wellness Benefits per calendar year per insured person</b>	<b>\$75</b>
<ul style="list-style-type: none"> <li>• CA125 (Blood test for ovarian cancer)</li> <li>• Breast Ultrasound</li> <li>• CA 15-3 (Blood test for breast cancer)</li> <li>• PSA (Blood test for prostate cancer)</li> <li>• Chest X-ray</li> <li>• Biopsy of Skin Lesion</li> <li>• Colonoscopy</li> </ul>	<ul style="list-style-type: none"> <li>• Virtual Colonoscopy</li> <li>• Hemoccult Stool Analysis</li> <li>• Flexible Sigmoidoscopy</li> <li>• CEA (Blood test for colon cancer)</li> <li>• Bone Marrow Aspiration/Biopsy</li> <li>• Thermography</li> <li>• Serum Protein Electrophoresis (Blood test for Myeloma)</li> </ul>
<b>■ Mammogram Benefit</b> See Outline of Coverage for benefit details	<b>\$100</b>
<b>■ Pap Smear Benefit</b> See Outline of Coverage for benefit details	<b>\$70</b>
<p>To file a claim for a Cancer Screening/Wellness Benefit test, it is not necessary to complete a claim form. Call our toll-free Customer Service number, 1-800-325-4368, with the medical information.</p>	
<b>■ Part II. Additional Invasive Diagnostic Procedure (as a result of an abnormal cancer screening test as shown in Part I or the Mammogram or Pap Smear Benefit) per calendar year per insured person</b>	<b>\$75</b>

## Cancer Benefits

<b>■ Inpatient Benefits</b>	
Hospital Confinement, Days 1-30, per day	\$200
Hospital Confinement, Days 31+, per day	\$400
Hospital Confinement in a US Government Hospital Days 1-30, per day	\$200
Hospital Confinement in a US Government Hospital Days 31+, per day	\$400
Ambulance per trip, limit 2 trips per confinement	\$200
Air Ambulance per trip, limit 2 trips per confinement	\$1,000
Private Full Time Nursing Services per day	\$150

This chart highlights the benefits of policy form C1000 (including state abbreviations where used). This is not an insurance contract and only the actual policy provisions will control. The policy sets forth in detail the rights and obligations of both you and us. It is, therefore, important that you READ YOUR POLICY CAREFULLY. **This chart is not complete without the attached Outline of Coverage (form number C1000-O and state abbreviations where used).**

**THIS IS A CANCER-ONLY POLICY.**

<b>■ Treatment Benefits (In- or Outpatient)</b>	
Radiation/Chemotherapy per day for the day administered or for the day prescription filled or pump filled up to monthly maximum shown below. <u>Monthly Maximums:</u> Injected by Medical Personnel: no monthly limit Self Injected: \$1,600 Pump: \$800 Topical: \$800 Oral: \$800 Any Other Method Not Listed: \$800	\$200
Antinausea Medication per day administered or per day prescription filled subject to monthly maximum below – Monthly Maximum: \$160	\$40
Blood/Plasma/Platelets/Immunoglobulins per day – up to \$10,000 per calendar year	\$200
Experimental Treatment per day – up to \$10,000 per lifetime	\$300
Hair/External Breast/Voice Box Prosthesis per calendar year	\$200
Supportive or Protective Care Drugs & Colony Stimulating Factors, per day – up to \$800 calendar year maximum	\$100
Medical Imaging Studies per study – up to \$500 calendar year maximum	\$250
Bone Marrow Stem Cell Transplant per lifetime	\$10,000
Bone Marrow Stem Cell Donation Benefit per lifetime	\$1,000
Peripheral Stem Cell Transplant per lifetime	\$5,000

<b>■ Transportation/Lodging Benefits</b>	
Transportation (\$ per mile) – up to \$1,500 maximum per round trip	0.50
Companion Transportation (\$ per mile) – up to \$1,500 maximum per round trip	0.50
Lodging per day up to 70 days per calendar year	\$75

<b>■ Surgical Procedures Benefits</b>	
Surgical Procedures-Unit Value – up to \$3,000 maximum per procedure	\$50
Anesthesia Benefit for General Anesthesia  Anesthesia Benefits for local anesthesia , \$30 per procedure	25% of benefit paid for surgical procedure
Second Medical Opinion (limit once per malignant condition)	\$300
Reconstructive Surgery unit value – up to \$2,500 maximum per procedure for Surgery and Anesthesia, limit 2 per site	\$40
Prosthesis/Artificial Limb per device, limit 1 per site – up to \$6,000 lifetime maximum	\$3,000
Outpatient Surgical Center per day – up to \$600 calendar year maximum	\$200

<b>■ Extended Care Benefits</b>	
Skilled Nursing Care Facility per day up to days confined in hospital	\$100
Family Care per day	\$60
Hospice per day, no lifetime limit	\$70
Home Health Care Services per day up to greater of 30 days/per calendar year or 2 times number of days confined in hospital	\$75
Waiver of Premium	Yes

<b>■ Initial Diagnosis of Skin Cancer (Once per Lifetime)</b>	\$300
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# COLONIAL LIFE & ACCIDENT INSURANCE COMPANY

P.O. Box 1365, Columbia, South Carolina 29202  
1-800-325-4368

## SPECIFIED DISEASE COVERAGE OUTLINE OF COVERAGE (Applicable to Policy Form C1000-CA)

**THIS POLICY IS NOT A MEDICARE SUPPLEMENT POLICY.**  
**If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from the Company.**

**Read your policy carefully.** This outline provides a very brief description of the important features of your policy. This is not an insurance contract and only the actual policy provisions will control. The policy sets forth in detail the rights and obligations of both you and us. It is, therefore, important that you READ YOUR POLICY CAREFULLY.

**NOTICE: This is a supplement to health insurance. It is not a substitute for hospital or medical expense insurance, a health maintenance organization (HMO) contract, or major medical expense insurance.**

**THE POLICY COVERS ONLY CANCER, WHICH MEANS A DISEASE WHICH IS IDENTIFIED BY THE PRESENCE OF MALIGNANT CELLS OR A MALIGNANT TUMOR CHARACTERIZED BY THE UNCONTROLLED AND ABNORMAL GROWTH AND SPREAD OF INVASIVE MALIGNANT CELLS. PRE-MALIGNANT CONDITIONS, CONDITIONS WITH MALIGNANT POTENTIAL OR BENIGN TUMORS OR POLYPS THAT DO NOT MEET THIS DEFINITION OF CANCER WILL NOT BE COVERED UNDER THE POLICY.**

**IF YOUR CANCER HAS A DATE OF DIAGNOSIS DURING THE WAITING PERIOD, COVERAGE FOR THAT CANCER WILL APPLY ONLY TO LOSSES COMMENCING AFTER THE POLICY HAS BEEN IN FORCE FOR TWO YEARS, UNLESS IT IS EXCLUDED BY NAME OR SPECIFIC DESCRIPTION IN THE POLICY.**

**Renewability.** Your policy is guaranteed renewable. Your premium can be changed only if we change it on all policies of this kind in force in the state where your policy was issued.

**Cancer.** Your policy is designed to provide coverage ONLY for cancer and cancer screening procedures, subject to any limitations in your policy. The policy does not provide coverage for basic hospital, basic medical-surgical or major medical expenses.

This policy provides benefits if the first date of diagnosis of cancer or the performance of a cancer screening test occurs: while your policy is in force; after the waiting period has been satisfied; and if the cancer or treatment is not excluded by name or specific description in the policy. Drugs received for the treatment of cancer must be approved by the United States Food and Drug Administration and treatment for cancer must be received within the United States. If the first date of diagnosis of your cancer is before the end of the waiting period, coverage for that cancer will apply only to loss commencing after this policy has been in force two years, unless it is excluded by name or specific description in the policy. Any cancer screening test performed before the end of the waiting period will not be covered. Cancer must be pathologically or clinically diagnosed. If cancer is not diagnosed until after you die, we will only pay benefits for the treatment of cancer performed during the 45 day period before your death.

### CANCER SCREENING BENEFITS

**Cancer Screening/  
Wellness Benefit - Part I** **\$75/year**

We will pay this benefit once per calendar year for each insured that has a covered cancer screening test performed. We will pay this benefit regardless of the results of the test. No lifetime limit.

**Cancer Screening/ \$75/year**

**Wellness Benefit - Part II**

We will pay this benefit for each insured that incurs charges for and has an additional invasive diagnostic procedure performed as the result of an abnormal cancer screening test as shown in Part I. Invasive diagnostic means a diagnostic test which requires an incision or an insertion of an instrument into the body. We will pay this benefit regardless of the outcome of tests in Part II. No lifetime limit.

**Mammogram Benefit \$100**

We will pay the amount listed above for one baseline mammogram every five years if you are under 40 years of age, one mammogram every two years if you are 40 to 50 years of age, or more frequently if recommended by your physician, and one mammogram each year if you are 50 years of age or older.

**Pap Smear Benefit \$70**

We will pay the amount indicated above for an annual pap smear or ThinPrep Pap test, or more frequently if recommended by your physician. No lifetime limit.

**CANCER BENEFITS**

**AIR AMBULANCE \$1,000/trip**

We will pay this benefit if you incur charges for a professional air ambulance to transport you on the advice of a doctor to or from a hospital where you are confined as an inpatient for the treatment of cancer. No lifetime limit other than two trips each time you are confined as an inpatient for the treatment of cancer.

**AMBULANCE \$200/trip**

We will pay this benefit if you incur charges for and are transported by a professional ambulance service to or from a hospital where you are confined as an inpatient for the treatment of cancer. No lifetime limit other than two trips each time you are confined as an inpatient for the treatment of cancer.

**ANESTHESIA 25% of the amount of the Surgery benefit paid;  
Local anesthesia: \$30/procedure**

We will pay 25% of the amount of the surgery benefit paid if you incur charges for and receive general anesthesia administered by an anesthesiologist or Certified Registered Nurse Anesthetist during a surgical procedure performed for the treatment of cancer. If you receive and incur charges for local anesthesia during a surgical procedure performed for the treatment of cancer, we will pay the amount indicated above. If you have more than one surgical procedure performed at the same time, we will pay the benefit for the procedure performed which has the highest dollar value. No lifetime limit.

**ANTINAUSEA MEDICATION See below**

**\$40/day** up to **\$160/month** for medication administered in a doctor's office, clinic or hospital;

**\$40/day** up to **\$160/month** for each day you have a prescription filled

We will pay this benefit if you incur charges for medication that is prescribed by your doctor for nausea as a result of radiation and/or chemotherapy treatments. We will only pay one antinausea medication benefit per day, regardless of the number of medications you receive in the same day. No lifetime limit.

**BLOOD/PLASMA/ \$200/day, up to \$10,000/calendar year**

**PLATELETS/  
IMMUNOGLOBULINS**

We will pay this benefit for each day you incur charges for and receive a transfusion of blood/plasma/platelets/immunoglobulins during the treatment of cancer. No lifetime limit.

**BONE MARROW STEM See below**

**CELL TRANSPLANT**

**\$10,000/lifetime** if you incur charges for and receive a bone marrow stem cell transplant for the treatment of cancer

**\$ 1,000/lifetime** if you incur charges for bone marrow stem cell donation in connection with the transplant procedure

We will pay these benefits only once per lifetime for each insured. Benefits for a peripheral stem cell transplant are only available under the Peripheral Stem Cell Transplant benefit.

**COMPANION TRANSPORTATION            \$0.50/mile up to \$1,500 per round trip**

We will pay this benefit for one companion to accompany you to another city (more than 50 miles one way from the city where you live) where you are receiving treatment for internal cancer on the advice of a doctor. We will pay this benefit if your companion incurs charges for commercial travel (train, plane, or bus) to and from this destination or for non-commercial travel (use of personal car). If the Air Ambulance or Transportation benefit is paid, the Companion Transportation benefit will not exceed the greater of the other two benefits paid. If you and your companion travel together in a personal car, we will only pay the Transportation benefit or the Companion Transportation benefit, but not both. No lifetime limit.

**EXPERIMENTAL TREATMENT            \$300/day; up to lifetime maximum of \$10,000**

We will pay this benefit if you incur charges for receiving hospital, medical or surgical care in connection with experimental treatment of internal (not skin) cancer prescribed by a physician. Treatment must be received in an experimental cancer treatment program within the United States. Payment of this benefit is in place of payment of any other benefit for the same covered treatments.

**FAMILY CARE                                \$60/day**

We will pay this benefit for each day your insured child incurs charges for receiving treatment for internal (not skin) cancer on an inpatient or outpatient basis from a licensed medical practitioner. This benefit is paid in addition to any other applicable benefits. Self-administered treatment or treatment within the home is excluded. No lifetime limit.

**HAIR/EXTERNAL BREAST/  
VOICE BOX PROSTHESIS                \$200/calendar year**

We will pay this benefit if you incur charges for receiving a Hair, External Breast, or Voice box Prosthesis needed as a direct result of cancer. No lifetime limit.

**HOME HEALTH CARE SERVICES        \$75/day**

We will pay this benefit if you incur charges for and receive covered services provided by a home health agency when required by your doctor instead of confinement in a hospital. We will pay the greater of: 1) 30 days per calendar year; or 2) twice the number of days you were confined to a hospital during a calendar year for the treatment of cancer. We will not pay this benefit for housekeeping services, childcare or food services other than dietary counseling. No lifetime limit.

**HOSPICE                                      \$70/day**

We will pay this benefit for each day you incur charges for and receive covered care provided by a hospice as the result of cancer. We will pay this benefit if a doctor determines that cancer treatments are no longer of benefit to you, and you are expected to live for 6 months or less. We will not pay this benefit if you are confined to a hospital, to a U.S. Government Hospital or to a skilled nursing care facility. No lifetime limit.

**HOSPITAL CONFINEMENT                \$200/day for first 30 days; \$400/day for 31st day thereafter**

We will pay this benefit if you incur charges for confinement to a hospital (including intensive care) for the treatment of cancer. If less than 30 days separates periods of confinement, we will consider second and subsequent periods to be continuations of the prior period. We will not pay this benefit if you are confined to a U.S. Government Hospital. No lifetime limit.

**HOSPITAL CONFINEMENT IN A  
U.S. GOVERNMENT HOSPITAL        \$200/day for first 30 days; \$400/day for 31st day thereafter**

We will pay this benefit if you are confined to a U. S. Government Hospital (including intensive care) for the treatment of cancer. This benefit is payable in place of all other benefits except: Cancer Screening, Air Ambulance, Ambulance, Companion Transportation, Family Care, Hair Prosthesis/External Breast Prosthesis/Voice Box Prosthesis, Lodging, Skilled Nursing Care Facility, Skin Cancer Initial Diagnosis, Transportation, and Waiver of Premium. If less than 30 days separates periods of confinement, we will consider second and subsequent periods to be continuations of the prior period. No lifetime limit.

**LODGING                                      \$75/day up to 70 days per calendar year**

We will pay this benefit for each day that you or your adult companion incurs charges for lodging while you are being treated for cancer more than 50 miles from your residence. No lifetime limit.

**MEDICAL IMAGING STUDIES            \$250/study up to \$500 per calendar year**

We will pay this benefit if you incur charges for having a covered medical image study performed that was prescribed by your doctor for the treatment of internal (not skin) cancer and performed after the initial diagnosis of cancer. No lifetime limit.

**OUTPATIENT SURGICAL CENTER      \$200/day up to \$600 per calendar year**

We will pay this benefit if you incur charges for having surgery performed at an outpatient surgical center for the treatment of internal (not skin) cancer. This does not include surgery in the emergency room or while confined to the hospital. No lifetime limit.

**PERIPHERAL STEM CELL TRANSPLANT      \$5,000/lifetime**

We will pay this benefit if you incur charges for receiving a peripheral stem cell transplant for the treatment of cancer. We will pay this benefit only once per lifetime for each person insured under the policy.

**PRIVATE FULL-TIME NURSING SERVICES      \$150/day**

We will pay this benefit if you use and incur charges for full-time nursing services (at least 8 hours during any 24-hour period), required and authorized by your doctor and performed by a registered, a licensed practical or a licensed vocational nurse while you are confined to a hospital for the treatment of cancer. No lifetime limit.

**PROSTHESIS/ARTIFICIAL LIMBS      \$3,000/device or limb, up to \$6,000/lifetime**

We will pay this benefit if you incur charges for a surgically implanted prosthetic device or artificial limb received as a direct result of cancer surgery. We will pay for no more than one of the same type of prosthetic device or artificial limb per site.

**RADIATION/CHEMOTHERAPY      See below**

We will pay the amount indicated below if you incur charges for and receive covered radioactive or chemical treatments which are approved for destruction of malignant cells during the treatment of internal (not skin) cancer by the United States Food and Drug Administration and are prescribed by your doctor for the treatment of cancer. No lifetime limit.

**Chemotherapy:**

- **\$200/day** for each day you receive chemotherapy treatments injected by medical personnel in a doctor's office, clinic or hospital.
- **\$200/day** for each day you have a prescription filled for oral chemotherapy up to a monthly maximum of **\$800**.
- **\$200/day** for each day you have a prescription filled for topical chemotherapy up to a monthly maximum of **\$800**.
- **\$200/day** for each day you have a pump for chemotherapy initially filled and any day the pump is refilled up to a monthly maximum of **\$800**.
- **\$200/day** for each day you have chemotherapy injected by yourself or someone other than personnel in a doctor's office, clinic or hospital, up to a monthly maximum of **\$1,600**.
- **\$200/day** for each day you receive chemotherapy by a delivery method other than the ones mentioned above up to a monthly maximum of **\$800**.

**Radiation:**

- **\$200/day** for each day you receive radioactive treatments delivered by medical personnel in a doctor's office, clinic or hospital.
- **\$200/day** for each day you receive radioactive treatments by a delivery method other than the one mentioned above up to a monthly maximum of **\$800**.

We will only pay one radiation or chemotherapy benefit per day regardless of the number of radioactive or chemotherapy treatments you receive on the same day.

**RECONSTRUCTIVE SURGERY      \$40/surgical unit up to a maximum of \$2,500 per procedure including general anesthesia**

We will pay this benefit if you incur charges for a reconstructive surgical procedure that requires an incision, is performed by a doctor for the treatment of cancer and is due to internal (not skin) cancer. We will pay up to 25% of the Reconstructive Surgery benefit if you have general anesthesia administered during a reconstructive surgical procedure. We will pay no more than the maximum amount indicated above per procedure. We will pay for no more than two procedures per site. No lifetime limit.

**SECOND MEDICAL OPINION      \$300/malignant condition**

We will pay this benefit if you choose to obtain and incur charges for the opinion of a second physician on recommended cancer surgery or treatment following the positive diagnosis of internal (not skin) cancer. We will pay this benefit only once for each cancerous condition. This benefit is not payable for skin cancer treatment or reconstructive surgery.

**SKILLED NURSING CARE FACILITY      \$100/day**

We will pay this benefit for each day you are confined and incur charges for a skilled nursing care facility if your confinement begins within 14 days after you are released from a hospital. We will pay this benefit for no more than the

number of days we paid you the Hospital Confinement or Hospital Confinement in a U.S. Government Hospital benefit for your most recent confinement. No lifetime limit.

**SKIN CANCER INITIAL DIAGNOSIS** **\$300/lifetime**

We will pay this benefit when you are diagnosed for the first time as having skin cancer. We will pay this benefit only once per lifetime for each person insured by this policy.

**SUPPORTIVE OR PROTECTIVE CARE DRUGS AND COLONY STIMULATING FACTORS** **\$100/day up to \$800 calendar year maximum**

We will pay this benefit if you incur charges for and receive supportive or protective care drugs and/or colony stimulating factors prescribed by your doctor for the treatment of cancer. No lifetime limit.

**SURGICAL PROCEDURES** **\$50/unit up to \$3,000/procedure**

We will pay this benefit if you incur charges for and receive surgical procedures performed for treatment of cancer. If you have more than one surgical procedure performed at the same time and through the same incision, we will consider them to be one procedure and pay the benefit that has the highest dollar value. If you have more than one surgical procedure performed at the same time but through different incisions, we will pay each one. No lifetime limit.

**TRANSPORTATION** **\$0.50/mile, up to \$1,500 per round trip**

We will pay this benefit if you incur charges for travel to another city (more than 50 miles one way from the city where you live) to receive treatment for cancer on the advice of your doctor. We will pay this for travel to and from your destination for commercial travel (train, plane or bus); or for noncommercial travel (use of personal car). No lifetime limit.

**WAIVER OF PREMIUM**

If the named insured becomes disabled because of cancer for longer than 3 continuous months (90 days), and the first date of diagnosis is after the waiting period and while this policy is in force, you will not be required to pay premiums to keep your policy in force as long as you are disabled. A month is 30 days. Disabled means you are unable to work at any job for which you are qualified by reason of education, training or experience; you are not, in fact, working at any job for pay or benefits; and you are under the care of a doctor for the treatment of cancer. If you do not have a job, we will not require you to pay premiums only as long as you are kept at home because of your cancer and are under the care of a doctor. No lifetime limit.

**DEFINITIONS**

**Bone Marrow Stem Cell Transplant:** means the harvesting, storage, and reinfusion of bone marrow stem cells from a matched donor or yourself, performed under general anesthesia or intravenous (IV) sedation.

**Cancer:** means a disease which is identified by the presence of malignant cells or a malignant tumor characterized by the uncontrolled and abnormal growth and spread of invasive malignant cells. Pre-malignant conditions, conditions with malignant potential or benign tumors or polyps that do not meet this definition of cancer will not be covered under this policy.

**Cancer Screening Test:** means a biopsy of skin lesion, bone marrow aspiration/biopsy, breast ultrasound, CA 15-3 (blood test for breast cancer), CA-125 (blood test for ovarian cancer), CEA (blood test for colon cancer), chest x-ray, colonoscopy, flexible sigmoidoscopy, hemoccult stool analysis, PSA (blood test for prostate cancer), serum protein electrophoresis (blood test for myeloma), thermography, or virtual colonoscopy.

**Confined or Confinement:** means the assignment to a bed as a resident inpatient in a hospital on the advice of a physician or confinement in an observation unit within a hospital for a period of no less than 20 continuous hours on the advice of a physician.

**Date of Diagnosis:** is the day the tissue specimen, blood sample(s), and/or titer(s) are taken upon which the first diagnosis of cancer is based.

**Dependents:** means your natural children, step-children, legally adopted children or children placed into your custody for adoption who are: unmarried; chiefly dependent on you or your spouse for support; living with you in a regular parent-child relationship; and younger than age 25.

**Doctor or Physician:** means a person, other than yourself or a family member, who is licensed by the state to practice a healing art, performs services for you which are allowed by his/her license and performs services for which benefits are provided by this policy.

**Experimental treatment:** means drugs or chemical substances that are pending approval by the United States Food and Drug Administration for use in the treatment of cancer and surgery or therapy endorsed by either the National Cancer Institute or the American Cancer Society for experimental studies.

**Family Member:** means your spouse, son, daughter, mother, father, sister or brother.

**Hospice:** means an organization that provides care for the terminally ill that is: licensed by a governmental agency; accredited by the Joint Commission on Accreditation of Hospitals; or qualified to receive benefit payments from Medicare or Medicaid. The organization must have on its staff at least one doctor and one registered nurse and must keep complete medical records for each patient.

**Hospital:** means a place that is run according to law on a full-time basis; provides overnight care of injured and sick people; is supervised by a doctor; has full-time nurses supervised by a registered nurse; and has at its locations or uses on a pre-arranged basis X-ray equipment, a laboratory, and an operating room where surgical operations take place. A hospital does not include a nursing home, an extended care facility, a skilled nursing care facility; a rest home, a home for the aged, an assisted living center, a hospice care facility, a rehabilitation center, or a place for alcoholics or drug addicts.

**Oral Chemotherapy:** means chemotherapy taken by mouth.

**Outpatient Surgical Center:** means a place that is equipped to perform outpatient surgical procedures performed by qualified physicians; provides anesthesia, other than local, by a licensed anesthesiologist or Certified Registered Nurse Anesthetist; and has written agreements with local hospitals to accept patients immediately who develop complications.

**Pathologist:** means a doctor, other than yourself or family member, who is licensed to practice medicine and who is also licensed to practice pathologic anatomy by the American Board of Pathology. A pathologist also means an osteopathic pathologist who is certified by the Osteopathic Board of Pathology.

**Peripheral Stem Cell Transplant:** means the harvesting, storage, and reinfusion of peripheral stem cells taken from yourself or a matched donor.

**Reconstructive Surgery:** means surgery for the purpose of reconstruction of anatomic defects that result from treatment of internal (not skin) cancer.

**Skilled Nursing Care Facility:** means a place where you go to recover from an illness and that: is a legally operated facility that can be a wing or part of a hospital; operates 24 hours a day and will accept inpatients on an overnight basis; is supervised by a doctor; has a 24-hour a day nursing staff which is supervised by a registered nurse; and keeps written daily records for each patient. Notwithstanding the above, a skilled nursing care facility is not a: rest home or home for the aged; place that provides mostly custodial care; or place for alcoholics or drug addicts.

**Skin Cancer:** means melanoma of Clark's Classification level I or II (Breslow Classification less than .75mm); basal cell carcinoma; or squamous cell carcinoma of the skin.

*Clark's Classification* is determined by assessing how many derman (skin) layers the tumor has invaded. The *Breslow Classification* is determined by tumor thickness as measured by a pathologist.

**Supportive or Protective Care Drugs and Colony Stimulating Factors:** means bone marrow growth factors, radiation and chemotherapy protectants, and medications that promote bone growth.

**Topical Chemotherapy:** means a chemotherapy drug placed directly onto the skin.

**U.S. Government Hospital:** means a hospital that is funded by the U.S. Government primarily for military enlisted personnel and their families and military veterans.

**Waiting Period:** means the first 30 days following each insured person's coverage effective date during which no benefits are payable.