

## AMBULANCE

The usual and accustomed charges will be paid. Aerial ambulances are excluded.

## CONVALESCING HOME

Up to the established daily maximum will be paid, according to the following: For a similar period of hospitalized time or 60 days, whichever is less:

- First 10 days: \$30.00
- After 10 days \$50.00

## TRANSPORTATION

The usual air or land transportation charges will be paid for the insured from his/her residence to the nearest hospital that provides treatment for cancer and pernicious diseases and from the hospital to his/her residence. This benefit will be paid if it is not possible to obtain treatment in Puerto Rico. In addition, regular fare and reasonable lodging costs will be paid for an adult relative who accompanies the insured, up to a maximum of \$3,000 per year.

## LOSS OF INCOME COMPENSATION

\$600 a month will be paid while the insured is hospitalized, up to a maximum of 12 consecutive months for each hospitalization, as long as the confinement causes loss of salary, up to a maximum of \$24,000 during the insured's lifetime.

## FUNERAL COSTS

The amount of \$4,000 will be paid to the person who presents satisfactory evidence of having incurred in funeral expenses for the insured's death was a consequence of cancer or any of the pernicious diseases covered by the policy.

## RELIEF FROM PREMIUM PAYMENT

COSVI will waive the payment of the monthly premium from the date of the diagnosis of cancer that is not skin cancer, as long as the primary insured is totally incapacitated as a result of the cancer and the disability must have continued uninterrupted for a period of 90 days.

## OPTIONAL BENEFIT

When you have another insurance with similar benefits that has a benefits coordination clause, you may request, at the time of the first claim the following payments instead of the policy benefits. The total sum for this benefit will not exceed \$592,000 per person.

	Daily	Monthly Maximum
First 30 days of hospitalization	\$266.67	\$8,000.00
The next two months of hospitalization	\$233.33	\$7,000.00
All additional months of hospitalization, up to maximum of 95 months	\$200.00	\$6,000.00

## EXCLUSIONS

- Treatment of diseases covered by the policy that have not been diagnosed by a physician according to the policy requirements.
- Any disease, ailment, or disability that is not a direct manifestation of the diseases covered by the policy.
- Payment in excess of the amounts stipulated in the benefits list.
- Losses resulting from Acquired Immune Deficiency Syndrome (AIDS), except cancer or tuberculosis.

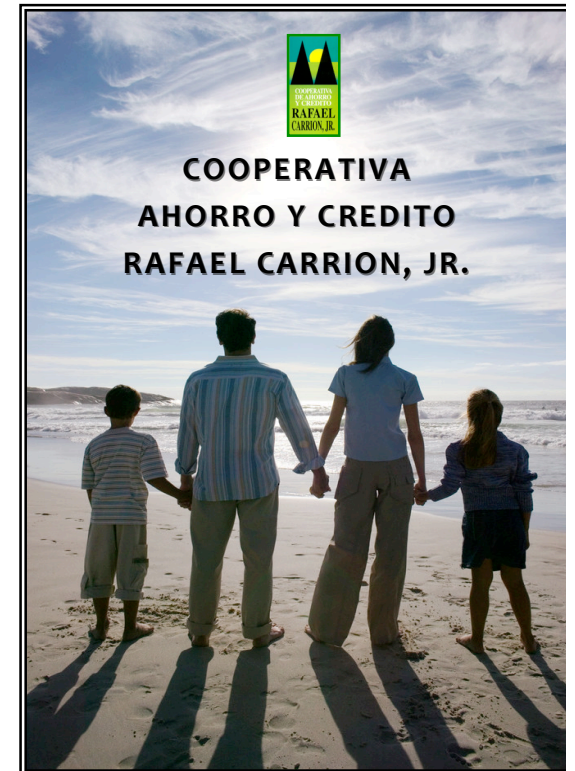
When the cancer or tuberculosis arises as a result of AIDS, the benefits to be paid will not exceed \$5,000 during the insured's lifetime.



**Our mission is to cover the needs of our insured clients, at the most reasonable cost, through life, accident and health insurance.**

**Insurance Agent: Joan Cruz Tel. (787) 466-5032**

## GROUP COVERAGE FOR CANCER AND PERNICIOUS DISEASES



More than insuring your life,  
we want you to live it.

## GROUP COVERAGE FOR CANCER AND PERNICIOUS DISEASES

This is a plan that helps you cover extraordinary medical expenses in case of cancer and the following pernicious diseases:

Muscular Dystrophy, Poliomyelitis, Multiple Sclerosis, Diphtheria, Encephalitis, Rabies, Tetanus, Tuberculosis, Osteomyelitis, Meningitis, Typhoid Fever, Malaria, Reye Syndrome, Myasthenia Gravis, Rheumatic Fever, Homozygotic Deparnocytic Anemia (SS), Tularemia, Scarlet Fever, Addison's Disease, Legionnaires Disease, Niemann-Pick Disease, Toxic Epidermal Necrosis, Toxic Shock Syndrome and Discoid Lupus Erythematosus.

You also may obtain additional coverage with the Organ Transplant Endorsement.

The benefits are payable to you or to any other person you designate.

We do not limit the benefits in any hospital, whether municipal, state or federal government's.

We pay independently of any other insurance that the insured might have with other company.

**This is not a medical plan, nor does it substitute the benefits of a medical plan.**

### BENEFITS

#### BENEFIT FOR FIRST OCCURRENCE OF INTERNAL CANCER DIAGNOSIS

The amount of \$1,200 will be paid when evidence is presented that an internal cancer or melanoma has been diagnosed for the first time after the effective date of the individual coverage. Excluded is metastatic cancer or subsequent diagnosis of cancer after the insured had been previously affected. Also excluded is skin cancer, except melanoma. This does not apply to pernicious diseases.

#### FIRST TIME TEST FOR DIAGNOSIS OF CANCER AND PERNICIOUS DISEASES

In the case of skin cancer and pernicious diseases, the cost for the initial and necessary test for its positive diagnosis will be paid, up to a maximum of \$500. This benefit increases to \$100 annually for each year that the policy is in effect, up to a maximum of \$1,000. The policy lists the tests to be paid regarding pernicious diseases. No payment will be made for diagnostic tests for internal cancer and melanoma.

#### HOSPITAL

Up to the maximum amount per hospitalization day will be paid according to the following schedule:

1 <sup>st</sup> day	\$230.00
2 <sup>nd</sup> to 10 <sup>th</sup> day	\$200.00
11 <sup>th</sup> day forward	\$150.00

#### INTENSIVE CARE UNIT

Up to \$350 daily for maximum period of 15 days for each admission to the hospital. Benefits for hospital, nurse, medicines and drugs while confined in the Intensive Care Unit will not be paid.

#### MEDICINES AND PRESCRIPTION DRUGS

Up to 20% of the total benefits paid under HOSPITAL will be paid for medicines and drugs, as long as they are administered during the hospitalization.

#### EXTENDED COVERAGE

Beginning on the 61<sup>st</sup> day of hospitalization, 100% of the expenses incurred during the hospital stay will be paid. The maximum amount to be paid will be \$25,000 monthly.

#### SURGERY

Up to a maximum of \$6,000, according to the policy's table of surgical benefits. In the case of skin cancer, the usual and

accustomed charges will be paid to remove or burn the skin cancer with nitrogen or electricity, not to exceed \$100 per procedure.

#### BREAST PROSTHESIS

Usual and accustomed charges for breast prosthesis. This benefit will be paid in addition to other benefits covered by the policy.

#### OTHER PROSTHESIS

Usual and accustomed charges for the surgically implanted prosthesis that is not a breast prosthesis. Up to \$1,000 per insured.

#### PERSONAL PHYSICIAN

Up to \$60 for a daily visit to the hospital by a physician other than the surgeon.

#### ANESTHESIA

Upt to 25% of the benefits for surgery per operation, except incases of skin cancer, for which up to \$100.00 will be paid per surgery.

#### NURSE

Up to a maximum of \$100 a day for private services in the hospital by a graduate nurse who is not a relative of the insured. Up to a maximum of \$500 during the life of each insured for nursing services rendered at home.

#### RADIOTHERAPY, CHEMOTHERAPY AND IMMUNOTHERAPY

Up to \$5,000 per year. Includes experimental therapy as alternative to the radiotherapy, chemotherapy or immunotherapy.

#### BLOOD AND PLASMA

The usual and accustomed charges will be paid.