



## AF™ Cancer C11 Individual Insurance

## Focus on the fight.

A Cancer diagnosis may be both a physical and emotional drain. But thanks to advances in medicine and procedures to treat Cancer, more and more people are beating the disease. However, with the arrival of these advances also comes the continuing rise in the cost of Cancer treatment.

AF™ **Limited Benefit Individual Cancer Insurance** offers a solution to help you and your family focus on fighting the disease.

### Plan Highlights

- **Helps cover expenses**  
for the treatment of Cancer, transportation, hospitalization, and more.
- **Benefits paid directly to you**  
to be used however you see fit.
- **Portable to take with you**  
even if you leave employment.
- **Coverage options available**  
for you, your spouse, and your children under age 26.

## Cancer Insurance Benefits

With over 25 benefits specifically designed to help with the financial impact of being diagnosed, **Individual Cancer Insurance** may help pay for expenses not covered by your major medical insurance.

### Example Cancer insurance benefits include:



#### Experimental Treatment

This benefit may help pay for experimental treatment to give you alternatives in your healing. These treatment types may not be covered by major medical plans.



#### Transportation and Lodging

This benefit may help pay for qualified transportation and lodging for the patient and family.

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FIDELITY**   
a different opinion

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FOR EDUCATION

### SCREENING BENEFIT<sup>+</sup>

Receive a benefit for your annual internal Cancer screening test, including but not limited to mammogram, pap, prostate-specific antigen blood test (PSA), chest x-ray, flexible sigmoidoscopy, thinprep pap test, and colonoscopy.

DIAGNOSTIC AND PREVENTION BENEFIT <i>(per calendar year)</i>		
BASIC	ENHANCED	ENHANCED PLUS
\$60	\$75	\$90

<sup>+</sup>The premium and amount of benefits provided vary based upon the plan selected.

# Benefits

BENEFITS <sup>+</sup>	BASIC	ENHANCED	ENHANCED PLUS
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## SCREENING

<b>Diagnostic and Prevention Benefit</b> (one per calendar year)	\$60	\$75	\$90
<b>Cancer Screening Follow-Up Benefit</b> (one per calendar year)	\$60	\$75	\$90

## TREATMENT

<b>Radiation Therapy/Chemotherapy/Immunotherapy Benefit</b> (per 12-month period) (Actual Charges)	up to \$15,000	up to \$20,000	up to \$25,000
<b>Medical Imaging Benefit</b> (per image - max 2 per calendar year)	\$200	\$300	\$400
<b>Hormone Therapy Benefit</b> (per treatment - max 12 treatments/ calendar year)	\$50	\$50	\$50
<b>Administrative/Lab Work Benefit</b> (per calendar month)	\$75	\$100	\$125
<b>Blood, Plasma, and Platelets Benefit</b> (per day) (per calendar year max)	\$150 \$7,500	\$200 \$10,000	\$250 \$12,500
<b>Experimental Treatment Benefit</b>	Paid as any non-experimental benefit		
<b>Bone Marrow/Stem Cell Transplant Benefit</b>			
<b>Autologous</b> (patient provided) (per calendar year)	\$1,000	\$1,500	\$2,000
<b>Non-autologous</b> (donor provided) (per calendar year)	\$3,000	\$4,500	\$6,000
<b>Donor Benefit</b>	\$1,000 per donation		
<b>Inpatient Special Nursing Services Benefit</b> (per day)	\$150	\$150	\$150
<b>Dread Disease Benefit</b> (per day for the first 30 days per Hospital confinement) (per day thereafter)	\$200 \$400	\$300 \$600	\$400 \$800

## HOSPITALIZATION

<b>Hospital Confinement Benefit*</b> (per day for the first 30 days) (per day thereafter)	\$200 \$400	\$300 \$600	\$400 \$800
<b>Drugs &amp; Medicine Benefit</b>			
<b>Hospital Confinement</b> (per confinement)	\$200	\$300	\$400
<b>Outpatient</b> (per prescription - \$100 monthly max for basic; \$150 for enhanced; \$200 for enhanced plus per calendar month)	\$50	\$50	\$50
<b>Attending Physician Benefit</b> (per day)	\$40	\$50	\$60
<b>U.S. Government/Charity Hospital or HMO Benefit</b> (per day in lieu of most benefits)			
<b>Hospital Confinement</b>	\$200	\$300	\$400
<b>Outpatient Services</b>	\$200	\$300	\$400

BENEFITS <sup>+</sup>	BASIC	ENHANCED	ENHANCED PLUS
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## AMBULANCE, TRANSPORTATION, & LODGING

<b>Ambulance Benefit</b> (per trip - max 2 trips any combination per confinement) <b>Ground</b> <b>Air</b>	\$200 \$2,000	\$200 \$2,000	\$200 \$2,000
<b>Transportation &amp; Lodging Benefit (Patient and/or Family)</b>	Coach fare or \$.50/mile by car		
<b>Transportation</b> (\$1,500 max per round trip; max 12 trips/calendar year)			
<b>Outpatient Lodging</b> (per day up to 90 days per calendar year)	\$60	\$80	\$100

## SURGICAL TREATMENT

<b>Surgical Benefit</b> unit dollar amount (per surgical unit) maximum per operation	\$30 \$3,000	\$40 \$4,000	\$50 \$5,000
<b>Anesthesia Benefit</b>	25% of the amount paid for covered surgery		
<b>Outpatient Hospital or Ambulatory Surgical Center Benefit</b> (per day)	\$400	\$600	\$800
<b>Second &amp; Third Surgical Opinion Benefit</b> (per diagnosis)	\$300	\$300	\$300

## CONTINUING CARE

<b>Prosthesis Benefit</b>			
<b>Non-Surgical</b> (per device - 1 per site, lifetime max of 3)	\$150	\$200	\$250
<b>Surgical Implantation</b> (per device, includes surgical fee - 1 per site, lifetime max of 2)	\$1,500	\$2,000	\$2,500
<b>Hair Prosthesis</b> (once per life)	\$150	\$200	\$250
<b>Extended Care Facility Benefit</b> (per day for up to the same number of days of paid Hospital confinement)	\$75	\$100	\$125
<b>Physical or Speech Therapy Benefit</b> (per visit up to 4 per calendar month - lifetime max of \$1,000)	\$25	\$25	\$25
<b>Hospice Care Benefit</b> (per day - \$13,500 lifetime max for basic; \$18,000 lifetime max for enhanced; \$22,500 lifetime max for enhanced plus)	\$75	\$100	\$125
<b>Home Health Care Benefit</b> (per day for up to the same number of days of paid Hospital confinement)	\$75	\$100	\$125
<b>Waiver of Premium</b> (as long as the primary insured remains disabled)	after 90 continuous days of disability		

Refer to Plan Benefit Highlights for more complete benefit descriptions and limits on the Individual Cancer insurance plan.

+The premium and amount of benefits provided vary based upon the plan selected.

# Plan Benefit Highlights

## MONTHLY PREMIUMS\*

BASIC	Age 18-40	Age 41-50	Age 51-60	Age 61+
Individual	\$16.30	\$23.60	\$32.60	\$44.20
Single Parent Family	\$24.40	\$35.20	\$48.70	\$65.90
Family	\$31.80	\$45.70	\$63.30	\$85.80

ENHANCED	Age 18-40	Age 41-50	Age 51-60	Age 61+
Individual	\$21.00	\$30.80	\$42.40	\$57.30
Single Parent Family	\$31.40	\$45.80	\$63.30	\$85.60
Family	\$40.80	\$59.50	\$82.30	\$111.30

ENHANCED PLUS	Age 18-40	Age 41-50	Age 51-60	Age 61+
Individual	\$25.80	\$38.10	\$52.70	\$71.00
Single Parent Family	\$38.50	\$56.80	\$78.60	\$106.00
Family	\$50.10	\$73.80	\$102.20	\$137.90

## Plan Benefit Highlights

**Only loss for Cancer** The policy pays only for loss resulting from definitive Cancer treatment including direct extension, metastatic spread or recurrence. Proof must be submitted to support each claim. The policy also covers other conditions or diseases directly caused by Cancer or the treatment of Cancer. The policy does not cover any other disease, sickness, or incapacity, even though after contracting Cancer it may have been aggravated or affected by Cancer or the treatment of Cancer except for conditions specifically provided in the dread disease benefit.

**Cancer** means a disease which is manifested by autonomous growth (malignancy) in which there is uncontrolled growth, function, or spread (local or distant) of cells in any part of the body. This includes Cancer in situ and malignant melanoma. It does not include other conditions which may be considered precancerous or having malignant potential such as: leukoplakia; hyperplasia; acquired immune deficiency syndrome (AIDS); polycythemia; actinic keratosis; myelodysplastic and non-malignant myeloproliferative disorders; aplastic anemia; atypia; non-malignant monoclonal gammopathy; carcinoid; or pre-malignant lesions, benign tumors or polyps.

All diagnosis of Cancer must be positively diagnosed by a legally licensed doctor of medicine certified by the American Board of Pathology or American Board of Osteopathic Pathology. **Benefits under this policy pays the benefit amount shown per covered person due to a covered Cancer unless otherwise specified.**

**Diagnostic, Prevention and Cancer Screening Benefit** Pays for a generally medically recognized internal Cancer screening test when a charge is incurred for the test. Tests include but are not limited to mammogram, thinprep pap test, prostate-specific antigen blood test (PSA), colonoscopy, and chest x-ray. Refer to the policy for more examples. Screening tests payable under this benefit will ONLY be paid under this benefit and does not include any test payable under the medical imaging benefit. This benefit is available without a diagnosis of Cancer.

**Cancer Screening Follow-Up Benefit** Payable for one invasive follow-up screening test needed due to an abnormal result from a covered screening test. Diagnostic surgeries which result in a positive diagnosis of Cancer will be paid under the surgical benefit.

**Radiation/Chemotherapy/Immunotherapy Benefit** Pays the Actual Charges up to the maximum amount shown when radiation therapy, chemotherapy, or immunotherapy is received as defined in the policy, per 12-month period. The 12-month period begins on the first day the covered radiation therapy, chemotherapy, or immunotherapy is received. This benefit does not cover other procedures related to radiation/ chemotherapy/immunotherapy. This benefit does not include any drugs/ medicines covered under the drugs and medicine benefit or the hormone therapy benefit.

Actual Charges means the amount actually paid by or on behalf of the insured person and accepted by the provider for services provided.

**Medical Imaging Benefit** Pays the indemnity amount for either an MRI; CT scan; CAT scan; or PET scan when performed at the request of a physician.

**Hormone Therapy Benefit** Drugs and medicines covered under the drugs and medicine benefit or the radiation/chemotherapy/immunotherapy benefit are not included. This benefit does not cover associated administrative processes.

**Administrative/Lab Work Benefit** Pays when procedures related to radiation therapy/chemotherapy/immunotherapy treatment occur and benefits are payable during the same calendar month as the radiation therapy/chemotherapy/immunotherapy benefit.

**Blood, Plasma and Platelets Benefit** Benefits for blood, plasma and platelets are only provided under this benefit. Laboratory processes and colony stimulating factors are not covered.

**Bone Marrow/Stem Cell Transplant Benefit** Harvesting of bone marrow or stem cells from a donor are not covered under this benefit.

**Hospital Confinement Benefit** Payable while confined to a Hospital for at least 18 continuous hours. \*A Hospital is not an institution, or part thereof, used as: a hospice unit, including any bed designated as a hospice or swing bed; a convalescent home; a rest or nursing facility; a rehabilitative facility; an extended care facility; a skilled nursing facility; or a facility primarily affording custodial, educational care, or care or treatment for persons suffering from mental diseases or disorders, or care for the aged, or drug or alcohol addiction. This benefit is not payable for outpatient treatment.

**Drugs and Medicine Benefit** Pays for anti-nausea and pain medication prescribed by a physician and administered while also receiving radiation therapy/chemotherapy/immunotherapy, a covered surgery, or a bone marrow/stem cell transplant. It does not include associated administrative processes or drugs or medicines covered under the radiation therapy/ chemotherapy/immunotherapy benefit or the hormone therapy benefit.

**Attending Physician Benefit** Pays for one physician's visit per day when the services of a physician, other than a surgeon, are required while confined in a Hospital.

**U.S. Government/Charity Hospital /HMO Benefit** Payable when an itemized list of services is not available due to confinement in a charity Hospital or a Hospital owned or operated by the U.S. government or covered under an HMO or diagnostic related group where no charges are made for treatment of Cancer or a covered dread disease. This benefit will be paid in lieu of most benefits covered under this policy.

**Ambulance Benefit** If air and ground ambulance services are both required on the same day, we will only pay the higher benefit amount. The covered person must be admitted as an inpatient and Hospital confined for at least 18 consecutive hours.

**Transportation and Lodging Benefits** Pays a benefit for transportation by scheduled bus, plane or train, or by car and outpatient lodging to receive radiation therapy, chemotherapy, or immunotherapy treatment, bone marrow or stem cell transplant, or surgery in a Hospital not available locally and at least 50 miles from the covered person's residence. Payable for the covered person and one adult family member. If traveling in the same car or lodging in the same room, the benefit is payable only for the covered person. Travel must be within the United States or its Territories.

**Surgical Benefit** Payable when a surgical operation is performed for covered diagnosed Cancer, skin Cancer, or reconstructive surgery due to Cancer. Benefits are calculated up to a maximum benefit by multiplying the surgical unit value assigned to the procedure, as shown in the most current physician's relative value table, by the unit dollar amount shown in the policy. Two or more surgical procedures performed through the same incision will be considered one operation and benefits will be limited to the most expensive procedure. Diagnostic surgeries that result in a negative diagnosis of Cancer are not covered under this benefit. Bone marrow surgeries, surgeries to implant a permanent prosthetic device, are not covered under this benefit. This benefit is payable for reconstructive breast surgery performed on a nondiseased breast to establish symmetry with a diseased breast when reconstructive surgery on the diseased breast is performed while covered under this policy. Reconstructive surgery to the nondiseased breast must occur within 24 months of reconstructive surgery of the diseased breast.

## Plan Benefit Highlights (cont.)

**Anesthesia Benefit** Services of an anesthesiologist for bone marrow transplants, skin Cancer or surgical prosthesis implantation are not covered.

**Outpatient Hospital or Ambulatory Surgical Center Benefit** Surgical procedures for skin Cancer are not covered.

**Second and Third Surgical Opinion Benefit** Payable once per diagnosis of Cancer for a second surgical opinion, and a third if the second disagrees with the first. Surgical opinions for reconstructive, skin Cancer, or prosthesis surgeries are not covered.

**Prosthesis Benefit** Payable for a prosthetic device and, if surgery required, its surgical implantation. Prosthetic related supplies such as special bras or ostomy pouches and supplies are not covered. **Hair Prosthesis Benefit** is payable once per covered person per lifetime when a hair prosthesis is needed.

**Extended Care Facility Benefit** Pays for physician authorized confinement that begins within 14 days after a Hospital confinement.

**Physical or Speech Therapy Benefit** Therapy must be provided by a caregiver licensed in physical or speech therapy.

**Hospice Care Benefit** Payable when a physician determines terminal illness with life expectancy of 6 months or less and approves hospice care at home or in a hospice facility. This benefit does not include well baby care, volunteer services, meals, housekeeping services, or family support after the death.

**Home Health Care Benefit** Pays for physician authorized private nursing care that begins within 14 days of a hospital confinement. This benefit does not include nutrition counseling, medical social services, medical supplies, prosthesis or orthopedic appliances, rental or purchase of durable medical equipment, drugs or medicines, child care, meals or housekeeping services, or physical or speech therapy. The service must be provided by a nurse or home health nurse's aid and can not be a family member.

**Waiver of Premium Benefit** If the primary insured becomes disabled due to Cancer and remains so for more than 90 continuous days, we will pay all premiums for policy and rider(s) due after the 90th day so long as the primary insured remains disabled. "Disabled" means the primary insured's inability because of Cancer: to work at any job for which (s)he is qualified by education, training or experience; not working at any job for pay or benefits; and under the care of a physician for the treatment of Cancer. The policy must be in force at the time disability begins and the primary insured must be under age 65.

**Experimental Treatment Benefit** Benefits for experimental treatment prescribed by a physician for treatment of Cancer will be provided the same as non-experimental treatment. Coverage for treatments received outside of the United States or its territories is not provided.

**Donor Benefit** Pays if a donor incurs expenses on behalf of a covered person for a covered surgery due to organ transplant or a bone marrow/stem cell transplant. Blood donor expenses are not covered under this benefit.

**Dread Disease Benefit** Covered dread diseases are: addison's disease; amyotrophic lateral sclerosis; cystic fibrosis; diphtheria; encephalitis; grand mal epilepsy; legionnaire's disease; meningitis; multiple sclerosis; muscular dystrophy; myasthenia gravis; niemann-pick disease; osteomyelitis; poliomyelitis; reye's syndrome; rheumatic fever; rocky mountain spotted fever; sickle cell anemia; systemic lupus erythematosus; tay-sach's disease; tetanus; toxic epidermal; toxic shock syndrome; tuberculosis; tularemia; typhoid fever; whipple's disease.

**Inpatient Special Nursing Services Benefit** Pays when Hospital confined and receiving physician authorized special nursing care (other than that regularly furnished by a Hospital) of at least 8 consecutive hours during a 24 hour period.

*See your policy for more information regarding the benefits listed above.*

**Eligibility** The policy/rider(s) will be issued only to those persons who meet American Fidelity's insurability requirements, which includes satisfactory responses to medical questions. You, your lawful spouse and each natural, adopted or step child who is under 26 years of age are eligible to apply for coverage.

**Limitations and Exclusions** The policy does not cover any other disease, sickness or incapacity even though after contracting Cancer it may have been aggravated or affected by Cancer or the treatment of Cancer except for conditions specifically stated in the dread disease benefit.

**Pre-Existing Condition** A Pre-Existing Condition is a Cancer or dread disease for which, within 12 months prior to the effective date of coverage, medical advice, consultation or treatment, including prescribed medications, was recommended by or received from a member of the medical profession; or which symptoms manifested in such a manner as would cause an ordinarily prudent person to seek diagnosis, medical advice, or treatment. Pre-Existing Conditions specifically named or described as excluded in any part of the policy are never covered. No benefits are payable for any covered person for any loss incurred during the first year of the policy as a result of a Pre-Existing Condition.

**Termination of Insurance** Policy/rider(s) will terminate and coverage will end on the earliest of: the end of the grace period if the premium remains unpaid; or the end of the policy/rider(s) month in which we receive a written request from you to terminate the policy/rider(s); or the date of your death, if this is an Individual Plan. If the plan is other than individual the remaining covered persons may have the right to continue or convert their coverage. Coverage will terminate when they no longer meet the eligibility requirements.

For the spouse, policy/rider(s) will terminate and coverage will end on the earliest of: The end of the policy/rider(s) month in which we receive a written request from you to delete the spouse from the policy/rider(s); the end of the premium term in which a divorce, annulment, legal separation is obtained; or upon their death.

For the child(ren), policy/rider(s) will terminate and coverage will end the earliest of: The end of the policy/rider(s) month in which we receive a written request from you to delete the child(ren) from the policy/rider(s); or upon their death.

**Guaranteed Renewable** You are guaranteed the right to renew your policy/rider(s) during your lifetime as long as you pay premiums when due or within the premium grace period. We have the right to increase premiums by class.

*This product may contain limitations, exclusions, and waiting periods. This product is inappropriate for people who are eligible for Medicaid coverage.*



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## Enhance Your Plan<sup>+,++</sup>

### Critical Illness Rider

SCHEDULE OF BENEFITS	
Cancer Benefit <i>per unit - maximum \$10,000</i>	\$2,500
Heart Attack/Stroke Benefit <i>per unit - maximum \$10,000</i>	\$2,500

#### Summary of Critical Illness Rider Benefits:

- Pays when diagnosed by a Physician after a 30-day Critical Illness Waiting Period with Internal Cancer or Heart Attack/Stroke, depending upon the Critical Illness coverage elected at time of application.
- Pays the specified Maximum Benefit Amount per Covered Critical Illness, as defined under this rider.
- Each benefit is a one-time paid benefit.
- All Critical Illness amounts reduce by 50% at age 70.

### Hospital Intensive Care Unit Rider

SCHEDULE OF BENEFITS	
ICU Confinement Benefit <i>per day up to 30 days per confinement</i>	\$600
Ambulance Benefit <i>per admission in an ICU</i>	\$100

#### Summary of Hospital ICU Rider Benefits:

- Confinement must be due to an accident or sickness and begin after the effective date of coverage under this rider.
- A day is defined as a 24-hour period.
- If confined to an ICU for a portion of a day, a pro rata share of the daily benefit will be paid.
- For ambulance charges, \$100 for transportation to a Hospital where the Covered Person is admitted to an ICU within 24 hours of arrival.
- All ICU and Ambulance amounts reduce by 50% at age 70.

## Optional Benefit Rider Monthly Premiums<sup>++</sup>

### Critical Illness Rider Monthly Premiums

CANCER ONLY	\$2,500			\$5,000			\$7,500			\$10,000		
	Ind	1 Parent Family	2 Parent Family	Ind	1 Parent Family	2 Parent Family	Ind	1 Parent Family	2 Parent Family	Ind	1 Parent Family	2 Parent Family
Age 18-40	\$1.50	\$2.20	\$2.90	\$3.00	\$4.40	\$5.80	\$4.50	\$6.60	\$8.70	\$6.00	\$8.80	\$11.60
Age 41-50	\$3.00	\$4.50	\$5.80	\$6.00	\$9.00	\$11.60	\$9.00	\$13.50	\$17.40	\$12.00	\$18.00	\$23.20
Age 51-60	\$4.90	\$7.30	\$9.40	\$9.80	\$14.60	\$18.80	\$14.70	\$21.90	\$28.20	\$19.60	\$29.20	\$37.60
Age 61+	\$7.10	\$10.60	\$13.80	\$14.20	\$21.20	\$27.60	\$21.30	\$31.80	\$41.40	\$28.40	\$42.40	\$55.20

HEART ATTACK/ STROKE ONLY	\$2,500			\$5,000			\$7,500			\$10,000		
	Ind	1 Parent Family	2 Parent Family	Ind	1 Parent Family	2 Parent Family	Ind	1 Parent Family	2 Parent Family	Ind	1 Parent Family	2 Parent Family
Age 18-40	\$0.80	\$1.20	\$1.50	\$1.60	\$2.40	\$3.00	\$2.40	\$3.60	\$4.50	\$3.20	\$4.80	\$6.00
Age 41-50	\$2.10	\$3.10	\$4.10	\$4.20	\$6.20	\$8.20	\$6.30	\$9.30	\$12.30	\$8.40	\$12.40	\$16.40
Age 51-60	\$3.10	\$4.60	\$6.00	\$6.20	\$9.20	\$12.00	\$9.30	\$13.80	\$18.00	\$12.40	\$18.40	\$24.00
Age 61+	\$4.60	\$6.90	\$8.90	\$9.20	\$13.80	\$17.80	\$13.80	\$20.70	\$26.70	\$18.40	\$27.60	\$35.60

### Hospital Intensive Care Unit Rider Monthly Premiums

HOSPITAL INTENSIVE CARE UNIT RIDER	Age 18-40	Age 41-50	Age 51-60	Age 61+
Individual	\$3.40	\$4.20	\$5.50	\$7.10
Single Parent Family	\$5.10	\$6.30	\$8.20	\$10.60
Family	\$6.60	\$8.20	\$10.70	\$13.80

+Availability of riders may vary by state and employer. Optional benefit riders are subject to our general underwriting guidelines and coverage is not guaranteed.  
 ++The premium and amount of benefits provided vary based upon the plan selected.

## Critical Illness Rider

**Limitations and Exclusions** Benefits will only be paid for a Covered Critical Illness as shown on the Policy Schedule page in the policy. No benefits will be provided for any loss caused by or resulting from: intentionally self-inflicted bodily injury, suicide or attempted suicide, whether sane or insane; or intentional self-injury; or alcoholism or drug addiction; or any act of war, declared or undeclared or any act related to war while serving in the military forces or any auxiliary unit attached thereto; participation in any activity or event while under the influence of any narcotic unless administered by a Physician or taken according to the Physician's instructions; or participation in, or attempting to participate in, a felony, riot or insurrection (A felony is as defined by the law of the jurisdiction in which the activity takes place.) or a Pre-Existing Condition during the 12 month period following the Covered Person's Effective Date under the rider. All Critical Illness amounts reduce by 50% at age 70.

**Pre-Existing Condition** As defined in this rider means any sickness or condition for which, within 12 months prior to the Effective Date of coverage under this rider, medical advice, consultation or treatment, including prescribed medications, was recommended by or received from a member of the medical profession, or for which symptoms manifested in such a manner as would cause an ordinarily prudent person to seek diagnosis, medical advice or treatment.) Internal Cancer does not include: other conditions that may be considered pre-cancerous or having malignant potential such as: acquired immune deficiency syndrome (AIDS); or actinic keratosis; or myelodysplastic and non-malignant myeloproliferative disorders; or aplastic anemia; or atypia; or non-malignant monoclonal gammopathy; or pre-malignant lesions, benign tumors or polyps; or Leukoplakia; or Hyperplasia; or Carcinoid; or Polycythemia; or cancer in situ or any skin cancer other than invasive malignant melanoma into the dermis or deeper. Heart attack does not include congestive heart failure, atherosclerotic heart disease, angina, including unstable angina, coronary disease or any other dysfunction of the cardiovascular system. Stroke does not mean head injury, transient ischemic attack, multi-infarct dementia, or chronic cerebrovascular insufficiency.

If the Covered Person's Date of Diagnosis occurs during the Critical Illness Waiting Period, we will pay a benefit equal to 10% of the Internal Cancer Maximum Benefit Amount.

**Waiting Period** Pays when diagnosed by a Physician after a 30-day Critical Illness Waiting Period with Internal Cancer or Heart Attack/Stroke, depending upon the Critical Illness coverage elected at time of application.

**Termination** Each Covered Person's coverage will terminate when the maximum benefit amount for the Covered Critical Illness(es) has been paid for him/her.

## Hospital Intensive Care Unit Rider

**Limitations and Exclusions** No benefits will be provided during the first two years of this rider for Hospital Intensive Care Unit confinement caused by any heart condition when any heart condition was diagnosed or treated prior to the Covered Person's Effective Date of this rider (The heart condition causing the confinement need not be the same condition diagnosed or treated prior to the Effective Date.). No benefits will be provided if the loss results from: attempted suicide whether sane or insane; intentional self-injury; alcoholism or drug addiction; or any act of war, declared or undeclared, while serving in the military forces or any auxiliary unit attached thereto; or military service for any country at war. No benefits will be paid for confinements in units such as: Surgical Recovery Rooms, Progressive Care, Burn Units, Intermediate Care, Private Monitored Rooms, Observation Units, Telemetry Units or Psychiatric Units not involving intensive medical care; or other facilities which do not meet the standards for Intensive Care Unit as defined in the Rider. All ICU and Ambulance amounts reduce by 50% at age 70.

This insert must be used in conjunction with SB-30641 and any state specific deviations thereof.

*This is a brief description of the coverage. For complete benefits and other provisions, please refer to the policy and riders. This coverage does not replace Workers' Compensation Insurance. **These products are inappropriate for people who are eligible for Medicaid Coverage.***



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# American Fidelity Assurance Company

(A Stock Company)

9000 Cameron Parkway Oklahoma City, Oklahoma 73114

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## **SPECIFIED DISEASE COVERAGE** **Required Outline of Coverage for** **Cancer Expense Policy - Form Number C1106(OK)**

**This policy IS NOT A MEDICARE SUPPLEMENT policy. If you are eligible for Medicare, review the Medicare Supplement Buyer's Guide available from the Company.**

**Plan level chosen at time of application. Please refer to your application for the level chosen, and see the corresponding benefit amounts shown on the Benefit Schedule on pages 7-8 of this document.**

- (1) Read Your Policy Carefully** - This outline of coverage provides a very brief description of the important features of your policy. This is not the insurance contract and only the actual provisions will control. The policy itself sets forth in detail the rights and obligations of both you and your insurance company. It is, therefore, important that you **READ YOUR POLICY CAREFULLY!**
- (2) Specified Disease Coverage** - Policies of this category are designed to provide, to persons insured, restricted coverage paying benefits **ONLY** when certain losses occur as a result of specified diseases. Coverage is not provided for basic hospital, basic medical-surgical or major medical expenses.
- (3)** The policy provides the following benefits:
  - A. Diagnostic and Prevention Benefit:** Pays the amount shown in the Benefit Schedule for each Covered Person who receives a screening test that is generally medically recognized to detect internal Cancer including, but not limited to: mammogram; breast ultrasound; breast thermography; breast cancer blood test (CA 15-3); colon cancer blood test (CEA); prostate-specific antigen blood test (PSA); flexible sigmoidoscopy; colonoscopy; virtual colonoscopy; ovarian cancer blood test (CA-125); pap smear (lab test required); chest x-ray; hemocult stool specimen; serum protein electrophoresis (blood test for myeloma); ThinPrep Pap test. The Covered Person must incur a charge for the screening test. This benefit is available without a diagnosis of Cancer. Screening tests payable under this benefit will **ONLY** be paid under this benefit. This benefit does not include any test payable under the Medical Imaging Benefit. Benefits will only be paid for tests performed after the 30-day period following the Covered Person's Effective Date of coverage.
  - B. Cancer Screening Follow-up Benefit:** Pays the amount shown in the Benefit Schedule for one follow-up invasive screening test (a test involving an incision or surgery or the insertion of an instrument into the body) when a Covered Person receives abnormal results from a covered screening test under the Diagnostic and Prevention Benefit. For those tests involving an incision or surgery, this benefit will only be paid for a test that results in a negative diagnosis of Cancer. Diagnostic surgeries that result in a positive diagnosis of Cancer will be paid under the Surgical Benefit. For those invasive tests that do not involve an incision, this benefit will be paid regardless of the diagnosis.

- C. Radiation Therapy/Chemotherapy/Immunotherapy Benefit:** Pays the amount shown in the Benefit Schedule per 12-month period when the Covered Person receives Radiation, Chemotherapy, or Immunotherapy. The 12-month period begins on the first day the Covered Person receives covered Radiation Therapy, Chemotherapy or Immunotherapy. For Chemotherapy and Immunotherapy, coverage will be limited to the drugs only. This benefit does not cover other procedures related to Radiation/Chemotherapy/Immunotherapy treatment such as treatment planning, treatment management or consultation. Design and construction of treatment devices, radiation dosimetry calculation, lab tests, x-rays, scans, medical supplies and equipment used in administration (IV solutions, needles, dressings, pumps, catheters, etc.) are not covered under this benefit. Anti-nausea drugs are not covered under this benefit. This benefit does not include any drugs/medicines covered under the Drugs and Medicine Benefit or the Hormone Therapy Benefit.
- D. Administrative/Lab Work Benefit:** Pays the amount shown in the Benefit Schedule for procedures related to Radiation/Chemotherapy/Immunotherapy treatment incurred on behalf of a Covered Person. This benefit is payable once per calendar month for procedures such as treatment planning, treatment management, design and construction of treatment devices, radiation dosimetry calculation, lab tests, x-rays, scans, medical supplies and equipment used in administration (IV solutions, needles, dressings, pumps, catheters, etc.). This benefit will only be paid if the Covered Person is also receiving the Radiation Therapy/Chemotherapy/Immunotherapy Benefit during the same calendar month.
- E. Bone Marrow/Stem Cell Transplant Benefit:** Pays the amount shown in the Benefit Schedule for an autologous or non-autologous bone marrow transplant or peripheral blood stem cell transplant performed on a Covered Person as treatment for a diagnosed Cancer. This benefit will not be paid for the harvest of bone marrow or stem cells from a donor, as those benefits are covered under the Donor Benefit. This benefit is payable in or out of the Hospital.
- F. Hormone Therapy Benefit:** Pays the amount shown in the Benefit Schedule for hormone therapy treatment prescribed by a Physician, following a diagnosis of Cancer of a Covered Person. "Hormone therapy" means the use or manipulation of hormones, natural or synthetic, to prevent growth of malignancy. This benefit covers the drugs and medicines only. It does not include associated administrative processes. This benefit does not include any drugs or medicines covered under the Drugs and Medicine Benefit or the Radiation Therapy/Chemotherapy/Immunotherapy Benefit.
- G. Drugs and Medicine Benefit:** Pays the amount shown in the Benefit Schedule for anti-nausea and pain medication for treatment of Cancer prescribed by a Physician and administered to a Covered Person, who is also receiving Radiation Therapy/Chemotherapy/ Immunotherapy, a covered surgery, or a Bone Marrow/Stem Cell Transplant. This benefit covers drugs and medicines only. It does not include associated administrative processes. This benefit does not include drugs or medicines covered under the Radiation/Chemotherapy/Immunotherapy Benefit or the Hormone Therapy Benefit.
- H. Blood, Plasma, and Platelets Benefit:** Pays the amount shown in the Benefit Schedule for blood, plasma and platelets. This does not include any laboratory processes. This benefit is payable in or out of the Hospital. Colony stimulating factors are not covered under this benefit. Benefits for Blood, Plasma, and Platelets are ONLY provided under this benefit.
- I. Medical Imaging Benefit:** Pays the amount shown in Benefit Schedule for a Covered Person, who has been diagnosed with Cancer, and receives either a Magnetic Resonance Imaging (MRI), a Computed Tomography (CT) scan, a Computed Axial Tomography (CAT) scan, or a Positron Emission Tomography (PET) scan when performed due to Cancer or the treatment of Cancer. The MRI, CT scan, CAT scan, or PET scan, must be done at the request of a Physician.



- J. Surgical Benefit:** When a surgical operation is performed on a Covered Person for a covered diagnosed Cancer, Skin Cancer, or for reconstructive surgery due to Cancer, pays an indemnity amount which is the lesser of: (1) the surgical unit value assigned to the procedure multiplied by the Unit Dollar Amount shown in the Benefit Schedule or, (2) the Maximum Per Operation amount shown in the Benefit Schedule. We will use the most current Physician's Relative Value table and the Current Procedural Terminology (CPT) Code to determine the surgical unit value assigned to each procedure. An indemnity benefit will be calculated as follows: Unit Dollar Amount shown in the Benefit Schedule x surgical unit value = Benefit Amount (up to the maximum amount shown per operation in the Benefit Schedule). This benefit will be paid for surgery performed in or out of the Hospital. Two or more surgical procedures performed through the same incision will be considered one operation and benefits will be limited to the most expensive procedure. Two or more surgical procedures performed through different incisions will be considered two operations and benefits will be paid for each procedure. In no case will the benefit payable for one operation exceed the maximum amount per operation in the Benefit Schedule. Diagnostic surgeries that result in a negative diagnosis of Cancer are not covered under this benefit. Any diagnostic surgery covered under the Diagnostic and Prevention Benefit will not be covered under this benefit. Bone marrow surgeries are paid under the Bone Marrow Transplant Benefit. Surgeries required to implant a permanent prosthetic device are covered under the Prosthesis Benefit. This benefit is payable for reconstructive breast surgery performed on a non-diseased breast to establish symmetry with a diseased breast when reconstructive surgery on the diseased breast is performed while covered under this policy. Reconstructive surgery to the non-diseased breast must occur within 24 months of the reconstructive surgery of the diseased
- K. Anesthesia Benefit:** Pays the amount shown in the Benefit Schedule for the services of an anesthesiologist received as a result of a covered surgery. Hospital Confinement is not required to receive this benefit. Services of an anesthesiologist for bone marrow transplants are covered under the Bone Marrow Transplant Benefit. Services of an anesthesiologist for Skin Cancer or surgical prosthesis implantation are not covered under this benefit.
- L. Outpatient Hospital or Ambulatory Surgical Center Benefit:** Pays the amount shown in the Benefit Schedule for the facility fee charged by such Hospital or Ambulatory Surgical Center when a surgical procedure is performed on an outpatient basis in a Hospital or at an Ambulatory Surgical Center on a Covered Person for a diagnosed Cancer. Surgical procedures for Skin Cancer are not covered under this benefit.
- M. Second and Third Surgical Opinion Benefit:** Pays the amount shown in the Benefit Schedule for a second surgical opinion when the attending Physician recommends surgery as treatment of a diagnosed Cancer. The second surgical opinion must be obtained from the consulting Physician prior to surgery. If the second surgical opinion disagrees with the first, we will pay an additional indemnity amount as shown in Benefit Schedule for a third surgical opinion. This benefit is payable once per diagnosis of Cancer. Surgical opinions for reconstructive, Skin Cancer, or prosthesis surgeries are not covered under this benefit.
- N. Hospital Confinement Benefit:** Pays the amount shown in the Benefit Schedule when a Covered Person requires Hospital Confinement for at least 18 continuous hours for the treatment of a covered Cancer. We will not pay this benefit for outpatient treatment or a stay of less than 18 hours in an observation unit or emergency room.
- O. Ambulance Benefit:** Pays the amount shown in the Benefit Schedule, for transportation of a Covered Person by air or ground ambulance to a Hospital or from one medical facility to another where the Covered Person is admitted as an Inpatient and Hospital Confined for at least 18 consecutive hours for the treatment of Cancer. A licensed ambulance company must provide the ambulance service. If air and ground ambulance service are both required in the same day, we will only pay the highest benefit amount.
- P. Attending Physician Benefit:** Pays the amount shown in the Benefit Schedule for one Physician's visit per day when a Covered Person requires the services of a Physician, other than a surgeon, while Hospital Confined for the treatment of Cancer.

- Q. Inpatient Special Nursing Services Benefit:** Pays the amount shown in the Benefit Schedule for full-time special nursing care (other than that regularly furnished by a Hospital), while a Covered Person is Hospital Confined for the treatment of Cancer. "Full-time" means at least eight consecutive hours during a 24-hour period. Such care must be provided by a Nurse, as defined in this policy; be prescribed by a Physician; and be Medically Necessary for the treatment of Cancer.
- R. Prosthesis Benefit:** Pays the amount shown in the Benefit Schedule for a prosthetic device received due to Cancer that manifested after the 30<sup>th</sup> day following the Effective Date and, if surgery is required, its surgical implantation, provided the implantation of such device is prescribed by a Physician as a direct result of surgery for Cancer. This benefit does not cover prosthetic related supplies such as special bras or ostomy pouches and supplies. Artificial limbs will be paid under the surgical implantation portion of this benefit. Temporary prosthetic devices used as tissue expanders are covered under the Surgical Benefit. Benefits for a hair prosthesis will only be covered under the Hair Prosthesis Benefit.
- S. Hair Prosthesis Benefit:** Pays the amount shown in the Benefit Schedule for a Covered Person's hair prosthesis needed as a direct result of Cancer or the treatment of Cancer. Benefits for a hair prosthesis will only be paid under this benefit.
- T. Experimental Treatment Benefit:** We will provide coverage for Experimental Treatment prescribed by a Physician for the treatment of Cancer the same as we provide coverage for any non-Experimental Treatment covered under this policy. This benefit is payable for treatments received in or out of the Hospital. This benefit does not provide coverage for treatments received outside of the United States or its Territories.
- U. Dread Disease Benefit:** Pays the amount shown in the Benefit Schedule for each period of Hospital Confinement of a Covered Person for treatment of Dread Disease, as defined in this policy. Benefits for Dread Disease are ONLY provided under this provision of the policy.
- V. U.S. Government or Charity Hospital or H.M.O. Benefit:** We will pay the indemnity amount shown in the Benefit Schedule per day of Hospital Confinement or per day of Outpatient Services if an itemized list of services is not available because a Covered Person is: Confined in a charity Hospital or a Hospital owned or operated by the United States Government as a result of Cancer or Dread Disease; or Covered under a Health Maintenance Organization (H.M.O.) or a Diagnostic Related Group (D.R.G.) where no charges are made to the Covered Person for treatment of Cancer or Dread Disease. If the Covered Person is confined as an Inpatient in a Hospital as a result of Cancer or Dread Disease, we will pay benefits for each full day of confinement. If outpatient services are provided we will pay the benefit for each day that outpatient surgery is performed or outpatient therapy is received for Cancer covered by this policy. This benefit will be paid in lieu of any amounts payable under provisions C. through U.
- W. Donor Benefit:** Pays the amount shown in the Benefit Schedule per donation if expenses are incurred by a donor on behalf of a Covered Person for a covered surgery due to organ transplant, Bone Marrow Transplant, or Stem Cell Transplant. This benefit will be paid regardless of where the surgery is performed. Blood donor expenses are not covered under this benefit.
- X. Transportation and Lodging Benefit:** Pays the amount shown in the Benefit Schedule for transportation and outpatient lodging of a Covered Person, who has been diagnosed as having Cancer, to receive covered Radiation Therapy, Chemotherapy, Immunotherapy treatment, Bone Marrow/Stem Cell Transplant, or surgery in a Hospital that is at least 50 miles away from the Covered Person's residence, using the most direct route. Such Hospital must be prescribed by a Physician and be the nearest Hospital which offers the specialized treatment. If treatment is received on an outpatient basis, we will also pay the amount shown in the Benefit Schedule for the Covered Person's lodging in a single room in a motel, hotel or other accommodation acceptable to us while the Covered Person is receiving the specialized treatment. Travel must be by scheduled bus, plane or train, or by car and be within the United States or its Territories. Travel by car will be paid at the stated rate shown in the Benefit Schedule per mile. Benefits will be provided for only one mode of transportation per round trip. Travel must be within the United States or its Territories. If the Covered Person receives treatment while Hospital Confined, benefits for transportation will be paid once per Hospital Confinement. Benefits for lodging will be paid only on those days the Covered Person received outpatient treatment.

- Y. Family Member Transportation and Lodging Benefit:** Pays the amount shown in the Benefit Schedule for travel and outpatient lodging, for one adult family member to be near a Covered Person who is receiving covered Radiation Therapy, Chemotherapy, Immunotherapy treatment, Bone Marrow/Stem Cell Transplant, or surgery due to Cancer in a non-local Hospital. Non-local means the Hospital is at least 50 miles away from the Covered Person's residence, using the most direct route. We will pay the amount shown in the Benefit Schedule for the family member's lodging in a single room in a motel, hotel or other accommodation acceptable to us, and travel by scheduled bus, plane or train, or by car. Travel by car will be paid at the stated rate per mile shown in the Benefit Schedule. If the family member and the Covered Person who is receiving treatment travel in the same car or lodge in the same room, benefits for travel and lodging will only be paid under the Transportation and Lodging Benefit. Benefits will be provided for only one mode of transportation per round trip. Travel must be within the United States or its Territories. If the Covered Person receives treatment while Hospital Confined, benefits for travel and/or lodging will be paid once per Hospital Confinement. If treatment is received on an outpatient basis, benefits for travel and/or lodging will be paid only on those days the Covered Person received outpatient treatment. If the family member is also a donor, benefits for travel and lodging will be covered under this benefit in lieu of those described in the Donor Benefit.
- Z. Physical or Speech Therapy Benefit:** Pays the amount shown in the Benefit Schedule if a Physician advises a Covered Person to seek physical therapy or speech therapy. Physical or speech therapy must be as a result of Cancer or the treatment of Cancer and be performed by a caregiver licensed in physical or speech therapy. We will pay the amount shown in the Benefit Schedule, for any combination of physical or speech therapy treatments.
- AA. Extended Care Facility Benefit:** Pays the amount shown in the Benefit Schedule for each day a Covered Person is confined in an Extended Care Facility due to Cancer and charges are incurred for room and board. Such confinement must be at the direction of a Physician, and begin within 14 days after a Hospital Confinement. This benefit will be paid for up to the same number of days benefits were paid for the Covered Person's preceding Hospital Confinement.
- BB. Home Health Care Benefit:** Pays the amount shown in the Benefit Schedule for Home Health Care required due to Cancer which is prescribed by a Physician in lieu of Hospital Confinement beginning within 14 days after a Hospital Confinement. Such care must be provided by a Nurse, as defined in this policy, or by a Home Health Nurse's Aide under the supervision of a Registered Nurse and begin within 14 days following a covered Hospital Confinement. The caregiver may not be a family member. For the purpose of this benefit "Home Health Care" is defined as professional nursing services, occupational therapy, respiratory or inhalation therapy and administration of drugs and medicines. This benefit does not include: nutrition counseling; medical social services; medical supplies; prosthesis or orthopedic appliances; rental or purchase of durable medical equipment; drugs or medicines; childcare; meals or housekeeping services. This benefit does not include physical therapy, or speech therapy as these therapies are covered under the Physical or Speech Therapy Benefit. This benefit will be paid for up to the same number of days benefits were paid for the Covered Person's preceding Hospital Confinement. If the Covered Person qualifies for coverage under the Hospice Care Benefit, the Hospice Care Benefit will be paid in lieu of this benefit.
- CC. Hospice Care Benefit:** Pays the amount shown in the Benefit Schedule for each day care is received for a Covered Person who has been diagnosed by a Physician as terminally ill due to Cancer and requires hospice care. Care must be directed by a licensed hospice organization in the patient's home, or on an outpatient or short-term inpatient basis in a hospice facility. "Hospice care" is defined as palliative and supportive care for the terminally ill. Hospice care must be provided by a licensed agency under the direction of a Physician. This benefit does not include: well baby care; volunteer services; meals; housekeeping services; or family support after the death of the Covered Person. The Covered Person is considered to be terminally ill if expected to live six months or less.

**DD. Waiver of Premium Benefit:** If, while this policy is in force, and prior to the age of 65, you become disabled due to Cancer and remain so for 90 continuous days, we will pay all premiums due after such 90 days for as long as you remain so disabled. The term “disabled” means that you are: unable to work at any job for which you are qualified by education, training, or experience; not working at any job for pay or benefits; and under the care of a Physician for the treatment of Cancer. When you are no longer disabled due to Cancer, insurance will continue until the next month. Thereafter, premium must be paid in order for the policy to continue in force. This benefit does not apply if your spouse or an Eligible Child becomes disabled. This benefit includes the premium for any riders attached to the policy.

### Benefit Schedule

(Refer to your application for the Level elected.)

		Level 1	Level 2	Level 3	Level 4
A.	<b>Diagnostic and Prevention Benefit</b> Maximum one per Calendar Year per Covered Person	\$45	\$60	\$75	\$90
B.	<b>Cancer Screening Follow-up Benefit</b> One follow-up test per Calendar Year per Covered Person	\$45	\$60	\$75	\$90
C.	<b>Radiation Therapy/Chemotherapy/ Immunotherapy Benefit</b> Maximum per 12-month Period	Actual Charges \$10,000	Actual Charges \$15,000	Actual Charges \$20,000	Actual Charges \$25,000
D.	<b>Administrative/Lab Work Benefit</b> Per calendar month	\$50	\$75	\$100	\$125
E.	<b>Bone Marrow/Stem Cell Transplant Benefit</b> Autologous - per Calendar Year Non-autologous - per Calendar Year	\$500 \$1,500	\$1,000 \$3,000	\$1,500 \$4,500	\$2,000 \$6,000
F.	<b>Hormone Therapy Benefit</b> Per treatment up to a maximum of 12 per Calendar Year	\$50	\$50	\$50	\$50
G.	<b>Drugs and Medicine Benefit</b> Per Hospital Confinement <b>Outpatient</b> Per prescription up to maximum per calendar month Maximum per calendar month per Covered Person	\$100  \$50 \$50	\$200  \$50 \$100	\$300  \$50 \$150	\$400  \$50 \$200
H.	<b>Blood, Plasma, and Platelets Benefit</b> Per day received Maximum per Calendar Year	\$100 \$5,000	\$150 \$7,500	\$200 \$10,000	\$250 \$12,500
I.	<b>Medical Imaging Benefit</b> Per image Maximum of 2 per Calendar Year per Covered Person	\$100	\$200	\$300	\$400
J.	<b>Surgical Benefit</b> Unit Dollar Amount per surgical unit Maximum per operation	\$20 \$2,000	\$30 \$3,000	\$40 \$4,000	\$50 \$5,000
K.	<b>Anesthesia Benefit</b> Percentage of the amount paid for a covered surgery	25%	25%	25%	25%
L.	<b>Outpatient Hospital or Ambulatory Surgical Center Benefit</b> Per day surgery is performed	\$200	\$400	\$600	\$800
M.	<b>Second &amp; Third Surgical Opinion Benefit</b> Per diagnosis of Cancer Additional amount if 3 <sup>rd</sup> opinion needed	\$300 \$300	\$300 \$300	\$300 \$300	\$300 \$300
N.	<b>Hospital Confinement</b> Per day for the first 30 days Per day thereafter	\$100 \$200	\$200 \$400	\$300 \$600	\$400 \$800
O.	<b>Ambulance Benefit</b> Ground per trip Air per trip Paid up to two trips per Hospital Confinement for any combination of air or ground ambulance transportation	\$200 \$2,000	\$200 \$2,000	\$200 \$2,000	\$200 \$2,000
P.	<b>Attending Physician Benefit</b> Per day while Hospital Confined	\$30	\$40	\$50	\$60
Q.	<b>Inpatient Special Nursing Services Benefit</b> Per day while Hospital Confined	\$150	\$150	\$150	\$150

**Benefit Schedule**  
(Refer to your application for the Level elected.)

		Level 1	Level 2	Level 3	Level 4
R.	<b>Prosthesis Benefit</b> <b>Non-surgical</b> Maximum of one device per site up to a lifetime maximum of three devices per Covered Person <b>Surgical Implantation</b> Per device (includes surgical fee) Maximum of one device per site up to a lifetime maximum of two devices per Covered Person	\$100  \$1,000	\$150  \$1,500	\$200  \$2,000	\$250  \$2,500
S.	<b>Hair Prosthesis Benefit</b> Once per Covered Person per lifetime	\$100	\$150	\$200	\$250
T.	<b>Experimental Treatment Benefit</b>	Paid in the same manner and under the same Maximums as any other treatment in the Benefit Schedule			
U.	<b>Dread Disease Benefit</b> Per day for the first 30 days Per day thereafter	\$100 \$200	\$200 \$400	\$300 \$600	\$400 \$800
V.	<b>U.S. Government or Charity Hospital or H.M.O. Benefit</b> <b>Hospital Confinement</b> per day of confinement in lieu of benefit C. through U. <b>Outpatient Services</b> per day of services received in lieu of benefit C. through U.	\$100 \$100	\$200 \$200	\$300 \$300	\$400 \$400
W.	<b>Donor Benefit</b> Per donation	\$1,000	\$1,000	\$1,000	\$1,000
X.	<b>Transportation and Lodging Benefit</b> <b>Transportation</b> Round trip coach fare; or if travel by car amount shown Maximum per round trip Maximum 12 round trips per Calendar Year <b>Outpatient Lodging</b> Per day up to 90 days per Calendar Year	\$.50/mile \$1,500  \$40	\$.50/mile \$1,500  \$60	\$.50/mile \$1,500  \$80	\$.50/mile \$1,500  \$100
Y.	<b>Family Member Transportation and Lodging Benefit</b> <b>Transportation</b> Round trip coach fare; or if travel by car amount shown Maximum per round trip Maximum 12 round trips per Calendar Year <b>Lodging</b> Per day up to 90 days per Calendar Year	\$.50/mile \$1,500  \$40	\$.50/mile \$1,500  \$60	\$.50/mile \$1,500  \$80	\$.50/mile \$1,500  \$100
Z.	<b>Physical or Speech Therapy Benefit</b> Per visit Maximum 4 visits per calendar month for any combination of physical or speech therapy Lifetime Maximum per Covered Person	\$25  \$1,000	\$25  \$1,000	\$25  \$1,000	\$25  \$1,000
AA.	<b>Extended Care Facility Benefit</b> Per day up to the same number of days of paid Hospital Confinement	\$50	\$75	\$100	\$125
BB.	<b>Home Health Care Benefit</b> Per day up to the same number of days of paid Hospital Confinement	\$50	\$75	\$100	\$125
CC.	<b>Hospice Care Benefit</b> Per day Lifetime Maximum per Covered Person	\$50 \$9,000	\$75 \$13,500	\$100 \$18,000	\$125 \$22,500



**(4) Limitations and Exclusions**

- A.** This policy pays only for loss resulting from definitive Cancer treatment including direct extension, metastatic spread, or recurrence. Proof must be submitted to support each claim. This policy also covers other conditions or diseases directly caused by Cancer or the treatment of Cancer. This policy does not cover any other disease, sickness, or incapacity, even though after contracting Cancer it may have been aggravated or affected by Cancer or the treatment of Cancer, except for conditions specifically provided in the Dread Disease Benefit.
- B.** No benefits are payable for any loss incurred during the first year of this policy as the result of a Pre-Existing Condition, as defined in the policy. Pre-Existing Conditions specifically named or described as excluded in any part of this contract are never covered.

**(5) Renewability** - The policy is guaranteed renewable for life, as long as you pay premiums before the date due or within the next 31 days. Premium rates may be changed, but only on a class basis.

**Optional Benefits:** The following optional riders **MAY HAVE** been applied for:

**First Occurrence Benefit Rider:** This rider provides benefits the first time each Covered Person is diagnosed with an internal Cancer (not skin cancer). Benefits are: \$1,250.00 for the Insured (as listed in the Policy Schedule); or \$625.00 for any other Covered Person. An additional benefit will be paid based on the number of months that this rider has been in force and premiums have been paid on the Covered Person. This benefit will accrue at the end of each policy month at the rate of \$40.00 per month for the Insured, and \$20.00 per month for any other Covered Person. No benefits will be paid during the first two years of this rider for any Cancer diagnosed within the 30-day period following the Issue Date of this rider. This benefit accrues for each Covered Person only until the policy month in which he or she reaches age 65.

**Hospital Intensive Care Rider:** Pays the indemnity amount of \$600.00 per day when ICU Confinement occurs prior to the Covered Person's 70th birthday, or \$300.00 per day after the Covered Person's 70th birthday. This amount is payable for up to 30 days per ICU Confinement. Two or more stays in an ICU will be considered a part of the same Confinement if: they are separated by less than 30 days; and are due to the same or related causes. This rider also pays the amount of \$100.00 for Covered Persons under age 70, or \$50.00 for Covered Persons age 70 and older for ambulance charges for transportation to a Hospital where the Covered Person is admitted to an ICU within 24 hours of arrival. No benefits will be provided during the first two years of this rider for ICU Confinement caused by any heart condition when any heart condition was diagnosed or treated prior to the Covered Person's Effective Date of this rider. (The heart condition causing the Confinement need not be the same condition diagnosed or treated prior to the Effective Date.) No benefits will be provided if the loss results from: attempted suicide, whether sane or insane; or intentional self-injury; or alcoholism or drug addiction; or any act of war, declared or undeclared, while serving in the military forces or any auxiliary unit attached thereto; or military service for any country at war. No benefits will be provided for Confinements in units such as: Surgical Recovery Rooms, Progressive Care, Burn Units, Intermediate Care, Private Monitored Rooms, Observation Units, Telemetry Units or Psychiatric Units not involving intensive medical care; or other facilities which do not meet the standards for ICU as defined in the rider.

**Critical Illness Rider:** Pays the Internal Cancer Maximum Benefit Amount of \$2,500, \$5,000, \$7,500, or \$10,000, depending on the amount chosen at time of application, if a Physician diagnoses any Covered Person with a covered Internal Cancer (if Internal Cancer is listed as a Covered Critical Illness) when the Date of Diagnosis occurs after the Critical Illness Waiting Period following the Covered Person's effective date of coverage under this rider. If the Covered Person's Date of Diagnosis occurs during the Critical Illness Waiting Period, we will pay a benefit equal to 10% of the Internal Cancer Maximum Benefit Amount. This Internal Cancer Benefit is payable once for any one Covered Person. Once the Internal Cancer Benefit is paid for a Covered Person, this benefit is no longer available for such Covered Person. The Internal Cancer Maximum Benefit Amount will reduce by 50% at age 70. This rider also pays the Heart/Stroke Maximum Benefit Amount of \$2,500, \$5,000, \$7,500 or \$10,000, depending on the amount chosen at time of application, if a Physician diagnoses any Covered Person as having a covered Heart Attack or Stroke (if Heart Attack or Stroke are listed as a Covered Critical Illness) when the Date of Diagnosis occurs after the Critical Illness Waiting Period following the Covered Person's effective date of coverage under this rider. If the Covered Person's Date of Diagnosis occurs during the Critical Illness Waiting Period, we will pay a benefit equal to 10% of the Internal Cancer Maximum Benefit Amount. This Heart/Stroke Benefit is payable once for any one Covered Person. Once the Heart/Stroke Benefit is paid for a Covered Person, this benefit is no longer available for such Covered Person. The Heart/Stroke Maximum Benefit Amount will reduce by 50% at age 70. No benefits will be provided for any loss caused by or resulting from: intentionally self-inflicted bodily injury, suicide or attempted suicide, whether sane or insane; or intentional self-injury; or alcoholism or drug addiction; or any act of war, declared or undeclared, or any act related to war while serving in the military forces or any auxiliary unit attached thereto; or a Pre-Existing Condition during the 12 month period following the Covered Person's Effective Date; or participation in any activity or event while under the influence of any narcotic unless administered by a Physician or taken according to the Physician's instructions; or participation in, or attempting to participate in, a felony, riot or insurrection (A felony is as defined by the law of the jurisdiction in which the activity takes place.) "Pre-Existing Condition", as used in this rider, means any sickness or condition for which, within 12 months prior to the Effective Date of coverage under this rider, medical advice, consultation or treatment, including prescribed medications, was recommended by or received from a member of the medical profession, or for which symptoms manifested in such a manner as would cause an ordinarily prudent person to seek diagnosis, medical advice or treatment.