

Summary of Cancer/Major Disease Coverage Benefits

If you or your covered dependent is diagnosed with Cancer or a Specified Disease, this coverage will provide replacement income good for any use for the unanticipated expenses you may incur. These expenses may include co-payments, travel expenses, or loss of employment income while caring for a loved one and these benefits are paid **directly to YOU**.



Benefit Plan Pays You	LOW OPTION	MID OPTION	HIGH OPTION
First Diagnosis	One-time benefit of \$1,000 when diagnosed with cancer or a specified disease	One-time benefit of \$2,500 when diagnosed with cancer or a specified disease	One-time benefit of \$5,000 when diagnosed with cancer or a specified disease
Chemotherapy, Radiation, Immunotherapy, or Radioactive Isotopes	Actual charges to a combined maximum of \$2,500 per month	Actual charges to a combined maximum of \$5,000 per month	Actual charges to a combined maximum of \$7,500 per month
Experimental Treatments	Actual Charges \$10,000 Lifetime Maximum	Actual Charges \$10,000 Lifetime Maximum	Actual Charges \$10,000 Lifetime Maximum
Breast Reconstruction and Prosthesis Surgery	Pays Actual Charges (unlimited)	Pays Actual Charges (unlimited)	Pays Actual Charges (unlimited)
Hospital Confinement	\$100 per day up to 70 days of continuous stay	\$150 per day up to 70 days of continuous stay	\$300 per day up to 70 days of continuous stay
Surgery	Actual charges up to \$2,500 per surgery	Actual charges up to \$3,000 per surgery	Actual charges up to \$4,000 per surgery
Bone Marrow & Stem Cell Transplant	Actual charges to a combined lifetime maximum of \$10,000	Actual charges to a combined lifetime maximum of \$10,000	Actual charges to a combined lifetime maximum of \$10,000
<u>Covers 27 Additional Major Diseases</u> Addison's Disease, Amyotrophic Lateral Sclerosis, Diphtheria, Encephalitis, Epilepsy, Legionnaire's Disease, Lupus Erythematosus, Meningitis (epidemic cerebrospinal), Multiple Sclerosis, Muscular Dystrophy, Myasthenia Gravis, Niemann-Pick Disease, Osteomyelitis, Poliomyelitis, Reye's Syndrome, Rheumatic Fever, Rocky Mountain Spotted Fever, Sickle Cell Anemia, Tay-Sachs Disease, Tetanus, Toxic Epidermal Necrolysis, toxic Shock Syndrome, Tuberculosis, Tularemia, Typhoid Fever, Whipple's Disease, Whooping Cough	Any eligible benefits	Any eligible benefits	Any eligible benefits
Wellness Screening	\$50 per covered family member per year	\$50 per covered family member per year	\$100 per covered family member per year
Skin Cancer Removal Benefit	\$150 for removal up to \$600 per year	\$150 for removal up to \$600 per year	\$150 for removal up to \$600 per year
Blood & Blood Plasma	\$5,000 Per Calendar Yr	\$5,000 Per Calendar Yr	\$5,000 Per Calendar Yr
Optional ICU/CCU Riders	Pays \$600 per day for any reason in ICU!	Pays \$600 per day for <u>any reason</u> in ICU!	Pays \$600 per day for any reason in ICU!

Select your *Benefit Package** according to plan A, B or C for:



- *Cancer First Occurrence*
- *Hospital Confinement*
- *Radiation/Chemotherapy*
- *Surgery, In or Out of Hospital*
- *Cancer Screening Tests*
- *Dread Disease Treatment*
- *Optional Riders Available for Critical Care and Intensive Care*

* See the Benefit Package Inserts for additional plan details. This information is considered incomplete without the plan insert.

The following benefits are included in all plans

IN-HOSPITAL BENEFITS

We will pay the following monetary benefits when a Covered Person is treated for Cancer or a covered Dread Disease.

Prescribed Drugs and Medicines when Confined in Hospital	Actual charges to a maximum of 20% of the Daily Hospital Confinement Benefit. Except in MO and MD, this benefit is not payable for Confinement in a government or charity Hospital.
Physician's Attendance	We will pay a Physician's Attendance benefit of \$50 per day if the regular physician of the Covered Person makes a visit to the Covered Person in the Hospital.
Private Duty Nursing Service	We will pay \$150 per day while confined in a hospital and a Private Duty Nursing Service is retained.
Ambulance	We will pay \$250 per trip to transfer a Covered Person to or from a hospital for confinement as an inpatient. Maximum of three trips per year. (In NC, benefits shall include transportation from one medical facility to another.)
Government or Charity Hospital	We will pay \$200 per day of confinement. We will pay \$200 per day of treatment if a Covered Person receives outpatient Teleradiotherapy, Radio-Active Isotopes Therapy, Chemotherapy, Chemotherapy Enhancer Drug, Anti-Nausea, and Immunotherapy. This benefit is in lieu of all other benefits provided in the Policy, except for transportation and lodging benefits. In MO, government hospital benefits will be paid as any other benefit.
Extended Benefits	We will pay \$1,000 per day, beginning on the 71st day of one Period of Confinement in a hospital for treatment of Cancer or a Dread Disease. This benefit is payable in lieu of all other benefits payable for the same time period.

TRANSPORTATION BENEFITS

Adult Companion Transportation and Lodging	Pays actual charges for lodging and meal expenses to a maximum of \$50 per day; actual charges for one round trip coach fare on a common carrier or a personal automobile allowance of \$0.50 per mile, measured from the visiting Adult Companion's residence to the nearest (in NE, nearest does not apply) Hospital in which the Hospitalized person is Confined and is in excess of 50 miles one (in NE, each) way. We will not pay the personal automobile allowance in excess of 700 miles round trip. Maximum \$2,500 per confinement.
Transportation for Non-Local Treatment Which Requires Hospital Confinement	Pays actual charges for round trip coach fare on a common carrier to the nearest hospital or \$0.50 per mile for personal vehicle, in excess of 50 miles one (in NE, each) way, not to exceed 700 miles per trip. The benefit will be paid if the attending Physician prescribes a treatment for Cancer or Dread Disease not available locally and requires Hospital Confinement
Transportation and Lodging for Non-Local Treatment Which Does Not Require Hospital Confinement	Pays actual charges for round trip coach fare on a common carrier to the facility that provides the prescribed treatment or \$0.50 per mile for personal automobile expenses in excess of 50 miles one (in NE, each) way, to a maximum of \$1,500 per calendar year. Actual charges to a maximum of \$50 per day for lodging and meal expenses. The benefit will be paid if the attending Physician prescribes a treatment for Cancer or Dread Disease not available locally and does not require Hospital Confinement.
Transportation and Lodging for Bone Marrow Donors	<ul style="list-style-type: none"> ● Pays actual charges to a maximum of \$2,500 for medical expenses directly relating to the services to the donor during the transplant; ● Pays actual charges for round trip coach fare on a common carrier or a personal automobile allowance of \$0.50 per mile in excess of 50 miles one (in NE, each)-way to the city where the transplant is performed not to exceed 700 miles round trip; ● Pays actual charges to a maximum of \$75 per day for lodging and meal expenses incurred by a bone marrow donor.

ADDITIONAL BENEFITS

Anesthesia	Pays 25% of the amount payable under the Surgical Benefit. For skin Cancer operations, We will pay only \$50 for each skin Cancer operation.
Additional Surgical Opinions	We will pay \$200 if a Covered Person obtains a second surgical opinion. If the second surgical opinion differs from the first, we will pay \$200 for a third surgical opinion.
Artificial Limb and Prosthesis	Pays actual charges to a maximum of \$1,500 per prosthetic device or artificial limb. Benefits will be paid for only two of the same type of device or artificial limb. If a Breast Reconstruction and Breast Prosthesis benefit is payable, the Artificial Limb and Prosthesis benefit is not payable.
Experimental Treatment	Pays actual charges to a lifetime maximum of \$10,000. Experimental Treatment must be received in the U.S. If the Experimental Treatment benefit is payable, no other benefit associated with the treatment, service, or procedure underlying the Experimental Treatment is payable.
Physical, Occupational or Speech Therapy	We will pay \$50 for each 60-minute session to a lifetime maximum of \$1,500.
Extended Care Facility	We will pay \$100 for each day of confinement to a maximum of 70 days. Such confinement must be at the recommendation of the attending Physician and begin within 14 days of a covered Hospital Confinement.
Bone Marrow Transplant for Cancer	Pays actual charges incurred by a Covered Person for bone marrow transplants or other forms of stem cell rescue and all related services and supplies. This benefit is limited to a lifetime maximum of \$10,000. Certain limitations and exceptions apply - please see Policy for details.
Outpatient Positive Diagnosis Test	We will pay \$250 if a Covered Person has an outpatient diagnostic test that leads to a positive diagnosis within 90 days of such test.
Outpatient Surgery Benefit	Pays for outpatient surgery in a Hospital or Ambulatory Surgical Center 150% of the maximum amount for such surgery shown in the Surgical Benefits Schedule; and \$375 per operation for drugs, medicines and laboratory tests for the Covered Person.
Skin Cancer	We will pay \$150 for removal of skin Cancer when the diagnosis is made by a Physician other than a pathologist to a maximum of \$600 per calendar year. If diagnosed by pathologist, pays according to Surgical Benefits Schedule.
Hospice Care	We will pay \$100 per day for care provided by a Hospice if the Covered Person has been diagnosed as terminally ill due to Cancer or Dread Disease. This benefit is payable for confinement in a Hospice care center, and is limited to a lifetime maximum of 180 days or, if in the Covered Person's home, limited to a lifetime maximum of 30 days.
Blood and Blood Plasma	Pays actual charges incurred by a Covered Person for blood, blood plasma and platelets inserted into a Covered Person to a maximum of \$5,000 per calendar year.
Breast Reconstruction and Breast Prosthesis	Pays actual charges incurred for reconstructive surgery, including an external breast or an internal breast prosthesis and the surgeon's fee for implantation following a mastectomy.
Home Health Care Services	We will pay: <ul style="list-style-type: none"> ● \$60 per day for services provided at home not to exceed a maximum of 180 days per calendar year; ● \$150 per day for private duty nursing at home not to exceed a maximum of 15 days per calendar year; ● \$50 per day for Physician's visits at home not to exceed 15 days per calendar year. Except in NE, this benefit is in lieu of other benefits provided in this Policy.
Hairpiece Benefit	We will pay a one-time benefit of \$100 for a hairpiece when hair loss is the result of Cancer treatment.
Rental or Purchase of Durable Medical Equipment	Pays actual charges incurred by a Covered Person to a maximum of \$1,000 per calendar year for the rental or purchase of: a respirator or similar mechanical device, brace, crutches, hospital bed or a wheelchair.
Professional Mental Health Consultation	We will pay \$50 per session if a Covered Person is receiving treatment for Cancer or a Dread Disease for which benefits are payable under this Policy. This benefit is limited to a lifetime maximum benefit of \$250.
Tutor	A Tutor benefit of \$25 per 60-minute session will be paid for an Insured Child under age 19 who is receiving treatment for a covered Cancer or Dread Disease for which benefits are payable under this Policy. Limited to a lifetime maximum of 50 sessions.

WAIVER OF PREMIUM

If the Named Insured becomes Totally Disabled for 60 days as a result of a Positive Diagnosis of Cancer or a Dread Disease while this Policy is in force, We will waive the premiums that fall due while he or she is Totally Disabled. The Total Disability must begin before the policy anniversary following that person's attainment of age 60. To be eligible for this benefit, premiums must continue to be paid for 60 days after the commencement of Total Disability. Upon approval of this benefit, waiver of premiums will begin on the premium due date next following 60 days of continuous Total Disability. This provision does not apply to Total Disability of the Insured Spouse or Insured Child(ren).