Cancer, Heart Attack & Stroke Coverage
**Lump Sum Benefit**

This benefit pays:

- $30,000* for diagnosis of internal cancer or cancer in-situ

- $30,000* for heart attack or stroke

- $3,000* if angioplasty or coronary bypass is performed without diagnosis of a heart attack

Limited to one payment per insured for each listed condition.

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**Reoccurrence Benefit**

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After you recover, your Lump Sum Benefits start to restore!

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**Benefits are paid directly to you.**

So you can focus on recovery instead of expenses.

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*Benefit amounts listed are based on the Plan F benefit plan. Other benefit plans are available. Premiums will vary by plan.

1 The Reoccurrence Benefit is a percentage of the Lump Sum Benefit paid when cancer reoccurs after you have been in remission for at least one full year and for which benefits have been paid. For the Lump Sum Heart Attack or Stroke Benefit, reoccurrence must be at least one full year from payment of the Lump Sum Benefit.
Benefit amounts listed are based on the Plan F benefit plan. Other benefit plans are available. Premiums will vary by plan.

**Period of Confinement** means a period which begins on or after the Effective Date, and during which an insured person is confined as an inpatient to a Hospital or Skilled Nursing Facility. If an insured person is reconfined within thirty (30) days of discharge from a Hospital or Skilled Nursing Facility, then the later period will be considered a continuation of the prior Period of Confinement. If the insured person is reconfined more than thirty (30) days after discharge from a Hospital or Skilled Nursing Facility, we will treat the later confinement as a new Period of Confinement.

**Hospital Confinement** ............. **$1,500/day***
Pays per day of your covered confinement**

**Drugs and Medicine** ............... **$600/day***
Pays per day for FDA-approved medication received during a covered hospital confinement.

**Attending Doctor** .................. **$300/day**
Pays per day during a covered hospital confinement for a doctor’s services received (other than your surgeon).

**Transfusions** ....................... **(Cancer) $450/day***
**Heart Attack/Stroke) $900/day***
Pays per day for blood, plasma and platelet transfusions you receive for covered treatments.

**Surgical Procedures** .............. **Up to $45,000/surgery***
Paid based upon the surgical schedule required. Benefits vary by surgical procedure.

**Anesthesia**  ....................... **Up to $13,500/surgery***
Pays 30% of benefits paid for the surgery performed.

**2nd and 3rd Surgical Opinions**  **$300/surgical opinion**
Pays for the opinion of other physicians before you decide to have surgery.

**Private Nurse**  ..................... **$250/day**
Pays per day during a covered hospital confinement for the full-time services of a licensed private nurse who performs duties other than those regularly furnished by the hospital.

**Skilled Nursing Facility** .......... **$250/day**
Pays per day when you are confined to a skilled nursing facility within 14 days after a covered inpatient hospital stay. This benefit is payable for up to the same number of days you received the Hospital Confinement Benefit.

**Ambulance (Ground)** ............ **$250 per trip**
● Limited to 4 times per calendar year

**Ambulance (Air)** ................. **$1,500 per trip**
● Limited to 1 time per calendar year

Pays per trip to or from a hospital where you are confined as an inpatient.

**Transportation**
Pays for the insured and an adult companion to travel to a facility located more than 50 miles from your home for treatment:

• **Air, Rail or Bus**  . . . **$2,000 round trip/per person**
  Limited to 2 round trips per person, per calendar year.

• **Private Vehicle** ................. **$0.60/mile up to $2,000**
Pays for unlimited trips.

**Lodging**  ........................... **$100/day**
● Up to 120 days per calendar year

Pays lodging per day for the insured and/or an adult companion when insured is receiving treatment from a medical facility located more than 50 miles from the insured’s home.

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Benefits (continued)

- Paid as a direct result of cancer, heart attack and/or stroke.
- No lifetime maximum

### Skin Cancer

**$1,800/surgery***

Pays for the surgical removal of skin cancer.

### Injected Chemo/Radiation

**$600/day***

Pays for covered injected chemotherapy and radiation treatments.

### Anti-Nausea Drugs

**$300/month***

Pays for prescribed anti-nausea drugs while an insured person is receiving chemotherapy, radiation, or experimental treatment on an outpatient basis.

### Supportive Drugs

**$150/month***

Pays for supportive or protective care drugs prescribed in connection or conjunction with injected chemotherapy.

### Prosthetics*

**Surgical — $15,000/surgery**

Pays for prosthetic devices needed as a result of cancer.

**Non-surgical — $3,750**

### Diagnostic Testing

**$3,000/test***

Pays for diagnostic/lab tests needed in order to diagnose cancer, heart attack or stroke. Limited to twice per calendar year.

### Annual Check-Up

**$1,500 per year/5 years***

Pays for annual check-ups once per year for each insured person after a positive diagnosis of cancer, heart attack or stroke.

### Catastrophic Confinement — $90,000/Month***

Pays you $3,000/day beginning on the 91st day of being continuously confined to a hospital or a U.S. Government hospital as a direct result of cancer, heart attack or stroke. Pays in addition to all other benefits except the Hospital Confinement Benefit.

### Additional Benefits

#### Immunotherapy

**$2,500/lifetime***

Immunotherapy is a type of cancer treatment that targets specific molecules of the body’s own immune system in order to disrupt the growth of cancer cells. Examples include antibodies, growth factors and vaccines. This benefit pays $750 per month for immunotherapy prescribed by a doctor as part of a treatment regimen for cancer.

#### Experimental Treatment

**$30,000/lifetime***

Pays for FDA approved experimental drugs and chemicals, surgery or therapy endorsed by either the NCI or ACS for experimental studies in the treatment of cancer.

#### Oral Chemo per Medication

**$600/month***

- Limited to 36 months.
- Maximum of 3 medications per month.

#### Hospice Benefit

- Limited to 6 months.
- **First 90 Days** — $750/day*
- **After 90 Days** — $1,500/day*

Pays per day that a terminally ill individual receives hospice care as a direct result of cancer, heart attack or stroke.

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*Benefit amounts listed are based on the Plan F benefit plan. Other benefit plans are available. Premiums will vary by plan.
Benefits paid for ANY health condition:

### Intensive Care Unit Benefit
- **No lifetime maximum**
- **Confined for Illness or Injury** $900/day*  
  Pays for confinement in an intensive care unit due to sickness or injury.
- **Confined for Motor Vehicle Accident** $1,800/day*  
  Pays for confinement in an intensive care unit that occurs within 48 hours of a motor vehicle accident.
- **Step Down Unit** $450/day*  
  Pays for confinement in a step down unit.

### Transplant Benefit
- The benefits listed below increase by 5% every year, for 10 years.
- **Bone Marrow** $75,000 Grows to approximately $125,000 in 10 Years*  
  Paid as a lump sum if you receive a bone marrow transplant.
- **Human Organ** $75,000 Grows to approximately $125,000 in 10 Years*  
  Heart • Kidney • Liver • Lung, etc.  
  Paid as a lump sum if you are the recipient of a human organ transplant.  
  This benefit is payable only once per insured.
- **Stem Cell** $30,000 Grows to approximately $50,000 in 10 Years*  
  Paid as a lump sum if you receive a stem cell transplant.
- **Donor Benefit** $37,500 Grows to approximately $62,500 in 10 Years*  
  To help pay toward donor expenses that are incurred on behalf of the insured person when a transplant covered under this Rider is performed. The Donor Benefit will be equal to fifty percent (50%) of the corresponding transplant benefit amount paid.

*Benefit amounts listed are based on the Plan F benefit plan. Other benefit plans are available. Premiums will vary by plan.*
1 in 2 of us will be diagnosed with cancer during our lifetime.\(^2\)

Approximately \(60\%\) of the total cost of cancer is non-medical; therefore, not paid for by major medical insurance.\(^3\)


\(^2\) Source: American Cancer Society, Cancer Facts & Figures 2010 pg 3
Return of Premium

Return of Premium Rider - RG10ROP20

- Available to applicants age 49 and under.
We will return all premiums paid (less any claims paid) every 20 years.

Return of Premium Rider - RG10ROPD

- Available to applicants age 18 to 79.
We will return all premiums paid (less any claims paid) if you pass away prior to age 85. If issue age is 76-79, we will return all premiums paid (less any claims paid) if you pass away within 10 years.

<table>
<thead>
<tr>
<th>Example</th>
<th>Base Amount</th>
<th>Claim Size</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example 1</td>
<td>Premium Paid In</td>
<td>$250,000 Claims</td>
<td>No Refund</td>
</tr>
<tr>
<td>Example 2</td>
<td>Premium Paid In</td>
<td>$2,000 Claims</td>
<td>100% minus $2,000</td>
</tr>
<tr>
<td>Example 3</td>
<td>Premium Paid In</td>
<td>$0 Claims</td>
<td>100% Refund</td>
</tr>
</tbody>
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Advantages

- **Guaranteed Renewable** - Your Platinum plan will continue as long as you pay your premiums.
- **Premiums do not increase with age** - Premiums can only be adjusted on a class basis by state.
- **Assured Payments** - We will pay what is indicated in your plan, regardless of what other insurance you may have.
- **No Lifetime Maximum** - The benefits listed have no lifetime maximum unless otherwise stated in your policy.
- **Waiver of Premium** - Premiums waived if the main insured is disabled for 90 consecutive days due to cancer, heart attack or stroke.

Screening

$600 per person/year*

- **No lifetime maximum**

Pays for doctor visit in which diagnostic testing is performed to detect cancer, heart attack or stroke. Limited to once per calendar year per insured person. No diagnosis of cancer, heart attack or stroke is required to be eligible for this benefit.

Your Age ___________

$ ________________ /Day $ ________________ /Day $ ________________ /Day

$ ________________ $ ________________ $ ________________

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Limitations and Exclusions

Waiting Period: This policy, including any riders elected, has a 30 day waiting period before benefits will be paid. The waiting period begins on the policy/rider effective date. A waiting period does not apply in Missouri. Cancer, Heart Attack or Stroke will not be a covered condition when advice or treatment is received within the Waiting Period, or prior to the Effective Date, and such advice or treatment results in the First Diagnosis of Cancer, Heart Attack or Stroke.

Cancer, Heart Attack or Stroke Coverage: This policy/rider does not pay benefits for any loss due to: injury, disease, sickness, or incapacity not directly related or attributable to Cancer, Heart Attack or Stroke; care received outside the U.S.; courses of treatment available without a doctor’s prescription; or services received from a member of your immediate family. Cancer does not include pre-malignant tumors or polyps; intraductal noninvasive carcinoma of the breasts; or carcinoid of the appendix. Heart Attack does not include any other disease or injury involving the cardiovascular system. Cardiac arrest not caused by a myocardial infarction is not a Heart Attack. Stroke does not mean a head injury, transient ischemic attack or chronic cerebrovascular insufficiency.

Lump Sum Benefits: This rider does not pay benefits for non-malignant skin cancer (benefits for non-malignant skin cancer are covered under the Cancer Surgical Procedures benefit). It also does not pay benefits for coronary angioplasty or coronary bypass when performed as a direct result of a heart attack (benefits for coronary angioplasty/ coronary bypass would then be paid under the Surgical Procedures Benefit, and heart attack benefits would be payable under the Lump Sum Benefit.) Benefits for coronary angioplasty or coronary bypass performed without evidence of a heart attack would be payable under this Lump Sum Benefit.

Intensive Care Benefit: The Intensive Care policy/rider will pay benefits for any sickness or injury, except: self-inflicted injury or attempted suicide while sane or insane; injury sustained as a result of acts of war, violating or attempting to violate any duly enacted law, or voluntary participation in a riot or civil commotion; loss resulting from legal intoxication or under the influence of alcohol or under the influence of any drug or narcotic unless taken on the advice of a doctor.

This brochure is designed as a marketing aid and is not to be construed as a contract for Cancer & Heart Attack & Stroke Insurance. It provides a brief description of the important features of policy forms G1030 and G1031, and rider forms RG11PCLS, RG10CR, RG10CSB, RG10HAS, RG11PHSL, RG10HSSB, RG10T, RG10IC, RG10ROP20, and RG10ROPD.