Focus on recovery, not expenses.

Cancer Lump Sum Benefit

$50,000*

CANCER LUMP SUM BENEFIT

Pays the lump sum benefit amount when the insured is diagnosed as having cancer. Pays 25% of lump sum benefit for limited cancer, like cancer in-situ. Pays 5% of lump sum benefit for non-malignant melanoma skin cancer, with a maximum of $500/occurrence.

Reoccurrence Benefit

After you recover, your Lump Sum Benefit starts to restore!

Benefits are payable after an Insured has been in a Period of Remission for at least one full year from a previously Diagnosed Cancer and for which we have paid benefits under this rider. The fixed indemnity amount is dependent upon the number of full years elapsed since a previously Diagnosed Cancer.

Percentage of Lump Sum Benefit restored over 5 years

- 10% after 1 year
- 25% after 2-3 years
- 50% after 4 years
- 100% after 5 years

$50,000

YEARS BETWEEN OCCURRENCES

One in five insured persons diagnosed with cancer uses all or most of their savings because of the financial cost of dealing with cancer. *1

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

1Cancer Lump Sum and Reoccurrence Benefit Rider

Benefits are paid directly to you.

Cancer Treatment Benefits*³

**Hospital Confinement Benefit**
Days 1-90 $500/day // Days 91+ $1,500/day

**NO LIFETIME MAXIMUM**
Pays each day an insured is hospital confined.

**Drugs and Medicine** // $250/day

**NO LIFETIME MAXIMUM**
Pays each day for FDA-approved medication received while Hospital Confined.

**Attending Physician** // $125/day

**NO LIFETIME MAXIMUM**
Pays each day an insured receives services from an Attending Physician while Hospital Confined.

**Private Nurse** // $250/day

**NO LIFETIME MAXIMUM**
Pays each day an insured receives Full-time Services from a Private Nurse while Hospital Confined.

**Skilled Nursing Facility** // $250/day

**NO LIFETIME MAXIMUM**
Pays each day the insured is Skilled Nursing Facility Confined. The Nursing Confinement must begin within 14 days after the Covered Person is discharged from a Hospital.

**Lodging** // $100/day

**NO LIFETIME MAXIMUM**
UP TO 30 DAYS PER CALENDAR YEAR
Pays benefit amount for receiving treatment for cancer at a Hospital located at least 100 miles from the insured’s residence. This benefit is eligible for either the insured, or one adult companion.

**Transportation**

**NO LIFETIME MAXIMUM**

**Private Vehicle** // $250/trip

LIMITED TO 8 TRIPS PER CALENDAR YEAR
Pays the benefit amount for the insured to travel to or from the hospital located more than 50 miles from the home.

**Common Carrier** // $500/trip

(Air, Rail or Bus)

LIMITED TO 4 TRIPS PER PERSON, PER CALENDAR YEAR.
Pays the benefit amount for the insured and one adult companion to travel to or from the hospital.

**Ambulance**
Pays per trip to or from a Hospital.

**Ground** // $250/trip

LIMITED TO 4 TIMES PER CALENDAR YEAR

**Air** // $1,500/trip

LIMITED TO 1 TRIP PER CALENDAR YEAR

**SCREENING** // $250/year

**NO LIFETIME MAXIMUM**
Pays benefit amount for the insured’s diagnostic test to screen for cancer. Must be at least 18 years old.

**EXPERIMENTAL TREATMENT** // $12,500 per cancer occurrence

Pays benefits when the insured receives Experimental Treatment in the United States for Cancer.

**HOSPICE BENEFIT** // $250/day

LIMITED TO 6 MONTHS
Pays each day that a terminally ill individual receives hospice care.

*These benefits are provided as a direct result of Cancer Benefit Insurance Policy

*Other benefit plans are available. Premiums will vary by plan.
Chemotherapy and Radiation Benefits

INJECTED CHEMOTHERAPY // $1,000/day  NO LIFETIME MAXIMUM
Pays when injected chemotherapy is administered by pump. When Injected Chemotherapy is administered by a pump, benefits will be payable for the date the pump usage began and the day of each subsequent refill.

RADIATION TREATMENT // $1,000/day  NO LIFETIME MAXIMUM
Pays each day an insured receives radiation treatment

ORAL AND TOPICAL CHEMOTHERAPY (per medication) // $1,000/month
LIMITED TO 36 MONTHS
Maximum of 3 medications per month

ANTI-NAUSEA DRUGS // $500/month  NO LIFETIME MAXIMUM
Pays per month for prescribed anti-nausea drugs.

SUPPORTIVE DRUGS // $250/month  NO LIFETIME MAXIMUM
Pays per month for supportive drugs.
Transplant Benefits*5

The benefits listed below increase by 5% every year, for 10 years.

**HUMAN ORGAN TRANSPLANT // $100,000** Grows to $150,000 in 10 Years
Pays the Organ Transplant Lifetime Benefit amount if the insured is the recipient of a human organ transplant because the organ can no longer adequately function causing the insured to be at greater risk of death.

**BONE MARROW TRANSPLANT // $50,000** Grows to $75,000 in 10 Years
Pays the Bone Marrow Transplant Lifetime Benefit amount if the insured is the recipient of a human bone marrow transplant. This benefit is not payable for a harvesting of peripheral blood cell or stem cells and subsequent reinfusion.

**STEM CELL TRANSPLANT // $50,000** Grows to $75,000 in 10 Years
Pays the Stem Cell Transplant Lifetime Benefit amount if the insured is the recipient of a human stem cell transplant. This benefit is not payable for the harvesting, storage and subsequent reinfusion of bone marrow from the recipient.

**DONOR BENEFIT // $50,000** Grows to $75,000 in 10 Years
Pays the Donor Benefit amount when the insured is the recipient of a transplant covered under this Rider.

Critical Illness Benefits*5

**ALZHEIMER’S // $50,000 LIFETIME**
Pays the Alzheimer’s Lifetime Benefit amount if the insured is diagnosed by a physician as having Alzheimer’s.

**COMA // $100,000 LIFETIME**
Pays the Coma Lifetime Benefit amount when the insured has been in a coma for a period of 30 consecutive days.

**PERMANENT PARALYSIS // $100,000 LIFETIME**
Pays the Permanent Paralysis Lifetime Benefit amount when the insured is diagnosed with permanent paralysis.

**END-STAGE RENAL FAILURE // $25,000 LIFETIME**
Pays the End-Stage Renal Failure Lifetime Benefit amount when the insured is diagnosed with end-stage renal failure as a result of sickness or disease.

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

*Human Organ Transplant and Critical Illness Indemnity Benefit Rider

2http://www.aarp.org/relationships/caregiving/info-10-2010/the_high_costs_of_caring_for_alzheimers_patients.1.html

Each day, an average of 79 people receive organ transplants.⁶

The out-of-pocket costs to the family add up to an average of $7,259 per year for an Alzheimer’s patient.⁷
Wellness Benefit

**HEALTHY SCREENING AND DIAGNOSTIC TESTING**

$100/calendar year

This pays the benefit amount for diagnostic tests, such as mammograms, CAT scans, MRIs and many blood tests. Benefit payment is limited to one test per insured.

**HEALTHY LIFESTYLE**

$50/calendar year - Physicals or participation in healthy lifestyle programs - joining a gym, a weight loss program or a smoking cessation program.

This pays the benefit amount if the insured undergoes a physical examination by a physician or for participation in a healthy lifestyle program by joining a gym, a weight loss program or smoking cessation program. Benefit payment is limited to one program per calendar year per insured (age 18 or older).

**ALTERNATIVE CARE BENEFIT**

$50/24 visits per lifetime

Alternative care is limited to yoga, meditation, relaxation techniques, Tai Chi, acupuncture, therapeutic massage and nutritional counseling. Pays benefit amount for alternative care prescribed by a physician. Limited to once per month for a lifetime maximum of 24 visits per insured.

Physician Office Visit Benefit

$50 per visit/4 visits per calendar year  NO LIFETIME MAXIMUM

Pays benefit amount for a physician’s office visit each day that the insured receives outpatient treatment from a physician due to a covered injury or sickness.

Policy Advantages

- Policy is guaranteed renewable as long as you pay your premiums on time.
- You’re paid regardless of any other insurance you may have, and the cash benefits are paid directly to you. You decide how to use the money!!*
- Premiums do not increase because you get older.

*The benefits may be paid directly to the hospital or other health care facility if an assignment of benefits is made.
### Annual Benefit Example

<table>
<thead>
<tr>
<th>Premium</th>
<th>$__________</th>
<th>$__________</th>
<th>$__________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Insured Age</td>
<td>_________</td>
<td>Premium ________</td>
<td></td>
</tr>
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</table>

### Probable Annual Benefits without Diagnosis

<table>
<thead>
<tr>
<th></th>
<th>Primary Insured</th>
<th>Spouse</th>
<th>Dependents 18+</th>
<th>Dependents Under 17</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual Cancer Screening</strong></td>
<td>$250</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Any Screening</strong></td>
<td>$100</td>
<td></td>
<td></td>
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</tr>
<tr>
<td><strong>Healthy Lifestyle</strong></td>
<td>$50</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Physician Visits</strong></td>
<td>$50</td>
<td></td>
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</tr>
</tbody>
</table>

Example assumes eligibility for all listed benefits. See limitations and exclusions. Premium payable for the base policy and riders.

### Policy Options

**Your Age _________**

<table>
<thead>
<tr>
<th>Plan Level</th>
<th>Plan Level</th>
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11Cancer Benefit Insurance Policy
This brochure is intended to provide a general description of the policy benefits. Policy provisions and benefits may vary from state to state. Please see the policy and riders for exact details for costs and further details of coverage, including exclusions, any restrictions or limitation and the terms under which the policy may be continued in force, see your agent or contact the insurance company. This is a solicitation of insurance and an agent may contact you.

**THIS IS A LIMITED POLICY—READ YOUR POLICY CAREFULLY.**

Pre-Existing Conditions are not covered during the first six months after the policy date.

**Waiting Periods:** A waiting period is the number of days for which no benefits are payable. The benefits listed under the Wellness and Diagnostic Test Indemnity Benefit Rider and the Screening Benefit under the Cancer Benefit Insurance Policy are subject to a 90 day waiting period. The other benefits under the Cancer Benefit Insurance Policy and the benefits under the Cancer Lump Sum and Reoccurrence Indemnity Benefit Rider, the Human Organ Transplant and Critical Illness Indemnity Benefit Rider, and the Physician Office Visit Indemnity Benefit Rider are subject to a 30 day waiting period.

If you are not satisfied with your policy, send it back to Customer Service within thirty (30) days after you receive it and the insurance company will return your money, less any claims paid.

The policy/riders are limited health coverage that provide benefits in addition to other insurance you may have.

A Hospital is an institution licensed or certified as a hospital in the state in which it is located. It does not include other facilities that provide institutional care, such as nursing facilities, rehabilitation facilities, alcohol, drug, or substance abuse treatment facilities, or extended care facilities.

Hospital Confinement period begins with the first day of Confinement as an inpatient in a hospital. It ends when an insured has been out of the hospital 60 consecutive days.

**NOTICE TO BUYER:** This policy and riders provide limited benefits. They may not cover all the costs incurred by the buyer during the period of coverage. The buyer is advised to carefully review all policy limitations, exclusions, terms and conditions.

This brochure is designed to be a marketing aid and is not to be construed as a contract for insurance.

This brochure provides a brief description of the important features of policy form(s) PCB101, PR5, PR7, PR13, PR16, PR19