

STATE MUTUAL INSURANCE COMPANY

Rome, Georgia 30161

**OUTLINE OF COVERAGE
SPECIFIED DISEASE INSURANCE**

**CANCER LUMP SUM AND RECURRENCE INDEMNITY BENEFIT INSURANCE POLICY
Policy Form SMCA2015**

**BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL
MEDICAL EXPENSES**

THIS IS NOT A MEDICARE SUPPLEMENT POLICY. If You are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from State Mutual Insurance Company.

SPECIFIED DISEASE COVERAGE – CANCER ONLY. Policies of this category are designed to provide coverage for specified losses resulting from cancer. Coverage is **not** provided for basic hospital, basic medical-surgical, or major medical or comprehensive expenses.

THIS POLICY PROVIDES LIMITED BENEFITS. This coverage is designed only as a supplement to a comprehensive health insurance policy and should not be purchased unless You have this underlying coverage. Persons covered under Medicaid should not purchase it. Read the Shopper's Guide to Cancer Insurance to review the possible limits on benefits in this type of coverage.

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 policy provisions will control. The policy 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.**

ELIGIBILITY FOR BENEFITS. For any benefit to be payable under the benefits described in the policy, You or any Covered Person under this policy must be Diagnosed with Cancer and meet the following conditions:

1. The Cancer must be Diagnosed and treated after the Waiting Period;
2. The Cancer must be Diagnosed and treated while You or the Covered Person are insured under this policy; and
3. The loss is the result of Cancer covered under this policy and is not excluded from coverage under Exclusions and Limitations or the Pre-existing Conditions Limitation provision.

If a Covered Person's Cancer is Diagnosed during the Waiting Period or if medical advice, care, or treatment is received during the Waiting Period that leads to a Diagnosis of Cancer during or after the Waiting Period, You have the option to cancel the policy or the Covered Person's coverage and may receive a refund of any applicable premiums paid on this policy and attached Riders, if any.

BENEFITS PROVIDED BY THE POLICY. Benefits under this policy are fixed indemnity benefits. The amount We pay is not determined by the amount of the charges incurred for cancer related medical services and, may be more than, or less than, the amount(s) charged for any Covered Person's loss. All benefits payable under this policy are subject to the Waiting Period(s) shown in the Policy Schedule.

This policy pays fixed indemnity amounts for the benefits described below when You are receiving treatment as a direct result of Cancer. Benefits are subject to a Waiting Period.

Cancer Lump Sum Lifetime Benefit Amount

This is a fixed indemnity amount. During Your lifetime You are limited to one lump sum benefit, except under the Recurrence Benefit. The Cancer Lump Sum Lifetime Benefit Amount is shown in the Policy Schedule.

Recurrence Benefit Amount

Benefits are payable after You have 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 Policy. The fixed indemnity amount is dependent upon the number of full years elapsed since a previously Diagnosed Cancer. The Recurrence Benefit Amounts are shown in the Policy Schedule by time elapsed in full years.

Limited Cancer Lifetime Benefit

During Your lifetime, We will pay a fixed indemnity amount for Your Limited Cancer Lifetime Benefit Amount as shown in the Policy Schedule when You are Diagnosed as having a Limited Cancer.

Non-Malignant Melanoma Skin Cancer Lifetime Benefit

We will pay You a fixed indemnity amount when You are Diagnosed as having a Non-Malignant Melanoma Skin Cancer. This amount is shown in the Policy Schedule.

OPTIONAL BENEFITS (Available for an Additional Premium)

The following optional Riders are available for additional premium. The Riders are subject to all the provisions of the policy including, but not limited to, policy definitions, conditions, provisions, limitations and exclusions. The benefit amounts and benefit maximums, if any, are shown in the applicable Rider. Benefits provided by the Riders are fixed indemnity benefits. The amount We pay is not determined by the amount of the charges incurred for the services and may be more than, or less than, the amount(s) charged for any Covered Person's loss.

Cancer Indemnity Benefit Rider – Form SMCAIR**Hospital Confinement Indemnity Benefit**

We will pay the Hospital Confinement Indemnity Benefit Amount each day You are Hospital Confined as a direct result of Cancer. This benefit is dependent upon the length of the Hospital Confinement and is per each Hospital Confinement Period.

If You are Diagnosed with Cancer while Hospital Confined, We will pay the Hospital Confinement Indemnity Benefit Amount retroactively to the date of admission for each day of the Hospital Confinement, limited to 30 days prior to the date of Diagnosis. This benefit is subject to the Eligibility for Benefits provision.

If You are Diagnosed with Cancer after death, We will pay the Hospital Confinement Indemnity Benefit Amount retroactively to the date of admission for each day of the Hospital Confinement that ends in the Covered Person's death resulting from Diagnosed Cancer, but for not more than 30 days prior to the date of death. This benefit is subject to the Eligibility for Benefits provision.

Hospice Care Benefit

This is a daily fixed indemnity benefit payable for each day You, or a Covered Person, receives Hospice Care through a Hospice Care Facility. You or the Covered Person must be diagnosed as Terminally Ill and no longer receiving Definitive Treatment for Cancer. Benefits are not payable beyond the Hospice Care Maximum Benefit Period.

Drugs and Medicine Benefit

This is a daily fixed indemnity benefit payable when drugs and medicine are administered to You or a Covered Person while Hospital Confined as a direct result of Cancer. These drugs and medicine must be approved by the FDA at the time of administration. This benefit is limited to the number of days You or the Covered Person are Hospital Confined.

Attending Physician Benefit

This is a daily fixed indemnity benefit payable for each day You or a Covered Person receives services from an Attending Physician while Hospital Confined as a direct result of Cancer. This benefit is limited to the number of days for which We paid benefits for you or the Covered Person's Hospital Confinement.

Screening Indemnity Benefit

This is a daily fixed indemnity benefit payable each time You or a Covered Person has a diagnostic test to screen for Cancer. You or the Covered Person must be at least 18 years old. This benefit is subject to a separate Waiting Period of 90 days. Benefits are not payable beyond the Screening Indemnity Calendar Year Maximum.

Private Nurse Indemnity Benefit

This is a daily fixed indemnity benefit payable for each day You or a Covered Person receives Full-time Services from a Private Nurse while Hospital Confined as a direct result of Cancer. This benefit is limited to the number of days for which We paid benefits for You or the Covered Person's Hospital Confinement.

Skilled Nursing Facility Benefit

This is a daily fixed indemnity benefit payable for each day You or a Covered Person are confined in a Skilled Nursing Facility. The Skilled Nursing Confinement must begin within 14 days after the Covered Person is discharged from a Hospital. This benefit is limited to the number of days for which We paid benefits for You or the Covered Person's Hospital Confinement.

Transportation Per Trip Benefit

Pays fixed indemnity amounts for the benefits described below when You or a Covered Person requires transportation to or from a Hospital as a direct result of Cancer. We will pay for the following types of transportation:

1. Ground Ambulance: This is a fixed indemnity amount payable per covered trip. Benefits are limited to a maximum number of trips per year.
2. Air Ambulance: This is a fixed indemnity amount payable per covered trip. Benefits are limited to a maximum number of trips per year.
3. Common Carrier: This is a fixed indemnity amount payable per covered round trip. This benefit is eligible for You or the Covered Person and one adult companion. Benefits are limited to a maximum number of trips per year.
4. Private Vehicle: This is a fixed indemnity amount per mile payable per covered round trip. You or the Covered Person must be receiving treatment at a Hospital located at least 50 miles from Your residence or the Covered Person's residence.

Lodging Benefit

This is a fixed indemnity amount. You or the Covered Person must be receiving treatment for Cancer at a Hospital located at least 100 miles from Your residence or the Covered Person's residence. This benefit is eligible for either the Covered Person or one adult companion. Benefits are not payable beyond the Lodging Benefit Calendar Year Maximum Benefit.

Experimental Treatment Indemnity Benefit

This is a fixed indemnity amount. You or the Covered Person must receive Experimental Treatment in the United States for Cancer. This benefit is payable one-time per Cancer occurrence.

Cancer Chemotherapy and Radiation Indemnity Benefit Rider – Form SMCCRR

Pays fixed indemnity amounts for the following benefits when You are receiving treatment as a direct result of Cancer. Benefits are subject to a Waiting Period.

Injected Chemotherapy Benefit

This is a daily fixed indemnity benefit. 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.

Oral and Topical Chemotherapy Benefit

This is a calendar month fixed indemnity benefit. Benefits are subject to a maximum of 3 different Oral Chemotherapy and/or Topical Chemotherapy treatments as a direct result of Cancer. This benefit is payable for up to 36 months per Diagnosis.

Radiation Treatment Benefit

This is a daily fixed indemnity benefit. We will pay the Radiation Treatment Benefit Amount each day a Covered Person receives Radiation Treatment as direct result of Cancer

Anti-Nausea Drug Benefit

This is a calendar month fixed indemnity benefit. We will pay the Anti-Nausea Drug Benefit Amount per calendar month when You are prescribed Anti-Nausea Drugs while receiving Chemotherapy Treatment or Radiation Treatment as a direct result of Cancer. This benefit is not payable for non-prescription (over-the-counter) medications.

Supportive Drug Benefit

This is a calendar month fixed indemnity benefit. Supportive Drugs payable under this benefit do not include Anti-Nausea Drugs or immunotherapy drugs.

Cancer Surgical Procedures Indemnity Benefit Rider – Form SMCSPP

Pays fixed indemnity amounts for the benefits described below when You are receiving treatment as a direct result of Cancer. Benefits are subject to a Waiting Period.

Surgical Procedure Benefit

We will pay a fixed indemnity amount for inpatient or outpatient surgery performed as a direct result of Cancer. If more than one surgical procedure is performed at the same time, this benefit pays for one surgical procedure performed for which the largest benefit amount is payable.

Anesthesia Benefit

We will pay a fixed indemnity amount for anesthesia administered during a covered surgical procedure.

Second and Third Surgical Opinion Benefit

This is a fixed indemnity amount. We will pay a benefit for a second surgical opinion if surgery is recommended due to a positive Diagnosis of Cancer. This benefit is not payable for a diagnosis of skin cancer.

Surgically Implanted Prosthesis Benefit

Pays a fixed indemnity amount for surgically implanted prosthetic devices needed as a direct result of a surgical procedure performed and for which the Covered Person received a benefits under this Rider. You are limited to one lifetime benefit.

Non-Surgically Implanted Prosthesis Benefit

Pays a fixed indemnity amount for a non-surgically implanted prosthesis needed as a direct result of Cancer and for which the Covered Person received benefits under this Rider. This provision excludes payment for post-surgical supplies such as mastectomy bras or ostomy pouches. You are limited to one lifetime benefit.

Chronic Illness Indemnity Benefit Rider – Form SMCIIR

Pays fixed indemnity amounts for benefits described below when You are receiving the treatments below. Benefits are subject to a Waiting Period.

Bone Marrow Transplant Lifetime Benefit

Pays a fixed indemnity amount if You are the recipient of a human Bone Marrow Transplant. This benefit is not payable for a harvesting of peripheral blood cells or stem cells and subsequent reinfusion. You are limited to one lifetime benefit.

Organ Transplant Lifetime Benefit

Pays a fixed indemnity amount if You are the recipient of a human Organ Transplant because the organ can no longer adequately function causing You to be at greater risk of death. You are limited to one lifetime benefit.

Stem Cell Transplant Lifetime Benefit

Pays a fixed indemnity amount if You are 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. You are limited to one lifetime benefit.

Donor Benefit

Pays a fixed indemnity amount when You are the recipient of a transplant covered under this Rider. You are limited to one lifetime benefit.

Alzheimer's Lifetime Benefit

Pays a fixed indemnity amount if You are Diagnosed by a Physician with Alzheimer's and such person, as a result of Alzheimer's, is confined to a Skilled Nursing Facility for at least 60 days. You are limited to one lifetime benefit.

Coma Lifetime Benefit

Pays a fixed indemnity amount when You have been in a Coma for a period of 30 consecutive days. You are limited to one lifetime benefit.

Permanent Paralysis Lifetime Benefit

Pays a fixed indemnity amount when You are Diagnosed with Permanent Paralysis. You are limited to one lifetime benefit.

End-Stage Renal Failure Lifetime Benefit

Pays a fixed indemnity amount when You are Diagnosed with End-Stage Renal Failure as a result of Sickness or disease. You are limited to one lifetime benefit.

Benefit Amount Cost of Living Adjustment

When this Rider has been in force for one year from the Rider effective date, we will increase this Rider's original benefit amounts by 5%. We will continue to increase the benefit amounts by 5% of the original benefit amounts every year from Your Rider's effective date for 20 years as long as the policy and this Rider remain in force.

For any benefit to be payable under the Chronic Illness Rider, You or the Covered Person must be Diagnosed with:

1. A Chronic Illness listed in the Rider Schedule; or
2. Receive a Chronic Illness treatment listed in the Rider Schedule; or.

If your Chronic Illness or a Covered Person's Chronic Illness is Diagnosed during the Waiting Period or if medical advice, care, or treatment is received during the Waiting Period that leads to a Chronic Illness or Chronic Illness treatment during the Waiting Period, You have the option to cancel the Rider or the Covered Person's coverage under this Rider and may receive a refund of any applicable premiums paid on this Rider.

Intensive Care Indemnity Benefit Rider – Form SMICUR**Intensive Care Indemnity Benefit**

Pays a daily fixed indemnity amount when You are confined to an Intensive Care Unit of a Hospital as a result of a covered loss due to a Sickness or Injury. Each day must include an overnight stay. No benefit will be paid for any day You are not under the regular care and attendance of a Physician. Benefit is in addition to the policy's benefit for Hospital Confinement and is subject to a Waiting Period. Benefits are not payable beyond the Intensive Care Maximum Benefit Period per Hospital Confinement. For step-down care confinement the benefits are reduced by 50%.

For any benefit to be payable under the Intensive Care Indemnity Benefit Rider, you or the Covered Person must be admitted into an ICU after the Waiting Period.

If you or a Covered Person is admitted into an ICU during the Waiting Period, you have the option to cancel the Rider or the Covered Person's coverage under this Rider and may receive a refund of any applicable premiums paid on this Rider.

Return of Premium Upon Death Indemnity Benefit Rider – Form SMROPD

Provides a return of premium benefit in the event of the primary insured's death within 10 years of this Rider's Effective date, or death occurs prior to the primary Insured's age 80, whichever is later. The actual amount of premium that will be returned, if any, will equal:

1. The sum of all premiums paid for the policy, including premiums paid for this Rider and any other benefit Rider(s) attached to the policy while this Rider was in force. The sum of all premiums is without interest accumulation.

MINUS

2. The sum of all benefits paid or then payable under the policy or attached Rider(s), except the Wellness Indemnity Benefit Rider, to any Covered Person or on the Covered Person's behalf while this Rider was in force.

20 Year Return of Premium Indemnity Benefit Rider – Form SM20ROP

Provides a return of premium benefit after the Rider has been in force for a period of 20 years. The actual amount of premium that will be returned, if any, will equal:

1. The sum of all premiums paid for the Policy during each Return of Premium Period, including premiums paid for this Rider and any other benefit Rider(s) attached to the Policy while this Rider was in force. The sum of all premiums is without interest accumulation.

MINUS

2. The sum of all benefits paid or then payable under the policy or any attached Riders except the Wellness Indemnity Benefit Rider, to any Covered Person or Covered Person's behalf while this Rider was in force.

Wellness Indemnity Benefit Rider – Form SMWIBR

Healthy Screening and Diagnostic Test Benefit

This pays a lump sum benefit amount for diagnostic tests, such as mammograms, CAT scans, MRIs and many blood tests. This benefit is limited to one test per calendar year per covered person.

Healthy Lifestyle Benefit

This pays a lump sum 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 covered person (age 18 or older).

Alternative Care Benefit

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

Physician Office Visit Indemnity Benefit

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.

For any benefit to be payable under the benefits described in this Rider, the Covered Person must receive one of the tests on the Rider Schedule.

If a Covered Person's test or organized program is completed during the Waiting Period, no benefits are payable.

EXCLUSIONS AND LIMITATIONS

Except as specified elsewhere in this policy or in any attached Riders, We will NOT pay benefits for:

1. Any loss for Cancer that occurs while this policy or the Covered Person's coverage is not in force.
2. Any loss for Cancer that occurs during the Waiting Period, including:
 - a. When medical advice, care, treatment or diagnosis received during the Waiting Period leads to a Diagnosis of Cancer during or after the Waiting Period;
 - b. If tissue extracted during the Waiting Period leads to a Diagnosis of Cancer during or after the Waiting Period; or
 - c. Cancer that manifests itself during the Waiting Period. Cancer is manifested when symptoms exist.
3. Any loss due to a Sickness that is not directly related or attributable to the Covered Person's Diagnosed Cancer.
4. For treatment, services, or supplies received on an outpatient basis.
5. Any loss due to an Injury.
6. Any treatment for loss for Diagnosed Cancer that:
 - a. Is not Medically Necessary;
 - b. Is a complication of a noncovered loss;
 - c. Is not prescribed by a Physician as necessary to treat Cancer;
 - d. Is received without charge or legal obligation to pay (except treatment for loss in a United States Government Hospital);
 - e. Would not routinely be paid in the absence of insurance;
 - f. Is received from any Family Member.
7. Any treatment for Cancer that is determined to be Experimental or Investigational. The Experimental Treatment Indemnity Benefit is not subject to this exclusion.
8. Cosmetic or elective procedures that are not Medically Necessary.
9. Confinement in an observation unit.
10. Hospital Confinement primarily for hospice care, rest care, convalescent care or for rehabilitation.

PRE-EXISTING CONDITIONS LIMITATION

We will not pay benefits for any loss for Pre-Existing Conditions during the first six months after the Policy Date. If, after the Policy Date, a Rider is added to this policy, or benefits are increased under the policy or any attached Rider, We will not pay the increased benefits for any loss for Pre-Existing Conditions during the first six months after the date the increased benefits become effective. If a Dependent is added as a Covered Person after the Policy Date, We will not pay benefits for any loss for Pre-Existing Conditions incurred by the added Covered Dependent during the first six months after the date their coverage is effective.

RENEWABILITY

The policy is guaranteed-renewable for life by payment of the premium in effect at the beginning of each renewal period. Premium rates may change only if changed on all policies of the same form number and class in force in Your state (in which the policy was sold).