



Cancer Supplemental Insurance Policy with Transplant & Chronic Illness

SUPPLEMENTAL INSURANCE POLICY



Insurance Coverage underwritten by



Cancer Lump Sum Benefit¹

\$50,000*

CANCER LUMP SUM BENEFIT

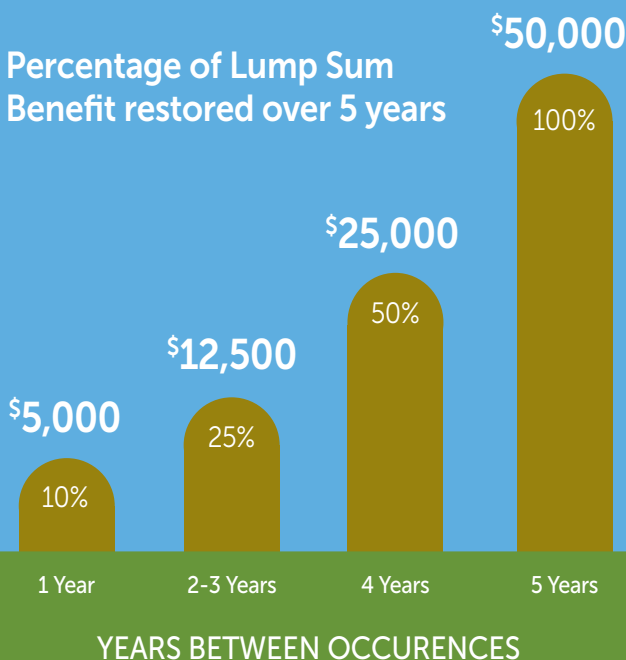
Pays the lump sum benefit amount when the insured is diagnosed as having cancer.
Pays 25% of lump sum benefit for limited cancer, including cancer in-situ.
Non-malignant melanoma skin cancer will pay a onetime benefit of \$500.

Recurrence Benefit¹

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

The Recurrence Benefit is a percentage of the Lump Sum Benefit. Benefits are payable after an insured has been in a Period of Remission for at least one full year from a previous cancer.

Percentage of Lump Sum Benefit restored over 5 years



One in five insured persons diagnosed with cancer uses all or most of their savings because of the financial cost of dealing with cancer.²

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

Non-malignant melanoma skin cancer will pay a onetime benefit of \$500 on plans A-F.

¹Cancer Lump Sum and Recurrence Indemnity Benefit Insurance Policy

²<http://www.cancer.org/acs/groups/content/@research/documents/document/acspc-038824.pdf> *Accessed December 24, 2014

Hospital Confinement Benefit^{*3}

HOSPITAL CONFINEMENT BENEFIT

DAYS 1-90 \$2,000/DAY

\$60,000/MONTH

Pays per day when you are confined to the hospital for at least 18 hours as a direct result of cancer.
NO LIFETIME MAXIMUM.

CATASTROPHIC HOSPITAL CONFINEMENT BENEFIT

DAYS 91+ \$6,000/DAY

\$180,000/MONTH

Pays beginning on the 91st day of being continuously confined to a hospital or a U.S. Government hospital.
Pays in addition to all other benefits except the Hospital Confinement Benefit. **NO LIFETIME MAXIMUM.**

DRUGS AND MEDICINE // \$1,000/DAY

Pays each day for FDA-approved medication received during a covered hospital confinement.
NO LIFETIME MAXIMUM.

ATTENDING PHYSICIAN // \$500/DAY

Pays each day an insured receives services for an attending physician while hospital confined.
NO LIFETIME MAXIMUM.

Cancer Treatment Benefits³

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 lodging each day for the insured or an adult companion when insured is receiving treatment from a medical facility located more than 100 miles from the insured's home.

Transportation

NO LIFETIME MAXIMUM

Common Carrier (Air, Rail or Bus) // up to \$2,000/trip
LIMITED TO 2 ROUND TRIPS PER PERSON, PER CALENDAR YEAR.

Pays the benefit amount for the insured and one adult companion to travel to or from the hospital.

Private Vehicle // up to \$2,000/trip
\$0.60/MILE UP TO THE BENEFIT AMOUNT. PAYS FOR UNLIMITED TRIPS.

Pays the benefit amount for the insured to travel to or from the hospital located more than 50 miles from the home.

Ambulance

NO LIFETIME MAXIMUM

Pays per trip to or from a hospital where insured is confined as an inpatient.

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 for the insured's diagnostic test to screen for cancer. Must be at least 18 years old.

EXPERIMENTAL TREATMENT* // \$50,000 per cancer occurrence

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

HOSPICE BENEFIT* // \$1,000/day **6 MONTH MAXIMUM**

Pays each day that a terminally ill individual receives hospice care as a direct result of cancer.

*Other benefit plans are available. Premiums will vary by plan.

³Cancer Indemnity Benefit Rider & Cancer Surgical Procedures Indemnity Benefit Rider

Cancer Surgical Benefits⁴

up to **\$50,000***

SURGICAL PROCEDURES NO LIFETIME MAXIMUM

Pays per surgery, based upon the surgical schedule required. Benefits vary by surgical procedure.

ANESTHESIA* // Up to \$15,000/surgery NO LIFETIME MAXIMUM

Pays per surgery, 30% of benefits paid for the surgery performed.

2ND AND 3RD SURGICAL OPINIONS // \$300/opinion NO LIFETIME MAXIMUM

Pays for the opinion of other physicians if surgery is recommended.

SURGICAL PROSTHESIS* // \$15,000/device PER LIFETIME

Pays for surgically implanted prosthesis needed as a direct result of surgical procedure performed.

NON-SURGICAL PROSTHESIS* // \$3,750/device PER LIFETIME

Pays for non-surgically implanted prosthesis.

Chemotherapy and Radiation Benefits^{*5}

INJECTED CHEMOTHERAPY // \$1,000/day NO LIFETIME MAXIMUM

Pays **per day** for covered injected chemotherapy treatments.

RADIATION // \$1,000/day NO LIFETIME MAXIMUM

Pays **per day** for covered radiation treatments.

ORAL CHEMOTHERAPY (per medication) // \$3,000/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 while an insured person is receiving chemotherapy, radiation, or experimental treatment on an outpatient basis.

SUPPORTIVE DRUGS // \$250/month NO LIFETIME MAXIMUM

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



⁴Cancer Surgical Procedures Indemnity Benefit Rider

⁵Cancer Chemotherapy & Radiation Indemnity Benefit Rider.

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

Transplant Benefits^{*6}

The benefits listed below increase by 5% every year, for 20 years.

\$100,000/surgery

HUMAN ORGAN TRANSPLANT Grows to \$200,000 in 20 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 \$100,000 in 20 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 the harvesting, storage and subsequent reinfusion of bone marrow from the recipient.

STEM CELL TRANSPLANT // \$50,000 Grows to \$100,000 in 20 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 a harvesting of peripheral blood cells or stem cells and subsequent reinfusion.

DONOR BENEFIT // \$50,000 Grows to \$100,000 in 20 Years

Pays the Donor Benefit amount when the insured is the recipient of a transplant covered under this Rider.

Each day, an average of 79 people receive organ transplants.⁷

Chronic Illness Benefits^{*8}

The benefits listed below increase by 5% every year, for 20 years.

ALZHEIMER'S // \$50,000 Grows to \$100,000 in 20 Years

Pays the Alzheimer's Lifetime Benefit amount if the insured is diagnosed by a physician with Alzheimer's and such person, as a result of Alzheimer's is confined to a Licensed Nursing Facility for at least 60 days. **PER COVERED PERSON/LIFETIME**

PERMANENT PARALYSIS // \$100,000 Grows to \$200,000 in 20 Years

Pays the Permanent Paralysis Lifetime Benefit amount when the insured is diagnosed with permanent paralysis. **PER COVERED PERSON/LIFETIME**

COMA // \$100,000 Grows to \$200,000 in 20 Years

Pays the Coma Lifetime Benefit amount when the insured has been in a coma for a period of 30 consecutive days. **PER COVERED PERSON/LIFETIME**

END-STAGE RENAL FAILURE // \$25,000 Grows to \$50,000 in 20 Years

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. **PER COVERED PERSON/LIFETIME**

The out-of-pocket costs to the family add up to an average of \$6,923 per year for an Alzheimer's patient.⁹

⁶Chronic Illness Indemnity Benefit Rider. Benefits decrease by half at age 70.

⁷<http://www.organdonor.gov/about/data.html> *Accessed May 26, 2015

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

⁸Chronic Illness Indemnity Benefit Rider. Benefits decrease by half at age 70.

⁹https://www.alz.org/downloads/Facts_Figures_2014.pdf

Wellness Benefit¹⁰

HEALTHY SCREENING AND DIAGNOSTIC TESTING

\$100 per covered person/calendar year

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

HEALTHY LIFESTYLE

\$50 per covered person/calendar year.

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

\$50 per covered person/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 covered person.

PHYSICIAN OFFICE VISIT BENEFIT

\$50 per visit/4 visits per covered person 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.

Intensive Care Unit Benefit¹¹

NO LIFETIME MAXIMUM

LIMITED TO 30 DAYS PER INTENSIVE CARE CONFINEMENT

Confined for Illness or Injury // \$1,000 per day

Pays for each day a covered person is confined to an intensive care unit of a hospital as a result of a covered loss due to a sickness or injury. If confined to a step-down unit, the benefit will pay one-half the Intensive Care Benefit. Each day must include an overnight stay.

Policy Advantages

- 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!!*
- Policy is guaranteed renewable as long as you pay your premiums on time.
- Premiums do not increase because you get older.

¹⁰Wellness Indemnity Benefit Rider

¹¹Intensive Care Indemnity Benefit Rider. ICU benefits decrease by one-half when a covered person is 70 or 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

Primary Insured Age _____ Premium _____

Probable Annual Benefits without Diagnosis				
	Annual Cancer Screening ¹² (1/person/year)	Any Screening (1/person/year)	Healthy Lifestyle (1/person/year)	Physician Visits (max. 4/person/year)
Primary Insured	\$250	\$100	\$50	\$50
Spouse				
Dependents 18+				
Dependents Under 17	N/A		N/A	
TOTALS				

PROBABLE BENEFIT EXAMPLE

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

Return of Premium¹³

AVAILABLE TO APPLICANT AGE 18 TO 74.

If you purchased this rider between the ages of 18 and 69, we will return all premiums paid for the policy minus any claims paid to you if you pass away prior to age 80. If rider issue age is 70-74, we will return all premiums paid minus any claims if you pass away within 10 years.

	Premium Paid In	Claims Paid*	Refund Amount
Example 1	\$15,000	\$150,000 Claims	No Refund
Example 2	\$15,000	\$5,000 Claims	\$10,000
Example 3	\$15,000	\$0 Claims	\$15,000

*Other than Physician Office Visit Benefit or Wellness Benefit

Policy Options

Your Age _____

\$ _____ Plan Level \$ _____ Plan Level \$ _____ Plan Level

\$ _____ \$ _____ \$ _____

Toll Free **1-877-822-0582**

Our customer service specialists are friendly, knowledgeable and licensed agents!
If you have a question, please call us.

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 Indemnity Benefit Rider and the Screening Benefit under the Cancer Lump Sum and Recurrence Indemnity Benefit Insurance Policy are subject to a 90 day waiting period. The other benefits under the Cancer Lump Sum and Recurrence Indemnity Benefit Insurance Policy, the Cancer Surgical Procedures Indemnity Benefit Rider, the Cancer Indemnity Benefit Rider, the Chronic Illness Indemnity Benefit Rider, and the Intensive Care Indemnity Benefit Rider are subject to a 30 day waiting period. In Arkansas, the Wellness Indemnity Benefit Rider and the Screening Benefit under the Cancer Lump Sum Recurrence Indemnity Benefit Insurance Policy have a 30 day waiting period. A waiting period does not apply in Missouri.

Right to Return: 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. **PLEASE READ YOUR ACCOMPANYING OUTLINE OF COVERAGE.**

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)
SMCA2015, SMCCRR, SMCAIR, SMCIIR, SMICUR, SMWIBR, SMCSPP, SMROPD



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