

The Cancer



ECONOMIZER III

Why Cancer Insurance?

Consider these 2004 American Cancer Society statistics:

- 1 in 2 men and 1 in 3 women will get Cancer
- Cancer is the leading killer of children ages 1–14
- Cancer causes 1 of every 4 deaths
- 66% of costs to fight Cancer are non-medical indirect costs, not covered by traditional insurance



The Cancer ECONOMIZER III

This outline of coverage provides a brief description of the important features of the policy. This describes a Hospital, Surgical, Medical Insurance Policy Form HC 37-91 EC AR limited to Cancer; A Cancer Policy Only. *This is not the insurance contract, and only the actual policy provisions will control. It is therefore important that you **Read Your Policy Carefully.***

OUTLINE OF COVERAGE - POLICY FEATURES

The benefits illustrated in this brochure apply to each covered person.

CANCER PREVENTION & EARLY DIAGNOSIS

FIRST OCCURRENCE BENEFIT

You may choose a benefit of **\$2,500.00** for each Covered Person when he or she is Initially Diagnosed as having internal Cancer while this Rider is in force. The benefit is payable only once for each Covered Person and will be paid in addition to any other benefit. FORM # HC 74-06

WELLNESS BENEFIT

Pays usual and customary charges **not to exceed \$50.00** for the following Wellness Benefits: Mammography, Flexible Sigmoidoscopy, Pap Smear (Test Only), Chest X-Ray, Hemocult Stool Analysis, Colonoscopy, CA 125 (Blood Test for Ovarian Cancer), PSA (Blood Test for Prostate Cancer), Serum Protein Electrophoresis. **The maximum benefit is \$50.00 per calendar year per covered person.**
NO LIFETIME LIMIT

DIAGNOSTIC TEST

Pays usual and customary charges up to a lifetime maximum of **\$250.00** for diagnostic X-Rays and laboratory tests involved with a positive diagnosis of Cancer.

ANNUAL CHECK-UP

Pays usual and customary charges up to **\$100.00 per calendar year**, for annual check-ups, after positive diagnosis of Internal Cancer. (**\$500.00** lifetime maximum per covered person.)

INPATIENT/OUTPATIENT CANCER TREATMENT

RADIATION AND CHEMOTHERAPY

Choose a benefit of **\$25,000** or **\$10,000 per calendar year**. Pays **100%** of usual and customary charges up to benefit selected for each covered person for Chemotherapy and Teleradiotherapy treatment to include X-Ray, Radium, and Cobalt for treatment of Cancer. **INPATIENT OR OUTPATIENT TREATMENT.**

NO LIFETIME LIMIT

SURGICAL BENEFIT

Pays usual and customary charges up to **\$2,500.00 per operation** and up to \$750.00 per operation for the administration of anesthesia, as outlined in the Policy Schedule of Operations. The surgical benefit stated above will be increased by **20%** for Lung Cancer Surgery, if the **covered person** is **18 years of age** or older, and has been a non-smoker for **12 months** immediately preceding the diagnosis of Cancer. **INPATIENT OR OUTPATIENT SURGERY. NO LIMIT ON NUMBER OF OPERATIONS.**
NO LIFETIME LIMIT

SECOND & THIRD SURGICAL OPINION

Pays usual and customary charges after positive diagnosis of Internal Cancer, for Second & Third Surgical Opinion before surgery is performed. **NO LIFETIME LIMIT**

BLOOD & PLASMA

Pays usual and customary charges incurred for blood, blood platelets, plasma, cross-matching, transfusions, processing and procurement (including the administration fee for treatment.) **IN OR OUT OF THE HOSPITAL.** *Benefits are not payable for blood replaced by donor.*
NO LIFETIME LIMIT

EXPERIMENTAL TREATMENT FOR CANCER

Pays usual and customary charges up to **\$2,500.00 per calendar year** for experimental treatment approved by either the American Cancer Society or National Cancer Institute. This treatment must be received in the continental United States. **NO LIFETIME LIMIT**

PROSTHESIS

Pays usual and customary charges not to exceed **\$2,000.00**, for each prosthetic device and its surgical implantation, used as a result of Cancer. (Hair Prosthesis limited to a lifetime maximum of **\$150.00 per covered person.**)

TRANSPORTATION

Pays usual and customary charges for a **covered person**, **coach fare by common carrier** for round trip transportation (**air, rail, or bus**) to the nearest hospital which provides a special type of treatment not available locally for such Cancer and when directed by a physician. Pays **50 cents per mile** when transportation is by private vehicle. (Payable when the hospital or place of treatment is more than 50 miles (one way) from the insured's residence.)
NO LIFETIME LIMIT

INPATIENT CANCER TREATMENT

DAILY HOSPITAL BENEFIT

Choose a benefit of either **\$200** or **\$100 per day**. We will pay the benefit selected each day a **covered person** is confined to the hospital for the treatment of Cancer. **NO LIMIT ON NUMBER OF DAYS.**
NO LIFETIME LIMIT

NURSING SERVICE

Pays usual and customary charges not to exceed **\$100.00 per 24-hour day** for full time private care provided by an R.N., R.L.P.N., or L.V.N. when a **covered person** is confined to the hospital and when such services are required and authorized by the attending physician. **NO LIMIT ON NUMBER OF DAYS.** **NO LIFETIME LIMIT**

OUTLINE OF COVERAGE POLICY FEATURES

PHYSICIAN

Pays usual and customary charges up to **\$25.00 per day** for a personal visit by a physician, other than the surgeon, while confined to the hospital. **NO LIMIT ON NUMBER OF DAYS.**

NO LIFETIME LIMIT

AMBULANCE

Pays usual and customary charges of a critically ill **covered person** for ground transportation by ambulance, to and from a hospital when confined as a registered inpatient for Cancer Treatment. (This benefit is limited to **\$500.00 per confinement** for air ambulance.) **NO LIFETIME LIMIT**

FAMILY LODGING & TRANSPORTATION

Pays usual and customary charges up to **\$25.00 per day** for lodging for a maximum of **90 days per confinement**, for one adult member of immediate family to be near a **covered person** confined in a hospital due to Internal Cancer. Also pays usual and customary charges for one round trip coach fare on a common carrier, for one adult member of immediate family, per confinement. (Payable when treatment is not available within **50 miles** of insured's residence.) **NO LIFETIME LIMIT**

GOVERNMENT HOSPITAL

Pays **\$150.00 per day** for each day of confinement to a U.S. Government hospital for the treatment of Cancer, in lieu of all other policy benefits. **NO LIFETIME LIMIT**

FOLLOW-UP CARE

EXTENDED CARE FACILITY

Pays usual and customary charges up to **\$50.00 per day**, for confinement to an Extended Care Facility, for a period equal to the number of days the **covered insured** was confined to a hospital for a cancerous condition. The Extended Care Facility confinement must begin no later than **14 days** after the hospital confinement. **NO LIFETIME LIMIT**

HOME HEALTH CARE

Pays usual and customary charges up to **\$100.00 per day** for home health care provided by a Home Health Care Agency when directed by an attending physician, for the treatment of Cancer. **LIFETIME MAXIMUM OF 50 DAYS FOR EACH COVERED PERSON.**

HOSPICE CARE

Pays usual and customary charges up to **\$50.00 per day** for care provided by a Hospice organization when medical evaluation determines that Cancer treatments are no longer beneficial and that life expectancy is **6 months** or less. Does not apply to non-terminally ill patients or to organizations not qualifying as Hospice. (Lifetime maximum of **\$5,000 per covered person**.)

WAIVER OF PREMIUM

If the **primary insured** becomes totally disabled from Internal Cancer prior to age 60 and remains so disabled for 60 consecutive days, all future premiums will be waived so long as disabled and under doctors care. This includes premium for base policy and all riders attached to this policy. Such disability must begin prior to age 60. **NO LIFETIME LIMIT**

LIMITATIONS AND EXCLUSIONS

CANCER PLAN - The benefits described in this outline of coverage are only payable if a loss occurs resulting from definitive Cancer treatment, including only direct extension, metastatic spread or recurrence. In addition, such cancer causing loss must be pathologically proven before benefits are payable. Clinical diagnosis of cancer will be accepted as evidence that cancer exists in a Covered Person when a pathological diagnosis cannot be made provided such medical evidence substantially documents the diagnosis of cancer. Benefits requiring hospital confinement are not provided in nursing homes, skilled nursing or extended care facilities. This policy does not pay for treatments (except experimental) which are not accepted or approved by the American Medical Association as a definitive treatment for Cancer or drugs or substances which are not approved by the Federal Drug Administration for use in the treatment of Cancer. Radiation and Chemotherapy Benefit does not pay for the preplanning laboratory tests, diagnostic X-rays or Ancillary charges related to these treatments. Usual and customary charge means the usual amount accepted as payment by a medical provider or entity furnishing the services, treatment or material covered in the policy. Such charge shall not exceed the general level of charges made by others within the geographical area in which the services, treatment or materials are rendered for an illness comparable in severity and nature. In no event will charges exceed the amount you are liable or legally responsible to pay. Usual and customary charges do not include any amounts that are written off, credited or discounted by the medical provider or entity.

FIRST OCCURRENCE BENEFIT RIDER - Benefits are not payable for: 1) Any Cancer diagnosed or treated before the Rider Effective Date and the subsequent recurrence, extension, or metastatic spread of such Cancer that is diagnosed prior to the Rider Effective Date; 2) Cancer diagnosed during this Rider's 30 day Waiting Period; 3) The diagnosis of skin cancer.

WAITING PERIOD - The Cancer Policy covers Cancer which is first diagnosed by a qualified pathologist 30 days after the date of application. The 30 day waiting period can be waived on the basic Cancer Policy on qualified Cancer groups of 10 or more covered employees. The effective date of the Cancer Policy and all riders is the date of application for said benefits subject to applicable waiting period being met and the first premium being received by the Company.

RENEWABILITY - The Cancer Policy and all other benefits stated in this brochure are guaranteed renewable for life, subject to Company's right to change applicable table of premium rates on all like policies in force in the state in which you reside. This policy may only be cancelled for nonpayment of premiums.

TOTAL DISABILITY - Is defined as being unable to perform the substantial and material duties of your regular occupation.

FAMILY COVERAGE - Includes spouse and unmarried dependent children to age 25.

OPTIONAL HOSPITAL INTENSIVE CARE

THIS IS A HOSPITAL INTENSIVE CARE ONLY POLICY •
Form # HICP 6600

- Pays \$600.00, \$450.00 or \$300.00 per day (depending on amount selected) for Hospital Intensive Care Unit Confinement. (The term, "Intensive Care Unit" shall mean only that specifically designed facility of the hospital that provides the highest level of medical care and which is restricted to those patients who are physically, critically ill or injured.)
- Pays a benefit of one-half (1/2) the amount selected above per day for Confinement in a "Step Down" Hospital Intensive Care Unit. The term, "Step Down Hospital Intensive Care Unit" shall mean progressive care, subacute intensive care or other facilities which do not meet the standards for "Hospital Intensive Care Unit."
- Pays Triple the amount selected above per day for Intensive Care Confinement which occurs within 48 hours of an accident in which any covered insured is the operator or passenger of; an automobile, motor home, bus, motorcycle, or any truck with a load capacity of 2,000 pounds or less or as a fare paying passenger on any vehicle, boat, ship, aircraft, or train.
- **First Day Coverage** Benefits are payable from first day of confinement due to injury or due to illness to include congenital anomalies of newborn children.
- Pays benefits for up to 30 days of Intensive Care Confinement in connection with any one hospital admission. If less than 30 days separates two periods of confinement, the second confinement will be considered a continuation of the initial confinement.
- Issued through age 70. Guaranteed renewable for life.
- Daily Hospital Intensive Care benefits will be reduced by 50% (one-half) at age 70.

NO MAXIMUM LIFETIME BENEFIT LIMIT

INTENSIVE CARE BENEFIT - This benefit does not cover Hospital Intensive Care Unit confinement which is caused by or results from suicide or attempted suicide while sane or insane, intentionally self-inflicted injury, intoxication, or while under the influence of any narcotics, including alcohol, unless administered by a physician.

Children born less than 10 months after the effective date of this Benefit are excluded from coverage until they are 31 days old. Children born more than 10 months after the effective date of the Intensive Care Benefit are covered as any other insured. In the state of Kentucky, newborn children are covered as any other insured from the date of birth.

OPTIONAL DREAD DISEASE BENEFIT

THIS IS A SPECIFIED DREAD DISEASE RIDER
Form HDDRC 23192

BENEFITS PAYABLE: While this Benefit is in force, if an insured is first diagnosed with one or more of the covered Dread Diseases, the Company will pay benefits shown below:

HOSPITAL BENEFIT: Pays \$200.00 per day for the first 74 days of continuous hospital confinement. Pays \$500.00 per day for each day of continuous hospital confinement after the 74th day.

MAXIMUM LIFETIME BENEFIT LIMIT: Pays up to \$100,000.00 for each covered person.

DISEASES COVERED

- Cystic Fibrosis
- Multiple Sclerosis
- Myasthenia Gravis
- Neurolysis
- Reye's Syndrome
- Sickle Cell Anemia
- Tetanus
- Tularemia
- Adrenal Hypofunction (Addison's Disease)
- Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease)
- Whipple's Disease (Intestinal Lipodystrophy)
- Diphtheria
- Muscular Dystrophy
- Niemann-Pick Disease
- Poliomyelitis
- Rheumatic Fever
- Tay-Sachs Disease
- Toxic Epidermal
- Toxic Shock Syndrome
- Legionnaire's Disease (excluding Pontiac Syndrome)
- Meningitis (Epidemic Cerebrospinal)
- Rocky Mountain Spotted Fever
- Encephalitis
- Lyme Disease
- Osteomyelitis
- Rabies
- Scarlet Fever
- Smallpox
- Tuberculosis
- Typhoid Fever

DREAD DISEASE BENEFIT - The disease must be positively diagnosed by a physician based upon diagnostic criteria generally accepted by the medical profession. Coverage begins the same date as coverage under the basic Cancer Protection Plan. This benefit covers only those Dread Diseases listed above.

BENEFITS SELECTED

Benefit	Premium
<input type="checkbox"/> Cancer Economizer III	\$ _____
<input type="checkbox"/> First Occurrence	\$ _____
<input type="checkbox"/> Intensive Care	\$ _____
<input type="checkbox"/> Dread Disease	\$ _____
<input type="checkbox"/> Other _____	\$ _____
TOTAL	\$ _____

PREMIUMS PAYABLE: Weekly Bi-Weekly
 Monthly Quarterly Semi-Annual Annual

IMPORTANT NOTICE: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.