

L I F E I N S U R A N C E C O M P A N Y O F A L A B A M A

2023 Cancer Plan Employee Monthly Premium Rates

PLAN OPTIONS CANCER ADVANTAGE PLAN MONTHLY RATES

BASE POLICY	INDIVIDUAL	\$29.62
	1 PARENT FAMILY	\$34.70
	EMPLOYEE/SPOUSE	\$57.42
	FAMILY	\$60.12
BASE POLICY WITH OPTIONAL \$300/DAY ICU	INDIVIDUAL	\$33.30
	1 PARENT FAMILY	\$38.66
	EMPLOYEE/SPOUSE	\$63.08
	FAMILY	\$66.86
BASE POLICY WITH OPTIONAL \$600/DAY ICU	INDIVIDUAL	\$36.98
	1 PARENT FAMILY	\$42.62
	EMPLOYEE/SPOUSE	\$68.74
	FAMILY	\$73.60

All plans listed above include a daily hospital benefit of \$100 per day.

The above plans include the following riders:

- Radiation & Chemotherapy Rider pays a \$2,000 monthly benefit.
- Cancer Screening Wellness Benefit & Diagnostic Testing Indemnity Rider-pays \$50 per year, per covered person.
- Surgical Benefits Rider pays up to \$6,500 per operation.
- Stem Cell or Bone Marrow Transplant Rider pays a \$10,000 benefit.

OPTIONAL RIDERS AVAILABLE FOR AN ADDITIONAL MONTHLY PREMIUM AMOUNT	
FIRST OCCURRENCE BUILDING BENEFIT	Pays primary insured & spouse \$2,500 + \$50 each month benefit or \$3,500 for a covered child first diagnosed with Internal Cancer 30 days or more after the effective date of this benefit.
INDIVIDUAL	\$6.56
1 PARENT FAMILY	\$7.64
EMPLOYEE/SPOUSE	\$12.42
FAMILY	\$13.32
SPECIFIED DISEASE RIDER	Pays \$200 per day for confinement in a hospital due to a Specified Disease. Pays \$500 per day starting on the 31 st day on continuous hospital confinement. Please see the Cancer Information Packet for diseased that are covered.
INDIVIDUAL	\$1.16
1 PARENT FAMILY	\$1.26
INSURED/SPOUSE	\$2.24
FAMILY	\$2.24

2023

CATOOSA COUNTY BOARD OF EDUCATION

Cancer Plan Benefit Summary

Benefit	CANCER ADVANTAGE
Daily Hospital Benefit	\$100
Radiation/Chemotherapy	\$4,000 first month \$2,000 monthly thereafter
Surgery (in-patient)	Up to \$6,500
Surgery (out-patient)	Up to \$6,500
Skin Cancer Surgery	Up to \$800
2 nd & 3 rd Surgical Opinion	\$350
Associated Surgical Procedure	\$300
Nursing Service	\$200/day
Diagnostic Testing	\$500
Annual check-up after cancer	\$200
Prosthesis (surgical)	\$3,000
Hair Prosthesis	\$300
Home Health Care	\$200/day 50 day max
Blood & Plasma	\$1,000/month
Wellness Benefit	\$50/year
Transportation	\$0.50/mile Up to \$1,500 air
Family Lodging	\$100/day
Ambulance	\$300 ground \$1,500 air
Extended Care Facility	\$150/day 30 day max
Hospice Care	\$100/day 100 day max
Bone Marrow Transplant	\$10,000
Stem Cell Transplant	\$10,000
Waiver of Premium	Yes
Benefit is Portable	Yes
Surgical Reconstruction	Up to \$2,500
Immunotherapy Drugs	\$200/month
Anti-Nausea Medication	\$200/month
First Occurrence Building Benefits, Specified Disease and I.C.U. available as options.	

*PLEASE REFER TO BROCHURE FOR SPECIFIC PLAN DESCRIPTIONS

CANCER INDEMNITY *Insurance*



WHY CANCER INSURANCE?

- Consider these 2018 American Cancer Society statistics:
- 1 in 2 men and 1 in 3 women will get cancer.
- Over 60% of costs to fight cancer are non-medical indirect costs, not covered by traditional insurance.





What Is Cancer?

Cancer is a group of diseases characterized by uncontrolled growth and spread of abnormal cells. If the spread is not controlled, it can result in death. Cancer is treated with surgery, radiation, chemotherapy, hormone therapy, biological therapy, and targeted therapy.

Can Cancer Be Prevented?

The American Cancer Society estimates that in 2011 about 171,600 cancer deaths are expected to be caused by tobacco use. Scientific evidence suggests that about one-third of the 571,950 cancer deaths expected to occur in 2011 will be related to overweight or obesity, physical inactivity, and poor nutrition

This brochure provides a brief description of the important features of the policy and is used in conjunction with outline of coverage OCAH-C7509GA. This describes a Hospital, Surgical, Medical Insurance Policy and Riders Form HC75C0109GA, HC77R0109, HC79S0109GA, HC80T0109GA, HC81A0109GA and HC82W0109GA limited to Cancer; A Cancer Policy / Riders 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.* If a Covered Person receives a Positive Medical Diagnosis of Cancer with a Diagnosis Date after the 30th day following the Policy Effective Date as shown on the Policy Schedule Page and while this Policy is in force, we will pay the following Indemnity Benefits.

BENEFIT	BENEFIT AMOUNT	ADDITIONAL BENEFIT INFORMATION
CANCER SCREENING WELLNESS BENEFIT & DIAGNOSTIC TESTING INDEMNITY BENEFIT - HC82W0109GA		
HEALTH AND WELLNESS	\$50 per calendar year	<p>Pays the indemnity benefit per calendar year, per covered person for the following Wellness Tests which are performed 30 days or more after the policy effective date.</p> <ul style="list-style-type: none"> • Mammogram • Pap Smear • Thin Prep • Colonoscopy • Biopsy • Flexible Sigmoidoscopy • Breast Ultrasound • Testicular Ultrasound • Thermography • Virtual Colonoscopy • Chest X-ray • Serum Protein Electrophoresis • Hemocult Stool Specimen (lab confirmed) • Breast MRI (magnetic resonance imaging) • CA15-3 (blood test for breast Cancer tumor) • PSA (blood test for prostate Cancer) • CA 125 (blood test for ovarian Cancer) • CEA (blood test for colon Cancer) <p>NO LIFETIME MAXIMUM</p>
ANNUAL CHECK-UP	\$200 per calendar year	<p>Pays an indemnity benefit of \$200 per calendar year for annual check-ups after a positive diagnosis of Internal Cancer. This benefit has a lifetime maximum limit of 5 annual check-ups per covered person.</p> <p>\$1,000 LIFETIME MAXIMUM PER INSURED</p>
DIAGNOSTIC TESTING	\$500	<p>Pays a lifetime indemnity benefit of \$500 for the diagnostic procedures involved with a positive diagnosis of Cancer. These procedures include, but are not limited to: radiological exams, echo tests, laboratory tests, blood tests, biopsies and scans (MRI, CT, etc.) ordered by a physician.</p> <p>\$500 LIFETIME MAXIMUM PER INSURED</p>

BENEFIT	BENEFIT AMOUNT			ADDITIONAL BENEFIT INFORMATION
RADIATION CHEMOTHERAPY RIDER - HC77R0109				
INITIAL TREATMENT RADIATION OR INJECTED CHEMO ORAL CHEMO, IMMUNOTHERAPY AND ANTI-NAUSEA MEDICATIONS	YOUR CHOICE			<p>We will pay the initial treatment benefit the first time a covered person receives Radiation Therapy or Intravenous Chemotherapy for the treatment of Cancer. ONCE PER COVERED PERSON</p> <p>We will pay the initial treatment benefit the first time a covered person receives Non-Intravenous Chemotherapy, Immunotherapy or Anti-Nausea Medication for the treatment of Cancer. ONCE PER COVERED PERSON</p>
	A	B	C	
MONTHLY RADIATION AND CHEMOTHERAPY	\$2,000	\$1,000	\$500	<p>We will pay the monthly indemnity benefit each calendar month a covered person receives Radiation Therapy or Intravenous Chemotherapy for the treatment of Cancer. Option A pays a maximum 12-month benefit of \$24,000, Option B, \$12,000 and Option C, \$6,000.</p> <p>NO LIFETIME MAXIMUM</p>
MONTHLY IMMUNOTHERAPY, DRUGS AND MEDICINES	\$200	\$100	\$50	<p>We will pay the monthly indemnity benefit each calendar month a covered person receives Non-Intravenous Chemotherapy, Immunotherapy or Anti-Nausea Medication for the treatment of Cancer. Option A pays a maximum 12-month benefit of \$2,400, Option B, \$1,200 and Option C, \$600. NO LIFETIME MAXIMUM</p>
SURGICAL BENEFITS RIDER - HC79S0109GA				
SURGICAL BENEFIT	up to \$6,500			<p>Pays the indemnity benefit per operation, including anesthesia, for the removal of malignant cancerous tissues as outlined in the Policy Schedule of Operations. Benefits are not payable for removal of tissue for diagnostic purposes including biopsies. Only one surgical benefit is payable per day. INPATIENT OR OUTPATIENT SURGERY. NO LIMIT ON NUMBER OF OPERATIONS. NO LIFETIME MAXIMUM</p>
ASSOCIATED SURGICAL PROCEDURES	\$300			<p>Pays the indemnity benefit for the following associated surgical procedures, including anesthesia, performed for the treatment of Cancer</p> <ul style="list-style-type: none"> • Thoracotomy • Paracentesis and Thoracentesis • Cystourethroscopy • Venous Access Ports, Shunts, Feeding Tubes and Stents • Ostomy (including colostomy, ileostomy, gastrostomy and tracheostomy). <p>The Associated Surgical Procedures Benefit is NOT payable for any associated surgical procedure that is performed concurrently and/or in conjunction with any surgical procedure under the Surgical or the Skin Cancer Surgery Benefit or for procedures performed for diagnostic purposes including biopsies. INPATIENT OR OUTPATIENT SURGERY. NO LIMIT ON NUMBER OF OPERATIONS. NO LIFETIME MAXIMUM</p>

BENEFIT	BENEFIT AMOUNT	ADDITIONAL BENEFIT INFORMATION
SURGICAL BENEFITS RIDER - HC80T0109GA		
SKIN CANCER SURGERY	up to \$800	Pays the indemnity benefit per operation, including anesthesia, for the removal of lesions or tumors from the skin, as outlined in the Policy Schedule of Operations. Benefits are not payable for removal of tissue for diagnostic purposes including biopsies or cosmetic or reconstruction purposes. INPATIENT OR OUTPATIENT SURGERY. NO LIMIT ON NUMBER OF OPERATIONS. NO LIFETIME MAXIMUM
2ND AND 3RD SURGICAL OPINION	\$350	Pays the indemnity benefit after a positive diagnosis of internal cancer, for a Second and Third surgical opinion from a licensed physician before surgery is performed. This benefit is payable for only 1 second and 1 third surgical opinion per recommended surgical procedure to remove malignant cancerous tissue. NO LIFETIME MAXIMUM
PROSTHESIS SURGICAL NON-SURGICAL	\$3,000 \$300	Pays the indemnity benefit of for surgically implanted prosthetic devices or pays an indemnity benefit per occurrence for non-surgically implanted prosthetic devices that are prescribed (<i>examples of non-surgically implanted prosthetic devices are voice boxes, hair pieces, and removable breast prosthesis</i>) as a direct result of the surgical removal of malignant cancerous tissue. The surgical and non-surgical prosthesis is payable twice per covered person. This benefit is not payable when surgical reconstruction benefit is payable. \$6,000 SURGICAL LIFETIME MAXIMUM PER INSURED / \$600 NON-SURGICAL LIFETIME MAXIMUM PER INSURED
SURGICAL RECONSTRUCTION	up to \$2,500	Pays the indemnity benefit for reconstructive surgical procedures, including anesthesia, as outlined in the Policy Schedule of Operations as a result of the treatment of Cancer. This benefit is limited to two (2) procedures per site and includes breast implants. This benefit is not payable when surgical prosthesis benefit is payable. \$5,000 LIFETIME MAXIMUM PER INSURED
TRANSPORTATION RIDER - HC81A0109GA		
TRANSPORTATION BENEFIT	Round trip (air, rail or bus) or \$0.50 per mile up to \$1,500	Pays the Usual and Customary charge for coach fare by common carrier for round trip transportation (air, rail, or bus) for a covered person and an adult companion to a treatment facility that is greater than fifty (50) miles one-way from the covered person's home to receive treatment for cancer. When transportation is by private vehicle, we will pay \$0.50 per mile round trip. The Transportation Benefit is limited to a maximum of \$1,500 per round trip. NO LIFETIME MAXIMUM
LODGING	\$100 per day	Pays an indemnity benefit of \$100 per day for lodging when a covered person is receiving treatment for Cancer at a hospital or medical facility more than fifty (50) miles one-way from the covered person's residence. This benefit is payable for either the covered person or an adult companion traveling with them. This benefit is only payable on the day treatment is being received and is limited to 120 days per calendar year. NO LIFETIME MAXIMUM
AMBULANCE GROUND AIR	\$300 \$1,500	Pays an indemnity benefit of \$300 for transportation by ground ambulance to or from a Hospital for the treatment of Cancer. This benefit pays \$1,500 if air ambulance transportation is necessary. This benefit is limited to 6 one-way trips, per covered person, per calendar year. NO LIFETIME MAXIMUM

BENEFIT	BENEFIT AMOUNT	ADDITIONAL BENEFIT INFORMATION	
STEM CELL OR BONE MARROW TRANSPLANT RIDER - HC80T0109GA			
STEM CELL OR BONE MARROW TRANSPLANT	\$10,000	Pays the indemnity benefit when a covered person receives a Stem Cell Transplant or a Bone Marrow Transplant for the treatment of Cancer. This benefit is payable once per covered person's lifetime. This benefit excludes biopsies and diagnostic testing. Benefits are not payable for the harvesting or storage of bone marrow or stem cells. \$10,000 LIFETIME MAXIMUM PER INSURED	
BLOOD, PLASMA OR PLATELETS	\$1,000	Pays the indemnity benefit per calendar month, for Blood, Plasma, or Platelets to replace or replenish normal cells due to cancer of the blood or as a result of radiation therapy and/or intravenous chemotherapy. This benefit does not include stem cell transplants, bone marrow transplants, blood typing and cross-matching or laboratory blood tests. NO LIFETIME MAXIMUM	
CANCER INDEMNITY POLICY - HC75C0109			
HOSPITAL CONFINEMENT DAYS 1-30 DAYS 31+	YOUR CHOICE		Pays the indemnity benefit per day for the first 30 days of confinement to the hospital for the treatment of Cancer. <u>The benefit amount doubles after 30 days of continuous confinement in a hospital for the treatment of Cancer.</u> NO LIMIT ON NUMBER OF DAYS. NO LIFETIME MAXIMUM
	\$300	\$200	
	\$100		
	\$600	\$400	\$200
PRIVATE NURSING SERVICES	\$200 per day	Pays the indemnity benefit per day for private nursing care while confined in a hospital for the treatment of Cancer. These services must be required and authorized by the attending physician. This benefit is not payable for private nurses who are members of your immediate family. NO LIMIT ON NUMBER OF DAYS. NO LIFETIME MAXIMUM	
CANCER INDEMNITY POLICY - HC750109			
EXTENDED CARE FACILITY	\$150 per day	Pays the indemnity benefit per day for confinement to an Extended-Care Facility within 30 days after a hospital confinement. This benefit is limited to 30 days per calendar year per covered person. NO LIFETIME MAXIMUM	
HOME HEALTH CARE FACILITY	\$200 per day	Pays the indemnity benefit per day for home health care provided by a Home Health Care Agency when directed by an attending physician for the treatment of Cancer. This benefit is limited to 50 days per covered person's lifetime. \$10,000 LIFETIME MAXIMUM PER INSURED	
HOSPICE CARE	\$100 per day	Pays an indemnity benefit of \$100 per day for care provided by a Hospice organization. This benefit does not apply to non-terminally ill patients or to organizations not qualifying as Hospice. This benefit is limited to 100 days per covered person's lifetime. \$10,000 LIFETIME MAXIMUM PER INSURED	
WAIVER OF PREMIUM	Yes	After 60 days of continuous disability of the primary insured listed in the policy, due to Cancer, the company will waive any premiums for this policy, and any attached riders falling due during the primary insured's continued disability due to cancer. Disability due to Cancer must begin prior to the primary insured's 60th birthday. NO LIFETIME MAXIMUM	

BENEFIT	BENEFIT AMOUNT		ADDITIONAL BENEFIT INFORMATION
OPTIONAL FIRST OCCURENCE CANCER LUMP SUM LIMITED RIDER - HC84O0109GA OPTIONAL FIRST OCCURENCE BUILDING BENEFIT RIDER - HC85F0109GA			
LEVEL VERSION	Not Available		Pays a benefit of \$5,000 when the Primary Insured or Spouse or \$7,000 when a Covered Dependent Child is first diagnosed with Internal Cancer (not Skin Cancer) thirty (30) days or more after the effective date of this benefit. This benefit is issued thru age 74 and guaranteed renewable for life.
PRIMARY INSURED & SPOUSE	\$5,000		
CHILDREN	\$7,000		
BUILDING VERSION	Option		Pays a benefit of \$2,500 when the Primary Insured or Spouse or \$3,500 when a Covered Dependent Child is first diagnosed with Internal Cancer (not Skin Cancer), plus an additional \$50 each month this benefit has been in force thirty (30) days or more after the effective date of this benefit. Benefits stop increasing in the month of the Primary Insured's 65 th birthday. This benefit is issued thru age 64 and guaranteed renewable for life.
PRIMARY INSURED & SPOUSE	\$2,500 + \$50 per month		
CHILDREN	\$3,500 + \$50 per month		
OPTIONAL SPECIFIED DISEASE RIDER - HC86D0109GA			
SPECIFIED DISEASE	Not Available		Pays an indemnity benefit of \$200 per day for confinement in a hospital due to a Specified Disease. Pays \$500 per day starting on the 31st day of continuous hospital confinement due to a Specified Disease. <ul style="list-style-type: none"> • Cystic Fibrosis • Multiple Sclerosis • Myasthenia Gravis • Scleroderma • Reye's Syndrome • Sickle Cell Anemia • Tetanus • Tularemia • Diphtheria • Muscular Dystrophy • Necrotizing Fasciitis • Polio • Rheumatic Fever • Huntington's Chorea • Cerebral Palsy • Toxic Shock Syndrome • Cholera • Encephalitis • Lyme Disease • Osteomyelitis • Rabies • Systemic Lupus • Smallpox • Tuberculosis • Typhoid Fever • Botulism • Malaria • Bubonic Plague • Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease) • Rocky Mountain Spotted Fever • Variant Creutzfeldt-Jakob Disease (Mad Cow Disease) • Meningitis (Bacterial) • Yellow Fever \$200,000 LIFETIME MAXIMUM PER INSURED
DAYS 1-30	\$200 per day		
DAYS 31+	\$500 per day		
OPTIONAL HOSPITAL INTENSIVE CARE BENEFIT			
HOSPITAL INTENSIVE CARE	YOUR CHOICE		
	Option		Option
	\$600	\$450	\$300
	\$300	\$225	\$150
HIGHEST LEVEL	\$1,800	\$1,350	\$900
STEP DOWN UNIT			
TRIPLE BENEFIT			
Pays for Hospital Intensive Care Unit Confinement. Pays a benefit of one-half (½) the amount selected per day for Confinement in a "Step Down" Hospital Intensive Care Unit. Pays Triple the amount selected 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, or a school bus operated by or under the direction and supervision of school authorities. Benefits are payable from the first day of confinement due to injury or due to illness to include congenital anomalies of newborn children. NO LIFETIME MAXIMUM 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.			

LIMITATIONS AND EXCLUSIONS

IMPORTANT NOTICE: *It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of coverage.*

Cancer Indemnity: This policy only provides benefits due to cancer. It does not provide benefits for any other sickness, condition or incapacity. We will pay benefits for specified events occurring in connection with definitive treatment of cancer including the direct extension, metastatic spread or recurrence. **Waiting Period:** This policy and all attached riders will not pay benefits for any positive medical diagnosis of cancer with a diagnosis date less than thirty (30) days after the policy effective date. All treatment for cancer must be accepted or approved by the American Medical Association, the American Cancer Society or the Food and Drug Administration (FDA) as a treatment for cancer. Benefits under this policy or any attached riders are not payable for specified events that occur outside the United States of America or its territories. **Hospital Confinement:** Benefits are not payable for: 1) confinements of less than 18-hours; or 2) treatment on an out-patient basis; or 3) Emergency Room treatment; or 4) the same day outpatient benefits, Extended Care Facility, Home Health Care and/or Hospice Care Indemnity Benefits are payable; or 5) the day of discharge from the Hospital except where the day of discharge and the day of admission are the same and the confinement was for at least 18-hours.

Cancer means a disease manifested by the presence of a malignant tumor and characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue. It also includes, but is not limited to Leukemia, Hodgkin's disease and Melanoma. The term Cancer also includes: Myelodysplastic Syndrome, Myeloproliferative Syndrome, and carcinoma in situ (confined to the site of origin without having invaded neighboring tissue). These conditions must be determined by a Positive Medical Diagnosis. Any condition not specifically listed above is not considered Cancer. Premalignant conditions and conditions with malignant potential including, but not limited to, hyperplasia, dysplasia, anaplasia, atypism, leukoplakia, hypertrophy, and neoplasia are not considered to be Cancer. **Skin cancer** means malignant cancerous cells of the skin including Basal Cell Carcinoma, Malignant Melanoma, Squamous Cell Carcinoma and all other Skin Carcinomas. **Radiation/Chemotherapy:** Intravenous Chemotherapy means any cancerocidal chemical substance taken intravenously (IV), by continuous infusion by pump or by surgical implants for the purpose of modifying or destroying cancer. Non-Intravenous Chemotherapy means any cancerocidal chemical substance taken orally, topically or by non-intravenous injection for the purpose of modifying or destroying cancer. Radiation Therapy means external radiation therapy, or teletherapy used for the purpose of modification or destruction of cancer including radioactive implants. This includes radiation seed implants, or gamma knife radiosurgery. **Immunotherapy** means immunoglobulin or colony stimulating factors to stimulate the immune system to reject and destroy cancer. **Anti-Nausea Medication** means a drug(s) or medication for the prevention or treatment of nausea (upset stomach) in conjunction with or resulting from chemotherapy and/or radiation therapy for the treatment of cancer. Anti-nausea medication does not include drugs or medications available over-the-counter without a prescription. **Bone Marrow Transplant** means the infusion of bone marrow, autologous or allogenic, following radiation or chemotherapy to destroy cancer cells. **Stem Cell Transplant** means the infusion of stem cells, autologous or allogenic, following radiation or chemotherapy to destroy cancer cells.

Covered Persons: Individual: Only the Primary Insured listed on the Policy Schedule Page is covered. Individual and Spouse: The Primary Insured and the Primary Insured's Legal Spouse as listed on the application or added/changed by endorsement are covered. One Parent Family: The Primary Insured and all of the Primary Insured's legal Dependent Child(ren) as listed on the application or added/changed by endorsement are covered. Two Parent Family: The Primary Insured, the Primary Insured's Legal Spouse as listed on the application or added/changed by endorsement and all of the Primary Insured's legal Dependent Child(ren) as listed on the application or added/changed by endorsement are covered.

LIMITATIONS AND EXCLUSIONS cont.

Pre-existing Condition means a condition for which symptoms existed prior to the policy effective date that would cause an ordinarily prudent person to seek diagnosis, care or treatment or for which medical advice or treatment was recommended by a Physician or received from a Physician. Pre-existing conditions are covered after two (2) years (five (5) years for intensive care policy) from the policy effective date.

Intensive Care: This policy will not pay benefits for any loss with a diagnosis date less than thirty (30) days after the policy effective date or for any loss that results from any of the following; injury occurring or sickness manifested prior to the policy effective date; or injury occurring while incarcerated; or committing or attempting to commit suicide while sane or insane; or commission of or an attempt to commit an assault or felony; or engaging in any illegal activity; or practicing for or participation in any semi-professional or professional competitive athletic contest for which any type of compensation or remuneration is received; or driving or riding in any race of speed or endurance or testing a motorized vehicle on any racetrack, raceway, race course or speedway; or declared or undeclared war, or any cause or act of war or regular military training, whether the covered person is a member of any armed force or a civilian; or travel in an aircraft, including those which are not motor-driven, or hot air balloon other than as a fare-paying passenger on a scheduled or charter flight operated by a scheduled airline; or alcoholism or drug addiction; or voluntarily taking, inhaling or absorbing any poison, gas or fumes; or any intentionally self-inflicted injury; or mental or physical infirmity or disease, or treatment for the infirmity or disease; or occurs while: taking or using any hallucinogen, narcotic or drugs except on the advice of a licensed physician; or participating in any activity or event, including operation of a vehicle, while intoxicated. Intoxicated means under the influence of alcohol or narcotics unless administered on the advice of the covered person's physician or having a prohibited concentration of alcohol in the blood, breath, urine or other bodily substance, as determined by the law of the jurisdiction in which the accident occurred; or engaging in hang-gliding, bungee jumping, parachuting, sky-diving, sailgliding, parasailing, parakiting or any similar activities. The term Dependent Child(ren) does NOT include newborn child(ren) during the first thirty (30) days of life if the newborn child(ren) are born less than ten (10) months after the Rider effective date. Newborn child(ren) born ten (10) months after the Rider effective date are considered dependent child(ren) from the moment of birth.

LIFE INSURANCE COMPANY OF ALABAMA



P.O. Box 349
Gadsden, Alabama 35902
256-543-2022
800-226-2371

BENEFIT SELECTED	
	Premium
CANCER INDEMNITY	\$ _____
<input type="checkbox"/> \$50 <input type="checkbox"/> \$100 Health & Wellness	
<input type="checkbox"/> Optional First Occurrence	\$ _____
<input type="checkbox"/> Level <input type="checkbox"/> Building	
<input type="checkbox"/> Optional Specified Disease	\$ _____
<input type="checkbox"/> Optional Intensive Care	\$ _____
Total Premium	\$ _____
Additional Benefits Included	
Radiation Chemotherapy Rider • Surgical Benefit Rider • Transplant Rider • Transportation Rider • Diagnostic Rider	

Life Insurance Company of Alabama

**302 Broad Street
Gadsden, Alabama 35901**

800-226-2371

CANCER INDEMNITY POLICY

Form Number HC7509 GA

OUTLINE OF COVERAGE

THE POLICY PROVIDES LIMITED BENEFITS

THE POLICY IS A SPECIFIED DISEASE INDEMNITY POLICY WHICH ONLY PROVIDES BENEFITS FOR CANCER. IT DOES NOT PROVIDE BENEFITS FOR ANY OTHER SICKNESS, CONDITION OR INCAPACITY.

THIS IS A LIMITED BENEFIT POLICY – PLEASE READ YOUR POLICY CAREFULLY - This outline of coverage provides a very brief description of some of the important features of the policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth, in detail, the rights and obligations of both you and the Company. It is, therefore, important that you **READ YOUR POLICY CAREFULLY!**

CANCER INSURANCE COVERAGE – Policies of this category are designed to provide persons insured, restricted coverage paying **ONLY** when certain losses occur as a result of cancer. Coverage is not provided for basic hospital, basic medical-surgical, or major medical or comprehensive expenses.

BENEFITS

Qualifying For Benefits

Benefits are provided if the insured receives a Positive Medical Diagnosis of Cancer with a Diagnosis Date after the 30th day following the Policy Effective Date, We will pay the following Indemnity Benefits:

Daily Hospital Indemnity Benefit

We will pay the Daily Hospital Indemnity Benefit for each day the insured incurs the Specified Event required for the Daily Hospital Indemnity Benefit. The Specified Event required for the Daily Hospital Indemnity Benefit is confinement of an insured in a Hospital as an inpatient for the treatment of Cancer and occurs on the date(s) the insured is so confined. We will pay two (2) times the amount selected starting on the thirty-first (31st) day of continuous confinement. A day is defined as a 24-hour period with a minimum of an 18-hour confinement.

Private Nursing Service Indemnity Benefit

We will pay the Private Nursing Service Indemnity Benefit for each day an insured incurs the Specified Event required for the Private Nursing Service Indemnity Benefit. The Specified Event required for Private Nursing Indemnity is the receipt of required Private Nursing Services by an insured while confined in a Hospital as in inpatient for the treatment of Cancer and occurs when the Private Nursing Services are rendered. The Private Nursing Services must be other than the nursing services regularly furnished by the Hospital and must be required and authorized by the attending Physician.

Extended Care Facility Indemnity Benefit

We will pay the Extended Care Facility Indemnity Benefit for each day an insured incurs the Specified Event required for the Extended Care Facility Indemnity Benefit. The Specified Event required for the Extended Care Facility Indemnity Benefit is confinement of an insured in an Extended Care Facility due or as a result of the treatment of Cancer and occurs on the date(s) the insured is so confined. The Extended Care Facility confinement must start within 30 days after the Daily Hospital Indemnity Benefit is payable. A day is defined as a 24-hour period with a minimum of an 18-hour confinement.

Home Health Care Indemnity Benefit

We will pay the Home Health Care Indemnity Benefit for each day an insured incurs the Specified Event required for the Home Health Care Indemnity Benefit. The Specified Event required for the Home Health Care Indemnity Benefit is receipt of Home Health Care Services under the direction of an attending Physician for the treatment of Cancer by an insured and occurs when the Home Health Care Services are rendered. The Home Health Care Indemnity Benefit is limited to 50 days per insured's lifetime. Extended Care Facility, Home Health Care and/or Hospice Care Indemnity Benefits will NOT be payable for the same day a Daily Hospital Indemnity Benefit is payable.

Hospice Care Indemnity Benefit

We will pay the Hospice Care Indemnity Benefit for each day an insured who is terminally ill due to Cancer incurs the Specified Event required for the Hospice Care Indemnity Benefit. The Specified Event required for the Hospice Care Indemnity Benefit is the receipt of the services of a Hospice organization by an insured who is terminally ill due to Cancer. The Specified Event occurs when the terminally ill Insured receives Hospice services. The Hospice Care Indemnity Benefit is limited to 100 days per insured's lifetime. Extended Care Facility, Home Health Care and/or Hospice Care Indemnity Benefits will NOT be payable for the same day a Daily Hospital Indemnity Benefit is payable.

Important Definitions

Cancer means disease manifested by the presence of a malignant tumor and characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue. It also includes, but is not limited to leukemia, Hodgkin's disease and melanoma. Cancer must be determined by a Positive Medical Diagnosis. The term Cancer as related to this Policy, also includes the following associated conditions: Myelodysplastic Syndrome, Myeloproliferative Syndrome, and carcinoma in situ (in the natural or normal place, confined to the site of origin without having invaded neighboring tissue). These conditions must be determined by a Positive Medical Diagnosis. Any condition not specifically listed above is NOT considered Cancer. Premalignant conditions and conditions with malignant potential including, but not limited to, hyperplasia, dysplasia, anaplasia, atypism, leukoplakia, hypertrophy, and neoplasia are NOT considered to be Cancer.

Dependent Child or Dependent Children means any unmarried child (natural, step or adopted) of Yours who: 1) is less than nineteen (19) years old and living with You; or 2) is less than twenty-six (26) years old and attending an accredited school as a full time student. Such child must be legally dependent upon You for principal support and maintenance; or 3) is or becomes incapable of self-support because of mental or physical handicap while covered under this Policy and prior to attaining limiting age for Dependent Child(ren) under (1) or (2) above. The child must be legally dependent upon You for support and maintenance. We must receive proof of incapacity within thirty-one (31) days after coverage would otherwise terminate. Coverage will then continue as long as Your insurance stays in force and the child remains incapacitated. Additional proof may be required from time to time but not more often than once a year after the two (2) year period following the child's attainment of the limiting age; or is not living with You, but You are legally required to support such child, and the child would otherwise qualify under (1), (2) or (3) above.

Diagnosis Date is the day the tissue specimen, biopsy, culture, titer or blood sample is taken upon which the Positive Medical Diagnosis of Cancer is based; it is NOT the date the Positive Medical Diagnosis is communicated to the Insured.

Indemnity Benefit means any insurance benefit paid under the Policy as a result of the occurrence of a Specified Event. The benefit amount is a stated fixed amount in the Policy and is NOT dependent on any external monetary amount or cost.

Positive Medical Diagnosis means a pathological diagnosis of Cancer by a Physician. The diagnosis must be based on a microscopic examination of fixed tissue or preparations from the hemic system (either during life or postmortem). The pathologist making the diagnosis will base judgment solely on the criteria of "malignancy" as accepted by the American Board of Pathology or the Osteopathic Board of Pathology after a study of the histocytologic architecture or pattern of the suspect tumor, tissue, or specimen. Pathologic interpretation of the histology of skin lesions will be accepted from a licensed dermatologist. A clinical diagnosis of Cancer by a Physician will be accepted as evidence that Cancer exists in a Insured when a pathological diagnosis cannot be made for medically necessary reasons, provided medical evidence substantially documents the diagnosis and the insured receives definitive treatment for Cancer. If the requisite pathological clinical diagnosis can only be made postmortem, liability shall be assumed retroactively, not to exceed 45 days prior to the date of death.

Specified Event means a treatment, confinement, service, expense, or diagnosis as specified in the Policy or attached Rider that causes a Insured to be eligible for one or more benefits of the Policy or attached Riders.

Exclusions and Limitations

The Policy and all attached Riders contains a thirty (30) day waiting period. This means that no benefits are payable for any Insured who has Cancer diagnosed before coverage has been in force thirty (30) days from the Effective Date shown in the Policy Schedule. If a Insured has Cancer diagnosed during the waiting period, benefits for treatment of that Cancer will apply only to treatment occurring after two (2) years from the Effective Date of the Policy and Riders or, at Your option, You may elect to void the Policy from its beginning and receive a full refund of premium.

All treatment for Cancer must be accepted or approved by the American Medical Association, the American Cancer Society or the Food and Drug Administration (FDA) as a treatment for Cancer.

We will NOT pay any Indemnity Benefit for Specified Events related to Cancer with a Diagnosis Date prior to the 30th day after the Policy Effective Date or attached Rider Effective Dates.

Indemnity Benefits under the Policy or any attached Riders are NOT payable for Specified Events that occur outside the United States of America or its territories.

Confinement in a Hospital as an inpatient does NOT include:

- 1) confinements of less than 18-hours; or
- 2) treatment on an out-patient basis; or
- 3) Emergency Room treatment; or
- 4) the same day outpatient benefits, Extended Care Facility, Home Health Care and/or Hospice Care Indemnity Benefits are payable; or
- 5) the day of discharge from the Hospital except where the day of discharge and the day of admission are the same and the confinement was for at least 18-hours.

The Daily Hospital Indemnity Benefit is payable for only one Hospital confinement at a time per Insured even if the confinement is caused by more than one Cancer.

The Private Nursing Service Indemnity Benefit is NOT payable for Private Nursing Services provided by Immediate Family Members.

The Private Nursing Service Indemnity Benefit is only payable if a Daily Hospital Indemnity Benefit is also payable.

Confinement in an Extended Care Facility does NOT include:

- 1) confinements of less than 18-hours; or
- 2) treatment on an out-patient basis; or
- 3) the same day a Daily Hospital Indemnity Benefit, a Home Health Care Indemnity Benefit or a Hospice Care Indemnity Benefit is payable; or
- 4) the day of discharge from the Extended Care Facility.

The Extended Care Facility Indemnity Benefit is only payable for Specified Events occurring as a result of a confinement in an Extended Care Facility that occurs within the thirty (30) days immediately after a Daily Hospital Indemnity Benefit is payable.

The Extended Care Facility Indemnity Benefit is limited to 30 days per calendar year per Insured.

The Home Health Care Indemnity Benefit is limited to 50 days per Insured's lifetime.

The Hospice Care Indemnity Benefit is limited to 100 days per Insured's lifetime.

Extended Care Facility, Home Health Care and/or Hospice Care Indemnity Benefits, will NOT be payable for the same day a Daily Hospital Indemnity Benefit is payable.

Renewability

The Policy is Guaranteed Renewable during your lifetime. It may be renewed on any premium due date by paying the renewal premium. It must be paid on or before its due date, or within the thirty-one (31) days that follow. We cannot refuse to renew the Policy or place any restrictions on it if the premium is paid on time.

Premium.

We may change the premium rates for the Policy. We cannot change the premium rates unless we change them for the Policy form for every insured within a state in the same class. If we change the premium rates, we will notify the insured in writing sixty (60) days before the change becomes effective in accordance with the statutes of the State of Georgia. We will notify the insured at his last known address according to our records. Premium for the policy is guaranteed not to change during the first twelve (12) months of coverage and shall not be increased more than once in a six (6) month period.

Benefit Amount Selections

Cancer Indemnity Insurance Base Plan

Individual Individual/Spouse 1 Parent Family 2 Parent Family

Daily Hospital Indemnity Benefit [\$300] [\$200] [\$100]

Included Riders

Radiation & Chemotherapy Rider [\$2,000] [\$1,000] [\$500]

This rider provides an indemnity benefit for Radiation & Chemotherapy. In addition benefits are available for Immunotherapy, Drugs and Medicines.

Cancer Screening Wellness Benefit & Diagnostic Testing Indemnity Rider [\$100] [\$50]

This rider provides an indemnity benefit for cancer screening tests and diagnostic testing.

Surgical Benefits Rider [\$6,500]

This rider provides an indemnity benefit per operation. In addition benefits are available for anesthesia, blood, prosthesis, second and third opinions and reconstruction.

Transportation Rider

This rider provides benefits for round trip transportation. In addition an ambulance and lodging benefit is available.

Stem Cell or Bone Marrow Transplant Rider [\$10,000]

This rider provides benefits for stem cell or bone marrow transplants.

PREMIUM

Base Policy and Included Riders \$ _____

Optional Riders

First Occurrence Cancer Lump Sum Limited Rider

Individual Individual/Spouse 1 Parent Family 2 Parent Family

[\$5,000] [\$2,500] [\$1,250]

This rider provides an indemnity benefit once when diagnosed with internal cancer. \$ _____

First Occurrence Building Benefit Rider

Individual Individual/Spouse 1 Parent Family 2 Parent Family

[\$5,000] [\$2,500] [\$1,250]

This rider provides an indemnity benefit once when diagnosed with internal cancer. The indemnity benefit increase each month until reaching age 65. \$ _____

Specified Disease Rider

Individual Individual/Spouse 1 Parent Family 2 Parent Family

This rider pays an indemnity benefit for the first 30 days of a continuous hospital confinement when confined for certain Specified Diseases. The benefit amount increases after 30 days. \$ _____

Hospital Intensive Care Rider

Individual Individual/Spouse 1 Parent Family 2 Parent Family

[\$300] [\$450] [\$600] \$ _____

This rider pays an indemnity benefit when confined in an Intensive Care Unit. \$ _____

Total Premium \$ _____