

Why Do I Need *BenefitsDirect's* Critical Illness Insurance?

Heart disease is the leading cause of death in the United States and strokes affect about 795,000 people each year, according to the American Heart Association. Our Critical Illness coverage will pay a lump sum benefit to you which will help with the treatment costs of these health events.

Covered Illnesses:

- Heart Attack (100%) • Stroke (100%) • Bypass Surgery (25%)
 - Organ Transplant (100%) • Coma (100%) • Renal Failure (100%)
 - Paralysis (100%) • Severe Burn (100%) • Angioplasty (25%)
- \$50 Annual Health Screening Benefit (60 day waiting period on wellness benefit)
 - Reoccurrence Benefit for multiple situations
 - Pays 100% of initial benefit (Events must be separated by 180 days.)
 - Employee chooses: **\$5,000 to \$50,000** of coverage.
 - Coverage underwritten by Loyal American Life Insurance Company ®
 - \$25,000** Employee Guarantee Issue Amount

Base Only with \$50 Health Screening Benefit and 100% Reoccurrence/Additional Occurrence

Rate Tier	Issue Age	<u>Monthly Premiums by Face Amount</u>									
		\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
Individual	Under 30	2.85	3.71	4.71	5.75	6.95	8.15	9.37	10.53	11.73	12.91
	30 - 39	4.19	5.94	7.89	9.82	12.05	14.25	16.48	18.68	20.90	23.10
	40 - 49	7.62	11.68	15.99	20.26	25.09	29.91	34.75	39.55	44.38	49.20
	50 - 59	12.51	19.90	27.60	35.22	43.78	52.35	60.93	69.46	78.03	86.58
	60 - 69	19.28	31.23	43.65	55.87	69.58	83.31	97.05	110.74	124.48	138.18
Single Parent Family	Under 30	2.89	3.76	4.78	5.84	7.05	8.27	9.51	10.69	11.91	13.10
	30 - 39	4.25	6.02	8.01	9.97	12.23	14.46	16.73	18.96	21.21	23.45
	40 - 49	7.73	11.85	16.23	20.56	25.47	30.36	35.27	40.14	45.05	49.94
	50 - 59	12.69	20.20	28.02	35.75	44.44	53.14	61.84	70.51	79.20	87.88
	60 - 69	19.57	31.69	44.30	56.71	70.62	84.55	98.50	112.40	126.35	140.25
Two Parent Family	Under 30	4.70	5.89	7.40	8.92	10.70	12.55	14.43	16.22	18.07	19.88
	30 - 39	6.91	9.44	12.38	15.23	18.55	21.95	25.39	28.76	32.19	35.58
	40 - 49	12.57	18.57	25.09	31.40	38.64	46.06	53.51	60.90	68.34	75.77
	50 - 59	20.64	31.64	43.31	54.59	67.43	80.62	93.83	106.97	120.17	133.33
	60 - 69	31.81	49.65	68.48	86.60	107.15	128.29	149.45	170.54	191.70	212.79

This page is an Insert to be used ONLY with Brochure Form LG-5064-AD. If you do not have this Brochure, ask that your agent provide one for you. This is a limited policy. For costs and further details of the coverage, including exclusions, and any reductions or limitations and the terms under which the policy maybe continued in force see your agent or write the company.

Loyal American

Life Insurance Company®

LOYAL

Important Policy Advantages

- ✓ **Benefits Paid for First Occurrence and Additional Occurrence or Reoccurrence of a defined Critical Illness** (50% or 100%)
- ✓ Available for Issue Ages 18 - 69
- ✓ Partial List of Covered Critical Illnesses:
 - Heart Attack
 - Stroke
 - Major Human Organ Transplant
 - End Stage Renal Failures
 - Paralysis
 - Coma
 - Severe Burns
 - Partial Benefits for Coronary Artery Bypass and Angioplasty Procedures
 - Cancer (optional rider)
- ✓ Annual Health Screening Tests Included for Adults After a 60 Day Waiting Period (\$50 or \$100 per calendar year)
 - **NO** Deductibles
 - **NO** Co-Pays
 - **CASH** Benefits
 - **PAYS** Regardless of Other Insurance
 - **FAMILY** Coverage Available



**Critical
Illness
Insurance**
for expenses
not to exceed
\$50,000
with reoccurring benefits

**Don't take a chance
with your financial health.**



Can You Afford To Say: “It Won’t Happen To Me”?

The Cost

Most of us are not financially prepared for a medical crisis caused by a critical illness within our family. Out of pocket expenses can deplete our savings, home equity and retirement funds. Major medical insurance does not cover many non-medical expenses. Out of pocket costs include:

- Deductibles and co-payments
- Doctor and hospital costs exceeding usual and customary charges
- Travel to out of town hospitals for treatment



The Problem

There may be nothing worse than laying in a hospital bed worrying about getting well and having to worry about finances at the same time.



Don't take a chance with your financial health.

Transfer the financial risks to Loyal American Life Insurance Company. Benefits provided under this policy will assist in paying for most of the out of pocket expenses that will be incurred in obtaining treatment for a critical illness for you or your family. The funds paid directly to you provide you with the freedom to seek the best treatment available.

Improve your well being

Take advantage of the annual health screening benefit to ensure you are aware of your health risks and their treatment options.

! Critical Illness coverage can help offset initial out-of-pocket costs when help is needed most.



- ◆ For Issue Ages 18 – 69
 - ◆ Employee May Apply for Individual, Single Parent Family or Two Parent Family Coverage
 - ◆ Employee Selects Level of Coverage Desired from \$5,000 to \$50,000
 - ◆ Two Parent Family Rates Include Automatic Spouse Coverage at 50% of Employee's Selected Coverage
 - ◆ Single Parent and Two Parent Family Rates Include Automatic Child Coverage at 10% of Employee's Selected Coverage
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- ◆ Optional Rider Available for First Occurrence, Additional Occurrence or Reoccurrence of Cancer
 - ◆ First Occurrence Benefit for the Employee is 100% of Benefit Face Amount (Each Insured Person is Limited to the Payment of Only One 1st Occurrence Benefit.)
 - ◆ For Each Additional Occurrence or Reoccurrence (After 180 Days Past the Last Covered Occurrence) of a Covered Critical Illness, the Benefit is 50% or 100% of the Original Benefit Face Amount Which Varies for the Employee, Spouse and Children
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- ◆ Angioplasty or First Coronary Artery Bypass Surgery Benefit Is 25% of Insured's First Occurrence Benefit (Any First Occurrence Benefit amount payable for Heart Attack will be reduced, dollar for dollar, by any amounts previously paid for either Angioplasty or Coronary Artery Bypass Surgery. We will not pay any amount for Angioplasty or Coronary Artery Bypass Surgery if We have already paid the full First Occurrence Benefit for Heart Attack. We will not pay a partial First Occurrence Benefit for more than (1) Angioplasty nor more than (1) Coronary Artery Bypass Surgery per Insured Person.)
 - ◆ Annual Health Screening Benefit of \$50 or \$100 Per Year, Depending on Selection, For Employee And Spouse
 - ◆ Spouse May Continue Coverage if Employee Dies
 - ◆ Benefits Reduce 50% for Any Covered Person Above Age 70 On the Date of Diagnosis

Benefit Payment Conditions

Payment of any benefit amount shall be subject to the following conditions:

- diagnosis must be made within the U.S.; and
- the Date of Diagnosis shall occur while the Insured Person is covered by an issued Certificate.

Exclusions and Limitations

THIS IS A LIMITED CERTIFICATE that is designed to help cover the costs associated with Critical Illness. It should be used to supplement your existing health care protection.

PRE-EXISTING SICKNESS OR INJURY PROVISION:

The benefits of any issued Certificate will not be payable during the first twenty four (24) months that coverage is in force with respect to an Insured Person for a loss caused by a Pre-Existing Sickness or Injury disclosed or not disclosed on the enrollment form. This 24-month period is measured from the effective date of coverage for each Insured Person.

A Pre-Existing Sickness or Injury means:

1. the existence of symptoms which would cause an ordinarily prudent person to seek medical diagnosis, care and treatment within one year before the effective date of an Insured Person's coverage ; or
2. a Sickness or Injury which is diagnosed by a Physician or for which medical advice or treatment was recommended or received from a Physician within twenty four (24) months prior to the effective date of coverage for each Insured Person.

EXCLUSIONS – WHAT WE WILL NOT PAY FOR: Any issued Certificate only pays for loss resulting from covered conditions, as defined in the Certificate: **THE CERTIFICATE DOES NOT COVER:**

- (1) intentionally self-inflicted Injury or Sickness;
- (2) suicide or attempted suicide, while sane or insane;
- (3) treatment of Mental or Nervous Disorders, alcoholism or chemical dependency;
- (4) loss that begins prior to the effective date of coverage;
- (5) care and treatment received outside the United States or its territories;
- (6) injuries or Sickness due to an act of declared or undeclared war;
- (7) any loss sustained or contracted as the result of an Insured Person being physically or mentally impaired due to being under the influence of alcohol or any narcotic unless administered on the advice of a Physician;
- (8) any loss to which a contributing cause was the commission of or an attempt to commit a felony. Nor will We be liable for any loss to which a contributing cause was being engaged in an illegal activity;
- (9) Injuries or Sickness due to participation in any sport or sporting activity for wage, compensation or profit; or
- (10) any illness specifically excluded from the definition of any Critical Illness; or as specifically described in any exclusionary endorsement issued with any Certificate.

EXCLUSIONS FOR CANCER BENEFIT CERTIFICATE RIDER

This rider provides benefits only for Cancer and Carcinoma-in-Situ. No benefit is payable for the diagnosis of Skin Cancer, premalignant conditions or conditions with malignant potential, including, but not limited to severe cervical dysplasia (Class III and IV) and CIN (cervical intraepithelial neoplasm). This rider does not provide benefits for any other disease, sickness or incapacity.

RENEWABILITY

This Certificate will terminate when the Group Master policy terminates; when required premium remains unpaid after expiration of the Grace Period; or when the maximum available benefits have been paid.

PREMIUM RATES

We may change the premium rates for this Certificate only if we also change the rates for all other Certificates issued under the Group Master policy.

NOTE: This brochure contains a brief summary of the Certificate of Critical Illness LG-5064 and Cancer Benefit Certificate Rider LG-5065. Coverage as described in this brochure is provided only through the issuance of a Certificate. The Certificate and rider should be consulted for full terms and conditions of coverage.

Underwritten By:

LOYAL AMERICAN

Loyal American Life Insurance Company®

Administrative Office: P.O. Box 1604, Duncan OK 73534

Call Toll-Free 1-800-366-8354