Why do I need Cancer Insurance?

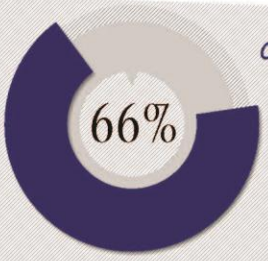
Because cancer hits people everyday....

1 in 2 men will be struck with cancer

1 in 3 women will be struck with cancer

Source: American Cancer Society

But isn't that why I have medical insurance?



of all cancer costs are

non-medical

and insurance won't cover things like:

- ✓ Child care
- ✓ Transportation
- ✓ Loss of Wages
- ✓ Living expenses
- ✓ Specialists

&

- ✓ Meals
- ✓ Lodging
- ✓ Special Diets
- ✓ Experimental treatments

BenefitsDirect helps you plan for the unexpected!

Our Cancer/Specified Disease Plan pays TAX FREE benefits directly to you so that you can focus on getting well, rather than being distracted by the cost of medical and personal bills.

Monthly Rates	Individual	Single Parent	Family
Base Cancer/Specified Diseases	$19.67	$24.29	$33.48
Intensive Care Rider	2.70	3.83	5.38
Optional 1st Occurrence Rider			
($5,000 Benefit)	$5.48	$5.98	$8.38
($3,000 Benefit)	$3.29	$3.59	$5.03
CANCER PACKAGE (includes $5K for FOB & ICU RIDERS)	**$27.94**	**$34.10**	**$47.14**

The Cancer/Specified Disease Plan gives you another benefit...

peace of mind...

This page is an Insert to be used ONLY with Brochure Form L-6040-AD. If you do not have this Brochure, ask that your agent provide one for you. All exclusions, limitations, definitions and terms of renewability of the Limited Benefit Cancer Expense Policy (form L-6040) apply to this policy and related riders. LIMITED BENEFIT POLICY.

A New Dimension in Supplemental Cancer Insurance

Underwritten by:

Loyal American

Life Insurance Company®

Administrative Office: P.O. Box 1604
Duncan, OK 73534
Toll Free: 1-800-366-8354

A Promise

In an era where many financial services companies are concerned with bottom- line results at the expense of customer service and loyalty, we come from the old school. We take great pride in providing the finest services to our employer groups, policyholders, business associates, agents - to everyone with whom we come in contact.

The following is not an exhaustive list of terms and conditions but only serves as a depiction of benefits and exclusions. Interested parties should consult and contract for a complete listing of terms and conditions.

BASE POLICY BENEFITS

No Lifetime Maximum for Majority of Benefits

BENEFIT PROVISIONS. We will pay the benefits described in the policy for the treatment of an Insured Person's Cancer, provided he or she is covered under an issued policy which remains in force. Payment will be made in accordance with all applicable policy provisions. Benefits are payable for a positive diagnosis that begins more than 30 days after the Effective Date. For policies issued on a payroll deduction basis, benefits are payable for a positive diagnosis that begins after the Effective Date. The positive diagnosis must be for Cancer as defined in the policy.

1. **POSITIVE DIAGNOSIS BENEFIT.** We will pay the actual charge but not to exceed **$300 per Calendar Year** for one test that confirms the Positive Diagnosis of Cancer in an Insured Person. This benefit is not payable for multiple diagnoses of the same Cancer or for Cancer that metastasizes or for recurrence of the same Cancer.

2. **NATIONAL CANCER INSTITUTE DESIGNATED COMPREHENSIVE CANCER TREATMENT CENTER EVALUATION/CONSULTATION BENEFIT** We will pay the actual charge, but not to exceed a **lifetime maximum of $750,** if an Insured Person is diagnosed with Internal Cancer and seeks evaluation or consultation from a National Cancer Institute designated Comprehensive Cancer Treatment Center. If the Comprehensive Cancer Treatment Center is located more than 30 miles from the Insured Person's place of residence, We will also pay the transportation and lodging expenses incurred but not to exceed a **lifetime maximum of $350.** This benefit is not payable on the same day a Second or Third Surgical Opinion Benefit is payable and is in lieu of the Non-Local Transportation and Lodging Expense Benefits of the Policy. **This benefit is payable one time during the lifetime of the Insured Person.**

3. **SECOND AND THIRD SURGICAL OPINION EXPENSE BENEFIT** We will pay the **actual charge** for a written second surgical opinion concerning the recommendation of Cancer surgery and if the second surgical opinion is in conflict with that of the Physician originally recommending the surgery and the Insured Person desires a third opinion, We will pay the actual charge for a written third surgical opinion. The Physician providing the second or third surgical opinion cannot be associated with the Physician who originally recommended the surgery. This benefit is not payable the same day the National Cancer Institute Evaluation/Consulting Benefit is payable.

4. **MEDICAL IMAGING, TREATMENT PLANNING AND MONITORING EXPENSE BENEFIT** We will pay the actual charge, but not to exceed **$1,000 per Calendar Year**, for laboratory tests, diagnostic X-rays, medical images, when used in Cancer treatment plannings related to Radiation Treatment, Chemotherapy or Immunotherapy.

5. **ANTI-NAUSEA MEDICATION EXPENSE BENEFIT** We will pay the actual charge for anti-nausea medication, but not to exceed **$150 per Calendar Month,** when an Insured Person is prescribed such medication as the result of Radiation Treatment, Chemotherapy or Immunotherapy treatments for Cancer.

6. **COLONY STIMULATING FACTOR OR IMMUNOGLOBULIN EXPENSE BENEFIT** We will pay the actual charge but not to exceed **$1,000 per Calendar Month** for Colony Stimulating Factor Drugs or Immunoglobulins prescribed by a Physician or Oncologist during an Insured Person's Cancer treatment regimen for which benefits are payable under the Radiation, Chemotherapy and Immunotherapy Benefit of this Policy or rider attached to it.

7. **OUTPATIENT HOSPITAL OR AMBULATORY SURGICAL CENTER EXPENSE BENEFIT** We will pay the **actual charge** from an Ambulatory Surgical Center or Outpatient department of a Hospital for the use of its facilities for the performance of a surgical procedure covered under this Policy but not to exceed **$350 per day.**

8. **PROSTHESIS EXPENSE BENEFIT**

   (A.) Surgically Implanted Breast Prosthesis We will pay the **actual charge** for a surgically implanted prosthetic device required and prescribed to restore normal body contour lost as the direct result of an Insured Person's breast removal for the treatment of Cancer. The Surgically Implanted Breast Prosthesis Benefit does not include coverage for breast reconstruction surgery which may be covered under the Surgical Schedule within the Surgical and Anesthesia Benefits Rider.

   (B.) Non-Surgically Implanted Prosthesis We will pay the actual charge **not to exceed $2,000 per amputation** for an artificial limb or other non-surgically implanted prosthetic device that is prescribed and required to restore normal body function lost as the direct result of an Insured Person's amputation for the treatment of Cancer . **We will pay a lifetime maximum of $2,000 per amputation**. The cost of replacement of a prosthetic device is not covered. Hairpieces or wigs are not covered under this benefit.

9. **NON-LOCAL TRANSPORTATION EXPENSE BENEFIT** We will pay the **actual charge, but not to exceed the coach fare on a Common Carrier for the Insured Person and one adult companion's travel** to a Hospital, Radiation Therapy Treatment Center, Chemotherapy Treatment Center, Oncology Clinic or any other specialized treatment center where the Insured Person receives treatment for Cancer. This benefit is payable only if the treatment is not available Locally but is available Non-Locally. The adult companion may include the live donor of bone marrow or stem cells used in a bone marrow or stem cell transplant for the Insured Person. At the option of the Insured Person, We will pay a single private **vehicle mileage allowance of $.50 per mile** for Non-Local transportation in lieu of the common carrier coach fare.

10. LODGING EXPENSE BENEFIT We will pay the actual charge **not to exceed $75 per day** for a room in a motel, hotel or other appropriate lodging facility (other than a private residence), when an Insured Person receives treatment for Cancer at a Non-Local Hospital, Radiation Therapy Treatment Center, Chemotherapy Treatment Center, Oncology Clinic or any other specialized treatment center. The room must be occupied by the Insured Person or an adult companion which may include the live donor of bone marrow or stem cells used in a bone marrow or stem cell transplant for the Insured Person. This benefit is not payable for lodging expense incurred more than 24 hours before the treatment nor for lodging expense incurred more than 24 hours following treatment. **This benefit is limited to 100 days per Calendar Year.**

11. INPATIENT BLOOD, PLASMA AND PLATELETS EXPENSE BENEFIT We will pay the actual charge **not to exceed $300 per day** for the procurement cost, administration, processing and cross matching of blood, plasma or platelets administered to an Insured Person in the treatment of Cancer while an Inpatient.

12. OUTPATIENT BLOOD, PLASMA AND PLATELETS EXPENSE BENEFIT We will pay **the actual charge not to exceed $300 per day** for the procurement cost, administration, processing and cross matching of blood, plasma or platelets administered to an Insured Person in the treatment of Cancer while an Outpatient.

13. BONE MARROW DONOR EXPENSE BENEFIT *We will pay the Daily Hospital Confinement Benefit shown on the Policy Schedule* for each day a live donor, other than the Insured Person, is confined in a Hospital for the harvesting of bone marrow or stem cells used in a bone marrow or stem cell transplant for the treatment of an Insured Person's Cancer.

14. BONE MARROW OR STEM CELL TRANSPLANT EXPENSE BENEFIT We will pay the actual charge not to exceed a **lifetime maximum of $15,000 for surgical and anesthesia procedures** (including the harvesting and subsequent re-infusion of blood cells or peripheral stem cells) performed for a bone marrow transplant and/or a peripheral stem cell transplant for the treatment of an Insured Person's Cancer. This benefit will be paid in lieu of the Surgical Expense Benefit and the Anesthesia Expense Benefit which may be described in a rider attached to an issued policy.

15. AMBULANCE EXPENSE BENEFIT We will pay the **actual charge** for ambulance service if an Insured Persons is transported to a Hospital where he or she is admitted as an inpatient for the treatment of Cancer . The ambulance service must be provided by a licensed professional ambulance company or an ambulance owned by the Hospital.

16. INPATIENT OXYGEN EXPENSE BENEFIT We will pay the actual charge **not to exceed $300 per Hospital confinement** for oxygen prescribed by a Physician and received by an Insured Person while confined in a Hospital for the treatment of Cancer.

17. ATTENDING PHYSICIAN EXPENSE BENEFIT We will pay the actual charge **not to exceed $40 per day** for the professional services of a Physician or Oncologist rendered to an Insured Person while he or she is confined in a Hospital for the treatment of Cancer. This benefit is payable only if the Physician or Oncologist personally visits the Hospital room occupied by the Insured Person and the amount stated is the maximum amount that will be payable for each day of Hospital confinement regardless of the number of visits made by one or more Physicians or Oncologists.

18. INPATIENT PRIVATE DUTY NURSING EXPENSE BENEFIT We will pay the actual charge **not to exceed $150 per day** for the full time service of a Nurse that is required and ordered by a Physician when an Insured Person is confined in a Hospital for the treatment of Cancer. The Nurse must provide services other than those normally provided by the Hospital and the Nurse may not be an employee of the Hospital or an Immediate Family Member of the Insured Person.

19. OUTPATIENT PRIVATE DUTY NURSING EXPENSE BENEFIT We will pay the actual charge **not to exceed $150 per day** limited to the same number of days of the prior Hospital confinement for the full time service of a Nurse that is required and ordered by a Physician when an Insured Person is confined indoors at home as the result of Cancer . This benefit is not payable if the services of the Nurse are custodial in nature or to assist the Insured Person in the activities of daily living. This benefit is not payable when the Nurse is a member of the Insured Person's Immediate Family. Charges must begin following a period of Hospital confinement for which benefits are payable under this Policy.

20. CONVALESCENT CARE FACILITY EXPENSE BENEFIT We will pay the actual charge **not to exceed $100 per day** for an Insured Person's confinement in a Convalescent Care Facility. The maximum number of days for which this benefit is payable will be the number of days in the last Period of Hospital Confinement that immediately preceded admission to a Convalescent Care Facility. The Convalescent Care Facility Confinement must: be due to Cancer ; begin within 14 days after the Insured Person has been discharged from a Hospital for the treatment of Cancer ; be authorized by a Physician as being medically necessary for the treatment of Cancer.

21. RENTAL OR PURCHASE OF MEDICAL EQUIPMENT EXPENSE BENEFIT We will pay the **lesser of the actual charge** not to exceed **$1,500 per Calendar Year** for either the rental or purchase of covered medical equipment designed for home use, required and ordered by the Insured Person's attending Physician as the direct result of the treatment of Cancer. Covered medical equipment includes wheel chair, oxygen equipment, respirator, braces, crutches or hospital bed.

22. HOME HEALTH CARE EXPENSE BENEFIT We will pay benefits for the following Covered Charges when a Insured Person requires Home Health Care for the treatment of Cancer.

1. **Home Health Care Visits** - We will pay the actual charge for Home Health Care Visits **not to exceed $75 for each day** on which one or more such visits occur. We will not pay this benefit for more than **60 days** in any Calendar Year.
2. **Medicine and Supplies** - We will pay the actual charged **not to exceed $450 in any Calendar Yea**r for drugs, medicine, and medical supplies provided by or on behalf of a Home Health Care Agency.
3. **Services of a Nutritionist** - We will pay the actual charge **not to exceed a lifetime maximum of $300** for the services of a nutritionist to set up programs for special dietary needs.

23. HOSPICE CARE EXPENSE BENEFIT We will pay the actual charge for Hospice Care **not to exceed $100 per day**, when such care is required because of Cancer . This benefit is payable whether confinement is required in a Hospice Center or services are provided in the Insured Person's home by a Hospice Team. Eligibility for payments will be based on the following conditions being met:(1) the Insured Person has been given a prognosis as being Terminally Ill with an estimated life expectancy of 6 months or less; and (2) We have received a written summary of such prognosis from the attending Physician. We will not pay this benefit while the Insured Person is confined to a Hospital or Convalescent Care Facility. **The lifetime maximum benefit is 365 days of Hospice Care**

24. HAIRPIECE EXPENSE BENEFIT We will pay the actual charge not to exceed **a lifetime maximum of $150** for the purchase of a wig or hairpiece that is required as the direct result of hair loss due to Cancer treatment.

25. PHYSICAL, SPEECH, AUDIO THERAPY AND PSYCHOTHERAPY EXPENSE BENEFIT

We will pay the actual charge **not to exceed $25 per therapy session** for:

1. Physical therapy treatments given by a license Physical Therapist, or
2. Speech therapy given by a licensed Speech Pathologist/Therapist; or
3. Audio therapy given by a licensed Audiologist; or
4. Psychotherapy given by a licensed Psychologist.

These sessions may be given at an institute of physical medicine and rehabilitation, a Hospital, or the Insured Person's home. These treatments must be given on an Outpatient basis unless the primary purpose of a Hospital confinement is for treatment of Cancer other than with physical, speech or audio therapy or psychotherapy. **Benefits may not exceed $1,000 per Calendar Year.**

26. WAIVER OF PREMIUM. We will waive the premiums starting on the first premium due date **following a 60 day period of Total Disability** of the Named Insured due to Cancer. The Named Insured must: (a) be receiving treatment for such Cancer for which benefits are payable under this Policy; and (b) remain disabled for 60 consecutive days. We will waive premiums for as long as the Named Insured remains Totally Disabled.

GUARANTEED RENEWABLE FOR LIFE. Except for fraud or material misrepresentation, the Named Insured has the right to renew this Policy as long as premiums are paid on time.

PREMIUMS SUBJECT TO CHANGE. On any premium due date after the first Policy Anniversary, We may change the premium rates for this policy only if We also change the rates for all other policies issued in the same Rating Class. No change in the premiums will be made because of the number of claims an Insured Person files nor because of a change in an Insured Person's health.

EXCLUSIONS AND LIMITATIONS. No benefits will be paid under the Policy or any attached riders for: 1. any loss due to any disease or illness other than Cancer, or a listed covered Specified Disease; 2. care and treatment received outside the territorial limits of the United States; 3. treatment by any program engaged in research that does not meet the criteria for Experimental Treatment as defined; 4. treatment that has not been approved by a Physician as being medically necessary; or 5. losses or medical expenses incurred prior to the Effective Date of an Insured Person's coverage regardless of the Date of Positive Diagnosis.

PRE-EXISTING CONDITIONS LIMITATION. We will not pay benefits for expenses resulting from Pre-existing Conditions during the first two years (in SD for the first 12 months, in TX for the first 6 months if the age at issue is over 64 years) after coverage becomes effective.

"Pre-existing Condition" means Cancer, or a listed Specified Disease if that optional rider is issued, which was diagnosed by a Physician or for which medical consultation, advice or treatment was recommended by or received from or sought from a Physician within five years (in SD within one year, in WV within two years) prior to the effective date of coverage for each Insured Person.

In MS "Pre-existing Condition" means Cancer, or a listed Specified Disease if that optional rider is issued, for which diagnosis, advice or treatment is given or for which signs or symptoms cause an ordinarily prudent person to seek medical advice, diagnosis, care or treatment during the 12 months immediately preceding the effective date of coverage.

THIS IS A CANCER ONLY POLICY, which should be used to supplement your existing health care protection.

Insurance coverage is provided by form number series L-6040 and associated riders. This advertisement highlights some features of the policy and riders, but is not the insurance contract. An issued policy and riders set forth, in detail, the rights and obligations of both the insured and the insurance company. Please read the policy and riders for detailed coverage information.

ADDITIONAL BENEFITS INCLUDED	PLAN MAXIMUM
ANNUAL CANCER SCREENING BENEFIT RIDER (form L-6041) **A. Basic Benefit** We will pay the expense incurred, but not to exceed the maximum benefit amount shown on the Policy Schedule, once per calendar year per Insured Person for screening tests performed to determine whether Cancer exists in an Insured Person. Covered annual Cancer screening tests include but are not limited to: mammogram, pap smear, breast ultrasound, ThinPrep, biopsy, chest x-ray, thermography, colonoscopy, flexible sigmoidoscopy, hemocult stool specimen, PSA (blood test for prostate cancer), CEA (blood tests for colon cancer), CA125 (blood test for ovarian cancer), CA15-3 (blood test for breast cancer), serum protein electrophesis (blood test for myeloma). **B. Additional Benefit** We will pay the expense incurred, but not to exceed two times the maximum benefit amount per calendar year as shown on the Policy Schedule, for one additional invasive diagnostic procedure required as the result of an abnormal cancer screening test for which benefits are payable under the Basic Benefit above for an Insured Person. This additional benefit is payable regardless of the results of the additional diagnostic procedure. However, the amount payable will be reduced dollar for dollar for any amount payable under the Positive Diagnosis Benefit contained in the base Policy.	**$50** **Per Calendar Year** **$100** **Per Calendar Year**
ANNUAL RADIATION, CHEMOTHERAPY, IMMUNOTHERAPY and EXPERIMENTAL TREATMENT BENEFIT RIDER (form L-6045) We will pay the expense incurred, but not to exceed the maximum benefit amount shown on the Policy Schedule, per calendar year per Insured Person for Radiation Treatment, Chemotherapy, Hormonal Therapy, Immunotherapy or Experimental Treatment. The Radiation Treatment, Chemotherapy, Hormonal Therapy, Immunotherapy or Experimental Treatment must be for the treatment of an Insured Person's Cancer. The benefit amount shown on the Policy Schedule is the maximum calendar year benefit available per Insured Person regardless of the number or types of Cancer treatments received in the same year.	**$10,000** **Per Calendar Year**
SURGICAL BENEFIT RIDER (form L-6048) **Surgical Expense** We will pay the Surgical Expense benefit for a surgical procedure for the treatment of an Insured Person's Cancer (except Skin Cancer) according to the Surgical Schedule shown in this rider. However, in no event will the amount payable exceed the maximum Surgical Expense benefit shown on the Policy Schedule, nor will it exceed the expense incurred. **Anesthesia Expense** We will pay the anesthesia expense incurred, not to exceed 25% of the covered Surgical Expense benefit for the operation performed. This includes the services of an anesthesiologist or of an anesthetist under supervision of a physician for the purpose of administering anesthesia. **Breast Reconstruction** with transverse rectus adominis myocutaneous flap (TRAM), single pedicle, including closure of donor site, with microvascular anastomosis (supercharging) is one of the surgical procedures listed in the Surgical Schedule. If this procedure is performed on an Insured Person as the result of a mastectomy for which We paid a Surgical Expense benefit for the treatment of Breast Cancer, We will pay the expense incurred not to exceed $900 per $1,000 of the Surgical Benefit issued. **Skin Cancer Surgery Expense** We will pay the expense incurred, not to exceed the procedure amount listed in this rider ($125 to $750 depending on the procedure) when a surgical operation is performed on an Insured Person for treatment of a diagnosed Skin Cancer. This benefit is payable in lieu of any benefits for Surgical Expense and Anesthesia Expense which are not applicable to Skin Cancer.	**$4,000** **Procedure Maximum** **$1,000** **Procedure Maximum** **$3,600** **Procedure Maximum** **Per Procedure**
DAILY HOSPITAL CONFINEMENT BENEFIT RIDER (form L-6042) **Confinements of 30 Days or Less** We will pay the Daily Hospital Confinement benefit amount shown on the Policy Schedule for each of the first 30 days in each period of hospital confinement during which an Insured Person is confined to a hospital, including a government or charity hospital, for the treatment of Cancer. **Confinements of 31 Days or More** If an Insured Person is continuously confined to a hospital, including a government or charity hospital, for longer than 30 consecutive days for the treatment of Cancer, We will pay two times the Daily Hospital Confinement benefit amount shown on the Policy Schedule. This benefit payment will begin on the 31st continuous day of such confinement and continue for each day of confinement until the Insured Person is discharged from the Hospital. **Benefits for an Insured Dependent Child under Age 21** The amount payable under this benefit will be double the Daily Hospital Confinement benefit shown on the Policy Schedule if the Insured Person so confined is a dependent child under the age of 21.	**$150** **Per Day** **$300** **Per Day** **$300/** **$600** **Per Day**

SPECIFIED DISEASE BENEFIT RIDER (form L-6052)

If an Insured Person is first diagnosed with one or more covered Specified Diseases and is hospitalized for the definitive treatment of any covered Specified Disease, We will pay benefits according to the provisions of this rider.

COVERS THESE 38 SPECIFIED DISEASES

Addison's Disease, Amyotrophic Lateral Sclerosis, Botulism, Bovine Spongiform Encephalopathy, Budd-Chiari Syndrome, Cystic Fibrosis, Diptheria, Encephalitis, Epilepsy, Hansen's Disease, Histoplasmosis, Legionnaire's Disease, Lyme Disease, Lubus Erythematosus, Malaria, Meningitis, Multiple Sclerosis, Muscular Dystrophy, Myasthenia Gravis, Neimann-Pick Disease, Osteomyelitis, Poliomyelitis, Q Fever, Rabies, Reye's Syndrome, Rheumatic Fever, Rocky Mountain Spotted Fever, Sickle Cell Anemia, Tay-Sachs Disease, Tetanus, Toxic Epidermal Necrolysis, Tuberculosis, Tularemia, Typohoid Fever, Undulant Fever, West Nile Virus, Whipple's Disease, Whooping Cough.

BENEFITS

Initial Hospitalization Benefit We will pay a benefit of **$1,500 per unit of coverage** selected when an Insured Person is confined to a hospital (for 12 or more hours, not applicable in SD) as a result of receiving treatment for a Specified Disease. This benefit is payable only once per period of confinement and once per calendar year for each Insured Person.

Hospital Confinement Benefit We will pay a benefit of **$300 per day per unit of coverage** selected when an Insured Person is hospitalized during any continuous period of 30 days or less for the treatment of a covered Specified Disease. Benefits will **double per day beginning with the 31st day of continuous confinement.** If the hospital confinement follows a previously covered confinement, it will be deemed a continuation of the first confinement unless it is the result of an entirely different Specified Disease, or unless the confinements are separated by 30 days or more.

ADDITIONAL BENEFIT AMOUNTS YOU MAY SELECT FOR ADDITIONAL PREMIUM

FIRST OCCURRENCE BENEFIT RIDER (form L-6043) If an Insured Person receives a positive diagnosis of Internal Cancer, We will pay the First Occurrence benefit amount shown on the Policy Schedule. If the Insured Person receiving the positive diagnosis of Internal Cancer is a child under the age of 21, we will pay one and one-half times the First Occurrence benefit amount shown on the Policy Schedule.	**$5,000/$3,000** **Per Lifetime** **$7,500/$4,500** **Once Per Lifetime**
HOSPITAL INTENSIVE CARE UNIT BENEFIT RIDER (form LG-6047) **Intensive Care Unit Benefit** We will pay the daily Hospital Intensive Care Unit Benefit shown on the Policy Schedule for an Insured Person's confinement in an ICU for sickness or injury. **Double Intensive Care Unit Benefit** We will pay double the daily Hospital Intensive Care Unit benefit amount shown on the Policy for an Insured Person's confinement in an ICU as a result of Cancer. We will also double this ICU benefit for only the initial ICU confinement resulting from an Insured Person's travel related injury, provided that the ICU confinement begins within 24 hours of the accident causing the travel related injury. A travel related injury includes being struck by an automobile, bus, truck, van, motorcycle, train or airplane; or being involved in an accident where the Insured Person was the operator or passenger in or on such vehicle. **Step Down Unit Benefit** We will pay one-half of the daily Hospital Intensive Care Unit benefit amount shown on the Policy Schedule for an Insured Person's confinement in a Step Down Unit for a sickness or injury.	**$600** **Per Day** **$1,200** **Per Day** **$300** **Per Day**

Additional Limitations and Exclusions for the Hospital Intensive Care Unit Benefit Rider If the rider is issued and coverage is in force, it will provide benefits if an Insured Person goes into a hospital Intensive Care Unit (including a Cardiac Intensive Care Unit or Neonatal Intensive Care Unit). Benefits start the first day of confinement in an ICU for sickness or injury. Any combination of benefits payable under this rider is limited to a maximum of 45 days per each period of confinement.
ALL BENEFITS CONTAINED IN THIS HOSPITAL INTENSIVE CARE UNIT BENEFIT RIDER REDUCE BY ONE-HALF AT AGE 75.
Benefits are not payable for any ICU or Step Down Unit confinement that results from intentional self-inflicted injury; or the Insured Person's being intoxicated or under the influence of alcohol, drugs or any narcotics, unless administered on and according to the advice of a medical practitioner.

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