



# 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?



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	2.79	3.83	5.28
Optional 1 <sup>st</sup> 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...*

## **Additional Benefits Included With Benefits Direct Recommended Package**

### ***ANNUAL CANCER SCREENING BENEFIT (form L-6041)***

We will pay the expense incurred, but not to exceed the maximum benefit of \$50, once per calendar year per Insured Person for certain listed screening tests performed to determine whether Cancer exists in an Insured Person.

**In addition**, 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.

**Higher benefit levels, not to exceed \$125 per person per calendar year, may be purchased for additional premium.**

### ***DAILY HOSPITAL CONFINEMENT BENEFIT (form L-6042)***

**Confinements of 30 Days or Less** We will pay the Daily Hospital Confinement benefit of \$150 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 \$300. This benefit payment will begin on the 31<sup>st</sup> 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. \$300/\$600

**Higher benefit levels, not to exceed \$600 per day, may be purchased for additional premium.**

### ***ANNUAL RADIATION, CHEMOTHERAPY, IMMUNOTHERAPY & EXPERIMENTAL TREATMENT BENEFIT (form L-6045)***

For the Insured Person's treatment of cancer, we will pay the expense incurred, but not to exceed \$10,000 per calendar year per Insured Person for Radiation Treatment, Chemotherapy, Hormonal Therapy, Immunotherapy or Experimental Treatment. The calendar maximum benefit per Insured Person cannot be exceeded regardless of the number or types of cancer treatments received in the same year.

**Higher benefit levels, not to exceed \$20,000 per calendar year per Insured Person, may be purchased for additional premium.**

### ***SURGICAL BENEFIT (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 the rider. However, in no event will the amount payable exceed \$4,000 per surgery, nor will it exceed the expense incurred.

**Higher benefit maximums, not to exceed \$10,000 per surgery, may be purchased for additional premium.**

**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 an anesthetist under supervision of a physician for the purpose of administering anesthesia.

**Breast Reconstruction** If Breast Reconstruction with Transverse rectus abdominis myocutaneous flap (TRAM), single pedicle, including closure of donor site, with microvascular anastomosis (supercharging) is performed on an Insured Person as the result of a mastectomy 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.

### ***SPECIFIED DISEASE BENEFIT***

Pays \$1500 for initial hospitalization, \$300 daily hospital confinement for first 30 days, \$600 per day on 31<sup>st</sup> day of continuous hospital confinement when diagnosed with one of the Specified Diseases listed in policy. 38 Diseases: Addison's Disease; Amyotrophic Lateral Sclerosis; Botulism; Bovine Spongiform Encephalopathy; Budd-Chiari Syndrome; Cystic Fibrosis; Diphtheria; Encephalitis; Epilepsy; Hansen's Disease; Histoplasmosis; Legionaire's Disease; Lupus Erythematosus; Lyme Disease; Malaria; Menigitis; Multiple Sclerosis; Muscular Dystrophy; Myasthenia Gravis; Nieman-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; Typhoid Fever; Undulant Fever; West Nile Virus; Whipple's Disease or Whooping Cough

### ***INTENSIVE CARE BENEFIT RIDER [optional]***

We will pay \$600 for each day of confinement in a hospital Intensive Care Unit for accident or illness. **Benefit will be doubled for confinement due to cancer or travel related injury.** Maximum of 45 days per confinement.

**STEP DOWN BENEFIT** will pay \$300 for confinement in step down unit. Maximum of 45 days per confinement.

### ***FIRST OCCURRENCE BENEFIT RIDER (form L-6043) [optional]***

If an Insured Person receives a positive diagnosis of Internal Cancer, We will pay the First Occurrence benefit 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 show on the Policy Schedule.

This page is an Insert to be used ONLY with Brochure Form L-6040-AD (2/07), and Outline of Coverage L-6051. If you do not have this Brochure or Outline of Coverage, 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 these riders.