

CancerCare *Plus*

CANCER INSURANCE


**Family
Heritage**TM
Life Insurance Company of America



Cancer will occur in **3 out of 4 Families.**



Cancer will occur in **1 out of 2 Men.**



Cancer will occur in **1 out of 3 Women.**



In children ages 1 – 14, cancer is the **second** leading cause of death.



This year there will be over **1.6 million** new cancer cases.

Risk Factors Include...

Air

Food

Water

Where We Work

Where We Live

Heredity

Tobacco

Diet

Weight

More than 6 out of 10 people with cancer will survive!

The bad news is, Cancer is expensive...



...in the United States, total costs exceed \$226 billion.

Most people are surprised that their largest expenses during illnesses are often not their medical expenses — it's the **INDIRECT COSTS** that their **HEALTH INSURANCE DOESN'T COVER.**

Two Types of COSTS:

DIRECT

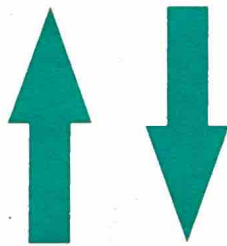
- Doctor Bills
- Hospital Charges
- Medical Expenses



INDIRECT

What health insurance DOES NOT cover:

- Lost Income and Savings
- Living Expenses
- Insurance Limitations
- Travel to get the Best Treatment
- In-Home Care
- Child Care



While your expenses go **UP**, your income and savings often go **DOWN**, forcing you to rely on:

- Savings and Investments
- Selling Assets
- Retirement Funds
- College Funds

Many families choose to protect their future with...



CancerCare *Plus*

- **Pays benefits directly to you** — you decide how to spend them
- Pays **in addition** to any other insurance you own
- **Guaranteed renewable** for life — only you can cancel
- This policy's benefits are **never reduced**
- **Premiums don't increase** with age or due to claims
- This policy **has no cap** on the amount of benefits you receive or the number of claims you can have

CancerCare Plus Benefits (3 Levels of Coverage Available)	ELITE	PREFERRED	STANDARD
First Occurrence (Paid once per insured). Paid upon confirmed diagnosis of: <ul style="list-style-type: none"> • Internal Cancer • Breast Cancer (an additional) • Prostate Cancer (an additional) • Skin Cancer 	\$2,250 \$750 \$750 \$750	\$1,500 \$500 \$500 \$500	\$750 \$250 \$250 \$250
Hospital Confinement (No Lifetime Limits) <ul style="list-style-type: none"> • For each day, up to 365 days, for covered cancer treatment 	\$450	\$300	\$150
Private Nurse (No Lifetime Limits) <ul style="list-style-type: none"> • Each day you are provided a Private Nurse during confinement 	\$150	\$100	\$50
Ambulance (No Lifetime Limits) (includes air ambulance) <ul style="list-style-type: none"> • Each trip (two one-way trips per hospitalization) charges up to 	\$300	\$200	\$100
U.S. Government Hospital (No Lifetime Limits) <ul style="list-style-type: none"> • Each day, up to 365 days, of confinement to a U.S. Government Hospital (This benefit replaces all others, except First Occurrence and Transportation & Lodging Benefits) 	\$450	\$300	\$150
Surgery & Anesthesia (No Lifetime Limits) <ul style="list-style-type: none"> • For each operation based on the schedule in your policy, from 	\$225-\$12,000	\$150-\$8,000	\$75-\$4,000
Second Surgical Opinion (No Lifetime Limits) <ul style="list-style-type: none"> • Charges up to 	\$450	\$300	\$150
Bone Marrow Transplant <ul style="list-style-type: none"> • Paid one time per insured for a Bone Marrow Transplant from one person to another for the treatment of leukemia 	\$12,000	\$8,000	\$4,000
Bone Marrow Donor <ul style="list-style-type: none"> • One-time payment per insured who donates 	\$1,500	\$1,000	\$500
Prosthesis (Lifetime Maximum per Insured) <ul style="list-style-type: none"> • For prosthetic devices, including external devices, charges up to 	\$1,500	\$1,000	\$500
Radiation & Chemotherapy (No Lifetime Limits) <ul style="list-style-type: none"> • Charges for each day of the following FDA approved treatments (Chemotherapy, X-ray Radiation, Teleradiotherapy, Radium and Cesium Implants, Cobalt, New or Experimental Treatments) 	\$300	\$200	\$100
Self-Administered (Oral Chemotherapy) (No Lifetime Limits) <ul style="list-style-type: none"> • Charges for the cost of the prescription up to 	\$300	\$200	\$100
Anti-Nausea (No Lifetime Limits) (Benefit payable while receiving radiation or chemotherapy) <ul style="list-style-type: none"> • Charges per calendar year per insured person up to 	\$600	\$400	\$200
Special Treatment (Lifetime Maximum per Insured) <ul style="list-style-type: none"> • Charges for any of the following FDA approved treatments up to (Immunotherapy, Stem Cell Transplant, Hormone Therapy, Autologous Bone Marrow Transplant, Radioimmunotherapy and Photodynamic Therapy) 	\$1,500	\$1,000	\$500
Early Detection (No Lifetime Limits) <ul style="list-style-type: none"> • One test annually per insured (Mammography, Breast Ultrasound, Colonoscopy, Flexible Sigmoidoscopy, Hemocult Stool Specimen, Pap Smear, CEA, CA 125 or PSA) 	\$75	\$50	\$25
Hospice Service <ul style="list-style-type: none"> • For each of the first 60 days • For each of the next 120 days 	\$150 \$75	\$100 \$50	\$50 \$25
Transportation (No Lifetime Limits) <ul style="list-style-type: none"> • When you travel over 80 miles from home for covered services or consultations in the continental U.S., we will pay... Charges for your plane, train or bus each way up to • For each mile by personal auto 	\$2,250 \$.60	\$1,500 \$.40	\$750 \$.20
Family Member Transportation (If a child is hospitalized we will pay this benefit for both parents) <ul style="list-style-type: none"> • For one member of your immediate family who also travels more than 80 miles from home to be with you when you are hospitalized, round trip charges for plane, train, or bus up to • For each mile by personal auto 	\$2,250 \$.60	\$1,500 \$.40	\$750 \$.20
Family Member Lodging (No Lifetime Limits) <ul style="list-style-type: none"> • For each day, up to 60 days, for a member of your immediate family who also travels more than 80 miles from home and requires lodging while you are hospitalized, we will pay charges up to 	\$75	\$50	\$25

Return of Premium - Issue age 65 & Under Only

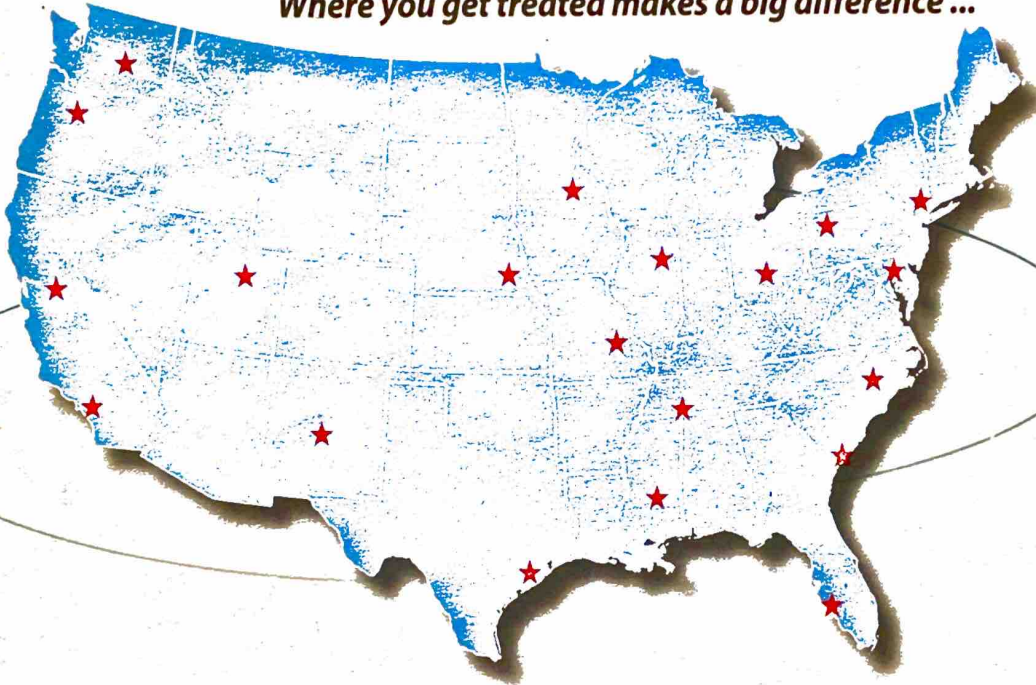
- You are paid if you have claims or if you stay well!
- We will refund your premiums less any claims paid to you.
- We **REFUND YOUR PREMIUM EVERY 20 YEARS**, or at age 75, following your policy anniversary date, which ever comes first.
- After your money is returned, your protection continues, and you can collect again. For subsequent return of premium periods:
 - Beginning at ages 65 and under, we refund your premium every 20 years, or at age 75, whichever comes first.
 - Beginning at ages 66 and over, we refund half of your premium every 10 years.

Three examples of what can happen...

	NO CLAIM	SMALL CLAIM	LARGE CLAIM
PREMIUMS PAID	\$16,000	\$16,000	\$16,000
LESS CLAIMS PAID	- 0 -	- 3,000	- 46,500
REFUND	\$16,000	\$13,000	- 0 -

Now: 3,900
 \$15,600
 - 5,1600 10,000

Where you get treated makes a big difference ...



"Progress in prevention, diagnosis and treatment has been possible only because of the existence of a strong cancer research infrastructure... The centerpiece for these efforts is the National Cancer Institute (NCI) supported cancer centers."

Report of the National Cancer Institute Cancer Centers

Limitations and Exclusions

- Persons with a prior history of cancer prior to the coverage effective date will not be covered.
- Persons for whom medical advice, diagnosis, care or treatment has been recommended by or received from a physician within 12 months prior to the coverage effective date will not be eligible for benefits during the 12 month period following the coverage effective date.
- Persons previously diagnosed with an elevated PSA (Prostate-Specific Antigen) test result will not be covered for prostate cancer or its metastasis.
- Persons with a history of non-melanoma skin cancer are covered for all types of cancer except skin cancer. Persons with a history of any melanoma cancer will not be covered.
- This plan covers losses resulting from cancer only. Cancer does not include premalignant conditions, conditions with malignant potential or pre-leukemic conditions.

The benefits described in this brochure are contained in policy series C4POL.

This brochure is not an insurance contract. The policy explains in detail the rights and obligations of both Family Heritage and the insured. It is important to read your policy carefully.

IntensiveCare

Unit Rider



INTENSIVE CARE UNIT CONFINEMENT BENEFIT - No Lifetime Limits

For each day, up to 30 days, of confinement in an **Intensive Care Unit** for any reason, we will pay . . .

	Elite	Preferred	Standard
You or your spouse.....	\$900	\$600	\$300
Your covered child.....	\$450	\$300	\$150

An Intensive Care Unit (ICU, CCU, PICU or NICU) is a specifically designated facility of the hospital which:

- provides the highest level care (as determined based on the billing rate charged by the hospital);
- is restricted to those patients who are critically ill or injured;
- is separate and apart from other hospital areas; and
- is permanently equipped with special life-saving equipment for the care of the critically ill or injured

An Intensive Care Unit (ICU, CCU, PICU or NICU) is not a step down unit; sub-acute care unit, progressive care unit, intermediate care unit, bone marrow or stem cell transplant unit, private monitored room, observation room or unit, surgical recovery room, or a room, bed or ward customarily used for regular patient hospitalization.

STEP DOWN UNIT BENEFIT - No Lifetime Limits

For each day, up to 3 days, of confinement in a **Step Down Unit** for any reason, we will pay . . .

	Elite	Preferred	Standard
You or your spouse.....	\$450	\$300	\$150
Your covered child.....	\$225	\$150	\$75

A Step Down Unit is part of an ICU, CCU, PICU or NICU where the patient is charged less than the highest level care. A Step Down Unit may also be referred to as a progressive care unit, and intermediate care unit, or a sub-acute care unit.

A Step Down Unit is not an emergency room, special care unit, bone marrow or stem cell transplant unit, observation room or unit, surgical recovery room, or a room, bed or ward customarily used for regular patient hospitalization.

VEHICULAR ACCIDENT BENEFIT - No Lifetime Limits

For each day, up to 30 days, of confinement in an ICU, due to a **vehicular accident**, we will pay an additional . . .

	Elite	Preferred	Standard
You or your spouse.....	\$900	\$600	\$300
Your covered child.....	\$450	\$300	\$150

This benefit is not payable for confinements in a Step Down Unit.

AMBULANCE BENEFITS - No Lifetime Limits

For Ambulance transportation per confinement in an ICU or Step Down Unit, we will pay . . .

	Elite	Preferred	Standard
Surface Ambulance, charges up to.....	\$600	\$400	\$200
Air Ambulance, charges up to.....	\$1,500	\$1,000	\$500

ACCIDENTAL DEATH BENEFIT

If you are injured in an accident and the injury causes death within 180 days of the accident, we will pay . . .

	Elite	Preferred	Standard
You or your spouse.....	\$15,000	\$10,000	\$5,000
Your covered child.....	\$7,500	\$5,000	\$2,500