

AF™ Cancer C12D Individual Insurance

SB-30643(KY)(AFES)-1219

AMERICAN FIDELITY
a different opinion

EMPLOYER BENEFIT SOLUTIONS
FOR EDUCATION

Focus on the fight.

A Cancer diagnosis may be both a physical and emotional drain. But thanks to advances in medicine and procedures to treat Cancer, more and more people are beating the disease. However, with the arrival of these advances also comes the continuing rise in the cost of Cancer treatment.

AF™ **Limited Benefit Individual Cancer Insurance** offers a solution to help you and your family focus on fighting the disease.

Plan Highlights

- **Helps cover expenses**
  for the treatment of Cancer, transportation, hospitalization, and more.
- **Benefits paid directly to you**
  to be used however you see fit.
- **Portable to take with you**
  even if you leave employment.
- **Coverage options available**
  for you, your spouse, and your children under age 26.

Cancer Insurance Benefits

With over 25 benefits specifically designed to help with the financial impact of being diagnosed, **Individual Cancer Insurance** may help pay for expenses not covered by your major medical insurance.

Example Cancer insurance benefits include:

Experimental Treatment

This benefit may help pay for experimental treatment to give you alternatives in your healing. These treatment types may not be covered by major medical plans.

Transportation and Lodging

This benefit may help pay for qualified transportation and lodging for the patient and family.

SCREENING BENEFIT+

Receive a benefit for your annual internal Cancer screening test, including but not limited to mammogram, pap, prostate-specific antigen blood test (PSA), chest x-ray, flexible sigmoidoscopy, thinprep pap test, and colonoscopy.

DIAGNOSTIC AND PREVENTION BENEFIT *(per calendar year)*		
BASIC	ENHANCED	ENHANCED PLUS
$60	$75	$90

+The premium and amount of benefits provided vary based upon the plan selected.

Benefits

BENEFITS+	BASIC	ENHANCED	ENHANCED PLUS
SCREENING			
Diagnostic and Prevention Benefit (one per calendar year)	$60	$75	$90
Cancer Screening Follow-Up Benefit (one per calendar year)	$60	$75	$90
TREATMENT			
Radiation Therapy/Chemotherapy/ Immunotherapy Benefit Administered by medical personnel at a medical facility (per day)	$300	$400	$500
Self injected/oral/pump/implant (per day) (Maximum 4 days per calendar month)	$300	$400	$500
Medical Imaging Benefit (per image - max 2 per calendar year)	$200	$300	$400
Hormone Therapy Benefit (per treatment - max 12 treatments/ calendar year)	$50	$50	$50
Administrative/Lab Work Benefit (per calendar month)	$75	$100	$125
Blood, Plasma, and Platelets Benefit (per day) (per calendar year max)	$150 $7,500	$200 $10,000	$250 $12,500
Experimental Treatment Benefit	Paid as any non-experimental benefit		
Bone Marrow/Stem Cell Transplant Benefit **Autologous** (patient provided) (per calendar year) **Non-autologous** (donor provided) (per calendar year)	$1,000 $3,000	$1,500 $4,500	$2,000 $6,000
Donor Benefit	$1,000 per donation		
Inpatient Special Nursing Services Benefit (per day)	$150	$150	$150
Dread Disease Benefit (per day for the first 30 days per Hospital confinement) (per day thereafter)	$200 $400	$300 $600	$400 $800
HOSPITALIZATION			
Hospital Confinement Benefit* (per day for the first 30 days) (per day thereafter)	$200 $400	$300 $600	$400 $800
Drugs & Medicine Benefit **Hospital Confinement** (per confinement) **Outpatient** (per prescription - $100 monthly max for basic; $150 for enhanced; $200 for enhanced plus per calendar month)	$200 $50	$300 $50	$400 $50
Attending Physician Benefit (per day)	$40	$50	$60
U.S. Government/Charity Hospital or HMO Benefit (per day in lieu of most benefits) **Hospital Confinement** **Outpatient Services**	$200 $200	$300 $300	$400 $400

BENEFITS+	BASIC	ENHANCED	ENHANCED PLUS
AMBULANCE, TRANSPORTATION, & LODGING			
Ambulance Benefit (per trip - max 2 trips any combination per confinement) **Ground** **Air**	$200 $2,000	$200 $2,000	$200 $2,000
Transportation & Lodging Benefit (Patient and/or Family) **Transportation** ($1,500 max per round trip; max 12 trips/calendar year)	Coach fare or $.50/mile by car		
Outpatient Lodging (per day up to 90 days per calendar year)	$60	$80	$100
SURGICAL TREATMENT			
Surgical Benefit unit dollar amount (per surgical unit) maximum per operation	$30 $3,000	$40 $4,000	$50 $5,000
Anesthesia Benefit	25% of the amount paid for covered surgery		
Outpatient Hospital or Ambulatory Surgical Center Benefit (per day)	$400	$600	$800
Second & Third Surgical Opinion Benefit (per diagnosis)	$300	$300	$300
CONTINUING CARE			
Prosthesis Benefit **Non-Surgical** (per device - 1 per site, lifetime max of 3) **Surgical Implantation** (per device, includes surgical fee - 1 per site, lifetime max of 2) **Hair Prosthesis** (once per life)	$150 $1,500 $150	$200 $2,000 $200	$250 $2,500 $250
Extended Care Facility Benefit (per day for up to the same number of days of paid Hospital confinement)	$75	$100	$125
Physical or Speech Therapy Benefit (per visit up to 4 per calendar month - lifetime max of $1,000)	$25	$25	$25
Hospice Care Benefit (per day - $13,500 lifetime max for basic; $18,000 lifetime max for enhanced; $22,500 lifetime max for enhanced plus)	$75	$100	$125
Home Health Care Benefit (per day for up to the same number of days of paid Hospital confinement)	$75	$100	$125
Waiver of Premium (as long as the primary insured remains disabled)	pays 90 continuous days		

Refer to Plan Benefit Highlights for more complete benefit descriptions and limits on the Individual Cancer insurance plan.

+The premium and amount of benefits provided vary based upon the plan selected.

Plan Benefit Highlights

MONTHLY PREMIUMS+				
BASIC	Age 18-40	Age 41-50	Age 51-60	Age 61+
Individual	$15.70	$22.90	$31.60	$43.30
Single Parent Family	$23.30	$34.00	$47.10	$64.50
Family	$30.30	$44.20	$61.20	$84.00

ENHANCED	Age 18-40	Age 41-50	Age 51-60	Age 61+
Individual	$20.10	$29.70	$41.50	$57.30
Single Parent Family	$29.90	$44.30	$61.90	$85.60
Family	$38.90	$57.50	$80.50	$111.30

ENHANCED PLUS	Age 18-40	Age 41-50	Age 51-60	Age 61+
Individual	$24.50	$36.90	$51.90	$72.20
Single Parent Family	$36.60	$55.00	$77.50	$107.70
Family	$47.60	$71.40	$100.80	$140.10

Plan Benefit Highlights

Only loss for Cancer The policy pays only for loss resulting from definitive Cancer treatment including direct extension, metastatic spread or recurrence. Proof must be submitted to support each claim. The policy also covers other conditions or diseases directly caused by Cancer or the treatment of Cancer. The policy does not cover any other disease, sickness, or incapacity, even though after contracting Cancer it may have been aggravated or affected by Cancer or the treatment of Cancer except for conditions specifically provided in the dread disease benefit.

Cancer means a disease which is manifested by autonomous growth (malignancy) in which there is uncontrolled growth, function, or spread (local or distant) of cells in any part of the body. This includes Cancer in situ and malignant melanoma. It does not include other conditions which may be considered precancerous or having malignant potential such as: leukoplakia; hyperplasia; acquired immune deficiency syndrome (AIDS); polycythemia; actinic keratosis; myelodysplastic and non–malignant myeloproliferative disorders; aplastic anemia; atypia; non–malignant monoclonal gammopathy; carcinoid; or pre–malignant lesions, benign tumors or polyps.

All diagnosis of Cancer must be positively diagnosed by a legally licensed doctor of medicine certified by the American Board of Pathology or American Board of Osteopathic Pathology. **Benefits under this policy pays the benefit amount shown per covered person due to a covered Cancer unless otherwise specified.**

Diagnostic, Prevention and Cancer Screening Benefit Pays for a generally medically recognized internal Cancer screening test when a charge is incurred for the test. Tests include but are not limited to mammogram, thinprep pap test, prostate-specific antigen blood test (PSA), colonoscopy, and chest x–ray. Refer to the policy for more examples. Screening tests payable under this benefit will ONLY be paid under this benefit and does not include any test payable under the medical imaging benefit. This benefit is available without a diagnosis of Cancer.

Cancer Screening Follow-Up Benefit Payable for one invasive follow–up screening test needed due to an abnormal result from a covered screening test. Diagnostic surgeries which result in a positive diagnosis of Cancer will be paid under the surgical benefit.

Radiation/Chemotherapy/Immunotherapy Benefit Pays the indemnity amount when radiation therapy, chemotherapy, or immunotherapy is received as defined in the policy, only once per day regardless of the number of treatments received on that day. Benefits for oral and topical Chemotherapy are only paid on the day the prescription is filled or if dispensed by pump on the day the pump is filled or refilled. Benefits for implants are only paid on the day of implantation. Anti-nausea drugs are not covered under this benefit. This benefit does not include any drugs/medicines covered under the Drugs and Medicine Benefit or the Hormone Therapy Benefit.

Medical Imaging Benefit Pays the indemnity amount for either an MRI; CT scan; CAT scan; or PET scan when performed at the request of a physician.

Hormone Therapy Benefit Drugs and medicines covered under the drugs and medicine benefit or the radiation/chemotherapy/immunotherapy benefit are not included. This benefit does not cover associated administrative processes.

Administrative/Lab Work Benefit Pays when procedures related to radiation therapy/chemotherapy/immunotherapy treatment occur and benefits are payable during the same calendar month as the radiation therapy/chemotherapy/immunotherapy benefit.

Blood, Plasma and Platelets Benefit Benefits for blood, plasma and platelets are only provided under this benefit. Laboratory processes and colony stimulating factors are not covered.

Bone Marrow/Stem Cell Transplant Benefit Harvesting of bone marrow or stem cells from a donor are not covered under this benefit.

Hospital Confinement Benefit Payable while confined to a Hospital for at least 18 continuous hours. *A Hospital is not an institution, or part thereof, used as: a hospice unit, including any bed designated as a hospice or swing bed; a convalescent home; a rest or nursing facility; a rehabilitative facility; an extended care facility; a skilled nursing facility; or a facility primarily affording custodial, educational care, or care or treatment for persons suffering from mental diseases or disorders, or care for the aged, or drug or alcohol addiction.

Drugs and Medicine Benefit Pays for anti-nausea and pain medication prescribed by a physician and administered while also receiving radiation therapy/chemotherapy/immunotherapy, a covered surgery, or a bone marrow/stem cell transplant. It does not include associated administrative processes or drugs or medicines covered under the radiation therapy/chemotherapy/immunotherapy benefit or the hormone therapy benefit.

Attending Physician Benefit Pays for one physician's visit per day when the services of a physician, other than a surgeon, are required while confined in a Hospital.

U.S. Government/Charity Hospital /HMO Benefit Payable when an itemized list of services is not available due to confinement in a charity Hospital or a Hospital owned or operated by the U.S. government or covered under an HMO or diagnostic related group where no charges are made for treatment of Cancer or a covered dread disease. This benefit will be paid in lieu of most benefits covered under this policy.

Ambulance Benefit If air and ground ambulance services are both required on the same day, we will only pay the higher benefit amount. The covered person must be admitted as an inpatient and Hospital confined for at least 18 consecutive hours.

Transportation and Lodging Benefits Pays a benefit for transportation by scheduled bus, plane or train, or by car and outpatient lodging to receive radiation therapy, chemotherapy, or immunotherapy treatment, bone marrow or stem cell transplant, or surgery in a Hospital not available locally and at least 50 miles from the covered person's residence. Payable for the covered person and one adult family member. If traveling in the same car or lodging in the same room, the benefit is payable only for the covered person. Travel must be within the United States or its Territories.

Surgical Benefit Payable when a surgical operation is performed for covered diagnosed Cancer, skin Cancer, or reconstructive surgery due to Cancer. Benefits are calculated up to a maximum benefit by multiplying the surgical unit value assigned to the procedure, as shown in the most current physician's relative value table, by the unit dollar amount shown in the policy. Two or more surgical procedures performed through the same incision will be considered one operation and benefits will be limited to the most expensive procedure. Diagnostic surgeries that result in a negative diagnosis of Cancer are not covered under this benefit. Bone marrow surgeries, surgeries to implant a permanent prosthetic device, are not covered under this benefit.

Anesthesia Benefit Services of an anesthesiologist for bone marrow transplants, skin Cancer or surgical prosthesis implantation are not covered.

Plan Benefit Highlights (cont.)

Outpatient Hospital or Ambulatory Surgical Center Benefit Surgical procedures for skin Cancer are not covered.

Second and Third Surgical Opinion Benefit Payable once per diagnosis of Cancer for a second surgical opinion, and a third if the second disagrees with the first. Surgical opinions for reconstructive, skin Cancer, or prosthesis surgeries are not covered.

Prosthesis Benefit Payable for a prosthetic device and, if surgery required, its surgical implantation. Prosthetic related supplies such as special bras or ostomy pouches and supplies are not covered. **Hair Prosthesis Benefit** is payable once per covered person per lifetime.

Extended Care Facility Benefit Pays for physician authorized confinement that begins within 14 days after a Hospital confinement.

Physical or Speech Therapy Benefit Therapy must be provided by a caregiver licensed in physical or speech therapy.

Hospice Care Benefit Payable when a physician determines terminal illness with life expectancy of 6 months or less and approves hospice care at home or in a hospice facility. This benefit does not include well baby care, volunteer services, meals, housekeeping services, or family support after the death.

Home Health Care Benefit Pays for physician authorized private nursing care that begins within 14 days of a hospital confinement. This benefit does not include nutrition counseling, medical social services, medical supplies, prosthesis or orthopedic appliances, rental or purchase of durable medical equipment, drugs or medicines, child care, meals or housekeeping services, or physical or speech therapy. The service must be provided by a nurse or home health nurse's aid and can not be a family member.

Waiver of Premium Benefit If the primary insured becomes disabled due to Cancer and remains so for more than 90 continuous days, we will pay all premiums for policy and rider(s) due after the 90th day so long as the primary insured remains disabled. "Disabled" means the primary insured's inability because of Cancer: to work at any job for which (s)he is qualified by education, training or experience; not working at any job for pay or benefits; and under the care of a physician for the treatment of Cancer. The policy must be in force at the time disability begins and the primary insured must be under age 65.

Experimental Treatment Benefit Benefits for experimental treatment prescribed by a physician for treatment of Cancer will be provided the same as non-experimental treatment. Coverage for treatments received outside of the United States or its territories is not provided.

Donor Benefit Pays if a donor incurs expenses on behalf of a covered person for a covered surgery due to organ transplant or a bone marrow/ stem cell transplant. Blood donor expenses are not covered under this benefit.

Dread Disease Benefit Covered dread diseases are: addison's disease; amyotrophic lateral sclerosis; cystic fibrosis; diphtheria; encephalitis; grand mal epilepsy; legionnaire's disease; meningitis; multiple sclerosis; muscular dystrophy; myasthenia gravis; niemann-pick disease; osteomyelitis; poliomyelitis; reye's syndrome; rheumatic fever; rocky mountain spotted fever; sickle cell anemia; systemic lupus erythematosus; tay-sach's disease; tetanus; toxic epidermal; toxic shock syndrome; tuberculosis; tularemia; typhoid fever; whipple's disease.

Inpatient Special Nursing Services Benefit Pays when Hospital confined and receiving physician authorized special nursing care (other than that regularly furnished by a Hospital) of at least 8 consecutive hours during a 24 hour period.

See your policy for more information regarding the benefits listed above.

Eligibility The policy/rider(s) will be issued only to those persons who meet American Fidelity's insurability requirements, which includes satisfactory responses to medical questions. You, your lawful spouse and each natural, adopted or step child who is under 26 years of age are eligible to apply for coverage.

Limitations and Exclusions The policy does not cover any other disease, sickness or incapacity even though after contracting Cancer it may have been aggravated or affected by Cancer or the treatment of Cancer except for conditions specifically stated in the dread disease benefit.

Pre-Exisiting Condition A Pre-Existing Condition is a Cancer or dread disease for which, within 12 months prior to the effective date of coverage, medical advice, consultation or treatment, including prescribed medications, was recommended by or received from a member of the medical profession; or which symptoms manifested in such a manner as would cause an ordinarily prudent person to seek diagnosis, medical advice, or treatment. Pre–Existing Conditions specifically named or described as excluded in any part of the policy are never covered. No benefits are payable for any covered person for any loss incurred during the first year of the policy as a result of a Pre–Existing Condition.

Waiting Period The policy contains a 30-day waiting period during which no benefits will be paid under the policy. If any Cancer or dread disease is diagnosed before the end of the 30-day period immediately following the effective date, coverage will apply only to loss that is incurred after one year from the effective date. If any covered person is diagnosed as having a Cancer or dread disease during the 30-day period immediately following the effective date, you may elect to void the policy from the beginning and receive a full refund of premium. All benefits are payable only up to the maximum amount listed in the schedule of benefits in the policy.

Termination of Insurance Policy/rider(s) will terminate and coverage will end on the earliest of: the end of the grace period if the premium remains unpaid; or the end of the policy/rider(s) month in which we receive a written request from you to terminate the policy/rider(s); or the date of your death, if this is an Individual Plan. If the plan is other than individual the remaining covered persons may have the right to continue or convert their coverage. Coverage will terminate when they no longer meet the eligibility requirements.

For the spouse, policy/rider(s) will terminate and coverage will end on the earliest of: The end of the policy/rider(s) month in which we receive a written request from you to delete the spouse from the policy/rider(s); the end of the premium term in which a divorce, annulment, legal separation is obtained; or upon their death.

For the child(ren), policy/rider(s) will terminate and coverage will end the earliest of: The end of the policy/rider(s) month in which we receive a written request from you to delete the child(ren) from the policy/rider(s); or upon their death.

Guaranteed Renewable You are guaranteed the right to renew your policy/rider(s) during your lifetime as long as you pay premiums when due or within the premium grace period. We have the right to increase premiums by class.

This product may contain limitations, exclusions, and waiting periods. ***This product is inappropriate for people who are eligible for Medicaid coverage.***

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SB-30643(KY)(AFES)-1219

Policy Form Series C12D
Plan Codes 013-754, 013-755, 013-756

Enhance Your Plan+,++

Critical Illness Rider

SCHEDULE OF BENEFITS	
Cancer Benefit *per unit - maximum $10,000*	$2,500
Heart Attack/Stroke Benefit *per unit - maximum $10,000*	$2,500

Summary of Critical Illness Rider Benefits:

- Pays when diagnosed by a Physician after a 30-day Critical Illness Waiting Period with Internal Cancer or Heart Attack/ Stroke, depending upon the Critical Illness coverage elected at time of application.
- Pays the specified Maximum Benefit Amount per Covered Critical Illness, as defined under this rider.
- Each benefit is a one-time paid benefit.
- All Critical Illness amounts reduce by 50% at age 70.

Hospital Intensive Care Unit Rider

SCHEDULE OF BENEFITS	
ICU Confinement Benefit *per day up to 30 days per confinement*	$600
Ambulance Benefit *per admission in an ICU*	$100

Summary of Hospital ICU Rider Benefits:

- Confinement must be due to an accident or sickness and begin after the effective date of coverage under this rider.
- A day is defined as a 24-hour period.
- If confined to an ICU for a portion of a day, a pro rata share of the daily benefit will be paid.
- For ambulance charges, $100 for transportation to a Hospital where the Covered Person is admitted to an ICU within 24 hours of arrival.
- All ICU and Ambulance amounts reduce by 50% at age 70.

Optional Benefit Rider Monthly Premiums++

Critical Illness Rider Monthly Premiums

CANCER ONLY	$2,500			$5,000			$7,500			$10,000		
	Ind	1 Parent Family	2 Parent Family	Ind	1 Parent Family	2 Parent Family	Ind	1 Parent Family	2 Parent Family	Ind	1 Parent Family	2 Parent Family
Age 18-40	$1.50	$2.20	$2.90	$3.00	$4.40	$5.80	$4.50	$6.60	$8.70	$6.00	$8.80	$11.60
Age 41-50	$3.00	$4.50	$5.80	$6.00	$9.00	$11.60	$9.00	$13.50	$17.40	$12.00	$18.00	$23.20
Age 51-60	$4.90	$7.30	$9.40	$9.80	$14.60	$18.80	$14.70	$21.90	$28.20	$19.60	$29.20	$37.60
Age 61+	$7.10	$10.60	$13.80	$14.20	$21.20	$27.60	$21.30	$31.80	$41.40	$28.40	$42.40	$55.20

HEART ATTACK/ STROKE ONLY	$2,500			$5,000			$7,500			$10,000		
	Ind	1 Parent Family	2 Parent Family	Ind	1 Parent Family	2 Parent Family	Ind	1 Parent Family	2 Parent Family	Ind	1 Parent Family	2 Parent Family
Age 18-40	$0.80	$1.20	$1.50	$1.60	$2.40	$3.00	$2.40	$3.60	$4.50	$3.20	$4.80	$6.00
Age 41-50	$2.10	$3.10	$4.10	$4.20	$6.20	$8.20	$6.30	$9.30	$12.30	$8.40	$12.40	$16.40
Age 51-60	$3.10	$4.60	$6.00	$6.20	$9.20	$12.00	$9.30	$13.80	$18.00	$12.40	$18.40	$24.00
Age 61+	$4.60	$6.90	$8.90	$9.20	$13.80	$17.80	$13.80	$20.70	$26.70	$18.40	$27.60	$35.60

Hospital Intensive Care Unit Rider Monthly Premiums

HOSPITAL INTENSIVE CARE UNIT RIDER	Age 18–40	Age 41–50	Age 51–60	Age 61+
Individual	$3.40	$4.20	$5.50	$7.10
Single Parent Family	$5.10	$6.30	$8.20	$10.60
Family	$6.60	$8.20	$10.70	$13.80

+Availability of riders may vary by state and employer. Optional benefit riders are subject to our general underwriting guidelines and coverage is not guaranteed.
++The premium and amount of benefits provided vary based upon the plan selected.

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Critical Illness Rider

Limitations and Exclusions Benefits will only be paid for a Covered Critical Illness as shown on the Policy Schedule page in the policy. No benefits will be provided for any loss caused by or resulting from: intentionally self-inflicted bodily injury, suicide or attempted suicide, whether sane or insane; or intentional self-injury; the Covered Person's being intoxicated or under the influence of any narcotic or hallucinogenic unless administered on the advice of a Physician; or any act of war, declared or undeclared or any act related to war; or military service for any country at war; or a Pre-Existing Condition during the 12 month period following the Covered Person's Effective Date under this rider; or a Covered Critical Illness when the Date of Diagnosis occurs during the Waiting Period, if applicable; or participation in any activity or event while intoxicated or under the influence of any narcotic unless administered by a Physician or taken according to the Physician's instructions; or participation in, or attempting to participate in, a felony, riot or insurrection (A felony is as defined by the law of the jurisdiction in which the activity takes place.) All Critical Illness amounts reduce by 50% at age 70.

Pre-Existing Condition As defined in the rider means any sickness or condition for which, within 12 months prior to the Effective Date of coverage under the rider, medical advice, consultation or treatment, including prescribed medications, was recommended by or received from a member of the medical profession, or for which symptoms manifested in such a manner as would cause an ordinarily prudent person to seek diagnosis, medical advice or treatment. Internal Cancer does not include: other conditions that may be considered pre-cancerous or having malignant potential such as: Acquired immune deficiency syndrome (AIDS); or Actinic keratosis; or Myelodysplastic and non-malignant myeloproliferative disorders; or Aplastic anemia; or Atypia; or Non-malignant monoclonal gammopathy; or Pre-malignant lesions, benign tumors or polyps; or Leukoplakia; or Hyperplasia; or Carcinoid; or Polycythemia; or Cancer in situ or any skin Cancer other than invasive malignant melanoma into the dermis or deeper. Heart Attack does not include congestive heart failure, atherosclerotic heart disease, angina, including unstable angina, coronary disease or any other dysfunction of the cardiovascular system. Stroke does not mean a head injury, transient ischemic attack, multi-infarct dementia, or chronic cerebrovascular insufficiency.

Waiting Period Pays when diagnosed by a Physician after a 30-day Critical Illness Waiting Period with Internal Cancer or Heart Attack/Stroke, depending upon the Critical Illness coverage elected at time of application.

Termination Each Covered Person's coverage will terminate when the maximum benefit amount for the Covered Critical Illness(es) has been paid for him/her.

Hospital Intensive Care Unit Rider

Limitations and Exclusions No benefits will be provided during the first two years of this rider for Hospital Intensive Care Unit confinement caused by any heart condition when any heart condition was diagnosed or treated prior to the 30th day following the Covered Person's Effective Date of this rider (the heart condition causing the confinement need not be the same condition diagnosed or treated prior to the Effective Date). No benefits will be provided if the loss results from: attempted suicide whether sane or insane; or intentional self-injury; or the Covered Person's being intoxicated or under the influence of any narcotic or hallucinogenic unless administered on the advice of a physician; or any act of war, declared or undeclared or any act related to war; or military service for any country at war. No benefits will be paid for confinements in units such as: Surgical Recovery Rooms, Progressive Care, Burn Units, Intermediate Care, Private Monitored Rooms, Observation Units, Telemetry Units or Psychiatric Units not involving intensive medical care; or other facilities which do not meet the standards for Intensive Care Unit as defined in the Rider (1) For a newborn child born within the ten–month period following the effective date of the rider, no benefits will be provided for Hospital Intensive Care Unit Confinement that begins within the first 30 days following the birth of such child. (2) No benefits will be provided during the first two years of this rider for Hospital Intensive Care Unit Confinement for a newborn child born within the ten-month period following the Effective Date of this rider. All ICU and Ambulance amounts reduce by 50% at age 70.

This insert must be used in conjunction with SB-30643 and any state specific deviations thereof.

This is a brief description of the coverage. For complete benefits and other provisions, please refer to the policy and riders. This coverage does not replace Workers' Compensation Insurance. ***These products are inappropriate for people who are eligible for Medicaid Coverage.***

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Plan Code 013-776, 013-777, and 013-769