

AMERICAN FIDELITY
ASSURANCE COMPANY'S

Cancer Insurance

Basic and Enhanced *C-11 Plans*



A Limited Benefit Cancer
Expense Insurance Policy

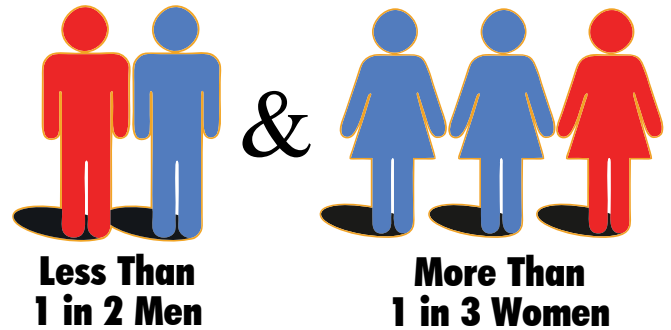
Cancer Can Be A Costly Disease.

Anyone can develop Cancer. Many Cancers are not inherited, but rather are the result of damage to genes that occurs during one's lifetime.* If you think it can't happen to you, think again.

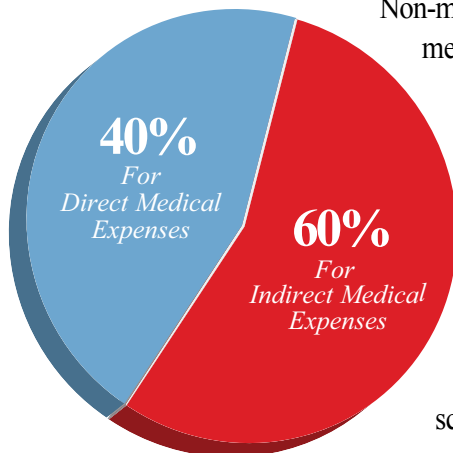
CONSIDER THESE FACTS

- In the U.S., men have slightly less than a 1 in 2 lifetime risk of developing Cancer; for women, the risk is a little more than 1 in 3.*

With statistics like this, it would help to prepare for Cancer early. Ask yourself, "If I were to be diagnosed, how would I pay for this costly disease?"



**Will Develop Some Form Of
Cancer In Their Lifetime.***



Non-medical expenses, such as travel, lodging, and meals, are usually not covered by many medical policies. Only 40% of the overall medical cost of Cancer is for direct expenses, **while 60% of Cancer treatment costs are not direct medical costs.**** It is essential to have a plan set in place that would help if you were diagnosed.

Cancer screenings can help detect Cancer earlier which could increase your survival rate if you were to be diagnosed with Cancer. The 5-year relative survival rate for all Cancers diagnosed is 68%.* Yet, sadly, many Americans cannot afford the expense of these all-important screenings.

The good news is that American Fidelity provides a product that can help with these expenses. Our Limited Benefit Cancer Insurance plan can help cover the cost of these screenings, giving you the early detection that can be so important when fighting the illness.

American Fidelity May Help.

American Fidelity's Limited Benefit Cancer Policy may help with the indirect costs of Cancer such as:

- Loss of your income
- Spouse's loss of income
- Babysitters
- Travel expenses (auto & air)
- Long distance phone calls
- Meals away from home
- Motel rooms

Our policy provides wellness benefits to help with the costs of screenings for the early detection of some Cancers as well as other cancer benefits you may need if diagnosed with Cancer. Limited Benefit Cancer Expense Protection benefits are paid directly to you, so they can be used however you need.

*American Cancer Society: Cancer Facts and Figures 2015 pages 1 and 2.

**American Cancer Society: Cancer Facts and Figures 2014 page 3.

Summary of Benefits

SCREENING & FOLLOW-UP	BASIC PLAN	ENHANCED PLAN
Diagnostic and Prevention <p>Pays the indemnity amount for receipt of one generally medically recognized internal Cancer screening test per Covered Person per Calendar Year including, but not limited to: mammogram; breast ultrasound; breast thermography; breast Cancer blood test (CA 15-3); colon Cancer blood test (CEA); prostate-specific antigen blood test (PSA); flexible sigmoidoscopy; colonoscopy; virtual colonoscopy; ovarian Cancer blood test (CA-125); pap smear (lab test required); chest x-ray; hemocult stool specimen; serum protein electrophoresis (blood test for myeloma); or ThinPrep Pap test. 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. Benefits will only be paid for tests performed after the 30-day period following the Covered Person's Effective Date of coverage.</p>	\$60 per test; 1 per Calendar Year	\$75 per test; 1 per Calendar Year
Cancer Screening Follow-Up <p>Pays the indemnity amount when a Covered Person receives one invasive follow-up test needed due to an abnormal covered Cancer screening result. Diagnostic surgeries which result in a positive diagnosis of Cancer will be paid under the Surgical Benefit.</p>	\$60 per Calendar Year; 1 per Calendar Year	\$75 per Calendar Year; 1 per Calendar Year
TREATMENT & PROCEDURES	BASIC PLAN	ENHANCED PLAN
Radiation Therapy/Chemotherapy/Immunotherapy <p>Pays the Actual Charges up to the maximum amount shown when a Covered Person receives Radiation Therapy, Chemotherapy, or Immunotherapy as defined in the policy, per 12-month period. The 12-month period begins on the first day the Covered Person receives covered Radiation Therapy, Chemotherapy, or Immunotherapy. This benefit does not cover other procedures related to Radiation/Chemotherapy/Immunotherapy. 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. Actual Charges means the amount actually paid by or on behalf of the insured person and accepted by the provider for services provided.</p>	Actual charges up to \$15,000 per 12-mo Period	Actual charges up to \$20,000 per 12-mo Period
Administrative/Lab Work <p>Pays the indemnity amount once per calendar month, when the Covered Person is receiving Radiation/Chemotherapy/Immunotherapy Benefit that month, for related procedures such as treatment planning, treatment management, etc.</p>	\$75 per Calendar Month	\$100 per Calendar Month
Hormone Therapy <p>Pays the indemnity amount for hormone therapy treatment as defined in the policy, prescribed by a Physician following a diagnosis of Cancer. This benefit covers drugs and medicines only and not associated administrative processes. This benefit does not include drugs/medicines covered under the Radiation Therapy/Chemotherapy/Immunotherapy Benefit or the Drugs and Medicine Benefit.</p>	\$50 per Treatment; Maximum of 12 per Calendar Year	\$50 per Treatment; Maximum of 12 per Calendar Year
Surgical Benefit Unit Dollar Amount Maximum Per Operation <p>Pays an indemnity benefit up to the Maximum Per Operation amount shown in the Schedule of Benefits in the policy when a surgical operation is performed on a Covered Person for covered diagnosed Cancer, Skin Cancer, or reconstructive surgery due to Cancer. Benefits will be calculated 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 Schedule of Benefits. 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. Any diagnostic surgery covered under the Diagnostic and Prevention Benefit will not be covered under this benefit. Bone marrow surgeries are paid under the Bone Marrow Transplant Benefit. Surgeries required to implant a permanent prosthetic device are covered under the Prosthesis Benefit.</p>	\$30 per Surgical Unit \$3,000	\$40 per Surgical Unit \$4,000
Medical Imaging <p>Pays the indemnity amount for a Covered Person who has been diagnosed with Cancer who receives either an MRI, CT scan; CAT scan; or PET scan when done at the request of a Physician due to Cancer or the treatment of Cancer.</p>	\$200 per Image; Maximum of 2 per Calendar Year	\$300 per Image; Maximum of 2 per Calendar Year
Anesthesia <p>Pays 25% of the amount paid for a covered surgery for the services of an anesthesiologist. Services of an anesthesiologist for bone marrow transplants, Skin Cancer, or surgical prosthesis implantation are not covered under this benefit.</p>	25% of Amount Paid for Covered Surgery	25% of Amount Paid for Covered Surgery
Blood, Plasma and Platelets <p>Pays the indemnity amount for blood, plasma and platelets. This does not include any laboratory processes. Colony stimulating factors are not covered under this benefit. Benefits for Blood, Plasma and Platelets are ONLY provided under this benefit.</p>	\$150 per day; Maximum \$7,500 per Calendar Year	\$200 per day; Maximum \$10,000 per Calendar Year

TREATMENT & PROCEDURES (CON'T)	BASIC PLAN	ENHANCED PLAN
--------------------------------	------------	---------------

Drugs and Medicine

*****Hospital Confinement
Outpatient**

**\$200 per Confinement
\$50 per prescription; up to
\$100 per calendar month**

**\$300 per Confinement
\$50 per prescription; up to
\$150 per calendar month**

Pays the indemnity amount for anti-nausea and pain medication prescribed by a Physician for a Covered Person for treatment of Cancer, who is also receiving Radiation Therapy/Chemotherapy/Immunotherapy, a covered surgery, or a Bone Marrow/Stem Cell Transplant. This benefit does not cover associated administrative processes. This benefit does not include drugs/medicines covered under the Radiation/Chemotherapy/Immunotherapy Benefit or the Hormone Therapy Benefit.

Bone Marrow/Stem Cell Transplant

**Autologous
Non-autologous**

**\$1,000 per Calendar Year
\$3,000 per Calendar Year**

**\$1,500 per Calendar Year
\$4,500 per Calendar Year**

Pays the indemnity amount when a bone marrow transplant or peripheral blood stem cell transplant is performed on a Covered Person as treatment for a diagnosed Cancer. This benefit will not be paid for the harvest of bone marrow or stem cells from a donor.

Experimental Treatment

Paid as any non-experimental benefit Paid as any non-experimental benefit

Pays benefits for Experimental Treatment prescribed by a Physician, as defined in the policy, the same as any other benefit covered under this policy. This benefit does not provide coverage for treatments received outside of the United States or its territories.

Donor Expenses

\$1,000 per donation

\$1,000 per donation

Pays the indemnity amount shown for a donor's expenses incurred 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.

Physical or Speech Therapy

**\$25 per visit; up to 4 visits
per Calendar Month**

**\$25 per visit; up to 4 visits
per Calendar Month**

Pays the indemnity amount if a Physician advises a Covered Person to seek physical therapy or speech therapy. Physical or speech therapy must be performed by a caregiver licensed in physical or speech therapy and be needed as a result of Cancer or the treatment of Cancer. We will pay for one treatment per day up to four treatments per calendar month per Covered Person for any combination of physical or speech therapy treatments up to a lifetime maximum of \$1,000.

FACILITIES & EQUIPMENT	BASIC PLAN	ENHANCED PLAN
------------------------	------------	---------------

Hospital Confinement

**\$200 per day first 30 days
\$400 per day thereafter**

**\$300 per day first 30 days
\$600 per day thereafter**

Pays the indemnity amount for a Covered Person while confined to a Hospital for at least 18 continuous hours for the treatment of Cancer. ***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. This benefit will not be paid for outpatient treatment or a stay of less than 18 hours in an observation unit or emergency room.

Outpatient Hospital or Ambulatory Surgical Center

\$400 per day of Surgery

\$600 per day of Surgery

Pays the indemnity amount shown towards the facility fee charges of an Ambulatory Surgical Center or Hospital for an outpatient surgical procedure of a diagnosed Cancer. Surgical procedures for Skin Cancer are not covered under this benefit.

U.S. Government/Charity Hospital or HMO

**\$200 per day in lieu
of most benefits**

**\$300 per day in lieu
of most benefits**

If an itemized list of services is not available because a Covered Person is: confined in a charity Hospital or U.S. Government owned Hospital; or covered under a Health Maintenance Organization (H.M.O.) or Diagnostic Related Group (D.R.G.) where no charges are made to the Covered Person for treatment of Cancer or Dread Disease, the Primary Insured may convert benefits under the policy to pay the indemnity amount shown. This benefit will be paid in lieu of most benefits under the policy.

Extended Care Facility

\$75 per day

\$100 per day

Pays the indemnity amount for each day room and board charges are incurred while a Covered Person is confined in an Extended Care Facility due to Cancer at the direction of a Physician that begins within 14 days after a covered Hospital Confinement. Paid for up to the same number of days benefits were paid for the Covered Person's preceding Hospital Confinement.

Hospice

**\$75 per day;
\$13,500 Lifetime Maximum**

**\$100 per day;
\$18,000 Lifetime Maximum**

Pays the indemnity amount for Hospice Care directed by a licensed Hospice organization, as defined in the policy, of a Covered Person expected to live six months or less due to Cancer. This benefit does not include: well baby care; volunteer services; meals; housekeeping services; or family support after the death of the Covered Person.

Prosthesis

**Surgically Implanted
Non-surgically Implanted**

**\$1,500 per Device; 1 per Site
\$150 per Device; 1 per Site**

**\$2,000 per Device; 1 per Site
\$200 per Device; 1 per Site**

Pays the indemnity amount for a prosthetic device received due to Cancer that manifested after the 30th day following the Effective Date, and its surgical implantation if required as a direct result of surgery for Cancer. This benefit does not cover prosthetic related supplies. Temporary prosthetic devices used as tissue expanders are covered under the Surgical Benefit. Lifetime maximum of two surgically implanted prosthetics per Covered Person. Lifetime maximum of three non-surgically implanted prosthetics per Covered Person.

Hair Prosthesis

\$150 Lifetime Maximum

\$200 Lifetime Maximum

Pays the indemnity amount for a Covered Person's hair prosthesis needed as a direct result of Cancer or the treatment of Cancer. This benefit is payable once per Covered Person per lifetime and is only payable under this benefit.

CARE & CONSULTATION	BASIC PLAN	ENHANCED PLAN
Attending Physician Pays the indemnity amount for one Physician's visit per day when a Covered Person requires the services of a Physician, other than a surgeon while Hospital Confined for the treatment of Cancer.	\$40 per day while Hospital Confined	\$50 per day while Hospital Confined
Inpatient Special Nursing Pays the indemnity amount shown for Full-time special nursing care (other than that regularly furnished by a Hospital) while a Covered Person is Hospital Confined for treatment of Cancer. "Full-time" means at least eight consecutive hours during a 24 hour period. Care must be provided by a Nurse, as defined by the Policy, be prescribed by a Physician and be Medically Necessary for the treatment of Cancer.	\$150 per day while Hospital Confined	\$150 per day while Hospital Confined
Home Health Care Pays the indemnity amount for a Covered Person's Home Health Care, as described in the policy, required due to Cancer when prescribed by a Physician in lieu of Hospital Confinement beginning within 14 days after a Hospital Confinement. This benefit does not include physical or speech therapy. This benefit will be paid for up to the same number of days benefits were paid for the Covered Person's preceding Hospital Confinement. If the Covered Person qualifies for coverage under the Hospice Care Benefit, the Hospice Care Benefit will be paid in lieu of this benefit. 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. The caregiver may not be a family member.	\$75 per day; up to same number of days of paid Hospital Confinement	\$100 per day; up to same number of days of paid Hospital Confinement
2nd and 3rd Surgical Opinion Pays the indemnity amount once per diagnosis for a Covered Person's second surgical opinion and if the second disagrees with the first, a third opinion, when the attending Physician recommends surgery for the treatment of Cancer. Surgical opinions for reconstructive, Skin Cancer, or prosthesis surgeries are not covered under this benefit.	\$300 per diagnosis; Additional \$300 for 3rd	\$300 per diagnosis; Additional \$300 for 3rd

TRANSPORTATION & LODGING	BASIC PLAN	ENHANCED PLAN
Ambulance Ground Air Pays the indemnity amount shown for either licensed air or ground ambulance transportation of a Covered Person to a Hospital or from one medical facility to another where the Covered Person is admitted as an Inpatient and Hospital Confined for at least 18 consecutive hours for treatment of Cancer. Paid for up to two trips per Hospital Confinement for any combination of air or ground ambulance transportation.	\$200 per trip \$2,000 per trip	\$200 per trip \$2,000 per trip
Patient & Family Member Transportation	Round Trip Coach Fare or \$0.50 per mile up to a Maximum \$1,500 per round trip	Round Trip Coach Fare or \$0.50 per mile up to a Maximum \$1,500 per round trip
Outpatient & Family Member Lodging These benefits pay for the transportation of a Covered Person and/or one adult family member when the Covered Person has been diagnosed with Cancer and receives covered Radiation Therapy, Chemotherapy, Immunotherapy, Bone Marrow/Stem Cell Transplant, or surgery due to Cancer in the nearest non-local Physician prescribed Hospital providing such treatment that is at least 50 miles away from the Covered Person's residence, using the most direct route. Travel must be by scheduled bus, plane or train, or by car and be within the United States or its Territories. Benefits will be provided for only one mode of transportation per round trip and will be paid for up to 12 round trips per Calendar Year. Benefits for travel of the Covered Person and/or family member will be paid: once per Covered Person's Hospital Confinement; or only on days of Covered Person's outpatient specialized treatment. Benefits for lodging of the Covered Person and/or family member will be paid: once per Covered Person's Hospital Confinement; or only on days of Covered Person's outpatient specialized treatment. If the family member and the Covered Person travel in the same car or lodge in the same room, benefits for travel and lodging will only be paid under the Transportation and Lodging Benefit for the patient.	\$60 per day up to 90 days per Calendar Year	\$80 per day up to 90 days per Calendar Year

ADDITIONAL BENEFITS	BASIC PLAN	ENHANCED PLAN
Dread Disease Pays an indemnity amount for each period of Hospital Confinement for treatment of a Dread Disease as defined in the policy, including: 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-Sachs Disease, Tetanus, Toxic Epidermal Necrolysis, Toxic Shock Syndrome, Tuberculosis, Tularemia, Typhoid Fever, and Whipple's Disease. Benefits for Dread Disease are ONLY provided under this benefit.	\$200 per day first 30 days per Hospital Confinement; \$400 per day thereafter	\$300 per day first 30 days per Hospital Confinement; \$600 per day thereafter
Waiver of Premium If the Primary Insured becomes disabled due to Cancer and remains so for more than 90 continuous days, we will pay all premiums 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. This policy must be in force at the time disability begins and the Primary Insured must be under age 65.	90 day elimination period	90 day elimination period

FAMILY COVERAGE

You can take advantage of several options to extend coverage to your family:

- *Individual* – You.
- *Single Parent Family* – You and each Eligible Child, as defined in the policy.
- *Family Plan* – You and your spouse and Eligible Children, as defined in the policy.

GUARANTEED RENEWABLE

You are guaranteed the right to renew your base policy 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.

TERMINATION OF INSURANCE

This policy/rider(s) will terminate and coverage will end for all Covered Persons 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 this policy/rider(s); or the date of your death, if this is an Individual Plan; or the date insurance has ceased on all persons covered under this policy/rider(s).

C-11 MONTHLY PREMIUMS[†]

	BASIC PLAN			ENHANCED PLAN		
	<i>Individual</i>	<i>One Parent Family</i>	<i>Two Parent Family</i>	<i>Individual</i>	<i>One Parent Family</i>	<i>Two Parent Family</i>
18-40	16.30	24.40	31.80	21.00	31.40	40.80
41-50	23.60	35.20	45.70	30.80	45.80	59.50
51-60	32.60	48.70	63.30	42.40	63.30	82.30
61+	44.20	65.90	85.80	57.30	85.60	111.30

[†]The premium and amount of benefits provided vary dependent upon the plan selected.

Hospital Intensive Care Unit Rider

Intensive Care Unit

\$600 per day; up to 30 days per confinement

Ambulance Benefit

\$100 per Admission

Pays each day a Covered Person is confined in an ICU, as defined in the rider, due to accident or sickness. 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. Benefits will not be paid for an ICU confinement that begins prior to the Effective Date of the rider. Pays the amount shown for ambulance charges for transportation to a Hospital where the Covered Person is admitted to an Intensive Care Unit within 24 hours of arrival. Benefits reduce by 50% at age 70.

HOSPITAL INTENSIVE CARE UNIT RIDER MONTHLY PREMIUMS[†]

	ICU RIDER		
	<i>Individual</i>	<i>One Parent Family</i>	<i>Two Parent Family</i>
18-40	3.40	5.10	6.60
41-50	4.20	6.30	8.20
51-60	5.50	8.20	10.70
61+	7.10	10.60	13.80

[†]The premium and amount of benefits provided vary dependent upon the plan selected.

Critical Illness Rider

Pays the specified Maximum Benefit Amount, depending upon the amount chosen at time of application, upon first diagnosis of a Covered Critical Illness, as defined in the rider and as shown on the Policy Schedule, and the Date of Diagnosis occurs after the 30th day following the Covered Person's Effective Date of coverage under the rider. Once each Benefit is paid for a Covered Person, the Benefit is no longer available for such Covered Person. All benefit amounts reduce by 50% at age 70.

CRITICAL ILLNESS RIDER MONTHLY PREMIUMS†

\$2,500 Unit / Maximum \$10,000 Per Rider

CANCER ONLY												
\$2,500			\$5,000			\$7,500			\$10,000			
<i>Ind</i>	<i>1 Parent Family</i>	<i>2 Parent Family</i>	<i>Ind</i>	<i>1 Parent Family</i>	<i>2 Parent Family</i>	<i>Ind</i>	<i>1 Parent Family</i>	<i>2 Parent Family</i>	<i>Ind</i>	<i>1 Parent Family</i>	<i>2 Parent Family</i>	
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
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
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
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			
<i>Ind</i>	<i>1 Parent Family</i>	<i>2 Parent Family</i>	<i>Ind</i>	<i>1 Parent Family</i>	<i>2 Parent Family</i>	<i>Ind</i>	<i>1 Parent Family</i>	<i>2 Parent Family</i>	<i>Ind</i>	<i>1 Parent Family</i>	<i>2 Parent Family</i>	
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
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
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
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

†The premium and amount of benefits provided vary dependent upon the plan selected.

Limitations and Exclusions

ELIGIBILITY

This policy will be issued only to those persons who meet American Fidelity Assurance Company's insurability requirements. **This product is inappropriate for those people who are eligible for Medicaid Coverage.** The policy and the Internal Cancer coverage under the Critical Illness Rider will not be issued to anyone who has been diagnosed or treated for Cancer in the previous ten years. The Heart Attack or Stroke coverage under the Critical Illness Rider will not be issued to anyone who has been diagnosed or treated for any heart or stroke related conditions. The Hospital Intensive Care Unit Rider will not cover heart conditions for a period of two years following the Effective Date of coverage for anyone who has been diagnosed or treated for any heart related condition prior to the 30th day following the Covered Person's Effective Date of coverage.

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 gamopathy; carcinoid; or pre-malignant lesions, benign tumors or polyps.

BASE POLICY

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. This 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. This policy also covers other conditions or diseases directly caused by Cancer or the treatment of Cancer. This 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.

No benefits are payable for any Covered Person for any loss incurred during the first year of this policy as a result of a Pre-Existing Condition. A Pre-Existing Condition is a Cancer or Specified 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 for 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 this contract are never covered. This policy contains a 30-day waiting period during which no benefits will be paid under this policy. If any Covered Person has a Cancer or Specified Disease diagnosed before the end of the 30-day period immediately following the Covered Person's Effective Date, coverage for that person will apply only to loss that is incurred after one year from the Effective Date of such person's coverage. If any Covered Person is diagnosed as having a Cancer or Specified 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 payable only up to the maximum amount listed in the Schedule of Benefits in the policy.

HOSPITAL INTENSIVE CARE UNIT RIDER

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 alcoholism or drug addiction; 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. For a newborn child born within the ten-month period following the effective date of this 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.

CRITICAL ILLNESS RIDER

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; or alcoholism or drug addiction; 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 (Pre-Existing Condition, as defined in this rider means any sickness or condition for which, 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 for which symptoms manifested in such a manner as would cause an ordinarily prudent person to seek diagnosis, medical advice or treatment.); 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.). 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 gamopathy; 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.

This is a brief description of the coverage. For complete benefits and other provisions, please refer to the policy. This coverage does not replace Workers' Compensation Insurance. Availability of riders may vary by state.



Sign up for secured online access at americanfidelity.com to view and print your policies.

American Fidelity's Online Service Center provides you convenient, secure 24/7 access to your detailed policy information.

AMERICAN FIDELITY 
a different opinion

9000 Cameron Parkway
Oklahoma City, Oklahoma 73114
(800) 654-8489
www.americanfidelity.com