

- ◇ *The incidence of cancer is increasing.¹*
- ◇ *In 2004, about 1,368,030 new cancer cases are expected to be diagnosed.¹*
- ◇ *1 in every 3 Americans will be stricken by cancer . . . 33% of us.¹*
- ◇ *Among children ages 1 to 14, cancer causes more deaths in the U.S. than any other disease.¹*
- ◇ *Almost everyone knows someone who has had cancer.*
- ◇ *Most cancer victims are considered uninsurable by insurance companies.*

WITH AMERICAN PUBLIC LIFE'S CANCER CARE - C-442, YOU CAN BE PREPARED FOR THE UNEXPECTED

POLICY HIGHLIGHTS FOR C-442

- ◇ *Benefits are paid directly to you or whomever you designate.*
- ◇ *Cancer and Specified Diseases Benefits cannot be reduced because of occupation, or retirement.*
- ◇ *Guaranteed renewable for life as long as premiums are paid as scheduled. Only you can cancel your policy.*
- ◇ *Premiums may only be changed by state.*
- ◇ *Benefits are paid for treatment as a result of Cancer or Specified Disease first diagnosed on or after the Policy Effective Date.*

BENEFITS FOR CANCER

FIRST OCCURRENCE & DIAGNOSIS BENEFIT: The first time Internal Cancer is diagnosed, We will pay the amount shown in the Policy Schedule. Family Members who are covered under this plan receive the same full benefits as the primary insured.

\$ 1,000

DAILY HOSPITAL EXPENSE BENEFIT: We will pay the daily hospital benefit selected for charges made by a Hospital while confined as an In-Patient as a result of cancer.

\$ 200

Daily Hospital Benefit for Dependent Children: We will pay **DOUBLE** the daily hospital benefit selected above for children as a result of cancer.

CHEMOTHERAPY & RADIATION TREATMENT EXPENSE BENEFIT

In-Hospital or Out-Patient

We will pay the actual charges, not to exceed the amount shown in the Policy Schedule.

PER CALENDAR YEAR

\$ 10,000

We pay for FDA approved cancericidal antineoplastic drugs, as defined in the Policy, and ionized radiation and certain professional fees of a Medical Practitioner.

WELLNESS EXPENSE BENEFIT: We will pay actual charges, not to exceed \$75 per calendar year, subject to a 90 day waiting period, for the following covered Cancer Screening Tests: Mammography, Flexible Sigmoidoscopy, Chest X-ray, Hemocult Stool Analysis, Pap Smear, Colonoscopy, Thermography, PSA (Blood Test for Prostate Cancer), CA125 (Blood Test for Ovarian Cancer), CEA (Blood Test for Colon Cancer), and any other Cancer Screening Test Approved by the National Cancer Institute or the American Cancer Society.

DRUGS GIVEN WITH CANCERICIDAL ANTINEOPLASTIC DRUGS BENEFIT: We will pay the actual charges for adjunctive or ancillary drugs, not to exceed \$25 per day, provided the Chemotherapy & Radiation Treatment Expense Benefit is also payable.

BLOOD/PLASMA/PLATELETSEXPESEBENEFIT: We will pay the actual charges for the procurement, cross-matching, typing and processing of whole blood/plasma/platelets as a result of Cancer, and certain professional fees of a Medical Practitioner, not to exceed \$10,000 per calendar year.

IN-PATIENT PHYSICIAN'S EXPENSE BENEFIT: We will pay actual charges for services of a Physician, other than a surgeon or anesthesiologist, not to exceed \$40 per 24 hour period, while confined in a hospital as a result of Cancer.

¹Source: American Cancer Society; Cancer Facts & Figures 2004

IN-PATIENT SURGICAL EXPENSE BENEFIT: We will pay actual charges for surgical operations as a result of Cancer and while hospital confined as outlined in the policy and the Schedule of Operations, not to exceed \$4,000. Amounts payable depend on the operation performed. If more than one surgical operation is performed at the same time in the same operative field, we will only pay for the operation with the highest benefit amount.

OUT-PATIENT SURGERY EXPENSE BENEFIT: We will pay the following benefits for surgery performed at an Ambulatory Surgical Facility or at a Hospital as an out-patient for Internal Cancer: (a) actual charges made by the surgeon, not to exceed 150% of surgical benefit payable under Schedule of Operations; (b) actual charges, not to exceed \$400, made by the Ambulatory Surgical Facility or Hospital related to the surgery; and, (c) actual charges, not to exceed \$50, for one visit by a physician other than the surgeon on the day of surgery.

2ND AND 3RD SURGICAL OPINIONS EXPENSE BENEFIT: We will pay actual charges, not to exceed \$200 per surgical opinion for a 2nd and 3rd opinion when advised by a Physician to have surgery as a result of Internal Cancer.

ANESTHETIST EXPENSE BENEFIT: We will pay actual charges, not to exceed 30% of the amount payable under the IN-PATIENT OR OUT-PATIENT SURGICAL EXPENSE BENEFIT for the professional fee of an Anesthetist or Anesthesiologist.

PRIVATE DUTY NURSING IN-HOSPITAL BENEFIT: We will pay actual charges, not to exceed \$125 per 24 hour period, for R.N., L.P.N., or L.V.N. private duty nursing (not customarily provided by the hospital) ordered by a Physician as a result of Cancer while hospital confined.

AMBULANCE EXPENSE BENEFIT: We will pay actual charges for a licensed Ground Ambulance to and from a hospital when admitted as a patient as a result of Cancer. We will pay actual charges not to exceed \$10,000 per calendar year for licensed Air Ambulance to and from a hospital when admitted as a patient as a result of Cancer.

PATIENT TRANSPORTATION EXPENSE BENEFIT: When special cancer treatment is prescribed by the Attending Physician and is not locally available & more than fifty (50) miles away by the most direct route, we will pay:

1. Actual coach fare for the patient when transportation is by air, bus or rail; or
2. Fifty (50) cents per mile when travel is by personal automobile.

FAMILY MEMBER TRANSPORTATION BENEFIT: When a Patient qualifies under the Patient Transportation Expense Benefit, and travel is by aircraft, bus or train, we will pay actual coach fare for one adult family member to accompany the patient on the common carrier.

LODGING EXPENSE BENEFIT: We will pay actual charges, not to exceed \$75 per day, for the same number of days

the insured is confined to a hospital when one adult family member incurs expense for a motel or hotel. This benefit is only paid when the Transportation Benefit is payable.

BREAST PROSTHESES EXPENSE BENEFIT: We will pay the actual charges for internal or external breast prostheses due to surgery as a result of Cancer, not to exceed \$1,000 per 5 calendar year period.

PHYSICAL OR SPEECH THERAPY EXPENSE BENEFIT: We will pay actual charges not to exceed \$35 per licensed physical or speech therapy session, not to exceed \$525 per calendar year when prescribed by a Physician as a result of Cancer.

SKIN CANCER BENEFIT: Skin cancer will be covered as any other Cancer (other than Internal Cancer) with pathological or clinical diagnosis.

BONE MARROW DONOR EXPENSE BENEFIT: We will pay bone marrow donor's expenses for: (a) round trip transportation by a common carrier to the hospital where transplant is performed; (b) actual charges, not to exceed \$2,500 for medical or hospital expenses directly related to transplant; and (c) actual charges for lodging and meals, but not to exceed \$75 per day, when donor is asked to remain near the hospital after the transplant for possible donation of additional blood components. Benefits are not payable for Autologous bone marrow transplants. Benefits are not payable for transportation or lodging expenses that duplicate payment under the Patient Transportation Expense Benefit or Family Member Transportation Benefit.

EXPERIMENTAL DRUGS TREATMENT BENEFIT: We will pay actual charges for Experimental Drugs as defined in the policy and approved by the FDA for experimental use in the treatment of cancer, not to exceed \$7,500 per calendar year. This will include certain professional fees of a Medical Practitioner.

ARTIFICIAL LIMB EXPENSE BENEFIT: We will pay actual charges for the initial prescribed artificial limb to replace a limb which was amputated as a result of cancer, not to exceed \$2,000 per limb.

ALOPECIA EXPENSE BENEFIT: We will pay actual charges, not to exceed \$200 per 5 calendar year period, for a wig or hair piece if an insured person experiences hair loss as a result of Cancer treatment.

MEDICAL EQUIPMENT EXPENSE BENEFIT: We will pay actual charges, not to exceed \$500 per 5 calendar year period, for rental or purchase of braces, crutches, wheelchair, oxygen equipment, respirators and other medical devices prescribed by a Physician as a result of Cancer.

HOME NURSING EXPENSE BENEFIT: We will pay actual charges, not to exceed \$150 per 24 hour period, for an R.N., L.P.N., or L.V.N. when ordered by a Physician as a result of Cancer

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for a period of time, not to exceed the number of days of the preceding hospital confinement. Home nursing services must begin within 14 days of the hospital confinement.

HOME HEALTH CARE EXPENSE BENEFIT: We will pay the actual charges, not to exceed \$50 per day for as many as 100 days per calendar year for services of a licensed Home Health Care Agency, when ordered by a Physician in lieu of hospital confinement, as a result of Cancer.

SKILLED NURSING HOME/EXTENDED CARE BENEFIT: We will pay actual charges, not to exceed \$125 per day, for a skilled nursing home/extended care facility, when ordered by a Physician, equal to the number of days spent in prior hospital confinement as a result of Cancer. Payable when hospital confinement exceeds 7 consecutive days and must begin within 14 days after hospital confinement.

HOME RECOVERY BENEFIT: We will pay the following benefit if a covered insured is alive and at home after a covered hospital confinement greater than 7 consecutive days: (a) an indemnity of \$35 per day equal to the number of days of hospital confinement; and (b) the actual charges, not to exceed \$300 for prescription drugs and medicines purchased during the period the indemnity is payable. Benefits paid for prescription drugs and medicines will not duplicate payment made under the Chemotherapy & Radiation Treatment Expense Benefit or the Drugs Given With Cancericidal Antineoplastic Drugs Benefit.

HOSPICE EXPENSE BENEFIT: We will pay actual charges, not to exceed \$100 per day, for care received by a Hospice, if life expectancy is less than 6 months as a result of Cancer.

GOVERNMENT, ELEEMOSYNARY OR CHARITY HOSPITAL BENEFIT: As a result of Cancer, we will pay in lieu of other benefits: (a) \$300 per day if confined to a hospital; (b) \$100 per day for Chemotherapy or Radiation Therapy treatment as an out-patient; and (c) Transportation and Ambulance Benefits as outlined in the policy.

WAIVER OF PREMIUM BENEFIT: If the Person named as Insured in the Policy Schedule becomes totally disabled, as defined in the policy, for more than 60 days as a result of Internal Cancer, we will waive the premiums which fall due after the initial 60 days and as long as the Insured is totally disabled. Total disability must commence prior to the Insured's 60th birthday.

BENEFITS FOR SPECIFIED DISEASES

HOSPITAL EXPENSE BENEFIT: We will pay an indemnity of \$300 per day when confined in a hospital as the result of a listed Specified Disease.

ATTENDING PHYSICIAN'S EXPENSE BENEFIT: We will pay the actual charges, not to exceed \$40 per day for the visit of a Physician when confined in a hospital as the result of a listed Specified Disease.

PRIVATE DUTY NURSE EXPENSES BENEFIT: We will pay the actual charges, not to exceed \$125 per 24 hour period for R.N., L.P.N., or L.V.N. private duty nursing when confined in a hospital as a result of a listed Specified Disease.

AMBULANCE EXPENSES BENEFIT: We will pay the actual charges to and from a hospital by a licensed Ambulance Service as a result of a listed Specified Disease.

Covered Specified Diseases are:

Adrenal Hypofunction (Addison's Disease), Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease), Bubonic Plague, Budd Chari Syndrome, Cystic Fibrosis, Diphtheria, Encephalitis, Hansen's Disease, Histoplasmosis, Legionnaire's Disease (excluding Pontiac Syndrome), Meningitis, Multiple Sclerosis, Muscular Dystrophy, Myasthenia Gravis, Niemann-Pick Disease, Osteomyelitis, Poliomyelitis, Reye's Syndrome, Rheumatic Fever, Rocky Mountain Spotted Fever, Scarlet Fever, Sickle Cell Anemia, Tay-Sachs Disease, Tetanus, Toxic Epidermal Necrolysis, Toxic Shock Syndrome, Trichinosis, Tuberculosis, Tularemia, Typhoid Fever, Whipple's Disease (Intestinal Lipodystrophy) and Undulant Fever.

EXCEPTIONS

No benefit will be payable under this Policy: (a) for any disease, sickness or infirmity other than Cancer as defined, or a Specified Disease as defined; or, (b) for loss due to a Pre-existing Condition unless the loss occurs after premiums have been paid for twenty-four (24) consecutive months on behalf of the Insured Person sustaining the loss. Loss due to Pre-Existing Conditions specifically named, or described as excluded in any part of the Policy are never covered; or (c) for or in connection with any treatment which is received outside the United States. (In Texas for charges incurred outside the United States if the insured traveled to the location for the purpose of receiving such treatment.)

**AMERICAN PUBLIC LIFE
C-442 SUPPLEMENTAL CANCER PLAN
COST PER PAY PERIOD**

Employee Only.....	\$ 10.68
Employee & Spouse.....	\$ 19.23
Employee & Child(ren).....	\$ 12.75
Family.....	\$ 19.23

LIMITATIONS AND EXCLUSIONS

Benefits are not payable under this policy for confinement in step-down units such as progressive care, sub-acute intensive care, intermediate care, private monitored rooms, observation units or other facilities which do not meet the standard for “Hospital Intensive Care/Coronary Care Unit”; confinement for a period which began before the effective date of the policy; confinement due to intentionally self-inflicted bodily injury or suicide attempts; loss sustained or contracted as a consequence of your being under the influence of any narcotic unless administered on the advice of a physician; or the confinement is a result of a heart condition or aggravated by a heart condition, and you (or the affected family member) had been treated for, or diagnosed as having had a heart attack, heart trouble or any abnormal condition of the heart prior to the policy’s effective date, subject to the provisions entitled “Time Limit on Certain Defenses” of the policy.

IMPORTANT NOTICE

This coverage should be viewed as a supplement to other health insurance. This is not the insurance contract, and only the actual policy provisions will apply. It is therefore important that you read your policy carefully.

Provisions may vary according to state requirements.

Product not available in all states.