

Cancer Insurance

AMERICAN FIDELITY

a different opinion



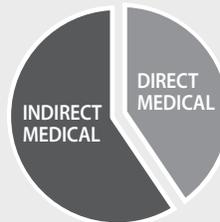
Cancer can be a costly disease.

A cancer diagnosis may be both a physical and emotional drain. 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.

The financial impact of a cancer diagnosis can affect anyone's financial situation. American Fidelity Assurance Company's Limited Benefit Cancer Insurance may offer a solution to help you and your family focus on fighting the disease. This plan may assist with the expenses that may not be covered by other medical insurance.



Over 1.6 million new cases of cancer will be diagnosed this year.*



Did You Know?

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 indirect medical costs.** It is essential to have a plan set in place that could help if you were diagnosed.

How It Works

This plan is designed to help cover expenses should you be diagnosed with cancer. With more than 25 built-in plan benefits, this plan provides benefits for the treatment of cancer, transportation, hospitalization, and more.

In addition, this is a portable plan, so you own the policy. You can take the coverage with you if you choose to leave your current job, and your premiums will not increase because you left your employment.

American Fidelity's Limited Benefit Cancer Insurance features:

- Benefits paid directly to you, to be used however you see fit.
- Policy is guaranteed renewable for as long as premiums are paid as required.
- The company has the right to change premium rates by class.
- Employee, Single Parent, and Family plans are available.

SCREENING BENEFIT⁺

Receive a benefit for your annual internal cancer screening test, including but not limited to Mammogram, PAP, PSA, and Colonoscopy.

DIAGNOSTIC AND PREVENTION BENEFIT *(per calendar year)*

Basic	Enhanced	Enhanced Plus
\$135	\$180	\$225

Plan Options

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

- **Individual Plan**
The Insured, age 18 through 70, at the date of policy issue, is the only Covered Person.
- **Single Parent Family Plan**
The Insured, age 18 through 70, at the date of policy issue, and each Eligible Child, as defined in the policy.
- **Family Plan**
The Insured and spouse, age 18 through 70, at the date of policy issue, and Eligible Child, as defined in the policy.

*American Cancer Society: Cancer Facts and Figures 2015, pg. 1. **American Cancer Society: Cancer Facts and Figures 2014, pg. 3.

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

Schedule of Benefits by Plan⁺

	Basic	Enhanced	Enhanced Plus
SCREENING BENEFITS			
Diagnostic and Prevention Benefit <i>(per calendar year)</i>	\$135	\$180	\$225
Cancer Screening Follow-Up Benefit <i>(per calendar year)</i>	\$135	\$180	\$225
TREATMENT BENEFITS			
Radiation Therapy/Chemotherapy/Immunotherapy Benefit <i>(per calendar month)</i>	\$1,000	\$1,500	\$2,000
Medical Imaging Benefit <i>(per image - max 2 per calendar year)</i>	\$300	\$600	\$900
Hormone Therapy Benefit <i>(per treatment - max 12 treatments/calendar year)</i>	\$50	\$50	\$50
Administrative/Lab Work Benefit <i>(per calendar month)</i>	\$50	\$75	\$100
Blood, Plasma, and Platelets Benefit <i>(per day)</i> <i>(per calendar year max)</i>	\$300 \$15,000	\$450 \$22,500	\$600 \$30,000
Bone Marrow/Stem Cell Transplant Benefit Autologous <i>(Patient provided)</i> <i>(per calendar year)</i> Non-autologous <i>(Donor provided)</i> <i>(per calendar year)</i>	\$1,500 \$4,500	\$3,000 \$9,000	\$4,500 \$13,500
HOSPITALIZATION BENEFITS			
Hospital Confinement Benefit <i>(per day for the first 30 days)</i> <i>(per day after the first 30 days of Hospital Confinement)</i>	\$300 \$600	\$600 \$1,200	\$900 \$1,800
Drugs & Medicine Benefit Hospital Confinement <i>(per Confinement)</i> Outpatient <i>(per prescription - \$150 monthly max for Basic; \$300 for Enhanced; \$450 for Enhanced Plus)</i>	\$300 \$150	\$600 \$150	\$900 \$150
Attending Physician <i>(per day while Hospital Confined)</i>	\$90	\$120	\$150
U.S. Government/Charity Hospital or HMO <i>(per day while Hospital Confined)</i> Hospital Confinement Outpatient Services	\$300 \$300	\$600 \$600	\$900 \$900
AMBULANCE, TRANSPORTATION, & LODGING BENEFITS			
Ambulance Benefit <i>(per trip - max 2 trips any combination per confinement)</i> Ground Air	\$600 \$6,000	\$600 \$6,000	\$600 \$6,000
Transportation & Lodging Benefit (Patient and/or Family) Transportation <i>(\$4,500 max per round trip; max 12 trips/calendar year)</i> Outpatient Lodging <i>(per day up to 90 days per calendar year)</i>	Coach fare or \$1.50/mile by car \$120	Coach fare or \$1.50/mile by car \$180	Coach fare or \$1.50/mile by car \$240
SURGICAL TREATMENT BENEFITS			
Surgical Benefit <i>(per surgical unit - \$7,000 max for Basic; \$10,500 max for Enhanced; \$14,000 max for Enhanced Plus per operation)</i>	\$70	\$105	\$140
Anesthesia Benefit	25% of the amount paid for covered surgery		
Outpatient Hospital or Ambulatory Surgical Cancer Benefit <i>(per day)</i>	\$600	\$1,200	\$1,800
Second & Third Surgical Opinion Benefit <i>(per diagnosis)</i>	\$900	\$900	\$900

Schedule of Benefits by Plan+ (continued)

	Basic	Enhanced	Enhanced Plus
CONTINUING CARE BENEFITS			
Prosthesis Benefit			
Non-Surgical (per device - 1 per site, lifetime max of 3)	\$300	\$450	\$600
Surgical Implantation (per device, includes surgical fee - 1 per site, lifetime max of 2)	\$3,000	\$4,500	\$6,000
Hair Prosthesis (once per life)	\$1,050	\$1,050	\$1,050
Extended Care Facility Benefit			
(per day for the first 30 days)	\$150	\$300	\$450
(thereafter, up to 100 days per lifetime)	\$300	\$600	\$900
Physical or Speech Therapy Benefit			
(per visit up to 4 per calendar month - lifetime max of \$3,000)	\$75	\$75	\$75
Hospice Care Benefit			
(per day - \$27,000 lifetime max for Basic; \$40,500 lifetime max for Enhanced; \$54,000 lifetime max for Enhanced Plus)	\$150	\$225	\$300
Home Health Care Benefit			
(per day for the first 30 days)	\$150	\$300	\$450
(thereafter, up to 100 days per lifetime)	\$300	\$600	\$900

Refer to Plan Benefit Highlights for more complete Benefit Descriptions and limits on the Cancer Insurance Plan.

Enhance your plan⁺⁺

Critical Illness Rider

Thanks to medical technology, more people are surviving critical illnesses. This rider is designed to help with the cost associated with surviving these types of illnesses.

Schedule of Benefits	
Cancer Benefit (per unit - maximum \$10,000)	\$5,000 or \$10,000
Heart Attack/Stroke Benefit (per unit - maximum \$10,000)	\$5,000 or \$10,000

Summary of Critical Illness Rider Benefits:

- Pays when diagnosed after 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.

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

⁺⁺Availability of riders may vary by state and employer. Additional riders are subject to our general underwriting guidelines and coverage is not guaranteed.

Plan Benefit Highlights

Diagnostic and Prevention and Cancer Screening Follow-Up Benefits

Pays the indemnity amount for one generally medically recognized internal Cancer screening test per Covered Person per Calendar Year. Tests include but are not limited to Mammogram, PAP, PSA, Colonoscopy, and Chest X-ray. Refer to the policy for a complete listing. 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.

Cancer Screening Follow-Up Benefit pays the indemnity amount for a Covered Person to receive 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.

Radiation/Chemotherapy/Immunotherapy Benefit

Pays the indemnity amount when a Covered Person receives Radiation, Chemotherapy, or Immunotherapy as defined in the policy. We will pay only one Radiation/Chemotherapy/Immunotherapy benefit per calendar month regardless of the number of treatments received during the month. For chemotherapy and immunotherapy, coverage will be limited to the drugs only. This benefit does not cover other procedures related to Radiation/Chemotherapy/Immunotherapy. Design and construction of treatment devices, radiation dosimetry calculation, lab tests, x-rays, scans, medical supplies and equipment used in administration (IV solutions, needles, dressings, pumps, catheters, etc) are not covered under this benefit. 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 a Covered Person who has been diagnosed with Cancer who receives either an MRI; CT scan; CAT scan; or PET scan when performed at the request of a Physician due to Cancer or the treatment of Cancer.

Hormone Therapy Benefit

Pays the indemnity amount for hormone therapy treatments as defined in the policy, prescribed by a Physician. This benefit covers drugs and medicines only and does not include associated administrative processes. This benefit does not include drugs/medicines covered under the Radiation/Chemotherapy/Immunotherapy Benefit or the Drugs and Medicine Benefit.

Administrative/Lab Work Benefit

Pays the indemnity amount once per calendar month, when the Covered Person is receiving Radiation/Chemotherapy/Immunotherapy treatment, or the Covered Person undergoes human leukocyte antigen testing or histocompatibility locus antigen testing necessary to establish bone marrow transplant donor suitability, including the testing for A, B or DR antigens that month. This benefit is paid once per calendar month, for related procedures such as treatment planning, treatment management, etc. This benefit will only be paid if the Covered Person is also receiving the Radiation Therapy / Chemotherapy / Immunotherapy Benefit during the same calendar month; or the Covered Person undergoes the above listed testing necessary to establish bone marrow transplant donor suitability.

Blood, Plasma and Platelets Benefit

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.

Bone Marrow Benefit/Stem Cell Transplant Benefit

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.

Hospital Confinement Benefit

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.

Drugs and Medicines Benefit

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.

Attending Physician Benefit

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.

U.S. Government/Charity Hospital /HMO Benefit

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, the Primary Insured may convert benefits under the policy to pay the indemnity amount shown in schedule of benefits. This benefit will be paid in lieu of most benefits under the policy.

Ambulance Benefit

Pays the indemnity amount per day 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.

Transportation and Lodging Benefits

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.

Plan Benefit Highlights (continued)

Transportation and Lodging Benefits (continued)

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 Hospital Confinement; or only on days of the Covered Person's outpatient specialized treatment benefits for lodging of the Covered Person's and/or family member will be paid: once per Covered Person's Hospital Confinement; or only on days of the 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.

Surgical Benefit

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.

Anesthesia Benefit

The Anesthesia benefit 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.

Outpatient Hospital or Ambulatory Surgical Center Benefit

We will pay 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.

Second and Third Surgical Opinion Benefit

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.

Prosthesis Benefits

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. **Hair Prosthesis** benefit 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.

Extended Care Facility Benefit

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 100 days per lifetime of the Covered Person.

Physical or Speech Therapy Benefit

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.

Hospice Care Benefit

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.

Home Health Care Benefit

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: 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. This benefit does not include physical or speech therapy. This benefit will be paid for up to 100 days per lifetime of the Covered Person. If the Covered Person qualifies for coverage under the Hospice Care Benefit, the Hospice Care Benefit will be paid in lieu of this benefit.

Waiver of Premium

If the Primary Insured, while employed full-time, 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. "Full-time" means you work at a job an average of 20 hours or more per week for pay or benefits. "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.

Other Benefits include:

- Donor Benefit
- Dread Disease Benefit
- Experimental Treatment Benefit
- Inpatient Special Nursing Benefit

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

Limitations and Exclusions

Eligibility

This policy will be issued only to those persons who meet American Fidelity Assurance Company's insurability requirements, which includes satisfactory responses to medical questions.

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.

This product is inappropriate for those people who are eligible for Medicaid Coverage.

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 or aggravated by Cancer or the treatment of Cancer. This policy does not cover any other disease, sickness or incapacity 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 six months of this policy as a result of a Pre-Existing Condition. A Pre-Existing Condition is a or Specified Disease for which, within six 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.

If benefits are denied on the basis of a Pre-Existing Condition we will send you a notice of denial along with documented evidence of specific instances of actual treatment or observation of such Pre-Existing Condition in all cases except those of a confidential nature.

This policy contains a 30-day waiting period during which no benefits will be paid under this policy. If any Covered Person has a 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 six months from the effective date of such person's coverage; or the policy will be void from the beginning and you will receive a full refund of premium. You must elect to either void the policy from the beginning and receive a full refund of premium or delay coverage under the policy for six months.

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 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 rider contains a 30-day waiting period. No benefits will be paid for a Covered Critical Illness when the Date of Diagnosis occurs during the Critical Illness Waiting Period. If any Covered Person has a Covered Critical Illness diagnosed before the end of the 30-day period immediately following the Covered Person's effective date of coverage under this rider: coverage for that person will be subject to the Pre-Existing Condition Limitation Period; or the rider will be void from the beginning and you will receive a full refund of premium. You must elect to either, void the rider from the beginning and receive a full refund of premium, or delay coverage under the rider for six months. No benefits will be provided as the result of a Pre-Existing Condition when the Date of Diagnosis occurs during the first six months following the Effective Date of coverage under this rider. Pre-Existing Conditions specifically named or described as excluded in any part of this contract are never covered. A Pre-Existing Condition is any sickness or condition for which, within the six month period 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.

Cancer Insurance Premiums

Base Plan Monthly Premiums*

	Basic			
	Age 18-40	Age 41-50	Age 51-60	Age 61+
Individual	\$11.90	\$17.00	\$23.80	\$33.00
Single Parent Family	\$17.80	\$25.20	\$35.50	\$49.30
Family	\$23.20	\$32.80	\$46.20	\$64.10
	Enhanced			
	Age 18-40	Age 41-50	Age 51-60	Age 61+
Individual	\$16.70	\$24.40	\$35.00	\$49.30
Single Parent Family	\$24.90	\$36.30	\$52.10	\$73.60
Family	\$32.50	\$47.20	\$67.80	\$95.80
	Enhanced Plus			
	Age 18-40	Age 41-50	Age 51-60	Age 61+
Individual	\$21.40	\$31.80	\$46.10	\$65.70
Single Parent Family	\$31.90	\$47.40	\$68.80	\$98.00
Family	\$41.50	\$61.60	\$89.50	\$127.50

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. The Critical Illness Rider is guaranteed renewable for life. We have the right to increase premiums by class.



View and print your policies or file a claim at americanfidelity.com

American Fidelity's Online Service Center provides you convenient, secure access to manage your account.

Optional Benefit Rider Monthly Premiums*

Critical Illness Rider

	Age 18-40		Age 41-50		Age 51-60		Age 61+	
	Cancer	Heart Attack/Stroke	Cancer	Heart Attack/Stroke	Cancer	Heart Attack/Stroke	Cancer	Heart Attack/Stroke
Individual								
\$5,000	\$3.30	\$1.80	\$6.80	\$4.90	\$11.50	\$7.60	\$19.00	\$13.30
\$10,000	\$6.60	\$3.60	\$13.60	\$9.80	\$23.00	\$15.20	\$38.00	\$26.60
Single Parent Family								
\$5,000	\$4.80	\$2.70	\$10.20	\$7.30	\$17.10	\$11.30	\$28.40	\$19.90
\$10,000	\$9.60	\$5.40	\$20.40	\$14.60	\$34.20	\$22.60	\$56.80	\$39.80
Family								
\$5,000	\$6.30	\$3.40	\$13.10	\$9.70	\$22.00	\$14.80	\$37.00	\$25.60
\$10,000	\$12.60	\$6.80	\$26.20	\$19.40	\$44.00	\$29.60	\$74.00	\$51.20

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

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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