

# ***Cancer Care Plus***

***Cancer and Dread Disease Insurance***

***Financial Solutions, Treatment and Recovery***

***THIS IS A CANCER AND DREAD DISEASE - ONLY POLICY***



# Why Cancer Insurance?

## According to the American Cancer Society:

- In the United States, men have about a 1-in-2 lifetime risk of developing cancer; for women the risk is a little more than 1-in-3.\*
- Since 1990, over 18 million new cancer cases have been diagnosed.\*

## As advances in cancer treatment continue, more and more people will survive:

- Approximately 9.6 million Americans with a history of cancer were alive in 2000.\*
- The five-year relative survival rate for all cancers combined is 63%.\*
- The National Institutes of Health estimated the overall costs for cancer in the year 2003 at \$189.5 billion.

Although health insurance can help offset the costs of cancer treatment, you still may have to cover deductibles and copayments on your own.

## Additionally, cancer treatment can cause out-of-pocket expenses that aren't covered by traditional health insurance:

- Travel
- Food
- Lodging
- Long-distance calls
- Childcare
- Household help

Meanwhile, living expenses such as car payments, mortgages or rent, and utility bills continue, whether or not you are able to work. If a family member has to stop working to take care of you, the loss of income may be doubled. Family Life Insurance Company helps provide an important safety net in fighting the financial consequences of cancer that result beyond traditional health insurance.

Family Life pays benefits directly to you, unless assigned. You use the cash however you decide.

\* American Cancer Society





# CANCER

AND SPECIFIED DISEASE INSURANCE PROTECTION WITH OPTIONAL CRITICAL CARE RIDER AVAILABLE

| Benefit Package Options:   | Plan A  | Plan B   | Plan C  |
|--|---|--|---|
| <b>Cancer Screening Test</b><br>Payable for one annual cancer screening test, including but not limited to mammography screening, pap smear (test only); CA125 (blood test for ovarian Cancer); PSA (blood test for prostate Cancer); hemocult stool specimen; flexible sigmoidoscopy; CEA (blood test for colon Cancer); colonoscopy; chest X-ray; thermography; or serum protein electrophoresis. Payment based on benefit amount selected. Not payable if received through any free-testing program or for any other cancer screening test for which a charge is not made.  | Pays \$50 per calendar year.                    | Pays your choice of \$50 or \$100 per calendar year. | Pays \$100 per calendar year.                   |
| <b>First Occurrence Benefit (Rider)</b><br>Payable when a covered person is diagnosed with cancer for the first time. Payable only once for each covered person and not payable for skin cancer. Not available for ages 65 and above.  | Pays \$1,000.                                   | Pays \$2,500.  | Pays \$5,000.                                   |
| <b>Daily Hospital Confinement Benefit</b><br>Payable when a covered person is confined to the hospital for the treatment of cancer or a dread disease. Payment is based on the daily benefit amount selected. Payable for the first 70 days of each period of confinement.   | Pays \$100 per day.                             | Pays \$150 per day.                                  | Pays \$300 per day.                             |
| <b>Surgical Benefit</b><br>Payable for surgeries performed in or out of the hospital to treat cancer or a specified dread disease. Benefits for surgical procedures are calculated as a percentage of the per-surgery maximum benefit amount selected.   | Pays maximum per surgery \$2,500.               | Pays maximum per surgery \$3,000.                    | Pays maximum per surgery \$4,000.               |
| <b>Radiation, Chemotherapy and Other Benefits</b><br>We will pay the actual charges for Teleradiotherapy, Radio-Active Isotopes Therapy, Chemotherapy, Chemotherapy Enhancer Drugs, and Anti-Nausea and Immunotherapy drugs, as indicated in the policy, for the treatment of cancer or a specified dread disease. Benefits are based on the maximum monthly benefit amount selected. Actual Charges means the amount(s) actually paid by or on behalf of the Covered Person and accepted by the provider as full payment for the covered services provided. This benefit is not payable if treatment is received in a government or charity hospital. | Pays actual charges, maximum \$2,500 per month. | Pays actual charges, maximum \$5,000 per month.      | Pays actual charges, maximum \$7,500 per month. |

## The following defines the list of Dread Diseases covered under the Policy:

- Addison's Disease • Muscular Dystrophy • Tay-Sachs Disease • Amyotrophic Lateral Sclerosis • Myasthenia Gravis • Tetanus
- Diphtheria • Niemann-Pick Disease • Toxic Epidermal Necrolysis • Encephalitis • Osteomyelitis • Toxic Shock Syndrome
- Epilepsy • Poliomyelitis • Tuberculosis • Legionnaire's Disease • Reye's Syndrome • Tularemia • Lupus Erythematosus
- Rheumatic Fever • Typhoid Fever • Meningitis • Rocky Mountain Spotted Fever • Whipple's Disease • Multiple Sclerosis
- Sickle-Cell Anemia • Whooping Cough

## Hospital and Other Care Facility Benefits:

### Prescribed Drugs and Medicines

Actual charges for drugs and medicines prescribed while confined in a hospital. Limited to the first 70 days for each period of confinement.

Actual charges to a maximum of 20% of the Daily Hospital Confinement Benefit.

### Physician's Attendance

If the regular physician visits during a confinement in the hospital.

\$50 per day

### Ambulance

For transfer of a covered person to or from a hospital for confinement as an inpatient.

\$250 per trip  
3 trips per year

### Private Duty Nursing Service

When confined in a hospital and a private duty nursing service is retained.

\$150 per day

### Extended Benefits

Beginning on the 71st day of one continuous period of hospital confinement for cancer or a dread disease. Payable in lieu of all other benefits payable for the same time period.

\$1,000 per day

### Government or Charity Hospital

Pays a total benefit of \$200 per day of treatment for outpatient Teleradiotherapy, Radio-Active Isotopes Therapy, Chemotherapy, Chemotherapy Enhancer Drug, Anti-Nausea, and Immunotherapy, as indicated in the policy, received in a government or charity hospital. Paid in lieu of all other benefits except for transportation and lodging benefits.

\$200 per day

### Extended Care Facility

Confinement must be recommended by the attending physician and begin within 14 days of a covered hospital confinement. All days for which a Hospital Confinement benefit is paid will be included in determining the maximum of 70 days for the Extended Care Facility benefit.

\$100 for each day  
of confinement to a  
maximum of 70 days

### Hospice Care

For confinement in a hospice care center for care provided if a covered person has diagnosed as terminally ill due to cancer or dread disease. Limited to a lifetime maximum of 180 days for confinement in a hospice care center, or 30 days if hospice services are provided in the covered person's home.

\$100 per day  
(in, HI the greater of  
\$100 per day)





## Transportation Benefits:

### Transportation and Lodging for Bone Marrow Donors

Paid for a donor who is either a covered person, or someone donating to a covered person. When a covered person is the donor, this benefit is payable in lieu of any other benefits payable under the policy.

- Actual charges to \$2,500 for medical expenses directly relating to the services provided to the donor during the transplant.
- Actual charges for round trip coach fare on a common carrier, or a personal automobile allowance of 50 cents per mile if distance is more than 50 miles one-way. Maximum 700 miles round trip.
- Actual charges to \$75 per day for lodging and meal expenses incurred by the donor.

Actual charges incurred for medical expenses, travel, lodging and meal expenses.

### \*Transportation for Non-Local Treatment Which Requires Hospital Confinement

Actual charges for round trip coach fare, or a personal automobile allowance of 50 cents per mile if the distance is more than 50 miles one-way. Maximum 700 miles round trip.

Prescribed treatment must not be available locally and must require hospital confinement.

Actual charges incurred for round trip transportation. Maximum of 700 miles.

### \*Transportation and Lodging for Non-Local Treatment Which Does Not Require Hospital Confinement

- Actual charges for round trip coach fare, or a personal automobile allowance of 50 cents per mile if the distance is more than 50 miles one way, maximum 700 miles round trip. Maximum of \$1,500 per calendar year.
- Actual charges to \$50 per day for lodging and meal expenses. Payable only for the days you receive treatment for cancer or dread disease for which a benefit is payable.

Prescribed treatment must not be available locally and must require hospital confinement.

Actual charges incurred for travel, lodging and meal expenses.

### \*Adult Companion Transportation and Lodging

Payable only for an adult companion residing and traveling within the continental United States.

- Actual charges for one adult companion to be near a covered person who is hospital confined in a non-local hospital for covered treatments. Maximum \$2,500 per confinement.
- Actual charges to \$50 per day for lodging and meal expenses incurred. Limited to the number of days of the covered person's hospitalization.
- Actual charges of one round trip coach fare, or a personal automobile allowance of 50 cents per mile, if the distance is more than 50 miles one way. Maximum 700 miles round trip.

Actual charges incurred by an adult companion for travel, lodging and meal expenses.



## Surgical Benefits:

### Anesthesia

Pays for the procedure in which anesthesia is used. We will pay \$50 for the administration of anesthesia for each skin cancer operation.

Pays 25% of the surgical benefit amount paid

### Additional Surgical Opinions

Pays for a second and third surgical opinion if the surgical opinions differ.

\$200 each opinion

### Artificial Limb and Prosthesis

Pays per prosthetic device or artificial limb and the reconstructive procedure to affix or implant it. Benefits limited to only two of the same type of prosthetic device or artificial limb. Not payable if a breast reconstruction and breast prosthesis benefit is payable.

Actual charges to \$1,500

### Outpatient Surgery Benefit

Payable for outpatient surgery in a hospital or ambulatory surgical center. Not payable for surgery in a physician's office or clinic, or for skin cancer treatment.

Pays \$375 per operations for drugs, medicines and lab tests.

Pays maximum of 150% of surgery shown in surgical benefits schedule.

### Skin Cancer

- If the diagnosis is made by a physician other than a pathologist, \$150 for removal of skin cancer to a maximum of \$600 per calendar year.
- If the diagnosis is made by a pathologist, actual charges to the maximum amount for such surgery shown in the surgical benefits schedule.

Pays \$150 per calendar year. Maximum benefit \$600.

### Breast Reconstruction/Breast Prosthesis

Actual Charges incurred for reconstructive surgery, and an external or internal breast prosthesis and the surgeon's fee for implantation following a mastectomy. Lifetime maximum of \$5,000. This benefit is in lieu of the surgical benefit provided in this policy.

Pays actual charges, lifetime maximum of \$5,000.

### Bone Marrow Transplant for Cancer

Actual charges incurred for bone marrow transplants or other forms of stem cell rescue and all related services and supplies. Lifetime maximum of \$10,000. This benefit is in lieu of any other benefit associated with the treatment, service, or procedure underlying Bone Marrow Transplant, with the exception of the Transportation and Lodging for Bone Marrow Donors benefit.

Pays actual charges, lifetime maximum of \$10,000.



## Other Benefits:

|   |  |
|---|--|
| <b>Experimental Treatment</b><br>Treatment must be received in the United States or its territories. This benefit is in lieu of all other benefits payable for the treatment of cancer or dread disease.  | Pays actual charges, to a lifetime maximum of \$10,000.  |
| <b>Physical, Occupational or Speech Therapy</b><br>\$50 for each 60-minute session for Physical, Occupational or Speech Therapy.  | \$50 each session.<br>Lifetime maximum of \$1,500.   |
| <b>Outpatient Positive Diagnosis Test</b><br>For a diagnostic test that leads to a positive diagnosis within 90 days of such test. Payable once per diagnosis.  | \$250 for a diagnostic test  |
| <b>Blood and Blood Plasma</b><br>For blood, blood plasma and platelets inserted into a covered person. Not payable for blood which is donated or replaced.  | Pays actual charges, to a maximum of \$5,000 per calendar year.  |
| <b>Home Health Care Services</b><br>Payable when services are provided by a licensed home health care agency.<br><br>Benefit paid in lieu of all other policy benefits. Must be prescribed by a physician and cannot be provided by a relative. | Pays \$60 per day at home services, 180 days max per calendar year.<br><br>Pays \$150 per day at home private duty nursing, 15 days max per calendar year.<br><br>Pays \$50 per day at home physician visits, 15 days max per calendar year. |
| <b>Hairpiece Benefit</b><br>One-time benefit for a hairpiece when hair loss is the result of cancer treatment.  | Pays \$100   |
| <b>Rental or Purchase of Durable Medical Equipment</b><br>For the rental or purchase of a respirator or similar mechanical device; brace; crutches; hospital bed; or a wheel chair.   | Pays actual charges, maximum \$1,000 per calendar year.  |
| <b>Professional Mental Health Consultation</b><br>For a consultation with a licensed mental health professional when receiving treatment for cancer or a dread disease. The licensed mental health professional may not be a relative.          | \$50 per session.<br>Lifetime maximum of \$250.  |
| <b>Tutor</b><br>Tutor session for an insured child under age 19, when the child is receiving treatment for cancer or a dread disease.   | \$25 per 60-minute.<br>Lifetime maximum of 50 sessions.  |

## Optional Riders (available at additional cost)

|  |   |
|--|---|
| <b>Intensive Care Unit Rider</b> - (Form Number FL ICUR4000)<br>Benefits Reduce to ½ at age 70.  |   |
| <b>Benefit for Intensive Care Unit.</b> If a Covered Person is confined in an Intensive Care Unit of a Hospital, we will pay the ICU Daily Benefit Amount for each day of such confinement, not to exceed 30 days during any one period of confinement.                                  | Pays \$600 per day                          |
| <b>Benefit for Step-Down Unit.</b> If a Covered Person is confined in a Step-Down Unit of a Hospital, we will pay for each day of such confinement, not to exceed 30 days during any one period of confinement.  | Pays \$300 per day step down unit           |
| <b>Critical Care Benefit Rider</b> - (Form Number FL CCBR 4000)  |   |
| <b>Benefit for Heart Disease</b> - A Heart Disease benefit will be paid for the actual charges incurred by a Covered Person for the following due to Heart Disease: 1. pacemaker insertion; 2. angioplasty; and 3. heart catheterization. This benefit is limited to a lifetime maximum. | Pays Actual charges to lifetime max \$2,500 |
| <b>Benefit for Heart Attack/Stroke</b> - A Heart Attack/Stroke benefit will be paid for the actual charges incurred by a Covered Person.   | Pays Actual charges to lifetime max \$2,500 |

**ELIGIBILITY** - You and your covered Spouse (in HI, Spouse/Reciprocal Beneficiary) must be ages 18 through 69 to apply for coverage. Unmarried, dependent children under the age of 21 may be covered. Unmarried children under the age of 25 may also be covered if enrolled as a full-time student in an accredited college or university. When the child reaches the limiting age, the child may "convert" to an individual policy without evidence of insurability, subject to the "Conversion" provision in the base policy.

**LIMITATIONS** - 30-Day Waiting Period. If a Covered Person has a Positive Diagnosis for Cancer or a Dread Disease during the first thirty days after the Effective Date of this Policy, coverage for such Cancer or Dread Disease will only apply to loss commencing after two years from the Effective Date of this Policy; or, at Your option, You may elect to void this Policy from the beginning and receive a full refund of premium.

**WAIVER OF PREMIUM** - If the Named Insured becomes Totally Disabled for 60 days as a result of a Positive Diagnosis of Cancer or a Dread Disease while the Policy is in force, We will waive the premiums that fall due while he or she is Totally Disabled. The Total Disability must begin before the Policy anniversary following that person's attainment of age 60. To be eligible for this benefit, premiums must continue to be paid for 60 days after the commencement of Total Disability. Upon approval of this benefit, waiver of premiums will begin on the premium due date next following 60 days of continuous Total Disability. This provision does not apply to Total Disability of the Insured Spouse (in HI, Spouse/Reciprocal Beneficiary) or Insured Child(ren).

**GUARANTEED RENEWABLE FOR LIFE** - Your policy cannot be cancelled regardless of changes in health, the number of times benefits are received or advancing age. The only way the policy can be cancelled is for failure to pay premiums. The Company reserves the right to change the rates on all policies of this class in the entire state.

**10 DAY RIGHT TO EXAMINE POLICY** - You have ten (10) days to examine the policy. If you are not satisfied, you may return it to us and have your premiums refunded.

**EXCLUSIONS** - Subject to the Time Limit on Certain Defenses provision, We will not pay benefits for: **1.** anything caused by or resulting from Injury; **2.** anything other than Cancer or a Dread Disease; **3.** any sickness, illness, bodily infirmity or incapacity that has been caused, complicated, worsened, or affected by Cancer or a Dread Disease or as a result of Cancer or a Dread Disease treatment including side effects from Cancer or a Dread Disease treatment except as specifically covered; **4.** anything due to Cancer or a Dread Disease for which a Positive Diagnosis was made, or treatment was received, prior to the Effective Date; **5.** anything for which no charge was incurred by the Covered Person (except as expressly provided herein); **6.** any treatment, procedure, or service which is not grounded in current, generally accepted medical practices, except as specifically provided in the Experimental Treatment benefit or Bone Marrow Transplant benefit (benefits for Experimental Treatment are limited to a lifetime maximum of \$10,000 and benefits for Bone Marrow Transplants are limited to a lifetime maximum of \$10,000); **7.** any care and/or treatment received outside the U.S. or its territories unless the Covered Person has traveled outside the United States and/or its territories and treatment is received due to an Emergency Situation; **8.** any care, confinement and/or treatment in a government or charity hospital except as specifically provided in the Government or Charity Hospital benefit; **9.** any Cancer or Dread Disease during the first two years following the Effective Date in connection with a loss that was incurred during the Waiting Period; **10.** planning, clinical treatment planning, clinical treatment management, medical radiation physics, dosimetry, blocks, molds, treatment devices, special services, and similar services ancillary or related to Teleradiotherapy or Radio-Active Isotopes Therapy; **11.** side-effect medications or treatments, supplies, saline or similar fluids, administration charges, and other services or treatments ancillary or related to Chemotherapy (except as expressly provided in the Chemotherapy Enhancer Drug benefit and Anti-Nausea benefit provisions); or **12.** side-effect medications or treatments, supplies, saline or similar fluids, administration charges, and other services or treatments ancillary or related to Chemotherapy Enhancer Drug, Anti-Nausea medication, or Immunotherapy.

We will reimburse you for the actual charges for the services provided. Actual charges are the amounts paid by you or on your behalf and accepted by the provider for the services provided.

**The following limitations apply to the Critical Care Benefit Rider and Intensive Care Unit Rider:**

**LIMITATIONS** - Pre-Existing Conditions. These Riders do not provide benefits for loss or losses due to Pre-Existing Conditions that are incurred during the 12 months immediately prior to the Rider Date. In addition, a loss caused by a Pre-Existing Condition will not be covered if: **1.** the Pre-Existing Condition was revealed in the application; or **2.** we have specifically excluded the Pre-Existing Condition by name or specific description. However, a claim for a Pre-Existing Condition incurred after 2 years from the date these Riders become effective will be covered, unless that condition is excluded by name or specific description effective on the date of loss.

The benefits as specified in these Riders are payable in addition to all other indemnities set forth in the Policy and/or attached Riders, if any.

**Policy Form Numbers** - FL 4000 8/09 (including state variations), FL ICUR4000, FL CCBR 4000, FLFOBR09

**This is only a brochure which provides a brief description of the important features of your policy. Only the actual policy provisions will control; therefore, it is important that you READ YOUR POLICY CAREFULLY.**

Underwritten by:  
Family Life Insurance Company  
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**MANHATTAN**  
INSURANCE GROUP