

# CANCER PREMIUM

*Cancer Indemnity*



## WHY CANCER INSURANCE?

- Consider these 2024 American Cancer Society statistics:
- 1 in 2 men and 1 in 3 women will be diagnosed with cancer.
- Over 60% of costs to fight cancer are non-medical indirect costs, not covered by traditional insurance.



# Cancer PREMIUM



This brochure provides a brief description of the important features of the policy. This describes a Hospital, Surgical, Medical Insurance Policy and Riders, limited to Cancer; A Cancer Policy Only. This is not the insurance contract, and only the actual policy provisions will control. It is therefore important that you **Read Your Policy Carefully**. If a Covered Person receives a Positive Medical Diagnosis of Cancer with a Diagnosis Date after the 30th day following the Policy Effective Date as shown on the Policy Schedule Page and while this Policy is in force, we will pay the following Indemnity Benefits.

BENEFIT	BENEFIT AMOUNT	ADDITIONAL BENEFIT INFORMATION
<b>CANCER PREVENTION &amp; EARLY DIAGNOSIS</b>		
<b>HEALTH AND WELLNESS</b>	\$100 per calendar year	<p>Pays the indemnity benefit per calendar year, per covered person for the following Wellness Tests which are performed 30 days or more after the policy effective date.</p> <ul style="list-style-type: none"> <li>• Mammogram • Pap Smear • Thin Prep • Colonoscopy • Biopsy • Flexible Sigmoidoscopy • Breast Ultrasound • Testicular Ultrasound • Thermography • Virtual Colonoscopy • Chest X-ray • Serum Protein Electrophoresis • Hemocult Stool Specimen (lab confirmed) • Breast MRI (magnetic resonance imaging) • CA15-3 (blood test for breast Cancer tumor) • PSA (blood test for prostate Cancer) • CA 125 (blood test for ovarian Cancer) • CEA (blood test for colon Cancer) <b>NO LIFETIME MAXIMUM</b></li> </ul>
<b>HEALTHY LIFESTYLE</b>	\$75 per calendar year	<p>Pays the indemnity benefit for making healthy lifestyle choices. This benefit is payable if a covered person incurs an expense for joining a gym or fitness organization, participating in a smoking cessation program or joining a weight loss program. This benefit is payable once per calendar year per covered person that is over the age of 17. <b>NO LIFETIME MAXIMUM</b></p>
<b>ANNUAL CHECK-UP</b>	\$200 per calendar year	<p>Pays an indemnity benefit of <b>\$200</b> per calendar year for annual check-ups after a positive diagnosis of Internal Cancer. This benefit has a lifetime maximum limit of 5 annual check-ups per covered person. <b>\$1,000 LIFETIME MAXIMUM PER INSURED</b></p>
<b>DIAGNOSTIC TESTING</b>	\$500	<p>Pays a lifetime indemnity benefit of <b>\$500</b> for the diagnostic procedures involved with a positive diagnosis of Cancer. These procedures include, but are not limited to: radiological exams, echo tests, laboratory tests, blood tests, biopsies and scans (MRI, CT, etc.) ordered by a physician. <b>\$500 LIFETIME MAXIMUM PER INSURED</b></p>

BENEFIT	BENEFIT AMOUNT	ADDITIONAL BENEFIT INFORMATION
<b>RADIATION, CHEMOTHERAPY, IMMUNOTHERAPY, DRUGS AND MEDICINES</b>		
<p style="text-align: center;"><b>INITIAL TREATMENT</b></p> <p>RADIATION OR INJECTED CHEMO</p> <p>ORAL CHEMO, IMMUNOTHERAPY AND ANTI-NAUSEA MEDICATIONS</p>	<p style="text-align: center;"><b>OPTION P</b></p> <p style="text-align: center;">\$3,000</p> <p style="text-align: center;">\$300</p>	<p>We will pay the initial treatment benefit the first time a covered person receives Radiation Therapy or Intravenous Chemotherapy for the treatment of Cancer. <b>ONCE PER COVERED PERSON</b></p> <p>We will pay the initial treatment benefit the first time a covered person receives Non-Intravenous Chemotherapy, Immunotherapy or Anti-Nausea Medication for the treatment of Cancer. <b>ONCE PER COVERED PERSON</b></p>
<p style="text-align: center;"><b>MONTHLY RADIATION AND CHEMOTHERAPY</b></p>	<p style="text-align: center;">\$3,000</p>	<p>We will pay the monthly indemnity benefit each calendar month a covered person receives Radiation Therapy or Intravenous Chemotherapy for the treatment of Cancer.</p> <p><b>NO LIFETIME MAXIMUM</b></p>
<p style="text-align: center;"><b>MONTHLY IMMUNOTHERAPY, DRUGS AND MEDICINES</b></p>	<p style="text-align: center;">\$300</p>	<p>We will pay the monthly indemnity benefit each calendar month a covered person receives Non-Intravenous Chemotherapy, Immunotherapy or Anti-Nausea Medication for the treatment of Cancer.</p> <p><b>NO LIFETIME MAXIMUM</b></p>
<b>INPATIENT/OUTPATIENT CANCER SURGERY</b>		
<p style="text-align: center;"><b>SURGICAL BENEFIT</b></p>	<p style="text-align: center;">up to \$6,500</p>	<p>Pays the indemnity benefit per operation, including anesthesia, for the removal of malignant cancerous tissues as outlined in the Policy Schedule of Operations. Benefits are not payable for removal of tissue for diagnostic purposes including biopsies. Only one surgical benefit is payable per day. INPATIENT OR OUTPATIENT SURGERY. NO LIMIT ON NUMBER OF OPERATIONS. <b>NO LIFETIME MAXIMUM</b></p>
<p style="text-align: center;"><b>ASSOCIATED SURGICAL PROCEDURES</b></p>	<p style="text-align: center;">\$300</p>	<p>Pays the indemnity benefit for the following associated surgical procedures, including anesthesia, performed for the treatment of Cancer</p> <ul style="list-style-type: none"> <li>• Thoracotomy</li> <li>• Paracentesis and Thoracentesis</li> <li>• Cystourethroscopy</li> <li>• Venous Access Ports, Shunts, Feeding Tubes and Stents</li> <li>• Ostomy (including colostomy, ileostomy, gastrostomy and tracheostomy).</li> </ul> <p>The Associated Surgical Procedures Benefit is NOT payable for any associated surgical procedure that is performed concurrently and/or in conjunction with any surgical procedure under the Surgical or the Skin Cancer Surgery Benefit or for procedures performed for diagnostic purposes including biopsies. INPATIENT OR OUTPATIENT SURGERY. NO LIMIT ON NUMBER OF OPERATIONS. <b>NO LIFETIME MAXIMUM</b></p>

BENEFIT	BENEFIT AMOUNT	ADDITIONAL BENEFIT INFORMATION
<b>INPATIENT/OUTPATIENT CANCER SURGERY</b>		
SKIN CANCER SURGERY	up to \$800	Pays the indemnity benefit per operation, including anesthesia, for the removal of lesions or tumors from the skin, as outlined in the Policy Schedule of Operations. Benefits are not payable for removal of tissue for diagnostic purposes including biopsies or cosmetic or reconstruction purposes. INPATIENT OR OUTPATIENT SURGERY. NO LIMIT ON NUMBER OF OPERATIONS. <b>NO LIFETIME MAXIMUM</b>
2ND AND 3RD SURGICAL OPINION	\$350	Pays the indemnity benefit after a positive diagnosis of internal cancer, for a Second and Third surgical opinion from a licensed physician before surgery is performed. This benefit is payable for only 1 second and 1 third surgical opinion per recommended surgical procedure to remove malignant cancerous tissue. <b>NO LIFETIME MAXIMUM</b>
PROSTHESIS  SURGICAL  NON-SURGICAL	\$3,000  \$300	Pays the indemnity benefit of for surgically implanted prosthetic devices or pays an indemnity benefit per occurrence for non-surgically implanted prosthetic devices that are prescribed ( <i>examples of non-surgically implanted prosthetic devices are voice boxes, hair pieces, and removable breast prosthesis</i> ) as a direct result of the surgical removal of malignant cancerous tissue. The surgical and non-surgical prosthesis is payable twice per covered person. <b>This benefit is not payable when surgical reconstruction benefit is payable. \$6,000 SURGICAL LIFETIME MAXIMUM PER INSURED / \$600 NON-SURGICAL LIFETIME MAXIMUM PER INSURED</b>
SURGICAL RECONSTRUCTION	up to \$2,500	Pays the indemnity benefit for reconstructive surgical procedures, including anesthesia, as outlined in the Policy Schedule of Operations as a result of the treatment of Cancer. This benefit is limited to two (2) procedures per site and includes breast implants. <b>This benefit is not payable when surgical prosthesis benefit is payable. \$5,000 LIFETIME MAXIMUM PER INSURED</b>
<b>TRANSPORTATION AND LODGING</b>		
TRANSPORTATION BENEFIT	Round trip (air, rail or bus) or \$0.50 per mile up to \$1,500	Pays the Usual and Customary charge for coach fare by common carrier for round trip transportation (air, rail, or bus) for a covered person and an adult companion to a treatment facility that is greater than fifty (50) miles one-way from the covered person's home to receive treatment for cancer. When transportation is by private vehicle, we will pay <b>\$0.50</b> per mile round trip. The Transportation Benefit is limited to a maximum of <b>\$1,500</b> per round trip. <b>NO LIFETIME MAXIMUM</b>
LODGING	\$100 per day	Pays an indemnity benefit of <b>\$100 per day</b> for lodging when a covered person is receiving treatment for Cancer at a hospital or medical facility more than fifty (50) miles one-way from the covered person's residence. This benefit is payable for either the covered person or an adult companion traveling with them. This benefit is only payable on the day treatment is being received and is limited to 120 days per calendar year. <b>NO LIFETIME MAXIMUM</b>
AMBULANCE  GROUND  AIR	\$300  \$1,500	Pays an indemnity benefit of <b>\$300</b> for transportation by ground ambulance to or from a Hospital for the treatment of Cancer. This benefit pays <b>\$1,500</b> if air ambulance transportation is necessary. This benefit is limited to 6 one-way trips, per covered person, per calendar year. <b>NO LIFETIME MAXIMUM</b>

BENEFIT	BENEFIT AMOUNT	ADDITIONAL BENEFIT INFORMATION
<b>INPATIENT/OUTPATIENT CANCER TREATMENT</b>		
STEM CELL OR BONE MARROW TRANSPLANT	\$10,000	Pays the indemnity benefit when a covered person receives a Stem Cell Transplant or a Bone Marrow Transplant for the treatment of Cancer. This benefit is payable once per covered person's lifetime. This benefit excludes biopsies and diagnostic testing. Benefits are not payable for the harvesting or storage of bone marrow or stem cells. <b>\$10,000 LIFETIME MAXIMUM PER INSURED</b>
BLOOD, PLASMA OR PLATELETS	\$1,250	Pays the indemnity benefit per calendar month, for Blood, Plasma, or Platelets to replace or replenish normal cells due to cancer of the blood or as a result of radiation therapy and/or intravenous chemotherapy. This benefit does not include stem cell transplants, bone marrow transplants, blood typing and cross-matching or laboratory blood tests. <b>NO LIFETIME MAXIMUM</b>
<b>INPATIENT CANCER TREATMENT</b>		
HOSPITAL CONFINEMENT DAYS 1-30	\$400	Pays the indemnity benefit per day for the first 30 days of confinement to the hospital for the treatment of Cancer. <b>The benefit amount doubles after 30 days of continuous confinement in a hospital for the treatment of Cancer.</b> NO LIMIT ON NUMBER OF DAYS. <b>NO LIFETIME MAXIMUM</b>
DAYS 31+	\$800	
PRIVATE NURSING SERVICES	\$300 per day	Pays the indemnity benefit per day for private nursing care while confined in a hospital for the treatment of Cancer. These services must be required and authorized by the attending physician. This benefit is not payable for private nurses who are members of your immediate family. NO LIMIT ON NUMBER OF DAYS. <b>NO LIFETIME MAXIMUM</b>
<b>FOLLOW-UP CARE</b>		
EXTENDED CARE FACILITY	\$225 per day	Pays the indemnity benefit per day for confinement to an Extended-Care Facility within 30 days after a hospital confinement. This benefit is limited to 30 days per calendar year per covered person. <b>NO LIFETIME MAXIMUM</b>
HOME HEALTH CARE FACILITY	\$300 per day	Pays the indemnity benefit per day for home health care provided by a Home Health Care Agency when directed by an attending physician for the treatment of Cancer. This benefit is limited to 50 days per covered person's lifetime. <b>\$15,000 LIFETIME MAXIMUM PER INSURED</b>
HOSPICE CARE	\$150 per day	Pays an indemnity benefit of <b>\$150 per day</b> for care provided by a Hospice organization. This benefit does not apply to non-terminally ill patients or to organizations not qualifying as Hospice. This benefit is limited to 100 days per covered person's lifetime. <b>\$15,000 LIFETIME MAXIMUM PER INSURED</b>
WAIVER OF PREMIUM	Yes	After 60 days of continuous disability of the <b>primary insured</b> listed in the policy, due to Cancer, the company will waive any premiums for this policy, and any attached riders falling due during the primary insured's continued disability due to cancer. Disability due to Cancer must begin prior to the primary insured's 60th birthday. <b>NO LIFETIME MAXIMUM</b>

BENEFIT		BENEFIT AMOUNT		ADDITIONAL BENEFIT INFORMATION	
<b>OPTIONAL FIRST OCCURENCE BENEFIT</b>					
LEVEL VERSION PRIMARY INSURED & SPOUSE		\$7,500		Pays a benefit of <b>\$7,500</b> when the Primary Insured or Spouse or <b>\$10,500</b> when a Covered Dependent Child is first diagnosed with Internal Cancer (not Skin Cancer) thirty (30) days or more after the effective date of this benefit. This benefit is issued thru age 74 and guaranteed renewable for life. <b>LIMITATIONS</b> - This benefit is payable one time for each covered person.	
	CHILDREN	\$10,500			
BUILDING VERSION PRIMARY INSURED & SPOUSE		\$7,500 + \$150 per month		Pays a benefit of <b>\$7,500</b> when the Primary Insured or Spouse or <b>\$10,500</b> when a Covered Dependent Child is first diagnosed with Internal Cancer (not Skin Cancer), plus an additional <b>\$150</b> each month this benefit has been in force thirty (30) days or more after the effective date of this benefit. Benefits stop increasing in the month of the Primary Insured's 65 <sup>th</sup> birthday. This benefit is issued thru age 64 and guaranteed renewable for life. <b>LIMITATIONS</b> - This benefit is payable one time for each covered person.	
	CHILDREN	\$10,500 + \$150 per month			
<b>OPTIONAL SPECIFIED DISEASE BENEFIT</b>					
SPECIFIED DISEASE  DAYS 1-30		\$200 per day		Pays an indemnity benefit of <b>\$200 per day</b> for confinement in a hospital due to a Specified Disease. Pays <b>\$500 per day</b> starting on the 31st day of continuous hospital confinement due to a Specified Disease.  <ul style="list-style-type: none"> <li>• Cystic Fibrosis • Multiple Sclerosis • Myasthenia Gravis • Scleroderma •</li> <li>Reye's Syndrome • Sickle Cell Anemia • Tetanus • Tularemia • Diphtheria</li> <li>• Muscular Dystrophy • Necrotizing Fasciitis • Polio • Rheumatic Fever •</li> <li>Huntington's Chorea • Cerebral Palsy • Toxic Shock Syndrome • Cholera</li> <li>• Encephalitis • Lyme Disease • Osteomyelitis • Rabies • Systemic Lupus</li> <li>• Smallpox • Tuberculosis • Typhoid Fever • Botulism • Malaria • Bubonic</li> <li>Plague • Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease) • Rocky</li> <li>Mountain Spotted Fever • Variant Creutzfeldt-Jakob Disease (Mad Cow</li> <li>Disease) • Meningitis (Bacterial) • Yellow Fever</li> </ul> <b>\$200,000 LIFETIME MAXIMUM PER INSURED</b>  <b>LIMITATIONS</b> - Benefit is not payable for confinements of less than 18-hours; or treatment on an out-patient basis; or emergency room treatment; or the day of discharge from the hospital except where the day of discharge and the day of admission are the same day and the confinement was for at least 18-hours. This benefit is issued thru age 79 and guaranteed renewable for life.	
	DAYS 31+	\$500 per day			
<b>OPTIONAL HOSPITAL INTENSIVE CARE BENEFIT</b>					
HOSPITAL INTENSIVE CARE	<b>YOUR CHOICE</b>			Pays for Hospital Intensive Care Unit Confinement. Pays a benefit of one-half (½) the amount selected per day for Confinement in a "Step Down" Hospital Intensive Care Unit. Pays Triple the amount selected per day for Intensive Care Confinement which occurs within 48 hours of an accident in which any covered insured is the operator or passenger of; an automobile, motor home, bus, motorcycle, or any truck with a load capacity of 2,000 pounds or less or as a fare paying passenger on any vehicle, boat, ship, aircraft, or train, or a school bus operated by or under the direction and supervision of school authorities. Benefits are payable from the first day of confinement due to injury or due to illness to include congenital anomalies of newborn children. <b>NO LIFETIME MAXIMUM</b> <b>Pays benefits for up to 30 days of Intensive Care Confinement</b> in connection with any one hospital admission. If less than 30 days separates two periods of confinement, the second confinement will be considered a continuation of the initial confinement. <b>Issued through age 70. Guaranteed renewable for life.</b> Daily Hospital Intensive Care benefits will be reduced by 50% (one-half) at age 70.	
	HIGHEST LEVEL	\$600	\$300		
	STEP DOWN UNIT	\$300	\$150		
	TRIPLE BENEFIT	\$1,800	\$900		

## POLICY OUTLINE OF COVERAGE

**Cancer Indemnity:** This policy only provides benefits due to cancer. It does not provide benefits for any other sickness, condition or incapacity. We will pay benefits for specified events occurring in connection with definitive treatment of cancer including the direct extension, metastatic spread or recurrence. **Waiting Period:** This policy and all attached riders will not pay benefits for any positive medical diagnosis of cancer with a diagnosis date less than thirty (30) days after the policy effective date. All treatment for cancer must be accepted or approved by the American Medical Association, the American Cancer Society or the Food and Drug Administration (FDA) as a treatment for cancer. Benefits under this policy or any attached riders are not payable for specified events that occur outside the United States of America or its territories. **Hospital Confinement:** Benefits are not payable for: 1) confinements of less than 18-hours; or 2) treatment on an out-patient basis; or 3) Emergency Room treatment; or 4) the same day outpatient benefits, Extended Care Facility, Home Health Care and/or Hospice Care Indemnity Benefits are payable; or 5) the day of discharge from the Hospital except where the day of discharge and the day of admission are the same and the confinement was for at least 18-hours.

**Cancer** means a disease manifested by the presence of a malignant tumor and characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue. It also includes, but is not limited to Leukemia, Hodgkin's disease and Melanoma. The term Cancer also includes: Myelodysplastic Syndrome, Myeloproliferative Syndrome, and carcinoma in situ (confined to the site of origin without having invaded neighboring tissue). Any condition not specifically listed above is not considered Cancer. Premalignant conditions and conditions with malignant potential including, but not limited to, hyperplasia, dysplasia, anaplasia, atypism, leukoplakia, hypertrophy, and neoplasia are not considered to be Cancer. **Skin cancer** means malignant cancerous cells of the skin including Basal Cell Carcinoma, Malignant Melanoma, Squamous Cell Carcinoma and all other Skin Carcinomas. **Radiation/Chemotherapy:** Intravenous Chemotherapy means any cancericidal chemical substance taken intravenously (IV), by continuous infusion by pump or by surgical implants for the purpose of modifying or destroying cancer. Non-Intravenous Chemotherapy means any cancericidal chemical substance taken orally, topically or by non-intravenous injection for the purpose of modifying or destroying cancer. Radiation Therapy means external radiation therapy, or teletherapy used for the purpose of modification or destruction of cancer including radioactive implants. This includes radiation seed implants, or gamma knife radiosurgery. **Immunotherapy** means immunoglobulin or colony stimulating factors to stimulate the immune system to reject and destroy cancer. **Anti-Nausea Medication** means a drug(s) or medication for the prevention or treatment of nausea (upset stomach) in conjunction with or resulting from chemotherapy and/or radiation therapy for the treatment of cancer. Anti-nausea medication does not include drugs or medications available over-the-counter without a prescription. **Bone Marrow Transplant** means the infusion of bone marrow, autologous or allogenic, following radiation or chemotherapy to destroy cancer cells. **Stem Cell Transplant** means the infusion of stem cells, autologous or allogenic, following radiation or chemotherapy to destroy cancer cells.

**Covered Persons:** Individual: Only the Primary Insured. Individual and Spouse: The Primary Insured and the Primary Insured's Legal Spouse. One Parent Family: The Primary Insured and all of the Primary Insured's legal Dependent Child(ren). Two Parent Family: The Primary Insured, the Primary Insured's Legal Spouse all of the Primary Insured's legal Dependent Child(ren). Dependent Child(ren) means any unmarried child (natural, step or adopted) of yours who: 1) is less than nineteen (19) years old and living with you; or 2) is less than twenty-five (25) years old and attending an accredited school as a full time student. The term Dependent Child(ren) does not include grandchild(ren) unless required by law.

## POLICY OUTLINE OF COVERAGE cont.

**Pre-existing Condition** means a condition for which symptoms existed up to five years prior to the policy effective date that would cause an ordinarily prudent person to seek diagnosis, care or treatment or for which medical advice or treatment was recommended by a Physician or received from a Physician. Pre-existing conditions are covered after two (2) years from the policy effective date.

**Intensive Care:** This policy will not pay benefits for any loss with a diagnosis date less than thirty (30) days after the policy effective date or for any loss that results from any of the following; injury occurring or sickness manifested prior to the policy effective date; or injury occurring while incarcerated; or committing or attempting to commit suicide while sane or insane; or commission of or an attempt to commit an assault or felony; or engaging in any illegal activity; or practicing for or participation in any semi-professional or professional competitive athletic contest for which any type of compensation or remuneration is received; or driving or riding in any race of speed or endurance or testing a motorized vehicle on any racetrack, raceway, race course or speedway; or declared or undeclared war, or any cause or act of war or regular military training, whether the covered person is a member of any armed force or a civilian; or travel in an aircraft, including those which are not motor-driven, or hot air balloon other than as a fare-paying passenger on a scheduled or charter flight operated by a scheduled airline; or alcoholism or drug addiction; or voluntarily taking, inhaling or absorbing any poison, gas or fumes; or any intentionally self-inflicted injury; or mental or physical infirmity or disease, or treatment for the infirmity or disease; or occurs while: taking or using any hallucinogen, narcotic or drugs except on the advice of a licensed physician; or participating in any activity or event, including operation of a vehicle, while intoxicated. Intoxicated means under the influence of alcohol or narcotics unless administered on the advice of the covered person's physician or having a prohibited concentration of alcohol in the blood, breath, urine or other bodily substance, as determined by the law of the jurisdiction in which the accident occurred; or engaging in hang-gliding, bungee jumping, parachuting, sky-diving, sailgliding, parasailing, parakiting or any similar activities. Newborn child(ren) are not covered during the first thirty (30) days of life if the newborn child(ren) are born less than ten (10) months after the policy effective date. Newborn child(ren) born ten (10) months or more after the Policy Effective Date are covered from the moment of birth.

LIFE INSURANCE COMPANY OF ALABAMA



P.O. Box 349  
 Gadsden, Alabama 35902  
 256-543-2022  
 800-226-2371

<b>BENEFIT SELECTED</b>	
	<b>Premium</b>
The Cancer PREMIUM	\$ _____
\$100 Health & Wellness	
<input type="checkbox"/> Optional First Occurrence	\$ _____
<input type="checkbox"/> Level <input type="checkbox"/> Building	
<input type="checkbox"/> Optional Specified Disease	\$ _____
<input type="checkbox"/> Optional Intensive Care	\$ _____
<b>Total Premium</b>	\$ _____
<b>Additional Benefits Included</b>	
Radiation Chemotherapy Rider • Surgical Benefit Rider • Transplant Rider • Transportation Rider • Diagnostic Rider	