

# Voluntary Cancer Insurance

A limited benefit policy  
Group product base



## Cancer voluntary coverage pays cash benefits when you may need it most



With our cancer plan, you'll receive benefits that follow a positive diagnosis of an internal cancer during the term of your coverage. You and your loved ones can rest a little easier knowing you have protection in place to help avoid depleting your bank accounts or taking on additional debt to cover day-to-day living expenses.

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

- *American Cancer Society. Cancer Facts & Figures, 2017.*

**Medical problems contributed to 66.5% of all bankruptcies, a figure that is virtually unchanged since before the passage of the Affordable Care Act. 530,000 families suffer bankruptcies each year that are linked to illness or medical bills.**

- *"Medical Bankruptcy: Still Common Despite the Affordable Care Act." American Journal of Public Health, March 2019.*

## Why do I need cancer coverage?

Cancer plans can assist you with a variety of expenses so you can focus on getting better. You can spend the benefits however you want, on direct or indirect costs associated with the illness:

- Make your mortgage payments
- Hire extra help for around the house, such as in-home caregivers
- Help cover medical bills as well as therapy and training
- Pay for travel to treatment facilities away from home - and for family visits

In addition to the physical and emotional effects, people who are diagnosed with cancer may see a costly impact on their expenses. You may need additional help to absorb the expense of paying for drugs and other direct and indirect costs associated with cancer.

## Here's how it works

Benefit payments are made directly to you in most cases, placing you in control at a time when you may feel that your options are limited. The base benefit is available to you upon your initial cancer diagnosis, so it's there when you need it most. You'll save on your premiums because coverage through your employer typically is less expensive than purchasing on your own. And you can pay premiums through automatic payroll deduction. You can continue the coverage even if you change employers.

## Act now

You've probably taken some steps to protect your assets and future financial stability with a health plan, life insurance, savings, etc. Take an additional step to round out your coverage and help you and your loved ones financially in the event of an unexpected cancer occurrence.

Product is issued by S.USA Life Insurance Company, Inc., a member of Prosperity Life Group. Prosperity Life Group is a marketing name for the member companies of Prosperity Life Insurance Group LLC. The issuing company is solely responsible for its own financial and contractual obligations. AM Best rating is as of date of publication. For latest rating, see [www.ambest.com](http://www.ambest.com).

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Texas

WICHITA FALLS I.S.D.

## Coverage type

Cancer Insurance provides benefits for treatment and care related to a positive diagnosis of Cancer (as defined below) first made during the term of the coverage. Coverage is available to the employee, spouse, and dependent children. **Certain limitations and exclusions, including a pre-existing condition limitation, apply. See page 13 for further details.**

Base Coverage Benefit	Benefit Amount	
	Level 1	Level 2
<p><b>First Occurrence Cancer Lump Sum Benefit</b></p> <p>If a Covered Person receives a positive diagnosis of Cancer while coverage is in force, we will pay the First Occurrence Lump Sum Benefit Amount. If the Covered Person is a child under the age of 21, we will pay one and one-half times this amount. This benefit is payable one time only per lifetime of each Covered Person, regardless of the number of positive diagnoses of Cancer that a Covered Person may have.</p> <p>For purposes of this cancer plan, "Cancer" means a malignant neoplasm, which is characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue, and which is not specifically hereafter excluded. Leukemias and lymphomas are included. Cancer must be diagnosed pursuant to a pathological or clinical diagnosis.</p> <p>The following are not considered Cancer:</p> <ul style="list-style-type: none"> <li>• pre-malignant lesions (such as intraepithelial neoplasia); or</li> <li>• benign tumors or polyps; or</li> <li>• early prostate Cancer diagnosed as T1N0M0 or equivalent staging;</li> </ul> <p>or</p> <ul style="list-style-type: none"> <li>• Cancer In Situ; or</li> <li>• any skin cancer (other than invasive malignant melanoma in the dermis or deeper or skin malignancies that have become metastatic).</li> </ul> <p><b>Continuation of Coverage Benefit</b></p> <p>We will waive all monthly premiums due for the Certificate and in force riders for two months if the Named insured meets all of the following conditions:</p> <ul style="list-style-type: none"> <li>• The Certificate has been in force for at least ninety (90) days;</li> <li>• We have received premiums for at least three (3) consecutive months;</li> <li>• The premiums have been paid through list bill, common remitter or payroll deduction;</li> <li>• The Named Insured or the Policyholder has notified Us in writing within thirty (30) days of the date Your premium payments ceased due to You being no longer affiliated with the Policyholder; and</li> <li>• The Named Insured re-establishes premium payments through: a) a new list bill, common remitter or payroll deduction process through current employment; or b) direct payment to Us in an automatic deduction system established by Us.</li> </ul>	<p>\$4,000</p>	<p>\$12,500</p> <p>per lifetime</p>

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Policy/Rider Numbers: CAWPUETX18, CAWCUETX18, ABRRUECW18, SEBRUECW18, DHCRUECW18, DRCRUECW18, SDBRUECW18.

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The Named Insured will become eligible again to receive this benefit after: a) He or she re-establishes the premium payments through list bill, common remitter or payroll deduction for a period of at least six months; and b) We receive premiums for at least six consecutive months.

## **Waiver of Premium Benefit**

We will waive the premiums for the Certificate and in force riders starting on the first premium due date following a 60 day period of Total Disability of the Named Insured due to Cancer. If 60 days or less separate two periods of Total Disability for the same Cancer, the second will be a continuation of the first. The Named Insured must: (1) be receiving treatment for such Cancer for which benefits are payable under the Certificate; and (2) remains disabled for 60 consecutive days. We will waive premiums for as long as the Named Insured remains Totally Disabled. Premiums will be waived in accordance with the mode of payment in effect when treatment began. If the Named Insured is retired or age 65 and over at the time he or she becomes Totally Disabled, the definition of Total Disability will mean the inability to perform two (2) or more Activities of Daily Living (ADLs) without the assistance of another person. We may ask for and use an independent consultant to determine whether the Named Insured can perform an ADL when this benefit is in force.

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Optional Benefit Riders	Benefit Amount	
	Level 1	Level 2
<p><b>CANCER SCREENING BENEFITS RIDER</b></p> <p><b>Basic Annual Cancer Screening Benefit</b></p> <p>We will pay the Annual Cancer Screening Benefit amount per Calendar Year per Covered Person for screening tests performed to determine whether Cancer exists in a Covered Person. Covered annual Cancer screening tests include but are not limited to the following:</p> <ul style="list-style-type: none"> <li>• Biopsy for Skin Cancer</li> <li>• Blood Tests for Triglycerides</li> <li>• CA 15-3 (blood test for breast cancer)</li> <li>• CA 125 (blood test for ovarian cancer)</li> <li>• CEA (colon cancer) and PSA (prostate cancer)</li> <li>• Doppler Screening for Carotids</li> <li>• Doppler Screening for Peripheral Vascular Disease</li> <li>• Echocardiogram</li> <li>• EKG Flexible Sigmoidoscopy</li> <li>• Hemocult Stool Analysis</li> <li>• HPV Vaccination</li> <li>• Lipid Panel Bone Marrow Testing and Chest X-Ray</li> <li>• Colonoscopy</li> <li>• Thermography</li> <li>• PSA (blood test for prostate cancer)</li> <li>• Colonoscopy</li> <li>• Mammography (including breast ultrasound)</li> <li>• Serum Protein Electrophoresis (blood test for myeloma)</li> <li>• Pap Smear, including Thin Prep Pap Test</li> <li>• Stress Test on Bike or Treadmill</li> <li>• Ultrasound Screening for Abdominal Aortic Aneurysms</li> </ul>	<p><b>\$75</b></p> <p>per Calendar Year</p>	<p><b>\$125</b></p> <p>per Calendar Year</p>

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<p><b>Additional Invasive Diagnostic Procedure Benefit</b></p> <p>We will pay two times the Basic Screening Benefit amount per Calendar Year for the Basic Screening Benefit, per Covered Person for one additional invasive diagnostic procedure required as the result of an abnormal cancer screening test for which benefits are payable under the Basic Screening Benefit above. Invasive diagnostic procedure means a procedure requiring an excision or the insertion of an instrument in the body. This additional benefit is payable regardless of the results of the additional diagnostic procedure.</p> <p><i>*The amount payable for the Additional Invasive Diagnostic Benefit will be reduced dollar for dollar for any amount payable under the Positive Diagnosis Benefit contained in the Additional Benefits Rider.</i></p>	<p>2x Basic Screening Benefit per Calendar Year*</p>
<p><b>SURGICAL EXPENSE BENEFIT RIDER</b></p> <p><b>Surgical Expense Benefit</b></p> <p>We will pay the Incurred Expense up to the Maximum Surgical Expense Benefit amount for a surgical procedure for the treatment of Cancer (except Skin Cancer) in accordance with the Surgical Schedule contained in the Rider. The surgery may be performed either as an inpatient of a Hospital or as an outpatient in a Hospital, Ambulatory Surgical Center, Physician's office or other free standing medical facility.</p> <p>We will not pay more than the Incurred Expense for any surgical procedure.</p> <p><b>Anesthesia Expense Benefit</b></p> <p>When a surgical procedure is performed for a procedure for which a Surgical Expense Benefit has been paid and the Covered Person incurs charges for anesthesia, we will pay the Incurred Expense for the anesthesia not to exceed an amount equal to 30% of the covered Surgical Expense Benefit for the operation performed. This includes the services of a professional anesthesiologist or of an anesthetist under supervision of a Physician for the purpose of administering anesthesia.</p> <p><b>Skin Cancer Surgery Expense Benefit</b></p> <p>When there is a positive diagnosis of Skin Cancer of a Covered Person and a cutting surgical procedure is performed to remove the positively diagnosed Skin Cancer, we will pay the Incurred Expense, not to exceed the amount shown below, for such surgical removal:</p> <ul style="list-style-type: none"> <li>• Biopsy \$125</li> <li>• Excision of lesion of skin \$350</li> <li>• Excision of lesion of skin with flap or graft \$750</li> </ul> <p>This benefit is payable in lieu of any benefits for Surgical Expense and Anesthesia Expense Benefits, which are not applicable to Skin Cancer.</p>	<p>Incurred Expense, up to \$5,000 Maximum Benefit Amount</p> <p>Incurred Expense, up to 30% of the Surgical Expense Benefit Paid</p> <p>Incurred Expense, up to Indicated Amounts</p>

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## SPECIFIED DISEASE BENEFIT RIDER

### Covered Specified Diseases:

- |  |   |  |
|--|---|--|
| <ul style="list-style-type: none"> <li>• Addison's Disease</li> <li>• Amyotrophic Lateral Sclerosis</li> <li>• Botulism</li> <li>• Bovine Spongiform</li> <li>• Budd-Chiari Syndrome</li> <li>• Cystic Fibrosis</li> <li>• Diphtheria</li> <li>• Encephalitis</li> <li>• Encephalopathy</li> <li>• Epilepsy</li> <li>• Hansen's Disease</li> <li>• Histoplasmosis</li> <li>• Legionnaire's Disease</li> <li>• Lupus Erythematosus</li> </ul> | <ul style="list-style-type: none"> <li>• Lyme Disease</li> <li>• Malaria</li> <li>• Meningitis</li> <li>• Multiple Sclerosis</li> <li>• Muscular Dystrophy</li> <li>• Myasthenia Gravis</li> <li>• Neimann-Pick Disease</li> <li>• Osteomyelitis</li> <li>• Poliomyelitis</li> <li>• Q Fever</li> <li>• Rabies</li> <li>• Reye's Syndrome</li> <li>• Rheumatic Fever</li> </ul> | <ul style="list-style-type: none"> <li>• Rocky Mountain Spotted Fever</li> <li>• Sickle Cell Anemia</li> <li>• Tay-Sachs Disease</li> <li>• Tetanus</li> <li>• Toxic Epidermal Necrolysis</li> <li>• Tuberculosis</li> <li>• Tularemia</li> <li>• Typhoid Fever</li> <li>• Undulant Fever</li> <li>• West Nile Virus</li> <li>• Whipple's Disease</li> <li>• Whooping Cough</li> </ul> |
|--|---|--|

The first time a Covered Person is diagnosed with one or more Covered Specified Diseases and is hospitalized for definitive treatment, we will pay the following benefits:

### Initial Hospitalization Benefit

We will pay the Initial Hospitalization Benefit amount when a Covered Person is confined to a Hospital for 12 or more hours as a result of receiving treatment for a Covered Specified Disease. This benefit is payable only once per Period of Hospital Confinement and only once per Calendar Year for each Covered Person.

The Period of Hospital Confinement must start while the Rider is in force for the Covered Person. If the confinement follows a previously covered confinement, it will be deemed a continuation of the first confinement unless it is the result of an entirely different Covered Specified Disease, or unless the confinements are separated by 30 days or more.

### Hospital Confinement Benefit

We will pay the Hospital Confinement Benefit amount per day when a Covered Person is hospitalized during any continuous period of 30 days or less for the treatment of a Covered Specified Disease. Benefits will double per day beginning with the 31st day of continuous confinement.

\$1,500  
per Calendar Year

\$100  
per day

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<b>ADDITIONAL BENEFITS RIDER</b>	Incurred Expense, subject to various maximums (see below)
<p><b>Positive Diagnosis Benefit</b></p> <p>We will pay the Incurred Expense, not to exceed \$450 per Calendar Year, for one test that confirms the positive diagnosis of Cancer in a Covered Person. This benefit is not payable for multiple diagnoses of the same Cancer, for Cancer that metastasizes, or for recurrence of the same Cancer.</p> <p><b>National Cancer Institute Designated Comprehensive Cancer Treatment Center Evaluation/Consultation Benefit</b></p> <p>If a Covered Person receives a positive diagnosis of Cancer and seeks an evaluation or consultation at a National Cancer Institute designated Comprehensive Cancer Treatment Center for the purpose of obtaining a treatment option, we will pay the Incurred Expense not to exceed a lifetime maximum of \$750. If the Comprehensive Cancer Treatment Center is located more than 30 miles from the Covered Person's place of residence, we will also pay the transportation and lodging expenses incurred not to exceed a lifetime maximum of \$350. This benefit is not payable on the same day a Second or Third Surgical Opinion Benefit is payable. This benefit is payable in lieu of the Non-Local Transportation and Lodging Expense Benefits of the Rider. This benefit is payable one time during the lifetime of the Covered Person.</p> <p><b>Second and Third Surgical Opinion Expense Benefit</b></p> <p>If surgery is recommended for the removal of Cancer, we will pay the Incurred Expense for a written second surgical opinion concerning the Cancer surgery. If the second surgical opinion is in conflict with the first opinion, we will pay the Incurred Expense for a written third surgical opinion. The Physician providing the second or third surgical opinion cannot be associated with the Physician who originally recommended the surgery. This benefit is not payable for the same day the National Cancer Institute Evaluation/Consulting Benefit is payable.</p> <p><b>Outpatient Hospital or Ambulatory Surgical Center Expense Benefit</b></p> <p>We will pay the Incurred Expense, not to exceed \$525 per day, made by an Ambulatory Surgical Center or Outpatient department of a Hospital for the use of its facilities during the performance of a surgical procedure covered under this Policy.</p> <p><b>Outpatient Blood, Plasma and Platelets Expense Benefit</b></p> <p>If, as the result of Cancer, a Covered Person requires blood, plasma, platelets or blood transfusions, on an Outpatient basis, we will pay the Incurred Expense not to exceed \$450 per day including the costs of procurement, administration, processing and cross matching.</p> <p><b>Inpatient Blood, Plasma and Platelets Expense Benefit</b></p> <p>If, as the result of Cancer, a Covered Person requires blood, plasma, platelets or blood transfusions, on an Inpatient basis, we will pay the Incurred Expense not to exceed \$450 per day including the costs of procurement, administration, processing and cross matching.</p> <p><b>Bone Marrow Donor Expense Benefit</b></p> <p>This Benefit only applies if the Daily Hospital Confinement Benefit Rider is purchased. When a Covered Person receives bone marrow or stem cells from another live person for the purpose of a bone marrow or stem cell transplant in connection with the Covered Person's Cancer treatment, We will pay the Daily Hospital Confinement Benefit Amount for each day the donor is confined in a Hospital for the harvesting of bone marrow or stem cells used in a covered bone marrow or stem cell transplant.</p>	

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## **Bone Marrow or Stem Cell Transplant Expense Benefit**

We will pay the Incurred Expense not to exceed a lifetime maximum of \$22,500 for surgical and anesthesia procedures (including the harvesting and subsequent re-infusion of blood cells or peripheral stem cells) performed for a bone marrow transplant and/or a peripheral stem cell transplant for the treatment of a Covered Person's Cancer. This benefit will be paid in lieu of the benefit provided by the optional Surgical Expense Benefit Rider.

## **Inpatient Oxygen Expense Benefit**

When a Covered Person is confined to a Hospital for the treatment of Cancer and requires oxygen used that is prescribed and ordered by a Physician, we will pay the Incurred Expense for the oxygen not to exceed \$450 per Hospital confinement.

## **Attending Physician Expense Benefit**

We will pay the Incurred Expense not to exceed \$150 per day for the professional services of a Physician or Oncologist rendered to a Covered Person while he or she is confined in a Hospital for the treatment of Cancer. This benefit is payable only if the Physician or Oncologist personally visits the Hospital room occupied by the Covered Person. The benefit amount stated is the maximum amount payable for each day of Hospital confinement regardless of the number of visits made by one or more Physicians or Oncologists.

## **Inpatient Private Duty Nursing Expense Benefit**

We will pay the Incurred Expense not to exceed \$225 per day for the full-time service of a Nurse that is required and ordered by a Physician when a Covered Person is confined in a Hospital for the treatment of Cancer. The Nurse must provide services other than those normally provided by the Hospital. The Nurse may not be an employee of the Hospital or an Immediate Family Member of the Covered Person.

## **Outpatient Private Duty Nursing Expense Benefit**

Following a Covered Person's Hospital confinement for the treatment of Cancer, we will pay the Incurred Expense not to exceed \$225 per day, limited to the same number of days of such Hospital confinement, for the full-time service of a Nurse that is required and ordered by a Physician when a Covered Person is confined indoors at home as the result of Cancer. This benefit is not payable if the services of the Nurse are custodial in nature or to assist the Covered Person in the activities of daily living. This benefit is not payable when the Nurse is a member of the Covered Person's Immediate Family.

## **Home Health Care Expense Benefit**

We will pay benefits for the following covered charges when a Covered Person requires Home Health Care for the treatment of Cancer.

- a. Home Health Care Visits - We will pay the Incurred Expense for Home Health Care Visits not to exceed \$300 for each day on which one or more such visits occur. We will not pay this benefit for more than 60 days in any Calendar Year.
- b. Medicine and Supplies - We will pay the Incurred Expense not to exceed \$3,000 in any Calendar Year for drugs, medicine, and medical supplies provided by or on behalf of a Home Health Care Agency.
- c. Services of a Nutritionist - We will pay the Incurred Expense not to exceed a lifetime maximum of \$1,500 for the services of a nutritionist to set up programs for special dietary needs.

## **Convalescent Care Facility Expense Benefit**

We will pay the Incurred Expense not to exceed \$225 per day for a Covered Person's confinement in a Convalescent Care Facility. The maximum number of days for which this benefit is payable will be the number of days in the Covered Person's last Period of Hospital Confinement that immediately preceded

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admission to the Convalescent Care Facility. The Convalescent Care Facility confinement must:

- a. be due to Cancer;
- b. begin within 14 days after the Covered Person has been discharged from a Hospital for the treatment of Cancer; and
- c. be authorized by a Physician as being medically necessary for the treatment of Cancer.

## **Hospice Care Expense Benefit**

When a Covered Person, as a result of Cancer, requires Hospice Care, we will pay the Incurred Expense for Hospice Care not to exceed \$150 per day. This benefit is payable whether confinement is required in a Hospice Center or services are provided in the Covered Person's home by a Hospice Team. Eligibility for benefit payments will be based on the following conditions being met: (1) the Covered Person has been given a prognosis of being Terminally Ill; and (2) We have received a written summary of such prognosis from the attending Physician. We will not pay this benefit while the Covered Person is confined to a Hospital or Convalescent Care Facility. The lifetime maximum benefit is 365 days of Hospice Care.

## **Non-Local Transportation Expense Benefit**

We will pay the Incurred Expense for Non-Local transportation not to exceed coach fare on a Common Carrier for the Covered Person and one adult companion's travel to a Hospital, Radiation Therapy Treatment Center, Chemotherapy Treatment Center, Oncology Clinic or any other specialized treatment center where the Covered Person receives treatment for Cancer. This benefit is payable only if the treatment is not available Locally. The adult companion may include the live donor of bone marrow or stem cells used in a bone marrow or stem cell transplant for the Covered Person. At the option of the Covered Person, we will pay a single private vehicle mileage allowance of 50 cents per mile for Non-Local transportation in lieu of the common carrier coach fare.

## **Lodging Expense Benefit**

When a Covered Person receives treatment for Cancer at a Non-Local Hospital, Radiation Therapy Treatment Center, Chemotherapy Treatment Center, Oncology Clinic or any other specialized treatment center, we will pay the Incurred Expense not to exceed \$150 per day for a room in a motel, hotel or other appropriate lodging facility (other than a private residence). The room must be occupied by the Covered Person or an adult companion, which may include the live donor of bone marrow or stem cells used in a bone marrow or stem cell transplant for the Covered Person. This benefit is not payable for lodging expense incurred more than 24 hours before the treatment, nor for lodging expense incurred more than 24 hours following treatment. This benefit is limited to 100 days per Calendar Year.

## **Ambulance Expense Benefit**

We will pay the Incurred Expense for ambulance service if a Covered Person is transported to a Hospital where he or she is admitted as an Inpatient for the treatment of Cancer, not to exceed \$3,000 for ground or water ambulance and not to exceed \$6,000 for air ambulance. The ambulance service must be provided by a licensed professional ambulance company or an ambulance owned by the Hospital.

## **Prosthesis Expense Benefit**

We will pay benefits for the following covered charges when a Covered Person requires a prosthesis for the treatment of Cancer:

- a. Surgically Implanted Breast Prosthesis – If a Covered Person sustains an amputation, as the result of treatment for Cancer, and a surgically implanted prosthetic device is prescribed by a Physician, we will pay the Incurred Expense not to exceed a maximum of \$9,000 per such device. This benefit has a total lifetime maximum benefit of \$18,000. The cost for the replacement of a prosthetic device is not covered. Hairpieces or wigs are not covered under this benefit.

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- b. Non-Surgically Implanted Prosthesis – If a Covered Person sustains an amputation, as the result of treatment for Cancer, and an artificial limb or other non-surgically implanted prosthetic device is required and prescribed by a Physician to restore normal body function, we will pay the Incurred Expense not to exceed a lifetime maximum of \$6,000 per such device. The cost for the replacement of a prosthetic device is not covered. Hairpieces or wigs are not covered under this benefit.

## **Hairpiece Expense Benefit**

If a Covered Person suffers hair loss due to treatment of Cancer, we will pay the Incurred Expense not to exceed a lifetime maximum of \$600 for the purchase of a wig or hairpiece.

## **Rental or Purchase of Medical Equipment Expense Benefit**

If, as the result of Cancer, the attending Physician prescribes covered medical equipment designed for home use, we will pay the lesser of the Incurred Expense for the rental or purchase of such medical equipment not to exceed \$2,250 per Calendar Year. Monthly rental charges are not payable in advance. Covered medical equipment includes wheel chair, oxygen equipment, respirator, braces, crutches or hospital bed.

## **Physical, Speech And Audio Therapy Expense Benefit**

We will pay the Incurred Expense not to exceed \$75 per therapy session for:

- a. Physical therapy treatments given by a licensed physical therapist, or
- b. Speech therapy given by a licensed speech pathologist/therapist; or
- c. Audio therapy given by a licensed audiologist.

These therapy sessions may be given at an institute of physical medicine and rehabilitation, a Hospital, or the Covered Person's home. These treatments must be given on an Outpatient basis, unless the primary purpose of a Hospital confinement is for treatment of Cancer other than with physical, speech or audio therapy. Benefits under this section may not exceed \$1,000 per Calendar Year.

## **Mental Health Consultation Benefit**

We will pay the Incurred Expense not to exceed \$120 per session for mental health consultations provided by a Physician for a Covered Person receiving treatment for Cancer. Benefits are limited to a lifetime maximum of 50 sessions.

## **Child Tutorial Benefit**

We will pay the Incurred Expense not to exceed \$45 per each one-hour session for educational tutoring provided by a qualified person for a covered Dependent Child receiving treatment for Cancer. Benefits are limited to a lifetime maximum of 50 one-hour sessions. A qualified person providing the tutoring must not be an Immediate Family Member.

## **Wheelchair Accessible Home Modifications**

When a Covered Person is confined to a wheel chair as the result of treatment of Cancer and benefits were paid for the wheel chair's rental or purchase under this Rider, we will pay the Incurred Expense not to exceed a lifetime maximum of \$6,000 for bathroom or door modification of the Covered Person's home which is required for wheel chair access by the Covered Person.

## **Child Care Benefit**

We will pay the Incurred Expense not to exceed \$90 per day for each Dependent Child of Covered Person attending a Child Care Center while a Covered Person is confined to the Hospital or ICU due to treatment for Cancer. Benefits are limited to a lifetime maximum of 50 days.

This is not a complete disclosure of plan qualifications and limitations. Please review this information before applying for coverage. The amount of benefits provided depends on the plan selected. Premiums will vary according to the selection made. **THIS POLICY PROVIDES LIMITED BENEFITS.**

Policy/Rider Numbers: CAWPUETX18, CAWCUETX18, ABRRUECW18, SEBRUECW18, DHCRUECW18, DRCRUECW18, SDBRUECW18.

Underwritten by: S.USA Life Insurance Company, Inc., member of the Prosperity Life Group.

Not available in all states.

# Voluntary Cancer Insurance

A limited benefit policy  
Group product base



### Pet Boarding Benefit

We will pay the Incurred Expense not to exceed \$75 per day for all pets of a Covered Person attending a Pet Boarding Center while the Covered Person is confined to the Hospital or ICU due to treatment for Cancer. Benefits are limited to a lifetime maximum of 30 days.

**Pre-Existing Condition Limitation Period:** 12 months prior to Certificate Effective Date  
See page 13 for details.

## Cancer Plan Proposed Rates:

Displaying monthly payroll deduction premium amounts (*Plan premiums will not increase during the 21-year Rate Guarantee Period; after that premiums may be changed upon 60 days written notice*).

### Monthly Rates Level 1

EMPLOYEE	EMPLOYEE & SPOUSE	SINGLE PARENT FAMILY	TWO-PARENT FAMILY
\$21.13	\$33.81	\$24.89	\$37.56

### Monthly Rates Level 2

EMPLOYEE	EMPLOYEE & SPOUSE	SINGLE PARENT FAMILY	TWO-PARENT FAMILY
\$32.59	\$52.15	\$38.15	\$57.71

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## **CONDITIONS, LIMITATIONS AND EXCLUSIONS AFFECTING THE BENEFITS DESCRIBED ABOVE**

**ELIGIBILITY:** All active employees over 17 years of age working a minimum of 16 hours per week.

### **LIMITATIONS AND EXCLUSIONS**

#### **Pre-Existing Condition Limitation**

A pre-existing condition is a condition for which medical advice or treatment was recommended or received from a physician within the Pre-Existing Condition Limitation Period. **Benefits will not be paid for any loss that is a Pre-Existing Condition, unless the Covered Person has satisfied the Pre-Existing Condition Limitation Period.**

No pre-existing condition limitation will be applied for dependent children who are born or adopted while the named insured is covered, and who are continuously covered from the date of birth or adoption.

#### **Other Exclusions**

Benefits are not payable for:

- any loss due to any disease or illness other than Cancer;
- any loss due to a condition excluded by name or description within the Certificate or any attached endorsements or rider;
- care or treatment received outside the territorial limits of the United States;
- treatment by any program engaged in research that does not meet the criteria for Experimental Treatment as defined;
- treatment that has not been approved by a physician as being medically necessary; or
- losses or medical expenses incurred prior to the Certificate Effective Date.

### **OTHER INFORMATION**

**Renewability:** The coverage is guaranteed renewable during the named insured's lifetime, except for fraud or material misrepresentation, so long as premiums are paid on time.

**Termination:** Subject to the Portability Privilege, coverage for the employee (named insured) will terminate on the earliest of the following: (1) the date premium is not paid when due, subject to the grace period provision; (2) the premium due date following the date we receive a request for termination from the Named Insured; (3) the date the Employer Policy terminates; (4) the date the employee is no longer a member of the Eligible Class, subject to the continuation of coverage provision, if applicable; or (4) the date the employee dies. Spouse and dependent care coverage, if applicable, will terminate on the earliest of: (1) the premium for the spouse or dependent child coverage, as applicable, is not paid when due subject to the grace period provision; (2) the date the covered person ceases to qualify as a spouse or dependent child, as applicable; (3) the premium due date after we receive a request from the named insured to end the spouse and/or dependent child coverage; (4) the date the employee's coverage terminates; (5) for a dependent child, the date the coverage for the dependent child is converted.

**Premiums:** Premiums may be changed upon 60 days written notice. Premiums will not increase on the group plan during the rate guarantee period listed above.

**Portability and Conversion:** Portability coverage is available, subject to the timely payment of premiums, if the policy terminates or if the employee ceases to be a member of the eligible class. Written request and payment of the first premiums for the portability coverage must be received no later than 30 days after such termination or change in eligibility status. Premium rates will be based on rates in effect at the time of the qualifying event and may change.

If a spouse's coverage ends due to the death of the employee or a divorce, the spouse may elect to convert coverage for him/herself alone or for him/herself and any dependent children. If a dependent child's coverage ends due to attainment of the limiting age, the dependent child may elect to convert coverage. Written request and payment of the first premiums for conversion must be received no later than 30 days after the qualifying event. Premium rates will be based on rates in effect at the time of conversion and may change.

**Free-Look Period:** The employee has 30 days to review the Certificate and return it for a full refund of any premium paid.

This is not a complete disclosure of plan qualifications and limitations. Please review this information before applying for coverage. The amount of benefits provided depends on the plan selected. Premiums will vary according to the selection made. **THIS POLICY PROVIDES LIMITED BENEFITS.**

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