# Cancer Insurance

*Limited Benefit Specified Disease Cancer Indemnity Insurance*

**Wellness Benefits · Benefits Paid Directly to You · Excellent Customer Service · *Learn More* ▸▸**

American Fidelity Assurance Company

Our Family, Dedicated To Yours.®

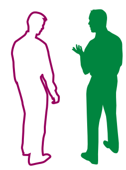
# Cancer Insurance

A cancer diagnosis can be both a physical and emotional drain. Thanks to advances in medicines and procedures to battle cancer, more and more people are beating this 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 can offer a solution to help you and your family focus on fighting the disease. This plan can assist with the expenses that may not be covered by medical insurance.

According to the American Cancer Society, 1 out of 2 men and 1 out of 3 women are diagnosed with cancer in their lifetime.[1]

[1] *American Cancer Society: Cancer Facts and Figures 2010, pg. 1*



*1 out of 2 men*

*1 out of 3 women*

**61%**
**Indirect Medical Costs**

**39%**
**Direct Medical Costs**

39% of all costs for cancer are direct medical costs, while the remaining 61% of costs are indirect and generally not covered by major medical insurance.[2]

[2] *American Cancer Society: Cancer Facts and Figures 2010, pg. 3*

## How It Works

This plan is designed to help cover expenses if you are diagnosed with Cancer. With more than 25 built-in policy 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 remain the same.

American Fidelity's Cancer Insurance features:

- Benefits paid directly to you, to be used however you see fit.
- Policy is guaranteed renewability for as long as premiums are paid as required.
- You own the policy and can keep the policy if you change employers.

## Wellness 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)* | |
|---|---|
| Enhanced<br>$60 | Enhanced Plus<br>$75 |

# Schedule of Benefits*

| | Enhanced | Enhanced Plus |
|---|---|---|
| **Wellness Benefits** | | |
| Diagnostic and Prevention Benefit *(per calendar year)* | $60 | $75 |
| Mammography Benefit *(per calendar year based on age)* | $150 | $150 |
| Cancer Screening Follow-Up Benefit *(per calendar year)* | $60 | $75 |
| **Treatment Benefits** | | |
| Radiation Therapy/Chemotherapy/ Immunotherapy Benefit *(per calendar month)* | $1,500 | $2,000 |
| Medical Imaging Benefit *(per image - max 2 per calendar year)* | $200 | $300 |
| Hormone Therapy Benefit *(per treatment - max 12 treatments/calendar year)* | $50 | $50 |
| Administrative/Lab Work Benefit *(per calendar month)* | $75 | $100 |
| Blood, Plasma, and Platelets Benefit *(per day)* | $150 | $200 |
| *(per calendar year max)* | $7,500 | $10,000 |
| Bone Marrow/Stem Cell Transplant Benefit | | |
| Autologous *(Patient provided)* *(per calendar year)* | $1,000 | $1,500 |
| Non-autologous *(Donor provided)* *(per calendar year)* | $3,000 | $4,500 |
| **Hospitalization Benefits** | | |
| Hospital Confinement Benefit *(per day for the first 30 days)* | $200 | $300 |
| *(per day after the first 30 days of Hospital Confinement)* | $400 | $600 |
| Drugs & Medicine Benefit | | |
| Hospital Confinement | $200 | $300 |
| Outpatient *(per Hospital Confinement)* *(per prescription - $100 monthly max for Enhanced; $150 monthly max for Enhanced Plus)* | $50 | $50 |
| Attending Physician *(per day while Hospital Confined)* | $40 | $50 |
| U.S. Government/Charity Hospital or HMO *(per day - pays in lieu of most benefits)* | | |
| Hospital Confinement | $200 | $300 |
| Outpatient Services | $200 | $300 |

| | Enhanced | Enhanced Plus |
|---|---|---|
| **Ambulance, Transportation, & Lodging Benefits** | | |
| Ambulance Benefit *(per trip - max 2 trips any combination per confinement)* | | |
| Ground | $200 | $200 |
| Air | $2,000 | $2,000 |
| Transportation & Lodging Benefit (Patient and/or Family) | | |
| Transportation *($1,500 max round trip; max 12 trips/calendar year)* | Coach fare or $.50/ mile by car | Coach fare or $.50/ mile by car |
| Outpatient Lodging *(per day up to 90 days per calendar year)* | $60 | $80 |
| **Surgical Treatment Benefits** | | |
| Surgical Benefit *(per surgical unit - $3,000 max for Enhanced; $4,000 max for Enhanced Plus)* | $30 | $40 |
| Anesthesia Benefit | 25% of the amount paid for covered surgery | |
| Outpatient Hospital or Ambulatory Surgical Cancer Benefit *(per day)* | $400 | $600 |
| Second & Third Surgical Opinion Benefit | $300 | $300 |
| **Continuing Care Benefits** | | |
| Prosthesis Benefit Non-Surgical *(per device - 1 per site, lifetime max of 3)* | $150 | $200 |
| Surgical Implantation *(per device, includes surgical fee - 1 per site, lifetime max of 2)* | $1,500 | $2,000 |
| Hair Prosthesis *(once per life)* | $150 | $200 |
| Extended Care Facility Benefit *(per day for up to the same number of days of paid Hospital Confinement)* | $75 | $100 |
| Physical or Speech Therapy Benefit *(per visit up to 4 per calendar month - lifetime max of $1,000)* | $25 | $25 |
| Hospice Care Benefit *(per day - $13,500 lifetime max for Enhanced; $18,000 lifetime max for Enhanced Plus)* | $75 | $100 |
| Home Health Care Benefit *(per day for up to the same number of days of paid Hospital Confinement)* | $75 | $100 |

*Refer to Plan Benefit Highlights for more complete Benefit Descriptions and limits on the Cancer Insurance Plan.*
** The premium and amount of benefits provided vary based upon the plan selected.*

# 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<br>*(per unit - maximum $10,000)* | $2,500 |
| Heart Attack/Stroke Benefit<br>*(per unit - maximum $10,000)* | $2,500 |

### 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.
- All Critical Illness amounts reduce by 50% at age 70.

## Hospital Intensive Care Unit Rider

This rider can provide a benefit to help by paying for each day a Covered Person is confined in an Intensive Care Unit (ICU), as defined in this rider.

### Schedule of Benefits

| | |
|---|---|
| ICU Confinement Benefit<br>*(per day up to 30 days)* | $600 |
| Ambulance Benefit<br>*(per admission in an ICU)* | $100 |

### Summary of Hospital ICU Rider Benefits:

- Confinement must be due to an accident or sickness and begin after the effective date of coverage under this rider.
- A day is defined as a 24-hour period.
- If confined to an ICU for a portion of a day, a pro rata share of the daily benefit will be paid.
- Under age 70, pays $100 per admission for ambulance charges, or age 70 or older, $50 for transportation to a Hospital where they are admitted to an ICU within 24 hours of arrival.
- All ICU amounts reduce by 50% at age 70.

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

# Plan Options

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

- **Individual Plan**
  The Insured, age 18 through 64, at the date of policy issue, is the only Covered Person.
- **Single Parent Family Plan**
  The Insured, age 18 through 64, at the date of policy issue, and each Eligible Child under age 21 or under 25, if attending an accredited school full-time, as defined in the policy.
- **Family Plan**
  The Insured and spouse, age 18 through 64, at the date of policy issue, and Eligible Children under age 21 or under 25, if attending an accredited school full-time, as defined in the policy.

# 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 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 mammograms or 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. This benefit does not include mammograms or any test payable under the Medical Imaging Benefit.

### Mammography Benefit

Pays the indemnity amount shown in the Schedule of Benefits for baseline mammograms. One baseline mammogram for covered women age 35 to 39, inclusive; one mammogram for covered women age 40 to 49 inclusive, every two years or more frequently if recommended by a Physician; one mammogram every year for covered women age 50 or over. The Covered Person must incur a charge for the screening test. This benefit is available without a diagnosis of cancer. Benefits payable for mammography will only be paid under this benefit. Benefits will only be paid for tests performed after the 30-day period following the Covered Person's effective date of coverage.

### 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. This benefit does not cover other procedures related to Radiation/Chemotherapy/Immunotherapy. 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 is not 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 Benefit that month, for related procedures such as treatment planning, treatment management, etc.

### 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 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 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. 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

# Plan Benefit Highlights, cont'd

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 the same number of days benefits were paid for the Covered Person's preceding Hospital Confinement.

## 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 the same number of days benefits were paid for the Covered Person's preceding Hospital Confinement. 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 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. "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. This product is inappropriate for those people who are eligible for Medicaid Coverage.

The policy and the Internal Cancer coverage under the Critical Illness Rider will not be issued to anyone who has been diagnosed or treated for Cancer in the previous ten years. The Heart Attack or Stroke coverage under the Critical Illness Rider will not be issued to anyone who has been diagnosed or treated for any heart or stroke related conditions. The Intensive Care Unit Rider will not cover heart conditions for a period of one year following the Effective Date of coverage for anyone who has been diagnosed or treated for any heart related condition prior to the 30th day following the Covered Person's Effective Date of coverage.

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; or pre-malignant lesions, benign tumors or polyps.

## 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 by Cancer or the treatment of Cancer. This policy does not cover any other disease, sickness or incapacity even though after contracting cancer it may have been aggravated or affected by Cancer or the treatment of Cancer 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 year of this policy as a result of a Pre-Existing Condition. A Pre - Existing Condition is a Specified Disease for which, within 12 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. Conditions revealed in the application will be covered unless specifically excluded in the rider. Pre-Existing Conditions specifically named or described as excluded in any part of this contract are never covered.

This policy contains a 30-day waiting period during which no benefits will be paid under this policy. If any Covered Person has a Cancer or Dread 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 one year from the Effective Date of such person's coverage. If any Covered Person is diagnosed as having a Cancer or Dread Disease during the 30 - day period immediately following the Effective Date, you may elect to void the policy from the beginning and receive a full refund of premium. All benefits payable only up to the maximum amount listed in the Schedule of Benefits in the policy.

## 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; intentional self-injury; alcoholism or drug addiction; any act of war, declared or undeclared, or any act related to war; military service for any country at war; Pre - Existing Condition during the first 12 months following the Covered Person's Effective Date of coverage; a Covered Critical Illness when the Date of Diagnosis occurs during the Waiting Period; 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); actinic keratosis; myelodyspastic and non-malignant myeloproliferative disorders; aplastic anemia; atypia; non-malignant monoclonal gamopathy; pre-malignant lesions, benign tumors or polyps; Leukoplakia; Hyperplasia; Polycythemia; Cancer in situ or any skin cancer other than invasive malignant melanoma into the dermis or deeper.

## Hospital Intensive Care Unit Rider

No Benefits Will Be Provided During The First Year Of This Rider For Hospital Intensive Care Unit Confinement Caused By Any Heart Condition When Any Heart Condition Was Diagnosed Or Treated Prior To The 30th`` Day Following The Covered Person's Effective Date Of This Rider. (The Heart Condition Causing The Confinement Need Not Be The Same Condition Diagnosed Or Treated Prior To The Effective Date.) No benefits will be provided during the first year of this rider for Hospital Intensive Care Unit Confinement for a newborn child born within the ten-month period following the Effective Date of this rider. No benefits will be provided if the loss results from: attempted suicide whether sane or insane; intentional self-injury; alcoholism or drug addiction; or any war or act of war or any act related to war, declared or undeclared; or military service for any country at war. No benefits will be paid for confinements in units such as: Surgical Recovery Rooms, Progressive Care, Burn Units, Intermediate Care, Private Monitored Rooms, Observation Units, Telemetry Units or Psychiatric Units not involving intensive medical care; or other facilities which do not meet the standards for Intensive Care Unit as defined in the Rider. For a newborn child born within the ten-month period following the effective date of this rider, no benefits will be provided for Hospital Intensive Care Unit Confinement that begins within the first 30 days following the birth of such child.

# Cancer Insurance Premiums

## Base Plan Monthly Premiums*

| | Enhanced | | | | Enhanced Plus | | | |
|---|---|---|---|---|---|---|---|---|
| | *Age 18–40* | *Age 41–50* | *Age 51–60* | *Age 61+* | *Age 18–40* | *Age 41–50* | *Age 51–60* | *Age 61+* |
| Individual | 19.28 | 30.12 | 39.50 | 52.26 | 23.64 | 36.76 | 50.04 | 68.28 |
| Single Parent Family | 27.98 | 43.10 | 57.48 | 77.16 | 34.56 | 53.32 | 73.46 | 101.08 |
| Family | 36.08 | 55.16 | 74.08 | 99.94 | 44.58 | 68.40 | 94.88 | 131.06 |

## Optional Benefit Rider Monthly Premiums

### Critical Illness Rider

Rates based on One Unit (One Unit = $2,500; Two Units = $5,000; Three Units = $7,500; Four Units = $10,000)

| | 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 | $1.50 | $0.80 | $3.00 | $2.10 | $4.90 | $3.10 | $7.10 | $4.60 |
| Single Parent Family | $2.20 | $1.20 | $4.50 | $3.10 | $7.30 | $4.60 | $10.60 | $6.90 |
| Family | $2.90 | $1.50 | $5.80 | $4.10 | $9.40 | $6.00 | $13.80 | $8.90 |

### Hospital Intensive Care Unit Rider

| | Age 18–40 | Age 41–50 | Age 51–60 | Age 61+ |
|---|---|---|---|---|
| Individual | $3.40 | $4.20 | $5.50 | $7.10 |
| Single Parent Family | $5.10 | $6.30 | $8.20 | $10.60 |
| Family | $6.60 | $8.20 | $10.70 | $13.80 |

## 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 and Intensive Care Unit Rider are guaranteed renewable for life with benefits reduced by 50% at age 70. We have the right to increase premiums by class.

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

**This is a brief description of the coverage. For actual benefits and other provisions, please refer to the policy. This coverage does not replace Workers' Compensation Insurance. This product is inappropriate for people who are eligible for Medicaid Coverage.**

American Fidelity Assurance Company

Our Family, Dedicated To Yours.®

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Policy Form Series C12M06 (CA)
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