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Cancer Indemnity Insurance



Important Notice: You should have comprehensive health coverage before purchasing this type of policy.

Life of Alabama
has provided valuable protection
to their thousands and thousands
of policyholders. **LICOA**, Life
Insurance Company of Alabama,
a **multi-million dollar** financial
institution, has the economic
strength to protect **you** and your
family.

Cancer Indemnity Insurance



This brochure provides a brief description of the important features of the policy and is used in conjunction with outline of coverage OCAHC7509GA. This describes a Hospital, Surgical, Medical Insurance Policy and Riders Form HC75C0109GA, HC77R0109, HC79S0109GA, HC80T0109GA, HC81A0109GA and HC82W0109GA limited to Cancer; A Cancer Policy / Riders 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.

POLICY FEATURES

The benefits illustrated in this brochure apply to each covered person.

CANCER INDEMNITY POLICY - HC75C0109

DAILY HOSPITAL BENEFIT

Choose a benefit of **\$300 per day**. Pays the indemnity benefit per day for the first 30 days of confinement to the hospital for the treatment of Cancer. **The benefit amount doubles after 30 days of continuous confinement in a hospital for the treatment of Cancer.** NO LIMIT ON NUMBER OF DAYS. NO LIFETIME LIMIT

PRIVATE NURSING SERVICES BENEFIT

Pays an indemnity benefit of **\$200 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. NO LIFETIME LIMIT

EXTENDED CARE FACILITY BENEFIT

Pays an indemnity benefit of **\$150 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. NO LIFETIME LIMIT

HOME HEALTH CARE BENEFIT

Pays an indemnity benefit of **\$200 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.

HOSPICE CARE BENEFIT

Pays an indemnity benefit of **\$100 per day** 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.

WAIVER OF PREMIUM

After 60 days of continuous disability of the **primary insured** 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 is defined as not being able to perform all of the usual and customary duties of your own occupation. Disability due to Cancer must begin prior to the primary insured's 60th birthday.

CANCER SCREENING WELLNESS BENEFIT & DIAGNOSTIC TESTING INDEMNITY BENEFIT - HC82W0109GA

HEALTH AND WELLNESS BENEFIT

Pays an indemnity benefit of **\$100 per calendar year**, per covered person for the following Wellness Tests which are performed 30 days or more after the policy effective date.

NO LIFETIME LIMIT

- Mammogram
- Pap Smear
- Thin Prep
- Colonoscopy
- Biopsy
- Flexible Sigmoidoscopy
- 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)
- Breast Ultrasound
- Testicular Ultrasound
- Thermography
- Virtual Colonoscopy
- Chest X-ray

ANNUAL CHECK-UP BENEFIT

Pays an indemnity benefit of **\$200 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.

DIAGNOSTIC TESTING BENEFIT

Pays a lifetime indemnity benefit of **\$500** 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.

Cancer Indemnity Insurance

POLICY FEATURES CONTINUED

The benefits illustrated in this brochure apply to each covered person.

RADIATION CHEMOTHERAPY RIDER - HC77R0109

RADIATION & CHEMOTHERAPY: We will pay a monthly indemnity benefit, as outlined below, up to the 12-month maximum benefit each calendar month a covered person receives Radiation Therapy or Intravenous Chemotherapy for the treatment of Cancer. Additionally, we will pay an initial treatment benefit the first time a covered person receives Radiation Therapy or Intravenous Chemotherapy for the treatment of Cancer. **NO LIFETIME LIMIT**

IMMUNOTHERAPY, DRUGS & MEDICINES: We will pay a monthly indemnity benefit as outlined below, up to the 12-month maximum benefit, each calendar month a covered person receives Non-Intravenous Chemotherapy, Immunotherapy or Anti-Nausea Medication for the treatment of Cancer. Additionally, we will pay an initial treatment benefit the first time a covered person receives Non-Intravenous Chemotherapy, Immunotherapy or Anti-Nausea Medication for the treatment of Cancer. **NO LIFETIME LIMIT**

OPTION	TYPE TREATMENT	INITIAL TREATMENT	MONTHLY BENEFIT	TOTAL 1 ST MONTH BENEFIT	FIRST 12-MONTH MAXIMUM	FOLLOWING 12-MONTH MAXIMUM
Option A (MAX)	Radiation & Chemotherapy Immunotherapy, Drugs & Medicines	\$2,000 \$200	\$2,000 \$200	\$4,000 \$400	\$26,000 \$2,600	\$24,000 \$2,400

Initial Treatment: Payable the first time a covered person receives any of the treatments listed above.

Monthly Benefit: Pays the Monthly Benefit each month a covered person receives a treatment listed above.

12 Month Maximum: Maximum payable during a 12 month period when a covered person receives any of the treatments listed above.

BLOOD, PLASMA OR PLATELETS BENEFIT

Pays an indemnity benefit of **\$1,000** 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. **NO LIFETIME LIMIT**

TRANSPORTATION RIDER - HC81A0109GA

TRANSPORTATION BENEFIT

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 **\$0.50** per mile round trip. The Transportation Benefit is limited to a maximum of **\$1,500** per round trip. **NO LIFETIME LIMIT**

LODGING BENEFIT

Pays an indemnity benefit of **\$100 per day** 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.

NO LIFETIME LIMIT

AMBULANCE BENEFIT

Pays an indemnity benefit of **\$300** for transportation by ground ambulance to or from a Hospital for the treatment of Cancer. This benefit pays **\$1,500** if air ambulance transportation is necessary. This benefit is limited to 6 one-way trips, per covered person, per calendar year. **NO LIFETIME LIMIT**

Cancer Indemnity Insurance

POLICY FEATURES CONTINUED - HC75C0109

The benefits illustrated in this brochure apply to each covered person.

STEM CELL OR BONE MARROW TRANSPLANT RIDER - HC80T0109GA

STEM CELL OR BONE MARROW TRANSPLANT

Pays an indemnity benefit of **\$10,000** 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.

SURGICAL BENEFITS RIDER - HC79S0109GA

SURGICAL BENEFIT

Pays an indemnity benefit not to exceed **\$6,500** 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. **NO LIFETIME LIMIT**

ASSOCIATED SURGICAL PROCEDURES BENEFIT

Pays an indemnity benefit of **\$300** for the following associated surgical procedures, including anesthesia, performed for the treatment of Cancer • Thoracotomy • Paracentesis and Thoracentesis • Cystourethroscopy • Venous Access Ports, Shunts, Feeding Tubes and Stents • Ostomy (including colostomy, ileostomy, gastrostomy and tracheostomy). 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. **NO LIFETIME LIMIT**

SKIN CANCER SURGERY BENEFIT

Pays an indemnity benefit not to exceed **\$800** 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. **NO LIFETIME LIMIT**

2ND AND 3RD SURGICAL OPINION BENEFIT

Pays an indemnity benefit of **\$350** 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. **NO LIFETIME LIMIT**

SURGICAL & NON-SURGICAL PROSTHESIS BENEFIT

Pays an indemnity benefit of **\$3,000** for surgically implanted prosthetic devices or pays an indemnity benefit of **\$300** per occurrence for non-surgically implanted prosthetic devices that are prescribed (examples of non-surgically implanted prosthetic devices are voice boxes, hair pieces, and removable breast prosthesis) as a direct result of the surgical removal of malignant cancerous tissue. The surgical and non-surgical prosthesis is payable twice per covered person. **This benefit is not payable when surgical reconstruction benefit is payable.**

SURGICAL RECONSTRUCTION BENEFIT

Pays an indemnity benefit of up to **\$2,500** 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. **This benefit is not payable when surgical prosthesis benefit is payable.**

OPTIONAL BENEFITS

FIRST OCCURRENCE CANCER LUMP SUM LIMITED RIDER - Form # HC84O0109GA

Four Units

LEVEL VERSION - Pays a benefit of **\$5,000** when the Primary Insured or Spouse or **\$7,000** 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.



SPECIFIED DISEASE RIDER Form # HC86D0109GA

Pays an indemnity benefit of **\$200 per day** for confinement in a hospital due to a Specified Disease. Pays **\$500 per day** starting on the 31st day of continuous hospital confinement due to a Specified Disease.

33 DISEASES COVERED

- | | | |
|--|---|------------------|
| • Cystic Fibrosis | • Diphtheria | • Encephalitis |
| • Multiple Sclerosis | • Muscular Dystrophy | • Lyme Disease |
| • Myasthenia Gravis | • Necrotizing Fasciitis | • Osteomyelitis |
| • Scleroderma | • Polio | • Rabies |
| • Reye's Syndrome | • Rheumatic Fever | • Systemic Lupus |
| • Sickle Cell Anemia | • Huntington's Chorea | • Smallpox |
| • Tetanus | • Cerebral Palsy | • Tuberculosis |
| • Tularemia | • Toxic Shock Syndrome | • Typhoid Fever |
| • Malaria | • Cholera | • Botulism |
| • Bubonic Plague | • Variant Creutzfeldt-Jakob Disease (Mad Cow Disease) | |
| • Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease) | • Meningitis (Bacterial) | |
| • Rocky Mountain Spotted Fever | • Yellow Fever | |

MAXIMUM LIFETIME BENEFIT LIMIT: Pays up to **\$200,000** for each covered person.

HOSPITAL INTENSIVE CARE RIDER Form # HI75I0109GA

• Pays **\$750 per day** for Hospital Intensive Care Unit Confinement. (The term, "Intensive Care Unit" shall mean only that specifically designed facility of the hospital that provides the highest level of medical care and which is restricted to those patients who are physically, critically ill or injured.)

• Pays a benefit of one-half (1/2) the amount above per day for Confinement in a "Step Down" Hospital Intensive Care Unit. The term, "Step Down Hospital Intensive Care Unit" shall mean progressive care, subacute intensive care or other facilities which do not meet the standards for "Hospital Intensive Care Unit."

• Pays Triple the amount selected above 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.

• **First Day Coverage** - Benefits are payable from the first day of confinement due to injury or due to illness to include congenital anomalies of newborn children.

• Pays benefits for up to **30 days of Intensive Care Confinement** 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.

• Issued through age 70. Guaranteed renewable for life.

• Daily Hospital Intensive Care benefits will be reduced by 50% (one-half) at age 70.

NO MAXIMUM LIFETIME BENEFIT LIMIT

"Dependent Child" or "Dependent Children" 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-six (26) years old and attending an accredited school as a full time student. Such child must be legally dependent upon You for principal support and maintenance; or 3. is or becomes incapable of self-support because of mental or physical handicap while covered under this Policy and prior to attaining limiting age for Dependent Child(ren) under (1) or (2) above. The child must be legally dependent upon You for support and maintenance.

LIFE INSURANCE COMPANY OF ALABAMA

GROUP DISCOUNTED RATES • THE CANCER PLAN
 "CANCER INDEMNITY PLAN"
 OPTION A (MAX) RADIATION AND CHEMOTHERAPY

\$100 per calendar year Wellness Benefit

INDIVIDUAL	ONE PARENT	INSURED & SPOUSE	TWO PARENT

RIDERS INTENSIVE CARE - \$750 per day

INDIVIDUAL	ONE PARENT	INSURED & SPOUSE	TWO PARENT

FIRST OCCURRENCE BENEFIT

INDIVIDUAL	ONE PARENT	INSURED & SPOUSE	TWO PARENT

DREAD DISEASE BENEFIT

INDIVIDUAL	ONE PARENT	INSURED & SPOUSE	TWO PARENT

MAXIMUM BENEFIT

INDIVIDUAL	ONE PARENT	INSURED & SPOUSE	TWO PARENT

PHONE IN WELLNESS CLAIM PROCEDURE

Call 800-226-2371 and ask for "Phone in Wellness Claims"

Be prepared to answer the following questions:

- Your Name or policy number
- Who had the wellness test? You or a covered dependent? Give their name(s).
If dependent is a child, date of birth, dependency and marital question may apply
- Type of test
- Name of facility, clinic or Dr.'s office that performed test
- Phone number of where test was performed
- Date of Service

Call center may ask you some identifying questions and may verify your mailing address.

Make sure you are prepared to answer all of the above. If you can not or if verifying information is incorrect or not useable the claim will not process by phone.