

Loyal American Life Insurance Company

Supplemental Cancer Insurance

LOYAL AMERICAN

Underwritten by **Loyal American Life Insurance Company**



Protecting our Families!

The American Cancer Society says **Cancer** will strike.....

◎ 1 out of 3 Americans



◎ 3 out of 4 Families



Over **88 million** American now living
WILL GET CANCER in their lifetime.....
That's the equivalent of every man,
woman and child living in the western
half of the United States



Cancer Plays No Favorites...

Women



Leading cause
of death age **35**
to **74**



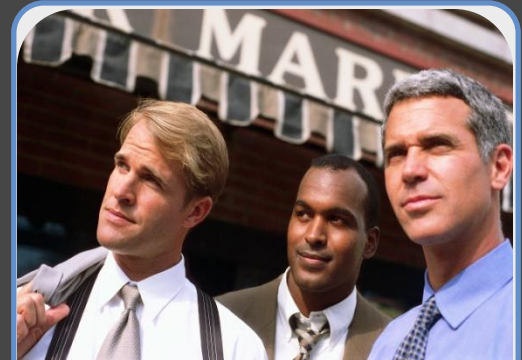
Children



Leading fatal
disease of
children ages **1**
to **14**



Men



Second leading
cause of death
in men

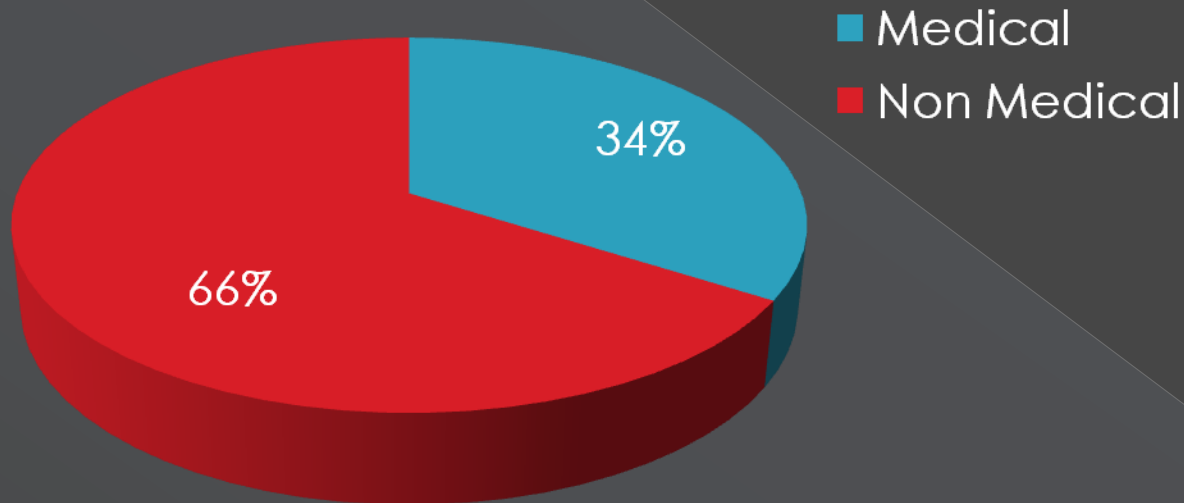


Fighting Cancer is Costly

Two costs associated with Cancer

- ⦿ The **MEDICAL** Costs
- ⦿ The **NON-Medical** Costs

As good as your Medical coverage may be,



In other words , things that your Major medical will not pay for , that you must pay for out of your **own pocket**.

Non-Medical and Out of Pocket Costs

❖ Loss Of Income

- His / Hers

❖ Living Expenses

- House payment / Rent
- Car Payments
- Food
- Utilities (Gas / Electric)

❖ Special Expenses

- Transportation
- Hotels
- Special Diets
- Caregivers

❖ Insurance Shortfalls

- Deductibles
- Copayments
- Coinsurance
- Benefit Limitation

All of these
Non-Medical and
out of pocket
expenses must be
paid by **YOU!**



LOYAL AMERICAN

Supplemental Cancer Benefits

Underwritten by Loyal American Life Insurance Co.

Cancer First Occurrence Benefit Rider*

\$10,000

*Covered Children **under 21** receive **150%** benefit of-

\$15,000

Pays the insured a one-time lump sum benefit when a positive first diagnosis of internal Cancer is made.

(other than Skin Cancer)

Benefits Associated with Hospitalization for Cancer

HOSPITAL CONFINEMENT



For each day of continuous confinement up to 30 days

⦿ **\$500** per day



31st day of continuous confinement this benefit doubles.

⦿ **\$1 000** per day



Children under 21 years of age , are paid at **2 times** the daily benefit from one day

⦿ **\$1 000** per day

Benefits associated with Hospitalization For Cancer Treatment

Attending Physician

Actual charges up to \$40 per day for Medical Care provided by a physician or Oncologist who personally visits patient while in Hospital for treatment of Cancer.

- Up to **\$40** per day

In / Out Patient Private Duty Nursing

Actual charges up to \$150 per day during a covered hospital confinement. Must be provided by a non-hospital staff nurse.

- Up to **\$150** per day

Out-Patient Private Duty benefit is equal to the same number of days as hospitalized.

Benefits associated with Hospitalization For Cancer Treatment

Surgical*

Reasonable and customary charges for the Surgeons' Fee, for a surgical operation, not to exceed a Lifetime

Maximum of **\$6,000**.

- Up to **\$6,000**

Surgical Anesthesia*

Pays the surgical anesthesia charges up to **25%** of the surgical benefit for the operation performed

- Up to **\$1,500**

Skin Cancer Surgery

We will pay actual charges up to **\$750** for surgical operation for treatment of Skin Cancer.

- Biopsy = **\$125**

- Excision of lesion = **\$350**

- Excision of lesion with flap or graft = **\$750**

Benefits associated with either In or Out of Hospital For Cancer Treatment

Comfort / Anti-Nausea

Actual charges up to **\$150** per month for prescribed anti-nausea medication in conjunction with the treatment of Cancer.

● Up to **\$150** per month

Outpatient Surgery*

Pays one (1) day's benefit under the Hospital Indemnity Benefit of the base policy if a covered person has a surgical procedure performed on an out patient basis.

● **\$350 per day**

Prosthesis Device

- A) Pays actual charges for a surgically Implanted Breast Prosthesis
- B) Pays actual charges up to **\$2,000** per amputation for artificial limb.

● **Actual Charges**

Benefits associated with either In or Out of Hospital For Cancer Treatment

Radiation, Chemotherapy & Experimental

This benefit pays actual charges up to **\$20,000 per year**. Chosen at the time for approved radiation, chemotherapy and cancer hormone treatments and their administration. * See policy for details

• Up to **\$20,000** per year

Blood, Plasma & Blood Components (In and Out of Hospital)

Actual charges up to **\$300 per day** for Blood, Plasma, Blood Components, Administration, Transfusions, Processing and Procurement. Also charges not to exceed **\$250** per year, for associated expenses such as cross matching

• Up to **\$300** per day

Benefits associated For Cancer Treatment

Physical, Speech, Audio Therapy & Psychotherapy

Actual Charges up to \$25 per session for Physical therapy, speech therapy, audio therapy , or psychotherapy. Maximum \$1,000 per year

- Up to **\$1,000** per year

Rental / Purchase Medical Equipment

Pays actual charges up to \$1,500 to the lesser for rental or purchase for durable medical equipment, including mechanical breathing devices, braces, crutches, hospital beds and wheelchairs for Cancer to insured person

- Up to **\$1,500** per year

Additional Benefits Associated for Treatment of Cancer

Positive Diagnosis Test

Pays actual charges **up to \$300** for laboratory and diagnostic tests for each positive diagnosis. Positive diagnosis must be made within 90 days of the test. Not payable for recurring cancers.

● Up to **\$300**

Bone Marrow or Transplant Expenses

Pays actual charges up to lifetime **maximum of \$15,000** for surgical and anesthesia procedures performed for a bone marrow transplant of an Insured person's cancer. *see policy for details

● Up to **\$15,000**

Bone Marrow Donor Expense

We will pay the Daily Hospital benefit amount for each day a live donor is confined to the hospital for the harvesting of bone marrow or stem cells that are used in a covered bone marrow or stem cell transplant.

● **\$500** per day

Additional Benefits Associated for Treatment of Cancer

Hospice Care

When a terminally ill covered person is no longer receiving , cancer treatment, and is expected to live 6 months or less a benefit of up to \$100 per day will be provided for hospice care, whether provided in a hospice facility or a home. Lifetime maximum of 365 days. Not payable during any covered hospital confinement.

● Up to **\$100** per day

Home Health Care

Pays actual charges up to **\$75** per daily benefit for visits by a home health care agency. Maximum of 60 days per calendar year

1. **Medicine and Supplies** not to exceed **\$450** per calendar year provided by Home Health Care Agency
2. **Nutritionist**- Lifetime maximum of **\$300** for services set- up by a nutritionist for special dietary needs.

● Up to **\$75** per day

Additional Benefits Associated for Treatment of Cancer

Convalescent Care Facility

When you are admitted to the facility within 14 days after being discharged from a covered hospital confinement due to Cancer, This benefit pays actual charges up to \$100 per day. Maximum number of coverage days are equal to number of days in the last period of hospital confinement.

● Up to **\$100** per day

Hairpiece Expense

We will pay actual charges **up to \$150** lifetime maximum for the purchase of a wig or hairpiece that is required as the direct result of hair loss due to cancer treatment.

● Up to **\$150**

Additional Benefits Associated for Treatment of Cancer

Ambulance Services

Pays actual charges for Ambulance service of an Insured's person due to the treatment of cancer . Must be a licensed professional ambulance or ambulance owned by the hospital.

⦿ **Actual Charges**

Inpatient Oxygen Expense

Paid while Insured is confined to the hospital for the treatment of cancer and requires oxygen that is prescribed and ordered by a Physician. We will pay actual charges no to exceed **\$300** per confinement.

⦿ **\$300**
per confinement

Additional Benefits Associated for Treatment of Cancer

Colony Stimulating Factor or Immunoglobulin Expense Benefit

We will pay actual charges not to exceed **\$1000** per calendar month, if prescribed by a physician for the treatment of cancer during an Insured person's Cancer treatment regime for which benefits are payable under the Radiation, Chemotherapy and Immunotherapy benefit of this policy

- Up to **\$1000** per month

Second and Third Opinion Benefit

If surgery is recommended for the removal of Cancer, We will pay actual charges for a written Second Surgical opinion concerning the Cancer surgery. If second the second opinion is in conflict with the first we will pay actual charges for a written third surgical opinion ***(see policy for details)**.

- **Actual Charges**

Additional Benefits Associated for Treatment of Cancer

Medical Imaging, Treatment Planning and Monitoring Expense Benefit

◎ **\$1 000** per year

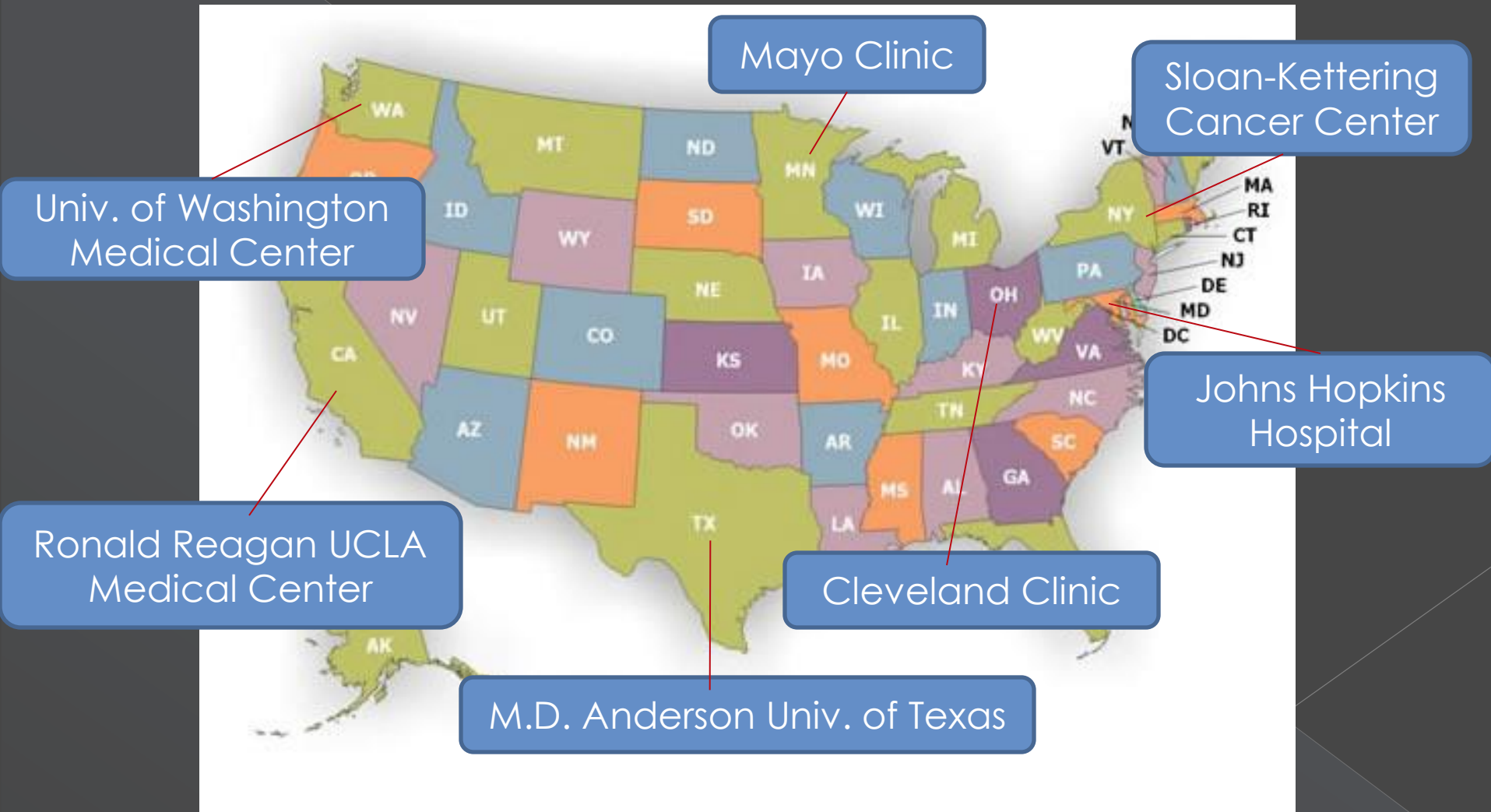
Charges not to exceed **\$1 000** per calendar year for test, exams, scans, or imaging used in the planning or monitoring of external or internal radiation

Designated National Cancer Institute Evaluation/ Consultation Benefit

◎ **\$750** lifetime maximum

If an Insured person receives a positive Diagnosis of Internal Cancer and seeks evaluation/ consultation at a designated National Cancer Institute Cancer center for the purpose of a treatment option opinion. We will pay Actual Charges not to exceed a Lifetime maximum of **\$750**. We will also pay Transportation and Lodging expenses if an Insured Person travels more than 30 miles from their residence not to exceed **\$350** Lifetime. This benefit is payable one time during the lifetime of the Insured person.

Best Hospitals for Cancer



Benefits Associated With Transportation and Lodging for Cancer Treatment

Non-Local Transportation Expense Benefit

We will pay the **actual charges** not to exceed coach fare on a common carrier for the insured person and one adult companion's travel to a hospital, radiation treatment center, chemotherapy treatment center, oncology clinic or other specialized treatment center for the treatment of cancer. At the option of the insured person, we will pay a single private vehicle mileage allowance of **\$.50 per mile** in lieu of a common carrier coach fare. This benefit is payable only if treatment is not available locally.* non local means **more than 30 miles from your home** and not more than 700 miles one way. * See policy for details

Actual Charges

Benefits Associated With Transportation and Lodging for Cancer Treatment

Non- Local Lodging Expense Benefit

Pays motel or hotel room charges up to **\$75** per day during an insured's treatment for cancer at a non-local medical facility. This benefit includes Insured Person or adult companion, which may include the live donor of bone marrow or stem cell transplant for the Insured Person. Benefits are not payable for lodging more than 24 hours before treatment.

Maximum benefit is limited to **100 days** per calendar year. * see policy for detail!

⦿ Up to **\$75** per day

Remember!

The best care can save a life.

LOYAL AMERICAN

*underwritten by Loyal American Life Insurance Company

Annual Cancer Screening Benefit

Studies say the best Prevention is early detection. Following a waiting period of **30 days**, pays an amount not to exceed **\$125 per year**, per covered person, for any of the listed cancer screening tests, which include any cancer screening test approved by the American Cancer Society or National Cancer Institute.

- ❖ Mammography
- ❖ Pap Smear
- ❖ Colonoscopy
- ❖ PSA (Prostate Cancer)
- ❖ Chest X-Ray
- ❖ CEA (Colon Cancer)
- ❖ CA 125 (Ovarian Cancer)
- ❖ Flexible Sigmoidoscopy
- ❖ Hemocult Stool Specimen
- ❖ Thermograph / Biopsy
- ❖ Other screening test as might be approved by the American Cancer Society or National Cancer Institute

Waiver of Premium

The Named Insured person becomes totally disabled due to cancer we will waive each premium that comes due **after 60 consecutive days of total disability** and as long as Names Insured is totally disabled and receiving treatment for Cancer.....

Highlights

- Benefits are paid **directly to you**. All benefits are paid regardless of any other insurance you may have unless otherwise required.
- **Your program is guaranteed renewable for life and only you can cancel your coverage.**
- Premium rate **does not increase** due to age.
- Cancer benefits are **never** reduced.
- **Family** plan cover you, your spouse, dependent unmarried children living at home up to age 25.
- **You cannot be singled or for a rate increase.** We can only change rates if we change rates on all policies of this type.
- Coverage begins on the policy's effective date following a **30 day waiting period** which will be shown on the schedule page in your policy!

LOYAL AMERICAN

*underwritten by Loyal American Life Insurance Company

Premier Package

Monthly EFT Cancer Rates - CA.

The entire price for all of this coverage is

ONLY.....

Individual

\$48.11

Single Parent

\$54.91

Family

\$77.36

Isn't that great?

Good News!

- ❖ Chances of recovery from Cancer have improved. **Over 50%** of all cancer patients will survive. *
- ❖ Early detection and advanced treatments can dramatically increase your chances of survival.
- ❖ These advanced treatments are not always available locally.
- ❖ Cancer policies are now available to help cover non-medical expenses and help with lost incomes.
- ❖ The only thing that stands in the way of seeking the best treatment for cancer is....

MONEY!!!

INTENSIVE CARE RIDER

Should **You** or any **covered Family Member** be confined to an **Intensive Care Unit** overnight for any **covered condition** such as an

Accident or Illness:

We will pay directly to you:

A. Intensive Care Unit Benefit

\$900 per day, not to exceed **\$40,500** per confinement.

B. Double Intensive Care Benefit

\$1800 per day, not to exceed **\$81,000** per confinement.

* This benefit is only paid as a result of **Cancer**
or a **Travel Related Accident**.

C. Step-Down Unit Benefit

\$450 per day, not to exceed **\$20,250** per confinement.

Isn't that Wonderful!

ICU RIDER HIGHLIGHTS

- ❖ Benefits are paid directly to you in addition to other insurance.
- ❖ Newborn Children receive **100%** of the daily benefit under the Family plan. (***notify company within 30 days of birth***)
- ❖ Benefits are **not to exceed 45 days** per period of ICU Hospital confinement.
- ❖ **Policy is Guaranteed Renewable for Life.**
- ❖ Rates can not be changed due to number of claims or change in health.
- ❖ All daily benefits reduce **50% after age 75.**
- ❖ Policy is endorsed by American Hospital association.
- ❖ Coverage begins following a **30 day waiting period** from the effective date.

HOSPITAL INTENTIVE CARE RIDER

ICU RIDER POLICY RATES

\$900 DAILY BENEFIT

MONTHLY PREMIUM RATES

The entire price for all this coverage is
only!

AGES	INDIVIDUAL	SINGLE-PARENT	FAMILY
18-64	\$4.27	\$5.86	\$8.08

***This policy rider is only available as a rider to the Cancer policy.**

CANCER AND HOSPITAL ICU RIDER COMBINED RATES

CANCER POLICY WITH **\$900** ICU RIDER

COMBINED MONTHLY EFT RATES

The entire price for both is

only!

<u>AGES</u>	<u>INDIVIDUAL</u>	<u>SINGLE-PARENT</u>	<u>FAMILY</u>
18-64	\$52.38	\$60.77	\$85.43

"Peace of mind and protection when you need it!"

Loyal American: Who we are!

- ◉ Member of the Cigna Corporation, based in Bloomfield, CT. NYSE (CI), with over \$53 billion in assets.
- ◉ **A.M. Best rating of A- (Excellent)** based on financial position and operation performance.
- ◉ Since 2009, Loyal American's Adjusted capital and Surplus has grown from \$34.201 million to \$89.098 million.
- ◉ Licensed in 49 states, Virgin Islands and the District of Columbia.
- ◉ Currently serving **hundreds of thousands** of policyholders, with various life and supplemental health policies.
- ◉ **\$510 million** in claims paid in the last 20 years.
- ◉ Over **\$2.1 billion** of life and supplemental health insurance in force.*
- ◉ Loyal American has developed **one of the most advanced claims systems in the industry**. This means fast, efficient claims payment to our policyholders.

The LOYAL AMERICAN PLAN

Underwritten by Loyal American Life Insurance Company



Protecting our Families!