GROUP CRITICAL ILLNESS INSURANCE

CANCER TREATMENT RIDER SUMMARY PAGE

Benefits are payable if diagnosis of cancer (internal or invasive), non-invasive cancer or metastatic cancer qualifies for a critical illness benefit under the Group Critical Illness Insurance Policy.

NONSURGICAL TREATMENT BENEFITS	Benefit Amoun
THERAPY BENEFIT (once per calendar month) Payable when an insured is prescribed and receives radiation therapy, chemotherapy, immunotherapy or experimental chemotherapy as part of a treatment regimen for a covered cancer.	\$1,000
After this benefit has been paid for 12 calendar months, we will require annual documentation from the attending doctor/qualified medical professional certifying that the cancer diagnosis is still detectable and active in the body and is not in remission in order for this benefit to continue to be payable.	
HORMONAL THERAPY BENEFIT (once per calendar month) Payable when an insured is prescribed and receives hormonal therapy as part of a treatment regimen for a covered cancer.	\$25
INDIRECT/ADDITIONAL THERAPY BENEFITS	
BLOOD AND PLASMA BENEFIT (per day) Payable when an insured is prescribed and receives radiation therapy, chemotherapy, immunotherapy or experimental chemotherapy as part of a treatment regimen for a covered cancer.	\$50
This benefit does not pay for immunoglobulins, immunotherapy, antihemophilia factors, or colony-stimulating factors.	
SURGICAL TREATMENT BENEFITS	
OUTPATIENT SURGERY BENEFIT (maximum of one per day, twice per calendar year) Payable when an insured has an outpatient surgical procedure performed by a doctor/qualified medical professional for the direct treatment of a covered cancer.	\$150
Outpatient surgery can be performed:	
 In a hospital on an outpatient basis, In an ambulatory surgical center, In a doctor/qualified medical professional 's office, or In an emergency room. 	

In California, coverage is underwritten by Continental American Life Insurance Company.



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For a complete list of limitations and exclusions please refer to the brochure. This insert is a brief description of coverage and is not a contract. Read your certificate carefully for exact terms and conditions. This piece is intended to be used in conjunction with the C22000 Critical Illness product brochure and is subject to the terms, conditions, and limitations of Policy Series C22000.

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INPATIENT SURGERY BENEFIT (maximum of one per day, twice per calendar year) Payable when an insured has an inpatient surgical procedure performed by a doctor/qualified medical professional for the direct treatment of a covered cancer. The surgery must be performed while the insured is confined to a hospital as an inpatient.	\$300
HOSPITALIZATION BENEFIT	
HOSPITAL CONFINEMENT BENEFIT (per day) Payable when an insured is confined to a hospital as an inpatient for the treatment of a covered cancer. This benefit is payable for only one hospital confinement at a time, even if it is caused by more than one cancer.	\$250
TRANSPORTATION AND LODGING BENEFITS	
TRANSPORTATION BENEFIT (per mile, maximum of \$1,200 for all travelers per round trip) Payable when an insured requires treatment (at a hospital or medical facility*) that has been prescribed by the attending doctor/qualified medical professional for a covered cancer.	
Includes:	
Personal vehicle transportation to a hospital	
 Commercial transportation (in a vehicle licensed to carry passengers for a fee) of the insured and no more than one additional adult to travel with the insured. For treatment of a covered dependent child, we will pay for up to two adults to travel with the covered dependent child. 	\$0.40
This benefit is limited to the distance of miles between the hospital/medical facility and the residence of the insured. Mileage is measured from the insured's home to the treatment facility. This benefit is not payable for transportation to any hospital/medical facility located within a 50-mile radius of the residence of the insured or for transportation by ambulance to or from any hospital.	
LODGING BENEFIT (per day, maximum of 90 days per calendar year) Payable when a charge is incurred for lodging, in a room in a motel, hotel, or other commercial accommodation for you or any one adult family member when an insured receives treatment for a covered cancer at a hospital or medical facility.*	\$65
Lodging benefit is not payable for lodging occurring more than 24 hours prior to treatment or for lodging occurring more than 24 hours following treatment.	

*Hospital/medical facility must be more than 50 miles from the residence of the insured for

WHAT IS NOT COVERED, LIMITATIONS AND EXCLUSIONS, AND TERMS YOU NEED TO KNOW

benefits to be payable.

All limitations and exclusions that apply to the Group Critical Illness Insurance Policy also apply to the rider unless amended by the rider.

If a covered cancer is diagnosed while an insured is hospitalized or receiving outpatient treatment, benefits will accrue from the first day of care or confinement after the effective date of coverage, but will not be retroactive more than 30 days before the date cancer was diagnosed.

Experimental Chemotherapy does not include laboratory tests, diagnostic X-rays, immunoglobulins, Immunotherapy, colony-stimulating factors, therapeutic devices, or other procedures related to these experimental treatments.

The term Hospital specifically excludes any facility not meeting the definition of hospital as defined in the Group Critical Illness Insurance Policy, including but not limited to:

- A nursing home,
- An extended-care facility,
- A skilled nursing facility,
- A rest home or home for the aged,
- A rehabilitation facility (In Missouri, this is not applicable),
- A facility for the treatment of alcoholism or drug addiction, or
- An assisted living facility

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