CANCER
AND SPECIFIED DISEASE INSURANCE

I'VE GOT MAJOR MEDICAL, WHY DO I NEED A CANCER PLAN?

When Cancer Strikes...

⇨ ***Expenses increase....*** travel and lodging to and from treatment, medication, co-payments, special diets, and treatment not covered by health insurance, etc.

⇨ ***Income decreases....*** missed work for both you and your spouse (will you be able to afford to have your spouse with you when you have to go for treatment?)

Direct medical cost represents about 35% of the cost when you are stricken with Cancer.

Source: The American Cancer Society's Cancer Facts & Figures, 2003.

HOW CAN YOU EASE THE ECONOMIC IMPACT WHEN CANCER STRIKES?

☐ **RELATIVES** ☐ **SAVINGS** ☐ **LIQUIDATION OF ASSETS** ☐ **LOAN**

☑ **CANCER PLAN BENEFITS**

PLAN PAYS YOU!!

- ⇨ Major medical pays the doctor and hospital
- ⇨ This Plan pays money directly to you or a person designated by you
- ⇨ You can use the money **<u>any</u>** way you want

HIGHLIGHTS...

Pays regardless of other coverage
Covers certain transportation and lodging
Wellness Benefits
Donor Benefits
In and out of hospital benefits
Many benefits have no lifetime maximum
Portable (take it with you)
Renewable for life

COVERAGE FOR YOU AND YOUR FAMILY

Underwritten by: National Union Fire Insurance Company of Pittsburgh, PA

Cancer NUFIC 1
Brochure Number: 106/ 03
Policy Forms: C30551NUFIC
Form Number: BBAC 0022

CANCER

... AND SPECIFIED DISEASE INSURANCE PROTECTION

BENEFIT	BBAC 0022 Maximum Benefit
Wellness Benefit. For Cancer screening tests such as mammogram, flexible sigmoidoscopy, pap smear, chest X-ray, hemoccult stool specimen, or prostate screen.	**Up to $100 per calendar year.**
Positive Diagnosis Test. Payable for a test that leads to positive diagnosis of Cancer or Specified Disease within 90 days. This benefit is not payable if the same Cancer or Specified Disease recurs.	**Up to $300 per calendar year.**
First Diagnosis Benefit. One-time benefit payable when a covered person is first diagnosed with Cancer (other than Skin Cancer) or a Specified Disease. Must occur after the policy effective date.	**$7,500**
Second and Third Surgical Opinions. Covers written opinons received after a positive diagnosis and before surgery.	**Actual charges.**
Non-Local Transportation. Payable for transportation to a hospital, clinic or treatment center which is more than 60 miles and less than 700 miles from a Covered Person's home.	**Actual charges by a common carrier, or 50 cents per mile if a personal vehicle is used.**
Adult Companion Lodging and Transportation. Payable for one adult companion to stay with a Covered Person who is confined in a hospital that is more than 60 miles and less than 700 miles from his or her home. Covered expenses include a single room in a motel or hotel up to 60 days per confinement; and the actual cost of round trip coach fare by a common carrier or a mileage allowance for the use of a personal vehicle.	**Up to $50 per day for lodging. 50 cents per mile for transportation if a personal vehicle is used.**
Ambulance. For ambulance service if the Covered Person is taken to a hospital and admitted as an inpatient.	**Actual charges.**
Surgery. Covers actual surgeon's fee for an operation up to an amount based on the schedule in the policy.	**Up to $6,000. Outpatient surgery at 150% of the schedule not to exceed the actual surgeon's fees.**
Donor Benefit Bone Marrow and Stem Cell Transplant. We will pay expenses incurred by the covered person and his or her live donor.	
Medical Expense Allowance	**$400 per day**
Round trip Coach Fare for Common Carrier to the city where the transplant is perfomed; or	**Actual charges.**
Personal Automobile expense measured from the home of the Donor or Covered Person. Not to exceed 700 miles per Hospital stay.	**50 cents per mile.**
Lodging and meals expense for donor to remain near Hospital.	**Actual charges, up to $50 per day.**
Bone Marrow and Peripheral Stem Cell Transplant. We will pay Actual Charges per Covered Person for surgical and anesthetic charges associated with bone marrow transplant and/ or peripheral stem cell transplant.	**Actual charge to a combined lifeime maximum of $15,000.**
Anesthesia. For services of an anesthesiologist during a Covered Person's surgery.	**25% of surgical benefit paid. Skin Cancer $100**
Ambulatory Surgical Center. We will pay the expenses incurred for surgery performed at an Ambulatory Surgical Center.	**$250 per day.**

BENEFIT	BBAC 0022 Maximum Benefit
Drugs and Medicine. Payable for drugs and medicine received while the Covered Person is hospital confined.	**Up to $25 per day, $600 per calendar year.**
Outpatient Anti-Nausea Drugs. Payable for drugs prescribed by a physician to suppress nausea due to Cancer or Specified Disease treatment.	**Up to $250 per calendar year.**
Radiation Therapy, Radioactive Isotopes Therapy, Chemotherapy and Immunotherapy. Covers treatment administered by a Radiologist, Chemotherapist or Oncologist on an inpatient or outpatient basis.	**Actual charges up to $10,000 per month each category.**
Miscellaneous Therapy Charges. Covers charges for physical exams, lab work or x-rays in connection with radiation and chemotherapy treatment.	**Actual charges up to a Lifetime Maximum of $10,000**
Self-Administered Drugs. We will pay expenses incurred for each category of self-administered chemotherapy and immununotherapy agents.	**Actual charges up to $4,000 per month.**
Colony- Stimulating Factors. We will pay expenses incurred for cost of the chemical substance and their administration to stimulate the production of blood cells. Treatment must be administered by an Oncologist or Chemotherapist.	**Actual charges up to $4,000 per month.**
Blood, Plasma and Platelets. For blood, plasma and platelets, and tranfusions; including administration.	**Actual charges up to $200 per day.**
Physician's Attendance. For one visit per day by a physician while hospital confined.	**Up to $35 per day.**
Private Duty Nursing. For private nursing services ordered by the attending physician while hospital confined.	**Up to $100 per day.**
Skin Cancer. For surgical removal of Skin Cancer when a physician who is not a pathologist diagnoses it.	**Up to $75 for removal of $37.50 after the first.**
Breast Prosthesis. Covers the prosthesis and its implantation if it is required due to breast cancer.	**Actual charges.**
Artificial Limb or Prosthesis. Covers implantation of an artificial limb or prothesis when an amputation is performed.	**$1,500 lifetime max per amputation.**
Physical or Speech Therapy. Payable when therapy is needed to restore normal bodily function.	**Up to $35 per session.**
Extended Benefits. If a Covered Person is confined in a Hospital for 60 continuous days, we will pay a Hospital Confinement Benefit beginning on the 61st day for Hospital Confinement. This benefit is payable in lieu of all other benfits payable under the policy.	**$600 per day.**
Extended Care Facility. Limited to number of days of prior hospital confinement. Must begin within 14 days after hospital confinement, and be at the direction of the attending physician.	**Up to $50 per day.**
At Home Nursing. Limited to number of days of prior hospital confinement. Must begin immediately following a hospital confinement, and be authorized by the attending physician.	**Up to $100 per day.**
New or Experimental Treatment. We will pay the expenses incurred by a Covered Person for New or Experimental Treatment judged necessary by the attending Pyhsician; and received in the United States or in its territories.	**Up to $7,500 per calendar year.**

BENEFIT	BBAC 0022 Maximum Benefit
Hospice Care. If a Covered Person elects to receive hospice care, we will pay the expenses incurred for care received in a Free Standing Hospice Care Center.	**$50 per day.**
Government or Charity Hospital. Payable if the Covered Person is confined in a U.S. Government Hospital or a hospital that does not charge for its services. Paid in place of all other benefits under the policy.	**$200 per day.**
Hairpiece. We will pay the actual expenses incurred per Covered Person for a hairpiece when hair loss is the result of Cancer Treartment.	**Actual charges to a lifetime maximum of $150**
Rental or Purchase of Durable Goods. We will pay the expenses incurred for the rental or purchase of the following pieces or durable medical equipment: a respirator or similar mechanical device, brace, crutches, hospital bed, or wheelchair.	**Actual charges up to $1,500 per calendar year.**
Waiver of Premium. After 60 continuous days of disability due to Cancer or a Specified Disease, we will waive premiums starting on the first day of policy renewal.	**Yes**
Hospital Confinement. Payable for each day a Covered Person is charged the daily room rate by a Hospital, for up to 60 days of continuous stay. The benefit for covered children under age 21 is two times the Covered Person's daily benefit.	**$200 per day.**

OPTION TO ADD ADDITIONAL BENEFITS

HOSPITAL INTENSIVE CARE INSURANCE RIDER [FORM NUMBER C30553NUFIC]

This coverage will provide you with benefits if you go into a Hospital Intensive Care Unit (ICU).
Benefits. Your benefits start the first day you go into ICU. The benefit is payable for up to 45 days per ICU stay.
Hospital Intensive Care Confinement Benefit. You may choose a benefit of $325 or $625 per day. It is reduced by one-half at age 75.
Double Benefits. We will double the daily benefits for each day you are in an ICU as a result of Cancer or a Specified Disease. We will also double the benefit for an injury that results from: being struck by an automobile, bus, truck, motorcycle, train, or airplane; or being involved in an accident in which the named insured was the operator or was a passenger in such vehicle. ICU confinement must occur within 48 hours of the accident.
Emergency Hospitalization and Subsequent Transfer to an ICU. We will pay the benefit selected by you for the highest level of care in a hospital that does not have an ICU, if you are admitted on an emergency basis, and you are transferred within 48 hours to the ICU of another hospital.
Step Down Unit. We will pay a benefit equal to one half the chosen daily benefit for confinement in a Step Down Unit.
Exceptions and Other Limitations. Except as provided in Step Down Unit and Emergency Hospitalization and Subsequent Transfer to an ICU, coverage does not provide benefits for: surgical recovery rooms; progressive care; intermediate care; private monitored rooms; observation units; telemetry units; or other facilities which do not meet the standards for a Hospital Intensive Care Unit. Benefits are not payable: if you go into an ICU before the policy "Effective Date"; if you go into an ICU for intentionally self-inflicted bodily injury or suicide attempts; if you go into an ICU due to being intoxicated or under the influence of alcohol, drugs or any narcotics, unless administered on the advice of a physician and taken according to the physician's instructions. The term "intoxicated" refers to that condition as defined by law in the jurisdiction where the accident or cause of loss occurred.

RENEWABILITY. As long as premiums are paid on time, you have the right to renew this policy and riders.

PREMIUMS. The premium for this policy and riders may change at any time. The change in premium will apply to all policies and riders of this form number issued in your state of residence. A grace period of 31 days will be granted for the payment of each premium after the first. Your policy remains in force during the grace period.

PAYMENT OF BENEFITS. We will pay the benefits for the necessary treatment of a Covered Person's Cancer or Specified Disease provided he or she is covered under your Policy and your Policy remains in force. Payment will be made in accordance with all applicable Policy provisions. Benefits are payable for a Positive Diagnosis that begins after the effective date of your Policy and while your policy has remained in force. The Positive Diagnosis must be for Cancer or Specified Disease, as they are defined in the Policy. All benefits are subject to the terms of your Policy.

If Cancer or a Specified Disease is diagnosed while You or any Covered Person is confined in the Hospital, benefits will begin on the day of admission or 10 days prior to the Date of Diagnosis if this is more favorable to You. Admission to the Hospital must begin after the effective date of your Policy.

If a Positive Diagnosis is made for Cancer or Specified Disease within 12 months after a Tentative Diagnosis, benefits will be paid from the date of the Tentative Diagnosis after the Policy Effective Date. If the Positive Diagnosis of Cancer or Specified Disease can only be confirmed post-mortem, then We will pay benefits beginning on the first day of confinement for the terminal admission for up to 45 days.

(a) With respect to the Wellness Benefit, on the date the expense is incurred.

(b) Subject to the Maximum Benefit Amount stated across from each Benefit.

OTHER DISEASES COVERED:

Addison's Disease
Amyotrophic Lateral Sclerosis
Cystic Fibrosis
Diphtheria
Encephalitis
Epilepsy
Hansen's Disease
Legionnaire's Disease
Lupus Erythematosus
Lyme Disease
Malaria
Meningitis (epidemic cerebrospinal)
Multiple Sclerosis
Muscular Dystrophy
Myasthenia Gravis
Niemann-Pick Disease
Osteomyelitis
Poliomyelitis
Rabies
Reye's Syndrome
Rheumatic Fever
Rocky Mountain Spotted Feve
Scarlet Fever
Sickle Cell Anemia
Tay-Sachs Disease
Tetanus
Toxic Epidermal Necrolysis
Tuberculosis
Tularemia
Typhoid Fever
Undulant Fever
Whipple's Disease

EXCEPTIONS AND LIMITATIONS. Benefits will not be paid for the following: Cancer or Specified Disease diagnosed before the policy effective date; or losses not directly due to Cancer or Specified Disease. Claims may be reduced, limited or denied during the first 24 months after the policy effective date if you made a fraudulent misstatement in the application for the policy. A claim may be denied or the policy may be voided at any time if you make any material misstatements in the application for the policy.

EXCEPTIONS AND OTHER LIMITATIONS. The Policy pays benefits only for diagnosis resulting from Cancer or Specified Diseases, as defined in the Policy. It does not cover:
(1) any other disease or sickness;
(2) injuries;
(3) any disease, condition, or incapacity that has been caused, complicated, worsened, or affected by:

(a) Specified Disease or Specified Disease treatment; or
(b) Cancer or Cancer treatment, or unless otherwise defined in the Policy

(4) care and treatment received outside the United States or its territories;
(5) treatment not approved by a Physician as medically necessary;
(6) Experimental Treatment by any program that does not qualify as Experimental Treatment as defined in the Policy.

PRE-EXISTING CONDITION LIMITATION. During the first 12 months of a Covered Person's insurance, losses incurred for Pre-Existing Conditions are not covered. During the first 12 months following the date a Covered Person makes a change in coverage that increases his or her benefits, the increase will not be paid for Pre-Existing Conditions. After this 12 month period, however, benefits for such conditions will be payable unless specifically excluded from coverage. This 12 month period is measured from the effective date of coverage for each Covered Person. A Pre-Existing Condition period is measured from the effective date of coverage for each Covered Person. A Pre-Existing Condition means Cancer or a Specified Disease, for which a Covered Person has received medical consultation, treatment, care, services, or for which diagnosis test(s) have been recommended or for which medication has been prescribed during the 12 months immediately preceding the effective date of coverage.

ADDITIONAL INFORMATION. Family Plan Coverage may include the following: you; your spouse who is not legally separated or divorced from you; your unmarried child, including a natural child from the moment of birth, stepchild, foster or legally adopted child, or child in the process of adoption (including a child while you are a party to a proceeding in which the adoption of such child by you is sought); a child for whom you are required by a court order to provide medical support, and grandchildren who are dependent on you for federal income tax purposes at the time of application, who is: (a) not yet age 25; or (b) is not yet age 26 if a full time student at an accredited school. Coverage is subject to each applicant submitting evidence of insurabilty on themselves and their dependents (if applying) which is acceptable to National Union Fire Insurance Company of Pittsburgh, PA. No coverage will be issued until your application is approved. If approved, your effective date of coverage will be indicated in the policy that is issued to you.

CLAIM PROVISION
Notice of Claim. Written notice of claim must be given to Us within 20 days after an Covered Person's loss, or as soon thereafter as reasonably possible. Written notice given by or on behalf of the claimant to Us with information sufficient to identify the Covered Person, is deemed notice to Us.

This **Sales Brochure** is not a contract. It is intended only as a ***brief description*** of the policy provisions in the planning of your program. The benefits are determined by the terms and conditions of the policy alone. IN ALL CASES, CONSULT YOUR POLICY FOR FULL DETAILS.

Upon receipt of your policy, please review it and your application. If any information is incorrect, please contact the Administrator at 1-800-845-7519.

This is not a Medicare Supplement Policy.
If you are eligible for Medicare, see the Medicare Supplement Buyer's Guide available from the Company.

THIS POLICY ONLY COVERS CANCER AND THE DISEASES SPECIFIED ABOVE, UNLESS THE HOSPITAL INTENSIVE CARE RIDER IS SELECTED.

Underwritten By:
National Union Fire Insurance Company of Pittsburgh, Pa

Administered By:
Bay Bridge Administrators, LLC
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