

Cigna Supplemental Solutions.
Insured by Loyal American Life Insurance Company

Supplemental Insurance Policy
Limited Benefit Specified Disease Coverage
for **CANCER TREATMENT** for **PENNSYLVANIA**



TREAT CANCER
WITH BENEFITS
BUILT FOR YOU

GO YOU.



HOW IT WORKS

Your health is important to living a full and happy life. So planning for the unexpected should be on your to-do list. That's why we offer solutions to help you live the life you were meant to.

Our Supplemental Insurance Policy Limited Benefit Specified Disease Coverage For Cancer Treatment insurance policy provides:

- Benefits for a range of cancer treatments, care and associated costs
- Coverage for you, your spouse and/or your family
- Issue ages from 18 – 99
- Guaranteed Renewable for life
(Subject to the company's right to increase premiums on a class basis)

Help Ease Financial Issues

You can't predict the future. So, it's good to plan ahead. Cigna Supplemental Solutions[®] insurance policy, through Loyal American Life Insurance Company, can help protect you financially should you be diagnosed with cancer.

From hospital stays and surgeries, to chemotherapy and radiation treatments, these costs can add up fast, and you may not have money set aside to cover these expenses. That's why we developed coverage that provides benefits for the more commonly-associated cancer costs, as well as the out-of-pocket expenses that could arise, such as child care, transportation and lodging expenses.

No Surprises

We pay regardless of any other insurance you may have, and we pay directly to you, or your designee.

How it Works

Choose your benefit amounts. You can select the benefit amounts that best fit your lifestyle and your wallet.



COVERED BENEFITS

Should you receive a cancer diagnosis, we are here to help you pay for the care and treatment. The following benefits are included in your policy. Refer to the chart for benefit amounts.

Hospital Benefits

Hospital Confinement Benefit

Should your cancer treatment require that you stay at a hospital or the Intensive Care Unit (ICU) of a hospital as an inpatient, we will pay a daily benefit amount for the first 30 days of confinement. If confinement continues after the 30th day, the daily benefit amount doubles.

Outpatient Diagnostic Benefit

If you receive a positive diagnosis of cancer and incur a charge for any type of laboratory test, biopsy, x-ray or other imaging tests, we will pay this benefit amount.

Not payable for multiple diagnoses of the same cancer or for cancer that metastasizes or for recurrence of the same cancer. Limited to a maximum of two payments, per person, per lifetime.

Inpatient Drug & Medicine Benefit

(Payable only if the Hospital Confinement Benefit is also payable)

If you are given drugs and medicine (*approved by the U.S. Food and Drug Administration*), while confined as an inpatient in a hospital or the ICU of a hospital for the care and treatment of cancer, we will pay the benefit amount for each day that charges are incurred.

Excludes inpatient drugs and medicines used for radiation treatment and chemotherapy treatment. Limited to a maximum of 10 days per person, per hospital confinement.

Attending Physician Benefit

(Payable only if the Hospital Confinement Benefit is also payable)

We will pay the benefit amount for each day that you receive and incur a charge for the professional services of an attending physician while confined as an inpatient in a hospital or the ICU of a hospital for the care and treatment of cancer.

Private Duty Nursing Benefit

(Payable only if the Hospital Confinement Benefit is also payable)

If a private duty nurse is required while confined as an inpatient in a hospital or the ICU of a hospital for the care and treatment of cancer, we will pay the benefit amount for each day that charges are incurred.

The private duty nursing service must be other than the nursing services regularly furnished by the hospital or an immediate family member and must be authorized by the attending physician.

Surgical Benefits

Second or Third Surgical Opinions Benefit

If your doctor recommends surgery for the care and treatment of cancer, you may seek a second opinion, and we will pay this benefit amount. If the second opinion differs from the initial surgical opinion, we will pay the benefit amount for a third opinion. The second and third opinions must be obtained from a doctor not in practice with the one rendering the initial surgical opinion.

Physician's Office Surgical Benefit

Should you have surgery performed in a doctor's office for the care and treatment of cancer, we will pay one benefit amount for each day that charges are incurred.

Anesthesia for Physician's Office Surgery Benefit

(Payable only if a Physician's Office Surgical Benefit is also payable)

We will pay the benefit amount for each day that you incur charges for the administration of anesthesia during a surgical procedure performed in a doctor's office for the care and treatment of cancer.

Not payable for skin cancer surgeries.

About
1,665,540
new cancer cases
are expected to be
diagnosed in 2014.¹

¹American Cancer Society, Cancer Facts & Figures 2014, Page 1.

Use of statistics in this brochure does not imply endorsement of any kind.

Surgical Benefits continued

Outpatient Facility Surgical Benefit

If you have surgery performed at an outpatient facility or on an outpatient basis within a hospital for the care and treatment of cancer, we will pay a benefit amount (*once per day, per person*) for each day that you incur a charge.

Anesthesia for Outpatient Facility Surgery Benefit

(Payable only if an Outpatient Facility Surgical Benefit is also payable)

We will pay the benefit amount for each day that you incur a charge for the administration of anesthesia during a surgical procedure performed in an outpatient facility or on an outpatient basis within a hospital for the care and treatment of cancer.

Not payable for skin cancer surgeries.

Inpatient Hospital Facility Surgical Benefit

We will pay the benefit amount (*once per day, per person*) for each day that you incur a charge for surgery performed in a hospital on an inpatient basis for the care and treatment of cancer.

Anesthesia for Inpatient Hospital Facility Surgery Benefit

(Payable only if the Inpatient Hospital Facility Surgical Benefit is also payable)

For each day that you incur a charge for the administration of anesthesia during a surgical procedure performed in an inpatient hospital facility for the care and treatment of cancer, we will pay this benefit amount.

Not payable for skin cancer surgeries.

In the U.S., **MEN** have a **1 in 12** lifetime risk of developing cancer.¹



Treatment Benefits

Blood, Plasma & Platelet Benefit

When you incur a charge for and receive blood, plasma and platelets for the care and treatment of cancer, we will pay the daily benefit amount, except if the blood is replaced by you or your immediate family.

Limited to a maximum of 30 days per person, per calendar year.

Reconstructive Breast Surgery Benefit

Should you need reconstructive breast surgery as a direct result of surgery for cancer covered under this policy, we will pay the benefit amount when you incur a charge for and receive the surgery.

Each breast is considered a separate surgical event and includes reconstructive surgery on the opposite breast to obtain symmetry after surgery.

Surgically Implanted Prosthesis Benefit

We will pay the benefit amount when you incur a charge for surgically implanted prosthetic devices that are prescribed as a direct result of surgery for cancer covered under this policy.

Does not include coverage for tissue expanders or a Breast Transverse Rectus Abdominis Myocutaneous (TRAM) Flap. Limited to a maximum of two surgically implanted prosthetic devices per person, per lifetime.

Non-Surgical Prosthesis Benefit

We will pay the benefit amount when you incur a charge for the purchase of a doctor-prescribed prosthetic device that does not require surgical implantation as a direct result of treatment for cancer, such as special bras, removable breast prostheses, voice boxes, ostomy pouches, wigs and hairpieces.

Limited to one non-surgical prosthetic device per person, per lifetime.

Skin Cancer Benefit

Should you get diagnosed with skin cancer, we will pay the benefit amount for each day that a diagnosed skin cancer is removed by a doctor.

If more than one skin cancer is removed on the same day, we will only pay one benefit amount per day, per person.

Transplant Benefits

Bone Marrow Transplant Benefit

We will pay the benefit amount (*one per person, per lifetime*) when you incur a charge for and receive a bone marrow transplant for the treatment of cancer.

Stem Cell Transplant Benefit

When you incur a charge for undergoing a peripheral stem cell transplant for the treatment of cancer, we will pay the benefit amount (*one per person, per lifetime*).

Chemotherapy & Radiation Benefits

Immunotherapy Benefit

We will pay the benefit amount when you incur a charge for and receive doctor-prescribed immunotherapy for the treatment of cancer.

Payable only once per calendar month and is limited to the calendar month in which the charge for immunotherapy is incurred. Limited to a maximum of five calendar months per calendar year, per person.

Injected Chemotherapy Benefit

We will pay the benefit amount for each calendar week in which you incur a charge for and receive doctor-prescribed injected chemotherapy for the treatment of cancer.

Not payable for non-melanoma skin cancer.

Non-hormonal Oral Chemotherapy Benefit

We will pay the benefit amount when you incur a charge for and receive doctor-prescribed non-hormonal oral chemotherapy for the treatment of cancer.

Payable only once per calendar month, per person, even if more than one drug is prescribed within the calendar month and is limited to the calendar month in which the charge for non-hormonal oral chemotherapy is incurred.

Not payable for non-melanoma skin cancer.

Hormonal Oral Chemotherapy Benefit

We will pay the benefit amount when you incur a charge for and receive doctor-prescribed hormonal oral chemotherapy for the treatment of cancer.

Payable only once per calendar month, per person, even if more than one drug is prescribed within the calendar month and is limited to the calendar month in which the charge for hormonal oral chemotherapy is incurred. Limited to a maximum of 36 months per person, per lifetime.

Not payable for non-melanoma skin cancer.

Anti-Nausea Drug Benefit

If you are receiving chemotherapy or radiation therapy, you will receive the benefit amount for each month that you incur a charge for a doctor-prescribed anti-nausea drug, excluding medical marijuana.

Payable only once per calendar month, per person, even if more than one drug is prescribed within the calendar month and is limited to a maximum of 10 months per person per calendar year.

For WOMEN, the lifetime risk of developing cancer is a little more than **1 in 3**.

Radiation Benefit

We will pay the benefit amount for each calendar week you incur a charge for and receive radiation therapy for the treatment of cancer.



Chemotherapy & Radiation Benefits continued

Experimental Treatment for Cancer Benefit

The benefit amount will be paid for each day that you incur a charge for and receive hospital, medical or surgical care in connection with experimental treatment for cancer within the United States.

Does not include laboratory tests, diagnostic X-rays, immunoglobulins, Immunotherapy, colony-stimulating factors, and therapeutic devices or other related procedures. Limited to a maximum of 30 days per person, per calendar year.

Travel Benefits

Ambulance Benefit

When a charge is incurred for your transportation, to or from a hospital, by a licensed professional ambulance company for ground or air transportation with the primary reason of obtaining care or treatment for cancer, we will pay this benefit amount.

Limited to a maximum of two combined ground and air ambulance trips per person, per calendar year.

Transportation & Lodging Benefit

When a doctor prescribes treatment for cancer that cannot be obtained at a hospital or outpatient facility within 100 miles from the center of the city where you live (*within the United States*), we will pay the following for you and an adult companion (*18 years or older*):

1. **Vehicle transportation (50 cents per mile in excess of 100 miles from the residence)**
2. **Common Carrier transportation (50 cents per mile in excess of 100 miles from the residence)**
3. **Lodging (\$100 per day)** – When a charge is incurred for lodging for either you or your adult companion at a hotel, motel, or other accommodation acceptable by the Company.

Limited to one benefit per day for either you or your adult companion.

Waiver of Premium

We will waive future premium payments due under the policy and any attached riders when you meet the following conditions:

1. You are diagnosed with cancer after the 30-day waiting period has expired and while you are covered under the policy; and
2. You are totally disabled for more than 60 days as the result of your diagnosis and treatment of cancer; and
3. Premium payments continue for 60 days after the commencement of your total disability.

Total disability must begin before the policy anniversary following your 65th birthday. Upon approval of this benefit, waiver of premiums will begin on the premium due date next following 60 days of continuous total disability. If you are no longer totally disabled for at least 30 days, this benefit will be discontinued.

Any future total disabilities will be considered a new period of total disability and will need to meet the conditions outlined above. Does not apply to the total disability of your spouse or any child(ren) covered under the policy.

Continuation of Care Benefits

Rehabilitative Therapy Benefit

We will pay the benefit amount for each day you receive and incur a charge for physical therapy, occupational therapy or speech therapy prescribed by a doctor for the care and treatment of cancer. If more than one type of rehabilitative therapy is provided to you on the same day, we will only pay one benefit for that day.

Limited to a maximum of 20 days per calendar year, per person and will only be paid if the services are provided by a registered physical, occupational or speech therapist.

Extended Care Facility Benefit

We will pay the benefit amount for each day that you incur a charge for confinement in an extended care facility for the care and treatment of cancer. The confinement must begin within 14 days of a hospital confinement covered under the Hospital Confinement Benefit and on the advice of the attending doctor.

Not payable on the same day as a Hospital Confinement Benefit payable under the policy. Limited to a maximum of 60 days per calendar year, per person.

Hospice Care Benefit

For each day that you incur a charge for and receive hospice care from a licensed hospice facility or provider at home, as the result of cancer, we will pay the benefit amount. Benefits will be paid if you are diagnosed as terminally ill with a prognosis for life of six months or less by a doctor and are no longer receiving treatment to cure your cancer.

Not payable on the same day as a Hospital Confinement Benefit payable under the policy. Limited to a maximum of 30 days per person, per lifetime.

Family Care Benefits

Counseling Benefit

For each day (*maximum of 10 days per calendar year, per person*) that you incur a charge for counseling sessions with a licensed or certified mental health professional while receiving care and treatment for cancer, we will pay the benefit amount.

Child Cancer Diagnosis Benefit

If your insured child were diagnosed with cancer and confined to a hospital or the ICU of a hospital for the care and treatment of cancer, we will pay the lump sum benefit amount (*one per insured child, per lifetime*).



YOUR BENEFITS

TREATMENT OPTIONS

Hospital Benefits	200	400	700
Hospital Confinement <i>(Benefit doubles for confinement over 30 days)</i>	\$200/day	\$400/day	\$700/day
Outpatient Diagnostic	\$100	\$200	\$350
Inpatient Drug & Medicine <i>(Maximum of 10 days per confinement)</i>	\$50/day	\$100/day	\$175/day
Attending Physician <i>(Limited to the number of days of hospital confinement)</i>	\$100/day	\$200/day	\$350/day
Private Duty Nursing <i>(Limited to the number of days of hospital confinement)</i>	\$50/day	\$100/day	\$175/day
Surgical Benefits			
2nd or 3rd Surgical Opinion	\$275	\$275	\$275
Physician's Office Surgical	\$150/day	\$300/day	\$525/day
Anesthesia for Physician's Office Surgery	\$37.50/day	\$75.00/day	\$131.25/day
Outpatient Facility Surgical	\$400/day	\$800/day	\$1,400/day
Anesthesia for Outpatient Facility Surgery	\$100/day	\$200/day	\$350/day
Inpatient Hospital Facility Surgical	\$1,000/day	\$2,000/day	\$3,500/day
Anesthesia for Inpatient Hospital Surgery	\$250/day	\$500/day	\$875/day
Treatment Benefits			
Blood, Plasma and Platelet <i>(30 day maximum)</i>	\$500/day	\$500/day	\$500/day
Reconstructive Breast Surgery	\$400	\$800	\$1,400
Surgically Implanted Prosthesis	\$200	\$400	\$700
Non-surgical Prosthetic Benefit <i>(Paid once per lifetime)</i>	\$300	\$300	\$300
Skin Cancer Benefit	\$150/day	\$150/day	\$150/day
Transplant Benefits			
Bone Marrow Transplant <i>(Paid once per lifetime per covered person; in lieu of outpatient/hospital facility benefits)</i>	\$2,000	\$4,000	\$7,000
Stem Cell Transplant <i>(Paid once per lifetime per covered person; in lieu of outpatient/hospital facility benefits)</i>	\$1,000	\$2,000	\$3,500
Chemotherapy and Radiation Benefits			
Immunotherapy <i>(Maximum of five months per calendar year)</i>	\$200/month	\$400/month	\$700/month
Injected Chemotherapy	\$200/week	\$400/week	\$700/week
Non-Hormonal Oral Chemotherapy	\$200/month	\$400/month	\$700/month
Hormonal Oral Chemotherapy <i>(Maximum of 36 months)</i>	\$200/month	\$400/month	\$700/month
Anti-Nausea Drug <i>(Maximum of 10 months per calendar year)</i>	\$50/month	\$100/month	\$175/month
Radiation	\$400/week	\$800/week	\$1,400/week
Experimental Treatment for Cancer <i>(Maximum of 30 days; Must be NCI approved)</i>	\$50/day	\$100/day	\$175/day
Travel Benefits			
Ambulance Benefit <i>(Limit of two occurrences per calendar year)</i>	\$250 ground; \$1,000 air	\$250 ground; \$1,000 air	\$250 ground; \$1,000 air
Transportation and Lodging Benefit	\$.50/mile; \$100/day	\$.50/mile; \$100/day	\$.50/mile; \$100/day
Waiver of Premium	included	included	included
Continuation of Care Benefits			
Rehabilitative Therapy Benefit <i>(Maximum of 20 days per calendar year)</i>	\$50/day	\$100/day	\$100/day
Extended Care Facility Benefit <i>(Maximum of 60 days per calendar year)</i>	\$50/day	\$100/day	\$100/day
Hospice Care Benefit <i>(Maximum of 30 days per lifetime)</i>	\$75/day	\$150/day	\$150/day
Family Care Benefits			
Counseling Benefit <i>(Maximum of 10 visits per calendar year)</i>	\$50/day	\$100/day	\$100/day
Child Cancer Diagnosis Benefit <i>(Paid once per child, per lifetime)</i>	\$5,000	\$10,000	\$10,000

Exclusions, Limitations & Reductions

Please see your policy for exact details.

PRE-EXISTING CONDITION(S): A condition/conditions diagnosed or for which medical advice or treatment was recommended by or received from a physician within the six months prior to the policy. The benefits of the policy will not be payable during the first 12 months that coverage is in force with respect to an insured person for any loss caused by pre-existing condition(s), subject to the Time Limit on Certain Defenses Provision. This 12 month period is measured from the policy effective date for each insured person.

Supplemental Insurance Policy Limited Benefit Specified Disease Coverage for Cancer Treatment

No benefits will be payable for:

1. any disease, sickness or incapacity other than cancer as defined; this is so even though such disease, sickness or incapacity may have been complicated, affected (directly or indirectly) or caused by cancer;
2. diagnosis received outside the United States or its' territories, unless otherwise specified in the policy; or
3. any illness specifically excluded from the definition of cancer or carcinoma in situ.

WAITING PERIOD: the first 30 days following an insured person's policy effective date.

CANCER(S) DIAGNOSED WITHIN THE WAITING PERIOD: The benefits of this policy will not be payable during the first 12 months that coverage is in force with respect to any cancer diagnosed within the waiting period. This 12 month period is measured from the policy effective date for each insured person.



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This brochure is designed as a marketing aid and is not to be construed as a contract for a cancer policy. The full terms and conditions of coverage are stated in, and governed by, an issued policy. The brochure provides a brief description of the important features of policy form LY-CT-BA-B-PA. **THIS IS A SUPPLEMENTAL INSURANCE POLICY ONLY. THIS POLICY PROVIDES LIMITED BENEFITS FOR SPECIFIED DISEASE COVERAGE FOR CANCER TREATMENT. BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES.**

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