# LOOKING AHEAD: CANCER TREATMENT INSURANCE POLICY

**Help protect against the high costs of cancer.**

Together, all the way.®

Cigna®

**Insured by Loyal American Life Insurance Company**

LOYAL-7-0014-BRO-V2-ID

963242 03/22

# Cancer costs could add up quickly

**Your health is important to living a full and happy life. We're with you every step of the way. If you are diagnosed with cancer, the costs could add up quickly. That's why having cancer treatment insurance makes good financial sense.**

### Preparing for the unexpected

From hospital stays and surgeries to chemotherapy and radiation treatments, cancer care could be expensive. And you may not have money set aside to cover these expenses. A Cancer Treatment Insurance Policy, insured by Loyal American Life Insurance Company, provides benefits for covered cancer treatment costs. And it helps pay for other out-of-pocket expenses related to your care, including child care, transportation and lodging.

### What our base policy offers

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
- Paid regardless of any other insurance you may have
- Guaranteed renewable for life (subject to the company's right to increase premiums on a class basis)
- Riders for added flexibility (for an additional premium)

### Choosing benefit amounts and options

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

- A Lump Sum Cancer Rider ($5,000 to $100,000)
- A Return of Premium Rider if the policy is not used before death

**In the United States, men have a 42% chance of developing cancer.***

# Covered benefits

**Should you receive a cancer diagnosis, we are here to help you pay for 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 in the 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 within 90 days of incurring a charge for any type of laboratory test, biopsy, X-ray or other imaging test, we will pay this benefit amount. It is not payable for multiple diagnoses of the same cancer or for cancer that metastasizes or for recurrence of the same cancer. Payment is limited to a maximum of two payments per person per lifetime.

Should you receive a cancer diagnosis, we are here to help you pay for care and treatment.

### Inpatient Drug and 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. This excludes inpatient drugs and medicines used for radiation treatment and chemotherapy treatment and is 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 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 the 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. The benefit amount is not payable for skin cancer surgeries.

### 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.

*American Cancer Society. (2020, January 13). "Lifetime Risk of Developing or Dying From Cancer." https://www.cancer.org/cancer/cancer-basics/lifetime-probability-of-developing-or-dying-from-cancer.html. Use of statistics in this brochure does not imply endorsement of any kind.

## Surgical benefits, cont'd

### Anesthesia for Outpatient Facility Surgery Benefit

(Payable only if the 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. These benefits are 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)

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 inpatient hospital facility for the care and treatment of cancer. This benefit is not payable for skin cancer surgeries.

## Treatment benefits

### Blood, Plasma and 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. This benefit is limited to a maximum of 365 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 the policy, we will pay the benefit amount when you incur a charge for and receive the surgery. Each breast operation 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 the policy. This does not include coverage for tissue expanders or a breast transverse rectus abdominis myocutaneous (TRAM) flap. This benefit is 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. This benefit is 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

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

## Chemotherapy and 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. This benefit is payable each day and is limited to the calendar month in which the charge for immunotherapy is incurred. Coverage is limited to a maximum of five calendar months per calendar year per person.

### Injected Chemotherapy Benefit

We will pay the benefit amount when you incur a charge for and receive doctor-prescribed injected chemotherapy for the treatment of cancer. This benefit is payable each day and is limited to the calendar week in which the charge is incurred. Benefits are 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. This benefit is payable each day, even if more than one drug is prescribed, and is limited to the calendar month in which the charge for non-hormonal oral chemotherapy is incurred. It is 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. This benefit is payable each day even if more than one drug is prescribed and is limited to the calendar month in which the charge for hormonal oral chemotherapy is incurred. Coverage is limited to a maximum of 36 months per person per lifetime and is 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 day that you incur a charge for a doctor-prescribed anti-nausea drug, excluding medical marijuana. This benefits is payable 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.

**About 1.9 M new cancer cases are expected to be diagnosed in 2022.***

### Radiation Benefit

We will pay the benefit amount for each day you incur a charge for and receive radiation therapy for the treatment of cancer. This benefit is payable once per calendar week.

### 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. Coverage does not include laboratory tests, diagnostic X-rays, immunoglobulins, Immunotherapy, colony-stimulating factors, and therapeutic devices or other related procedures. It is 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. Coverage is limited to a maximum of two combined ground and air ambulance trips per person per calendar year.

### Transportation and 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).

- Vehicle transportation (50 cents per mile in excess of 100 miles from the residence)
- Common carrier transportation (50 cents per mile in excess of 100 miles from the residence)
- 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 to us.

Coverage is 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 all of the following conditions.

- You are diagnosed with cancer while you are covered under the policy; and
- You are totally disabled for more than 60 days as the result of your diagnosis and treatment of cancer; and
- 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 next premium due date 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. This does not apply to the total disability of your spouse or any child(ren) covered under the policy.

American Cancer Society. (n.d.). "Cancer Facts & Figures 2022." [Report]. https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/annual-cancer-facts-and-figures/2022/2022-cancer-facts-and-figures.pdf

## 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. Coverage is 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. This benefit is not payable on the same day as a hospital confinement benefit payable under the policy and is limited to a maximum of 60 days per calendar year per person.

### Hospice Care Benefit

We will pay the benefit amount 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. 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. Benefits are not payable on the same day as a hospital confinement.

**For women in the United States, the lifetime risk of developing cancer is a little more than one in three.***

*American Cancer Society. (2020, January 13). "Lifetime Risk of Developing or Dying From Cancer." https://www.cancer.org/cancer/cancer-basics/lifetime-probability-of-developing-or-dying-from-cancer.html. Use of statistics in this brochure does not imply endorsement of any kind.

## Family care benefits

### Child Tutorial Services Benefit

We will pay the benefit amount for each day (maximum of 30 days per calendar year per insured child) that your child, covered under the policy, incurs a charge for and receives scholastic tutorial services provided by a tutor accredited by a state, regional or national accrediting organization while receiving treatment for cancer.

### 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 is 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).

### Child Care Benefit

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

For each day that you or your covered spouse incurs charges for dependent child care services by a licensed child care provider or facility while you or your spouse is confined to a hospital or the ICU of a hospital for the care and treatment of cancer, we will pay the benefit amount. This benefit is limited to one payment per day (maximum of 30 days per calendar year) regardless of the number of children you or your covered spouse incurs child care service charges for.

### Pet Boarding or Pet Daycare Benefit

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

We will pay this benefit amount for each day that you or your covered spouse incur charges for pet boarding or pet daycare services at a licensed kennel,

pet daycare or veterinarian's office while confined to a hospital or the ICU of a hospital for the care and treatment of cancer. Limited to one benefit payment per day (maximum of 30 days per calendar year) regardless of the number of pets you or your covered spouse incur charges for.

# Valuable options

**Sometimes life throws you a curve ball. We offer extra coverage that can help protect you when you need it most. With your cancer treatment policy, you have the flexibility to add on riders for an additional premium.**

### Lump Sum Cancer Rider

(Form series #LY-LSC-RD.v2-ID)

For added cancer protection, our Lump Sum Cancer Rider pays 100% of your selected benefit amount, from $5,000 to $100,000, upon diagnosis of cancer. This benefit is paid in one lump sum to use in any manner you choose.

### Return of Premium Rider

(Form series #LY-ROP-D)

Our Return of Premium Rider can give you some peace of mind should your policy go unused at the time of death. Your loved ones could receive 100% of all premiums paid (policy and riders) from the rider effective date on, less claims paid, as long as the policy is paid up and in force when you pass away.

# YOUR CANCER TREATMENT OPTIONS AND BENEFITS

| Hospital benefits | 200 | 400 | 700 |
|---|---|---|---|
| Hospital Confinement (benefit doubles for confinement over 30 days) | $200/day | $400/day | $700/day |
| Outpatient Diagnostic | $100 | $200 | $350 |
| Inpatient Drug and Medicine (maximum of 10 days per confinement) | $50/day | $100/day | $175/day |
| Attending Physician (limited to the number of days of hospital confinement) | $100/day | $200/day | $350/day |
| Private Duty Nursing (limited to the number of days of hospital confinement) | $50/day | $100/day | $175/day |
| **Surgical benefits** | | | |
| Second or Third Benefit Opinion | $275 | $275 | $275 |
| Physician's Office Benefit | $150/day | $300/day | $525/day |
| Anesthesia for Physician's Office Benefit | $37.50/day | $75.00/day | $131.25/day |
| Outpatient Facility Benefit | $400/day | $800/day | $1,400/day |
| Anesthesia for Outpatient Facility Benefit | $100/day | $200/day | $350/day |
| Inpatient Hospital Facility Benefit | $1,000/day | $2,000/day | $3,500/day |
| Anesthesia for Inpatient Hospital Benefit | $250/day | $500/day | $875/day |
| **Treatment benefits** | | | |
| Blood, Plasma and Platelet (30-day maximum) | $100/day | $100/day | $100/day |
| Reconstructive Breast Surgery | $400 | $800 | $1,400 |
| Surgically Implanted Prosthesis | $200 | $400 | $700 |
| Non-Surgical Prosthetic Benefit (paid once per lifetime) | $300 | $300 | $300 |
| Skin Cancer Benefit | $150/day | $150/day | $150/day |
| **Transplant benefits** | | | |
| Bone Marrow Transplant (paid once per lifetime per covered person; in lieu of outpatient/hospital facility benefits) | $2,000 | $4,000 | $7,000 |
| Stem Cell Transplant (paid once per lifetime per covered person; in lieu of outpatient/hospital facility benefits) | $1,000 | $2,000 | $3,500 |
| **Chemotherapy and radiation benefits** | | | |
| Immunotherapy (maximum of five months per calendar year) | $200/day | $400/day | $700/day |
| Injected Chemotherapy | $200/day | $400/day | $700/day |
| Non-Hormonal Oral Chemotherapy | $200/day | $400/day | $700/day |
| Hormonal Oral Chemotherapy (maximum of 36 months) | $200/day | $400/day | $700/day |
| Anti-Nausea Drug (maximum of 10 months per calendar year) | $50/day | $100/day | $175/day |
| Radiation | $400/day | $800/day | $1,400/day |
| Experimental Treatment for Cancer (maximum of 30 days; must be NCI approved) | $50/day | $100/day | $175/day |
| **Travel benefits** | | | |
| Ambulance Benefit (limit of two occurrences per calendar year) | $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 (maximum of 20 days per calendar year) | $50/day | $100/day | $100/day |
| Extended Care Facility Benefit (maximum of 60 days per calendar year) | $50/day | $100/day | $100/day |
| Hospice Care Benefit (maximum of 134 days per lifetime) | $75/day | $75/day | $75/day |
| **Family care benefits** | | | |
| Child Tutorial Services Benefit (maximum of 30 days per calendar year) | $50/day | $100/day | $100/day |
| Counseling Benefit (maximum of 10 visits per calendar year) | $50/day | $100/day | $100/day |
| Child Cancer Diagnosis Benefit (paid once per child per lifetime) | $5,000 | $10,000 | $10,000 |
| Child Care Benefit (maximum of 30 days per calendar year) | $25/day | $50/day | $50/day |
| Pet Boarding or Pet Daycare Benefit (maximum of 30 days per calendar year) | $20/day | $40/day | $40/day |
| **Riders** (available for an additional premium) | | | |
| Lump Sum Cancer Rider | $5,000–$100,000 | | |

## Exclusions, limitations and reductions

Please see your policy for exact details.

Preexisting condition limitation: 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 or rider effective date. The benefits of the policy and any attached rider 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 preexisting condition(s). This 12-month period is measured from the policy and rider effective date for each insured person.

### Cancer Treatment Policy and Lump Sum Cancer Rider

No benefits will be payable for:

1. Any disease, sickness or incapacity other than cancer as defined;
2. Loss that begins prior to the rider effective date;
3. Diagnosis received outside the United States or its territories, unless otherwise specified in the policy/rider; or
4. Any illness specifically excluded from the definition of cancer or carcinoma in situ.

If you happen to be diagnosed with cancer within the first 30 days immediately following the effective date of the lump-sum cancer rider, the benefit amount payable will be reduced to 10% of the selected benefit amount and your coverage will be terminated.

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