

# CriticalCare Elite

*In life there are unexpected events, be prepared with CriticalCare Elite.*

In the next **4** minutes,

**5** Americans will have a stroke.

.....

In the next **4** minutes,

**10** people in the US will be diagnosed with cancer.

\*[www.medicare.org](http://www.medicare.org)



**US Able Life**

*You'll Choose Us For Life*

## LIMITED BENEFIT — FORM CIP2-WC (7-07) and CIP2 (7-07) — OUTLINE OF COVERAGE

**READ YOUR POLICY CAREFULLY** This outline of coverage provides a brief description of some of the important features of your policy. **THIS IS NOT THE INSURANCE CONTRACT, AND ONLY THE ACTUAL POLICY PROVISIONS WILL CONTROL.** The policy sets forth, in detail, the rights and obligations of any covered person and US Able Life. It is, therefore, important that you **READ YOUR POLICY CAREFULLY**. This is a limited benefit policy and is designed to provide coverage **ONLY** when certain losses occur as a result of the specified critical illnesses as defined below and more fully in the policy. This policy does not provide for basic hospital, basic medical-surgical or major medical expenses. This policy provides benefits only if the date of diagnosis of specified critical illness is while the policy is in force for the covered person so diagnosed **AND** after the waiting period has been satisfied by that covered person. Important: Benefits received under this policy may be taxable. You should consult your personal tax advisor to determine whether or not payments received are subject to taxation.

# covered illnesses

	with cancer	without cancer
Cancer	100%	n/a
Heart Attack	100%	100%
Stroke	100%	100%
End Stage Renal Disease	100%	100%
Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease)	100%	100%
Quadriplegia	100%	100%
Major Organ Transplant Surgery	100%	100%
Coronary Artery Bypass Surgery*	25%	25%
Balloon Angioplasty, Stent, or Laser Relief Procedure*	10%	10%
Carcinoma in Situ*	10%	n/a

**Choice of 2 plans and face amounts from \$5,000 - \$100,000, in \$5,000 increments.**

**Waiting Period** — No benefits will be paid for a specified critical illness diagnosed during the first 30 days following any covered person's effective date of coverage.

*If the date of diagnosis of any covered person's specified critical illness occurs during the waiting period, the policy or any increase in coverage will be cancelled and all premiums returned.*

*\*These benefits are each payable only once per covered person. If one or more of these benefits are paid, the remaining amount payable will be the original face amount reduced by all prior benefit payments.*

*On the policy anniversary following attainment of age 75, the face amount of all benefits will be restated as 50% of the remaining amount payable.*

*The covered person's coverage terminates when 100% of the face amount has been paid, unless the Recurrent Benefit Rider is attached.*

**Lump sum payments paid directly to you upon first diagnosis of one of the covered critical illnesses shown above.**

## Wellness Benefit

We will pay a total of **\$75** per calendar year for a covered person to undergo one of the covered tests or exams listed below.

- Mammography
- Flexible Sigmoidoscopy
- Chest X-Ray
- EKG
- Pap Smear
- Cholesterol & Diabetes Screening
- Colonoscopy
- PSA (Blood Test for Prostate Cancer)
- Breast Ultrasound
- CA 15-3 for Breast Cancer
- CA 125 for Ovarian Cancer
- CEA Blood Test for Colon Cancer
- Thermography
- Bone Marrow Testing
- Serum Protein Electrophoresis
- Fasting Blood Glucose Test
- Hemocult Stool Analysis
- Blood Test for Triglycerides

*This benefit is payable once per covered person per calendar year and two times per family per calendar year.*

## Recurrent Benefit Rider (optional)

### GROUP 1

- Cancer (if covered under your policy)
- Major Organ Transplant
- Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease)
- End Stage Renal Disease
- Quadriplegia

### GROUP 2

- Heart Attack
- Stroke

We will pay an additional benefit if a covered person is diagnosed with a different Group 1 critical illness (a recurrence) than one for which payment was previously received under your policy.

We will pay an additional benefit if a covered person is diagnosed with a different Group 2 critical illness (a recurrence) than one for which payment was previously received under your policy.

We will pay an additional benefit if a covered person is diagnosed a second time with a Group 2 illness (a reoccurrence) for which payment was previously received, provided that treatment for such illness was not received during the 180-day period prior to the second illness.

*If this rider is included, the covered person's coverage terminates when 200% of the face amount of the base policy has been paid.*

**Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease)** is a progressive wasting of motor neuron of the brain and spinal column.

**Balloon Angioplasty, Stent, or Laser Relief Obstruction Procedures** are therapeutic procedures used to correct narrowing or blockage of one or more coronary arteries.

**Cancer** is a disease characterized by the spread of malignant cells and must be positively diagnosed with histopathological confirmation by a medical practitioner. (See Exceptions and Limitations)

**Carcinoma in Situ** is a disease characterized by malignant neoplasm of epithelial origin that is confined to the area in which it was discovered. (See Exceptions and Limitations)

**Coronary Artery Bypass Surgery** is a major surgical procedure requiring median sternotomy to correct narrowing or blockage of one or more coronary arteries with bypass grafts.

**End Stage Renal Disease (ESRD)** is chronic irreversible failure of both kidneys to function which requires at least weekly hemodialysis or peritoneal dialysis or kidney transplantation.

**Heart Attack** is characterized by diagnosis of the death of a portion of the heart muscle resulting from inadequate blood supply.

**Major Organ Transplant** is human to human organ transplant of the liver, heart, lung, pancreas or bone marrow from a donor to the covered person.

**Quadriplegia** means the complete, irreversible paralysis and loss of use of both upper and lower limbs without severance.

**Stroke** is a cerebrovascular event resulting in permanent neurological deficit.

*These definitions provide a brief description of the specified critical illness covered by your policy. Only the actual policy definitions will control.*

## why criticalcare elite?

- *The probability of surviving a critical illness before age 65 is almost twice as great as dying.\**
- *Approximately, 1.5 million Americans suffer a heart attack each year. Of these, 1.1 million will survive at least 3 years.\*\**
- *About 1.4 million new cancer cases are expected to be diagnosed in 2007.\*\*\**

\*National Center for Health Statistics

\*\*American Heart Association

\*\*\*American Cancer Society, Cancer Facts & Figures 2007

## You have applied for:

- ☐ **CRITICALCARE ELITE WITH CANCER**
- ☐ **CRITICALCARE ELITE WITHOUT CANCER**
- ☐ **INDIVIDUAL**
- ☐ **INDIVIDUAL/SPOUSE**
- ☐ **1 PARENT & FAMILY**
- ☐ **FULL FAMILY**

APPLICANT FACE AMOUNT \$ \_\_\_\_\_

SPOUSE FACE AMOUNT \$ \_\_\_\_\_

CHILDREN FACE AMOUNT \$ \_\_\_\_\_

RECURRENT BENEFIT RIDER ☐ YES ☐ NO

## EXCEPTIONS AND LIMITATIONS

### EXCEPTIONS — WHAT WE WILL NOT PAY FOR:

This policy pays only for loss resulting from specified critical illnesses or surgeries defined in the policy. We will not pay benefits for a specified critical illness or surgery that occurs as a result of the following:

1. Conditions other than the specified critical illnesses or surgeries defined in the policy.
2. The covered person being diagnosed with a specified critical illness during the waiting period.
3. The covered person voluntarily participating or attempting to participate in an illegal activity.
4. The covered person intentionally causing a self-inflicted injury.
5. The covered person committing or attempting to commit suicide, whether sane or insane.
6. The covered person's voluntary involvement in any period of armed conflict, even if it is not declared.
7. Surgeries performed outside of the United States or its Territories.
8. Other Exclusions: We will not pay the Specified Critical Illness Benefit for the following:
  - a) Cerebral symptoms due to transient ischemic attack (TIA), migraine, cerebral injury resulting from trauma or hypoxia, and vascular disease affecting the eye, optic nerve, or vestibular functions.
  - b) Leukemia, other than chronic lymphocytic leukemia, if there is no generalized dissemination of leukemia cells in the blood-forming bone marrow.
  - c) All skin cancers, unless there is evidence of metastasis or the tumor is a malignant melanoma of greater than 1.5-mm maximum thickness as determined by histological examination using the Breslow method.
  - d) All tumors which are histologically described as pre-malignant or non-invasive (including cervical dysplasia CIN-1, CIN-2, CIN-3), except carcinoma in situ.
  - e) Non life-threatening cancers, such as prostate cancers which are histologically described as TNM Classification T1(a) or T1(b), or are of another equivalent or lesser classification.
  - f) Papillary micro-carcinoma of the thyroid.
  - g) Non-invasive papillary cancer of the bladder histologically described as TaNOMO or of a lesser classification.
  - h) Chronic lymphocytic leukemia less than RAI Stage I or Binet Stage A-I.

## PRE-EXISTING CONDITIONS LIMITATIONS FOR CERTAIN CONDITIONS

The benefits of the policy will not be payable for any loss caused by a pre-existing condition during the first 12 months the policy is in force. After this 12-month period, however, loss due to 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 means a specified critical illness which is diagnosed or treated within 12 months prior to the effective date of coverage for each covered person. Conditions which are: (a) fully disclosed to us on the application; and (b) not excluded or limited by us are not considered pre-existing conditions.

## RENEWABILITY AND CONTINUATION

This policy and riders are guaranteed renewable during the covered person's lifetime. US Able Life may change the premium rate, but only if the rate is changed for all policies and purchased riders in the covered person's state.

This policy will not be issued to anyone 65 years of age or over on the initial effective date. If the covered person purchases the policy and/or riders prior to their 65th birthday, they may continue coverage after age 65 as long as they continue to timely pay the premium by the due date or during the 31 days that follow.

Covered dependents who no longer meet eligibility requirements may convert to an individual policy without evidence of insurability. A covered person spouse's coverage will terminate at the time of divorce. However, a covered person spouse's coverage can be converted upon divorce or the covered person's death.



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### US Able Life is rated "A" (Excellent) by the A.M. Best Company.

A Rating and Analysis from the A.M. Best Company represents an independent opinion from the leading provider of insurer ratings of a company's financial strength and ability to meet its obligations to policyholders. Upon completion of evaluations, A. M. Best assigns the following Best's Ratings: A++ and A+ (Superior); A and A- (Excellent); B++ and B+ (Very Good); B and B- (Fair); C++ and C+ (Marginal); C and C- (Weak); D (Poor); E (Under Regulatory Supervision); F (In Liquidation); S (Rating Suspended).

### US Able Life is rated "A" (Strong) by the Standard & Poor's Rating Company.

Standard & Poor's Insurer Financial Strength Ratings provide powerful decision-making tools for anyone interested in buying insurance. Standard & Poor's ratings are prospective evaluations of an insurer's financial security to its policyholders. Standard & Poor's Insurer Financial Strength Ratings range from "AAA" to "CC". An insurer rated "BBB" and higher ("A", "AA", "AAA") is regarded as having financial security characteristics that outweigh any vulnerabilities and is highly likely to have the ability to meet financial commitments. An insurer rated "BB" or lower is in the "vulnerable" range and is regarded as having vulnerable characteristics that may outweigh its strengths. "BB" indicates the least degree of vulnerability within the range. "CC" the highest degree of vulnerability.