

## RENEWABILITY AND CONTINUATION

This policy and riders are guaranteed renewable during your lifetime. The Company may change the premium rate, but only if the rate is changed for all policies and purchased riders in your state. Premiums are established or increased based on claims experience and medical inflation.

This policy will not be issued to anyone 65 years of age or over on the initial effective date. If you purchase the policy and/or riders prior to your 65th birthday, you may continue coverage after age 65 as long as you 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 a comparable individual policy without evidence of insurability. An insured spouse's coverage will terminate at the time of divorce. However, an insured spouse's coverage can be converted upon divorce or your death.

## EXCEPTIONS AND LIMITATIONS

This policy, except for the Intensive Care Rider, pays ONLY for the loss resulting from cancer or specified diseases, as defined in the policy. IT DOES NOT COVER:

1. Any other disease or sickness;
2. Injuries;
3. Hospital confinement or expense that begins while a person is not insured under this policy;
4. Outpatient benefits for the same day hospital confinement benefits are paid;
5. Treatments which are not accepted or approved by the American Medical Association as an effective treatment for cancer;
6. Drugs or substances which are not approved by the Federal Drug Administration for use in the treatment of cancer;
7. Benefits will not be paid for pre-existing conditions during the first twelve (12) months this policy is in force. A pre-existing condition means a cancer or specified disease which is first diagnosed within three (3) years prior to the effective date of coverage for each insured person. Conditions, which are fully disclosed to us on the application and not excluded or limited by us in the policy, are not considered pre-existing condition.

## COVERAGE EFFECTIVE DATE

Applicants are subject to medical underwriting. Effective date means the date shown on the Policy Schedule page for all persons accepted for coverage at the time of issue, provided the application has been accepted and approved by us; the policy is issued; and the first premium has been paid; or the date shown by endorsement for all persons added to coverage after the policy has been issued. The effective date is assigned by the Company in accordance with our policy dating rules in effect at the time your policy is issued. The coverage provided by the policy will not be effective unless there has been no change since the date of the application and the effective date of the policy in the health of any proposed insured person listed on the application.

USable Life will mail your policy and purchased riders to you. If you do not receive your policy, please call our Customer Service Department at 1-800-370-5856.

### CANCERCARE ELITE MONTHLY PREMIUMS

POLICY BENEFITS	CANCERCARE ELITE MONTHLY PREMIUMS			CANCER DIAGNOSIS RIDER	CANCERCARE ELITE MONTHLY PREMIUMS			
	INDIVIDUAL	1 PARENT FAMILY	FULL FAMILY		INDIVIDUAL	1 PARENT FAMILY	FULL FAMILY	
PLAN I	\$18.28	\$22.50	\$33.80	\$1,000	\$ .90	\$1.10	\$1.70	
PLAN II	\$26.06	\$31.88	\$48.30	\$2,000	\$1.80	\$2.20	\$3.40	
PLAN III	\$31.22	\$38.38	\$57.26	\$3,000	\$2.70	\$3.30	\$5.10	
				\$4,000	\$3.60	\$4.40	\$6.80	
				\$5,000	\$4.50	\$5.50	\$8.50	
HOSPITAL INTENSIVE CARE RIDER				MONTHLY DISABILITY RIDER FOR 1 YEAR				
	INDIVIDUAL	1 PARENT FAMILY	FULL FAMILY		INDIVIDUAL	1 PARENT FAMILY	FULL FAMILY	
	\$200	\$2.00	\$2.40		\$3.66	\$1.30	\$1.30	\$2.36
	\$400	\$4.00	\$4.80		\$7.32	\$2.60	\$2.60	\$4.72
\$600	\$6.00	\$7.20	\$10.98	\$500				



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# CancerCare Elite

PROTECT YOUR FAMILY. PROTECT YOURSELF.





# CancerCare Elite provides EXTRA PROTECTION when you need it most!

READ YOUR POLICY CAREFULLY — This outline of coverage provides a very brief description of the important features of your policy. This is not the insurance contract, and only the actual policy provisions will control. The policy itself sets forth, in detail, the rights and obligations of both you and your insurance company. 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 cancer or a specified disease. Coverage is provided for the benefits outlined and may be limited by EXCEPTIONS AND LIMITATIONS. Coverage is not provided for basic hospital, basic medical-surgical, major medical or comprehensive medical expenses.

## Outline of Coverage — Cancer and Specified Disease Policy — CEP (3-03) — Limited Benefit Health Insurance

### OPTIONS AVAILABLE FOR BENEFITS

	<input type="checkbox"/> PLAN I	<input type="checkbox"/> PLAN II	<input type="checkbox"/> PLAN III
<b>INPATIENT HOSPITAL CONFINEMENT</b>	Pays \$100 per day for first 60 days, \$200 for each subsequent day. Successive periods of confinement are considered to be the same period of confinement unless separated by more than 30 days. Beginning on the first day of confinement, benefits double for covered children.	Pays \$250 per day for first 60 days, \$500 for each subsequent day.	Pays \$300 per day for first 60 days, \$600 for each subsequent day.
<b>INPATIENT OR OUTPATIENT RADIATION, CHEMOTHERAPY, AND BLOOD AND PLASMA</b>	<b>\$5,000</b> maximum per calendar year Radiation, Radioactive Isotopes Therapy and Physician Administered Chemotherapy Pays charges up to 100% of the calendar year maximum selected. Self-Administered Chemotherapy, Anti-Nausea/Comfort or Relief and Malignant Growth Prevention Substances Pays charges up to 10% of the calendar year maximum selected. Blood and Blood Plasma Pays charges up to the calendar year maximum selected.	<b>\$10,000</b> maximum per calendar year	<b>\$15,000</b> maximum per calendar year
<b>INPATIENT OR OUTPATIENT SURGERY &amp; ANESTHESIA</b>	<b>\$1,000</b> maximum per operation Pays for surgery, including skin cancer, as detailed in the surgical schedule up to selected amount. Anesthesia pays 30% of the amount payable under the surgical benefit.	<b>\$2,000</b> maximum per operation	<b>\$4,000</b> maximum per operation

### ADDITIONAL BENEFITS

#### ■ AT HOME RECOVERY BENEFIT

To assist you with house cleaning, yard work, and home maintenance expenses, we will pay a monthly indemnity benefit of \$100 following a hospital confinement for cancer lasting at least 3 days. This benefit is payable for a maximum of 3 months for each hospital confinement, up to a lifetime maximum of 6 months per insured.

#### ■ SPECIFIED DISEASE BENEFIT

Pays \$250 per day when an insured person is confined to a hospital for any of the specified diseases listed. This benefit is limited to a lifetime maximum of 100 days per insured.

Addison's Disease  
Brucellosis  
Budd-Chiari Syndrome  
Cystic Fibrosis  
Diphtheria  
Encephalitis  
Histoplasmosis  
Legionnaires' Disease

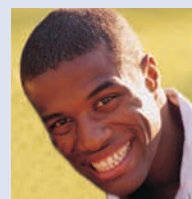
Lou Gehrig's Disease  
Malaria  
Multiple Sclerosis  
Muscular Dystrophy  
Myasthenia Gravis  
Osteomyelitis  
Poliomyelitis  
Q Fever

Rabies  
Reye's Syndrome  
Rheumatic Fever  
Rocky Mountain Spotted Fever  
Scarlet Fever  
Sickle Cell Anemia  
Spinal Meningitis  
Systemic Lupus Erythematosus

Tay-Sachs Disease  
Tetanus  
Toxic Shock Syndrome  
Trichinosis  
Tuberculosis  
Tularemia  
Typhoid Fever  
Whooping Cough

#### ■ WAIVER OF PREMIUM BENEFIT

Premiums are waived when the primary insured is disabled for more than 60 days from internal cancer, if disability begins before age 60.



■ **PHYSICIAN VISITS** — Pays charges up to \$75 per day for in-hospital visits.

■ **PRIVATE DUTY NURSING SERVICES** — Pays charges up to \$200 per day; limited to number of days of hospital confinement.

■ **HOME HEALTH CARE SERVICES** — Pays charges up to \$200 per day when prescribed by the attending physician. Lifetime maximum benefit of 50 days per insured.

■ **PROSTHESIS** — Pays charges up to \$3,000 per calendar year.

■ **AMBULANCE** — Pays charges for ambulance services to and from the hospital per confinement. Maximum of \$500 per confinement for air ambulance benefits.

■ **FAMILY LODGING & TRANSPORTATION** — Pays charges up to \$100 per day for up to 90 days per confinement for motel/hotel expenses for an adult member of the immediate family to be near an insured confined in a non-local hospital due to cancer. Also pays incurred charges for one round-trip coach fare on a common carrier per confinement. This benefit is payable only when treatment is not available within a 50 mile radius of the insured's residence.

■ **PATIENT TRANSPORTATION** — Pays charges incurred for round trip coach fare on a common carrier or pays \$.50 per mile for personal automobile expense when non-local treatment is prescribed by the attending physician as medically necessary and requires hospital confinement.

■ **POSITIVE DIAGNOSIS TEST** — Pays a one-time benefit of up to \$500 for lab or diagnostic tests involved with the positive diagnosis of cancer.

■ **ANNUAL PHYSICAL** — Pays charges up to \$200 per calendar year for annual physicals after the positive diagnosis of internal cancer. \$1,000 lifetime maximum per insured.

■ **SECOND SURGICAL OPINION** — Pays charges up to \$200 for a second surgical opinion.

■ **NATIONAL CANCER INSTITUTE (NCI) CONSULTATION** — Pays charges up to \$500, once per insured, for evaluation and/or consultation at an NCI-sponsored cancer center and \$250 for transportation to the NCI cancer center, if more than 50 miles from insured's residence, as the result of receiving prior diagnosis of internal cancer. This benefit is payable only once per insured.

■ **NEW OR EXPERIMENTAL TREATMENT** — Pays charges up to \$5,000 calendar year for experimental treatment endorsed by the American Cancer Society (ACS) or the NCI. Treatment must be received in the U.S. or its territories.

■ **EXTENDED CARE FACILITY** — Pays charges up to \$200 per day for confinement beginning within 14 days of a hospital confinement. Limited to the number of days of prior hospital confinement.

■ **HOSPICE CARE** — Pays charges up to \$100 per day for a terminally ill insured. Lifetime maximum of 180 days.

■ **GOVERNMENT OR CHARITY HOSPITAL** — Pays \$300 per day, in lieu of all other benefits provided in the policy.

■ **INPATIENT DRUGS & MEDICINES** — Pays charges up to \$25 per day for prescribed drugs and medicines while an inpatient during a hospital confinement. \$500 maximum per calendar year per insured.

■ **MEDICAL SUPPLIES & EQUIPMENT** — Pays charges as an inpatient for the following: braces, crutches and wheelchairs or other similar durable medical or surgical equipment deemed necessary by the attending physician. When prescribed as an outpatient, we will pay 80% of the incurred charges. \$1,000 maximum per calendar year per insured.

■ **CHILD'S PRIVATE TUTORING** — Pays charges up to \$25 per day for private tutoring services when a child is confined to a hospital for treatment of cancer.

■ **ALOPECIA** — Pays charges up to \$200 for a wig or hairpiece for hair loss as a result of chemotherapy or radiation treatment. Benefit payable not more than once every three years.

■ **PHYSICAL, SPEECH, HEARING & OCCUPATIONAL THERAPY** — Pays charges up to \$30 per therapy session. \$400 maximum per calendar year.

■ **BONE MARROW TRANSPLANT** — Pays charges up to \$10,000 for a bone marrow transplant during a covered hospital confinement for the treatment of cancer. Pays charges up to \$5,000 if the transplant is performed on an outpatient basis. For expenses incurred by the donor as a result of the transplantation procedure, pays the greater of the following: (a) \$1,000 or (b) the amount of any remaining benefits available under the policy after benefits have been paid for the insured. The benefit is not payable for the same procedure as the stem cell transplantation benefit. Lifetime maximum of \$10,000 per insured.

■ **STEM CELL TRANSPLANT** — Pays charges up to \$2,500 for a peripheral stem cell transplantation for the treatment of cancer. The benefit is payable once per insured. The benefit is not payable for the same procedure as the bone marrow transplantation benefit. Lifetime maximum of \$2,500 per insured.

■ **WELLNESS BENEFIT** — Pays \$70 per calendar year per insured for mammography and \$50 per calendar year per insured for any of the following cancer screening tests:

- Pap Smear
- Thermography
- Chest X-Ray
- Hemocult Stool Analysis
- PSA (blood test for prostate cancer)
- CA125 (blood test for ovarian cancer)
- CEA (blood test for colon cancer)
- Any diagnostic procedure which can lead to the positive diagnosis of cancer.
- Flexible Sigmoidoscopy
- Colonoscopy

### ELECTIVE BENEFITS

#### CANCER DIAGNOSIS BENEFIT RIDER

**Elective Rider:** Pays amount selected below for the first diagnosis of internal cancer. Insured family members qualify for 100% of the primary insured's benefit amount.

- \$1,000
- \$2,000
- \$3,000
- \$4,000
- \$5,000

#### HOSPITAL INTENSIVE CARE BENEFIT RIDER

**Elective Rider:** Pays daily benefit selected below for confinement in a Coronary Care or Intensive Care Unit from the first day of confinement due to an accidental injury and from the second day of confinement due to sickness. Pays double benefit when confinement is a result of an accidental bodily injury which occurred when the covered person was the operator of or a passenger in, or struck by an automobile, bus, truck, motorcycle, train, or airplane. Hospital Intensive Care Rider benefits are reduced 50% for confinement beginning after age 70.

- \$200
- \$400
- \$600

#### CANCER DISABILITY BENEFIT RIDER

**Elective Rider:** Pays the monthly disability income benefit selected below for one year for disability due to internal cancer. Family coverage may be selected if the spouse is actively at work at least 20 hours per week. Children are not eligible for coverage. This rider terminates at age 65.

- \$250
- \$500

**BENEFITS ARE PAID DIRECTLY TO YOU.**