

CASH VALUE

You are paid if you get sick or if you stay well!

We **REFUND YOUR PREMIUM EVERY 25 YEARS**, or at age 75, whichever comes first.

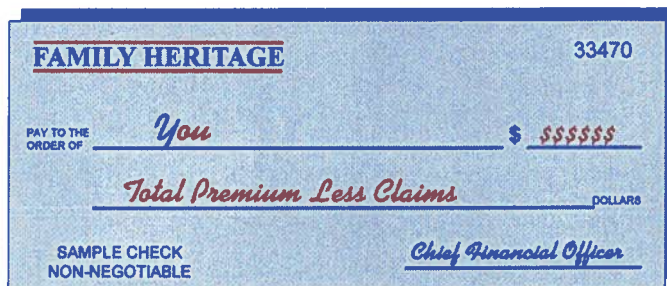
After age 75, you receive half of your premiums back every 10 years.

Your Money Back benefit begins building after only five years in the plan. The longer you keep your plan, the more your benefit will grow.

After your money is returned, your protection continues, and you can collect again.

Three examples of what can happen...

	No Claim	Small Claim	Large Claim
PREMIUMS PAID	\$12,000	\$12,000	\$12,000
LESS CLAIMS PAID	- 0 -	- 2,000	- 36,500
REFUND	\$12,000	\$10,000	- 0 -



*After 25 years, you will get all your money back,
less any claims paid to you!*

Family Heritage is part of the Southwestern/Great American Group of Companies—serving American Families since 1868.

Family Heritage has NEVER RAISED A RATE on an existing policy!

This brochure is not the insurance contract. The policy explains in detail the rights and obligations of both Family Heritage and the insured. It is important to read your policy carefully.

The benefits described in this brochure are contained in policy series CA3-97

FAMILY HERITAGE
Life Insurance Company Of America

Three Summit Park Drive
Cleveland, Ohio 44131
(216) 520-2800

LIBERTY
Series



Cancer Protection
with Cash Value
Elite

FAMILY HERITAGE
Life Insurance Company Of America

POLICY ADVANTAGES

- ◆ Your benefits are paid **DIRECTLY TO YOU**, unless you instruct us otherwise.
- ◆ Your benefits are paid **IN ADDITION** to any other insurance you have.
- ◆ Your coverage is **GUARANTEED RENEWABLE** for life—only you can cancel.
- ◆ Your benefits are **NEVER REDUCED**.
- ◆ Your premium **DOES NOT INCREASE** with age.
- ◆ You **CANNOT BE SINGLED OUT** for a rate increase.
Your rates can be increased only if they are increased for all plans of this kind in your state.

FIRST OCCURRENCE BENEFITS

PREFERRED	ELITE
Paid one time per insured upon the confirmed diagnosis of...	
\$1,500 FIRST OCCURRENCE — internal cancer	\$2,250
\$500 BREAST CANCER — an additional	\$750
\$500 PROSTATE CANCER — an additional	\$750
First Occurrence Benefits are not paid for skin cancer.	

INPATIENT BENEFITS

PREFERRED	ELITE
HOSPITAL BENEFITS ♦ No Lifetime Limits	
\$300 For each day of Hospital Confinement for the first 69 days	\$450
\$100 For each day you are provided a Private Nurse	\$150
UP TO \$200 Actual charges for each trip by Ambulance (two trips per confinement; includes air ambulance)	UP TO \$300
EXTENDED STAY BENEFIT ♦ No Lifetime Limits	
UP TO \$600 Actual charges for each day following the the 69th day of confinement	UP TO \$900
UP TO \$18,600 A monthly benefit	UP TO \$27,900
This benefit replaces all other benefits after the 69th day	
GOVERNMENT HOSPITAL BENEFIT ♦ No Lifetime Limits	
\$300 For each day of confinement	\$450
This benefit is paid in place of all other benefits except the First Occurrence Benefits, and Transportation & Lodging.	

INPATIENT OR OUTPATIENT BENEFITS

PREFERRED	ELITE
SURGICAL BENEFITS ♦ No Lifetime Limits	
UP TO \$6,000 For each operation based on the schedule in your plan (unlimited operations)	UP TO \$9,000
UP TO \$1,200 For Anesthesia we will pay 20% of the amount paid for your covered surgery	UP TO \$1,800
BLOOD AND PLASMA BENEFIT ♦ No Lifetime Limits	
UP TO \$50 Actual charges per unit of whole blood, plasma, red cells, packed cells or platelets	UP TO \$75
PROSTHESIS BENEFIT ♦ Lifetime maximum per insured person	
UP TO \$1,000 Actual charges for Prosthetic devices (includes external devices)	UP TO \$1,500
CANCER TREATMENT BENEFIT ♦ No Lifetime Limits	
UP TO \$200 Actual charges for each day you receive inpatient or outpatient treatment	UP TO \$300
<ul style="list-style-type: none"> • Radiation • Chemotherapy • Radium and Cesium Implants • Cobalt • FDA Approved, New or Experimental Treatment 	
BONE MARROW TRANSPLANT BENEFIT	
\$6,000 Paid one time per insured for a bone marrow transplant from another person for the treatment of leukemia	\$9,000

TRANSPORTATION & LODGING BENEFITS

PREFERRED	ELITE
TRANSPORTATION BENEFITS ♦ No Lifetime Limits	
When you travel over 80 miles from home for treatment, we will pay...	
UP TO \$1,500 Actual charges for each one-way trip by plane, train, or bus	UP TO \$2,250
40¢ PER MILE Each trip by personal auto	60¢ PER MILE
FAMILY MEMBER TRANSPORTATION ♦ No Lifetime Limits	
For one member of your immediate family when you are hospital confined over 80 miles from home for treatment, we will pay...	
UP TO \$1,500 Actual charges for each one-way trip by plane, train, or bus (two one-way trips per confinement)	UP TO \$2,250
If a child is hospital confined, we will pay this benefit for both parents	
40¢ PER MILE Each trip by personal auto (Family Member Transportation by auto will not be paid if it is already paid under the Transportation Benefit)	60¢ PER MILE
FAMILY MEMBER LODGING ♦ No Lifetime Limits	
UP TO \$50 For each day that one member of your immediate family requires lodging while you are confined to a hospital more than 80 miles from your home, we will pay charges (maximum of 60 days per confinement)	UP TO \$75

PROTECTION BENEFITS

PREFERRED	ELITE
EARLY DETECTION BENEFIT ♦ No Lifetime Limits	
\$40 One Test annually per insured person	\$60
<ul style="list-style-type: none"> • Mammography • Flexible Sigmoidoscopy • Pap Smear • Hemocult Test • PSA Test (prostate screening test) 	
HOSPICE SERVICE BENEFIT	
\$100 For each of the first 60 days of Hospice Service	\$150
\$50 For each of the next 120 days	\$75

NATIONAL CANCER CENTERS*



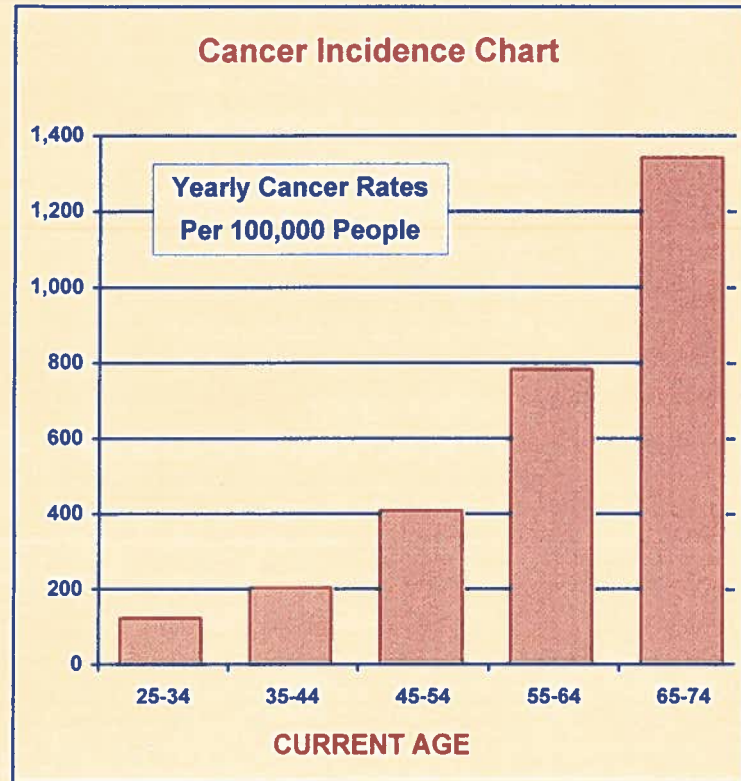
ADDITIONAL POLICY INFORMATION

- ◆ Family plans cover you, your spouse, newborns from birth, and unmarried, dependent children to age 25.
- ◆ Children can convert to their own plan without evidence of insurability.
- ◆ Covers cancer first diagnosed 30 days after the effective date of your plan.
- ◆ Covers all types of cancer.

LIMITATIONS AND EXCLUSIONS

- ◆ Persons with a history of cancer prior to the coverage effective date or within 30 days thereafter will not be covered.
- ◆ Persons previously diagnosed with an elevated PSA (Prostate-Specific Antigen) Test result will not be covered for prostate cancer or its metastasis.
- ◆ Persons with a history of non-melanoma skin cancer are covered for all types of cancer except skin cancer. Persons with a history of any melanoma cancer will not be covered.
- ◆ This plan covers cancer treatment only and does not cover any sickness related to or caused by cancer or cancer treatment.

THE AMERICAN CANCER SOCIETY SAYS...



Cancer Can Strike Anyone...

- ◆ Over 1.3 million Americans will be diagnosed with internal cancer this year

Women

- ◆ 1 in 3 will get cancer in their lifetime
- ◆ 1 in 8 are diagnosed with breast cancer
- ◆ Leading cause of death ages 25-74

Men

- ◆ 1 in 2 will get cancer in their lifetime
- ◆ 1 in 5 are diagnosed with prostate cancer
- ◆ Second leading cause of death

Source: American Cancer Society
Facts & Figures—1997

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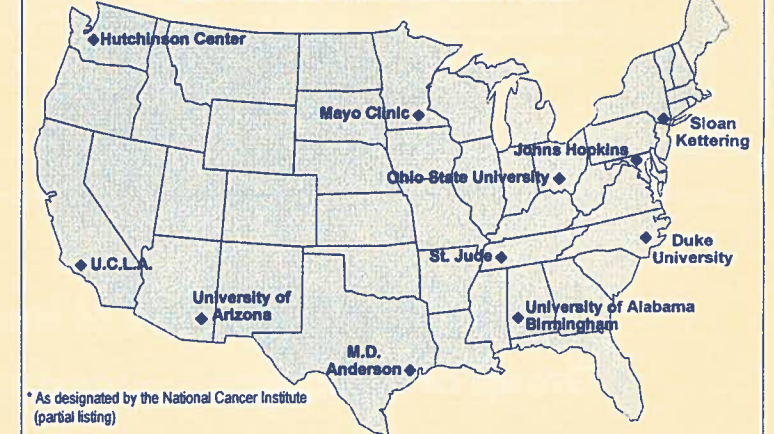
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PREFERRED	ELITE
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UP TO \$50 For each day that one member of your immediate family requires lodging while you are confined to a hospital more than 80 miles from your home, we will pay charges	UP TO \$75
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LIMITATIONS AND EXCLUSIONS

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- ◆ This plan covers cancer treatment only and does not cover any sickness related to or caused by cancer or cancer treatment.



Protection for Intensive Care and Accidental Death & Dismemberment

- ◆ *Your benefits are paid **DIRECTLY TO YOU**, unless you instruct us otherwise.*
- ◆ *Your benefits are paid **IN ADDITION** to any other insurance you have.*
- ◆ *Your coverage is **GUARANTEED RENEWABLE** for life—only you can cancel.*
- ◆ *Your benefits **BEGIN IMMEDIATELY** on your effective date.*

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Life Insurance Company Of America

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PROTECTING FAMILIES IN TIME OF NEED

INTENSIVE CARE PLAN

STANDARD

PREFERRED

INTENSIVE CARE BENEFIT ♦ No Lifetime Limits

For each day of confinement to an Intensive Care Unit* for any reason, we will pay...

\$300	You or your spouse	\$600
\$9,000	Maximum benefit per confinement	\$18,000
\$150	Your covered children	\$300
\$4,500	Maximum benefit per confinement	\$9,000

*Defined as providing the **highest level** of medical care for patients who are physically, critically ill or injured.

DOUBLE BENEFIT ♦ No Lifetime Limits

The ICU Confinement Benefit doubles if the confinement is a result of an auto, truck, bus, plane, or train accident

\$600	You or your spouse	\$1,200
\$18,000	Maximum benefit per confinement	\$36,000
\$300	Your covered children	\$600
\$9,000	Maximum benefit per confinement	\$18,000

AMBULANCE BENEFITS ♦ No Lifetime Limits

UP TO \$100	For Ambulance transportation we will pay actual charges per confinement	UP TO \$200
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UP TO \$500	For Air Ambulance transportation we will pay actual charges per confinement	UP TO \$1,000
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ICU Benefits are payable first day for accident, second day for sickness.

Covers up to 30 days per confinement. Readmission 30 days after discharge begins a new confinement period.

ACCIDENTAL DEATH AND DISMEMBERMENT

- ♦ Accidents this year will cause over **20 million** disabling injuries and will be the fifth largest cause of death.
- ♦ Motor vehicle accidents alone cause over **2.6 million** disabling injuries and over **43,000** deaths.
- ♦ The economic impact of these accidents will exceed **\$400 billion** this year. This is about \$4,500 per household.

Source: National Safety Council Accident Facts-1997 Edition

DISMEMBERMENT BENEFITS

If injured in an accident and the injury causes loss of hand, foot, or sight within 180 days of the accident, we will pay...

<u>PREFERRED PLAN</u>	<u>YOU</u>	<u>YOUR SPOUSE</u>	<u>YOUR CHILD</u>
Single Loss	\$1,000	\$1,000	\$200
Double Loss	\$2,000	\$2,000	\$400
<u>STANDARD PLAN</u>			
Single Loss	\$500	\$500	\$100
Double Loss	\$1,000	\$1,000	\$200

ACCIDENTAL DEATH BENEFIT

If you are in an accident and the injury causes death within 180 days of the accident, we will pay...

	<u>YOU</u>	<u>YOUR SPOUSE</u>	<u>YOUR CHILD</u>
PREFERRED PLAN	\$5,000	\$5,000	\$1,000
STANDARD PLAN	\$2,500	\$2,500	\$500

We will pay the Death Benefit, less any amount paid under the Dismemberment Benefit resulting from the same loss.

Intensive Care Limitations and Exclusions Only

Persons over age 74 receive 50% of the ICU Confinement Benefit

Persons with a pre-existing heart condition:

- ♦ will not be paid ICU Benefits for a heart-related confinement
- ♦ will be paid benefits for up to 7 days of ICU confinement not related to a heart condition

This plan does not cover confinements:

- ♦ in units such as progressive care, intermediate care or step-down
- ♦ during the first 30 days of life for children born within 10 months of your effective date
- ♦ during the 12 months after your effective date for any condition diagnosed within 12 months prior to your effective date

Intensive Care and AD&D Limitations and Exclusions

This plan does not cover confinements or losses resulting from:

- ♦ a self-inflicted injury or suicide attempt
- ♦ a confinement or loss which began before your effective date
- ♦ involvement in an illegal act or job
- ♦ being legally intoxicated or under the influence of any narcotic or other illegal substance, unless taken according to a physician's direction