

**FIRST OCCURRENCE BENEFITS**

Paid one time per insured person upon the confirmed diagnosis of:

<b>Internal Cancer</b> .....	<b>\$2,250</b>
<b>Breast Cancer - an additional</b> .....	<b>\$750</b>
<b>Prostate Cancer - an additional</b> .....	<b>\$750</b>

Paid one time per insured person upon the confirmed diagnosis of:

<b>Skin Cancer</b> .....	<b>\$750</b>
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**INPATIENT BENEFITS**

**Hospital Benefits - No Lifetime Limits**

**Hospital Confinement**

For each day up to 365 days per confinement .....	<b>\$450</b>
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**Private Nurse**

Each day that you are provided a Private Nurse during a confinement .....	<b>\$150</b>
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**Ambulance**

Charges for each trip by Ambulance up to (includes air ambulance) .....	<b>\$300</b>
Benefit is payable for two one-way trips per confinement.	

**U.S. Government Hospital - No Lifetime Limits**

Each day of confinement to a U.S. Government Hospital .	<b>\$450</b>
This benefit replaces all other benefits except the First Occurrence Benefits and Transportation & Lodging Benefits.	

**INPATIENT OR OUTPATIENT BENEFITS**

**Surgery & Anesthesia - No Lifetime Limits**

For each operation based on the schedule in your plan .....	from <b>\$225</b> to <b>\$12,000</b>
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**Second Surgical Opinion - No Lifetime Limits**

Charges for a Second Surgical Opinion up to .....	<b>\$450</b>
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**Bone Marrow Transplant**

Paid one time per insured for a Bone Marrow Transplant from another person for the treatment of leukemia .....	<b>\$12,000</b>
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**Bone Marrow Donor**

One-time payment per insured who donates .....	<b>\$1,500</b>
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**Prosthesis - Lifetime Maximum Per Insured**

Charges for Prosthetic devices, including external devices, up to .....	<b>\$1,500</b>
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**Radiation and Chemotherapy - No Lifetime Limits**

For each day for the following FDA approved treatments .....	<b>\$300</b>
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*Chemotherapy, X-ray Radiation, Teleradiotherapy, Radium and Cesium Implants, Cobalt, New or Experimental Treatments*

**Self Administered (Oral Chemotherapy) - No Lifetime Limits**

Charges for the cost of the prescription on the day the prescription is filled up to .....	<b>\$300</b>
This benefit is not payable for any treatments paid under the Radiation and Chemotherapy benefit.	

**Anti-Nausea - No Lifetime Limits**

Charges per calendar year per insured person up to .....	<b>\$600</b>
Benefit payable while receiving radiation or chemotherapy.	

**Special Treatment - Lifetime Maximum Per Insured**

Charges for any of the following FDA approved treatments up to .....	<b>\$1,500</b>
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*Immunotherapy, Stem Cell Transplant, Hormone Therapy, Autologous Bone Marrow Transplant, Radioimmunotherapy and Photodynamic Therapy*

For all cancer treatments that are self administered, including oral chemotherapy, we will pay these benefits for the cost of the prescription on the day the prescription is filled up to the benefit amount stated.

## PROTECTION BENEFITS

### Early Detection - No Lifetime Limits

One test annually per insured person ..... **\$75**  
*Mammography, Breast Ultrasound, Colonoscopy, Flexible Sigmoidoscopy, Hemocult Stool Specimen, Pap Smear, CEA (colon screening), CA 125 (ovarian screening) or PSA (prostate screening)*

### Hospice Service

For each of the first 60 days of Hospice Service ..... **\$150**  
 For each of the next 120 days ..... **\$75**

## TRANSPORTATION & LODGING BENEFITS

### Transportation - No Lifetime Limits

When you travel over 80 miles from home for covered cancer treatments or consultations within the continental U.S., we will pay . . .

Charges for your plane, train or bus each way up to ..... **\$2,250**  
 For each mile by personal auto ..... **60¢**

### Family Member Transportation - No Lifetime Limits

When you use the Transportation Benefit, we will pay an additional benefit for one member of your immediate family, also traveling over 80 miles from home, to be with you.

Charges for the plane, train or bus each way up to ..... **\$2,250**  
 For each mile by personal auto ..... **60¢**

The automobile mileage amount is not payable when the family member travels with you.

Limited to two one-way trips per confinement.

### Family Member Lodging - No Lifetime Limits

When a member of your immediate family who travels & requires lodging while you are confined to a hospital for covered cancer treatment, we will pay . . .

Charges per day up to 60 days per confinement ..... **\$75**

### Second Parent Transportation - No Lifetime Limits

When the Transportation Benefit is payable for a covered child, we will pay for a second parent to travel up to the amounts shown above.

This benefit will only be paid if this is a family policy.

Family Member Transportation and Lodging Benefits are payable only if you are eligible for the Transportation Benefit.

## CASH VALUE - Issue Age 55 & Under Only

- You are paid if you have claims or if you stay well!
- We will refund your premiums less any claims paid to you.
- We **REFUND YOUR PREMIUM EVERY 25 YEARS**, or at age 65, following your policy anniversary date, which ever comes first.
- After your money is returned, your protection will continue.
- Your Money Back benefit begins building after only six years in the plan. The longer you keep your plan, the more your benefit will grow.

### Three examples of what can happen...

	NO CLAIM	SMALL CLAIM	LARGE CLAIM
PREMIUMS PAID	\$16,000	\$16,000	\$16,000
LESS CLAIMS PAID	- 0 -	- 3,000	- 46,500
<b>REFUND</b>	<b>\$16,000</b>	<b>\$13,000</b>	<b>- 0 -</b>



## FIRST OCCURRENCE PLUS - Issue Age 56 & Over

Each policy anniversary date we will add to your First Occurrence Benefit ..... **\$450**

We will continue to increase your First Occurrence Benefit each policy anniversary date for the first fifteen (15) years up to a total benefit of ..... **\$6,750**

This Benefit is paid when the First Occurrence Benefit is paid.

**Please see the main policy brochure for a summary of the Limitations and Exclusions.**

*The benefits described in this brochure are covered in policy series C4POL.*

**FAMILY HERITAGE®**  
 Life Insurance Company Of America

P.O. Box 470608, Cleveland, Ohio 44147 (440) 922-5222

**INTENSIVE CARE UNIT BENEFIT - No Lifetime Limits**

For each day, up to 30 days, of confinement to an **Intensive Care Unit** for any reason, we will pay ...

You or your spouse.....	<b>\$900</b>
Your covered child.....	<b>\$450</b>

An Intensive Care Unit (ICU, CCU or NICU) is a specifically designated facility of the hospital which:

- provides the highest level care (as determined based on the billing rate charged by the hospital);
- is restricted to those patients who are critically ill or injured;
- is separate and apart from other hospital areas; and
- is permanently equipped with special life-saving equipment for the care of the critically ill or injured.

An Intensive Care Unit (ICU, CCU or NICU) is not a step down unit, sub-acute care unit, progressive care unit, intermediate care unit, bone marrow or stem cell transplant unit, private monitored room, observation room or unit, surgical recovery room, or a room, bed or ward customarily used for regular patient confinements.

**STEP DOWN UNIT BENEFIT - No Lifetime Limits**

For each day, up to 3 days, of confinement to a **Step Down Unit** for any reason, we will pay ...

You or your spouse.....	<b>\$450</b>
Your covered child.....	<b>\$225</b>

A Step Down Unit is part of an ICU, CCU or NICU where the patient is charged less than the highest level care. A Step Down Unit may also be referred to as:

- a progressive care unit;
- an intermediate care unit; or
- a sub-acute care unit.

A Step Down Unit is not an emergency room, special care unit, bone marrow or stem cell transplant unit, observation room or unit, surgical recovery room, or a room, bed or ward customarily used for regular patient confinements.

**DOUBLE BENEFIT - No Lifetime Limits**

For each day, up to 30 days, of confinement to an ICU due to a **vehicular accident**, we will pay an additional ...

You or your spouse.....	<b>\$900</b>
Your covered child.....	<b>\$450</b>

This benefit is not payable for confinements in a Step Down Unit.

**AMBULANCE BENEFITS - No Lifetime Limits**

**Surface Ambulance:** For Surface Ambulance transportation per confinement in an ICU or Step Down Unit, we will pay ...

Charges up to.....	<b>\$600</b>
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**Air Ambulance:** For Air Ambulance transportation per confinement in an ICU or Step Down Unit, we will pay ...

Charges up to.....	<b>\$1,500</b>
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**ACCIDENTAL DEATH BENEFIT**

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

You or your spouse.....	<b>\$15,000</b>
Your covered child.....	<b>\$7,500</b>

## HEART AND ACCIDENT STATISTICAL UPDATE

- Over 12,000,000 Americans have coronary heart disease.
- 1 in 5 Americans have some form of cardiovascular disease.
- Every minute an American will suffer a stroke.
- On average, there are 11 accidental deaths every hour.
- Accidents are the leading cause of death among all persons up to age 33.
- Accidents are the fifth leading cause of death overall.

American Heart Association, *Heart & Stroke Statistical Update*  
National Safety Council, *Injury Facts*

## PROTECTION FOR INTENSIVE CARE AND ACCIDENTAL DEATH

- 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.

## LIMITATIONS AND EXCLUSIONS

- Persons over age 74 receive 50% of the ICU Confinement, Step Down Unit and Double Benefits.
- 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 during the 12 months after your effective date for any condition diagnosed within 12 months prior to your effective date.
- 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.
- The Double Benefit covers vehicular accidents resulting from riding in, operating or being struck by an automobile, bus, truck, train or commercial airplane. This benefit does not include accidents resulting from riding in, operating or being struck by an all-terrain vehicle (ATV), motorcycle, tractor or other farm equipment, construction equipment, boat or other water conveyance, private airplane or glider.

**Please see the main policy brochure for a summary of the Limitations and Exclusions.**

*The benefits described in this brochure are contained in policy series 14RID*

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