



GREAT AMERICAN[®]

FINANCIAL RESOURCES

SUPPLEMENTAL BENEFITS



Scheduled Benefit Cancer Insurance Coverage

The Facts*

In the United States . . .

- One in 2 men and 1 in 3 women have a lifetime risk of developing cancer.
- About 1,284,900 new cancer cases are expected to be diagnosed in 2002.
- Since 1990, approximately 16 million new cancer cases have been diagnosed.
- 8.9 million Americans with a history of cancer were alive in 1997.
- 5-year survival rates for all cancer combined currently stand at 62%.

Transfer the financial risk to Loyal American Life Insurance CompanySM, a member of Great American Financial Resources, Inc.

Don't take a chance with your financial health.

*Cancer Facts & Figures 2002, The American Cancer Society. Not an implied endorsement.

L-4329-AD (08/02)

Scheduled Benefit Cancer Policy



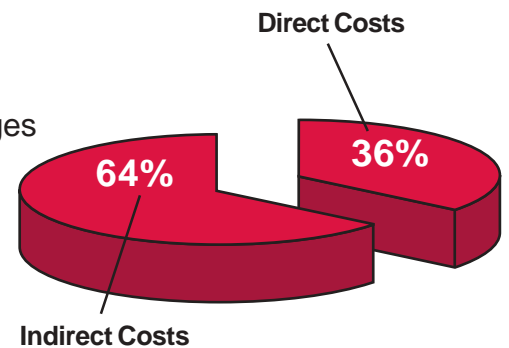
The Cost

It's no secret that treating cancer is expensive. However, the nonmedical expenses of cancer treatment can add up to more than the actual treatment itself. Overall annual treatment costs for cancer now stand at \$156.7 billion.*

- \$56.4 billion (36%) of those expenses are direct medical costs.
- \$100.3 billion (64%) are non-medical costs

Many of us are not financially prepared for a medical crisis such as cancer. The disease and its treatment can add expenses that deplete your savings, your home equity, and maybe your retirement funds. Major medical insurance may not cover many of the out-of-pocket nonmedical expenses associated with cancer treatment:

- Deductibles and co-payments on standard health insurance
- Doctor or hospital costs exceeding usual and customary charges
- Travel expenses to out-of-town hospitals for treatment



The Problem

There may be nothing worse than laying in a hospital bed worrying about getting well from cancer and having to worry about finances at the same time.

Don't take a chance with your financial health.

Important Policy Advantages

- Benefits are paid directly to you unless you specify otherwise
- Benefits are paid regardless of other insurance you may have
- Coverage may be available for the entire family (dependents under 19 years of age, or under 23 and a full-time student at an accredited school of higher learning. In GA, dependents under 19 years of age, or under 25 and a full-time student at an accredited school of higher learning. In LA, dependents under 21 years of age, or under 24 and a full-time student at an accredited school of higher learning. In TN, dependents under 24 years of age. In UT, dependents under 26 years of age.)
- Portable — you may continue your coverage when you retire or leave your job
- Guaranteed renewable for life
- No lifetime maximum on the majority of benefits



A Partial List of Cancer Benefits

Provided in the Base Policy

- Hospital confinement
- Bone marrow transplantation
- Experimental treatment
- Home health care
- Convalescent care
- Hospice care
- Inpatient drugs & medicine
- Inpatient physician services
- Inpatient private duty nursing
- Laboratory & diagnostic tests
- Skin cancer diagnosis & surgical treatment
- Ground & air ambulance services
- Durable medical equipment
- Prosthetic devices



A Partial List of Additional Cancer Benefits

Provided in Optional Riders
Purchased for Additional Premium

- Radiation & chemotherapy*
- Surgical procedures & anesthesia*
- Blood, plasma & components*
- First Occurrence Benefit

*For the states of IA, ID, IL, MD, SC, UT, VA, and WV these benefits are part of the base policy and are not optional.

Annual Cancer Screening Benefit: Early Detection is Key

Following a waiting period of 30 days (not applicable in AZ, SD, VT) the early detection benefit pays an amount not to exceed \$50 per year per insured person, for any of the following cancer screening tests:

- Screening by low-dose mammography for the presence of occult breast cancer
(In ID, this is a separate benefit not subject to a waiting period.)
- Pap smear testing for all covered persons age 18 and older on an annual basis unless required by a physician more frequently
- Flexible sigmoidoscopy
- Hemocult stool specimen
- Chest x-ray
- Colonoscopy
- Thermography
- PSA (blood test for prostate cancer)
- CA 125 (blood test for ovarian cancer)
- CEA (blood test for colon cancer)
- Other cancer screening tests approved by the American Cancer Society or the National Cancer Institute



Waiver of Premium

If the primary insured person becomes totally disabled due to cancer, we will waive each premium that comes due after 90 consecutive days of total disability and as long as disability continues. Premiums paid during the initial 90-day period will be returned.

Scheduled Benefit Cancer Insurance Policy

Coverage	Basic	Standard	Expanded
First Occurrence Benefit *	\$1,000	\$2,000	\$3,000
Hospital Indemnity Benefit (confinement 0-70 days)	\$200/day	\$300/day	\$400/day
Hospital Confinement (71st day and beyond)	\$400/day	\$600/day	\$800/day
Surgical Benefit * indemnity per listed procedure	\$2,000 maximum	\$3,000 maximum	\$4,000 maximum**
Outpatient Surgery *	\$200	\$300	\$400
	<i>charges not to exceed</i>	<i>charges not to exceed</i>	<i>charges not to exceed</i>
Inpatient Drugs & Medicines	\$30/day	\$45/day	\$60/day
Radiation Therapy and Chemotherapy *	\$5,000/yr	\$10,000/yr	\$20,000/yr
Surgical Anesthesia Services *	\$500	\$750	\$1,000
Convalescent Care Facility			
maximum equals number of days in hospital	\$100/day	\$150/day	\$200/day
Hospice Care (lifetime max 365 days)	\$100/day	\$150/day	\$200/day
Home Health Care (max 60 days per year)	\$50/visit	\$75/visit	\$100/visit
Medicine and Supplies	\$1,200	\$1,800	\$2,400
Nutritionist Services	\$600	\$900	\$1,200
Blood, Plasma and Blood Components *	<i>charges</i>	<i>charges</i>	<i>charges</i>
Administration of Same, Transfusions, Processing and Procurements	<i>not to exceed</i> \$20,000/yr	<i>not to exceed</i> \$20,000/yr	<i>not to exceed</i> \$20,000/yr
Cross-Matching and Other Related Lab Tests	\$250/yr	\$250/yr	\$250/yr
Experimental Treatment	\$10,000/yr	\$10,000/yr	\$10,000/yr
Physician Services	\$40/day	\$40/day	\$40/day
Private Duty Nursing	\$100/day	\$100/day	\$100/day
Laboratory and Diagnostic Tests	\$300/diagnosis	\$300/diagnosis	\$300/diagnosis
Physical, Speech, Audiotherapy and Psychotherapy (maximum \$1,000/year)	\$25/session	\$25/session	\$25/session
Allogenic Bone Marrow Donor Expense			
Medical Expenses	\$1,000	\$1,000	\$1,000
Round Trip Transportation (over 50 Miles)	<i>Common Carrier</i>	<i>Common Carrier</i>	<i>Common Carrier</i>
Lodging and Meals	\$75/day	\$75/day	\$75/day
Autologous Bone Marrow Expense	\$1,000	\$1,000	\$1,000
Prosthesis	\$1,000/prosthesis	\$1,000/prosthesis	\$1,000/prosthesis
Durable Medical Equipment	\$1,000/yr	\$1,000/yr	\$1,000/yr
Ambulance Services (ground)	\$200/trip	\$200/trip	\$200/trip
Ambulance Services (air)	\$1,250/trip	\$1,250/trip	\$1,250/trip
Patient Transportation Services (over 50 miles)			
Round Trip Transportation	<i>Common Carrier</i>	<i>Common Carrier</i>	<i>Common Carrier</i>
Private Vehicle (maximum 700 miles)	\$0.40/mile	\$0.40/mile	\$0.40/mile
Outpatient Lodging (maximum \$1,500/year)	\$50/day	\$50/day	\$50/day
Adult Companion Transportation and Lodging			
Round Trip Transportation	<i>Common Carrier</i>	<i>Common Carrier</i>	<i>Common Carrier</i>
Private Vehicle (up to 700 miles)	\$0.40/mile	\$0.40/mile	\$0.40/mile
Lodging (\$3,000/yr)	\$50/day	\$50/day	\$50/day
Early Detection Benefit	\$50/year	\$50/year	\$50/year
Skin Cancer Benefit			
Diagnostic Tests	\$30/diagnosis	\$30/diagnosis	\$30/diagnosis
Removal	per listed procedure	per listed procedure	per listed procedure

Information regarding specific benefit limitations, terms and conditions appear later in this brochure.

* Benefits included in proposal

** Not Available in VA

Optional Riders

Specified Disease Rider

Covered Diseases

Addison's Disease	Lyme Disease	Rheumatic Fever
Amyotrophic Lateral Sclerosis	Malaria	Rocky Mtn. Spotted Fever
Botulism	Meningitis	Scarlet Fever
Brucellosis	Multiple Sclerosis	Sickle Cell Anemia
Budd-Chiari Syndrome	Muscular Dystrophy	Tay-Sachs Disease
Cystic Fibrosis	Myasthenia Gravis	Tetanus
Diphtheria	Neimann-Pick Disease	Toxic Shock Syndrome
Encephalitis	Osteomyelitis	Trichinosis
Hansen's Disease	Poliomyelitis	Tuberculosis
Histoplasmosis	Q Fever	Tularemia
Legionnaire's Disease	Rabies	Typhoid Fever
Lupus Erythematosus	Reye's Syndrome	Whooping Cough

Coverage	Basic	Standard	Expanded
Hospital Indemnity Benefit	\$200/day	\$300/day	\$400/day
	<i>charges not to exceed</i>	<i>charges not to exceed</i>	<i>charges not to exceed</i>
Drugs and Medicine (in hospital)	\$30/day	\$45/day	\$60/day
Laboratory and Diagnostic Tests	\$300/diagnosis	\$300/diagnosis	\$300/diagnosis
Physician Services (in hospital)	\$40/day	\$40/day	\$40/day
Private Duty Nursing (in hospital)	\$100/day	\$100/day	\$100/day
Ambulance Services (ground)	\$200/trip	\$200/trip	\$200/trip
Ambulance Services (air)	\$1,250/trip	\$1,250/trip	\$1,250/trip
Physical, Speech, Audiotherapy and Psychotherapy (maximum \$1,000/year)	\$25/session	\$25/session	\$25/session
Prosthesis	\$1,000/prosthesis	\$1,000/prosthesis	\$1,000/prosthesis
Durable Medical Equipment	\$1,000/year	\$1,000/year	\$1,000/year
Convalescent Care Facility			
maximum equals number of days in hospital	\$200/day	\$300/day	\$400/day
Home Health Care (max 60 days/year)	\$50/visit	\$75/visit	\$100/visit
Medicine and Supplies	\$1,200	\$1,800	\$2,400
Nutritionist Services	\$600	\$900	\$1,200
Hospice Care (lifetime max 365 days)	\$100/day	\$150/day	\$200/day
Patient Transportation (over 50 miles)			
Round Trip Transportation	<i>Common Carrier</i>	<i>Common Carrier</i>	<i>Common Carrier</i>
Private Vehicle (max 700 miles)	\$0.40/mile	\$0.40/mile	\$0.40/mile
Outpatient Lodging (max \$1,500/year)	\$50/day	\$50/day	\$50/day
Adult Companion Lodging and Transportation			
Round Trip Transportation	<i>Common Carrier</i>	<i>Common Carrier</i>	<i>Common Carrier</i>
Private Vehicle (max 700 miles)	\$0.40/mile	\$0.40/mile	\$0.40/mile
Lodging (max \$3,000/year)	\$50/day	\$50/day	\$50/day

Hospital Intensive Care Rider

Coverage	Basic	Standard	Expanded
Daily Indemnity	\$500/day	\$700/day	\$900/day
50% reduction at age 75	\$250/day	\$350/day	\$450/day
Ambulance Benefit (air or ground)	Actual Charges	Actual Charges	Actual Charges

Information regarding specific benefit limitations, terms and conditions appear later in this brochure.

Scheduled Benefit Cancer Insurance Policy

Partial Summary of Benefits – Base Policy L-4329 series

Hospital Indemnity Benefit

Pays an indemnity benefit per day of hospital confinement for which you are charged (in MO inpatient need not be charged), not to exceed 70 days per confinement. This benefit doubles on the 71st day of continuous confinement.

Inpatient Drugs and Medicines

Pays charges not to exceed 15% of the daily hospital indemnity benefit for inpatient drugs and medicines.

Laboratory and Diagnostic Tests

Pays charges for laboratory and diagnostic tests not to exceed \$300 per positive diagnosis. Positive diagnosis must be made within 90 days of the test. Not payable for recurring cancers.

Convalescent Care Facility

If you are admitted to the facility within 14 days after discharge from a covered hospital confinement, covers charges not to exceed 50% of the daily hospital indemnity benefit for confinement in the facility. Maximum number of coverage days equal number of days in the last period of hospital confinement. In VA maximum of 100 days.

Hospice Care

Pays charges not to exceed 50% of the daily hospital indemnity benefit for hospice care, whether provided in a hospice facility or at home. Lifetime maximum of 365 days. Covered person must be terminally ill with a life expectancy of 6 months or less. Not payable during any covered hospital confinement.



Home Health Care

Pays charges not to exceed 25% of the daily hospital indemnity benefit for visits by a home health care agency. Maximum of 60 days per calendar year (in AZ not applicable, in VA maximum of 100 days). Also covers charges not to exceed 6 times the daily hospital indemnity benefit for drugs, medicine and supplies provided by the agency. Also covers charges not to exceed 3 times the daily hospital indemnity benefit for nutritionist services.

Experimental Treatment

Pays charges not to exceed \$10,000 per calendar year for experimental or investigational treatments of cancer. Treatment by any program engaged in research that does not meet the policy's definition of experimental treatment will not be covered.

Inpatient Physician Services

Pays charges not to exceed \$40 per day for



medical care by a physician, other than a surgeon.

Inpatient Private Duty Nursing

Pays charges not to exceed \$100 per day during a covered hospital confinement. Must be provided by a non-hospital staff nurse.

Autologous Bone Marrow Expenses

If a covered person donates their own bone marrow to themselves, this benefit pays charges not to exceed \$1,000 for expenses directly related to the transplant if such expenses are not paid under another benefit.

Prosthesis

Pays charges for a prosthetic device and its implementation not to exceed \$1,000 per prosthesis. In AZ includes 2 breast prostheses if doctor prescribed after a mastectomy.

Durable Medical Equipment

Pays the lesser of rental or purchase charges not to exceed \$1,000 per calendar year for durable medical equipment, including mechanical breathing devices, braces, crutches, hospital beds & wheelchairs.

Ambulance Services

Pays charges not to exceed \$200 per ground trip or \$1,250 per air trip to or from a hospital where a covered person is admitted. Limited to 2 trips per confinement.

Patient Transportation Services

Pays round trip fare by common carrier or 40¢ per mile not to exceed 700 miles round trip for covered treatments not available within 50 miles of the covered person's residence.

Outpatient Lodging Benefit

Pays motel or hotel charges not to exceed \$50 per day during outpatient treatment at a medical facility located more than 100 miles from the covered person's home. \$1,500 per year maximum.

Skin Cancer Benefits

Pays charges not to exceed \$30 per positive diagnostic test. Pays charges for removal not to exceed the amount listed per procedure in the Surgical Schedule.

Early Detection Benefit

Following a waiting period of 30 days (not applicable in AZ, SD, VT), pays an amount not to exceed \$50 per year, per covered person, for any





of the listed cancer screening tests which include any cancer screening test approved by the American Cancer Society or National Cancer Institute.

Physical, Speech, Audio Therapy & Psychotherapy

Pays charges not to exceed \$25 per session for physical therapy, speech therapy, audio therapy, or psychotherapy. Maximum \$1,000 per year.

Allogenic Bone Marrow Donor's Expenses

If another person donates bone marrow to an insured, pays charges not to exceed \$1,000 for medical expenses. If the donor lives more than 50 miles from the hospital, pays round

trip transportation by Common Carrier and charges not to exceed \$75 per day (maximum 21 days per transplant) for lodging and meals if the donor is asked to remain near the transplant site for medical reasons.

Adult Companion Lodging & Transportation

When an insured is receiving treatment in a non-local medical facility, pays charges not to exceed \$50 per day for one adult companion's lodging (maximum \$3,000.00 per year). If the insured and companion travel to the facility in separate ve-

hicles, pays 40¢ per mile for transportation by private vehicle not to exceed 700 miles round trip; or round trip transportation by Common Carrier to the site of treatment. No benefits are payable if the companion lives within 100 miles of the facility.



Scheduled Benefit Cancer Policy Optional Riders

Partial Summary of Benefits – Optional Riders Available for Additional Premium (Base Policy L-4329 series)

*Radiation Therapy & Chemotherapy

Benefit Rider L-4357 series

Pays charges incurred not to exceed the calendar year maximum chosen at the time of application for radiation, chemotherapy and cancer hormone treatments and their administration. Also pays charges incurred not to exceed 5% of the chosen maximum calendar year benefit for covered associated expenses such as checkups, lab tests and prescribed analgesics associated with treatment.

*Surgical & Anesthesia Benefit Rider

L-4356 series

Surgical Benefit – For a covered surgical procedure pays charges not to exceed the amount per procedure listed in the Surgical Schedule shown in the rider, subject to the maximum surgical coverage amount selected on application. The surgery may be performed either as an inpatient of a hospital or as an outpatient in a hospital, ambulatory surgical center, physician's office or other free standing medical facility.

Outpatient Surgery - Pays one (1) day's benefit under the Hospital Indemnity Benefit of the base policy if a covered person has a surgical procedure performed on an outpatient basis. This benefit will also pay the Drugs and Medicines Benefit listed in the policy following outpatient surgery.

Anesthesia Services - Pays the surgical anesthesia charges not to exceed 25% of the surgical benefit for the operation performed.

*In IA, ID, IL, MD, SC, UT, VA and WV coverage is not optional because it is provided as part of the base cancer insurance policy. Additional premium may be required for chosen available higher levels of coverage.



*Blood, Plasma & Blood Components

Benefit Rider L-4358 series

Pays the charges incurred not to exceed \$20,000 per calendar year for blood, plasma, blood components, administration, transfusions, processing and procurement. Also, charges not to exceed \$250 per year, for associated expenses such as crossmatching and other related laboratory tests.

First Occurrence Benefit Rider

L-4437 series

Pays the insured a onetime lump sum benefit when a positive first diagnosis of cancer is made after the rider takes effect. This benefit is not payable for skin cancer (unless it becomes an internal cancer in MD). This benefit is payable only once per covered person.

Specified Disease Rider

L-4438 series

Pays the Hospital Indemnity Benefit and the other illustrated benefits of the base policy if a covered person is hospitalized for treatment of any one of the 36 specifically listed covered diseases. This rider is not available in ID.

Hospital Intensive Care Rider

L-4436 series

When a covered person is admitted to an Intensive Care Unit of a hospital, pays a daily indemnity amount for each day of confinement not to exceed 30 days per confinement. Benefits reduce 50% at age 75.

Pays actual charges for ambulance transportation to a hospital where the covered person is admitted directly to the Intensive Care Unit. Ambulance transportation in excess of 100 miles from the point of origin must be to the nearest hospital that contains an intensive care unit and provides the necessary medical care.

This rider is not available in ID, SC and TN. However, a separate individual policy may be purchased if coverage is desired.

Exclusions and Limitations

Underwritten By: **Loyal American Life Insurance Company**SM
P.O. Box 559004 Austin, TX 78755-9004 • Call Toll-Free 1-800-633-6752
A member of Great American Financial Resources, Inc.

No benefits will be paid for: Loss due to any disease or illness other than cancer. (In AR and IL benefits will be paid for any condition or disease that is directly caused or aggravated by either cancer or the treatment of cancer; in OK not applicable.); Losses or medical expenses incurred prior to the effective date of coverage, regardless of the date of positive diagnosis; Treatment that has not been approved by a physician as medically necessary; Care and treatment received outside the territorial limits of the U.S. (In FL not applicable; in TX if the person travels for the purpose of receiving medical services, drugs or supplies.); In TX, treatment of alcoholism; Expenses resulting from a pre-existing condition during the first two years (one year in CA, CO, DE, DC, six months in ME, NM, UT; in TX two years for applicants under age 65 and six months for applicants over age 65) following the effective date of coverage.

Pre-Existing Condition Means*: 1. The existence of symptoms that would cause a person to seek medical diagnosis, care and treatment within 1 year (6 months in NM) before the effective date of coverage; or 2. A condition for which medical consultation, advice or treatment was recommended by or received from or sought from a physician during the 5 years (6 months in NM; 2 years in IL and SD) immediately preceding the effective date of a coverage.

THIS IS A CANCER ONLY POLICY, which should be used to supplement your existing health care protection.

Terms of Renewability: Your coverage is guaranteed renewable for your lifetime, as long as you pay the premiums when they are due. You can not be singled out for a rate increase. Our company may change the premium rates if we also change the rates for all other policies issued in the same class.

***In CA**, a condition for which medical advice, diagnosis, care or treatment (including the use of prescription drugs) was recommended by or received from a licensed health practitioner during the 12 months immediately preceding the effective date of coverage.

***In FL**, conditions that, during the 24 month period immediately preceding

the effective date of a coverage, had manifested themselves in such a manner as would cause an ordinarily prudent person to seek medical advice, diagnosis, care or treatment or for which medical advice, diagnosis, care or treatment was recommended or received.

***In ME**, a condition that was diagnosed by a Physician before the date of application for coverage; or a condition that first manifested itself within the 6 months immediately preceding the application date.

***In SC**, a condition misrepresented or not revealed in the application and for which symptoms existed prior to the effective date of coverage that would cause an ordinarily prudent person to seek diagnosis, care or treatment or for which medical advice or treatment was recommended by or received from a physician.

***In UT**, a condition which first manifested itself within 6 months prior to the effective date of coverage; or which was diagnosed by a physician during the 5 years immediately preceding the effective date of a coverage.

***In VA**, a condition that manifests itself within 6 months prior to the effective date of coverage; or was diagnosed by a physician prior to the effective date of coverage and for which medical advice or treatment was recommended by or received from a physician within 10 years prior to the effective date of coverage.

***In VT**, the existence of symptoms that would cause an ordinarily prudent person to seek medical diagnosis, care and treatment within a 2 year period before the effective date of coverage; or a condition for which medical advice or treatment was recommended by or received from a physician within a 2 year period preceding the effective date of coverage.

***In WV**, the existence of symptoms which would cause an ordinarily prudent person to seek medical diagnosis, care or treatment a 2 year period before the effective date of coverage; or a condition for which medical advice or treatment was recommended by or received from a physician within a 2 year period preceding the effective date of a coverage.

Insurance coverage is provided by form number series L-4329. This advertisement offers a partial summary of benefits. Please read the policy for detailed coverage information. This advertisement highlights some features of the policy, but is not the insurance contract. The policy itself sets forth, in detail, the rights and obligations of both the insured and the insurance company.

Exclusions and Limitations - Riders:

All the exclusions, exceptions, limitations and terms of renewability of the base Cancer Insurance Policy L-4329 series apply. Additional exceptions and limitations specific to the advertised coverage are as follows.

Unless it becomes an internal cancer, no benefits will be paid for Skin Cancer under the Radiation Therapy & Chemotherapy Benefit; or the Blood, Plasma & Blood Components Benefit; or the Surgical & Anesthesia Benefit.

Radiation Therapy & Chemotherapy Benefit - Sandoglobulins, gamma globulins or immune globulins are not covered.

Blood, Plasma & Blood Components Benefit - No benefits will be paid for the cost of blood, plasma or blood components replaced by donors or by any agency, or for which the insured is not otherwise required to pay. (In MD charges paid by the Maryland Medical Assistance Program are not excluded.) Immune globulins, photopheresis or albumin are not covered.

Surgical & Anesthesia Benefit - Two or more surgical procedures performed at the same time and through the same incision will be deemed one surgery, the one with the highest listed surgical benefit.

Specified Disease Rider - No benefits will be paid for: loss due to any disease or illness other than those listed as Covered Diseases (In AR and IL benefits will be paid for any condition or disease that is directly caused or aggravated by either the Covered Disease or the treatment of the Covered Disease. In OK not applicable.); care and treatment received outside the territorial limits of the U.S. (Not applicable in FL; in TX if the person travels for the purpose of receiving medical services, drugs or supplies.); treatment that has not been approved by a Physician as being medically necessary; losses or medical expenses incurred prior to the effective date of coverage; or any treatment not in accord with generally accepted medical practice.

Hospital Intensive Care Rider - No benefits will be paid for loss resulting from: specifically excluded diseases or conditions as listed on a written policy endorsement; an attempted suicide or an intentional self-inflicted injury; any act of war; alcoholism or drug addiction; mental or nervous disorders; an overdose of drugs, narcotics, hallucinogens, unless administered by or on the advice of a Physician (In OK not applicable); intoxication or being under the influence of any intoxicant or narcotic, unless administered on the advice of a Physician (In OK, any loss sustained or contracted in consequence of being under the influence of any narcotic, unless administered on the advice of a physician; in SD not applicable); or injury received while engaging in an illegal occupation or activity (In CA, activity has been replaced with the commission of a felony.).

The Ambulance Benefit is not payable when ambulance transportation is covered under the base cancer insurance policy.

Insurance coverage is provided by form numbers L-4356, L-4357, L-4358, L-4436, L-4437 and L-4438 series. This advertisement offers a partial summary of benefits. Please read the riders for detailed coverage information. This advertisement highlights some features of coverage, but is not the insurance contract. The riders set forth, in detail, the rights and obligations of both the insured and the insurance company.

SCHEDULED BENEFITS CANCER INSURANCE POLICY

MARKET

This product is available for the worksite market at uni-age rates and for the individual market at age banded rates. The benefits are available in three benefit packages: Basic, Standard and Expanded with optional riders. The benefit levels within each package cannot be altered.

PRODUCT FEATURES

Form #

L-4329

Issue Age

18-74; maximum up through age 64 in CA

(attained age as of the policy effective date—please see the *Underwriting Guidelines* section of this product outline for details)

Minimum

\$200 Daily Hospital Indemnity Benefit

Maximum

\$400 Daily Hospital Indemnity Benefit

Benefits

The base policy provides a hospital confinement indemnity benefit payable for the first 70 days of hospital confinement for the treatment of cancer. From the 71st day of a continuous confinement on, the policy provides an indemnity payment of two times the daily hospital benefit plus other coverage charges as stated.

Laboratory and Diagnostic Tests

Experimental Treatment

Drugs and Medicines

Home Health Care

Convalescent Care Confinement

Hospice Care

Prosthesis

Air Ambulance Services

Waiver of Premium Benefit

Psychotherapy, Physical, Speech, Audio Therapy

Rental/Purchase of Durable Medical Equipment

Ambulance Services

Allogenic Bone Marrow Donors

Skin Cancer Benefit

Private Duty Nursing Services

Physician Services

Lodging and Transportation Services

Early Detection Benefit

Autologous Bone Marrow Expenses

Please see the *Outline of Coverage* for amounts.

This policy excludes pre-existing conditions for the first two years. This is a Cancer-only policy that should be used to supplement existing health coverage.

SURGICAL & ANESTHESIA BENEFIT RIDER (SB):

Form #: L-4356

Surgical Benefit: We will pay an indemnity amount for a surgical procedure according to the surgical schedule, not to exceed the maximum selected.

Anesthesia Services: Charges are covered for anesthesia services not to exceed 25% of the surgical benefit amount for the operation performed. This includes the services of a professional anesthesiologist or of an anesthetist under supervision of a physician for the purpose of administering anesthesia.

Additional Surgical Opinions:

When the prescribed treatment is surgery, as determined by a surgeon, we will pay the charges not to exceed \$150 for the opinion of a second surgeon. If the second opinion contradicts the first, we will pay the charges for a third opinion not to exceed \$150.

Outpatient Surgery: If a covered person has a surgical procedure performed on an outpatient basis, this rider will pay one day's benefit under the Hospital Indemnity Benefit of the policy. It will also pay the Drugs and Medicines Benefit listed in the policy following outpatient surgery. These two benefits are in addition to the benefit listed for the particular surgical procedure.

This is not an optional rider in ID, IL, IA, MD, SC, UT, VA and WV. These benefits are built into the policies for sale in these states, but the applicant can select the amount of coverage.

RADIATION THERAPY AND CHEMOTHERAPY BENEFIT RIDER (RCB):

Form #:	L-4357
Coverage Amount:	Basic - \$5,000 Standard - \$10,000 Expanded - \$20,000
Benefit:	<p>Covers charges not to exceed coverage amount per calendar year for chemotherapy, radiation therapy, and Cancer hormone therapy and their administration.</p> <ol style="list-style-type: none">1. Teleradiotherapy using either natural or artificially propagated radiation.2. Interstitial or intracavitary application of radium or radioisotopes in sealed or non-sealed sources.3. Cancericidal chemical substances and their administration for the purposes of modification or destruction of abnormal tissue. This is limited to chemotherapy drugs and chemical substances that have been approved by the United States Food and Drug Administration.4. Radiation therapy and chemotherapy do NOT include at least the following: sandoglobulins; gamma globulins; or immune globulins.
Associated Expenses:	<p>Covers charges not to exceed \$250 per calendar year for the following related expenses:</p> <ol style="list-style-type: none">1. Prescribed analgesics for side effects2. Treatment consultations and planning3. Physical examinations4. Checkups5. Laboratory and diagnostic tests in connection with radiation/chemotherapy treatment6. Home IV infusion services (home administration of chemotherapy).
Alopecia:	Covers the expense for a wig or hairpiece not to exceed a lifetime maximum of \$75.

This is not an optional rider in ID, IL, IA, MD, SC, UT, VA and WV; these benefits are built into the policies for sale in these states.

BLOOD, PLASMA AND BLOOD COMPONENTS BENEFIT RIDER (BB):

Form #: L-4358

Benefit: We will pay charges not to exceed \$20,000 per calendar year for the following:

1. Blood, plasma, and blood components and the administration of same
2. Transfusions
3. Processing and procurement

Associated

Expenses: We will pay a benefit not to exceed \$250 per calendar year for associated expenses such as cross matching and other related laboratory tests in connection with the administration of blood.

In NC this rider has no annual caps on any benefit (special rates apply).

This is not an optional rider in ID, IL, IA, MD, SC, UT, VA and WV; these benefits are built into the policies for sale in these states.

HOSPITAL INTENSIVE CARE* RIDER (ICUB):

Form #: L-4436

Benefit: This rider provides a daily indemnity benefit based on level of coverage selected at application for confinements in an intensive care unit for any sickness or accident. There is a maximum of 30 days per period of confinement. This benefit is paid in addition to the cancer daily hospital confinement benefit.

This benefit reduces 50% at age 75.

* Not available in Idaho, Tennessee and South Carolina.

FIRST OCCURRENCE BENEFIT RIDER (FOB):

Form #: L-4437

Benefit: We will pay a lump sum benefit when a covered person is first diagnosed with cancer, if such diagnosis occurs after the effective date of coverage. The benefit level will be based on the level of coverage selected at point of sale. The benefit is limited to one payment per lifetime per covered person. This benefit is not payable for skin cancer.

SPECIFIED DISEASE RIDER:

Benefit: If a Covered Person is positively diagnosed with any of the Covered Diseases for the first time in his or her life on or after the Effective Date of this rider and while this rider is in force, we will pay the Hospital Indemnity Benefit while the Covered Person is confined to a Hospital for treatment of the disease. We also pay the Medical Expense and Other Benefits as set out above for such treatment.

UNDERWRITING GUIDELINES

General Guidelines

All of our products are individual policies specifically designed for the worksite market with easy underwriting. Additionally, all of these quality products are portable.

Occasionally we encounter unusual situations such as large organizations or associations with multiple locations and multiple business types. To develop an offering on these types of situations a review should be made as early as possible with the Sales Department and Underwriting Department in the Home Office. The Home Office can assist the agent in identifying the various required pieces of information needed to develop the opportunity.

When completing the *New Case Set-Up Form*, it is important that you clearly indicate the nature of the business to which you wish to make an offer. Please note that the Home Office must approve businesses in certain industries before any of our products may be offered, and businesses in certain other industries are not eligible to offer Loyal American Life Insurance Company products to their employees. Please consult the following lists when beginning a new case, and call the Home Office to discuss the case if you have a prospect whose employees have significant exposure to hazardous materials or higher than normal levels of radiation.

Business Requiring Home Office Approval

The following is a list of businesses that require Home Office approval 30 days prior to offering the Scheduled Benefits Cancer policy or any of the other products offered by Loyal American Life Insurance CompanySM.

- Any business where the workforce is primarily temporary help or seasonal employees.
- Any business not in existence for previous three consecutive years
- Casinos
- Convenience Stores
- Corrosive Chemical Industry (heavy acids, poisons and lethal gasses)
- Construction Companies
- Crop Dusters
- Childcare and Day Care Providers
- Dry Cleaners
- Exposure to Radiation in Employment (Radiation Departments, Radioactive Waste)
- Fertilizer Plants
- Fishing Operations
- Garbage Collection Services
- Gas and Service Stations
- Hotels, Motels or Inns

- Junk Yards, Junk Dealers
- Longshoremen and stevedores
- Oil, Oil Field, Drilling and Gas Companies
- Restaurants, Bars, Clubs, Taverns, Lounges
- Roofing Companies
- Saw Mills
- Security Guards
- Slaughter Houses, Stockyards, Meat Packers and Rendering Companies
- Structural Iron Workers
- Trucking Companies

Prohibited Business

The following is a list of businesses that are not eligible for any of our cancer products.

- Amusement Parks, Arcades, Roustabouts
- Asbestos companies
- Asphalt Paving Contractors
- Babysitting Services
- Business Operating Out of the Home
- Bowling Alleys, Pool Halls
- Car Washes
- Casinos with fewer than 150 employees
- Chemical Manufacturing/ Chemical Industry (heavy acid, poisons and lethal gases)
- Circus or Carnival Employees
- Explosive handlers
- Fireworks Manufacturing, handling or sales
- Janitorial Companies
- Landscapers
- Limousine Services
- Logging
- Mining
- Musicians and Entertainers
- Outside Building and Window Cleaning
- Pest control companies
- Private Detective Agencies
- Professional Athletic Teams/Clubs
- Taxi cab Companies
- Underground mining

Effective Date of Coverage

In determining when insurance coverage is in effect, there are two key dates: the date stated on the policy's schedule page and the date of the first deduction of premium from the applicant's paycheck.

The effective date of the policy will be the date stated on the policy's schedule page. Any waiting period in the policy, of any nature or duration, begins on the effective date of the policy.

For any benefit not subject to a waiting period, and provided the policy is issued as applied for, coverage begins on whichever is earlier—the effective date stated on the policy's schedule page or the date of the first deduction of premium from the applicant's paycheck.

Calculation of Attained Age

When filling out the application, the applicant should list his/her age as the attained age as of the effective date of the policy. For example, a person filling out an application today is currently 35 years old, and will turn 36 years old in twenty days. If the first billing date for premium is to occur in 15 days, this person should list his/her age as 35 on the application. If, however, the first billing date for premium were to occur in 30 days, this person would then list his/her age as 36 on the application.