

Cancer & Specified Disease Insurance With Optional Intensive Care Rider

I'VE GOT A MAJOR MEDICAL, WHY DO I NEED A CANCER PLAN?

WHEN CANCER STRIKES...



Expenses increase... travel & lodging to and from treatment, medication, co-payments, special diets, and treatment not covered by health insurance, etc.



Income decreases... missed work for both you and your spouse (will you be able to afford to have your spouse with you when you have to go to treatment?)

Direct medical cost represents about 40% of the cost when you are stricken with Cancer

Source: The American Cancer Society's Cancer Facts & Figures, 2008

HOW CAN YOU PROTECT YOUR FINANCIAL RESOURCES?

- RELATIVES SAVINGS LIQUIDATION OF ASSETS
 LOANS **CANCER PLAN BENEFITS**

PLAN PAYS YOU!!!

- Major medical pays the doctor and hospital
- This Plan pays money directly to you or a person designated by you
- You can use the money any way you want

HIGHLIGHTS...

- * Pays regardless of other coverage
- * Covers certain transportation and lodging
- * Wellness Benefits
- * Donor Benefits
- * Premiums for this policy are calculated at age at issue class as of the effective date of the policy. You lock in your age class for the life of the policy. The premium for this policy and rider if selected may change but will not change because you attain the next premium rate age classification.
- * In and out of hospital benefits
- * Many benefits have no lifetime maximum
- * Portable (take it with you)
- * Renewable for life

Security For You and Your Family

Underwritten by Humana Insurance Company
Cancer & Specified Disease Policy Form HIC-CAN-POL-TX -5/09

| | Benefit | Base Plan With Options BBAC 08 | Base Plan With Options BBAC 24 | Base Plan With Options BBAC 07 |
|---|---|--|--|--|
| 1 | Wellness Benefit. For Cancer screening tests such as mammogram, flexible sigmoidoscopy, pap smear, chest X-ray, hemocult stool specimen, or prostate screen. No Lifetime Maximum | Up to \$50 per calendar year | Up to \$50 per calendar year | Up to \$100 per calendar year |
| 2 | Positive Diagnosis Test. Payable for a test that leads to positive diagnosis of Cancer or Specified Disease within 90 days. This benefit is not payable if the same Cancer or Specified Disease recurs. | Up to \$300 per calendar year | Up to \$300 per calendar year | Up to \$300 per calendar year |
| 3 | First Diagnosis Benefit. One-time benefit payable when a covered person is first diagnosed with Cancer (other than Skin Cancer) or a specified disease. Must occur after the policy effective date. | \$2,500 | \$2,500 | \$5,000 |
| 4 | Second and Third Surgical Opinions. Covers written opinions received after a positive diagnosis and before surgery. No Lifetime Maximum | Actual Charge | Actual Charge | Actual Charge |
| 5 | Non-Local Transportation. Payable for transportation to a hospital, clinic or treatment center which is more than 60 miles and less than 700 miles from a Covered Person's home. No Lifetime Maximum | Actual charges by a common carrier or 50 cents per mile if a personal vehicle is used | Actual charges by a common carrier or 50 cents per mile if a personal vehicle is used. | Actual charges by a common carrier or 50 cents per mile if a personal vehicle is used |
| 6 | Adult Companion Lodging and Transportation. Payable for one adult companion to stay with a Covered Person who is confined in a hospital that is more than 60 miles and less than 700 miles from his or her home. Covered expenses include a single room in a motel or hotel up to 60 days per confinement; and the actual charge of round trip coach fare by a common carrier or a mileage allowance for the use of a personal vehicle. This benefit is not payable for lodging expense incurred more than 24 hours before the treatment nor for lodging expense incurred more than 24 hours following treatment. No Lifetime Maximum | Up to \$75 per day for lodging. 50 cents per mile if a personal vehicle is used | Up to \$75 per day for lodging. 50 cents per mile if a personal vehicle is used. | Up to \$75 per day for lodging. 50 cents per mile if a personal vehicle is used |
| 7 | Ambulance. For ambulance service if the Covered Person is taken to a hospital and admitted as an inpatient. No Lifetime Maximum | Actual Charge | Actual Charge | Actual Charge |
| 8 | Surgery. Covers actual surgeon's fee for an operation up to the amount listed on the schedule in the policy. No Lifetime Maximum | Up to \$1,500. Outpatient surgery at 150% of the schedule not to exceed the actual surgeon's fees | Up to \$1,500. Outpatient surgery at 150% of the schedule not to exceed the actual surgeon's fees | Up to \$4,500. Outpatient surgery at 150% of the schedule not to exceed the actual surgeon's fees |
| 9 | Donor-Benefit Bone Marrow and Stem Cell Transplant. We will pay expenses incurred by the covered person and his or her live donor. Medical Expense Allowance Round trip Coach Fare for Common Carrier to the city where the transplant is performed; or Personal Automobile expense measured from the home of the Donor or Covered Person. No to exceed 700 miles per hospital stay. Lodging and meals expense for donor to remain near hospital. | \$200 per day Actual charges 50 cents per mile Actual charges up to \$50 per day. | \$200 per day Actual charges 50 cents per mile Actual charges up to \$50 per day. | \$600 per day Actual charges 50 cents per mile Actual charges up to \$50 per day. |

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|---------|---|---|---|---|
| 10 | Bone Marrow and Stem Cell Transplant. We will pay Actual Charges per Covered Person for surgical and anesthetic charges associated with bone marrow transplant and/or peripheral stem cell transplant | Actual charges to a combined lifetime maximum of \$15,000 | Actual charges to a combined lifetime maximum of \$15,000 | Actual charges to a combined lifetime maximum of \$15,000 |
| 11 | Anesthesia. For services of an anesthesiologist during a Covered Person's surgery. No Lifetime Maximum | Up to 25% of surgical benefit paid. Skin Cancer \$100 | Up to 25% of surgical benefit paid. Skin Cancer \$100 | Up to 25% of surgical benefit paid. Skin Cancer \$100 |
| 12 | Ambulatory Surgical Center. We will pay the expense incurred at an Ambulatory Surgical Center. No Lifetime Maximum | \$250 Per Day | \$250 Per Day | \$250 Per Day |
| 13 | Drugs and Medicines. Payable for drugs and medicine received while the Covered Person is hospital confined. No Lifetime Maximum | Up to \$25 per day, \$600 per calendar year | Up to \$25 per day, \$600 per calendar year | Up to \$25 per day, \$600 per calendar year |
| 14 | Outpatient Anti-Nausea Drugs. Payable for drugs prescribed by a physician to suppress nausea due to Cancer or Specified Disease. No Lifetime Maximum | Up to \$250 per calendar year | Up to \$250 per calendar year | Up to \$250 per calendar year |
| 15 | Radiation, Radioactive Isotopes Therapy, Chemotherapy, or Immunotherapy. Covers treatment administered by a Radiologist, Chemotherapist or Oncologist on an inpatient or outpatient basis. No Lifetime Maximum | Actual charges up to \$2,500 per month | Actual charges up to \$5,000 per month | Actual charges up to \$10,000 per month |
| 16 | Miscellaneous Therapy Charges. Covers charges for physical exams, lab work or x-rays in connection with radiation and chemotherapy treatment. Service must be performed while receiving treatment(s) in Item 15 or within 30 days following a covered treatment. | Actual charges up to a lifetime maximum of \$10,000 | Actual charges up to a lifetime maximum of \$10,000 | Actual charges up to a lifetime maximum of \$10,000 |
| 17 | Self-Administered Drugs. We will pay the actual expenses incurred for self-administered chemotherapy, including hormone therapy, or immunotherapy agents. This benefit is not payable for planning, monitoring, or other agents used to treat or prevent side effects, or other procedures related to this therapy treatment. No Lifetime Maximum | Actual charges up to \$4,000 per month | Actual charges up to \$4,000 per month | Actual charges up to \$4,000 per month |
| 18 | Colony Stimulating Factors. We will pay expenses incurred for expenses incurred for: [a] cost of the chemical substances and [b] their administration to stimulate the production of blood cells. Treatment must be administered by an Oncologist or Chemotherapist. No Lifetime Maximum | Actual charges up to \$1,000 per month | Actual charges up to \$1,000 per month | Actual charges up to \$4,000 per month |
| 19 | Blood, Plasma and Platelets. For blood, plasma and platelets, and transfusions: including administration. No Lifetime Maximum | Actual charges up to \$200 per day | Actual charges up to \$200 per day | Actual charges up to \$200 per day |
| 20 | Physician's Attendance. For one visit per day while hospital confined. No Lifetime Maximum | Up to \$35 per day | Up to \$35 per day | Up to \$35 per day |
| 21 | Private Duty Nursing Service. For private nursing services ordered by the physician while hospital confined. No Lifetime Maximum | Up to \$100 per day | Up to \$100 per day | Up to \$100 per day |

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|----|--|--|--|--|
| 22 | National Cancer Institute Designated Comprehensive Cancer Treatment Center Evaluation/Consultation Benefit. We will pay the expense incurred if an Insured Person is diagnosed with Internal Cancer and seeks evaluation or consultation from a National Cancer Institute designated Comprehensive Cancer Treatment Center. If the Comprehensive Cancer Treatment Center is located more than 30 miles from the Insured Person's place of residence, We will also pay the transportation and lodging expenses incurred. This benefit is not payable on the same day a Second or Third Surgical Opinion Benefit is payable and is in lieu of the Non-Local Transportation Benefits of the policy. | Expenses incurred limited to a lifetime maximum up to \$750 for evaluation Expenses incurred limited to a lifetime maximum up to \$350 for transportation and lodging | Expenses incurred limited to a lifetime maximum up to \$750 for evaluation Expenses incurred limited to a lifetime maximum up to \$350 for transportation and lodging | Expenses incurred limited to a lifetime maximum up to \$750 for evaluation Expenses incurred limited to a lifetime maximum up to \$350 for transportation and lodging |
| 23 | Breast Prosthesis. Covers the prosthesis and its implantation if it is required due to breast cancer. No Lifetime Maximum | Actual charge | Actual charge | Actual charge |
| 24 | Artificial Limb or Prosthesis. Covers implantation of an artificial limb or prosthesis when an amputation is performed. | \$1,500 lifetime maximum per amputation. | \$1,500 lifetime maximum per amputation. | \$1,500 lifetime maximum per amputation. |
| 25 | Physical or Speech Therapy. Payable when therapy is needed to restore normal bodily function. No Lifetime Maximum | Up to \$35 per session | Up to \$35 per session | Up to \$35 per session |
| 26 | Extended Benefits. If a Covered Person is confined in a Hospital for 60 continuous days we will pay a Hospital Confinement Benefit beginning on the 61st day for Hospital Confinement. This benefit is payable in place of the Hospital Confinement Benefit. No Lifetime Maximum | \$300 per day | \$300 per day | \$900 per day |
| 27 | Extended Care Facility. Limited to number of days of prior hospital confinement. Must begin within 14 days after hospital confinement, and be at the direction of the attending physician. No Lifetime Maximum | Up to \$50 per day | Up to \$50 per day | Up to \$50 per day |
| 28 | At Home Nursing. Limited to number of days of prior hospital confinement. Must begin immediately following a hospital confinement, and be authorized by the attending physician. No Lifetime Maximum | Up to \$100 per day | Up to \$100 per day | Up to \$100 per day |
| 29 | New or Experimental Treatment. We will pay the expenses incurred by a Covered Person for New or Experimental Treatment judged necessary by the attending physician and received in the United States or in its territories. No Lifetime Maximum | Up to \$7,500 per calendar year | Up to \$7,500 per calendar year | Up to \$7,500 per calendar year |
| 30 | Hospice Care. If a Covered Person elects to receive hospice care, we will pay the expenses incurred for care received in a Free Standing Hospice Care Center. No Lifetime Maximum | Up to \$50 per day | Up to \$50 per day | Up to \$50 per day |
| 31 | Government or Charity Hospital. Payable if the Covered Person is confined in a U. S. Government Hospital or a hospital that does not charge for its services. Paid in place of all other benefits under the policy. No Lifetime Maximum | \$200 per day | \$200 per day | \$200 per day |

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|---------|---|---|---|---|
| 32 | Hairpiece. We will pay the actual expense incurred per Covered Person for a hairpiece when hair loss is a result of Cancer Treatment. | Actual charge up to a lifetime maximum of \$150 | Actual charge up to a lifetime maximum of \$150 | Actual charge up to a lifetime maximum of \$150 |
| 33 | Rental or Purchase of Durable Goods. We will pay the actual expenses incurred for the rental or purchase of the following pieces of durable medical equipment: a respirator or similar mechanical device, brace, crutches, hospital bed, or wheelchair. No Lifetime Maximum | Actual charges up to \$1,500 per calendar year | Actual charges up to \$1,500 per calendar year | Actual charges up to \$1,500 per calendar year |
| 34 | Waiver of Premium. After 60 continuous days of disability due to Cancer or Specified Disease, we will waive premiums starting on the first day of policy renewal. | After 60 days | After 60 days | After 60 days |
| 35 | Hospital Confinement. Payable for each day a Covered Person is charged the daily room rate by a Hospital, for up to 60 days of continuous stay. The benefit for covered children under age 21 is two times the Covered Person's daily benefit. No Lifetime Maximum | \$100 per day | \$100 per day | \$300 per day |

RENEWABILITY. As long as premiums are paid on time, you have the right to renew your policy and riders.

PREMIUMS. The premium for the policy and riders may change at any time. The change in premium will apply to all policies and riders of this form number issued in your State of residence. A grace period of 31 days will be granted for the payment of each premium after the first. Your policy remains in force during the grace period. Premiums for this policy are calculated at age at issue class as of the effective date of the policy. You lock in your age class for the life of the policy. The premium for this policy and rider if selected may change but will not change because you attain the next premium rate age classification.

PAYMENT OF BENEFITS. We will pay the benefits for the necessary treatment of a Covered Person's Cancer or Specified Disease provided he or she is covered under this Policy and this Policy remains in force. Payment will be made in accordance with all applicable Policy provisions. Benefits are payable for a Positive Diagnosis that begins after the effective date of this Policy and while this policy has remained in force. The Positive Diagnosis must be for Cancer or Specified Disease, as they are defined in the Policy. All benefits are subject to the terms of the Policy.

If Cancer or a Specified Disease is diagnosed while You or any Covered Person is confined in the Hospital, benefits will begin on the day of admission or 10 days prior to the Date of Diagnosis if this is more favorable to You. Admission to the Hospital must begin after the effective date of this Policy.

If a Positive Diagnosis is made for Cancer or Specified Disease within 12 months after a Tentative Diagnosis, benefits will be paid from the date of the Tentative Diagnosis after the Policy Effective Date. If the Positive Diagnosis of Cancer or Specified Disease can only be confirmed post-mortem, then we will pay benefits beginning on the first day of confinement for the terminal admission for up to 45 days.

- (a) With respect to the Wellness Benefit, on the date the expense is incurred.
- (b) Subject to the Maximum Benefit Amount stated across from each Benefit.

OTHER DISEASES COVERED:

- | | | |
|-------------------------------|-------------------------------------|----------------------------|
| Addison's Disease | Meningitis (epidemic cerebrospinal) | Scarlet Fever |
| Amyotrophic Lateral Sclerosis | Multiple Sclerosis | Sickle Cell Anemia |
| Cystic Fibrosis | Muscular Dystrophy | Tay-Sachs Disease |
| Diphtheria | Myasthenia Gravis | Tetanus |
| Encephalitis | Niemann-Pick Disease | Toxic Epidermal Necrolysis |
| Epilepsy | Osteomyelitis | Tuberculosis |
| Hansen's Disease | Poliomyelitis | Tularemia |
| Legionnaire's Disease | Rabies | Typhoid Fever |
| Lupus Erythematosus | Reye's Syndrome | Undulant Fever |
| Malaria | Rheumatic Fever | Whipple's Disease |
| Lyme Disease | Rocky Mountain Spotted Fever | |

EXCEPTIONS AND LIMITATIONS. Benefits will not be paid for the following: Cancer or Specified Disease diagnosed before the policy effective date; or losses not directly due to Cancer or Specified Disease. Claims may be reduced, limited or denied during the first 24 months after the policy effective date if you made a fraudulent misstatement in the application for the policy. A claim may be denied or the policy may be voided at any time if you make any material misstatements in the application for the policy.

EXCEPTIONS AND OTHER LIMITATIONS. The Policy pays benefits only for diagnosis resulting from Cancer or Specified Diseases, as defined in the Policy. It does not cover:

- (1) any other disease or sickness;
- (2) injuries;
- (3) any disease, condition, or incapacity that has been caused, complicated, worsened, or affected by:
 - (a) Specified Disease or Specified Disease treatment; or
 - (b) Cancer or Cancer treatment, or unless otherwise defined in the Policy
- (4) care and treatment received outside the United States or its territories;
- (5) treatment not approved by a Physician as medically necessary;
- (6) Experimental Treatment by any program that does not qualify as Experimental Treatment as defined in the Policy.

PRE-EXISTING CONDITION LIMITATION. During the first 12 months of a Covered Person's insurance, losses incurred for Pre-Existing Conditions are not covered. During the first 12 months following the date a Covered Person makes a change in coverage that increases his or her benefits, the increase will not be paid for Pre-Existing Conditions. After this 12 month period, however, benefits for 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 Cancer or a Specified Disease, for which a Covered Person has received medical consultation, treatment, care, services, or for which diagnosis test(s) have been recommended or for which medication has been prescribed during the 12 months immediately preceding the effective date of coverage.

ADDITIONAL INFORMATION. Family Plan Coverage may include the following: you; your spouse who is not legally separated or divorced from you; your unmarried child, including a natural child from the moment of birth, stepchild, foster or legally adopted child, or child in the process of adoption (including a child while you are a party to a proceeding in which the adoption of such child by you is sought); a child for whom you are required by a court order to provide medical support, and grandchildren who are dependent on you for federal income tax purposes at the time of application, who is: (a) not yet age 25; or (b) is not yet age 26 if a full time student at an accredited school. Coverage is subject to each applicant submitting evidence of insurability on themselves and their dependents (if applying) which is acceptable to Humana Insurance Company. No coverage will be issued until your application is approved. If approved, your effective date of coverage will be indicated in the policy that is issued to you.

This **Sales Brochure** is not a contract. It is intended only as a *brief description* of the policy provisions in the planning of your program. The benefits are determined by the terms and conditions of the policy alone. **IN ALL CASES, CONSULT YOUR POLICY FOR FULL DETAILS.**

CLAIM PROVISIONS

Notice of Claim. Written notice of claim must be given to Us within 90 days after an Covered Person's loss, or as soon thereafter as reasonably possible. Written notice given by or on behalf of the claimant to Us with information sufficient to identify the Covered Person, is deemed notice to Us.

Upon receipt of your policy, please review it and your application. If any information is incorrect, please contact the Administrator at 1-800-845-7519.

This is not a Medicare Supplement Policy.

If you are eligible for Medicare, see the Medicare Supplement Buyer's Guide available from the Company.

THE POLICY ONLY COVERS CANCER AND THE DISEASES SPECIFIED ABOVE, UNLESS THE HOSPITAL INTENSIVE CARE RIDER IS SELECTED.

**Underwritten By:
Humana Insurance Company**

**Administered By:
Bay Bridge Administrators, LLC
P.O. Box 161690
Austin, TX 78716**