

**FIRST OCCURRENCE BENEFITS**

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

**Internal Cancer** ..... \$2,250

**Breast Cancer - an additional** ..... \$750

**Prostate Cancer - an additional** ..... \$750

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

**Skin Cancer** ..... \$750

**INPATIENT BENEFITS**

**Hospital Benefits - No Lifetime Limits**

**Hospital Confinement**

Each of the first 69 days ..... \$450

**Extended Stay**

Charges for each day of confinement beginning with the 70<sup>th</sup> day up to ..... \$900

This benefit replaces all other benefits during that period.

**Private Nurse**

Each day that you are provided a Private Nurse during a confinement ..... \$150

**Ambulance**

Charges for each trip by Ambulance up to (includes air ambulance) ..... \$300

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 \$450

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 \$225 to \$12,000

**Second Surgical Opinion - No Lifetime Limits**

Charges for a Second Surgical Opinion up to ..... \$450

**Bone Marrow Transplant**

Paid one time per insured for a Bone Marrow Transplant from another person for the treatment of leukemia..... \$12,000

**Bone Marrow Donor**

One-time payment per insured who donates .....\$1,500

**Prosthesis - Lifetime Maximum Per Insured**

Charges for Prosthetic devices, including external devices, up to ..... \$1,500

**Radiation and Chemotherapy - No Lifetime Limits**

Charges for each day for the following FDA approved treatments up to ..... \$300

*Chemotherapy, X-ray Radiation,  
Teleradiotherapy, Radium and Cesium Implants, Cobalt,  
New or Experimental Treatments*

**Anti-Nausea - No Lifetime Limits**

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

**Special Treatment - Lifetime Maximum Per Insured**

Charges for any of the following FDA approved treatments up to .....\$1,500

*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.

## RETURN OF PREMIUM - Issue Age 65 & 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 20 YEARS**, or at age 75, following your policy anniversary date, which ever comes first.
- After your money is returned, your protection continues, and you can collect again. For subsequent return of premium periods:
  - Beginning at ages 65 and under, we refund your premium every 20 years, or at age 75, whichever comes first.
  - Beginning at ages 66 and over, we refund half of your premium every 10 years.

### 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>

<b>FAMILY HERITAGE</b>	33470
PAY TO THE <u>You</u>	
<u>Total Premium Less Claims</u> DOLLARS \$ <u>\$\$\$\$\$\$</u>	
SAMPLE CHECK	<u>Chief Financial Officer</u>

**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 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.
- 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 I4RID*

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