



CancerCare Plus Series 6
Cancer Insurance

Cancer will occur in 3 out of 4 families.

Cancer Risk Factors Include:



Air



Work



Tobacco



Food



Home



Diet



Water



Heredity



Weight

More than **6 out of 10 people** with cancer will survive! The bad news is cancer can be expensive totaling more than **\$226 billion** in the United States. Most people are surprised that their largest expenses during illnesses are often not their medical expenses — it's the **indirect costs** their health insurance **doesn't cover**.



Two Types of Costs:

Direct Costs

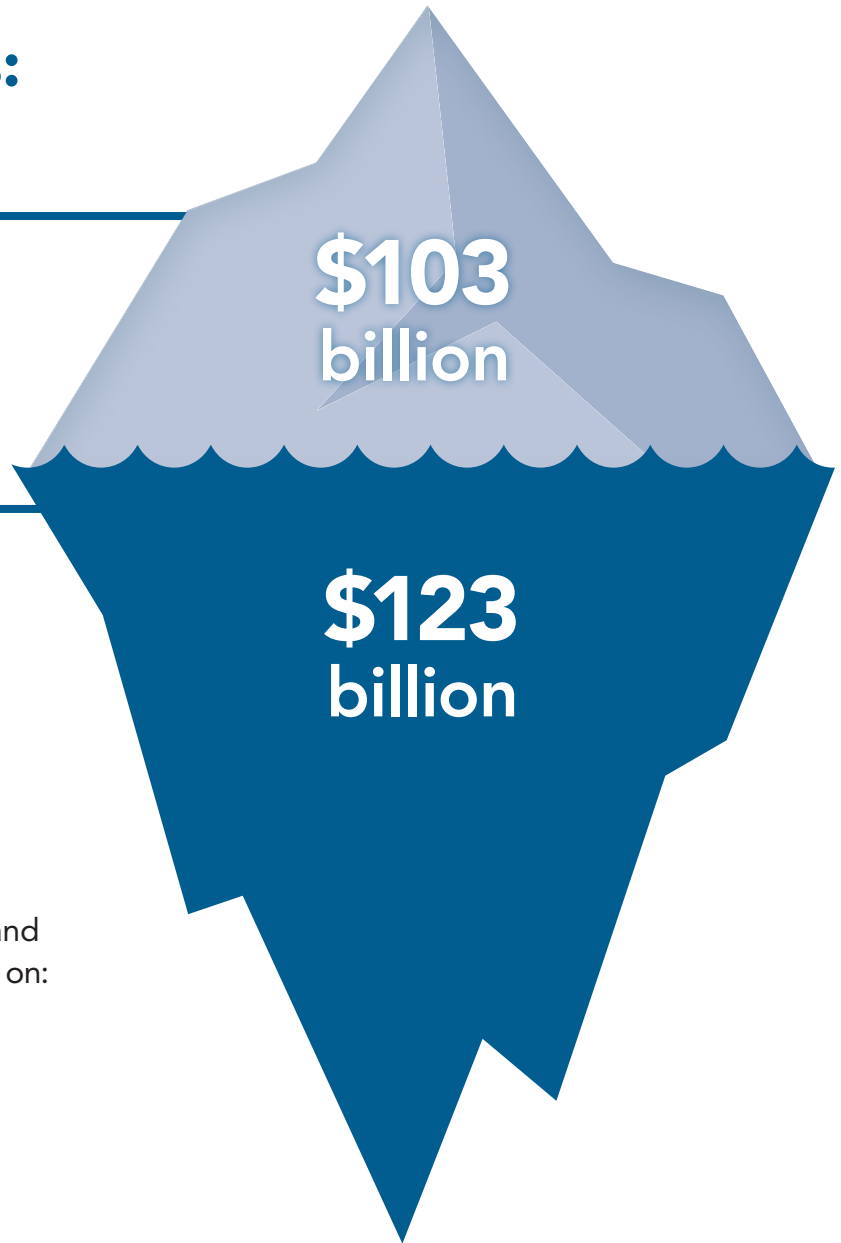
- Doctor Bills
- Hospital Charges
- Medical Expenses

Indirect Costs

- Lost Income and Savings
- Living Expenses
- Insurance Limitations
- Travel for Best Treatment
- In-Home Care
- Child Care

While your expenses go up, your income and savings often go down, forcing you to rely on:

- Savings and Investments
- Selling Assets
- Retirement Funds
- College Funds

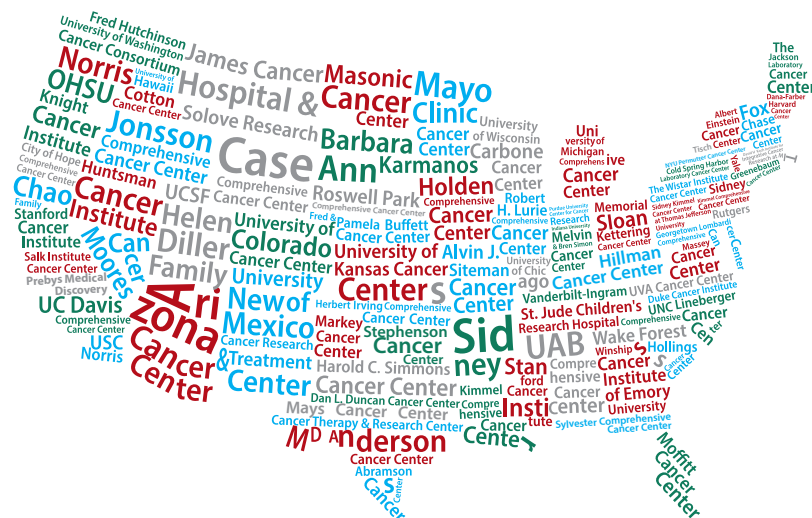


CancerCare Plus Series 6

- Pays benefits directly to you, you decide how to spend them
- Pays in addition to any other insurance you own
- This policy's benefits are never reduced
- Premiums don't increase with age or due to claims
- Guaranteed renewable for life — only you can cancel
- Policy has no cap on total amount of benefits you receive or the number of claims you can have

BASE 1	STANDARD 2	CancerCare Plus Series 6 – Benefits	PREFERRED 4	ELITE 8
\$750 \$150	\$1,500 \$300	First Occurrence (Paid once per insured). Paid upon confirmed diagnosis of: <ul style="list-style-type: none"> Internal Cancer Skin Cancer 	\$3,000 \$600	\$6,000 \$1,200
\$100	\$200	Hospitalization (No Lifetime Limits) <ul style="list-style-type: none"> For each day for covered cancer treatments, includes U.S. government hospitals 	\$400	\$800
\$150	\$300	Ambulance (No Lifetime Limits) (Includes air ambulance) <ul style="list-style-type: none"> Each trip (two one-way trips per hospitalization) 	\$600	\$1,200
\$25	\$50	Hospice Service <ul style="list-style-type: none"> For each day of Hospice Service up to 180 days 	\$100	\$200
\$60– \$3,000	\$120– \$6,000	Surgery & Anesthesia (No Lifetime Limits) <ul style="list-style-type: none"> For each surgery based on the schedule in your policy, from 	\$240– \$12,000	\$480– \$24,000
\$250	\$500	Second Surgical Opinion (No Lifetime Limits) <ul style="list-style-type: none"> For a second opinion concerning cancer surgery 	\$1,000	\$2,000
\$150	\$300	Reconstructive Breast Surgery (Lifetime Maximum of 2 surgeries per Insured) <ul style="list-style-type: none"> Following a mastectomy 	\$600	\$1,200
\$3,750	\$7,500	Leukemia Bone Marrow Transplant (Lifetime Maximum per Insured) <ul style="list-style-type: none"> For a Bone Marrow Transplant from one person to another for the treatment of leukemia (Not paid for autologous bone marrow transplants for the implantation of artificial or synthetic bone marrow or for stem cell transplants) 	\$15,000	\$30,000
\$750	\$1,500	Donor Benefit (Lifetime Maximum per Insured) <ul style="list-style-type: none"> For insured who donates stem cells to a person receiving a transplant for cancer treatment 	\$3,000	\$6,000
\$60	\$120	Radiation & Chemotherapy (No Lifetime Limits) <ul style="list-style-type: none"> For the delivery of radiation or chemotherapy treatment, each day 	\$240	\$480
\$60	\$120	Radiation Planning (Lifetime Maximum of up to 5 sessions per Insured) <ul style="list-style-type: none"> For radiation planning, each day 	\$240	\$480
\$50	\$100	Self-Administered Chemotherapy (Lifetime Maximum of 120 months per Insured) <ul style="list-style-type: none"> For your prescriptions filled for self-administered chemotherapy, each month (Not paid in any month that Radiation & Chemotherapy Benefit is paid) 	\$200	\$400
\$500	\$1,000	Special Treatment (Lifetime Maximum per Insured) <ul style="list-style-type: none"> Charges for any of the following FDA approved treatments up to (Immunotherapy, Stem Cell Transplant, Hormone Therapy, Autologous Bone Marrow Transplant, Radioimmunotherapy and Photodynamic Therapy) 	\$2,000	\$4,000
\$30	\$60	Wellness Benefit (No Lifetime Limits, except HPV) <ul style="list-style-type: none"> For the following tests per calendar year, based on the schedule in your policy, up to a max of (Mammography, Breast Ultrasound, Colonoscopy, Flexible Sigmoidoscopy, Barium Enema, HPV, Pap Smear, Sputum Cytology, Urine Cytology, Transvaginal Ultrasound, Fecal Occult Stool Specimen, CEA, CA 125 or PSA) 	\$120	\$240
\$2,500 \$.20	\$2,500 \$.20	Patient Transportation (No Lifetime Limits) <ul style="list-style-type: none"> When you travel over 80 miles from home for covered services or up to 3 consultations prior to treatment, Round trip charges for your plane, train, or bus up to For each mile by personal auto 	\$2,500 \$.40	\$2,500 \$.60
\$2,500 \$.20	\$2,500 \$.20	Family Member Transportation (If a child is hospitalized, we will pay this benefit for both parents) <ul style="list-style-type: none"> For one member of your immediate family also traveling more than 80 miles from home to be with you when you are hospitalized, round trip charges for plane, train, or bus up to For each mile by personal auto 	\$2,500 \$.40	\$2,500 \$.60
\$25	\$50	Family Member Lodging <ul style="list-style-type: none"> For each day, up to 60 days, for a member of your immediate family who also travels more than 80 miles from home and requires lodging while you are hospitalized, we will pay charges up to 	\$100	\$200

Where you get treated makes a **BIG** difference, but it can also be **VERY** expensive.



Travel



Food



Lodging



Time Off Work

Our policy makes sense even if you never file a claim!

Issue Age 55 & Under

Cash Value Benefit

- You are paid if you have claims or if you stay well!
- Your Cash Value Benefit begins building after only four years in the plan. The longer you keep the plan, the more your benefit will grow!
- We **RETURN YOUR PREMIUMS**, less any claims paid, after 25 years!

Three examples of what can happen...

	No Claim	Small Claim	Large Claim
Premiums Paid	\$25,000	\$25,000	\$25,000
Less Claims Paid	-0-	-\$5,000	-\$65,000
Return	\$25,000	\$20,000	-0-

Issue Age 56 to 80

First Occurrence Plus

- At the end of each year, for the first 10 years your policy stays in force, we will add to your First Occurrence Internal Cancer Benefit: \$1,200/year for Elite – \$600/year for Preferred – \$300/year for Standard – \$150/year for Base
- This benefit is payable when the First Occurrence Internal Cancer Benefit is payable.

Limitations and Exclusions

- Persons with a prior history of cancer and those diagnosed within 30 days of the coverage effective date 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 policy covers losses resulting from cancer only. Cancer does not include premalignant conditions, conditions with malignant potential or pre-leukemic conditions. Any condition not excluded by name or specific description that existed before your effective date will not be covered until the expiration of the 2-year period immediately after your effective date.

This is a solicitation for insurance. The benefits described in this brochure are contained in policy series C15POLCTN and C17POL-TN. This brochure is not an insurance contract. The policy explains the rights and obligations of both Family Heritage and the insured. It is important to read your policy carefully. Please see your Globe Life Family Heritage Division agent for cost and complete details. Underwritten by Family Heritage Life Insurance Company of America, a Globe Life company.



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A (Excellent)
 Financial Strength Rating (as of 7/21)*

*Ratings for Family Heritage Life Insurance Company of America, a Globe Life company