

Included Coverage:

- Chemotherapy, Immunotherapy & Radiation Therapy - Actual charges to the extent they do not exceed usual and customary in the area where charges are made for each up to \$15,000 per year.
- Experimental Treatment – Pays actual charges that are Usual, Reasonable and Customary Charges to a maximum of \$15,000 per year.
- \$200 per day Hospital confinement benefit; \$400 per day starting on 71st day and thereafter.
- Surgery up to \$3,000 via surgical benefit schedule.
- Actual charges up to \$15,000 per year for blood, plasma, & platelet transfusions.
- Skin cancer removal benefit.
- Patient/Family transportation and lodging.
- \$50 for each covered family member for cancer screening tests each year.
- Tutorial benefit.
- Professional mental health consultation.
- Bone Marrow Transplant/Peripheral Stem Cell Treatment— \$15,000 per person per year.
- Hospice Care Benefit.

Exclusions and Limitations

This is an optional riders summary. Consult the contract for complete details and the state approval list for availability. The certificate provides benefits only for cancer as defined herein, which is positively diagnosed while the certificate is in force. It does not provide benefits for any other illness or disease. We may reduce or deny a claim or void coverage for loss incurred by a insured a) During the first 2 years from the effective date of such coverage for any misstatements in the application which would have materially affected our acceptance of the risk; or b) At any time for fraudulent misstatements in the application We will only pay for loss as a direct result of cancer. Proof of positive diagnosis must be submitted to us for each new claim We will not pay for any other disease or incapacity that has been caused, complicated, worsened or affected by, or as a result of cancer. If a covered hospital confinement is due to more than one covered disease or condition, benefits will be payable as though the confinement or expense were due to one disease or condition. If a hospital confinement or expense is also due to a disease or condition that is not covered, benefits will be payable only for the part of the hospital confinement or expense due to the covered disease or condition. Under no condition will we pay any benefits for losses or medical expenses incurred prior to the effective date.

First Occurrence Rider

Benefits are not payable: for expenses incurred prior to the effective date of this rider; during the first 12 months for any cancer diagnosed within 12 months prior to the effective date of such person's coverage; for any other illness or disease other than internal cancer; and for skin cancer or any cancer excluded from coverage by name or specific description. We may reduce or deny a claim or void this rider for loss incurred by a insured a) during the first 2 years from the effective date of such coverage for any misstatements in the application which would have materially affected our acceptance of the risk; or b) at any time for fraudulent misstatements in the application.

Intensive Care Rider

We will not pay benefits for loss resulting from: a specifically excluded diseases or conditions in the contract or in this rider; or an attempted suicide while sane or insane or an intentionally self-inflicted injury (while sane, in MO); any act of war, either declared or undeclared; or alcoholism or drug addiction; mental or nervous disorders; or an overdose of drugs, narcotics, or hallucinogens, unless administered on the advice of a physician; or intoxication, or being under the influence of any intoxicant or narcotic, unless administered on the advice of a physician (narcotic only, in Oklahoma); injury received while engaging in an illegal occupation or activity.

We may reduce or deny a claim or void this rider for loss incurred by a insured a) during the first 2 years from the effective date of such coverage for any misstatements in the application which would have materially affected our acceptance of the risk; or b) at any time for fraudulent misstatements in the application. We will pay only one daily indemnity benefit per day. With respect to the benefits offered this rider, the "time limit on certain defenses" provision of the contract will apply from the effective date of this rider. Under no condition will we pay any benefits for losses or medical expenses incurred prior to the effective date.

Specified Disease Rider

This rider provides benefits for the initially positively diagnosed specified illness or disease defined in this rider on or after the effective date of this rider. It does not provide benefits for any other illness or disease.

We will only pay for loss as a direct result of a specified illness or disease. Proof of positive diagnosis must be submitted with each new claim.

We will not pay for any disease or incapacity that has been caused, complicated, worsened or affected by, or as a result of a specified illness or disease or its treatment.

We may reduce or deny a claim or void this rider for loss incurred by a insured a) during the first 2 years from the effective date of such coverage for any misstatements in the application which would have materially affected our acceptance of the risk; or b) at any time for fraudulent misstatements in the application.

Benefits under "waiver of premium" of the contract do not apply to this rider for total disability due to a specified illness or disease.

With respect to the benefits offered this rider, the "time limit on certain defenses" provision of the contract will apply from the effective date of this rider.

Under no condition will we pay any benefits for losses or medical expenses incurred prior to the effective date.

Termination of Coverage Subject to the Portability Option, your insurance will cease on the earliest of:

1. The last day of the payroll deduction period during which you cease to be eligible for coverage;
2. The end of the last period for which premium payment has been made to us;
3. The last day of the payroll deduction period during which you terminate employment;
4. The date the group master policy terminates; or
5. The date you send us a written notice that you want to cancel coverage.

The insurance on a dependent will cease on the earliest of:

1. The date your coverage terminates; or 2. The end of the last period for which premium payment has been made to us; We will have the right to terminate the coverage of any covered person who submits a fraudulent claim under the policy.

Cancer Select Plus and Optional Riders Underwritten by:

Transamerica Life Insurance Company.

Policy form series CPCAN200 and CCCAN200

First Occurrence Benefit - Pays up to \$2,000 upon initial diagnosis of an internal cancer.

One time benefit!

Additional Benefits:

- Prescribed Drugs and Medicine In Hospital
- Physicians Attendance
- Private Duty Nursing
- Ambulance Benefit
- Extended in Hospital Benefits
- Transportation and Lodging for Insured and Companion
- Anesthesia
- Additional Surgical Opinions
- Artificial Limb and Prosthesis
- Experimental Treatments
- Physical Occupational or Speech Therapy
- Extended Care Facility
- Bone Marrow Transplant for Cancer
- Out Patient Positive Diagnosis Test
- Skin Cancer Benefit
- Hospice Care
- Blood and Blood Plasma
- Breast Reconstruction and Prosthesis
- Home Healthcare Services
- Hairpiece Benefit
- Medical Equipment
- Professional Mental Health Consultation
- Tutor
- Also covered – 45 Dreaded Diseases



INDEPENDENT
LIFE INSURANCE