

CancerCare Plus



BENEFIT PACKAGE	DESCRIPTION	AMOUNT
FIRST OCCURRENCE BENEFIT RIDER	We will pay a onetime benefit when a Covered Person is diagnosed for the first time as having Cancer (other than skin cancer) as defined in the policy. Not available for ages 65 and above.	\$2,500
HOSPITAL CONFINEMENT	Amount paid per day for the first 70 days.	\$150 per day
RADIATION AND CHEMOTHERAPY	For Radiation, Radio-Active Isotopes Therapy, Chemotherapy or Immunotherapy for the purpose of modification or destruction of cancerous tissue. Includes chemotherapy enhancer drugs.	Actual Charges To a maximum of \$5,000 per month*
SURGICAL BENEFIT	Pays for surgery in or out of the hospital based on a percentage of the maximum amount according to the schedule shown in the policy.	Maximum per Surgery \$3,000

Policy Form Number CP 4000 KY and First Occurrence Benefit Rider Form Number FOB97

* We will pay monetary benefits representing the actual charges for the covered services provided. Actual Charges means the amount(s) actually paid by or on behalf of the Covered Person and accepted by the provider as full payment for the covered services provided. If this Policy is the Covered Person's only form of insurance coverage, the amount the Covered Person is required to pay the provider for the covered services is the Actual Charge.

CANCER SCREENING BENEFIT

We will pay the amount you choose \$50 \$100 per calendar year for each insured person who has one of the following cancer screening tests performed:

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| 1. Mammography Screening | 7. Colonoscopy |
| 2. Flexible Sigmoidoscopy | 8. CEA (blood test for colon Cancer) |
| 3. Pap Smear (test only) | 9. CA125 (blood test for ovarian Cancer) |
| 4. Thermography | 10. PSA (blood test for prostate Cancer) |
| 5. Chest X-Ray | 11. Serum Protein Electrophoresis |
| 6. Hemocult Stool Specimen | |

The following defines the list of Dread Diseases covered under the Policy:

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| • Addison's Disease | • Muscular Dystrophy | • Tay-Sachs Disease |
| • Amyotrophic Lateral Sclerosis | • Myasthenia Gravis | • Tetanus |
| • Diphtheria | • Niemann-Pick Disease | • Toxic Epidermal Necrolysis |
| • Encephalitis | • Osteomyelitis | • Toxic Shock Syndrome |
| • Epilepsy | • Poliomyelitis | • Tuberculosis |
| • Legionnaire's Disease | • Reye's Syndrome | • Tularemia |
| • Lupus Erythematosus | • Rheumatic Fever | • Typhoid Fever |
| • Meningitis | • Rocky Mountain Spotted Fever | • Whipple's Disease |
| • Multiple Sclerosis | • Sickle-Cell Anemia | • Whooping Cough |

Additional Benefits and Exclusions apply, please refer to main CancerCare Plus brochure for a description of the important features of the policy. This information is considered incomplete without the main brochure.



Underwritten by:
 Central United Life Insurance Company
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 Insert B-KY