



LOOKING AHEAD: CANCER AND HEART ATTACK & STROKE INSURANCE

A Flexible Choice insurance policy helps you focus on your recovery, not your finances.

Together, all the way.®



Flexible Choice Cancer and Heart Attack & Stroke insurance
Insured by Loyal American Life Insurance Company

Cancer insurance

A Cancer insurance policy can help pay for treatment costs or any other expenses. So you can focus on your recovery – instead of your financial situation.

Your Cancer policy

A Flexible Choice Cancer insurance policy pays 100% of your selected benefit amount – from \$5,000 to \$100,000 – if you are diagnosed with cancer while your policy is in force.

You can use this money to help pay medical expenses or for any other purpose.

Cancer Recurrence Benefit Rider

(Form #LY-CR-RD-TX)

If you are concerned about your cancer returning, our cancer recurrence benefit rider¹ may pay a percentage of your selected benefit amount (not to exceed an additional 100%). Benefits are payable as long as you have not received advice or treatment for at least two years from the date of your last cancer diagnosis.

Heart Attack & Stroke insurance

The costs associated with an unexpected heart attack, stroke or other heart-related surgery can be overwhelming. A Heart Attack & Stroke policy can help you spend less time worrying about money and more time working on your recovery.

Your Heart Attack & Stroke policy

With our Flexible Choice Heart Attack & Stroke insurance policy, you can receive a percentage of your selected benefit amount (\$5,000 to \$100,000) if you experience one of the qualifying events shown below. Benefits can be paid up to the maximum amount of your selected benefit amount.

Qualifying events	% of benefit amount payable for each event	Max. % of benefit amount payable
Heart attack	100%	100%
Heart transplant	100%	
Stroke	100%	
Coronary artery bypass surgery*	25%	
Aortic surgery*	25%	
Heart valve replacement/repair*	25%	
Angioplasty*	10%	
Stent*	10%	

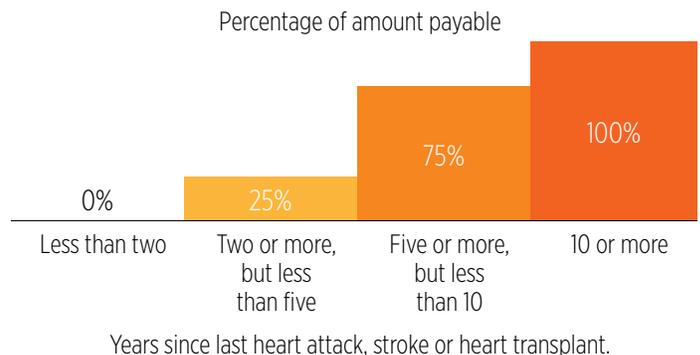
* Payable only once in an insured person's lifetime.

For example, if you selected a \$20,000 benefit amount and needed an aortic surgery, you would receive 25% of your maximum benefit amount, or \$5,000. If you then suffered a stroke, you would receive 100% of the remaining balance of your benefit amount, or \$15,000.

Heart Attack & Stroke Restoration Benefit Rider

(Form series #LY-HR-RD)

The extra coverage provided by this rider will pay a percentage of your selected benefit amount if you suffer subsequent heart attacks, strokes or require a heart transplant – not to exceed an additional 100% of your selected benefit amount. These benefits are payable if the date of your last diagnosis for a heart attack, stroke or heart transplant was at least two years before your current diagnosis.



7.9 million living Americans have suffered a heart attack.²

1. Coverage must be in force.

2. The Heart Foundation, Heart Disease Facts, Heart Disease Statistics (<http://www.theheartfoundation.org/heart-disease-facts/heart-disease-statistics/>), accessed 5/13/14.

What our base policy offers

- › Flexible lump-sum benefits from \$5,000 to \$100,000 to use any way you like
- › Cash payment can be paid directly to you or to anyone you choose
- › Coverage for you, your spouse and/or your family
- › Issue ages from 18–99
- › Guaranteed renewable for life³
- › Not affected by any other insurance you may have
- › Riders for added flexibility (for an additional premium)

How your policy works

With Flexible Choice, you can choose either a Cancer or a Heart Attack & Stroke insurance policy. Or for an additional premium you can add a rider that gives you coverage for both Cancer and Heart Attack & Stroke.

Use the money where you need it

Once you have received a lump-sum payment, you can use this money to pay for medical or any other type of living expenses, including:

- › Deductibles/coinsurance
- › Prescription drugs
- › Rehabilitation
- › Extended hospital stays
- › Experimental therapy
- › Unexpected expenses



\$174 billion is the total projected cost of cancer in the U.S. in 2020.⁴

Adding extra value

Hospital Indemnity Benefit Rider

(Form #LY-HI-RD.V2-TX)

A trip to the hospital can happen when you least expect it, and it can be costly. With this rider, you can select a benefit amount ranging from \$100–\$1,000, and we will pay the benefit amount for each day⁵ (at least 24 hours) that you are confined⁶ to a hospital as a result of injury, sickness or complications of pregnancy.

Intensive Care Unit Indemnity Benefit Rider

(Form #LY-ICU-RD.V2-TX)

When an injury, sickness or complications of pregnancy require a trip to the intensive care unit, this rider will provide a selected benefit amount, from \$100–\$1,000, payable for each day⁵ (at least 24 hours) that you are confined⁶ to the intensive care unit as an inpatient.

Hospital and Intensive Care Unit Indemnity Benefit Rider

(Form #LY-HICU-RD.V2-TX)

With this option, the benefits of both the hospital indemnity benefit rider and the intensive care unit indemnity benefit rider are combined into one rider. We will pay the selected benefit amount, from \$100–\$1,000, for each day⁴ that you are confined⁶ to a hospital as an inpatient (double if confined⁶ to the intensive care unit as an inpatient).

Cannot be sold with the hospital indemnity benefit rider or the intensive care unit indemnity benefit rider.

Cash Value Rider

(Form# LY-CVR-RD2-TX)

This rider will pay you a cash value benefit beginning with the day after the fifth rider anniversary date. The cash value benefit paid will be a percentage multiplied by the original premium paid on or after the rider effective date, less any claims paid or payable.

3. Subject to the company's right to increase premiums on a class basis.

4. Journal of the National Cancer Institute: Cancer Prevalence and Cost of Care Projections (<http://costprojections.cancer.gov/>), accessed 6/5/14.

5. Rider must be in force.

6. Under the direction and supervision of a physician.

Exclusions, limitations and reductions

Please see your policy for exact details.

Preexisting condition(s): A condition/conditions diagnosed or for which medical advice or treatment was recommended by or received from a physician within the six months prior to the policy or rider effective date. If you are age sixty-four (64) or under on the policy/rider effective, the benefits of this policy/rider will not be payable during the first twelve (12) months that coverage is in force with respect to an insured person for any loss caused by pre-existing condition(s). This twelve (12) month period is measured from the policy/rider effective date for each insured person. If you are age sixty-five (65) or over on the policy/rider effective date, the benefits of this policy/rider will not be payable during the first six (6) months that coverage is in force with respect to an insured person for any loss caused by pre-existing condition(s), unless specifically excluded from coverage by name or specific description.

Lump-Sum Cancer Policy/Rider and Cancer Recurrence Benefit Rider

If you happen to be diagnosed within the first 30 days following the effective date of the policy and/or rider, the benefit amount payable will be reduced to 10% of the selected benefit amount, and your coverage will be terminated. (Not applicable on cancer recurrence benefit rider.)

No benefits will be payable for:

1. Any disease, sickness or incapacity other than cancer as defined; this is so even though such disease, sickness or incapacity may have been complicated, affected (directly or indirectly) or caused by cancer;
2. Loss that begins prior to the policy and/or rider effective date;
3. Any illness specifically excluded from the definition of cancer or carcinoma in situ.

Lump-Sum Heart Attack & Stroke Policy/Rider and Heart Attack & Stroke Restoration Benefit Rider.

If you happen to be diagnosed with two or more qualifying events on the same day or have two or more surgical treatments at the same time (through a common incision or entry point are considered one operation), we will pay only one benefit amount for the diagnosis and one benefit amount for the surgical treatment, the larger of the qualifying event benefits.

No benefits will be payable for:

1. Any disease, sickness or incapacity other than qualifying events as defined; this is so even though such disease, sickness or incapacity may have been complicated, affected (directly or indirectly) or caused by a qualifying event;
2. Loss that begins prior to the policy and/or rider effective date;
3. A qualifying event diagnosed during the waiting period;
4. Intentionally self-inflicted injury, suicide or any attempt while sane;
5. Any illness specifically excluded from the definition of qualifying events listed in the policy and/or rider.

Waiting period: The first 30 days following your policy or rider effective date. If diagnosed with a qualifying event during the waiting period, your coverage will be terminated under this policy or rider, and any applicable portion of premiums be refunded.

Hospital Indemnity Benefit, Intensive Care Unit Benefit and Hospital and Intensive Care Unit Indemnity Benefit Riders

Benefits are only payable for the first 31 days for any one period of confinement. Once you reach age 65, coverage will be reduced by 50%.

No benefits will be payable for:

1. Intentionally self-inflicted injury, suicide or any attempt or threat to commit suicide while sane;
2. War or act of war (whether declared or undeclared);
3. Commission or attempt to commit an illegal activity or a felony;
4. Commission of or active participation in a riot, insurrection, rebellion or police action;
5. Voluntary self-administration of any narcotic, drug, poison, gas or fumes, unless prescribed or taken under the direction of a physician and taken in accordance with the prescribed dosage;
6. Operating any type of vehicle while under the influence of alcohol or any drug, narcotic or other intoxicant. "Under the influence of alcohol," for purposes of this exclusion, means intoxicated, as defined by the law of the state in which the injury occurred;
7. Mental or emotional disorders, without demonstrable organic disease, alcoholism and drug addiction;
8. Operating a motor vehicle without a valid motor vehicle operator's license, except while participating in a driver's education program;
9. The following conditions if they are diagnosed within six months after the rider effective date unless confinement is on an emergency basis: A hernia, adenoids, tonsils, varicose veins, hemorrhoids, disorder of the reproductive organs, or elective sterilization;
10. Routine pregnancy; however, complications of pregnancy will be considered the same as any other sickness;
11. An elective abortion;
12. Dental treatment of the teeth, gums or structures directly supporting the teeth, including: dental x-rays, examinations, repairs, orthodontics, periodontics, casts, splints and services for dental malocclusion, for any condition are not covered, except if provided for or in connection with an injury to sound natural teeth and a continuous course of dental treatment is started within six months of the injury. Sound natural teeth are defined as natural teeth that are free of active clinical decay, have at least 50% bony support and are functional in the arch; or
13. Cosmetic care, except when the hospital confinement is due to reconstructive plastic surgery. Reconstructive surgery is defined as:
 - a. Surgery as the result an injury; or
 - b. Surgery to restore a normal bodily function; or
 - c. Surgery to improve functional impairment by anatomic alteration made necessary as a result of a congenital birth defect; or breast reconstruction following mastectomy.
14. Also, no benefits will be payable under the rider for:
 - a. Loss that begins prior to the rider effective date;
 - b. Treatment for which no charges are made by the provider of same;
 - c. Services which are primarily for rest care, convalescent care or for rehabilitation; or
 - d. Any injury or sickness paid for under any state or federal Worker's Compensation, Employer's Liability Law or similar law.



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