





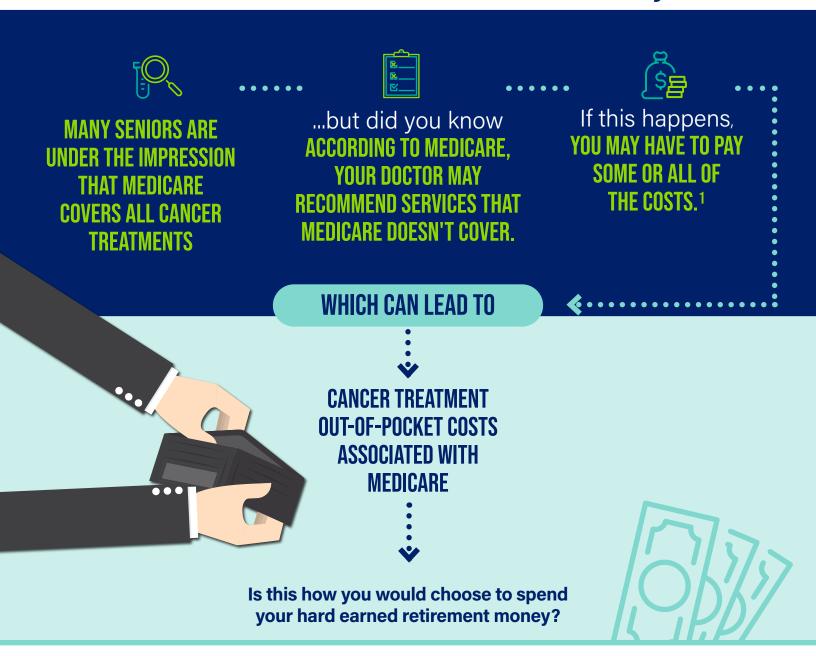
# UNL Cancer Shield 200

First Diagnosis Cancer Insurance Scheduled Benefit Policy



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# **CANCER SHIELD** Scheduled Benefit Policy



## **Quick Facts About Cancer**



## 88%

of people diagnosed with cancer in the US are 50 years of age or older

**57%** are 65 or older<sup>2</sup>



Additionally, only **10%** of cancers are hereditary<sup>3</sup>

## **NEW Cancer Shield 2.0 Optional Benefit Riders!**



## **Experimental Treatment Benefit Rider**

Pays benefits should you undergo a qualifying experimental treatment that has been approved or endorsed by the U.S. Food and Drug Administration or the National Institute of Health while being treated for cancer.

| Plan A     | Plan B     | Plan C     |
|------------|------------|------------|
| \$1,000/mo | \$2,000/mo | \$3,000/mo |



## **Wellness Benefit Rider**

Pays benefits for an annual screening for Cancer.

| Plan A | Plan B | Plan C |
|--------|--------|--------|
| \$100  | \$200  | \$300  |

| Benefits under the Base Policy differ by plan selection. All benefits  | Plan A   | Plan B              | Plan C              |
|--|--|---------------------|---------------------|
| are fixed indemnity amounts, as shown in the table, unless otherwise noted.  | Up to \$30,000* upon first diagnosis (If Optional Express Pay Rider is Included) |                     |                     |
| <b>Hospital Confinement Benefit</b>  |  |                     |                     |
| For each day of inpatient Hospital confinement as the direct result of Cancer.   | \$200/day  | \$500/day           | \$700/day           |
| Non-Local Patient Transportation Benefit   |  |                     |                     |
| Actual charges for a plane, train, or bus to receive cancer treatment or consultation that is not available within 50 miles from the insured's home.                       | up to<br>\$1,000/yr  | up to<br>\$3,000/yr | up to<br>\$5,000/yr |
| For travel by automobile, benefit will be \$1 dollar per mile.   |  |                     |                     |
| Family Member Transportation Benefit   |  |                     |                     |
| Actual charges incurred by a family member for a plane, train, or bus to<br>the hospital not within 50 miles of the family member's home where the<br>insured is confined. | up to<br>\$1,000/yr  | up to<br>\$3,000/yr | up to<br>\$5,000/yr |
| For travel by automobile, benefit will be \$1 dollar per mile.   |  |                     |                     |
| Patient Lodging Benefit  |  |                     |                     |
| Actual charges incurred for lodging while receiving Cancer treatment that is not otherwise available within 50 miles from the insured's home.                              | up to<br>\$100/day   | up to<br>\$150/day  | up to<br>\$200/day  |
| Limit 60 days per Calendar Year.   |  |                     |                     |
| Family Member Lodging Benefit  |  |                     |                     |
| Actual charges incurred for lodging while the insured is receiving Cancer treatment at a Hospital located at least 50 miles from the Family Member's home.                 | up to<br>\$100/day   | up to<br>\$150/day  | up to<br>\$200/day  |
| Limit 60 days per Calendar Year.   |  |                     |                     |

<sup>\*</sup>Plan A has a \$20,000 max

#### **CANCER SPECIFIC TREATMENT**

Pays benefits for radiation and chemotherapy treatments. In addition, pays benefits for immunotherapy and transfusion.

|  | Plan A               | Plan B                | Plan C                |
|--|----------------------|-----------------------|-----------------------|
| Chemotherapy, Radiation, and Transfusion*  | \$100/day            | \$200/day             | \$300/day             |
| Immunotherapy or Topical/Oral, Chemotherapy (Maximums: 36 months)  | \$100/mo             | \$200/mo              | \$300/mo              |
| Surgical Procedures up to:   |                      |                       |                       |
| Pays benefits for inpatient or outpatient Cancer Surgery according to the rider surgical schedule up to: | up to<br>\$5,000/max | up to<br>\$10,000/max | up to<br>\$15,000/max |
| In addition, pays a \$500 benefit for a second and third surgical opinion.                               |                      |                       |                       |
| Skin Cancer  |                      |                       |                       |
| Pays benefits for surgical removal of Skin Cancer lesion.  |                      |                       |                       |
| Skin Cancer Benefit per surgical removal:<br>Maximum Benefit:  | \$100<br>\$300       | \$300<br>\$900        | \$500<br>\$1,500      |
| Transplant   |                      |                       |                       |
| Pays benefits for bone marrow and stem cell transplants.  Transplant Benefit Amount:                     | \$2,500              | \$5,000               | \$10,000              |
| OTHER OPTIONAL BENEFIT RIDERS  |                      |                       |                       |

#### Express Pay-Cancer Lump Sum Benefit Rider with Restoration

Pays a lump sum benefit upon a positive diagnosis of invasive Cancer.

Cancer (Invasive) Lump Sum Benefit: In addition, pays a one-time lump sum benefit for a Diagnosis of Cancer in Situ. Cancer in Situ Benefit: 25% of the Cancer Lump Sum Benefit.

Benefits eligible for full restoration after a 5-year Period of remission from Cancer or occurrence of Heart Attack or Stroke.

#### Cancer, Heart Attack or Stroke Lump Sum Benefit Rider

As an alternative to the Express Pay Cancer Lump Sum Rider, pays a lump sum benefit upon diagnosis of heart attack or stroke. Benefits eligible for full restoration after 5 years.

Heart Attack or Stroke Lump Sum Benefit

| Choose benefit   | Choose benefit   | Choose benefit   |
|--|--|--|
| amount   | amount   | amount   |
| (\$1,000-20,000  | (\$1,000-30,000  | (\$1,000-30,000  |
| in \$1,000   | in \$1,000   | in \$1,000   |
| increments)  | increments)  | increments)  |
| \$   | \$   | \$   |
| Choose benefit<br>amount.<br>(\$1,000-20,000 in<br>\$1,000 increments)<br>\$ | Choose benefit<br>amount.<br>(\$1,000-30,000 in<br>\$1,000 increments) | Choose benefit<br>amount.<br>(\$1,000-30,000 in<br>\$1,000 increments)<br>\$ |

#### **Return of Premium Upon Death Benefit Rider**

This rider pays a return of premium benefit in the event of your death. The actual amount of premium that will be returned, if any, will equal:

- 1. The sum of all premiums paid for the policy, including premiums paid for this rider and any other benefit riders attached to the policy (unless expressly included), while this rider is in force (except for any application and annual policy fees.) The sum of all premiums is without interest accumulations. MINUS
- 2. The sum of all benefits paid or then payable under the policy, including benefits paid or then payable under any attached benefit riders while the rider was in force.

<sup>\*</sup>In the event a therapy or treatment is prescribed as both Chemotherapy Treatment and Immunotherapy or Radiation Treatment and Immunotherapy, benefits under this Rider will be limited to the greater of the Chemotherapy and Immunotherapy or Radiation and Immunotherapy, as shown in the Rider Benefits Schedule. In no event will this Rider pay benefits for both Chemotherapy and Immunotherapy or both Radiation and Immunotherapy unless such therapy and/or treatment is administered independently of the other.

# What the first year of benefits paid **DIRECTLY** to **YOU** might look like...

|   |  | Plan A            | Plan B            | Plan C            |
|---|--|-------------------|-------------------|-------------------|
|   | Express Pay Benefit upon diagnosis*  | \$20,000          | \$30,000          | \$30,000          |
|   | 10 days confined to a hospital throughout the year:  | \$2,000           | \$5,000           | \$7,000           |
|   | One round-trip travel to cancer treatment facility with family member over 50 miles away and stay for two weeks: | Up to<br>\$4,800  | Up to<br>\$10,200 | Up to<br>\$15,600 |
| + | Chemotherapy 1x/week over 4 months and Radiation 5x/week over 2 months throughout the year:                      | \$6,200           | \$12,400          | \$18,600          |
|   | One surgery throughout the year:   | Up to<br>\$5,000  | Up to<br>\$10,000 | Up to<br>\$15,000 |
| < | In the above example, UNL, over the course of a year, would pay <b>YOU DIRECTLY</b> :                            | Up to<br>\$38,000 | Up to<br>\$67,000 | Up to \$86,200    |

<sup>\*</sup>If Optional Express Pay Rider is Included

## Waiting Period/Policy Definitions

#### **Waiting Period or Rider Waiting Period:**

The number of days after the Effective Date before We will pay benefits for Loss due to Cancer, Cancer In Situ Heart Attack or Stroke. The Waiting Period, if any, is shown in the Policy/Rider Schedule. If a Positive Diagnosis of Cancer or Cancer In Situ, or Diagnosis of Heart Attack or Stroke is made during the Waiting Period, You have the option to cancel the Policy and receive a refund of all premiums paid.

#### **Policy Definitions for the Following:**

**Cancer:** A disease manifested by the presence of a malignancy characterized by the uncontrolled growth and abnormal spread of malignant cells and the invasion of body tissue by such malignant cells. Cancer includes Hodgkin's disease and leukemia. This definition excludes such conditions as:

- 1. Skin Cancer, except malignant melanoma; and
- 2. Pre-malignant tumors or polyps.

For the purpose of this Policy and benefits payable thereunder, Cancer includes cancer in situ, which is an early stage cancer that is defined as "in place" and which has not spread beyond the tissue type, mucosal layer, lining, duct or cellular layer in which it originated. It may be staged as Stage 0, T0, Tis, or notated with a staging system appropriate to the cancer type and utilized by a recognized medical authority, such as the American Joint Cancer Committee.

**Heart Attack:** A myocardial infarction (irreversible injury and death of a portion of the heart muscle as a result of obstruction of one or more of the coronary arteries.) Diagnosis of a Heart Attack must be supported by three (3) or more of the following:

- a. Typical clinical symptoms, such as central chest pain;
- b. Diagnostic increase of specific cardiac markers;
- New electrocardiographic (EKG) changes indicative of infarction;
- d. Confirmatory imaging studies; or
- e. In the event of death, an autopsy confirmation or death certificate identifying Heart Attack (myocardial infarction) as the primary cause of death.

"Heart Attack" does not mean cardiac arrest, sudden cardiac arrest, coronary artery disease, congestive heart failure, atherosclerotic heart disease, angina, or any other dysfunction of the cardiovascular system. Heart Attack also does not mean a silent/old Heart Attack, which is a prior incidence of heart attack which has few, if any, symptoms

and is generally discovered at a later date through imaging tests, such as electrocardiogram (EKG) or echocardiogram.

**Stroke:** An acute cerebrovascular accident or incident, embolism, thrombosis or hemorrhage which results in paralysis or other measurable objective neurological deficit lasting more than twenty-four (24) hours. A cerebrovascular accident is a sudden, unexpected interference in brain function caused by insufficient blood flow to part of the brain. Diagnosis must include imaging documentation of new brain tissue infarction in association with acute onset of symptoms consistent with central nervous system neurological damage.

For the purposes of this Rider, Stroke does not include:

- 1. Chronic cerebrovascular insufficiency;
- 2. Transient Ischemic Attacks (TIAs);
- 3. Transient Global Amnesia (TGA);
- 4. External trauma causing accidental injury to the brain;
- 5. Brain damage due to infection, vasculitis, encephalopathy, or inflammatory disease; or
- 6. Ischemic disorders of the vestibular system

UNL Cancer Shield 2.0, Scheduled Benefit Policy, First Diagnosis Cancer Insurance, is issued on Policy Form Series U1930, and Rider Form Series RU19CHSR, RU19CLS, RU19RPDL, RU19CR, RU19ET, RU19CSB, RU19SC, RU19W, and RU19T, by United National Life Insurance Company (UNL) of America, Glenview, IL. This product has exclusions, limitations, reductions of benefits and terms under which the Policy may be continued in force or discontinued. Subject to state availability. For cost and complete details of coverage, please refer to the outline of coverage or contact your agent.



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