

SERFF Tracking Number: ICCI-126266957 State: Arkansas
Filing Company: Humana Insurance Company State Tracking Number: 43227
Company Tracking Number: HIC-CAN-POL 5/09 REV
TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.002A Dread Disease - Cancer Only
Product Name: Humana Cancer Policy HIC-CAN-POL 5/09 rev
Project Name/Number: Humana Cancer Policy HIC-CAN-POL 5/09 rev/Humana Cancer Policy HIC-CAN-POL 5/09 rev

Filing at a Glance

Company: Humana Insurance Company

Product Name: Humana Cancer Policy HIC-CAN-POL 5/09 rev SERFF Tr Num: ICCI-126266957 State: Arkansas

TOI: H071 Individual Health - Specified Disease - Limited Benefit SERFF Status: Closed-Approved-Closed State Tr Num: 43227

Sub-TOI: H071.002A Dread Disease - Cancer Only Co Tr Num: HIC-CAN-POL 5/09 REV State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Rosalind Minor
Author: Brenda Dawson Disposition Date: 08/24/2009
Date Submitted: 08/14/2009 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval
State Filing Description:

Implementation Date:

General Information

Project Name: Humana Cancer Policy HIC-CAN-POL 5/09 rev
Project Number: Humana Cancer Policy HIC-CAN-POL 5/09 rev
Requested Filing Mode:
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:
Filing Status Changed: 08/24/2009

Status of Filing in Domicile:
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Individual
Group Market Size:
Group Market Type:
Explanation for Other Group Market Type:
State Status Changed: 08/24/2009
Created By: Brenda Dawson
Corresponding Filing Tracking Number:

Deemer Date:
Submitted By: Brenda Dawson
Filing Description:

We are hereby submitting the forms attached to the Form Schedule tab for use in your state. These forms are new and are not intended to replace any forms previously approved in your state.

Insurance Compliance Consultants, Inc., is making this filing on behalf of Humana Insurance Company, a Wisconsin domiciled company. A filing authorization letter is attached. All correspondence should be addressed to Insurance Compliance Consultants, Inc.

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Individual Cancer policy form HIC-CAN-POL-AR 7/09 provides for Cancer and Specified Disease Expense. Application form HIC-CAN-APP-AR 7/09 will be used to apply for the policy.

Amendment form HIC-CAN-POBR-AR 7/09 amends the Payments of Benefits provision. Intensive Care Unit Benefit Rider form HIC-CAN-ICR-AR 7/09 is available is selected on the application and the additional premium is paid.

Outline of Coverage HIC-CAN-OOC-AR 7/09, for the referenced policy is also enclosed.

We certify that to the best of our knowledge and belief, these forms do not violate any laws or regulations of your state and do not contain any previously disapproved provisions. These forms were prepared on a personal computer and will ultimately be printed from another data processing system that may cause some print style and/or page spacing changes. However, there will not be any changes to the actual text of the contract or to the general print size.

Company and Contact

Filing Contact Information

Brenda Dawson, Authorized Representative Brendadawson@inscompliance.com
3925 East State Street, Suite 200 815-316-6714 [Phone]
Rockford, IL 61108 815-986-2355 [FAX]

Filing Company Information

(This filing was made by a third party - insurancecomplianceconsultantsinc)

Humana Insurance Company CoCode: 73288 State of Domicile: Wisconsin
P.O Box 740036 Group Code: 119 Company Type: L&H
500 West Main Street Group Name: Humana Insurance State ID Number:
Company
Louisville, KY 40201-7436 FEIN Number: 39-1263473
(502) 580-2712 ext. [Phone]

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation:

SERFF Tracking Number: ICCL-126266957 State: Arkansas
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Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Humana Insurance Company	\$50.00	08/14/2009	29853239

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	08/24/2009	08/24/2009

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	Humana Insurance Company	Approved-Closed	Yes
Form	Cancer and Specified Disease policy	Approved-Closed	Yes
Form	Intensive Care Unit Benefit Rider	Approved-Closed	Yes
Form	Amendment	Approved-Closed	Yes
Form	Outline of Coverage	Approved-Closed	Yes
Form	Application	Approved-Closed	Yes

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Form Schedule

Lead Form Number: HIC-CAN-POL 5/09 rev

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 08/24/2009	HIC-CAN-POL-AR 7/09	Policy/Cont	Cancer and Specified Disease policy	Initial			Humana Cancer Policy AR 8-14-09.pdf
Approved-Closed 08/24/2009	HIC-CAN-ICR-AR 7/09	Policy/Cont	Intensive Care Unit Benefit Rider	Initial			Humana Intensive Care Rider AR.pdf
Approved-Closed 08/24/2009	HIC-CAN-POBR-AR 7/09	Policy/Cont	Amendment	Initial			Humana Cancer Amendment AR .pdf
Approved-Closed 08/24/2009	HIC-CAN-OOC-AR 7/09	Outline of	Coverage	Initial			Humana Cancer Outline of Coverage Arkansas.pdf
Approved-Closed 08/24/2009	HIC-CAN-APP-AR 7/09	Application/	Enrollment Form	Initial			Humana Cancer Application

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Arkansas 7-
20-09.pdf

Humana Insurance Company

1100 Employers Boulevard
Green Bay, Wisconsin 54344
1-800-845-7519

NAMED INSURED: [JIM SMITH]

TYPE OF COVERAGE: [«COV_CODE»]

POLICY EFFECTIVE DATE: [JUNE 1, 2009]

PREMIUM: [\$ «PREM_TOTAL»]

POLICY NUMBER: [12345678]

RENEWAL PREMIUM PERIOD: [«PREM_PERIOD»]

**THIS IS A CANCER AND SPECIFIED DISEASE EXPENSE POLICY ONLY. IT DOES NOT
PAY BENEFITS FOR LOSS FROM ANY OTHER CAUSE.
GUARANTEED RENEWABLE FOR LIFE
PREMIUMS SUBJECT TO CHANGE ON RENEWAL**

IMPORTANT PLEASE READ

Your application is attached to and forms a part of the Policy. PLEASE READ the copy of Your application. If anything in it is not correct, You should tell Us. Your Policy was issued on the basis that all information in the application is correct and complete. If not, Your Policy may not be valid.

30-DAY RIGHT TO EXAMINE POLICY

If You decide not to keep this Policy, send it to Us or Our agent within 30 days after You receive it. We will treat the Policy as though it had never been issued. We will refund any premiums paid.

RENEWAL AGREEMENT

Except for fraud or material misrepresentation, the Named Insured has the right to renew this Policy as long as premiums are paid on time. This Policy will terminate on the last day of the period for which premium is paid unless continued in force during a Grace Period.

PREMIUM CHANGE

We have the right to change the table of premium rates for this Policy. The change in premium will apply to all policies of this form number issued to insureds in Your state of residence. Premiums will be charged in accordance with the table of premium rates using the original classification.

THIS IS NOT A MEDICARE SUPPLEMENT POLICY.

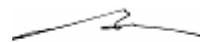
If You are eligible for Medicare, review the Medicare Supplement Buyers' Guide available from the Company.

This is a Non-Participating Policy.

THIS IS A LIMITED POLICY. PLEASE READ IT CAREFULLY.

Signed for by Humana Insurance Company at its Home Office on the Policy Effective Date.


Michael B. McCallister
President


Gerald L. Ganoni
Vice President

POLICY CONTENTS

NOTICE OF THIRTY (30) DAY RIGHT TO EXAMINE POLICY	X
RENEWAL AGREEMENT	X
POLICY CONTENTS.....	X
POLICY SCHEDULE	X

SECTION I

DEFINITIONS	X
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SECTION II

ELIGIBILITY	X
-------------------	---

SECTION III

EFFECTIVE AND TERMINATION DATES	X
---------------------------------------	---

SECTION IV

PAYMENT OF BENEFITS	X
---------------------------	---

SECTION V

SCHEDULE OF BENEFITS	X
----------------------------	---

SECTION VI

PRE-EXISTING CONDITION LIMITATION	X
---	---

SECTION VII

EXCEPTIONS AND OTHER LIMITATIONS	X
--	---

SECTION VIII

CLAIMS PROVISIONS	X
-------------------------	---

SECTION VIII

GENERAL PROVISIONS.....	X
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AMENDMENT - PAYMENT OF BENEFITS

POLICY SCHEDULE

NAMED INSURED [JIM SMITH]
POLICY EFFECTIVE DATE [JUNE 1, 2009]
POLICY NUMBER [123456789]
TYPE OF COVERAGE [«COV_CODE»]
TOTAL MONTHLY PREMIUM [\$ «PREM_TOTAL»]
FAMILY MEMBERS COVERED:
 [SUE SMITH]
 [JOE SMITH]

BENEFIT

**MAXIMUM BENEFIT
AMOUNT**

HOSPITAL CONFINEMENT BENEFIT [\$0, \$100, \$200, \$300,
\$400, \$500, \$600]
COLONY STIMULATING FACTORS [\$0, \$500, \$1,000,
\$1,500, \$2,000,
\$3,000, \$4,000] PER
MONTH
SURGICAL [\$0, \$1,500, \$3,000,
\$4,500, \$6,000,
\$7,500, \$9,000]
RADIATION/CHEMOTHERAPY/IMMUNOTHERAPY [\$0, \$200, \$500,
\$1,000] PER DAY
[\$0, \$1,000, \$2,500,
\$5,000, \$7,500 or
\$10,000] PER MONTH
FIRST DIAGNOSIS BENEFIT [\$0, \$2,500, \$5,000;
\$7,500, \$10,000]
WELLNESS BENEFIT [\$0, \$50, \$75, \$100]
PER CALENDAR YR

ADDITIONAL BENEFITS (AS PROVIDED BY RIDER OR AMENDMENT)

PAYMENT OF BENEFITS

INTENSIVE CARE BENEFIT RIDER [\$325, \$425, \$525,
\$625, \$725, \$825]

If more than one Schedule is attached to this Policy, the Schedule with the most recent Policy Effective Date will be valid.

SECTION I – DEFINITIONS

Actual Charges- means charges for which a Covered Person is held liable. This includes charges that are solely Your responsibility, or charges that are a combination of insurance reimbursement and Your responsibility such as deductibles or co-payment.

Ambulatory Surgical Center - means a center which provides elective surgical care and admits and discharges each patient within a working day.

Calendar Year - means a period of 12 consecutive months, starting on January 1 and ending on December 31 of the same year.

Cancer - means the presence of a malignancy characterized by the uncontrolled and abnormal growth and spread of malignant cells in any part of the body. This includes Hodgkins Disease; leukemia; lymphoma; carcinoma; sarcoma; or malignant tumor. It does not include other conditions which may be considered precancerous, including, but not limited to: leukoplakia; actinic keratosis; carcinoid; hyperplasia; polycythemia; nonmalignant melanoma; moles; or similar diseases or lesions.

Chemotherapist - means a person who is:

- (a) licensed to administer chemotherapy or immunotherapy; and
- (b) certified by the American Board of Internal Medicine, Radiology, or Hematology.

Child - means the Named Insured's unmarried child, stepchild, legally adopted child, or child in the process of adoption who is:

- (a) not yet age 21; or
- (b) not yet age 25 if a full time student at an accredited school. Provided the child primarily depends on the Named Insured or his or her Spouse for financial support.

Class - means any group of persons insured individually under this Policy form in the Named Insured's state of issue.

Colony-stimulating Factors - means substances that stimulate the production of blood cells. Treatment with colony-stimulating factors can help the blood forming tissue recover from the effects of chemotherapy and radiation therapy. These include granulocyte colony-stimulating factors and granulocyte-macrophage colony-stimulating factors.

Common Carrier - means only the following: commercial airline; passenger train; or bus line between cities. It does not include taxis, city bus lines or private charter planes.

Covered Person - means any of the following:

- (a) the Named Insured; or
- (b) any eligible Spouse or Child, as defined and as indicated on the Policy Schedule whose coverage has become effective;
- (c) any eligible Spouse or Child, as defined and added to this Policy by endorsement after the Policy Effective Date whose coverage has become effective; or
- (d) a newborn child (as described in the Eligibility Section).

Date of Diagnosis - means the later of:

- (a) the day the tissue specimen is taken; or
- (b) the day a diagnostic procedure is performed; or
- (c) the day the Positive Diagnosis of Cancer or Specified Disease is made.

Extended Care Facility - means a licensed nursing facility directed by a Physician. It provides continuous skilled nursing service under the supervision of a graduate registered Nurse (R.N.). It maintains daily medical records of each patient. It does not include any institution, or part of one, used primarily as a place for the aged, drug addicts, alcoholics, or rest.

Family Coverage - means coverage that includes the Named Insured and other Covered Persons, as defined.

Free Standing Hospice Care Center - means a center which is not a Hospital, or a wing or section of a Hospital. It provides 24 hour a day care for the Terminally Ill under the medical direction of a Physician.

Hospital - means an institution which:

- (a) operates pursuant to law;
- (b) primarily and continuously provides medical care and treatment of sick and injured persons on an inpatient basis;
- (c) operates facilities for medical and surgical diagnosis and treatment by or under the supervision of a staff of legally qualified Physicians; and
- (d) provides 24 hour a day nursing service by or under the supervision of registered graduate Nurses (R.N.).

Hospital will also mean a sanatorium operated by or certified by the First Church of Christ, Scientist, Boston, Massachusetts.

Hospital does not mean any institution or part thereof which is used primarily as:

- (a) a nursing home, convalescent home, or skilled nursing facility;
- (b) a place for rest, custodial care, or for the aged;
- (c) a clinic;
- (d) a place for the treatment of mental illness, alcoholism, or drug addiction.

However, a place for the treatment of Mental, Nervous or Emotional Disorders will be regarded as a Hospital if:

- (a) it is part of an institution that meets the above requirements; and
- (b) it is listed in the American Hospital Association Guide as a general hospital.

Local - means within 60 miles of the Covered Person's home.

Named Insured - means the person accepted for coverage by Us who has completed and signed the application. This is the person whose name appears on the Policy Schedule.

New and Experimental Treatment - New and experimental treatment means treatment that is not generally accepted by the medical community as effective and proven, is not approved by the FDA, and/or is in clinical trials.

Non-Local - means more than 60 miles and less than 700 miles.

Nurse - means any one of the following who is not a member of the Named Insured's immediate family:

- (a) licensed practical Nurse (L.P.N.);or
- (b) licensed vocational Nurse (L.V.N.);or
- (c) graduate registered Nurse (R.N.).

With respect to the benefits provided under this Policy, Nurse will not include an L.P.N., L.V.N. or R.N. who is employed by the Hospital where the Covered Person is confined.

Oncologist - means a Physician certified to practice in the field of Oncology.

Pathologist - means a Physician certified by the American Board of Pathology to practice Pathological Anatomy.

Physician - means a legally qualified physician or surgeon other than a physician or surgeon who is related to the Named Insured by blood or marriage and who practices within the scope of his or her license.

Policy Effective Date - means the day on which coverage begins and is shown on the Policy Schedule page. Coverage will begin on the first day of the month following the date:

- (a) Our Home Office has approved the application;
- (b) We deliver the Policy and it is accepted by the Named Insured; and
- (c) the Named Insured has paid the first premium.

Positive Diagnosis (of Cancer) - means a diagnosis by a Pathologist. Diagnosis is based on a microscopic examination of fixed tissue or preparation from the hemic system (except for skin Cancer). If a pathological diagnosis is made, We will accept clinical diagnosis of Cancer as evidence that Cancer existed. The evidence must substantially document the diagnosis and the Covered Person must receive definitive treatment.

Positive Diagnosis (of Specified Disease) - means a diagnosis by a qualified Physician. This is based on generally accepted diagnostic procedures and criteria.

Radiologist - means a Physician licensed to administer X-ray therapy, radium therapy, or radioactive isotopes therapy and certified by the American Board of Radiology.

Renewal Date - means the date the renewal premium is due.

Specified Disease - means any of the following: Addison's Disease, Amyotrophic Lateral Sclerosis, Cystic Fibrosis, Diphtheria, Encephalitis, Epilepsy, Hansen's Disease, Legionnaire's Disease, Lupus Erythematosus, Lyme Disease, Malaria, Meningitis(epidemic cerebrospinal), Multiple Sclerosis, Muscular Dystrophy, Myasthenia Gravis, Niemann-Pick Disease, Osteomyelitis, Poliomyelitis, Rabies, Reye's Syndrome, Rheumatic Fever, Rocky Mountain Spotted Fever, Scarlet Fever, Sickle Cell Anemia, Tay-Sachs Disease, Tetanus, Toxic Epidermal Necrolysis, Tuberculosis, Tularemia, Typhoid Fever, Undulant Fever, Whipple's Disease

Spouse - means the Named Insured's Spouse, provided the Named Insured and his or her Spouse are not legally separated or divorced.

Tentative Diagnosis - means a diagnosis by a qualified Physician, based on the Physician's experience, training and expertise, when a Positive Diagnosis cannot be made due to medical reasons.

Terminally Ill - means the Covered Person has a life expectancy of 12 months or less.

We, Our, Us, or Company – means Humana Insurance Company.

You/Your - means the Named Insured

SECTION II - ELIGIBILITY

Family members eligible for coverage are:

- (a) the Named Insured;
- (b) his or her Spouse on the Policy Effective Date;
- (c) his or her unmarried Child(ren), as defined.

Newborn Child: If a Child is born to the Named Insured or his or her Spouse while this Policy is in force as Family Coverage, the Child will become covered by the Policy from the moment of birth.

Any person who becomes a family member after the Policy Effective Date (except newborns) must be added by endorsement. No additional premium will be required for newborns or family members added by endorsement.

Grandchildren of the Named Insured are Covered Persons if those children are dependents of the Named Insured for Federal Income Tax purposes.

Any Child required to be insured by the Named Insured under a medical support order or an order enforceable by a court is a Covered Person.

SECTION III EFFECTIVE AND TERMINATION DATES

This Policy begins on the Policy Effective Date shown in the Schedule at 12:01 A.M. Standard Time at Your place of residence. The Policy Effective Date is the date from which policy years and premium due dates will be figured.

You may terminate this Policy on any premium due date by giving 31 days advance written notice to Us.

This Policy may also at any time be terminated by mutual consent of You and Us.

This Policy terminates automatically on the earlier of: (1) the premium due date if premiums are not paid when due, subject to the Grace Period provision; or (2) the date You make a written request that coverage be terminated.

If We accept premium for coverage extending beyond the date, age, or event specified for termination of a Covered Person, then coverage of such person shall continue during the period for which such premium was accepted. This does not apply where such acceptance was based on a misstatement of age.

Termination of coverage takes effect at 12:01 A.M. Standard Time at Your place of residence on the date of termination.

Termination of coverage will not affect a claim for a covered loss that occurred while coverage was in force under this Policy.

Spouse and Child Termination: If the Named Insured's Spouse or Child is a Covered Person, his or her coverage will end:

- (a) with respect to a covered Spouse, on the date he or she is Divorced from the Named Insured; or
- (b) on the date the Named Insured dies, unless continued under the Widow or Widower's Continuation provision; or
- (c) on the date the required premium for the Spouse or Child's coverage is not paid; or
- (d) with respect to a covered Child, on the Policy anniversary following the date the Child no longer qualifies as a Child, as defined, unless continued under the Incapacitated Child Continuation provision.

Widow or Widower's Continuation: If the Named Insured dies while his or her Spouse is covered under the Policy, the Spouse may continue his or her coverage; and coverage of any Children who were covered by the Policy on the date of the Named Insured's death.

We must receive the Spouse's Request and required premium to continue the coverage within 31 days of the premium due date next following the death of the Named Insured. Solely for the purpose of continuing the coverage, the Spouse will be considered a Covered Person. However, this will not continue the Spouse's coverage beyond a date the coverage would normally cease under the Spouse Termination provision. Any coverage continued by this Widow/er's Continuation provision will terminate on the premium due date on or next following the date the Spouse remarries.

Incapacitated Child Continuation: If, on the date a Child reaches age 21 or 25, he or she is covered under the Policy as an Incapacitated Child as defined, his or her coverage will not terminate solely due to age. But the Named Insured must give us notice of the incapacity. The Child's coverage will continue as long as the Child qualifies as an Incapacitated Child and the required premium is paid.

We may, from time to time, require proof of continued incapacity and dependency. After the first two years, we cannot require proof more than once each year.

Incapacitated Child - means the Named Insured's or his or her Spouse's Child who is mentally retarded or physically handicapped and incapable of earning his or her own living and unmarried and primarily dependent on the Named Insured for support and maintenance.

Divorced Spouse Conversion: If Spouse's coverage under this Policy would terminate because of his or her Divorce from the Named Insured, We agree to issue a new Policy to the Spouse. The Spouse must request the new Policy and pay the required premium within 60 days of the Divorce. Such premium will be identical to premiums charged under this Policy form.

Other dependents covered under this Policy may be covered under the new Policy or under this Policy as the Named Insured and his or her Spouse elect. They may not be covered under both Policies.

If either this Policy or a new Policy is in force on the Named Insured or his or her Divorced Spouse and either re-marries, such new Spouse may be covered under the appropriate Policy. We must be advised of the re-marriage by the completion of a new application for the new Spouse. This new application is subject to Our approval.

Divorce/Divorced means - annulment, dissolution of marriage, or legal separation from the Spouse.

Child Conversion: A covered dependent Child who has reached his/her 21st birthday (25th if full-time student), and who desires to continue coverage as a Named Insured under separate coverage may do so by notifying the Company of the request in writing. The dependent will have the right to continue coverage as the Named Insured with separate equivalent coverage without evidence of insurability and with no interruption in coverage provided the Company receives written notification of the request prior to sixty (60) days after the anniversary date of this coverage following the dependent's 21st birthday (25th if full-time student).

Grace Period. No Grace Period is allowed for the first premium which is due on the Policy Effective Date. A Grace Period of 31 days is allowed for payment of each premium due after the first premium. We will continue the insurance during the Grace Period. If a Covered Person incurs a covered loss during the Grace Period, he or she will be liable to us for payment of any premium accruing during the period We continued the coverage in force under this provision.

The Grace Period will not continue coverage beyond a date stated in a Termination Date provision.

Reinstatement. If the renewal premium is not paid before the Grace Period ends, the Policy will lapse. Later acceptance of the premium by Us without requiring an application for reinstatement will reinstate this Policy.

If We require an application, the Named Insured will be given a receipt for the premium. If the application is approved, the Policy will be reinstated as of the approval date. Lacking that approval, the Policy will be reinstated on the 45th day after the date of the receipt unless We have previously written the Named Insured of its disapproval.

The reinstated Policy will cover only loss that results from a covered disease that starts more than 10 days after the date of reinstatement. In all other respects, the Named Insured's rights and Our rights will remain the same, subject to any provisions noted on or attached to the reinstated Policy.

SECTION IV - PAYMENT OF BENEFITS

We will pay the benefits described in Section V for the necessary treatment of a Covered Person's Cancer or Specified Disease provided he or she is covered under this Policy and this Policy remains in force. Payment will be made in accordance with all applicable Policy provisions. Benefits are payable for a Positive Diagnosis that begins more than 30 days after this Policy has been in force. The Positive Diagnosis must be for Cancer or a Specified Disease, as they are defined in this Policy. All benefits are subject to terms of this Policy.

If Cancer or a Specified Disease is diagnosed while You or any Covered Person is confined in the Hospital, benefits will begin on the day of admission or 10 days prior to the Date of Diagnosis if this is more favorable to You. Admission to the Hospital must begin more than 30 days after the Policy date.

If a Positive Diagnosis is made for Cancer or a Specified Disease within 12 months after a Tentative Diagnosis, benefits will be paid from the date of the Tentative Diagnosis if the Tentative Diagnosis is made more than 30 days after the Policy date. If the Positive Diagnosis of Cancer or a Specified Disease can only be confirmed post-mortem, then We will pay benefits beginning on the first day of confinement for the terminal admission for up to 45 days.

- (a) With respect to the Wellness Benefit, on the date the expense is incurred.
- (b) Subject to the Maximum Benefit Amount stated across from each Benefit.

SECTION V - SCHEDULE OF BENEFITS

The benefits stated below are payable in accordance with Section IV above.

BENEFITS		MAXIMUM AMOUNT
1.	<p>Wellness Benefit. We will pay for a Covered Person's expenses incurred for Cancer screening tests, including but not limited to:</p> <ul style="list-style-type: none"> (a) Mammogram; (b) Flexible Sigmoidoscopy; (c) Pap Smear; (d) Chest X-ray; (e) Hemocult Stool Specimen; (f) Prostate Screen. 	See Schedule Page
2.	<p>Positive Diagnosis Test. We will pay the expense incurred for one diagnostic test that leads to Positive Diagnosis of Cancer or Specified Disease within 90 days of such test. This benefit is not payable if the same Cancer or Specified Disease recurs.</p>	\$300 per Calendar Year
3.	<p>First Diagnosis Benefit. We will pay a one-time benefit when a Covered Person is first diagnosed with Cancer (other than skin Cancer) or a Specified Disease. The first diagnosis must occur after the Policy Effective Date. This benefit is payable only once for each Covered Person.</p>	See Schedule Page
4.	<p>Second and Third Surgical Opinions. We will pay the expense incurred for a written second or third surgical opinion as to the need for the surgical procedure. These charges must be incurred:</p> <ul style="list-style-type: none"> (a) after a Positive Diagnosis and before surgery; and (b) given by a Board Certified internist or a Board Certified Specialist in the appropriate specialty, who is not affiliated with the Physician performing the surgery. 	Actual Charges
5.	<p>Non-Local Transportation. We will pay for a Covered Person's Non-Local travel to a Hospital (inpatient or outpatient); Radiation Therapy Center; Chemotherapy or Oncology Clinic; or any other specialized treatment.</p> <p>This benefit is payable if the Covered Person's treatment is not available Locally and is available Non-Locally.</p>	<ul style="list-style-type: none"> (a) The Actual Charges for a Common Carrier fare; or (b) 50 cents per mile for round-trip personal vehicle transportation for round trips over 60 miles. Mileage is measured from the Covered Person's home to the nearest treatment facility as described above. We will pay for up to 700 miles per treatment.

BENEFITS	MAXIMUM AMOUNT
<p>6. Adult Companion Lodging and Transportation. If a Covered Person is confined in a Non-Local Hospital for Cancer or Specified Disease treatment, We will pay lodging and transportation expenses for one adult companion to stay with the Covered Person.</p>	<p>(a) Not more than \$75 per day for a single room in a motel, hotel, or other accommodations, to a maximum stay of 60 days. This benefit is not payable for lodging expense incurred more than 24 hours before the treatment nor for lodging expense incurred more than 24 hours following treatment.</p> <p>(b) We will pay the expense incurred for a round trip coach fare on a Common Carrier or a personal vehicle allowance of 50 cents per mile. Mileage is measured from the visiting adult companion's home to the Hospital in which the Covered Person is staying. We will pay for up to 700 miles per Hospital stay. If We pay for personal vehicle mileage under Item 5, We will pay personal vehicle mileage under this benefit only if the adult companion lives in another town other than where the Covered Person lives.</p>
<p>7. Ambulance. We will pay the expense incurred for ambulance service if the Covered Person is taken to the Hospital by a licensed or Hospital-owned ambulance and is admitted as an inpatient.</p>	<p>Actual Charges</p>
<p>8. Surgery. We will pay the surgeon's fee for an operation and for care by the surgeon after the operation. If more than one operation is performed through the same incision, payment will be made for the one operation providing the largest benefit.</p> <p>Payment will not include charges by an assistant or co-surgeons.</p> <p>Benefits for surgery performed on an outpatient basis will be 150% of the scheduled benefit amount. However, We will not pay an amount which exceeds the actual surgeon's fees for the surgery.</p>	<p>Amount listed on the Surgical Schedule</p> <p>If the surgical procedure is not listed on the surgical schedule, Our payment will be made in accordance with the most recent California Relative Value Schedule.</p>
<p>9. Donor Benefit Bone Marrow and Stem Cell Transplant. We will pay the following expenses incurred by the Covered Person and his or her live donor:</p> <ul style="list-style-type: none"> (a) two times the Hospital Confinement Benefit chosen by the Named Insured for medical expenses (b) charges for round trip coach fare on a Common Carrier to the city where the transplant is performed; or (c) personal automobile expense (d) lodging and meals expense for donor to remain near Hospital 	<ul style="list-style-type: none"> (a) See Schedule Page (b) Actual Charges (c) We will pay a personal vehicle allowance of 50 cents per mile. Mileage is measured from the home of the donor or Covered Person to the Hospital in which the Covered Person is staying. We will pay for up to 700 miles per Hospital stay. (d) Actual Charges up to \$50 per day

BENEFITS		MAXIMUM AMOUNT
10.	Bone Marrow and Peripheral Stem Cell Transplant. We will pay the Actual Charges per Covered Person for surgical and anesthetic charges associated with bone marrow transplant and/or peripheral stem cell transplant.	Actual Charges to a combined lifetime maximum of \$15,000
11.	Anesthesia. We will pay the expense incurred for the services of an anesthesiologist in connection with the Covered Person's surgery. For anesthesia in connection with the treatment of skin Cancer.	25% of the amount paid for surgery \$100
12.	Ambulatory Surgical Center. We will pay the expenses incurred for surgery performed at an Ambulatory Surgical Center.	\$250 per day
13.	Drugs and Medicine. We will pay the expenses incurred for drugs and medicine while the Covered Person is confined in a Hospital.	\$25 for each day of confinement to a Calendar Year maximum of \$600.
14.	Outpatient Anti-Nausea Drugs. We will pay the expense incurred for drugs prescribed by a Physician and which are used for suppressing nausea during Cancer or Specified Disease treatment	\$250 per calendar year
15.	Radiation Therapy, Radioactive Isotopes Therapy; Chemotherapy; or Immunotherapy. We will pay the expenses incurred for: <ul style="list-style-type: none"> (a) teleradio therapy using either natural or artificially propagated radiation; (b) interstitial or intracavity application of radium or radioactive isotopes in sealed or non-sealed sources; (c) chemical substances and their administration including hormonal therapy; (d) antigenic preparation or immunosuppressive techniques; on an inpatient or outpatient basis. Treatment must be: <ul style="list-style-type: none"> (a) administered by a Radiologist, Chemotherapist, or Oncologist; or (b) used to modify or destroy cancerous tissue. Unless specified elsewhere in the Policy, We will not pay for: <ul style="list-style-type: none"> (a) treatment room charges; (b) dressings; (c) medications other than chemotherapeutic drugs; (d) emergency room charges; (e) medical supplies; (f) x-rays, scans and their interpretations. 	We will pay the Actual Charges up to the amount shown on the Policy Schedule.

BENEFITS		MAXIMUM AMOUNT
16.	<p>Miscellaneous Therapy Charges. We will pay the expenses incurred for the following services:</p> <ul style="list-style-type: none"> (a) laboratory work and its interpretation; (b) routine or diagnostic X-rays, scans, and their interpretations. <p>Service must be performed while receiving treatment(s) in Item 15 or within 30 days following a covered treatment.</p>	Actual Charges up to a lifetime maximum of \$10,000
17.	<p>Self- Administering Drugs. We will pay the actual expenses incurred for self-administered chemotherapy, including hormone therapy, or immunotherapy agents. This benefit is not payable for planning, monitoring or other agents used to treat or prevent side effects, or other procedures related to this therapy treatment.</p>	Actual Charges to \$4,000 per month
18.	<p>Colony-Stimulating Factors We will pay the actual charges incurred for</p> <ul style="list-style-type: none"> (a) cost of the chemical substances and (b) their administration to stimulate the production of blood cells <p>Treatment must be administered by an Oncologist or Chemotherapist</p>	See Schedule Page
19.	<p>Blood, Plasma, and Platelets. We will pay the expenses a Covered Person incurs for:</p> <ul style="list-style-type: none"> (a) blood, plasma, and platelets; (b) transfusions; (c) the administration of items (a) and (b) above; (d) processing and procurement costs; (e) cross matching. <p>We will not pay for blood replaced by donors.</p>	Actual Charges up to \$200 per day
20.	<p>Physician's Attendance. We will pay the expense incurred for one visit per day by a Physician while the Covered Person is confined in a Hospital.</p>	\$35 per day
21.	<p>Private Duty Nursing Services. We will pay the expense incurred for private nursing care by a Nurse provided:</p> <ul style="list-style-type: none"> (a) nursing services are required and ordered by the attending Physician; and (b) the Covered Person is confined in a Hospital. <p>We will not pay for nursing services in a facility other than a Hospital.</p>	\$100 per day

BENEFITS		MAXIMUM AMOUNT
22.	National Cancer Institute Designated Comprehensive Cancer Treatment Center Evaluation/Consultation Benefit. We will pay the expense incurred if an Insured Person is diagnosed with Internal Cancer and seeks evaluation or consultation from a National Cancer Institute designated Comprehensive Cancer Treatment Center. If the Comprehensive Cancer Treatment Center is located more than 30 miles from the Insured Person's place of residence, We will also pay the transportation and lodging expenses incurred. This benefit is not payable on the same day a Second or Third Surgical Opinion Benefit is payable and is in lieu of the Non-Local Transportation Benefits of the policy.	Expenses incurred limited to a lifetime maximum up to \$750 for evaluation Expenses incurred limited to a lifetime maximum up to \$350 for transportation and lodging
23.	Breast Prosthesis. We will pay the expense incurred for: (a) a prosthesis to restore body contour lost due to breast Cancer; (b) the implantation of the prosthesis.	Actual Charges
24.	Artificial Limb or Prosthesis. When an amputation is performed, We will pay the expenses the Covered Person incurs for: (a) an artificial limb or prosthesis; (b) the procedure to affix or implant it.	\$1500 lifetime maximum per Covered Person per amputation.
25.	Physical Therapy or Speech Therapy. We will pay the expenses the Covered Person incurs for physical or speech therapy for restoration of normal bodily function.	\$35 per therapy session
26.	Extended Benefits. If a Covered Person is confined in a Hospital for more than 60 continuous days, We will pay three times the selected Hospital confinement benefit shown on the Schedule page. Payment will begin on the 61st day of continuous Hospital confinement. This benefit is payable in lieu of the Hospital Confinement Benefit.	
27.	Extended Care Facility. If a Covered Person is confined in an Extended Care Facility, We will pay the expenses he or she incurs, up to the maximum benefit amount per day. Confinement must: (a) be at the direction of the attending Physician; (b) begin within fourteen days after a Hospital confinement.	\$50 per day, up to the number of days that the Hospital Confinement Benefit was paid
28.	At Home Nursing. We will pay the expenses incurred by a Covered Person for private nursing care and attendance by a Nurse at home. Nursing services must be: (a) required and authorized by the attending Physician; and (b) immediately following confinement in a Hospital.	\$100 per day, up to the number of days that the Hospital Confinement Benefit was paid.

BENEFITS		MAXIMUM AMOUNT
29	<p>New or Experimental Treatment. We will pay the expenses incurred by a Covered Person for new or Experimental Treatment:</p> <ul style="list-style-type: none"> (a) judged necessary by the attending Physician; and (b) received in the United States or in its territories. 	\$7,500 per Calendar Year
30.	<p>Hospice Care. If a Covered Person elects to receive hospice care, We will pay the expenses incurred for care received in a Free Standing Hospice Care Center or at home.</p> <p>The Covered Person must have been diagnosed as Terminally Ill and:</p> <ul style="list-style-type: none"> (a) the attending Physician must approve such stay or care; and (b) the Covered Person must be admitted or have at home care begin within fourteen (14) days after a Hospital stay. <p>Benefits payable for hospice centers that are designated areas of Hospitals will be paid the same as inpatient Hospital stays.</p> <p>We will not pay for food services or meals other than dietary counseling; services related to well-baby care; services provided by volunteers; or support for the family after the death of the Covered Person.</p>	\$50 per day
31.	<p>Government or Charity Hospital. If the Covered Person is confined in:</p> <ul style="list-style-type: none"> (a) a Hospital operated by or for the United States Government (including the Veteran's Administration); or (b) a Hospital that does not charge for the services it provides (charity); <p>We will pay a daily benefit in lieu of all other benefits provided in this Policy.</p>	\$200 per day
32.	<p>Hairpiece We will pay the actual expenses incurred per Covered Person for a hairpiece when hair loss is the result of Cancer treatment.</p>	Actual Charges up to lifetime maximum of \$150

BENEFITS		MAXIMUM AMOUNT
33.	<p>Rental or Purchase of Durable Goods We will pay the actual expenses incurred for the rental or purchase of the following pieces of durable medical equipment:</p> <ul style="list-style-type: none"> (a) a respirator or similar mechanical device; (b) brace; (c) crutches; (d) hospital bed; or (e) wheelchair 	Actual Charges up to \$1,500 per Calendar Year
34.	<p>Waiver of Premium. We will waive premiums starting on the first premium due date following a 60 day period of disability due to Cancer or Specified Disease. The Named Insured must:</p> <ul style="list-style-type: none"> (a) be receiving treatment for such Cancer or Specified Disease for which benefits are payable under this Policy; and (b) remain disabled for 60 consecutive days. <p>We will waive premiums for as long as the Named Insured remains Disabled. Premiums waived will be in accordance with the mode of payment in effect when treatment began.</p> <p>Disabled means that the Named Insured is:</p> <ul style="list-style-type: none"> (a) unable to work at any job for which he or she is qualified by education, training or experience; and (b) under the care of a Physician for the treatment of internal Cancer or a Specified Disease. 	
35.	<p>Hospital Confinement Benefit. We will pay a daily benefit for each day a Covered Person is charged the daily room rate by a Hospital. This benefit is payable up to 60 days for one period of continuous stay. For covered children under the age of 21 the benefit is two (2) times the daily Hospital Confinement Benefit.</p>	\$100 - \$600 in \$100 increments, as chosen by the Covered Person on his or her application. The benefit amount is listed on the Policy Schedule page.
36.	Surgical Schedule	

\$1,500 Maximum

SURGICAL PROCEDURE	PROCEDURE CODE	SURGICAL BENEFIT
ABDOMEN		
Abdominal paracentesis	49080	\$28
Excision of intra-abdominal or retroperitoneal tumor	49200	\$505
BLADDER		
Cystotomy for excision of bladder tumor	51530	\$505
Cystectomy, prostatectomy, and urethrectomy, male with bilateral pelvic lymphadenectomy	51595	\$1500
Cystourethroscopy	52000	\$36
Transurethral surgery with fulguration and/or resection of medium tumors (2.0 - 5.0 cm)	52235	\$390
BONE		
Biopsy, bone, trochar, superficial	20220	\$44
BRAIN		
Excision brain tumor, supratentorial	61510	\$1098
Excision brain tumor, infratentorial or posterior fossa	61518	\$1318
Meningioma	61519	\$1500
Excision choroid plexus for craniopharyngioma	61544	\$934
Hypophysectomy, intracranial approach	61546	\$1071
BREAST		
Biopsy of breast, needle (independent procedure)	19100	\$22
Mastectomy, partial (quadrectomy or more)	19160	\$214
Mastectomy, simple, complete	19180	\$286
Mastectomy, radical including pectoral muscles and axillary lymph nodes	19200	\$659
Including internal mammary lymph nodes, unilateral	19210	\$906
CHEST		
Bronchoscopy with biopsy	31625	\$176
Thoracentesis for biopsy	32000	\$25
Pneumonectomy, total	32440	\$988
Lobectomy, total or segmental	32480	\$851
Excision of mediastinal tumor	39220	\$659
EAR		
Excision, external ear, partial	69110	\$105
ESOPHAGUS		
Excision local lesion with primary repair, cervical approach	43100	\$549
With thoracic approach	43101	\$714
Resection of esophagus (upper 2/3) with gastric anastomosis	43110	\$1043
Lower 1/3 with combined thoraco-abdominal vagotomy and pyloroplasty, one or two stages	43121	\$961
EYE		
Enucleation of eye	65101	\$308
Exenteration of orbit	65110	\$604

HEART		
Excision intracardiac tumor, resection with bypass	33120	\$1208
INTESTINES		
Resection of small intestine with anastomosis	44120	\$604
Colectomy, total, abdominal with ileostomy	44150	\$906
With ileostomy and proctectomy	44155	\$1208
Proctectomy, complete, combined abdominoperineal	45110	\$851
KIDNEY		
Renal biopsy		
Percutaneous, by trochar or needle	50200	\$88
By surgical exposure of kidney	50205	\$258
Nephrectomy, radical, with regional lymphadenectomy	50230	\$824
Partial	50240	\$769
LIVER		
Needle biopsy, percutaneous	47000	\$50
Wedge biopsy (independent procedure)	47100	\$357
Hepatectomy, partial lobectomy	47120	\$687
LYMPHATIC SYSTEM		
Biopsy of cervical lymph node, deep	38510	\$21
Cervical lymphadenectomy (complete), unilateral	38720	\$687
MOUTH		
Resection, lip, transverse wedge excision	40510	\$374
Hemiglossectomy	41130	\$428
Glossectomy		
Partial, with unilateral radical neck dissection	41135	\$769
Total, with unilateral radical neck dissection	41146	\$906
OVARY		
Wedge resection or bisection	58920	\$412
PANCREAS		
Excisional biopsy (independent procedure)	48100	\$505
Pancreatectomy		
With Whipple type pancreaticojejunostomy	48150	\$1208
PAROTID		
Excision parotid tumor, lateral lobe, without nerve dissection	42410	\$209
With radical cervical lymphadenectomy, unilateral	42426	\$961
PENIS		
Amputation, partial	54120	\$319
Complete	54125	\$632
Radical with bilateral inguino-femoral lymphadenectomy	54130	\$906
PROSTATE		
Biopsy, incisional, any approach	55705	\$258
Prostatectomy, perineal, subtotal	55801	\$632

SINUS		
Maxillectomy with orbital exenteration	31230	\$1043
SPINE		
Partial resection of vertebral component for cervical tumor	22105	\$439
STOMACH		
Gastric biopsy by laparotomy	43605	\$428
Local excision of tumor	43610	\$516
Total gastrectomy including intestinal anastomosis	43620	\$906
Hemi-gastrectomy with vagotomy	43635	\$714
TESTIS		
Biopsy, incisional, unilateral (independent procedure)	54505	\$99
Orchiectomy, radical, for tumor, inguinal approach	54530	\$291
With abdominal exploration	54535	\$390
THROAT		
Laryngectomy, total, without radical neck dissection	31360	\$934
With radical neck dissection	31365	\$1500
Laryngoscopy, direct operative, with biopsy	31535	\$148
UTERUS		
Colposcopy with biopsy	57452	\$30
Dilation and curettage with biopsy	58120	\$148
Excision cervical malignancy with bilateral pelvic lymphadenectomy (Wertheim type of operation)	58210	\$1098
URINARY		
Ureterectomy, with bladder cuff (independent procedure)	50650	\$632
Total, ectopic; combination abdominal, vaginal, and/or perineal approach	50660	\$714
Ureteral endoscopy with biopsy	50974	\$50
VULVA		
Vulvectomy, complete bilateral	56625	\$505
Radical	56630	\$604
With inguino-femoral lymphadenectomy in continuity with pelvic lymphadenectomy, bilateral	56641	\$1098

3,000 Maximum

SURGICAL PROCEDURE	PROCEDURE CODE	SURGICAL BENEFIT
ABDOMEN		
Abdominal paracentesis	49080	\$55
Excision of intra-abdominal or retroperitoneal tumor	49200	\$1010
BLADDER		
Cystotomy for excision of bladder tumor	51530	\$ 1010
Cystectomy, prostatectomy, and urethrectomy, male with bilateral pelvic lymphadenectomy	51595	\$ 3000
Cystourethroscopy	52000	\$ 71
Transurethral surgery with fulguration and/or resection of medium tumors (2.0 - 5.0 cm)	52235	\$ 780
BONE		
Biopsy, bone, trochar, superficial	20220	\$ 88
BRAIN		
Excision brain tumor, supratentorial	61510	\$ 2196
Excision brain tumor, infratentorial or posterior fossa	61518	\$ 2635
Meningioma	61519	\$ 3000
Excision choroid plexus for craniopharyngioma	61544	\$ 1867
Hypophysectomy, intracranial approach	61546	\$ 2141
BREAST		
Biopsy of breast, needle (independent procedure)	19100	\$ 44
Mastectomy, partial (quadrectomy or more)	19160	\$ 428
Mastectomy, simple, complete	19180	\$ 571
Mastectomy, radical including pectoral muscles and axillary lymph nodes	19200	\$ 1318
Including internal mammary lymph nodes, unilateral	19210	\$ 1812
CHEST		
Bronchoscopy with biopsy	31625	\$ 351
Thoracentesis for biopsy	32000	\$ 49
Pneumonectomy, total	32440	\$ 1976
Lobectomy, total or segmental	32480	\$ 1702
Excision of mediastinal tumor	39220	\$ 1318
EAR		
Excision, external ear, partial	69110	\$ 209
ESOPHAGUS		
Excision local lesion with primary repair, cervical approach	43100	\$ 1098
With thoracic approach	43101	\$ 1427
Resection of esophagus (upper 2/3) with gastric anastomosis	43110	\$ 2086
Lower 1/3 with combined thoraco-abdominal vagotomy and pyloroplasty, one or two stages	43121	\$ 1922
EYE		
Enucleation of eye	65101	\$ 615
Exenteration of orbit	65110	\$ 1208
HEART		

Excision intracardiac tumor, resection with bypass	33120	\$ 2416
INTESTINES		
Resection of small intestine with anastomosis	44120	\$ 1208
Colectomy, total, abdominal with ileostomy	44150	\$ 1812
With ileostomy and proctectomy	44155	\$ 2416
Proctectomy, complete, combined abdominoperineal	45110	\$ 1702
KIDNEY		
Renal biopsy		
Percutaneous, by trochar or needle	50200	\$ 176
By surgical exposure of kidney	50205	\$ 516
Nephrectomy, radical, with regional lymphadenectomy	50230	\$ 1647
Partial	50240	\$ 1537
LIVER		
Needle biopsy, percutaneous	47000	\$ 99
Wedge biopsy (independent procedure)	47100	\$ 714
Hepatectomy, partial lobectomy	47120	\$ 1373
LYMPHATIC SYSTEM		
Biopsy of cervical lymph node, deep	38510	\$ 242
Cervical lymphadenectomy (complete), unilateral	38720	\$ 1373
MOUTH		
Resection, lip, transverse wedge excision	40510	\$ 747
Hemiglossectomy	41130	\$ 856
Glossectomy		
Partial, with unilateral radical neck dissection	41135	\$ 1537
Total, with unilateral radical neck dissection	41146	\$ 1812
OVARY		
Wedge resection or bisection	58920	\$ 824
PANCREAS		
Excisional biopsy (independent procedure)	48100	\$ 1010
Pancreatectomy		
With Whipple type pancreaticojejunostomy	48150	\$ 2416
PAROTID		
Excision parotid tumor, lateral lobe, without nerve dissection	42410	\$ 417
With radical cervical lymphadenectomy, unilateral	42426	\$ 1922
PENIS		
Amputation, partial	54120	\$ 637
Complete	54125	\$ 1263
Radical with bilateral inguino-femoral lymphadenectomy	54130	\$ 1812
PROSTATE		
Biopsy, incisional, any approach	55705	\$ 516
Prostatectomy, perineal, subtotal	55801	\$ 1263
SINUS		
Maxillectomy with orbital exenteration	31230	\$ 2086

SPINE		
Partial resection of vertebral component for cervical tumor	22105	\$ 878
STOMACH		
Gastric biopsy by laparotomy	43605	\$ 856
Local excision of tumor	43610	\$ 1032
Total gastrectomy including intestinal anastomosis	43620	\$ 1812
Hemi-gastrectomy with vagotomy	43635	\$ 1427
TESTIS		
Biopsy, incisional, unilateral (independent procedure)	54505	\$ 198
Orchiectomy, radical, for tumor, inguinal approach	54530	\$ 582
With abdominal exploration	54535	\$ 780
THROAT		
Laryngectomy, total, without radical neck dissection	31360	\$ 1867
With radical neck dissection	31365	\$ 3000
Laryngoscopy, direct operative, with biopsy	31535	\$ 296
UTERUS		
Colposcopy with biopsy	57452	\$ 60
Dilation and curettage with biopsy	58120	\$ 296
Excision cervical malignancy with bilateral pelvic lymphadenectomy (Wertheim type of operation)	58210	\$ 2196
URINARY		
Ureterectomy, with bladder cuff (independent procedure)	50650	\$ 1263
Total, ectopic; combination abdominal, vaginal, and/or perineal approach	50660	\$ 1427
Ureteral endoscopy with biopsy	50974	\$ 99
VULVA		
Vulvectomy, complete bilateral	56625	\$ 1010
Radical	56630	\$ 1208
With inguino-femoral lymphadenectomy in continuity with pelvic lymphadenectomy, bilateral	56641	\$ 2196

\$4,500 Maximum

SURGICAL PROCEDURE

	PROCEDURE CODE	SURGICAL BENEFIT
ABDOMEN		
Abdominal paracentesis	49080	\$ 83
Excision of intra-abdominal or retroperitoneal tumor	49200	\$ 1515
BLADDER		
Cystotomy for excision of bladder tumor	51530	\$ 1515
Cystectomy, prostatectomy, and urethrectomy, male with bilateral pelvic lymphadenectomy	51595	\$ 4500
Cystourethroscopy	52000	\$ 107
Transurethral surgery with fulguration and/or resection of medium tumors (2.0 - 5.0 cm)	52235	\$ 1170
BONE		
Biopsy, bone, trochar, superficial	20220	\$ 132
BRAIN		
Excision brain tumor, supratentorial	61510	\$ 3294
Excision brain tumor, infratentorial or posterior fossa	61518	\$ 3953
Meningioma	61519	\$ 4500
Excision choroid plexus for craniopharyngioma	61544	\$ 2801
Hypophysectomy, intracranial approach	61546	\$ 3212
BREAST		
Biopsy of breast, needle (independent procedure)	19100	\$ 66
Mastectomy, partial (quadrectomy or more)	19160	\$ 642
Mastectomy, simple, complete	19180	\$ 857
Mastectomy, radical including pectoral muscles and axillary lymph nodes	19200	\$ 1977
Including internal mammary lymph nodes, unilateral	19210	\$ 2718
CHEST		
Bronchoscopy with biopsy	31625	\$ 527
Thoracentesis for biopsy	32000	\$ 74
Pneumonectomy, total	32440	\$ 2964
Lobectomy, total or segmental	32480	\$ 2553
Excision of mediastinal tumor	39220	\$ 1977
EAR		
Excision, external ear, partial	69110	\$ 314
ESOPHAGUS		
Excision local lesion with primary repair, cervical approach	43100	\$ 1647
With thoracic approach	43101	\$ 2141
Resection of esophagus (upper 2/3) with gastric anastomosis	43110	\$ 3129
Lower 1/3 with combined thoraco-abdominal vagotomy and pyloroplasty, one or two stages	43121	\$ 2883
EYE		
Enucleation of eye	65101	\$ 923
Exenteration of orbit	65110	\$ 1812
HEART		

Excision intracardiac tumor, resection with bypass	33120	\$ 3624
INTESTINES		
Resection of small intestine with anastomosis	44120	\$ 1812
Colectomy, total, abdominal with ileostomy	44150	\$ 2718
With ileostomy and proctectomy	44155	\$ 3624
Proctectomy, complete, combined abdominoperineal	45110	\$ 2553
KIDNEY		
Renal biopsy		
Percutaneous, by trochar or needle	50200	\$ 264
By surgical exposure of kidney	50205	\$ 774
Nephrectomy, radical, with regional lymphadenectomy	50230	\$ 2471
Partial	50240	\$ 2306
LIVER		
Needle biopsy, percutaneous	47000	\$ 149
Wedge biopsy (independent procedure)	47100	\$ 1071
Hepatectomy, partial lobectomy	47120	\$ 2060
LYMPHATIC SYSTEM		
Biopsy of cervical lymph node, deep	38510	\$ 363
Cervical lymphadenectomy (complete), unilateral	38720	\$ 2060
MOUTH		
Resection, lip, transverse wedge excision	40510	\$ 1121
Hemiglossectomy	41130	\$ 1284
Glossectomy		
Partial, with unilateral radical neck dissection	41135	\$ 2306
Total, with unilateral radical neck dissection	41146	\$ 2718
OVARY		
Wedge resection or bisection	58920	\$ 1236
PANCREAS		
Excisional biopsy (independent procedure)	48100	\$ 1515
Pancreatectomy		
With Whipple type pancreaticojejunostomy	48150	\$ 3624
PAROTID		
Excision parotid tumor, lateral lobe, without nerve dissection	42410	\$ 626
With radical cervical lymphadenectomy, unilateral	42426	\$ 2883
PENIS		
Amputation, partial	54120	\$ 956
Complete	54125	\$ 1895
Radical with bilateral inguino-femoral lymphadenectomy	54130	\$ 2718
PROSTATE		
Biopsy, incisional, any approach	55705	\$ 774
Prostatectomy, perineal, subtotal	55801	\$ 1895
SINUS		
Maxillectomy with orbital exenteration	31230	\$ 3129

SPINE		
Partial resection of vertebral component for cervical tumor	22105	\$ 1317
STOMACH		
Gastric biopsy by laparotomy	43605	\$ 1284
Local excision of tumor	43610	\$ 1548
Total gastrectomy including intestinal anastomosis	43620	\$ 2718
Hemi-gastrectomy with vagotomy	43635	\$ 2141
TESTIS		
Biopsy, incisional, unilateral (independent procedure)	54505	\$ 297
Orchiectomy, radical, for tumor, inguinal approach	54530	\$ 873
With abdominal exploration	54535	\$ 1170
THROAT		
Laryngectomy, total, without radical neck dissection	31360	\$ 2801
With radical neck dissection	31365	\$ 4500
Laryngoscopy, direct operative, with biopsy	31535	\$ 444
UTERUS		
Colposcopy with biopsy	57452	\$ 90
Dilation and curettage with biopsy	58120	\$ 444
Excision cervical malignancy with bilateral pelvic lymphadenectomy (Wertheim type of operation)	58210	\$ 3294
URINARY		
Ureterectomy, with bladder cuff (independent procedure)	50650	\$ 1895
Total, ectopic; combination abdominal, vaginal, and/or perineal approach	50660	\$ 2141
Ureteral endoscopy with biopsy	50974	\$ 149
VULVA		
Vulvectomy, complete bilateral	56625	\$ 1515
Radical	56630	\$ 1812
With inguino-femoral lymphadenectomy in continuity with pelvic lymphadenectomy, bilateral	56641	\$ 3294

\$6,000 Maximum

SURGICAL PROCEDURE	PROCEDURE CODE	SURGICAL BENEFIT
ABDOMEN		
Abdominal paracentesis	49080	\$ 110
Excision of intra-abdominal or retroperitoneal tumor	49200	\$ 2020
BLADDER		
Cystotomy for excision of bladder tumor	51530	\$ 2020
Cystectomy, prostatectomy, and urethrectomy, male with bilateral pelvic lymphadenectomy	51595	\$ 6000
Cystourethroscopy	52000	\$ 142
Transurethral surgery with fulguration and/or resection of medium tumors (2.0 - 5.0 cm)	52235	\$ 1560
BONE		
Biopsy, bone, trochar, superficial	20220	\$ 176
BRAIN		
Excision brain tumor, supratentorial	61510	\$ 4392
Excision brain tumor, infratentorial or posterior fossa	61518	\$ 5270
Meningioma	61519	\$ 6000
Excision choroid plexus for craniopharyngioma	61544	\$ 3734
Hypophysectomy, intracranial approach	61546	\$ 4282
BREAST		
Biopsy of breast, needle (independent procedure)	19100	\$ 88
Mastectomy, partial (quadrectomy or more)	19160	\$ 856
Mastectomy, simple, complete	19180	\$ 1142
Mastectomy, radical including pectoral muscles and axillary lymph nodes	19200	\$ 2636
Including internal mammary lymph nodes, unilateral	19210	\$ 3624
CHEST		
Bronchoscopy with biopsy	31625	\$ 702
Thoracentesis for biopsy	32000	\$ 98
Pneumonectomy, total	32440	\$ 3952
Lobectomy, total or segmental	32480	\$ 3404
Excision of mediastinal tumor	39220	\$ 2636
EAR		
Excision, external ear, partial	69110	\$ 418
ESOPHAGUS		
Excision local lesion with primary repair, cervical approach	43100	\$ 2196
With thoracic approach	43101	\$ 2854
Resection of esophagus (upper 2/3) with gastric anastomosis	43110	\$ 4172
Lower 1/3 with combined thoraco-abdominal vagotomy and pyloroplasty, one or two stages	43121	\$ 3844
EYE		
Enucleation of eye	65101	\$ 1230
Exenteration of orbit	65110	\$ 2416
HEART		

Excision intracardiac tumor, resection with bypass	33120	\$ 4832
INTESTINES		
Resection of small intestine with anastomosis	44120	\$ 2416
Colectomy, total, abdominal with ileostomy	44150	\$ 3624
With ileostomy and proctectomy	44155	\$ 4832
Proctectomy, complete, combined abdominoperineal	45110	\$ 3404
KIDNEY		
Renal biopsy		
Percutaneous, by trochar or needle	50200	\$ 352
By surgical exposure of kidney	50205	\$ 1032
Nephrectomy, radical, with regional lymphadenectomy	50230	\$ 3294
Partial	50240	\$ 3074
LIVER		
Needle biopsy, percutaneous	47000	\$ 198
Wedge biopsy (independent procedure)	47100	\$ 1428
Hepatectomy, partial lobectomy	47120	\$ 2746
LYMPHATIC SYSTEM		
Biopsy of cervical lymph node, deep	38510	\$ 484
Cervical lymphadenectomy (complete), unilateral	38720	\$ 2746
MOUTH		
Resection, lip, transverse wedge excision	40510	\$ 1494
Hemiglossectomy	41130	\$ 1712
Glossectomy		
Partial, with unilateral radical neck dissection	41135	\$ 3074
Total, with unilateral radical neck dissection	41146	\$ 3624
OVARY		
Wedge resection or bisection	58920	\$ 1648
PANCREAS		
Excisional biopsy (independent procedure)	48100	\$ 2020
Pancreatectomy		
With Whipple type pancreaticojejunostomy	48150	\$ 4832
PAROTID		
Excision parotid tumor, lateral lobe, without nerve dissection	42410	\$ 834
With radical cervical lymphadenectomy, unilateral	42426	\$ 3844
PENIS		
Amputation, partial	54120	\$ 1274
Complete	54125	\$ 2526
Radical with bilateral inguino-femoral lymphadenectomy	54130	\$ 3624
PROSTATE		
Biopsy, incisional, any approach	55705	\$ 1032
Prostatectomy, perineal, subtotal	55801	\$ 2526
SINUS		
Maxillectomy with orbital exenteration	31230	\$ 4172

SPINE		
Partial resection of vertebral component for cervical tumor	22105	\$ 1756
STOMACH		
Gastric biopsy by laparotomy	43605	\$ 1712
Local excision of tumor	43610	\$ 2064
Total gastrectomy including intestinal anastomosis	43620	\$ 3624
Hemi-gastrectomy with vagotomy	43635	\$ 2854
TESTIS		
Biopsy, incisional, unilateral (independent procedure)	54505	\$ 396
Orchiectomy, radical, for tumor, inguinal approach	54530	\$ 1164
With abdominal exploration	54535	\$ 1560
THROAT		
Laryngectomy, total, without radical neck dissection	31360	\$ 3734
With radical neck dissection	31365	\$ 6000
Laryngoscopy, direct operative, with biopsy	31535	\$ 592
UTERUS		
Colposcopy with biopsy	57452	\$ 120
Dilation and curettage with biopsy	58120	\$ 592
Excision cervical malignancy with bilateral pelvic lymphadenectomy (Wertheim type of operation)	58210	\$ 4392
URINARY		
Ureterectomy, with bladder cuff (independent procedure)	50650	\$ 2526
Total, ectopic; combination abdominal, vaginal, and/or perineal approach	50660	\$ 2854
Ureteral endoscopy with biopsy	50974	\$ 198
VULVA		
Vulvectomy, complete bilateral	56625	\$ 2020
Radical	56630	\$ 2416
With inguino-femoral lymphadenectomy in continuity with pelvic lymphadenectomy, bilateral	56641	\$ 4392

\$7,500 Maximum

SURGICAL PROCEDURE	PROCEDURE CODE	SURGICAL BENEFIT
ABDOMEN		
Abdominal paracentesis	49080	\$ 138
Excision of intra-abdominal or retroperitoneal tumor	49200	\$ 2525
BLADDER		
Cystotomy for excision of bladder tumor	51530	\$ 2525
Cystectomy, prostatectomy, and urethrectomy, male with bilateral pelvic lymphadenectomy	51595	\$ 7500
Cystourethroscopy	52000	\$ 178
Transurethral surgery with fulguration and/or resection of medium tumors (2.0 - 5.0 cm)	52235	\$ 1950
BONE		
Biopsy, bone, trochar, superficial	20220	\$ 220
BRAIN		
Excision brain tumor, supratentorial	61510	\$ 5490
Excision brain tumor, infratentorial or posterior fossa	61518	\$ 6588
Meningioma	61519	\$ 7500
Excision choroid plexus for craniopharyngioma	61544	\$ 4668
Hypophysectomy, intracranial approach	61546	\$ 5353
BREAST		
Biopsy of breast, needle (independent procedure)	19100	\$ 110
Mastectomy, partial (quadrectomy or more)	19160	\$ 1070
Mastectomy, simple, complete	19180	\$ 1428
Mastectomy, radical including pectoral muscles and axillary lymph nodes	19200	\$ 3295
Including internal mammary lymph nodes, unilateral	19210	\$ 4530
CHEST		
Bronchoscopy with biopsy	31625	\$ 878
Thoracentesis for biopsy	32000	\$ 123
Pneumonectomy, total	32440	\$ 4940
Lobectomy, total or segmental	32480	\$ 4255
Excision of mediastinal tumor	39220	\$ 3295
EAR		
Excision, external ear, partial	69110	\$ 523
ESOPHAGUS		
Excision local lesion with primary repair, cervical approach	43100	\$ 2745
With thoracic approach	43101	\$ 3568
Resection of esophagus (upper 2/3) with gastric anastomosis	43110	\$ 5215
Lower 1/3 with combined thoraco-abdominal vagotomy and pyloroplasty, one or two stages	43121	\$ 4805
EYE		
Enucleation of eye	65101	\$ 1538
Exenteration of orbit	65110	\$ 3020

HEART		
Excision intracardiac tumor, resection with bypass	33120	\$ 6040
INTESTINES		
Resection of small intestine with anastomosis	44120	\$ 3020
Colectomy, total, abdominal with ileostomy	44150	\$ 4530
With ileostomy and proctectomy	44155	\$ 6040
Proctectomy, complete, combined abdominoperineal	45110	\$ 4255
KIDNEY		
Renal biopsy		
Percutaneous, by trochar or needle	50200	\$ 440
By surgical exposure of kidney	50205	\$ 1290
Nephrectomy, radical, with regional lymphadenectomy	50230	\$ 4118
Partial	50240	\$ 3843
LIVER		
Needle biopsy, percutaneous	47000	\$ 248
Wedge biopsy (independent procedure)	47100	\$ 1785
Hepatectomy, partial lobectomy	47120	\$ 3433
LYMPHATIC SYSTEM		
Biopsy of cervical lymph node, deep	38510	\$ 605
Cervical lymphadenectomy (complete), unilateral	38720	\$ 3433
MOUTH		
Resection, lip, transverse wedge excision	40510	\$ 1868
Hemiglossectomy	41130	\$ 2140
Glossectomy		
Partial, with unilateral radical neck dissection	41135	\$ 3843
Total, with unilateral radical neck dissection	41146	\$ 4530
OVARY		
Wedge resection or bisection	58920	\$ 2060
PANCREAS		
Excisional biopsy (independent procedure)	48100	\$ 2525
Pancreatectomy		
With Whipple type pancreaticojejunostomy	48150	\$ 6040
PAROTID		
Excision parotid tumor, lateral lobe, without nerve dissection	42410	\$ 1043
With radical cervical lymphadenectomy, unilateral	42426	\$ 4805
PENIS		
Amputation, partial	54120	\$ 1593
Complete	54125	\$ 3158
Radical with bilateral inguino-femoral lymphadenectomy	54130	\$ 4530
PROSTATE		
Biopsy, incisional, any approach	55705	\$ 1290
Prostatectomy, perineal, subtotal	55801	\$ 3158
SINUS		
Maxillectomy with orbital exenteration	31230	\$ 5215

SPINE		
Partial resection of vertebral component for cervical tumor	22105	\$ 2195
STOMACH		
Gastric biopsy by laparotomy	43605	\$ 2140
Local excision of tumor	43610	\$ 2580
Total gastrectomy including intestinal anastomosis	43620	\$ 4530
Hemi-gastrectomy with vagotomy	43635	\$ 3568
TESTIS		
Biopsy, incisional, unilateral (independent procedure)	54505	\$ 495
Orchiectomy, radical, for tumor, inguinal approach	54530	\$ 1455
With abdominal exploration	54535	\$ 1950
THROAT		
Laryngectomy, total, without radical neck dissection	31360	\$ 4668
With radical neck dissection	31365	\$ 7500
Laryngoscopy, direct operative, with biopsy	31535	\$ 740
UTERUS		
Colposcopy with biopsy	57452	\$ 150
Dilation and curettage with biopsy	58120	\$ 740
Excision cervical malignancy with bilateral pelvic lymphadenectomy (Wertheim type of operation)	58210	\$ 5490
URINARY		
Ureterectomy, with bladder cuff (independent procedure)	50650	\$ 3158
Total, ectopic; combination abdominal, vaginal, and/or perineal approach	50660	\$ 3568
Ureteral endoscopy with biopsy	50974	\$ 248
VULVA		
Vulvectomy, complete bilateral	56625	\$ 2525
Radical	56630	\$ 3020
With inguino-femoral lymphadenectomy in continuity with pelvic lymphadenectomy, bilateral	56641	\$ 5490

\$9,000 Maximum

SURGICAL PROCEDURE	PROCEDURE CODE	SURGICAL BENEFIT
ABDOMEN		
Abdominal paracentesis	49080	\$ 165
Excision of intra-abdominal or retroperitoneal tumor	49200	\$ 3030
BLADDER		
Cystotomy for excision of bladder tumor	51530	\$ 3030
Cystectomy, prostatectomy, and urethrectomy, male with bilateral pelvic lymphadenectomy	51595	\$ 9000
Cystourethroscopy	52000	\$ 213
Transurethral surgery with fulguration and/or resection of medium tumors (2.0 - 5.0 cm)	52235	\$ 2340
BONE		
Biopsy, bone, trochar, superficial	20220	\$ 264
BRAIN		
Excision brain tumor, supratentorial	61510	\$ 6588
Excision brain tumor, infratentorial or posterior fossa	61518	\$ 7905
Meningioma	61519	\$ 9000
Excision choroid plexus for craniopharyngioma	61544	\$ 5601
Hypophysectomy, intracranial approach	61546	\$ 6423
BREAST		
Biopsy of breast, needle (independent procedure)	19100	\$ 132
Mastectomy, partial (quadrectomy or more)	19160	\$ 1284
Mastectomy, simple, complete	19180	\$ 1713
Mastectomy, radical including pectoral muscles and axillary lymph nodes	19200	\$ 3954
Including internal mammary lymph nodes, unilateral	19210	\$ 5436
CHEST		
Bronchoscopy with biopsy	31625	\$ 1053
Thoracentesis for biopsy	32000	\$ 147
Pneumonectomy, total	32440	\$ 5928
Lobectomy, total or segmental	32480	\$ 5106
Excision of mediastinal tumor	39220	\$ 3954
EAR		
Excision, external ear, partial	69110	\$ 627
ESOPHAGUS		
Excision local lesion with primary repair, cervical approach	43100	\$ 3294
With thoracic approach	43101	\$ 4281
Resection of esophagus (upper 2/3) with gastric anastomosis	43110	\$ 6258
Lower 1/3 with combined thoraco-abdominal vagotomy and pyloroplasty, one or two stages	43121	\$ 5766
EYE		
Enucleation of eye	65101	\$ 1845
Exenteration of orbit	65110	\$ 3624

HEART		
Excision intracardiac tumor, resection with bypass	33120	\$ 7248
INTESTINES		
Resection of small intestine with anastomosis	44120	\$ 3624
Colectomy, total, abdominal with ileostomy	44150	\$ 5436
With ileostomy and proctectomy	44155	\$ 7248
Proctectomy, complete, combined abdominoperineal	45110	\$ 5106
KIDNEY		
Renal biopsy		
Percutaneous, by trochar or needle	50200	\$ 528
By surgical exposure of kidney	50205	\$ 1548
Nephrectomy, radical, with regional lymphadenectomy	50230	\$ 4941
Partial	50240	\$ 4611
LIVER		
Needle biopsy, percutaneous	47000	\$ 297
Wedge biopsy (independent procedure)	47100	\$ 2142
Hepatectomy, partial lobectomy	47120	\$ 4119
LYMPHATIC SYSTEM		
Biopsy of cervical lymph node, deep	38510	\$ 726
Cervical lymphadenectomy (complete), unilateral	38720	\$ 4119
MOUTH		
Resection, lip, transverse wedge excision	40510	\$ 2241
Hemiglossectomy	41130	\$ 2568
Glossectomy		
Partial, with unilateral radical neck dissection	41135	\$ 4611
Total, with unilateral radical neck dissection	41146	\$ 5436
OVARY		
Wedge resection or bisection	58920	\$ 2472
PANCREAS		
Excisional biopsy (independent procedure)	48100	\$ 3030
Pancreatectomy		
With Whipple type pancreaticojejunostomy	48150	\$ 7248
PAROTID		
Excision parotid tumor, lateral lobe, without nerve dissection	42410	\$ 1251
With radical cervical lymphadenectomy, unilateral	42426	\$ 5766
PENIS		
Amputation, partial	54120	\$ 1911
Complete	54125	\$ 3789
Radical with bilateral inguino-femoral lymphadenectomy	54130	\$ 5436
PROSTATE		
Biopsy, incisional, any approach	55705	\$ 1548
Prostatectomy, perineal, subtotal	55801	\$ 3789
SINUS		
Maxillectomy with orbital exenteration	31230	\$ 6258

SPINE		
Partial resection of vertebral component for cervical tumor	22105	\$ 2634
STOMACH		
Gastric biopsy by laparotomy	43605	\$ 2568
Local excision of tumor	43610	\$ 3096
Total gastrectomy including intestinal anastomosis	43620	\$ 5436
Hemi-gastrectomy with vagotomy	43635	\$ 4281
TESTIS		
Biopsy, incisional, unilateral (independent procedure)	54505	\$ 594
Orchiectomy, radical, for tumor, inguinal approach	54530	\$ 1746
With abdominal exploration	54535	\$ 2340
THROAT		
Laryngectomy, total, without radical neck dissection	31360	\$ 5601
With radical neck dissection	31365	\$ 9000
Laryngoscopy, direct operative, with biopsy	31535	\$ 888
UTERUS		
Colposcopy with biopsy	57452	\$ 180
Dilation and curettage with biopsy	58120	\$ 888
Excision cervical malignancy with bilateral pelvic lymphadenectomy (Wertheim type of operation)	58210	\$ 6588
URINARY		
Ureterectomy, with bladder cuff (independent procedure)	50650	\$ 3789
Total, ectopic; combination abdominal, vaginal, and/or perineal approach	50660	\$ 4281
Ureteral endoscopy with biopsy	50974	\$ 297
VULVA		
Vulvectomy, complete bilateral	56625	\$ 3030
Radical	56630	\$ 3624
With inguino-femoral lymphadenectomy in continuity with pelvic lymphadenectomy, bilateral	56641	\$ 6588

SECTION VI - PRE-EXISTING CONDITION LIMITATION

During the first [12 months] of a Covered Person's insurance, losses incurred for Pre-Existing Conditions are not covered. During the first [12 months] following the date a Covered Person makes a change in coverage that increases his or her benefits, the increase will not be paid for Pre-Existing Conditions. After this [12 month] period, however, benefits for such conditions will be payable unless specifically excluded from coverage. This [12 month] period is measured from the effective date of coverage for each Covered Person. A Pre-Existing Condition means Cancer or a Specified Disease, for which a Covered Person has received medical consultation, treatment, care, services, or for which diagnostic test(s) have been recommended or for which medication has been prescribed during the [12 months] immediately preceding the effective date of coverage.

SECTION VII - EXCEPTIONS AND OTHER LIMITATIONS

This Policy pays benefits only for diagnoses resulting from Cancer or Specified Diseases, as defined in this Policy. It does not cover:

- (1) any other disease or sickness;
- (2) injuries;
- (3) any disease, condition, or incapacity that is not directly caused, complicated, worsened, or affected by:
 - (a) Specified Disease or Specified Disease treatment; or
 - (b) Cancer or Cancer treatment, or unless otherwise defined in this PolicyBenefits are provided for any disease, condition or incapacity that is directly caused or aggravated by the Specified Disease or Specified Disease treatment or Cancer or Cancer treatment
- (4) care and treatment received outside the United States or its territories;
- (5) treatment not approved by a Physician as medically necessary;
- (6) Experimental Treatment by any program that does not qualify as Experimental Treatment as defined in this Policy.

SECTION VIII - CLAIM PROVISIONS

Notice of Claim. Written notice of claim must be given to Us within 90 days after an Covered Person's loss, or as soon thereafter as reasonably possible. Written notice given by or on behalf of the claimant to Us with information sufficient to identify the Covered Person, is deemed notice to Us.

Claim Forms. We will send claim forms to the claimant upon receipt of a written notice of claim. If such forms are not sent within 15 days after the giving of notice, the claimant will be deemed to have met the proof of loss requirements upon submitting, within the time fixed in this Policy for filing proof of loss, Written proof describing and documenting the occurrence, the character and the extent of the loss for which claim is made. The written notice should include the Covered Person's name and the Policy number.

Proof of Loss. Written proof of loss must be furnished to Us within 90 days after the date of the loss. If the loss is one for which this Policy requires continuing eligibility for periodic benefit payments, subsequent written proofs of eligibility must be furnished at such intervals as the Company may reasonably require. Failure to furnish proof within the time required neither invalidates nor reduces any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity of the claimant, later than one year from the time proof is otherwise required.

Payment of Claims. Upon receipt of due written proof of loss, payments for all losses will be made to the Covered Person. If the Covered Person dies before all payments due have been made, the amount still payable will be paid to the Covered Person's estate.

If any payee is a minor or is not competent to give a valid release for the payment, the payment will be made to the legal guardian of the payee's property. If the payee has no legal guardian for his or her property, a payment not exceeding \$1,000 may be made, at Our option, to any relative by blood or connection by marriage of the payee, who has submitted reliable documentary evidence and, in Our opinion, has assumed the custody and support of the minor or responsibility for the incompetent person's affairs.

Any payment We make in good faith fully discharges Our liability to the extent of the payment made.

If the Covered Person provides Us with a written release to do so, we may, at Our option, pay benefits directly to the institution or person rendering treatment or services covered under this Policy.

Time of Payment of Claims. Benefits payable under this Policy for any loss other than loss for which this Policy provides any periodic payment will be paid upon Our receipt of due written proof of the loss. Subject to Our receipt of due written proof of loss, all accrued benefits for loss for which this Policy provides periodic payment will be paid at the expiration of each month during the continuance of the period for which We are liable and any balance remaining unpaid upon termination of liability will be paid upon receipt of such proof.

Unpaid Premium. When a claim is paid, any premium due and unpaid may be deducted from the claim payment.

SECTION IX - GENERAL PROVISIONS

Entire Contract; Changes. This Policy, the Application, and any attached Riders or Amendments make up the entire contract. A copy of the Application is attached. In the absence of fraud, all statements made on the Application will be considered representations and not warranties. No Written statement made by the Named Insured will be used in any contest unless a copy of the statement is furnished to the Named Insured or his or her personal representative.

No change in this Policy will be valid until approved by an officer of the Company. The change must be signed by an officer of the Company and attached to this Policy. No agent may change this Policy or waive any of its provisions. Any change that modifies, limits or excludes coverage must contain the Named Insured's signature in order for the change to be binding.

Incontestability. The validity of this Policy will not be contested after it has been in force for two year(s) from the Policy Effective Date (6 months if age 65 or older) [, except as to nonpayment of premiums].

After two years from the Policy Effective Date (6 months if age 65 or older), no misstatements made in the Application, except fraudulent misstatements, will be used to contest a claim under this Policy. We may only contest coverage if the misstatement is made in a written instrument containing the signature of the Named Insured and a copy is given to the Named Insured.

Physical Examination and Autopsy. We, at Our own expense, have the right and opportunity to examine the person of any individual whose loss is the basis of claim under this Policy when and as often as We may reasonably require during the pendency of the claim. We also have the right to make an autopsy in case of death where it is not forbidden by law.

Legal Actions. No action at law or in equity may be brought to recover on this Policy prior to the expiration of 60 days after written proof of loss has been furnished in accordance with the requirements of this Policy. No such action may be brought after the expiration of three years after the time written proof of loss is required to be furnished.

Noncompliance with Policy Requirements. Any express waiver by Us of any requirements of this Policy will not constitute a continuing waiver of such requirements. Any failure by Us to insist upon compliance with any Policy provision will not operate as a waiver or amendment of that provision.

Conformity with State Statutes. Any provision of this Policy which, on its Policy Effective Date, is in conflict with the statutes of the state in which this Policy is delivered is hereby amended to conform to the minimum requirements of those statutes.

Clerical Error. Clerical error, whether by You or Us, will not void the insurance of any Covered Person if that insurance would otherwise have been in effect or extend the insurance of any Covered Person if that insurance would otherwise have ended or been reduced as provided in this Policy.

Assignment. You may assign all of Your rights, privileges and benefits under this Policy to the institution or person rendering the service as allowed in the Payment of Claims provision. We are not bound by an assignment until We receive and file a copy of the assignment containing the Named Insured's signature. We are not responsible for the validity of assignments. The assignee only takes such rights as the assignor possessed and such rights are subject to state and federal laws and the terms of this Policy.

Misstatement of Age. If premiums for the Covered Person are based on age and the Covered Person's age has been misstated, there will be a fair adjustment of premiums based on his or her true age. If the benefits for which the Covered Person is insured are based on age and the Covered Person's age has been misstated, there will be an adjustment of said benefit based on his or her true age. We may require satisfactory proof of age before paying any claim.

Termination of a Covered Person. Upon the termination of coverage of a Covered Person, the premium on this Policy shall be the applicable premium for the remaining Covered Persons.

Refund of Unearned Premium. If a Covered Person dies, any premium paid to Us on behalf of the deceased for a period after the date of such death will be refunded for any period beyond the end of the policy month in which the death occurred. Such refund will be made to the Covered Person's estate in a lump sum no later than thirty (30) days after proof of the insured Person's death has been furnished to Us. Notice of death should be sent to us within 12 months, or as soon as reasonably possible, after a Covered Person has died.

CANCER EXPENSE POLICY

**This Policy is Guaranteed Renewable for Life,
Subject to Our Right to Change Premiums by
Class at the Renewal Date.**

**Humana Insurance Company
1100 Employers Boulevard
Green Bay, Wisconsin 54344**

Please read your Policy and your copy of the Application which is attached. If there is anything in the Policy You do not understand or should You find any error or omission in Your Application, We urge You to write Us. We will answer Your question or give immediate consideration to any error or omission in Your Application.

When writing to the Home Office, please give Us the number of Your Policy.

Humana Insurance Company
1100 Employers Boulevard
Green Bay, Wisconsin 54344
1-800-845-7519

INTENSIVE CARE UNIT BENEFIT RIDER

This Rider forms a part of the Policy to which it is attached and is effective on the Policy Effective Date. In consideration of the additional premium shown on the Policy Schedule, the Policy is hereby amended by the addition of the following benefit:

In all other respects, the Policy remains the same.

Definitions

Intensive Care Unit (ICU) - means a specifically designated portion a Hospital that provides the highest level of medical care and is restricted to patients whose condition requires such level of care. The facilities must be apart from the surgical recovery room and from private or semi-private rooms. The ICU must be permanently equipped with special life-saving equipment for the care of the critically ill or injured. The patients must be under constant and continuous care of Nurses assigned just to the ICU. These units must be listed as Intensive Care Units in the current edition of the American Hospital Association Guide or be eligible to be listed therein. This guide lists three types of facilities that meet this definition:

- (a) Intensive Care Unit;
- (b) Cardiac Intensive Care Unit; and
- (c) Infant (neonatal) Intensive Care Unit.

These do not include surgical recovery rooms, progressive care, intermediate care, private monitored rooms, observation units, telemetry units, or other facilities which do not meet the standards for a Intensive Care Unit as defined.

Step Down Unit - means a specially designed area of the Hospital that provides medical care restricted to those patients whose condition requires a level of care just under that of an Intensive Care Unit. Step Down Unit includes: progressive care units; subacute intensive care units; and intermediate care units. This does not include treatment units such as: private or semi-private rooms; private monitored rooms; observation units; or surgical recovery units.

Common Carrier Injury - means an accidental bodily injury sustained directly and independently of all other causes from an accident which occurs while the Covered Person is covered under this benefit of the Policy and as a result of being struck by an automobile, bus, truck, motorcycle, train or airplane or being involved in an accident where the Covered Person was an operator or a passenger in such vehicle.

Period of Confinement - means an interval of time during which a Covered Person is confined as an inpatient in the Intensive Care Unit of a Hospital. A Period of Confinement begins on the date the Covered Person is admitted to the ICU of the Hospital. Successive confinements due to the same or related causes and separated by less than 30 days are part of the same Period of Confinement.

A new Period of Confinement begins when the Covered Person is readmitted to the ICU of the Hospital for a new sickness or injury unrelated to the causes of a prior confinement; or after he or she has been free of confinement in the ICU of the Hospital for 30 days or more.

Benefit

The Covered Person's daily benefit amount under this Rider will be as elected on his or her application and shown on the Policy Schedule. The election must be in accordance with the terms of the Policy to which this Rider is attached.

Daily Benefit Amount

For confinement in an Intensive Care Unit (ICU) for treatment other than for Cancer or Specified Disease or Common Carrier Injury	\$325 – \$825 in \$100 increments
For confinement in a Step Down Unit	One-half the daily benefit amount elected for Intensive Care Unit confinement
For confinement in an ICU for treatment of Cancer or Specified Disease	2 times the daily benefit amount elected for Intensive Care Unit confinement
For confinement in an ICU for treatment of Common Carrier Injury	2 times the daily benefit amount elected for Intensive Care Unit confinement
Maximum payment period	45 days per Period of Confinement

ICU Benefit. We will pay the daily benefit amount for each day of a Covered Person's Period of Confinement in an ICU. The Period of Confinement must be due to sickness or injury and begin while the Covered Person is covered under the Policy. Benefits are payable from the first day of ICU confinement. A day is defined as a 24-hour period. If a Covered Person is confined to an ICU for only part of a day, a pro-rata portion of the daily benefit will be paid.

Emergency Confinement and Transfer to an ICU. We will pay the ICU daily benefit amount for a non-ICU admission to a Hospital if:

- (a) the Covered Person is admitted to a Hospital on an emergency basis; and
- (b) the Covered Person is receiving the highest level of care available in a Hospital that does not have an ICU; and
- (c) within 48 hours of the admission, the Covered Person is transferred directly to the ICU of a Hospital that has an ICU.

Benefits will be payable for the ICU confinement in accordance with the provisions of this Rider.

Double ICU Benefit. Benefits are doubled for a Covered Person's Period of Confinement in an ICU for treatment due to Cancer or a Specified Disease or treatment of a Common Carrier Injury. The double benefit for Common Carrier Injury is payable only for the initial ICU confinement that occurs within 48 hours of the Common Carrier Injury. Under this item, double benefits are not payable for successive periods of ICU confinement, even when part of the same Period of Confinement.

Reduction in Amount of Insurance. On the Policy Renewal Date on or next following the date a Covered Person attains age 75, his or her daily benefit amount payable for ICU confinement will be reduced to one-half of that which applied to him or her on the day preceding the date he or she attained age 75.

Exceptions and Other Limitations. This benefit does not cover ICU or Step Down Unit confinements which occur during a Period of Confinement that began before the Policy Effective Date, as defined in the Policy or resulting from intentionally self-inflicted injury or suicide attempt.

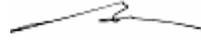
This benefit does not cover any loss as a result of the Covered Person's being intoxicated or under the influence of alcohol, drugs or any narcotic unless administered on the advice of a Physician and taken according to the Physician's advice. The term 'intoxicated' refers to that condition as defined by law or the legal decisions of the jurisdiction in which the accident, or the cause of the loss or losses occurred.

In all other respects, the Policy remains the same.

Signed for by Humana Insurance Company. at its Home Office on the Policy Effective Date.



Michael B. McCallister
President



Gerald L. Gani
Vice President

Humana Insurance Company
1100 Employers Boulevard
Green Bay, Wisconsin 54344
1-800-845-7519

AMENDMENT

The Policy this Amendment is attached to is amended as follows:

SECTION IV-PAYMENTS OF BENEFITS

We will pay the benefits described in Section V for the necessary treatment of a Covered Person's Cancer or Specified Disease provided he or she is covered under this Policy and this Policy remains in force. Payment will be made in accordance with all applicable Policy provisions. Benefits are payable for a Positive Diagnosis that begins after the effective date of this Policy and while the policy has remained in force. The Positive Diagnosis must be for Cancer or Specified Disease, as they are defined in the Policy. All benefits are subject to the terms of this Policy.

If Cancer or a Specified Disease is diagnosed while You or any Covered Person is confined in the Hospital, benefits will begin on the day of admission or 10 days prior to the Date of Diagnosis if this is more favorable to You. Admission to the Hospital must begin after the effective date of the Policy.

If a Positive Diagnosis is made for Cancer or Specified Disease within 12 months after a Tentative Diagnosis, benefits will be paid from the date of the Tentative Diagnosis after the Policy Effective Date. If the Positive Diagnosis of Cancer or Specified Disease can only be confirmed post-mortem, then We will pay benefits beginning on the first day of confinement for the terminal admission for up to 45 days.

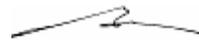
- (a) With respect to the Wellness Benefit, on the date the expense is incurred.
- (b) Subject to the Maximum Benefit Amount stated across from each Benefit.

The Amendment does not change, alter or amend the Policy except as stated above.

The Amendment becomes effective as of the Policy Effective Date.

Signed for by Humana Insurance Company at its Home Office on the Policy Effective Date.


Michael B. McCallister
President


Gerald L. Ganoni
Vice President

Humana Insurance Company
1100 Employers Boulevard
Green Bay, Wisconsin 54344
1-800-845-7519

CANCER AND SPECIFIED DISEASE INSURANCE COVERAGE
REQUIRED OUTLINE OF COVERAGE FOR POLICY FORM HIC-CAN-POL-AR
THIS IS NOT A MEDICARE SUPPLEMENT POLICY.

If you are eligible for Medicare, see the Medicare Supplement Buyers' Guide available from the Company.

RETAIN THIS FOR YOUR RECORDS!

- A. ***Read Your Policy Carefully!*** This outline of coverage provides a very brief description of some of the important policy features. This is not the insurance contract. The actual policy will control. The policy describes, in detail, the rights and obligations of both you and the insurance company. Therefore, it is important that you **READ YOUR POLICY CAREFULLY!**
- B. ***CANCER AND SPECIFIED DISEASE COVERAGE.*** Coverage is provided for cancer and the following specified diseases: Addison's Disease; Amyotrophic Lateral Sclerosis; Cystic Fibrosis; Diphtheria; Encephalitis; Epilepsy; Hansen's Disease; Legionnaire's Disease; Lupus Erythematosus; Lyme Disease; Malaria; Meningitis; Multiple Sclerosis; Muscular Dystrophy; Myasthenia Gravis; Niemann-Pick Disease; Osteomyelitis; Poliomyelitis; Rabies; Reye's Syndrome; Rheumatic Fever; Rocky Mountain Spotted Fever; Scarlet Fever; Sickle Cell Anemia; Tay-Sachs Disease; Tetanus; Toxic Epidermal Necrolysis; Tuberculosis; Tularemia; Typhoid Fever; Undulant Fever; Whipple's Disease. The covered diseases must be diagnosed on or after the policy date. Coverage is provided for the benefits outlined in Section C. The benefits described in Section C may be limited. Refer to Section D.
- C. ***BENEFITS.***
1. **Wellness Benefit.** We pay the expense incurred up to the maximum benefit selected as stated on the schedule page per calendar year. Includes tests such as mammogram, flexible sigmoidoscopy, pap smear, chest X-ray, hemocult stool specimen and prostate screen. **NO LIFETIME MAXIMUM.**
 2. **Positive Diagnosis Test.** We pay the expense incurred up to \$300 for one diagnostic test that leads to a positive diagnosis within 90 days. We do not pay this benefit for cancer or specified diseases which come back.
 3. **First Diagnosis Benefit.** We will pay a one-time benefit when you are diagnosed for the first time as having cancer (other than skin cancer) or a specified disease up to the maximum benefit selected as stated on the schedule page. We will pay this benefit only once for each covered person.
 4. **Second and Third Opinions.** We pay actual charges. Opinions must be after diagnosis and before surgery. **NO LIFETIME MAXIMUM.**
 5. **Non-Local Transportation.** We pay the expense incurred for common carrier; or \$.50 per mile for round trip personal vehicle over 60 miles. Payable for up to 700 miles. Travel must be to a center as described in the policy. **NO LIFETIME MAXIMUM.**
 6. **Adult Companion Lodging and Transportation.** We pay: [a] the expense incurred for a single room in a motel, hotel, etc. up to \$75 per day. Maximum: 60 days per confinement. This benefit is not payable for lodging expense incurred more than 24 hours before treatment and for lodging expense incurred more than 24 hours after treatment. [b] the expense incurred for round trip coach fare by common carrier. In place of common carrier, \$.50 per mile personal vehicle allowance. We will not pay personal vehicle mileage over 700 miles or if paid under "non-local transportation," unless adult companion resides in another town. **NO LIFETIME MAXIMUM.**
 7. **Ambulance.** We will pay actual charges when admitted as an inpatient. **NO LIFETIME MAXIMUM.**
 8. **Surgery.** We will pay the amount listed on the surgical schedule. We will pay 150% of the scheduled benefit amount for surgery performed on an outpatient basis. However, we will not pay an amount which exceeds the actual surgeon's fees for the surgery. **NO LIFETIME MAXIMUM.**
 9. **Donor-Benefit Bone Marrow and Stem Cell Transplant.** We will pay the following expenses incurred by the covered person and his or her live donor: [a] two times the hospital confinement benefit chosen by the named insured for medical expenses; [b] actual charges for transportation; and [c] lodging and meal expense for donor. **NO LIFETIME MAXIMUM.**

10. **Bone Marrow and Peripheral Stem Cell Transplant.** We will pay the actual charges per covered person for surgical and anesthetic charges associated with bone marrow transplant and/ or peripheral stem cell transplant. LIFETIME MAXIMUM OF \$15,000.
11. **Anesthesia.** We will pay the expense incurred up to 25% of the surgical benefit paid. The maximum benefit for skin cancer is \$100. NO LIFETIME MAXIMUM.
12. **Ambulatory Surgical Center.** We will pay the expense incurred up to \$250 per day. NO LIFETIME MAXIMUM.
13. **Drugs and Medicine.** We will pay the expense incurred for in-hospital charges up to \$25 per day. Calendar year maximum of \$600.
14. **Outpatient Anti-Nausea Drugs.** We will pay the expense incurred up to \$250 for each confinement. Calendar year maximum of \$250. NO LIFETIME MAXIMUM.
15. **Radiation, Radioactive Isotopes Therapy; Chemotherapy; or Immunotherapy.** We will pay the actual charges up to the amount shown on the policy schedule.
16. **Miscellaneous Therapy Charges.** We will pay actual charges up to a lifetime maximum of \$10,000 for services performed while receiving one or more of the treatments in Item 15 within 30 days following a covered treatment. This includes lab work and its interpretations; or routine or diagnostic x-rays, scans, and interpretations.
17. **Self-Administered Drugs.** We will pay the actual charges to \$4,000 per month on expenses incurred for self-administered chemotherapy, including hormone therapy, or immunotherapy agents. NO LIFETIME MAXIMUM.
18. **Colony-Stimulating Factors.** We will pay the actual charges up to the amount shown on the policy schedule for expenses incurred for: (a) cost of the chemical substances and (b) their administration to stimulate the production of blood cells. NO LIFETIME MAXIMUM.
19. **Blood, Plasma and Platelets.** We will pay actual charges up to \$200 per day for the following: blood, plasma and platelets; transfusions, including their administration, processing, and procurement costs; cross matching. Replaced blood not covered. NO LIFETIME MAXIMUM.
20. **Physician's Attendance.** We will pay the expense incurred up to \$35 per day while hospital confined. This benefit is limited to one visit per day by one physician. NO LIFETIME MAXIMUM.
21. **Private Duty Nursing Services.** We will pay the expense incurred up to \$100 per day while hospital confined. NO LIFETIME MAXIMUM.
22. **National Cancer Institute Designated Comprehensive Cancer Treatment Center Evaluation/Consultation Benefit.** We will pay the expense incurred, but not to exceed a Lifetime Maximum of \$750, if an Insured Person is diagnosed with Internal Cancer and seeks evaluation or consultation and if the treatment center is located more than 30 miles from the Insured Person's place of residence the transportation and lodging expense incurred is limited to a Lifetime Maximum of \$350. This benefit is not payable on the same day a Second or Third Surgical Opinion Benefit is payable and is in lieu of the Non-Local Transportation Benefits of the Policy.
23. **Breast Prosthesis.** We will pay actual charges. NO LIFETIME MAXIMUM.
24. **Artificial Limb or Prosthesis.** We will pay the expense incurred for an artificial limb or prosthesis and its implantation when an amputation is performed. \$1500 Lifetime Maximum per amputation.
25. **Physical or Speech Therapy.** We will pay the expense incurred up to \$35 per therapy session for restoration of normal body function. NO LIFETIME MAXIMUM.
26. **Extended Benefits.** If hospital confinement is more than 60 days continuous, we will pay three times the selected hospital confinement benefit shown on the schedule page. Payment will begin on the 61st day of continuous hospital confinement. This benefit is payable in lieu of the Hospital Confinement Benefit. NO LIFETIME MAXIMUM.
27. **Extended Care Facility.** We will pay the expense incurred up to \$50 per day. Confinement period is limited to the number of days of hospital confinement. Confinement must begin within 14 days after hospital confinement. NO LIFETIME MAXIMUM.
28. **At Home Nursing.** We will pay the expense incurred up to \$100 per day. Services must be required and authorized by the attending physician. Benefit is equal to the number of days that the hospital confinement benefit was paid. NO LIFETIME MAXIMUM.
29. **New or Experimental Treatment.** We will pay the expense incurred when the attending physician judges such treatment is superior to generally accepted treatments. \$7,500 per calendar year maximum. Treatment must be in United States or its territories. NO LIFETIME MAXIMUM.
30. **Hospice Care.** If diagnosed as terminally ill, we will pay the expense incurred up to \$50 per day for confinement in a licensed free standing hospice care center. Hospice confinement must begin within 14 days after hospital confinement. NO LIFETIME MAXIMUM.
31. **Government or Charity Hospital.** We will pay \$200 per day in place of all other benefits. NO LIFETIME MAXIMUM.
32. **Hairpiece.** We will pay actual charges up to a lifetime maximum of \$150 incurred per covered person for hairpiece when hair loss is a result of cancer treatment.
33. **Rental or Purchase of Durable Goods.** We will pay the actual expenses incurred up to \$1,500 per calendar year for the rental or purchase of the following pieces of durable medical equipment: a respirator or similar mechanical device, brace, crutches, hospital bed, or wheelchair. NO LIFETIME MAXIMUM.

34. **Waiver of Premium.** After 60 days of disability due to cancer or specified disease, we will waive premiums starting on the first day of the policy renewal.
35. **Hospital Confinement.** [] \$0, [] \$100, [] \$200, [] \$300 [] \$400 [] \$500 or [] \$600 per day, up to 60 days. Benefit is two times the amount for covered children under age 21. NO LIFETIME MAXIMUM.

D. EXCEPTIONS AND LIMITATIONS

This policy pays benefits only for diagnoses resulting from cancer or specified diseases, as defined in this policy. It does not cover:

- (1) any other disease or sickness;
- (2) injuries;
- (3) any disease, condition, or incapacity that is not directly caused, complicated, worsened, or affected by:
 - a) specified disease or specified disease treatment; or unless otherwise specifically covered
 - b) cancer or cancer treatment; or unless otherwise specifically coveredBenefits are provided for any disease, condition or incapacity that is directly caused or aggravated by the Specified Disease or Specified Disease treatment or Cancer or Cancer treatment.
- (4) care and treatment received outside the United States or its territories;
- (5) treatment not approved by a physician as medically necessary;
- (6) experimental treatment by any program that does not qualify as experimental treatment as defined in this policy.

E. PRE-EXISTING CONDITION LIMITATION

During the first [12 months] of a covered person's insurance, losses incurred for pre-existing conditions are not covered. During the first [12 months] following that date a covered person makes a change in coverage that increases his or her benefits, the increase will not be paid for pre-existing conditions. After this [12 month] period, however, benefits for such conditions will be payable unless specifically excluded from coverage. This [12 month] period is measured from the effective date of coverage for each covered person. A pre-existing condition means cancer or a specified disease, for which a covered person has received medical consultation, treatment, care services, or for which diagnostic test(s) have been recommended or for which medication has been prescribed during the [12 months] immediately preceding the effective date of coverage.

F. INTENSIVE CARE INSURANCE. Optional Benefit Rider.

1. This coverage will provide you with benefits if you go into an intensive care unit (ICU).
2. **Benefits.** Your benefits start the first day you go into ICU. The benefit is payable for up to 45 days per ICU stay.
 - a. Hospital Intensive Care Confinement Benefit. You may choose a benefit of [] \$325; [] \$425; [] \$525; [] \$625; [] \$725; or [] \$825 per day. It is reduced by one-half at age 75.
 - b. Step Down Unit. We will pay a benefit equal to one half the benefit indicated on the application for confinement to a step down unit.
 - c. Double Benefits. We will double the daily benefits for each day you are in ICU as a result of cancer or a specified disease. We will also double the benefit for an injury that results from:
 - [1] being struck by an automobile, bus, truck, motorcycle, train, or airplane; or
 - [2] being involved in an accident in which the named insured was the operator or was a passenger in such vehicle. ICU confinement must occur within 48 hours of accident.
 - d. Emergency Hospitalization and Subsequent Transfer to an ICU. We will pay the benefit selected by you for the highest level of care in a hospital that does not have an ICU. You must be transferred within 48 hours.
3. **Exceptions and Other Limitations.**
 - a. *Exceptions.* Except as provided in 2b. and 2d. above, coverage does not provide benefits for:
 - [1] surgical recovery rooms;
 - [2] progressive care;
 - [3] intermediate care;
 - [4] private monitored rooms;
 - [5] observation units;
 - [6] telemetry units; or other facilities which do not meet the standards for an intensive care unit.
 - b. *Limitations.* Benefits are not payable:
 - [1] if you go into ICU before the "Effective Date;"
 - [2] if you go into ICU for intentionally self-inflicted bodily injury or suicide attempts;
 - [3] if you go into ICU due to being intoxicated or under the influence of alcohol, drugs or any narcotic. This would not apply if, administered on the advice of a physician and taken according to the physician's instructions. The term "intoxicated" refers to that condition as defined by law in the jurisdiction where the accident or cause of loss occurred.

G. RENEWAL AGREEMENT

Except for fraud or material misrepresentation, you have the right to renew this policy as long as premiums are paid on time. This policy will terminate on the last day of the period for which premium is paid unless continued in force during a grace period.

H. TOTAL PREMIUM. The annual premium is \$_____ ; if other than annual \$ «PREM_TOTAL», mode monthly.

A grace period of 31 days will be granted for the payment of each premium after the first. Your policy remains in force during the grace period. Family plan coverage may include the following: you; your spouse; your unmarried dependent children under age 22 (25 if full-time student); grandchildren dependent upon you for income tax purposes; and children required to be insured under a medical support order by a court. Incapacitated children are covered in accordance with the incapacitated child continuation provision in the policy.

Premium Change

We have the right to change the table of premium rates for this policy. The change in premium will apply to all policies of this form number issued to insureds in your state of residence. Premiums will be charged in accordance with the table of premium rates using the original classification.

I hereby acknowledge that this outline of coverage was delivered to me on _____, 2009.

This outline of coverage is not a contract. It is intended only as a general description of the policy provisions in the planning of your program. The benefits are determined by the terms and conditions of the policy alone. IN ALL CASES, CONSULT YOUR POLICY FOR FULL DETAILS.

APPLICATION FOR CANCER/ SPECIFIED DISEASE COVERAGE

**Humana Insurance Company
1100 Employers Boulevard, Green Bay, Wisconsin 54344**

**ADMINISTERED BY:
Bay Bridge Administrators, LLC
P.O. Box 161690, Austin, TX 78716
800-845-7519**

PROPOSED INSURED		LAST		FIRST		MIDDLE	SEX	DATE OF BIRTH
STATE OF BIRTH	HEIGHT	WEIGHT	AGE	SOCIAL SECURITY NO.		MAILING ADDRESS		
CITY	STATE	ZIP	PHONE NO.		OCCUPATION			

Complete for Family Coverage:

FIRST	LAST	DOB	AGE	SEX	FIRST	LAST	DOB	AGE	SEX
SPOUSE					CHILD				
CHILD					CHILD				
CHILD					CHILD				

Selection of Coverage and [Monthly] Premiums:

Health Insurance Coverages: Cancer & Specified Disease Expense Policy

BASE PLAN WITH OPTIONS	[Plan Code]	[Plan Code]	OPTIONAL INTENSIVE CARE RIDER
	Room Rate Surgical Schedule Radiation, Chemotherapy, Immunotherapy Benefit First Diagnosis Benefit Colony Stimulating Factors Benefit Wellness Benefit	[\$100 per day] [\$1,500 per schedule] [Actual charges up to \$1,000 per day] [\$2,500 Lifetime Maximum] [\$500 per month] [Actual charges up to \$50 per calendar year]	[\$600 per day] [\$6,000 per schedule] [Actual charges up to \$10,000 per month] [\$10,000 Lifetime Maximum] [\$1,000 per month] [Actual charges up to \$100 per calendar year]
	<input type="checkbox"/> Individual [rate] <input type="checkbox"/> 1 Parent Family [rate] <input type="checkbox"/> 2 Parent Family [rate]	<input type="checkbox"/> Individual [rate] <input type="checkbox"/> 1 Parent Family [rate] <input type="checkbox"/> 2 Parent Family [rate]	TOTAL DEDUCTION

I hereby authorize my Employer _____ to reduce my salary by the TOTAL DEDUCTION and forward this amount to Humana Insurance Company. TOTAL DEDUCTION is calculated as to produce the premiums as shown herein.

Health Questions:

1. Cancer and Specified Disease— Has anyone proposed for coverage ever been diagnosed as having, been treated for or had care for which diagnostic test(s) have been recommended for: cancer or any malignancy, Addison’s Disease, Amyotrophic Lateral Sclerosis, Cystic Fibrosis, Diphtheria, Encephalitis, Epilepsy, Hensen’s Disease, Legionnaire’s Disease, Lupus Erythematosus, Lyme Disease, Malaria, Meningitis, Multiple Sclerosis, Muscular Dystrophy, Myasthenia Gravis, Niemann-Pick Disease, Osteomyelitis, Poliomyelitis, Rabies, Reye’s Syndrome, Rheumatic Fever, Rocky Mountain Spotted Fever, Scarlet Fever, Sickle Cell Anemia, Tay-Sachs Disease, Tetanus, Toxic Epidermal Necrolysis, Tuberculosis, Tularemia, Typhoid Fever, Undulant Fever, Whipple’s Disease? Yes No If “yes,” name(s) and condition: _____
(who is excluded from coverage)

2. Intensive Care Benefit/Rider – Has anyone proposed for coverage ever been diagnosed as having or been treated for a heart attack, heart disease, a heart condition, or any abnormality of the heart? Yes No If “yes,” name(s) and condition: _____
(who is excluded from coverage)

3. All Coverages – Has anyone proposed for coverage ever been diagnosed as having or treated by a member of the medical profession for: Acquired Immune Deficiency Syndrome (AIDS), “AIDS” Related Complex (ARC), or a condition or sickness derived from such infection, or tested positive for the HIV infection? Yes No If “yes,” name(s): _____
(who is excluded from coverage under this policy/rider)

Is this insurance to replace or change other insurance? Yes No If “Yes,” state company and policy number: _____

Other Health insurance coverage in force: (List Company name and amount of insurance in force, if known)

Medicaid: Residents of Arkansas, Utah, Virginia, South Carolina and Iowa only. Is any proposed insured also covered by any Title XIX program (e.g. Medicaid)? Yes No If “yes” list person(s) _____

I have received the required Outline of Coverage for each policy checked above: Yes No

I have read, or had read to me, the completed application and realize that any false statements or misrepresentation thereon which materially affects the insurance company’s acceptance of any person for coverage under a policy or rider may result in loss of coverage for that person during first two policy years.

I certify that no proposed insured is covered by any Title XIX program (Medicaid or any similar name).

Agent's Signature _____

Applicant's Signature _____

Agent's Number _____

Date of Signature _____

Additional Information: _____

Agent Use Only	
Case #: _____	Agent Split: _____
Date of First Deduction: _____	Agent II: _____ %
Requested Effective Date: _____	Agent III: _____ %

NOTICE TO APPLICANT REGARDING REPLACEMENT OF ACCIDENT AND SICKNESS INSURANCE

According to your application or information you have furnished, you intend to lapse or otherwise terminate existing accident and sickness insurance policy number _____, you have with

_____ Insurance Company, and replace it with a policy to be **issued by Humana Insurance Company**. For your information and protection, you should be aware of and seriously consider certain factors which may affect the insurance protection available to you under the new policy.

(1) You may wish to secure the advice of your present insurer or its agent regarding the proposed replacement of your present policy. This is not only your right, but it is also in your best interest to make sure you understand all the relevant factors involved in replacing your present coverage.

(2) If, after due consideration, you still wish to terminate your present policy and replace it with new coverage, be certain that all questions on the application concerning

your medical/health history are truthfully and completely answered. Failure to include all material medical information on an application may provide a basis for the company to deny any future claims and to refund your premium as though your policy had never been in force. After the application has been completed, it should be carefully reviewed before being signed to be certain that all information has been properly recorded.

(3) New policies may be issued at an older age than that used for issuance of your present policy; therefore, the cost of the new policy, depending upon the benefits, may be higher than you are paying for your present policy.

(4) This "Notice to Applicant" was delivered to me on:

(date) _____

Signature of Applicant _____

Signature of Witness / Agent _____

COMPLETE THIS FORM IN DUPLICATE, ONE COPY TO BE LEFT WITH APPLICANT AND ONE COPY RETURNED TO THE HOME OFFICE.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**PLAN ADMINISTERED BY
BAY BRIDGE ADMINISTRATORS, LLC
P.O. Box 161690
Austin, Texas 78716
1-800-845-7519**

SERFF Tracking Number: ICCI-126266957 State: Arkansas
 Filing Company: Humana Insurance Company State Tracking Number: 43227
 Company Tracking Number: HIC-CAN-POL 5/09 REV
 TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.002A Dread Disease - Cancer Only
 Product Name: Humana Cancer Policy HIC-CAN-POL 5/09 rev
 Project Name/Number: Humana Cancer Policy HIC-CAN-POL 5/09 rev/Humana Cancer Policy HIC-CAN-POL 5/09 rev

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification	Approved-Closed	08/24/2009
Comments:		
Attachment: Cert of Comp. with Rule 19 cancer.pdf		

	Item Status:	Status Date:
Satisfied - Item: Application	Approved-Closed	08/24/2009
Comments: Application has been attached to the form schedule tab		

	Item Status:	Status Date:
Satisfied - Item: Health - Actuarial Justification	Approved-Closed	08/24/2009
Comments:		
Attachment: GPMC Humana 1 act memo 052209.pdf		

	Item Status:	Status Date:
Satisfied - Item: Outline of Coverage	Approved-Closed	08/24/2009
Comments: The outline of coverage has been attached to the form schedule tab.		

	Item Status:	Status Date:
Satisfied - Item: Humana Insurance Company	Approved-Closed	08/24/2009
Comments:		
Attachment:		

**Certificate of Compliance with
Arkansas Rule and Regulation 19**

Insurer: Humana Insurance Company

Form Number(s): HIC-CAN-POL-AR 7/09, HIC-CAN-POBR-AR 7/09, HIC-ICR-AR 7/09,
HIC-CAN-OOC-AR 7/09, and HIC-CAN-APP-AR 7/09

I hereby certify that the filing above meets all applicable Arkansas requirements including the
requirement of Rule and Regulation 19.



Signature of Company Officer

Gerald L. Ganoni

Name

Vice President

Title

July 14, 2009

Date

Humana Insurance Company
Actuarial Memorandum
Policy Form: HIC-CAN-POL
Rider Form: HIC-ICR

1. Scope and Purpose of Filing

This is a new filing of this form. The Purpose of this filing is to demonstrate that the anticipated loss ratio of this form meets the minimum requirement of your state. This filing is not intended to be used for any other purpose.

2. Description of the Benefits

This policy form provides benefits for the treatment of cancer and other specified dread diseases diagnosed while this policy is in force. It also provides by rider intensive care benefits.

Appendix A is a copy of the benefits of the form and rider.

3. Renewability Clause

This form is classified as Guaranteed Renewable for life.

4. Applicability

This is a new filing of this form.

5. Morbidity

Pricing morbidity assumptions were primarily developed based upon the 1985 NAIC Cancer Claim Cost Tables adjusted for experience, underwriting and the benefits described above.

6. Mortality

The expected deaths are based on the 75-80 Ultimate table.

7. Persistency

The following are the expected lapses by policy year. These lapse rates are in addition to the mortality rates indicated above.

<u>Policy Year</u>	<u>Lapse Rate</u>
1	17.0%
2	15.0%
3	14.0%
4+	13.0%

8. Expense Assumptions

The expense assumptions including profit used in pricing this form are as follows:

Percent of Premium all years - 47.0%

9. Marketing Method

This policy will be marketed through agents on either 1) a payroll deduction basis or 2) an individual basis. Rates are issue age rates.

10. Underwriting

This policy will be underwritten using simplified underwriting.

11. Premium Classes

Premium rates are based upon the family type of coverage selected (Payroll ---- Individual, Single Parent Family or 2 Parent Family; Individual ---- Male, Female and Children). The annual premiums are attached as Appendix B.

12. Issue Age Range

This form will be available to those actively at work on a payroll basis or to issue age 69 on an individual basis.

13. Area Factors

The pricing of this form did not incorporate any area factors. The premiums for this form do not vary by geographic area.

14. Average Annual Premium

The expected average annual premium for this form is \$495.60.

The above average premium assumes a distribution of sales and selected policy benefits as shown in Item (21) below

15. Premium Modalization Rules

The following are the premium modalization rules for this form:

Monthly Direct	0.08333 * Annual
Semi-Annual Direct	0.52 * Annual
Quarterly Direct	0.265 * Annual

16. Claim Liability and Reserves

This is a new filing of this form; therefore, there are no claim liabilities and reserves at this time.

The claim reserve at any point in time will consist of (a) incurred but unreported claims and (b) unpaid claims which have been reported and are in the course of settlement.

These claim reserves will be determined using a "claim lag" methodology whereby a history of claims paid by incurral date will be maintained and such "claim run-off" will then be used to estimate the level of claim reserves.

17. Active Life Reserves

Statutory reserves for this form will be calculated using the two-year full preliminary term method. Termination rates will equal the greater of 8% and 2001 CSO ALB mortality. The interest rate used will be consistent with the NAIC Model Regulation on Minimum Reserve Standards for Individual and Group Health Insurance Contracts, which means that the rate used will be a rate permitted by law for the valuation of whole life insurance issued on the same date. Currently, this rate is 4.0%.

No negative reserves will be held for any one policy. In all circumstances, reserves will be in accordance with the Standard Valuation Law.

18. Trend Assumptions – Medical and Insurance

No trend factors were assumed in pricing this policy.

19. Minimum Required Loss Ratio

The minimum loss ratio for this policy form is 53% based on the average size premium. It will vary in the future based on the average size premium. The projected policy year loss ratios are shown in Appendix C. These projections use all of the assumptions discussed previously.

20. Anticipated Loss Ratio

Gross premiums were calculated to conform with the loss ratio requirements for your state. For both pricing and for the calculation of the Anticipated Loss Ratio, premiums, claims and other items were projected for 30 years. Present values were calculated using a discount rate equal to the expected earned interest rate using in pricing, which was 4.0% for all durations.

The Anticipated Loss Ratio for this form is 53.0%. This is computed as the present value of future benefits divided by the present value of future premiums over the entire future lifetime of the policy form. All assumptions used for this calculation are consistent with those used for pricing. This calculation assumes no future premium schedule changes and is consistent with benefit projections and

medical trend. If any future premium schedule changes were expected, they would have been used in the calculation.

Appendix C shows the Anticipated Loss Ratio for the policy years applicable to the Entire Future Lifetime of this form. These loss ratios do not include the change from year to year in the Active Life Reserve.

21. Distribution of Business

Age							
	Under						
	30						20.0%
	30-34						8.3%
	35-39						10.8%
	40-44						13.7%
	45-49						15.2%
	50-54						14.7%
	55-59						12.3%
	Over						
	59						5.0%
							100%
Sex							
	Female						67%
	Male						33%
Payroll							
By tier	By tier						
	Ind						55%
	Family						45%
	Within Family						
	One parent						12%
	Two parents						88%
Hosp							
	100	200	300	400	500	600	
	65%	27%	7%	0%	0%	1%	100%
Surg							
	1500	3000	4500	6000	7500	9000	
	13%	70%	10%	5%	1%	1%	100%

Rad Chemo	Per Treatment Maximum			Monthly Maximum				
	200	500	1,000	2,500	5,000	7,500	10,000	
	7%	20%	4%	2%	50%	1%	16%	100%
First Diag	2500	5000	7500	10000	0			
	65%	13%	8%	4%	10%			100%
Wellness	50	75	100					
	33%	33%	34%					100%
Colony Stimulating	500	1000	1500	2000	3000	4000		
	10%	40%		30%		20%		100%
ICR	Percent buying							
Amt	325	425	525	625	725	825	Not taking	
	28%	3%	1%	5%	-	4%	59%	100%
Percent Payroll	97%							
Percent ind	3%							

22. Contingency and Risk Margins

This form is expected to produce, based upon the expected claims, an overall contingency margin of approximately 5%.

23. Experience on the Form

This is a new filing of this form; therefore, there is no experience on the form.

24. Lifetime Loss Ratio

This is a new filing of this form; therefore, the Lifetime Loss Ratio equals the Anticipated Loss Ratio described in Section 21 above.

25. History of Rate Adjustments

This is a new filing of this form; therefore, it does not have any history of rate adjustments.

26. Number of Policyholders

Currently there are no policies in force in your state.

27. Proposed Effective Date

This is a new filing of this form; therefore, the proposed effective date of implementation is immediately upon regulatory approval.

28. Actuarial Certification

I, Gary P. Monnin, FSA, MAAA, am an actuary for G.P. Monnin Consulting, Inc. I am a member of the American Academy of Actuaries and am qualified in the area of health insurance. I certify that, to the best of my knowledge and judgment, the entire rate filing is in compliance with the applicable laws of your state and the rules of the Department of Insurance, and complies with Actuarial Standard of Practice Number 8, "Regulatory Filing for Rates and Financial Projections for Health Plans", as adopted by the Actuarial Standards Board, January, 1989, and that the benefits provided are reasonable in relation to the proposed premiums.



Gary P. Monnin, FSA, MAAA
Consulting Actuary



Date

Appendix A

Cancer Policy

BENEFITS	MAXIMUM AMOUNT
<p>1. Wellness Benefit. The Company will pay for a Covered Person's expenses incurred for Cancer screening tests, including but not limited to:</p> <ul style="list-style-type: none"> (a) Mammogram; (b) Flexible Sigmoidoscopy; (c) Pap Smear; (d) Chest X-ray; (e) Hemocult Stool Specimen; (f) Prostate Screen. 	Benefit amount chosen by the insured.
<p>2. Positive Diagnosis Test. The Company will pay the expense incurred for one diagnostic test that leads to Positive Diagnosis of Cancer or Specified Disease within 90 days of such test. This benefit is not payable if the same Cancer or Specified Disease recurs.</p>	\$300 per Calendar Year
<p>3. First Diagnosis Benefit. The Company will pay a one-time benefit when a Covered Person is first diagnosed with Cancer (other than skin Cancer) or a Specified Disease. The first diagnosis must occur after the Policy Effective Date. This benefit is payable only once for each Covered Person.</p>	Benefit amount chosen by the insured.
<p>4. Second and Third Surgical Opinions. The Company will pay the expense incurred for a written second or third surgical opinion as to the need for the surgical procedure. These charges must be incurred:</p> <ul style="list-style-type: none"> (a) after a Positive Diagnosis and before surgery; and (b) given by a Board Certified internist or a Board Certified Specialist in the appropriate specialty, who is not affiliated with the Physician performing the surgery. 	Actual Charges
<p>5. Non-Local Transportation. The Company will pay for a Covered Person's Non-Local travel to a Hospital (inpatient or outpatient); Radiation Therapy Center; Chemotherapy or Oncology Clinic; or any other specialized treatment.</p> <p>This benefit is payable if the Covered Person's treatment is not available Locally and is available Non-Locally.</p>	<ul style="list-style-type: none"> (a) The Actual Charges for a Common Carrier fare; or (b) 50 cents per mile for round-trip personal vehicle transportation for round trips over 60 miles. Mileage is measured from the Covered Person's home to the nearest treatment facility as described above. The Company will pay for up to 700 miles per treatment.

BENEFITS		MAXIMUM AMOUNT
6.	Adult Companion Lodging and Transportation. If a Covered Person is confined in a Non-Local Hospital for Cancer or Specified Disease treatment, the Company will pay lodging and transportation expenses for one adult companion to stay with the Covered Person.	<p>(a) Not more than \$75 per day for a single room in a motel, hotel, or other accommodations, to a maximum stay of 60 days. This benefit is not payable for lodging expense incurred more than 24 hours before the treatment nor for lodging expense incurred more than 24 hours following treatment.</p> <p>(b) The Company will pay the expense incurred for a round trip coach fare on a Common Carrier or a personal vehicle allowance of 50 cents per mile. Mileage is measured from the visiting adult companion's home to the Hospital in which the Covered Person is staying. The Company will pay for up to 700 miles per Hospital stay. If the Company pays for personal vehicle mileage under Item 5, We will pay personal vehicle mileage under this benefit only if the adult companion lives in another town other than where the Covered Person lives.</p>
7.	Ambulance. The Company will pay the expense incurred for ambulance service if the Covered Person is taken to the Hospital by a licensed or Hospital-owned ambulance and is admitted as an inpatient.	Actual Charges

BENEFITS		MAXIMUM AMOUNT
8.	<p>Surgery. The Company will pay the surgeon's fee for an operation and for care by the surgeon after the operation. If more than one operation is performed through the same incision, payment will be made for the one operation providing the largest benefit.</p> <p>Payment will not include charges by an assistant or co-surgeons.</p> <p>Benefits for surgery performed on an outpatient basis will be 150% of the scheduled benefit amount. However, the Company will not pay an amount which exceeds the actual surgeon's fees for the surgery.</p>	<p>Amount listed on the Surgical Schedule</p> <p>If the surgical procedure is not listed on the surgical schedule, the Company's payment will be made in accordance with the California Relative Value Schedule.</p>
9.	<p>Donor Benefit Bone Marrow and Stem Cell Transplant. The Company will pay the following expenses incurred by the Covered Person and his or her live donor:</p> <ul style="list-style-type: none"> (a) two times the Hospital Confinement Benefit chosen by the Named Insured for medical expenses (b) charges for round trip coach fare on a Common Carrier to the city where the transplant is performed; or (c) personal automobile expense (d) lodging and meals expense for donor to remain near Hospital 	<ul style="list-style-type: none"> (a) Benefit amount chosen by the insured. (b) Actual Charges (c) The Company will pay a personal vehicle allowance of 50 cents per mile. Mileage is measured from the home of the donor or Covered Person to the Hospital in which the Covered Person is staying. The Company will pay for up to 700 miles per Hospital stay. (d) Actual Charges up to \$50 per day
10.	<p>Bone Marrow and Peripheral Stem Cell Transplant. The Company will pay the Actual Charges per Covered Person for surgical and anesthetic charges associated with bone marrow transplant and/or peripheral stem cell transplant.</p>	<p>Actual Charges to a combined lifetime maximum of \$15,000</p>
11.	<p>Anesthesia. The Company will pay the expense incurred for the services of an anesthesiologist in connection with the Covered Person's surgery.</p> <p>For anesthesia in connection with the treatment of skin Cancer.</p>	<p>25% of the amount paid for surgery</p> <p>\$100</p>

BENEFITS		MAXIMUM AMOUNT
12.	Ambulatory Surgical Center. The Company will pay the expenses incurred for surgery performed at an Ambulatory Surgical Center.	\$250 per day
13.	Drugs and Medicine. The Company will pay the expenses incurred for drugs and medicine while the Covered Person is confined in a Hospital.	\$25 for each day of confinement to a Calendar Year maximum of \$600.
14.	Outpatient Anti-Nausea Drugs. The Company will pay the expense incurred for drugs prescribed by a Physician and which are used for suppressing nausea during Cancer or Specified Disease treatment	\$250 per calendar year
15.	<p>Radiation Therapy, Radioactive Isotopes Therapy; Chemotherapy; or Immunotherapy. The Company will pay the expenses incurred for:</p> <ul style="list-style-type: none"> (a) teleradio therapy using either natural or artificially propagated radiation; (b) interstitial or intracavity application of radium or radioactive isotopes in sealed or non-sealed sources; (c) chemical substances and their administration including hormonal therapy; (d) antigenic preparation or immunosuppressive techniques; on an inpatient or outpatient basis. <p>Treatment must be:</p> <ul style="list-style-type: none"> (a) administered by a Radiologist, Chemotherapist, or Oncologist; or (b) used to modify or destroy cancerous tissue. <p>Unless specified elsewhere in the Policy, the Company will not pay for:</p> <ul style="list-style-type: none"> (a) treatment room charges; (b) dressings; (c) medications other than chemotherapeutic drugs; (d) emergency room charges; (e) medical supplies; (f) x-rays, scans and their interpretations. 	The Company will pay the Actual Charges up to the amount shown on the Policy Schedule.

BENEFITS		MAXIMUM AMOUNT
16.	<p>Miscellaneous Therapy Charges. The Company will pay the expenses incurred for the following services:</p> <ul style="list-style-type: none"> (a) laboratory work and its interpretation; (b) routine or diagnostic X-rays, scans, and their interpretations. <p>Service must be performed while receiving treatment(s) in Item 15 within 30 days following a covered treatment.</p>	Actual Charges up to a lifetime maximum of \$10,000
17.	<p>Self- Administering Drugs. The Company will pay the actual expenses incurred for self-administered chemotherapy, including hormone therapy, or immunotherapy agents. This benefit is not payable for planning, monitoring or other agents used to treat or prevent side effects, or other procedures related to this therapy treatment.</p>	Actual Charges to \$4,000 per month
18.	<p>Colony-Stimulating Factors The Company will pay the actual charges incurred for</p> <ul style="list-style-type: none"> (a) cost of the chemical substances and (b) their administration to stimulate the production of blood cells <p>Treatment must be administered by an Oncologist or Chemotherapist</p>	Benefit amount chosen by the insured.
19.	<p>Blood, Plasma, and Platelets. The Company will pay the expenses a Covered Person incurs for:</p> <ul style="list-style-type: none"> (a) blood, plasma, and platelets; (b) transfusions; (c) the administration of items (a) and (b) above; (d) processing and procurement costs; (e) cross matching. <p>The Company will not pay for blood replaced by donors.</p>	Actual Charges up to \$200 per day
20.	<p>Physician's Attendance. The Company will pay the expense incurred for one visit per day by a Physician while the Covered Person is confined in a Hospital.</p>	\$35 per day

BENEFITS		MAXIMUM AMOUNT
21.	<p>Private Duty Nursing Services. The Company will pay the expense incurred for private nursing care by a Nurse provided:</p> <ul style="list-style-type: none"> (a) nursing services are required and ordered by the attending Physician; and (b) the Covered Person is confined in a Hospital. <p>The Company will not pay for nursing services in a facility other than a Hospital.</p>	\$100 per day
22.	<p>National Cancer Institute Designated Comprehensive Cancer Treatment Center Evaluation/Consultation Benefit. The Company will pay the expense incurred if an Insured Person is diagnosed with Internal Cancer and seeks evaluation or consultation from a National Cancer Institute designated Comprehensive Cancer Treatment Center. If the Comprehensive Cancer Treatment Center is located more than 30 miles from the Insured Person's place of residence, the Company will also pay the transportation and lodging expenses incurred. This benefit is not payable on the same day a Second or Third Surgical Opinion Benefit is payable and is in lieu of the Non-Local Transportation Benefits of the policy.</p>	<p>Expenses incurred limited to a lifetime maximum up to \$750 for evaluation</p> <p>Expenses incurred limited to a lifetime maximum up to \$350 for transportation and lodging</p>
23.	<p>Breast Prosthesis. The Company will pay the expense incurred for:</p> <ul style="list-style-type: none"> (a) a prosthesis to restore body contour lost due to breast Cancer; (b) the implantation of the prosthesis. 	Actual Charges
24.	<p>Artificial Limb or Prosthesis. When an amputation is performed, the Company will pay the expenses the Covered Person incurs for:</p> <ul style="list-style-type: none"> (a) an artificial limb or prosthesis; (b) the procedure to affix or implant it. 	\$1500 lifetime maximum per Covered Person per amputation.
25.	<p>Physical Therapy or Speech Therapy. The Company will pay the expenses the Covered Person incurs for physical or speech therapy for restoration of normal bodily function.</p>	\$35 per therapy session

BENEFITS	MAXIMUM AMOUNT
<p>26. Extended Benefits. If a Covered Person is confined in a Hospital for more than 60 continuous days, the Company will pay three times the selected Hospital confinement benefit shown on the Schedule page. Payment will begin on the 61st day of continuous Hospital confinement. This benefit is payable in lieu of the Hospital Confinement Benefit.</p>	
<p>27. Extended Care Facility. If a Covered Person is confined in an Extended Care Facility, the Company will pay the expenses he or she incurs, up to the maximum benefit amount per day. Confinement must:</p> <ul style="list-style-type: none"> (a) be at the direction of the attending Physician; (b) begin within fourteen days after a Hospital confinement. 	<p>\$50 per day, up to the number of days that the Hospital Confinement Benefit was paid</p>
<p>28. At Home Nursing. The Company will pay the expenses incurred by a Covered Person for private nursing care and attendance by a Nurse at home. Nursing services must be:</p> <ul style="list-style-type: none"> (a) required and authorized by the attending Physician; and (b) immediately following confinement in a Hospital. 	<p>\$100 per day, up to the number of days that the Hospital Confinement Benefit was paid.</p>

BENEFITS	MAXIMUM AMOUNT
<p>29. New or Experimental Treatment. The Company will pay the expenses incurred by a Covered Person for new or Experimental Treatment:</p> <ul style="list-style-type: none"> (a) judged necessary by the attending Physician; and (b) received in the United States or in its territories. 	<p>\$7,500 per Calendar Year</p>
<p>30. Hospice Care. If a Covered Person elects to receive hospice care, the Company will pay the expenses incurred for care received in a Free Standing Hospice Care Center or at home.</p> <p>The Covered Person must have been diagnosed as Terminally Ill and:</p> <ul style="list-style-type: none"> (a) the attending Physician must approve such stay or care; and (b) the Covered Person must be admitted or have at home care begin within fourteen (14) days after a Hospital stay. <p>Benefits payable for hospice centers that are designated areas of Hospitals will be paid the same as inpatient Hospital stays.</p> <p>The Company will not pay for food services or meals other than dietary counseling; services related to well-baby care; services provided by volunteers; or support for the family after the death of the Covered Person.</p>	<p>\$50 per day</p>
<p>31. Government or Charity Hospital. If the Covered Person is confined in:</p> <ul style="list-style-type: none"> (a) a Hospital operated by or for the United States Government (including the Veteran's Administration); or (b) a Hospital that does not charge for the services it provides (charity); <p>The Company will pay a daily benefit in lieu of all other benefits provided in this Policy.</p>	<p>\$200 per day</p>
<p>32. Hairpiece. The Company will pay the actual expenses incurred per Covered Person for a hairpiece when hair loss is the result of Cancer treatment.</p>	<p>Actual Charges up to lifetime maximum of \$150</p>

BENEFITS	MAXIMUM AMOUNT
<p>33. Rental or Purchase of Durable Goods The Company will pay the actual expenses incurred for the rental or purchase of the following pieces of durable medical equipment:</p> <ul style="list-style-type: none"> (a) a respirator or similar mechanical device; (b) brace; (c) crutches; (d) hospital bed; or (e) wheelchair 	Actual Charges up to \$1,500 per Calendar Year
<p>34. Waiver of Premium. The Company will waive premiums starting on the first premium due date following a 60 day period of disability due to Cancer or Specified Disease. The Named Insured must:</p> <ul style="list-style-type: none"> (a) be receiving treatment for such Cancer or Specified Disease for which benefits are payable under this Policy; and (b) remain disabled for 60 consecutive days. <p>The Company will waive premiums for as long as the Named Insured remains Disabled. Premiums waived will be in accordance with the mode of payment in effect when treatment began.</p> <p>Disabled means that the Named Insured is:</p> <ul style="list-style-type: none"> (a) unable to work at any job for which he or she is qualified by education, training or experience; and (b) under the care of a Physician for the treatment of internal Cancer or a Specified Disease. 	
<p>35. Hospital Confinement Benefit. The Company will pay a daily benefit for each day a Covered Person is charged the daily room rate by a Hospital. This benefit is payable up to 60 days for one period of continuous stay. For covered children under the age of 21 the benefit is two (2) times the daily Hospital Confinement Benefit.</p>	\$100 - \$600 in \$100 increments, as chosen by the Covered Person on his or her application. The benefit amount is listed on the Policy Schedule page.

Intensive Care Rider

Benefit	Daily Benefit Amount
For confinement in an Intensive Care Unit (ICU) for treatment other than for Cancer or Specified Disease or Common Carrier Injury	\$325 – \$825 in \$100 increments
For confinement in a Step Down Unit	One-half the daily benefit amount elected for Intensive Care Unit confinement
For confinement in an ICU for treatment of Cancer or Specified Disease	2 times the daily benefit amount elected for Intensive Care Unit confinement
For confinement in an ICU for treatment of Common Carrier Injury	2 times the daily benefit amount elected for Intensive Care Unit confinement
Maximum payment period	45 days per Period of Confinement

ICU Benefit. The Company will pay the daily benefit amount for each day of a Covered Person’s Period of Confinement in an ICU. The Period of Confinement must be due to sickness or injury and begin while the Covered Person is covered under the Policy. Benefits are payable from the first day of ICU confinement. A day is defined as a 24-hour period. If a Covered Person is confined to an ICU for only part of a day, a pro-rata portion of the daily benefit will be paid.

Emergency Confinement and Transfer to an ICU. The Company will pay the ICU daily benefit amount for a non-ICU admission to a Hospital if:

- (a) the Covered Person is admitted to a Hospital on an emergency basis; and
- (b) the Covered Person is receiving the highest level of care available in a Hospital that does not have an ICU; and
- (c) within 48 hours of the admission, the Covered Person is transferred directly to the ICU of a Hospital that has an ICU.

Benefits will be payable for the ICU confinement in accordance with the provisions of this Rider.

Double ICU Benefit. Benefits are doubled for a Covered Person’s Period of Confinement in an ICU for treatment due to Cancer or a Specified Disease or treatment of a Common Carrier Injury. The double benefit for Common Carrier Injury is payable only for the initial ICU confinement that occurs within 48 hours of the Common Carrier Injury. Under this item, double benefits are not payable for successive periods of ICU confinement, even when part of the same Period of Confinement.

Reduction in Amount of Insurance. On the Policy Renewal Date on or next following the date a Covered Person attains age 75, his or her daily benefit amount payable for ICU confinement will be reduced to one-half of that which applied to him or her on the day preceding the date he or she attained age 75.

HUMANA.
Guidance when you need it most.

March 1, 2009

To: All State Insurance Departments

Humana Insurance Company hereby authorizes Insurance Compliance Consultants, Inc., to file the attached form(s) or a state specific variation of it, and to act on Our behalf regarding such filings, in all jurisdictions where this form(s) or a state specific variation of it is being filed. Humana Insurance Company may withdraw this authorization at any time, by giving notice to Insurance Compliance Consultants.

Sincerely,

A handwritten signature in black ink, appearing to read 'Alan Stewart', with a long horizontal line extending to the right.

Alan Stewart
Vice President
Humana Insurance Company