

SERFF Tracking Number: ICCI-127018289 State: Arkansas
Filing Company: Humana Insurance Company State Tracking Number: 47965
Company Tracking Number: HIC-GP-CAN-POL 2/11
TOI: H07G Group Health - Specified Disease - Sub-TOI: H07G.002 Dread Disease
Limited Benefit
Product Name: Humana Group Cancer HIC-GP-CAN-POL 2/11
Project Name/Number: Humana Group Cancer HIC-GP-CAN-POL 2/11/Humana Group Cancer HIC-GP-CAN-POL 2/11

Group Cancer policy HIC-GP-CAN-POL 2/11 provides for Cancer and Specified Disease Expense.

Form HIC-GP-CAN-CER-AR 2/11 is the certificate of insurance evidencing coverage under the group policy.

Intensive Care Unit Benefit Rider form HIC-GP-ICR 2/11 is available if selected on the application and the additional premium is paid.

Waiver of Premium due to Sanctioned Strike Benefit Rider form HIC-SPW 2/11 is available if selected on the application and the additional premium is paid.

Form HIC-CAN-EE-E-EF-AR 2/11 is the employee application.

Form HIC-CAN-ERAPP-AR 2/11 is the employer application.

Form HIC-CAN-EOI-APP-AR 2/11 is the evidence of insurability application.

This is a true group employer form.

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

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Product Name: Humana Group Cancer HIC-GP-CAN-POL 2/11
Project Name/Number: Humana Group Cancer HIC-GP-CAN-POL 2/11/Humana Group Cancer HIC-GP-CAN-POL 2/11
Louisville, KY 40201-7436 FEIN Number: 39-1263473
(502) 580-2712 ext. [Phone]

Filing Fees

Fee Required? Yes
Fee Amount: \$400.00
Retaliatory? No
Fee Explanation: \$50 per form
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Humana Insurance Company	\$400.00	02/11/2011	44630065

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	03/01/2011	03/01/2011

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	02/25/2011	02/25/2011	Brenda Dawson	02/26/2011	02/26/2011

SERFF Tracking Number: *ICCI-127018289* State: *Arkansas*
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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	Authorization Letter	Approved-Closed	Yes
Form	Group Cancer Policy	Approved-Closed	Yes
Form (revised)	Group Cancer Certificate	Approved-Closed	Yes
Form	Group Cancer Certificate	Replaced	Yes
Form	Intensive Care Rider	Approved-Closed	Yes
Form	Portability Rider	Approved-Closed	Yes
Form	Strike Waiver Rider	Approved-Closed	Yes
Form	Employee Enrollment Form	Approved-Closed	Yes
Form	Evidence of Insurability form	Approved-Closed	Yes
Form	Employer application	Approved-Closed	Yes

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 02/25/2011
Submitted Date 02/25/2011
Respond By Date 03/25/2011

Dear Brenda Dawson,

This will acknowledge receipt of the captioned filing.

Objection 1

- Group Cancer Certificate, HIC-GP-CAN-CER AR 2/11 (Form)

Comment:

Your Time Payment of Claims provision is not in compliance with Rule and Regulation 43, Section 12(a)(b)(c).

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

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Response Letter

Response Letter Status Submitted to State
 Response Letter Date 02/26/2011
 Submitted Date 02/26/2011

Dear Rosalind Minor,

Comments:

Thank you for your letter.

Response 1

Comments: The Time of Payment of Claims provision has been revised as requested. Thankyou.

Related Objection 1

Applies To:

- Group Cancer Certificate, HIC-GP-CAN-CER AR 2/11 (Form)

Comment:

Your Time Payment of Claims provision is not in compliance with Rule and Regulation 43, Section 12(a)(b)(c).

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Group Cancer Certificate	HIC-GP-CAN-CER AR 2/11		Certificate	Initial			AR HIC-GP-CAN-CER-AR 2-11.pdf
Previous Version							
Group Cancer	HIC-GP-		Certificate	Initial			AR HIC-

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Form Schedule

Lead Form Number: HIC-GP-CAN-POL 2/11

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 03/01/2011	HIC-GP-CAN-POL 2/11	Policy/Contract/Fraternal Certificate	Group Cancer Policy	Initial			HIC-GP-CAN-POL 2-11_Group Cancer Policy_.pdf
Approved-Closed 03/01/2011	HIC-GP-CAN-CER AR 2/11	Certificate	Group Cancer Certificate	Initial			AR HIC-GP-CAN-CER-AR 2-11.pdf
Approved-Closed 03/01/2011	HIC-GP-ICR 2/11	Certificate Amendment, Insert Page, Endorsement or Rider	Intensive Care Rider	Initial			HIC-GP ICR 2-11_Group Intensive Care Rider_.pdf
Approved-Closed 03/01/2011	HIC-GP-PORT 2/11	Certificate Amendment, Insert Page, Endorsement or Rider	Portability Rider	Initial			HIC-GP-PORT 2-11_Group Portability Rider_.pdf
Approved-Closed 03/01/2011	HIC-GP-SPW 2/11	Certificate Amendment, Insert Page, Endorsement or Rider	Strike Waiver Rider	Initial			HIC-GP-SPW 2-11_Group SPW Strike Waiver_.pdf
Approved-Closed 03/01/2011	HIC-CAN-EE-EF AR 2/11	Application/Employee Enrollment Form	Enrollment Form	Initial			AR HIC-CAN-EE-EF AE 2-11_enrollment

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Approved- HIC-CAN- Application/ Evidence of Initial
 Closed EOI-APP Enrollment Insurability form
 03/01/2011 AR 2/11 Form

app_.pdf
 AR HIC-CAN-
 EOI-APP AR
 2-11
 _Evidence of
 Insurability_.p
 df
 AR HIC-CAN-
 ERAPP AR 2-
 11 _employer
 app_.pdf

Approved- HIC-CAN- Application/ Employer application Initial
 Closed ERAPP AR Enrollment
 03/01/2011 2/11 Form

Humana Insurance Company

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

GROUP CANCER AND SPECIFIED DISEASE EXPENSE POLICY

Policyholder: [ABC Company]
Policy Number: [123]
Policy Date: [JANUARY 1, 2011]
Anniversary Date: [JANUARY 1, of each year]

MASTER POLICY

This Policy is a legal contract between the Policyholder and Us. To understand the coverage, the Policyholder must read this Policy as a whole.

In this Policy, the words Named Insured refer to those persons who are members of an eligible class as described in the Certificate Schedule and who hold a Certificate of Insurance. Benefit payment is governed by the terms of this Policy. The words Covered Person refer to any person covered under this Policy as described on the Certificate Schedule. The words We, Us, Our or Company refer to Humana Insurance Company. The male pronoun includes the female whenever used.

We agree to insure certain individuals and to pay the benefits provided by this Policy in accordance with its provisions.

This Policy is issued in consideration of statements made in the application and the payment of premiums by the Policyholder. A copy of the signed application will be attached and made a part of this Policy.

This Policy is effective on the Policy Date. The Policy Date will be the date of issue. The first Policy Year will end on the anniversary date shown above. Each Policy Year after that will end on the same date of each year. All periods will begin and end at 12:01 A.M. Standard Time at the Policyholder's main address.

This Policy is delivered in and is governed by the laws of the governing jurisdiction and to the extent applicable by the Employee Retirement Income Security Act of 1974 (ERISA) and any amendments.

For Humana Insurance Company:



Michael B. McCallister
President



Gerald L. Ganoni
Vice President

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INCORPORATION PROVISION

The provisions of the attached Certificate and all amendments to this Group Policy after its effective date are incorporated into and made part of this Group Policy.

The terms used in this Policy have the same meaning given to those terms in the Certificate unless otherwise specifically defined in this Policy.

CERTIFICATE

The Certificates, including the Certificate Schedules, amendments, riders and supplements, if any, are a written statement prepared by Us to set forth a summary of:

- benefits to which a Covered Person is entitled;
- to whom the benefits are payable; and
- limitations or requirements that may apply.

ELIGIBILITY AND EFFECTIVE DATE

Policy Effective Date

Coverage under this Policy begins at 12:01 a.m. Standard Time on the Policy Date shown on page 1 of this Policy.

TERMINATION OF INSURANCE

Termination of This Policy

This Policy can be cancelled:

- by the Policyholder; or
- by Us.

If the premium is not paid when it is due or during the grace period, this Policy will terminate at midnight on the last day for which premium was paid. The Policyholder must pay all premiums due for the full period each Certificate is in force.

If We cancel this Policy for reasons other than the Policyholder's failure to remit premium, a written notice will be delivered to the Policyholder at least 60 days prior to the cancellation date.

The Policyholder may cancel this Policy by written notice delivered to Us at least 31 days prior to the cancellation date. This Policy can be cancelled on an earlier date if We both agree. Coverage will end at 12:00 midnight Standard Time on the cancellation date.

PREMIUMS

When and Where to Pay Premiums

The premiums for the coverage must be paid to Us at Our home office or to Our administrator when they are due. The premium due dates are based on the effective dates of the coverage shown on the Certificate Schedules.

Each monthly premium will be calculated on the basis of Our record as to the number of Covered Persons in each coverage classification at the time of calculation, at the premiums then in effect.

Our Right to Change Premiums

We have the right to change the premium We charge. If We plan to make a change, We will send the Policyholder a notice at least 60 days in advance.

However, We may change premium rates at any time for reasons which affect the risk assumed, including the reasons shown below:

- a change occurs in the plan design;
- a division, subsidiary, or affiliated company is added or deleted;
- a substantial change occurs in the participation level of Primary Insureds;
- the number of Primary Insureds changes by 25% or more; or
- a new law or a change in any existing law is enacted which applies to this Policy.

PARTICIPATION REQUIREMENTS

The following participation requirements must be met and maintained for coverage to be effective initially and continue in force. The Group Policy may be terminated by Us for the Policyholder's failure to meet participation requirements. The Policyholder agrees that the following participation requirements apply:

For Policies for Which Issue Was Guaranteed

- a. For a Policyholder with [100 to 499] or fewer persons in an eligible class, enrollment of at least [25%] of such persons as Named Insureds under this Policy must be met initially and maintained.
- b. For a Policyholder with [500 to 999] or more persons in an eligible class, enrollment of at least [20%] of such persons as Named Insureds under this Policy must be met initially and maintained.
- c. For a Policyholder with more than [1,000] persons in an eligible class, enrollment of at least [15%] of such persons as Named Insureds under this Policy must be met initially and maintained.

For Policies for Which Issue Was Not Guaranteed

Regardless of the number of persons in an eligible class, enrollment of at least [5] of such persons as Named Insureds under this Policy must be met initially and maintained.

POLICYHOLDER NOT OUR AGENT

The Policyholder will not be considered our agent for any purpose under this Policy.

GENERAL PROVISIONS

Coverage Provided by This Policy.

We insure a Covered Person for a loss according to the provisions of this Policy.

Entire Contract; Changes. This Policy, the Policyholder's Application, and any attached Riders or Amendments make up the entire contract. A copy of the Named Insured's Application is attached. In the absence of fraud, all statements made on any 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 or a Certificate 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 a Named Insured's coverage must contain the Named Insured's signature in order for the change to be binding.

Incontestability. This Policy will not be contested after it has been in force for two year(s) from the Policy Effective Date, except as to nonpayment of premiums.

After two years from the Policy Effective Date, no misstatements made in the Policyholder's Application, except fraudulent misstatements, will be used to contest this Policy.

Physical Examination. 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.

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 and any Certificate which, on its Effective Date, is in conflict with the statutes of the state in which this Policy or any Certificate is delivered is hereby amended to conform to the minimum requirements of those statutes.

Clerical Error. Clerical error, whether by the Policyholder 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.

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 under 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 on a pro-rata basis. Notice of death should be sent to Us within 12 months, or as soon as reasonably possible, after a Covered Person has died.

Information to Be Furnished By the Policyholder.

The Policyholder must keep a record of the Named Insureds and the particulars of the insurance on each. The Policyholder must provide Us at regular intervals, on forms acceptable to Us, information relative to persons:

- who are eligible to enroll;
- who are insured by the coverage; and
- whose coverage terminates pursuant to the "Termination Dates" provision.

The Policyholder must also provide Us with any other information about the coverage that may be reasonably required, such as Named Insureds on leave of absence.

We have the right to inspect the Policyholder's records which may have a bearing on the insurance provided by this Policy. We may inspect the records at any time while this Policy is in force and within one year after the termination of this Policy.

Humana Insurance Company

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

[NAMED INSURED: [JIM SMITH]

TYPE OF COVERAGE: [«COV_CODE»]

CERTIFICATE EFFECTIVE DATE: [JANUARY 1, 2011]

PREMIUM: [\$ «PREM_TOTAL»]

CERTIFICATE NUMBER: [12345678]

RENEWAL PREMIUM PERIOD: [«PREM_PERIOD»]

GROUP CANCER AND SPECIFIED DISEASE EXPENSE CERTIFICATE

Humana Insurance Company, "the Company", hereby certifies that it has issued Group Policy no. [123] to: [ABC Company], which We will refer to as "the Policyholder". We will refer to a member of an eligible class as indicated on the Certificate Schedule, as the "Named Insured". Covered Person refers to any person covered under the Policy as indicated on the Certificate Schedule.

Coverage under the Policy will be administered on behalf of the Company by "the Administrator": Bay Bridge Administrators, LLC

The Policy is delivered in Arkansas and shall be governed by the laws thereof. The Group Policy is on file with the Policyholder and may be examined at any reasonable time. Only an executive officer of the Company can authorize a change of the Group Policy or benefits.

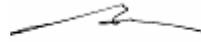
The Policy Effective Date is: **[01/01/2011]**

The Policy Anniversary Date is: **[01/01] of each year.**

Signed for Humana Insurance Company at Green Bay, Wisconsin.



Michael B. McCallister
President



Gerald L. Ganoni
Vice President

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AMENDMENT - PAYMENT OF BENEFITS

CERTIFICATE SCHEDULE

NAMED INSURED	[JIM SMITH]
POLICYHOLDER	[ABC COMPANY]
POLICY NUMBER	[123]
POLICY EFFECTIVE DATE	[JUNE 1, 2009]
CERTIFICATE EFFECTIVE DATE	[JULY 1, 2009]
CERTIFICATE NUMBER	[12345678]
ELIGIBLE CLASS	[CLASS 1 – ALL FULL TIME EMPLOYEES [CLASS 2 – ALL TERMINATED EMPLOYEES WHO WERE ACTIVELY AT WORK AND INSURED UNDER THE POLICY FOR AT LEAST 6 CONSECUTIVE MONTHS IMMEDIATELY PRIOR TO THE DATE OF TERMINATION]
DEFINITION OF FULL TIME	[17.5 HOURS]
TYPE OF COVERAGE	[«COV_CODE»]
TOTAL MONTHLY PREMIUM	[\$ «PREM_TOTAL»]
FAMILY MEMBERS COVERED: [SUE SMITH] [JOE SMITH]	
INITIAL ENROLLMENT PERIOD	[31 DAYS]
WAITING PERIOD	[0 – 90 DAYS]
OPEN ENROLLMENT PERIOD	[JULY 1 TO AUGUST 1 OF EACH YEAR]

BENEFIT

MAXIMUM BENEFIT AMOUNT

HOSPITAL CONFINEMENT BENEFIT	[\$0, \$100, \$200, \$300, \$400, \$500, \$600] PER DAY
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 Certificate, the Schedule with the most recent Certificate Effective Date will be valid.

SECTION I – DEFINITIONS

[Actively-At-Work - means performing in the customary manner, all the Primary and Essential Duties of the Named Insured's occupation with the Policyholder, on a full-time basis, as indicated on the Certificate Schedule, at the Named Insured's customary place of employment or business, or at some location to which that employment requires the Named Insured to travel.]

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. The fee negotiated between a managed care organization and medical providers would be considered the actual charge.

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.

[Certificate Effective Date - means the day on which coverage for the Named Insured and other Covered Persons begins and is shown on the Certificate Schedule page. Coverage will begin on the first day of the month following the date:

- (a) Our Home Office has approved the application; and
- (b) the Policyholder has paid the first premium.]

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, including a natural child from the moment of birth, stepchild, foster or legally adopted child, or child in the process of adoption (including a child while the Named Insured is a party to a proceeding in which the adoption of such child by the Named Insured is sought); a child for whom the Named Insured is required by a court order to provide medical support, and grandchildren who are dependent on the Named Insured for federal income tax purposes at the time of application, who is:

- (a) not yet age 25; or
- (b) not yet age 26 if a full time student at an accredited school.

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 Certificate Schedule whose coverage has become effective;
- (c) any eligible Spouse or Child, as defined and added to this Certificate by endorsement after the Certificate 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.

[Enrollment Form – means the form designated by Us that a person in an eligible class must complete and submit in order to request enrollment in the Policy. Enrollment Forms are available from the Policyholder and must be submitted to the Policyholder to be forwarded to Us.]

Evidence of Insurability – means a statement of medical history or condition or other evidence that a person is an acceptable risk for insurance as determined by the Company.

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.

Initial Enrollment Period – means the period of time during which a Named Insured is first eligible to enroll under the Policy.

[Late Enrollee – means a Named Insured who does not send an Enrollment Form during the Initial Enrollment Period.]

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

Named Insured - means the person in an eligible class who has completed and signed an Enrollment Form or has submitted satisfactory Evidence of Insurability[, if a Late Enrollee] and who has been accepted for coverage by Us. This is the person whose name appears on the Certificate 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 the 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.

Policyholder – means the entity, in whose name the Policy is issued, as specified on the Schedule of Benefits.

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.

Primary and Essential Duties – means those duties that are generally and regularly required in the performance of an occupation and which cannot be reasonably changed, accommodated or omitted.

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.

[Retiree/Terminated Employee – means an employee who was Actively at Work and insured under the Policy for at least 6 consecutive months immediately prior to the date of termination of employment with the Policyholder.]

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

Waiting Period – means a period of time that must pass with respect to a Named Insured before the Named Insured is eligible to be covered for benefits under the terms of the Policy. The Waiting Period is determined by the Policyholder on its application for coverage under the Policy.

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

You/Your - means the Named Insured.

SECTION II – ELIGIBILITY AND EFFECTIVE DATES

To be eligible for insurance under the Policy as a Named Insured, a person must be a member of an eligible class, as provided on the Certificate Schedule [and] [,] [submit an Enrollment Form to be received by Us prior to the end of the Initial Enrollment Period in order not to be considered a Late Enrollee] [and] [satisfy the Waiting Period shown on the Policyholder Application and Certificate Schedule.] [submit Evidence of Insurability satisfactory to the Company.]

Enrollment

[An individual who is a member of an eligible class as a full-time employee may enroll for coverage as a Named Insured during the Initial Enrollment Period, as shown on the Certificate Schedule that follows the later of:

- the Policy Effective Date;
- the date the individual first becomes a member of an eligible class;
- the date the individual completes the Waiting Period shown on the Policyholder Application and Certificate Schedule, if applicable.]

[An individual who is a member of an eligible class as a Retiree/Terminated Employee may enroll for coverage only during the first 31 days following termination of employment with the Policyholder. If application is not made during this first 31 day period, a Retiree/Terminated Employee is not eligible for coverage under the Policy.]

[An individual who fails to enroll during the Initial Enrollment Period is a Late Enrollee [and] [may enroll only during the annual Open Enrollment Period shown on the Certificate Schedule], [and] [must submit Evidence of Insurability satisfactory to the Company.]

Named Insured Effective Date

Your Effective Date of coverage under the Policy[, excluding Late Enrollees,] will be determined as follows:

1. [If You enroll for coverage when the Policyholder applies for coverage, Your coverage will be effective on the Policyholder's Effective Date.]
2. [If You become eligible after the Policyholder's Effective Date and enroll during a Waiting Period or an Initial Enrollment Period, coverage will be effective the first of the month next following the later of the end of any applicable Waiting Period, Initial Enrollment Period and receipt of the Enrollment Form by Us.]
3. [The first of the month coinciding with or next following Our approval of Your Evidence of Insurability.]

[If a Named Insured is not Actively-at-Work, the effective date of such person's insurance will be delayed until the date the Named Insured returns to being Actively-at-Work. However, should the effective date be a non-work day, insurance will still become effective on that date if the Named Insured is otherwise Actively-at-Work and performing all of the Primary and Essential duties of the such person's employment or occupation on the last preceding scheduled work day.]

[If coverage under the Policy replaces a prior plan of group cancer and specified disease insurance, a person who is otherwise a member of an eligible class under the Policy shall be covered without regard to any Actively-at-Work, or Evidence of Insurability requirement if:

- (1) such person was validly covered under the prior plan on the Policyholder's Effective Date; and
- (2) the applicable premium is paid.

If benefits payable under the Policy are subject to an applicable pre-existing condition limitation, such benefits will be the lesser of:

- (1) benefits under the Policy without application of the pre-existing conditions limitation; or
- (2) benefits of the Prior Plan.

An Individual policy of cancer and specified disease insurance does not meet the criteria of a prior plan of group cancer and specified disease insurance. This is true even if the premiums for such Individual insurance were payroll deducted or included as part of a Cafeteria Plan.]

Family Coverage - Eligibility

Family members eligible for coverage are:

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

Newborn Coverage from Birth

[If Your coverage does not include a Spouse, a Child or Children, benefits will be payable with respect to a newly born child of the Named Insured from the moment of birth. Notification of birth of a newly born child must be furnished to Us within thirty-one (31) days after the date of birth in order to have the coverage continue beyond such thirty-one day period. Payment of the required premium must be made within thirty (30) days after the mailing by Us of the notice of premium to the Policyholder.] [If Your coverage includes a Spouse, a Child or Children and if a Child is born to the Named Insured or his or her Spouse while coverage under the Policy is in force, the newborn Child will become covered by the Policy from the moment of birth. No notification of birth is required.]

Spouse and Children Effective Date

[The Effective Date of Spouse and Children's coverage under the Policy, excluding a Late Enrollee, a newborn Child, an adopted Child, or a Child placed for adoption depends on when You enroll the Spouse and Children. The applicable premium must be paid. The Effective Dates are as follows:

1. If the Spouse and Children are eligible for coverage when the Policyholder enrolls for coverage, the coverage for the Dependent will become effective on the Policyholder's Effective Date if You enroll the Spouse or Children for coverage at that time;
2. If You first become eligible after the Policyholder's Effective Date and You enroll the Spouse or Children during Your Initial Enrollment Period, the coverage for the Dependent will be effective on the same date that Your coverage becomes effective;
3. If Your Spouse is a new Spouse who first becomes eligible after the Your Effective Date and You timely enroll the new Spouse as described above, coverage will become effective as of the first day of the month next following the date on which We receive the Enrollment Form;
4. If the Child is a newborn Child who is born after the Your Effective Date and You timely enroll the newborn Child as described above, coverage will become effective as of the date of birth; or
5. If the Child qualifies for any other reason and first meets the definition of Child after Your Effective Date, coverage will become effective as of the first day of the month next following the date on which We receive the Enrollment Form.]

[The Effective Dates of Spouse and Children's coverage under the Policy are as follows:

1. The premium due date coincident with or next following the date on which We approve Evidence of Insurability for Your Spouse and Children and the applicable premium is paid;
2. If the Child is a newborn Child who is born after the Your Effective Date and You timely enroll the newborn Child as described above, coverage will become effective as of the date of birth.]

[Late Enrollee Effective Date (Employee or Dependent)]

An Employee or Dependent who does not submit an Enrollment Form during the Initial Enrollment Period is a Late Enrollee.

For Late Enrollees, the Effective Date of coverage under the Policy will be the first day of the month next following the date we approve Evidence of Insurability and the applicable premium is paid.]

SECTION III - TERMINATION DATES

Termination of a Retiree/Terminated Employee's Coverage

A Retiree/Terminated Employee's insurance under the Policy will automatically terminate on the earliest of the following dates:

1. the date that the Policy terminates.
2. the date of termination of any section or part of the Policy with respect to insurance under such section or part.
3. the date the Policy is amended to terminate the eligibility of the Retiree/Terminated Employee class.
4. any premium due date, if premium remains unpaid by the end of the grace period.
5. the premium due date coinciding with or next following the date the Retiree/Terminated Employee ceases to be a member of an eligible class.
6. the date the Policyholder no longer meets participation requirements.

Termination of a Full-time Employee's Coverage

A full-time employee's insurance under the Policy will automatically terminate on the earliest of the following dates:

1. the date that the Policy terminates.
2. The date of termination of any section or part of the Policy with respect to insurance under such section or part.
3. The premium due date coinciding with or next following the date that the employee ceases to be a member of an eligible class.
4. Any premium due date, if premium remains unpaid by the end of the grace period.
5. The date the Policyholder no longer meets participation requirements.

[A Named Insured who is no longer Actively-at-Work due to an authorized leave of absence may continue to be covered under the Policy until the earlier of:

- a. the date employment is formally terminated; or
- b. 12 months after the leave of absence began.]

[If any change in benefits or coverage is requested, that change shall become effective as of the date of the Company's approval of that change. If that change operates to increase benefits or coverage, then the effective date of the change will be delayed for a Named Insured who is not Actively-at-Work until the date the Insured returns to Active Work. Should the effective date be a non-work day, insurance will still become effective on that date if the Named Insured is Actively-at-Work on the last preceding scheduled work day.]

Termination of coverage will not affect a claim for a covered loss that occurred while coverage was in force under the 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 will be deemed an eligible member of Class 2 and 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 25 or 26, 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.

Grace Period: The Policyholder is entitled to a grace period of 31 days for the payment of any premium due except the first, during which grace period the Policy shall continue in force, unless the Policyholder has given the Company written notice of discontinuance of the coverage in advance of the date of discontinuance in accordance with the terms of the Policy. The Policyholder shall be liable to the Company for the payment of a pro rata premium for the time the coverage was in force during such grace period.

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 the Policy. Payment will be made in accordance with all applicable Policy provisions. Benefits are payable for a Positive Diagnosis that begins after the Certificate Effective Date and while the Certificate 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 the 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 Certificate Effective Date.

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 Certificate 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.

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 Certificate 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
6.	<p>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>
7.	<p>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>	Actual Charges
8.	<p>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 California Relative Value Schedule.</p>
9.	<p>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 Certificate 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.	<p>National Cancer Institute Designated Comprehensive Cancer Treatment Center Evaluation/Consultation Benefit. We will pay the expense incurred if a Covered 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 Covered 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.</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. We 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, We 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. We will pay the expenses the Covered Person incurs for physical or speech therapy for restoration of normal bodily function.</p>	\$35 per therapy session
26.	<p>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.</p>	
27.	<p>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:</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. 	\$50 per day, up to the number of days that the Hospital Confinement Benefit was paid

BENEFITS		MAXIMUM AMOUNT
28.	<p>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:</p> <ul style="list-style-type: none"> (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.
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 the 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 the 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 Certificate Schedule page.
36.	<p>Surgical Schedule.</p>	

[\$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 Certificate Effective Date 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 Certificate Effective Date of coverage for each Covered Person.

SECTION VII - EXCEPTIONS AND OTHER LIMITATIONS

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

- (1) any other disease or sickness;
- (2) injuries;
- (3) any disease, condition, or incapacity that has been caused, complicated, worsened, or affected by:
 - (a) Specified Disease or Specified Disease treatment; or
 - (b) Cancer or Cancer treatment, or unless otherwise defined in the Policy
- (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 the 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 the 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, the Policy number and the Certificate 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 the 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 the Policy.

Time of Payment of Claims. Clean claims will be paid or denied within 30 days after receipt of claim filed electronically or within 45 days after receipt of claim submitted by other means. We shall notify you within 30 days after receipt of the claim if we determine that additional information is needed to process the claim. If we do not pay the claim or give notice that additional information is needed in order to process the claim, we shall pay a penalty to you for the period beginning on the 61st day after receipt of the clean claim and ending on the clean claim payment date, calculated as follows: the amount of the clean claim payment times 12% per annum times the number of days in the delinquent payment period, divided by 365.

Clean Claim means a claim for payment of a *covered expense* that is submitted on a HCFA 1500, on a UB92, in a format required by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), or on *our* standard claim form with all required fields completed in accordance with *our* published claim filing requirements. A Clean Claim shall not include a claim (1) for payment of expenses incurred during a period of time for which premiums are delinquent, (2) for benefits under a Medicare supplement policy if the claim is not accompanied by an explanation of Medicare benefits or the Explanation of Medicare Benefits ("EOMB") has not been otherwise received by the Health Carrier, or (3) for which the Health Carrier needs additional information in order to resolve one or more of the issues listed in Subsection 13(b) of this rule.

SECTION IX - GENERAL PROVISIONS

Entire Contract; Changes. The Policy, the Policyholder Application, and any attached Riders or Amendments make up the entire contract. [A copy of the Named Insured's Application is attached.] In the absence of fraud, all statements made on any 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 the Policy or a Certificate 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 the Policy. No agent may change the 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 coverage under the Policy will not be contested after it has been in force for two year(s) from the Certificate Effective Date (6 months if age 65 or older) [, except as to nonpayment of premiums].

After two years from the Certificate Effective Date (6 months if age 65 or older), no misstatements made in the Named Insured's Application, except fraudulent misstatements, will be used to contest a claim under the 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. 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.

Legal Actions. No action at law or in equity may be brought to recover on the Policy prior to the expiration of 60 days after written proof of loss has been furnished in accordance with the requirements of the 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 the 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 the Policy and this Certificate which, on its Policy and Certificate Effective Date, is in conflict with the statutes of the state in which the Policy or Certificate 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 the Policy.

Assignment. You may assign all of Your rights, privileges and benefits under the 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 the 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 under the 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 on a pro-rata basis. Notice of death should be sent to us within 12 months, or as soon as reasonably possible, after a Covered Person has died.

**GROUP CANCER AND SPECIFIED DISEASE
INSURANCE COVERAGE**

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

Please read Your Certificate [and your copy of the Application, if attached]. If there is anything in the Certificate 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 questions [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 and Certificate.

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 and Certificate to which it is attached and is effective on the Policy Effective Date and the effective date shown on the Schedule of the Certificate to which it is attached. In consideration of the additional premium [shown on the Certificate Schedule], the Policy and Certificate are hereby amended by the addition of the following benefit:

In all other respects, the Policy and Certificate remain 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 Certificate Schedule. The election must be in accordance with the terms of the Policy and Certificate 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 Certificate 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 Certificate Effective Date 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 and Certificate remain the same.

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

PORTABILITY RIDER

This Rider forms a part of the Policy and Certificate to which it is attached and is effective on the Policy Effective Date and the effective date shown on the Schedule of the Certificate to which it is attached. The Policy and Certificate are hereby amended by the addition of the following benefit:

In all other respects, the Policy and Certificate remain the same.

We will provide portability coverage, subject to these provisions.

PORTABILITY PRIVILEGE

Such coverage will not be available for a Covered Person, unless:

1. coverage under the Policy terminates under the provision entitled "Termination Dates"; and
2. We receive a written request and payment of the first premiums for the portability coverage no later than 63 days after such termination.

Portability coverage is not applicable when the Covered Person or Persons are covered under Class 1, Class 2 or COBRA under the Policy.

No portability coverage will be provided for any person if his or her insurance under the Policy terminated due to his or her failure to make required premium payments.

PORTABILITY COVERAGE

The benefits, terms and conditions of the portability coverage will be the same as those provided under the Policy when the insurance terminated. Portability coverage may include any eligible dependents that were covered under the Policy. Any change made to the Policy after a person is insured under the portability privilege will not apply to that Covered Person unless it is required by law.

Portability coverage will be effective on the day after insurance under the Policy terminates.

PORTABILITY PREMIUMS

Premiums for portability coverage are due and payable in advance to us at Our home office. Premium due dates are the first day of each calendar month. The initial portability premium rate is the rate in effect under the Policy for active employees who have the same coverage. The premium rate for portability coverage may change for the class of Covered Persons on portability on any premium due date. Written notice will be at least [45] days before the change is to take effect.

GRACE PERIOD

The grace period, as defined in the Policy, will apply to each Certificate holder of portability coverage as if such Covered Person is the Policyholder.

TERMINATION OF INSURANCE

Insurance under this Portability Rider will automatically end on the earliest of the following dates:

1. the last day for which premiums have been paid, if the Covered Person fails to pay premiums when due, subject to the grace period; or
2. with respect to insurance for dependents;
 - a. the date the Named Insured's insurance terminates; or
 - b. the date the dependent ceases to be a Covered Person as defined in the Policy.

A dependent Child whose portability coverage terminates when he or she reaches the age limit may apply for portability coverage in his or her own name, if he or she is otherwise eligible.

TERMINATION OF POLICY

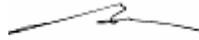
If the Policy terminates, Named Insureds and their covered dependents will be eligible to exercise the portability privilege on the termination date of the Policy. Portability coverage may continue beyond the termination date of the Policy, subject to the timely payment of premiums. Benefits for portability coverage will be determined as if the Policy had remained in full force and effect.

In all other respects, the Policy and Certificate remain the same.

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

WAIVER OF PREMIUM DUE TO SANCTIONED STRIKE BENEFIT RIDER

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

I. BENEFIT

During the period of a sanctioned strike, the Company will credit to the Policy and to the Insured's coverage under the Policy an amount equal to the total monthly premiums for such coverage as well as the monthly premiums for any attached riders beginning on the 31st day of strike retroactively to the date the sanctioned strike began.

A sanctioned strike will be a strike by the union of which the Insured is a member and such strike has the endorsement of and has been ratified by the union's national leadership.

The Company will not begin benefits until we have received written notification of the onset of a sanctioned strike and have received satisfactory proof of strike. The Company must receive written notification that the Insured is on strike during the first ninety days of the strike or as soon after as reasonably possible.

II. BENEFIT PERIOD

The maximum benefit period for each period of sanctioned strike is six months. At least six months must separate each period of strike or the period of strike will be considered continuous. The maximum lifetime benefit is an accumulation of twelve months.

III. STRIKE

The Insured is considered on a sanctioned strike if:

1. The Insured is on strike for 31 consecutive days; and
2. The period of strike begins six months after the effective date of this Rider.

IV. PROOF OF STRIKE

Unless it is not possible to send proof earlier, the Company must receive proof of a sanctioned strike:

1. Within one year after notice of strike; and
2. During the lifetime of the Insured.

V. TERMINATION OF BENEFITS

The Company will stop crediting the total monthly premium when:

1. The Insured is no longer on strike;

2. The Rider has terminated; or
3. The maximum benefit period for the current period of strike has been reached.

VI. TERMINATION OF RIDER

This Rider ends:

1. If the Insured is no longer employed by the unionized employer, as indicated on the application;
2. If the Insured is no longer a union member of the unionized employer, as indicated on the application;
3. If the premiums for the Policy are not paid before the end of the grace period;
4. If the owner of the Policy or the Insured files a written request to cancel this Rider;
5. If the base Policy is in default or lapse;
6. If the Insured dies;
7. If the Policy or the Insured's coverage under the Policy matures; or
8. If the maximum benefit is paid.

VII. GENERAL PROVISIONS

INTERPRETATION

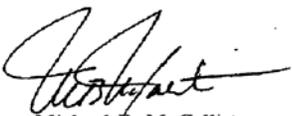
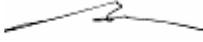
This Rider is a part of the Policy and Certificate to which it is attached. It is subject to the terms of the Policy and Certificate. If there is a conflict between the terms of the Policy, Certificate and the terms of this Rider, the Rider controls.

CONFORMITY WITH STATE STATUTES

On the effective date of this Rider, if any provisions of the Rider are in conflict with the laws of the state in which the owner resides on that date, then these provisions are amended to conform to the minimum requirements of such laws.

In all other respects, the Policy and Certificate remain the same.

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

 Michael B. McCallister President	 Gerald L. Ganoni Vice President
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Late Enrollee Enrollee Not Subject to Guaranteed Issue

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

Complete for Family Coverage:

FIRST	LAST	DOB	AGE	SEX
SPOUSE				
CHILD				

[POLICYHOLDER]	[GROUP POLICY NUMBER]	[DATE OF HIRE/TERMINATION]	[BUSINESS PHONE]
[AVERAGE WEEKLY HOURS]	[EARNINGS \$ Hourly Annual]	[JOB TITLE]	[DEPT OR BRANCH]

[Select type of Coverage:
 Eligible Person Eligible Person + Spouse Eligible Person + Child/Children Eligible Person + Family]
 Plan Option A Plan Option B Plan Option ICR Rider Total Deduction _____
 [monthly, semi-monthly, weekly]

I hereby authorize my Employer _____ to reduce my salary by the Total Deduction and forward this amount to Humana Insurance Company. The Total Deduction is calculated as to produce the premiums as determined by my selection of coverage. I further authorize my employer to adjust my deduction based on any change in rate unless I notify them in writing to terminate my deduction.

HEALTH QUESTIONS:

1) 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) 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 under the ICU Rider)

3) 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)

Other health insurance coverage in force: (List Company name, if known.)

I hereby declare that I am in an eligible class of the Policyholder. I have personally reviewed all of my answers to the questions on this application and certify that all of the information I have provided is true, complete and correct, I agree that it is my responsibility to provide truthful, complete and correct information. I certify I fully understand the questions asked. I agree that any misstatements or failure to report information may be used as the basis of rescission or reformation of coverage for me or my dependents.

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.

Enrollee Signature _____ Date _____

**POLICYHOLDER APPLICATION FOR
GROUP 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**

Name of Employer:		Tax ID #		Group #	
Address:			City:		State:
					Zip Code:
Email Address:		Phone Number:		Fax Number:	
Nature of Business:				Effective Date of Coverage:	
Initial Enrollment: Start Date:			Stop Date:		
Waiting Period (if any) _____ Days					
Eligible Classes: All active employees working a minimum of _____ regularly scheduled hours per week, per year. (A minimum of [17.5] hours per week is required.) Terminated Employees Are there any special eligibility or employee class requirements or restrictions? If so, please describe: _____					
Number of eligible employees []					
Employee participation requirement for guaranteed issue []					
Spouse participation requirement for guaranteed issue []					
Minimum number of lives if not guaranteed issue []					
Plan Applied For:					
Employee Class: Active Employees Terminated Employees					
BASE PLAN WITH OPTIONS	[Plan Code]	[Plan Code]	OPTIONAL INTENSIVE CARE RIDER		
Room Rate	[\$100 per day]	[\$600 per day]			
Surgical Schedule	[\$1,500 per schedule]	[\$6,000 per schedule]	<input type="checkbox"/> [\$325 per day]		
Radiation, Chemotherapy, Immunotherapy Benefit	[Actual charges up to \$1,000 per day]	[Actual charges up to \$10,000 per month]	<input type="checkbox"/> [\$625 per day]		
First Diagnosis Benefit	[\$2,500 Lifetime Maximum]	[\$10,000 Lifetime Maximum]			
Colony Stimulating Factors Benefit	[\$500 per month]	[\$1,000 per month]			
Wellness Benefit	[Actual charges up to \$50 per calendar year]	[Actual charges up to \$100 per calendar year]			
Is this a replacement of similar coverage: Yes No					
Previous Company: _____					
Termination Date of Prior Plan: _____					
Note: This Policy is not intended to replace comprehensive major medical insurance. The Acceptance letter will confirm your Policy selections.					
Optional Intensive Care					
Rates: Employee Only:	_____	_____			
Employee and Spouse:	_____	_____			
Employee and Children:	_____	_____			
Employee and Family:	_____	_____			

It is understood and agreed that this application shall be attached as a part of the Policy applied for, and that no insurance shall be effective until approved by Humana Insurance Company at its home office.

I understand that Cancer and Specified Disease covered persons are covered by group insurance benefits. The group insurance benefits vary depending on plan selected. These benefits are provided under a group insurance policy underwritten by Humana Insurance Company and subject to the exclusions, limitations, terms and conditions of coverage as set forth in the insurance certificate which includes, but is not limited to, limitations for pre-existing conditions. This is not basic health insurance or major medical coverage and is not designated as a substitute for basic health insurance or major medical coverage. This is a Cancer and Specified Disease plan that provides for limitations to the coverage for each cancer and specified disease and does not cover accidents or illnesses other than cancer or specified disease. The limitations are disclosed in the policy and certificate which are made available at the time of enrollment.

By the signature below of its duly authorized representative, the proposed Policyholder hereby applies for Humana Insurance Company Group Cancer and Specified Disease Insurance; and the proposed Policyholder understands and agrees that the Policyholder and the Covered Persons shall be subject to the provisions set forth herein.

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.

Dated at: _____
(City, State)

By: _____
(Authorized Signature/Title)

On: _____
(Date)

For: _____

By: _____
(Printed Agent/Broker Name)

(Signature of Agent/Broker)

SERFF Tracking Number: *ICCI-127018289* State: *Arkansas*
 Filing Company: *Humana Insurance Company* State Tracking Number: *47965*
 Company Tracking Number: *HIC-GP-CAN-POL 2/11*
 TOI: *H07G Group Health - Specified Disease - Limited Benefit* Sub-TOI: *H07G.002 Dread Disease*
 Product Name: *Humana Group Cancer HIC-GP-CAN-POL 2/11*
 Project Name/Number: *Humana Group Cancer HIC-GP-CAN-POL 2/11/Humana Group Cancer HIC-GP-CAN-POL 2/11*

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachment: Cert of Comp. with Rule 19 Group cancer.pdf	Approved-Closed	03/01/2011

	Item Status:	Status Date:
Satisfied - Item: Application Comments: see form schedule tab	Approved-Closed	03/01/2011

	Item Status:	Status Date:
Satisfied - Item: Authorization Letter Comments: Attachment: Humana Insurance Company Authorization letter _2011_.pdf	Approved-Closed	03/01/2011

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

Insurer: Humana Insurance Company

Form Number(s): HIC-GP-CAN-POL 2/11, HIC-GP-CAN-CER-AR 2/11, HIC-GP-ICR 2/11,
HIC-GP-SPW 2/11, HIC-GP-PORT 2/11, HIC-CAN-EE-EF AR 2/11, HIC-CAN-ERAPP AR
2/11, HIC-CAN-EOI-APP 2/11

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

February 8, 2011
Date



January 1, 2011

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,

Dave Vanden Heuvel
Director of Business Services
Humana Insurance Company

SERFF Tracking Number: *ICCI-127018289* State: *Arkansas*
 Filing Company: *Humana Insurance Company* State Tracking Number: *47965*
 Company Tracking Number: *HIC-GP-CAN-POL 2/11*
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 Project Name/Number: *Humana Group Cancer HIC-GP-CAN-POL 2/11/Humana Group Cancer HIC-GP-CAN-POL 2/11*

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
02/08/2011	Form	Group Cancer Certificate	02/26/2011	AR HIC-GP-CAN-CER-AR 2-11.pdf (Superseded)

Humana Insurance Company

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

[NAMED INSURED: [JIM SMITH]

TYPE OF COVERAGE: [«COV_CODE»]

CERTIFICATE EFFECTIVE DATE: [JANUARY 1, 2011]

PREMIUM: [\$ «PREM_TOTAL»]

CERTIFICATE NUMBER: [12345678]

RENEWAL PREMIUM PERIOD: [«PREM_PERIOD»]

GROUP CANCER AND SPECIFIED DISEASE EXPENSE CERTIFICATE

Humana Insurance Company, "the Company", hereby certifies that it has issued Group Policy no. [123] to: [ABC Company], which We will refer to as "the Policyholder". We will refer to a member of an eligible class as indicated on the Certificate Schedule, as the "Named Insured". Covered Person refers to any person covered under the Policy as indicated on the Certificate Schedule.

Coverage under the Policy will be administered on behalf of the Company by "the Administrator": Bay Bridge Administrators, LLC

The Policy is delivered in Arkansas and shall be governed by the laws thereof. The Group Policy is on file with the Policyholder and may be examined at any reasonable time. Only an executive officer of the Company can authorize a change of the Group Policy or benefits.

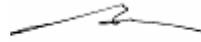
The Policy Effective Date is: **[01/01/2011]**

The Policy Anniversary Date is: **[01/01] of each year.**

Signed for Humana Insurance Company at Green Bay, Wisconsin.



Michael B. McCallister
President



Gerald L. Ganoni
Vice President

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AMENDMENT - PAYMENT OF BENEFITS

CERTIFICATE SCHEDULE

NAMED INSURED	[JIM SMITH]
POLICYHOLDER	[ABC COMPANY]
POLICY NUMBER	[123]
POLICY EFFECTIVE DATE	[JUNE 1, 2009]
CERTIFICATE EFFECTIVE DATE	[JULY 1, 2009]
CERTIFICATE NUMBER	[12345678]
ELIGIBLE CLASS	[CLASS 1 – ALL FULL TIME EMPLOYEES [CLASS 2 – ALL TERMINATED EMPLOYEES WHO WERE ACTIVELY AT WORK AND INSURED UNDER THE POLICY FOR AT LEAST 6 CONSECUTIVE MONTHS IMMEDIATELY PRIOR TO THE DATE OF TERMINATION]
DEFINITION OF FULL TIME	[17.5 HOURS]
TYPE OF COVERAGE	[«COV_CODE»]
TOTAL MONTHLY PREMIUM	[\$ «PREM_TOTAL»]
FAMILY MEMBERS COVERED: [SUE SMITH] [JOE SMITH]	
INITIAL ENROLLMENT PERIOD	[31 DAYS]
WAITING PERIOD	[0 – 90 DAYS]
OPEN ENROLLMENT PERIOD	[JULY 1 TO AUGUST 1 OF EACH YEAR]

BENEFIT

MAXIMUM BENEFIT AMOUNT

HOSPITAL CONFINEMENT BENEFIT	[\$0, \$100, \$200, \$300, \$400, \$500, \$600] PER DAY
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 Certificate, the Schedule with the most recent Certificate Effective Date will be valid.

SECTION I – DEFINITIONS

[Actively-At-Work - means performing in the customary manner, all the Primary and Essential Duties of the Named Insured's occupation with the Policyholder, on a full-time basis, as indicated on the Certificate Schedule, at the Named Insured's customary place of employment or business, or at some location to which that employment requires the Named Insured to travel.]

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. The fee negotiated between a managed care organization and medical providers would be considered the actual charge.

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.

[Certificate Effective Date - means the day on which coverage for the Named Insured and other Covered Persons begins and is shown on the Certificate Schedule page. Coverage will begin on the first day of the month following the date:

- (a) Our Home Office has approved the application; and
- (b) the Policyholder has paid the first premium.]

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, including a natural child from the moment of birth, stepchild, foster or legally adopted child, or child in the process of adoption (including a child while the Named Insured is a party to a proceeding in which the adoption of such child by the Named Insured is sought); a child for whom the Named Insured is required by a court order to provide medical support, and grandchildren who are dependent on the Named Insured for federal income tax purposes at the time of application, who is:

- (a) not yet age 25; or
- (b) not yet age 26 if a full time student at an accredited school.

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 Certificate Schedule whose coverage has become effective;
- (c) any eligible Spouse or Child, as defined and added to this Certificate by endorsement after the Certificate 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.

[Enrollment Form – means the form designated by Us that a person in an eligible class must complete and submit in order to request enrollment in the Policy. Enrollment Forms are available from the Policyholder and must be submitted to the Policyholder to be forwarded to Us.]

Evidence of Insurability – means a statement of medical history or condition or other evidence that a person is an acceptable risk for insurance as determined by the Company.

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.

Initial Enrollment Period – means the period of time during which a Named Insured is first eligible to enroll under the Policy.

[Late Enrollee – means a Named Insured who does not send an Enrollment Form during the Initial Enrollment Period.]

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

Named Insured - means the person in an eligible class who has completed and signed an Enrollment Form or has submitted satisfactory Evidence of Insurability[, if a Late Enrollee] and who has been accepted for coverage by Us. This is the person whose name appears on the Certificate 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 the 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.

Policyholder – means the entity, in whose name the Policy is issued, as specified on the Schedule of Benefits.

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.

Primary and Essential Duties – means those duties that are generally and regularly required in the performance of an occupation and which cannot be reasonably changed, accommodated or omitted.

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.

[Retiree/Terminated Employee – means an employee who was Actively at Work and insured under the Policy for at least 6 consecutive months immediately prior to the date of termination of employment with the Policyholder.]

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

Waiting Period – means a period of time that must pass with respect to a Named Insured before the Named Insured is eligible to be covered for benefits under the terms of the Policy. The Waiting Period is determined by the Policyholder on its application for coverage under the Policy.

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

You/Your - means the Named Insured.

SECTION II – ELIGIBILITY AND EFFECTIVE DATES

To be eligible for insurance under the Policy as a Named Insured, a person must be a member of an eligible class, as provided on the Certificate Schedule [and] [,] [submit an Enrollment Form to be received by Us prior to the end of the Initial Enrollment Period in order not to be considered a Late Enrollee] [and] [satisfy the Waiting Period shown on the Policyholder Application and Certificate Schedule.] [submit Evidence of Insurability satisfactory to the Company.]

Enrollment

[An individual who is a member of an eligible class as a full-time employee may enroll for coverage as a Named Insured during the Initial Enrollment Period, as shown on the Certificate Schedule that follows the later of:

- the Policy Effective Date;
- the date the individual first becomes a member of an eligible class;
- the date the individual completes the Waiting Period shown on the Policyholder Application and Certificate Schedule, if applicable.]

[An individual who is a member of an eligible class as a Retiree/Terminated Employee may enroll for coverage only during the first 31 days following termination of employment with the Policyholder. If application is not made during this first 31 day period, a Retiree/Terminated Employee is not eligible for coverage under the Policy.]

[An individual who fails to enroll during the Initial Enrollment Period is a Late Enrollee [and] [may enroll only during the annual Open Enrollment Period shown on the Certificate Schedule], [and] [must submit Evidence of Insurability satisfactory to the Company.]

Named Insured Effective Date

Your Effective Date of coverage under the Policy[, excluding Late Enrollees,] will be determined as follows:

1. [If You enroll for coverage when the Policyholder applies for coverage, Your coverage will be effective on the Policyholder's Effective Date.]
2. [If You become eligible after the Policyholder's Effective Date and enroll during a Waiting Period or an Initial Enrollment Period, coverage will be effective the first of the month next following the later of the end of any applicable Waiting Period, Initial Enrollment Period and receipt of the Enrollment Form by Us.]
3. [The first of the month coinciding with or next following Our approval of Your Evidence of Insurability.]

[If a Named Insured is not Actively-at-Work, the effective date of such person's insurance will be delayed until the date the Named Insured returns to being Actively-at-Work. However, should the effective date be a non-work day, insurance will still become effective on that date if the Named Insured is otherwise Actively-at-Work and performing all of the Primary and Essential duties of the such person's employment or occupation on the last preceding scheduled work day.]

[If coverage under the Policy replaces a prior plan of group cancer and specified disease insurance, a person who is otherwise a member of an eligible class under the Policy shall be covered without regard to any Actively-at-Work, or Evidence of Insurability requirement if:

- (1) such person was validly covered under the prior plan on the Policyholder's Effective Date; and
- (2) the applicable premium is paid.

If benefits payable under the Policy are subject to an applicable pre-existing condition limitation, such benefits will be the lesser of:

- (1) benefits under the Policy without application of the pre-existing conditions limitation; or
- (2) benefits of the Prior Plan.

An Individual policy of cancer and specified disease insurance does not meet the criteria of a prior plan of group cancer and specified disease insurance. This is true even if the premiums for such Individual insurance were payroll deducted or included as part of a Cafeteria Plan.]

Family Coverage - Eligibility

Family members eligible for coverage are:

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

Newborn Coverage from Birth

[If Your coverage does not include a Spouse, a Child or Children, benefits will be payable with respect to a newly born child of the Named Insured from the moment of birth. Notification of birth of a newly born child must be furnished to Us within thirty-one (31) days after the date of birth in order to have the coverage continue beyond such thirty-one day period. Payment of the required premium must be made within thirty (30) days after the mailing by Us of the notice of premium to the Policyholder.] [If Your coverage includes a Spouse, a Child or Children and if a Child is born to the Named Insured or his or her Spouse while coverage under the Policy is in force, the newborn Child will become covered by the Policy from the moment of birth. No notification of birth is required.]

Spouse and Children Effective Date

[The Effective Date of Spouse and Children's coverage under the Policy, excluding a Late Enrollee, a newborn Child, an adopted Child, or a Child placed for adoption depends on when You enroll the Spouse and Children. The applicable premium must be paid. The Effective Dates are as follows:

1. If the Spouse and Children are eligible for coverage when the Policyholder enrolls for coverage, the coverage for the Dependent will become effective on the Policyholder's Effective Date if You enroll the Spouse or Children for coverage at that time;
2. If You first become eligible after the Policyholder's Effective Date and You enroll the Spouse or Children during Your Initial Enrollment Period, the coverage for the Dependent will be effective on the same date that Your coverage becomes effective;
3. If Your Spouse is a new Spouse who first becomes eligible after the Your Effective Date and You timely enroll the new Spouse as described above, coverage will become effective as of the first day of the month next following the date on which We receive the Enrollment Form;
4. If the Child is a newborn Child who is born after the Your Effective Date and You timely enroll the newborn Child as described above, coverage will become effective as of the date of birth; or
5. If the Child qualifies for any other reason and first meets the definition of Child after Your Effective Date, coverage will become effective as of the first day of the month next following the date on which We receive the Enrollment Form.]

[The Effective Dates of Spouse and Children's coverage under the Policy are as follows:

1. The premium due date coincident with or next following the date on which We approve Evidence of Insurability for Your Spouse and Children and the applicable premium is paid;
2. If the Child is a newborn Child who is born after the Your Effective Date and You timely enroll the newborn Child as described above, coverage will become effective as of the date of birth.]

[Late Enrollee Effective Date (Employee or Dependent)]

An Employee or Dependent who does not submit an Enrollment Form during the Initial Enrollment Period is a Late Enrollee.

For Late Enrollees, the Effective Date of coverage under the Policy will be the first day of the month next following the date we approve Evidence of Insurability and the applicable premium is paid.]

SECTION III - TERMINATION DATES

Termination of a Retiree/Terminated Employee's Coverage

A Retiree/Terminated Employee's insurance under the Policy will automatically terminate on the earliest of the following dates:

1. the date that the Policy terminates.
2. the date of termination of any section or part of the Policy with respect to insurance under such section or part.
3. the date the Policy is amended to terminate the eligibility of the Retiree/Terminated Employee class.
4. any premium due date, if premium remains unpaid by the end of the grace period.
5. the premium due date coinciding with or next following the date the Retiree/Terminated Employee ceases to be a member of an eligible class.
6. the date the Policyholder no longer meets participation requirements.

Termination of a Full-time Employee's Coverage

A full-time employee's insurance under the Policy will automatically terminate on the earliest of the following dates:

1. the date that the Policy terminates.
2. The date of termination of any section or part of the Policy with respect to insurance under such section or part.
3. The premium due date coinciding with or next following the date that the employee ceases to be a member of an eligible class.
4. Any premium due date, if premium remains unpaid by the end of the grace period.
5. The date the Policyholder no longer meets participation requirements.

[A Named Insured who is no longer Actively-at-Work due to an authorized leave of absence may continue to be covered under the Policy until the earlier of:

- a. the date employment is formally terminated; or
- b. 12 months after the leave of absence began.]

[If any change in benefits or coverage is requested, that change shall become effective as of the date of the Company's approval of that change. If that change operates to increase benefits or coverage, then the effective date of the change will be delayed for a Named Insured who is not Actively-at-Work until the date the Insured returns to Active Work. Should the effective date be a non-work day, insurance will still become effective on that date if the Named Insured is Actively-at-Work on the last preceding scheduled work day.]

Termination of coverage will not affect a claim for a covered loss that occurred while coverage was in force under the 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 will be deemed an eligible member of Class 2 and 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 25 or 26, 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.

Grace Period: The Policyholder is entitled to a grace period of 31 days for the payment of any premium due except the first, during which grace period the Policy shall continue in force, unless the Policyholder has given the Company written notice of discontinuance of the coverage in advance of the date of discontinuance in accordance with the terms of the Policy. The Policyholder shall be liable to the Company for the payment of a pro rata premium for the time the coverage was in force during such grace period.

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 the Policy. Payment will be made in accordance with all applicable Policy provisions. Benefits are payable for a Positive Diagnosis that begins after the Certificate Effective Date and while the Certificate 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 the 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 Certificate Effective Date.

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 Certificate 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.

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 Certificate 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
6.	<p>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>
7.	<p>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>	Actual Charges
8.	<p>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 California Relative Value Schedule.</p>
9.	<p>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 Certificate 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.	<p>National Cancer Institute Designated Comprehensive Cancer Treatment Center Evaluation/Consultation Benefit. We will pay the expense incurred if a Covered 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 Covered 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.</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. We 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, We 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. We will pay the expenses the Covered Person incurs for physical or speech therapy for restoration of normal bodily function.</p>	\$35 per therapy session
26.	<p>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.</p>	
27.	<p>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:</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. 	\$50 per day, up to the number of days that the Hospital Confinement Benefit was paid

BENEFITS		MAXIMUM AMOUNT
28.	<p>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:</p> <ul style="list-style-type: none"> (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.
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 the 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 the 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 Certificate 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 Certificate Effective Date 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 Certificate Effective Date of coverage for each Covered Person.

SECTION VII - EXCEPTIONS AND OTHER LIMITATIONS

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

- (1) any other disease or sickness;
- (2) injuries;
- (3) any disease, condition, or incapacity that has been caused, complicated, worsened, or affected by:
 - (a) Specified Disease or Specified Disease treatment; or
 - (b) Cancer or Cancer treatment, or unless otherwise defined in the Policy
- (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 the 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 the 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, the Policy number and the Certificate 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 the 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 the Policy.

Time of Payment of Claims. All benefits payable under this policy for any loss, other than loss for which this policy provides any periodic payment, will be paid within thirty-five (35) days after receipt of due written proof of such loss in the form of a clean claim.

Benefits due under the policy and claims are overdue if not paid within thirty-five (35) days after We receive a clean claim containing necessary medical information and other information essential for Us to administer preexisting conditions and determine Actual Charges.

A "clean claim" means a claim We receive for adjudication and which requires no further information, adjustment or alteration by the provider of the services or the insured in order to be processed and paid by Us.

A claim is clean if it has no defect or impropriety, including any lack of substantiating documentation, or particular circumstance requiring special treatment that prevents timely payment from being made on the claim under this provision. A clean claim includes resubmitted claims with previously identified deficiencies corrected.

A clean claim does not include any of the following:

(a) A duplicate claim, which means an original claim and its duplicate when the duplicate is filed within thirty (30) days of the original claim;

- (b) Claims which are submitted fraudulently or that are based upon material misrepresentations;
- (c) Claims that require information essential for Us to administer preexisting conditions or determine Actual Charges; or
- (d) Claims submitted by a provider more than thirty (30) days after the date of service; if the provider does not submit the claim on behalf of the insured, then a claim is not clean when submitted more than thirty (30) days after the date of billing by the provider to the insured.

Not later than thirty-five (35) days after the date We receive a claim, We shall pay the appropriate benefit in full, or any portion of the claim that is clean, and notify the provider or the insured of the reasons why the claim or portion thereof is not clean and will not be paid and what substantiating documentation and information is required to adjudicate the claim as clean. Any claim or portion thereof resubmitted with the supporting documentation and information requested by Us shall be paid within twenty (20) days after receipt.

For purposes of this provision, the term "pay" means that We shall either send cash or a cash equivalent by United States mail, or send cash or a cash equivalent by other means such as electronic transfer, in full satisfaction of the appropriate benefit due the provider or the insured. To calculate the extent to which any benefits are overdue, payment shall be treated as made on the date a draft or other valid instrument was placed in the United States mail to the last known address of the provider or the insured in a properly addressed, postpaid envelope, or, if not so posted, or not sent by United States mail, on the date of delivery of payment to the provider or insured.

If the claim is not denied for valid and proper reasons by the end of the applicable time period prescribed in this provision, We must pay the provider or the insured interest on accrued benefits at the rate of one and one-half percent (1 1/2%) per month accruing from the day after payment was due on the amount of the benefits that remain unpaid until the claim is finally settled or adjudicated. Whenever interest due pursuant to this provision is less than One Dollar (\$1.00), such amount shall be credited to the account of the person or entity to whom such amount is owed.

In the event We fail to pay benefits when due, the person entitled to such benefits may bring action to recover such benefits, any interest which may accrue and any other damages as may be allowable by law.

SECTION IX - GENERAL PROVISIONS

Entire Contract; Changes. The Policy, the Policyholder Application, and any attached Riders or Amendments make up the entire contract. [A copy of the Named Insured's Application is attached.] In the absence of fraud, all statements made on any 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 the Policy or a Certificate 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 the Policy. No agent may change the 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 coverage under the Policy will not be contested after it has been in force for two year(s) from the Certificate Effective Date (6 months if age 65 or older) [, except as to nonpayment of premiums].

After two years from the Certificate Effective Date (6 months if age 65 or older), no misstatements made in the Named Insured's Application, except fraudulent misstatements, will be used to contest a claim under the 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. 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.

Legal Actions. No action at law or in equity may be brought to recover on the Policy prior to the expiration of 60 days after written proof of loss has been furnished in accordance with the requirements of the 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 the 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 the Policy and this Certificate which, on its Policy and Certificate Effective Date, is in conflict with the statutes of the state in which the Policy or Certificate 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 the Policy.

Assignment. You may assign all of Your rights, privileges and benefits under the 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 the 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 under the 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 on a pro-rata basis. Notice of death should be sent to us within 12 months, or as soon as reasonably possible, after a Covered Person has died.

**GROUP CANCER AND SPECIFIED DISEASE
INSURANCE COVERAGE**

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

Please read Your Certificate [and your copy of the Application, if attached]. If there is anything in the Certificate 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 questions [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 and Certificate.