

American Public Life Group Cancer (APL GC AP GC-3 5/1/06)- Tulsa Fraternal Order of Police

This coverage is offered on a guarantee issue basis. However, no benefits are payable for any loss during the first year of a Covered Person's coverage as the result of a Pre-Existing Specified Disease. A Pre-Existing Specified Disease is defined as one for which, within twelve (12) months prior to the Covered Person's effective date of coverage, medical advice, consultation, or treatment, including prescribed medications, was recommended or received from a member of the medical profession, or for which symptoms manifested in such a manner as would cause an ordinarily prudent person to seek diagnosis, medical advice or treatment.

Benefit	Low Option Plan	High Option Plan
Radiation/Chemotherapy/Immunotherapy Hormone Therapy	\$500/month of treatment \$50/treatment; 12/year	\$1500/month of treatment \$50/treatment; 12/year
Surgical Schedule Anesthesia Reconstructive Surgery Skin Cancer	\$1,600 Schedule; \$15/unit 25% of schedule Included in schedule Included in schedule	\$4,800 Schedule; \$45/unit 25% of schedule Included in schedule Included in schedule
Hospital Confinement Government/Charity Hospital/HMO Ambulatory Surgical Facility	\$100/day 1-90; \$100/day 91+ in lieu of other benefits \$100/day in lieu of other benefits \$200/day	\$300/day 1-90; \$300/day 91+ in lieu of other benefits \$300/day in lieu of other benefits \$600/day
Drugs and Medicine - Inpatient Drugs and Medicine – Outpatient	\$150/confinement \$50/script; \$50/month	\$150/confinement \$50/script; \$150/month
Transportation and Lodging Patient Transportation Family Transportation Patient Lodging Family Lodging	\$.40/mile up to 1,000 miles \$.40/mile up to 1,000 miles \$50/day up to 50 days/cal year (out) \$50/day up to 50 days/cal year (in)	\$.40/mile up to 1,000 miles \$.40/mile up to 1,000 miles \$50/day up to 50 days/cal year (out) \$50/day up to 50 days/cal year (in)
Blood and Plasma	\$150/day; \$7,500/cal year (50 days)	\$250/day; \$12,500/cal year (50 days)
Bone Marrow/Stem Cell Transplant autologous non-autologous for other type cancer Experimental Treatment Attending Physician Prosthesis - Surgical Prosthesis - hairpiece Dread Disease Hospice Care Private Nursing Ambulance - Ground Ambulance - Air Extended Care Home Health Care Second & Third Surgical Opinion Waiver of Premium Physical Therapy	\$500/cal year \$1,500/cal year Same as non-experimental \$30/day of confinement \$1,000/device; lifetime max 2 \$50/hairpiece; lifetime max 2 \$100/day up to 90 days \$50/day; \$9,000 lifetime max \$150/day of confinement \$200/trip; 2/confinement \$2,000/air; 2/confinement \$100/day up to confinement days \$100/day up to confinement days \$300/diagnosis 90 day elimination period \$25/visit; 4/month; \$1,000 life	\$1500/cal year \$4,500/cal year Same as non-experimental \$50/day of confinement \$3,000/device; lifetime max 2 \$50/hairpiece; lifetime max 2 \$300/day up to 90 days \$100/day; \$18,000 lifetime max \$150/day of confinement \$200/trip; 2/confinement \$2,000/air; 2/confinement \$300/day up to confinement days \$300/day up to confinement days \$300/diagnosis 90 day elimination period \$25/visit; 4/month; \$1,000 life
Monthly Premiums	Low Option Plan	High Option Plan
Employee Only	\$ 9.80	\$25.90
Employee & Spouse	\$16.80	\$44.40
Employee & Children	\$13.30	\$35.10
Employee & Family	\$16.80	\$44.40

LIMITATIONS AND EXCLUSIONS

Only Loss For Cancer: This Policy pays only for loss resulting from definitive Cancer treatment including direct extension, metastatic spread, or recurrence. Proof must be submitted to support each claim. This Policy also covers other conditions or diseases directly caused by Cancer or the treatment of Cancer.

Pre-Existing Condition Limitation: No benefits are payable for any loss incurred during the first year of the Covered Person's coverage under this Policy as the result of a Pre-Existing Specified Disease, as defined in this Certificate. Pre-Existing Conditions specifically named or described as excluded in any part of this contract are never covered.

Waiting Period: This Policy/Certificate contains a 30-day Waiting Period during which no benefits will be paid under this Policy/Certificate. If any Covered Person has a Specified Disease diagnosed before the end of the 30-day period immediately following the Covered Person's effective date, coverage for that person will apply only to loss that is incurred after one year from the effective date of such person's coverage. If any Covered Person is diagnosed as having a Specified Disease during the 30-day period immediately following the effective date, the Insured may elect to void the Certificate from the beginning and receive a full refund of premium.

If this Policy replaced Specified Disease Cancer coverage from another company that terminated within 30 days of the effective date of the Certificate, the 30-day Waiting Period will be waived for those Covered Persons that were covered under the prior coverage. However, the Pre-Existing Condition Limitation paragraph will still apply.

Continuation Rider: Coverage is continued when the Insured (You) cease employment with the employer through whom You originally became insured under the Policy. You will have the option to continue this certificates (including any Riders, if applicable) by paying the premiums directly to Us at Our home office. Premiums must be paid within thirty-one (31) days after employment with your employer terminates. Premium rates required under this Continuation provision will be the same rates as those charged under the Employer's Policy as if You had continued employment. We will bill You for these premiums after You notify Us to continue this coverage. Coverage will continue until the earlier of: (1) the Policy under which You originally became insured ends; or (2) You stop paying premiums under this option (subject to the terms of the Grace Period)