

**American Public Life Individual Cancer (CPA2200) – Tulsa Fraternal Order of Police**

**This coverage is available to prospective insureds under the age of 70 who have not been diagnosed or treated for internal cancer in the past 10 years. An application is required.**

<b>Benefit</b>	Level One
Radiation/Chemotherapy/Immunotherapy Hormone Therapy Administrative Lab Work	Actual charges up to \$10,000 per 12 month period \$50/treatment; Up to 12 per calendar year \$50 per calendar month
Surgical Schedule Anesthesia Reconstructive Surgery Skin Cancer	\$2,000 Schedule; \$20nit 25% of schedule Included in schedule Included in schedule
Hospital Confinement Government/Charity Hospital/HMO Ambulatory Surgical Facility	\$100/day 1-30; \$200/day 31+ days \$100/day in lieu of most other benefits \$200 per day of surgery
Drugs and Medicine - Inpatient Drugs and Medicine - Outpatient	\$100/confinement \$50/per prescription; \$50/month
Transportation and Lodging Patient Transportation Family Transportation Patient Lodging Family Lodging	Round trip coach fare or \$.50/mile by car. Up to \$1500 max round trip, 12 trips per calendar year Round trip coach fare of \$.50/mile by car. Up to \$1500 max round trip, 12 trips per calendar year \$40/day up to 90 days/cal year (out) \$40/day up to 90 days/cal year (in)
Blood and Plasma	\$100/day; \$5,000/cal year
Bone Marrow/Stem Cell Transplant autologous non-autologous for other type cancer Experimental Treatment Attending Physician Prosthesis – Surgical Prosthesis – Non 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/Speech Therapy Donor Benefit	\$500/cal year \$1,500/cal year Same as non-experimental \$30/day of confinement \$1,000/device, includes surgical fee; lifetime max 2 \$100 per device, one per site, 3 lifetime max \$100 lifetime max \$100/day, 1- 30 days of hospital confinement; \$200 per day, 31+ days of Hospital Confinement \$50/day; \$9,000 lifetime max \$150/day of confinement \$200/trip; 2/confinement (any combo of ground/air) \$2,000/air; 2/confinement (any combo of ground/air) \$50/day up to the number of paid Hospital Confinement Days \$50/day up to the number of paid Hospital Confinement Days \$300/diagnosis 90 day elimination period – Primary Insured only \$25/visit; 4/month; \$1,000 life \$1000 per donation
Medical Imaging Benefit	\$100 per image, up to 2 per calendar year
Diagnostic Testing Benefit Follow-Up Screening Benefit	\$45; 1per person, per year (30 day waiting period) \$45 per calendar year if first is abnormal
<b>Monthly Premiums</b>	
Ages 18- 40	
Individual Only	\$10.70
Individual & Spouse	\$20.80
Individual & Children	\$16.00
Family	\$20.80
Ages 41 - 50	
Individual Only	\$15.30
Individual & Spouse	\$29.70
Individual & Children	\$22.80
Family	\$29.70
Ages 51 - 60	
Individual Only	\$21.00
Individual & Spouse	\$40.80
Individual & Children	\$31.30
Family	\$40.80
Ages 61 - 70	
Individual Only	\$25.50
Individual & Spouse	\$49.50
Individual & Children	\$38.10
Family	\$49.50

## LIMITATIONS AND EXCLUSIONS

This policy will be issued only to those persons who meet American Public Life Insurance Company's insurability requirements. This product is inappropriate for those people who are eligible for Medicaid coverage

The policy will not be issued to anyone who had been diagnosed or treated for Cancer in the past ten years.

Cancer means a disease which is manifested by autonomous growth (malignancy) in which there is uncontrolled growth, function, or spread (local or distant) of cells in any part of the body. This includes Cancer in Situ and malignant tumors. It does not include other conditions which may be considered precancerous or having malignant potential such as: leukoplakia; hyperplasia; polycythemia; actinic keratosis; myelodysplastic and non-malignant myeloproliferative disorders; aplastic anemia; atypia; non-malignant monoclonal gamopathy; carcinoid; or pre-malignant lesions; benign tumors or polyps.

All diagnosis of Cancer must be positively diagnosed by a legally licensed doctor of medicine certified by the American Board of Pathology or American Board of Osteopathic Pathology. This policy pays 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.

No benefits are payable for any Covered Person for any loss incurred during the first year of this policy as a result of a pre-existing condition. A Pre-Existing Condition is a Cancer or Dread Disease for which, within 12 months prior to the Effective Date of coverage, medical advice, consultation or treatment, including prescribed medications, was recommended by or received from a member of the medical profession, or for which symptoms manifested in such a manner as would cause a normally prudent person to seek diagnosis, medical advice or treatment. Pre-Existing conditions named or described as excluded in any part of this contract are never covered.

This policy contains a 30 day waiting period during which no benefits will be paid under this policy. If any Covered Person has a Cancer or Dread 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. If any Covered Person is diagnosed as having a Cancer or Dread Disease during the 30 day period immediately following the Effective Date, you may elect to void the policy from the beginning and receive a full refund of premium.

All benefits are payable only up to the maximum amount listed in the Schedule of Benefits in the policy.