

ADDITIONAL BENEFIT AMOUNTS	PLAN A Maximum	PLAN B Maximum	PLAN C Maximum
<p><b>ANNUAL CANCER SCREENING BENEFIT RIDER (form LG-6041)</b></p> <p><b>A. Basic Benefit</b> We will pay the expense incurred, but not to exceed the maximum benefit amount shown on the Certificate Schedule, once per calendar year per Insured Person for screening tests performed to determine whether Cancer exists in an Insured Person. Covered annual Cancer screening tests include but are not limited to: mammogram, pap smear, breast ultrasound, ThinPrep, biopsy, chest x-ray, thermography, colonoscopy, flexible sigmoidoscopy, hemocult stool specimen, PSA (blood test for prostate cancer), CEA (blood tests for colon cancer), CA125 (blood test for ovarian cancer), CA15-3 (blood test for breast cancer), serum protein electrophoresis (blood test for myeloma).</p> <p><b>B. Additional Benefit</b> We will pay the expense incurred, but not to exceed two times the maximum benefit amount per calendar year as shown on the Certificate Schedule, for one additional invasive diagnostic procedure required as the result of an abnormal cancer screening test for which benefits are payable under the Basic Benefit above for an Insured Person. This additional benefit is payable regardless of the results of the additional diagnostic procedure. However, the amount payable will be reduced dollar for dollar for any amount payable under the Positive Diagnosis Benefit contained in the base Certificate.</p>	<p><b>\$50</b> Per Calendar Year</p> <p><b>\$100</b> Per Calendar Year</p>	<p><b>\$50</b> Per Calendar Year</p> <p><b>\$100</b> Per Calendar Year</p>	<p><b>\$50</b> Per Calendar Year</p> <p><b>\$100</b> Per Calendar Year</p>
<p><b>FIRST OCCURRENCE BENEFIT RIDER (form LG-6043)</b></p> <p>If an Insured Person receives a positive diagnosis of Internal Cancer, We will pay the First Occurrence benefit amount shown on the Certificate Schedule.</p> <p>If the Insured Person receiving the positive diagnosis of Internal Cancer is a child under the age of 21, we will pay one and one-half times the First Occurrence benefit amount shown on the Certificate Schedule.</p>	<p><b>\$3,000</b> Once per Lifetime</p> <p><b>\$4,500</b> Once per Lifetime</p>	<p><b>\$5,000</b> Once per Lifetime</p> <p><b>\$7,500</b> Once per Lifetime</p>	<p><b>\$6,000</b> Once per Lifetime</p> <p><b>\$9,000</b> Once per Lifetime</p>
<p><b>ANNUAL RADIATION, CHEMOTHERAPY, IMMUNOTHERAPY and EXPERIMENTAL TREATMENT BENEFIT RIDER (form LG-6045)</b></p> <p>We will pay the expense incurred, but not to exceed the maximum benefit amount shown on the Certificate Schedule, per calendar year per Insured Person for Radiation Treatment, Chemotherapy, Hormonal Therapy, Immunotherapy or Experimental Treatment. The Radiation Treatment, Chemotherapy, Hormonal Therapy, Immunotherapy or Experimental Treatment must be for the treatment of an Insured Person's Cancer. The benefit amount shown on the Certificate Schedule is the maximum calendar year benefit available per Insured Person regardless of the number or types of Cancer treatments received in the same year.</p>	<p><b>\$7,500</b> Per Calendar Year</p>	<p><b>\$10,000</b> Per Calendar Year</p>	<p><b>\$20,000</b> Per Calendar Year</p>
<p><b>SURGICAL BENEFIT RIDER (form LG-6048)</b></p> <p><b>Surgical Expense</b> We will pay the Surgical Expense benefit for a surgical procedure for the treatment of an Insured Person's Cancer (except Skin Cancer) according to the Surgical Schedule shown in this rider. However, in no event will the amount payable exceed the maximum Surgical Expense benefit shown on the Certificate Schedule, nor will it exceed the expense incurred.</p> <p><b>Anesthesia Expense</b> We will pay the anesthesia expense incurred, not to exceed 25% of the covered Surgical Expense benefit for the operation performed. This includes the services of an anesthesiologist or of an anesthetist under supervision of a physician for the purpose of administering anesthesia.</p> <p><b>Breast Reconstruction</b> with transverse rectus abdominis myocutaneous flap (TRAM), single pedicle, including closure of donor site, with microvascular anastomosis (supercharging) is one of the surgical procedures listed in the Surgical Schedule. If this procedure is performed on an Insured Person as the result of a mastectomy for which We paid a Surgical Expense benefit for the treatment of Breast Cancer, We will pay the expense incurred not to exceed <b>\$900 per \$1,000 of the Surgical Benefit issued.</b></p> <p><b>Skin Cancer Surgery Expense</b> We will pay the expense incurred, not to exceed the procedure amount listed in this rider (<b>\$125 to \$750 depending on the procedure</b>) when a surgical operation is performed on an Insured Person for treatment of a diagnosed Skin Cancer. This benefit is payable in lieu of any benefits for Surgical Expense and Anesthesia Expense which are not applicable to Skin Cancer.</p>	<p><b>\$3,000</b> Procedure Maximum</p> <p><b>\$750</b> Procedure Maximum</p> <p><b>\$2,700</b> Procedure Maximum</p> <p><b>Per</b> Procedure</p>	<p><b>\$3,000</b> Procedure Maximum</p> <p><b>\$750</b> Procedure Maximum</p> <p><b>\$2,700</b> Procedure Maximum</p> <p><b>Per</b> Procedure</p>	<p><b>\$6,000</b> Procedure Maximum</p> <p><b>\$1,500</b> Procedure Maximum</p> <p><b>\$5,400</b> Procedure Maximum</p> <p><b>Per</b> Procedure</p>
<p><b>DAILY HOSPITAL CONFINEMENT BENEFIT RIDER (form LG-6042)</b></p> <p><b>Confinements of 30 Days or Less</b> We will pay the Daily Hospital Confinement benefit amount shown on the Certificate Schedule for each of the first 30 days in each period of hospital confinement during which an Insured Person is confined to a hospital, including a government or charity hospital, for the treatment of Cancer.</p> <p><b>Confinements of 31 Days or More</b> If an Insured Person is continuously confined to a hospital, including a government or charity hospital, for longer than 30 consecutive days for the treatment of Cancer, We will pay two times the Daily Hospital Confinement benefit amount shown on the Certificate Schedule. This benefit payment will begin on the 31<sup>st</sup> continuous day of such confinement and continue for each day of confinement until the Insured Person is discharged from the Hospital.</p> <p><b>Benefits for an Insured Dependent Child under Age 21</b> The amount payable under this benefit will be <b>double the Daily Hospital Confinement benefit</b> shown on the Certificate Schedule if the Insured Person so confined is a dependent child under the age of 21.</p>	<p><b>\$100</b> Per Day</p> <p><b>\$200</b> Per Day</p> <p><b>\$200/ \$400</b> Per Day</p>	<p><b>\$200</b> Per Day</p> <p><b>\$400</b> Per Day</p> <p><b>\$400/ \$800</b> Per Day</p>	<p><b>\$200</b> Per Day</p> <p><b>\$400</b> Per Day</p> <p><b>\$400/ \$800</b> Per Day</p>

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## ADDITIONAL BENEFITS AMOUNTS

### SPECIFIED DISEASE BENEFIT RIDER (form LG-6052)

If an Insured Person is first diagnosed with one or more covered Specified Diseases and is hospitalized for the definitive treatment of any covered Specified Disease, We will pay benefits according to the provisions of this rider.

#### COVERS THESE 38 SPECIFIED DISEASES

<p><b>Addison's Disease</b></p> <p><b>Amyotrophic Lateral Sclerosis</b></p> <p><b>Botulism</b></p> <p><b>Bovine Spongiform Encephalopathy</b></p> <p><b>Budd-Chiari Syndrome</b></p> <p><b>Cystic Fibrosis</b></p> <p><b>Diphtheria</b></p> <p><b>Encephalitis</b></p> <p><b>Epilepsy</b></p> <p><b>Hansen's Disease</b></p> <p><b>Histoplasmosis</b></p> <p><b>Legionnaire's Disease</b></p> <p><b>Lyme Disease</b></p>	<p><b>Lupus Erythematosus</b></p> <p><b>Malaria</b></p> <p><b>Meningitis</b></p> <p><b>Multiple Sclerosis</b></p> <p><b>Muscular Dystrophy</b></p> <p><b>Myasthenia Gravis</b></p> <p><b>Neimann-Pick Disease</b></p> <p><b>Osteomyelitis</b></p> <p><b>Poliomyelitis</b></p> <p><b>Q Fever</b></p> <p><b>Rabies</b></p> <p><b>Reye's Syndrome</b></p> <p><b>Rheumatic Fever</b></p>	<p><b>Rocky Mountain Spotted Fever</b></p> <p><b>Sickle Cell Anemia</b></p> <p><b>Tay-Sachs Disease</b></p> <p><b>Tetanus</b></p> <p><b>Toxic Epidermal Necrolysis</b></p> <p><b>Tuberculosis</b></p> <p><b>Tularemia</b></p> <p><b>Typhoid Fever</b></p> <p><b>Undulant Fever</b></p> <p><b>West Nile Virus</b></p> <p><b>Whipple's Disease</b></p> <p><b>Whooping Cough</b></p>
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#### BENEFITS

If an Insured Person is first diagnosed with one or more covered Specified Diseases and is hospitalized for the definitive treatment of any covered Specified Disease, We will pay benefits according to the provisions of this rider. An applicant may **select 1, 2 or 3 units of coverage.**

**Initial Hospitalization Benefit** We will pay a benefit of **\$1,500 per unit of coverage** selected when an Insured Person is confined to a hospital (for 12 or more hours, not applicable in SD) as a result of receiving treatment for a Specified Disease. This benefit is payable only once per period of confinement and once per calendar year for each Insured Person.

**Hospital Confinement Benefit** We will pay a benefit of **\$300 per day per unit of coverage** selected when an Insured Person is hospitalized during any continuous period of 30 days or less for the treatment of a covered Specified Disease. Benefits will **double per day beginning with the 31<sup>st</sup> day of continuous confinement.**

If the hospital confinement follows a previously covered confinement, it will be deemed a continuation of the first confinement unless it is the result of an entirely different Specified Disease, or unless the confinements are separated by 30 days or more.

\*SPECIFIED DISEASE BENEFIT RIDER IS NOT INCLUDED IN PLAN A

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WEST TEXAS PUBLIC SCHOOLS EMPLOYEE BENEFITS COOPERATIVE

FOR GROUP PRESENTATION PURPOSES ONLY

MONTHLY RATES	EMPLOYEE	SINGLE PARENT	EMPLOYEE AND SPOUSE	FAMILY
<b>BASE PLAN A</b>	\$19.74	\$24.12	\$33.18	\$33.18
<b>BASE PLAN B</b>	\$25.14	\$30.32	\$41.85	\$41.85
<b>BASE PLAN C</b>	\$35.89	\$42.65	\$59.40	\$59.40

## OPTIONAL BENEFITS YOU MAY SELECT FOR ADDITIONAL PREMIUM

<p><b>HOSPITAL INTENSIVE CARE UNIT BENEFIT RIDER (form LG-6047)*</b></p> <p><b>Intensive Care Unit Benefit</b> We will pay the daily Hospital Intensive Care Unit Benefit amount shown on the Certificate Schedule for an Insured Person's confinement in an ICU for sickness or injury.</p> <p><b>Double Intensive Care Unit Benefit</b> We will pay double the daily Hospital Intensive Care Unit benefit amount shown on the Certificate Schedule for an Insured Person's confinement in an ICU as a result of Cancer. We will also double this ICU benefit for only the initial ICU confinement resulting from an Insured Person's travel related injury, provided that the ICU confinement begins within 24 hours of the accident causing the travel related injury. A travel related injury includes being struck by an automobile, bus, truck, van, motorcycle, train or airplane; or being involved in an accident where the Insured Person was the operator or passenger in or on such vehicle.</p> <p><b>Step Down Unit Benefit</b> We will pay one-half of the daily Hospital Intensive Care Unit benefit amount shown on the Certificate Schedule for an Insured Person's confinement in a Step Down Unit for a sickness or injury.</p>	<p><b>\$500</b> <b>Per Day</b></p> <p><b>\$1,000</b> <b>Per Day</b></p> <p><b>\$250</b> <b>Per Day</b></p>
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WEST TEXAS PUBLIC SCHOOLS EMPLOYEE BENEFITS COOPERATIVE  
FOR GROUP PRESENTATION PURPOSES ONLY

MONTHLY RATES	EMPLOYEE	SINGLE PARENT	EMPLOYEE AND SPOUSE	FAMILY
BASE PLAN A WITH ICU	\$22.06	\$27.31	\$37.58	\$37.58
BASE PLAN B WITH ICU	\$27.46	\$33.52	\$46.25	\$46.25
BASE PLAN C WITH ICU	\$38.21	\$45.84	\$63.80	\$63.80