

ADDITIONAL BENEFIT AMOUNTS	PLAN A Maximum	PLAN B Maximum	PLAN C Maximum
<p>ANNUAL CANCER SCREENING BENEFIT RIDER (form LG-6041)</p> <p>A. Basic Benefit 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. Additional Benefit 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>\$50 Per Calendar Year</p> <p>\$100 Per Calendar Year</p>	<p>\$50 Per Calendar Year</p> <p>\$100 Per Calendar Year</p>	<p>\$50 Per Calendar Year</p> <p>\$100 Per Calendar Year</p>
<p>FIRST OCCURRENCE BENEFIT RIDER (form LG-6043)</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>\$2,500 Once per Lifetime</p> <p>\$3,750 Once per Lifetime</p>	<p>\$5,000 Once per Lifetime</p> <p>\$7,500 Once per Lifetime</p>	<p>\$7,000 Once per Lifetime</p> <p>\$10,500 Once per Lifetime</p>
<p>ANNUAL RADIATION, CHEMOTHERAPY, IMMUNOTHERAPY and EXPERIMENTAL TREATMENT BENEFIT RIDER (form LG-6045)</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>\$5,000 Per Calendar Year</p>	<p>\$12,500 Per Calendar Year</p>	<p>\$20,000 Per Calendar Year</p>
<p>SURGICAL BENEFIT RIDER (form LG-6048)</p> <p>Surgical Expense 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>Anesthesia Expense 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>Breast Reconstruction 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 \$900 per \$1,000 of the Surgical Benefit issued.</p> <p>Skin Cancer Surgery Expense We will pay the expense incurred, not to exceed the procedure amount listed in this rider (\$125 to \$750 depending on the procedure) 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>\$2,000 Procedure Maximum</p> <p>\$500 Procedure Maximum</p> <p>\$1,800 Procedure Maximum</p> <p>Per Procedure</p>	<p>\$3,500 Procedure Maximum</p> <p>\$875 Procedure Maximum</p> <p>\$2,700 Procedure Maximum</p> <p>Per Procedure</p>	<p>\$5,000 Procedure Maximum</p> <p>\$1,250 Procedure Maximum</p> <p>\$4,500 Procedure Maximum</p> <p>Per Procedure</p>
<p>DAILY HOSPITAL CONFINEMENT BENEFIT RIDER (form LG-6042)</p> <p>Confinements of 30 Days or Less 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>Confinements of 31 Days or More 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 31st continuous day of such confinement and continue for each day of confinement until the Insured Person is discharged from the Hospital.</p> <p>Benefits for an Insured Dependent Child under Age 21 The amount payable under this benefit will be double the Daily Hospital Confinement benefit shown on the Certificate Schedule if the Insured Person so confined is a dependent child under the age of 21.</p>	<p>\$100 Per Day</p> <p>\$200 Per Day</p> <p>\$200/ \$400 Per Day</p>	<p>\$100 Per Day</p> <p>\$200 Per Day</p> <p>\$200/ \$400 Per Day</p>	<p>\$100 Per Day</p> <p>\$200 Per Day</p> <p>\$200/ \$400 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

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

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 31st 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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EAST TEXAS EMPLOYEE BENEFITS COOPERATIVE

FOR GROUP PRESENTATION PURPOSES ONLY

MONTHLY RATES	EMPLOYEE	SINGLE PARENT	EMPLOYEE AND SPOUSE	FAMILY
BASE PLAN A	\$16.61	\$20.55	\$28.10	\$28.10
BASE PLAN B	\$26.09	\$31.34	\$43.39	\$43.39
BASE PLAN C	\$35.02	\$41.52	\$57.83	\$57.83

OPTIONAL BENEFITS YOU MAY SELECT FOR ADDITIONAL PREMIUM

HOSPITAL INTENSIVE CARE UNIT BENEFIT RIDER (form LG-6047)*

Intensive Care Unit Benefit 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.

Double Intensive Care Unit Benefit 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.

Step Down Unit Benefit 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.

\$500
Per Day

\$1,000
Per Day

\$250
Per Day

***Additional Limitations and Exclusions for the Hospital Intensive Care Unit Benefit Rider** If the rider is issued and while coverage is in force, it will provide benefits if an Insured Person goes into a hospital Intensive Care Unit (including a Cardiac Intensive Care Unit or Neonatal Intensive Care Unit, hereinafter "ICU"). Benefits start the first day of confinement in an ICU for sickness or injury. Any combination of benefits payable under this rider is limited to a maximum of 45 days per each period of confinement.

ALL BENEFITS CONTAINED IN THIS HOSPITAL INTENSIVE CARE UNIT BENEFIT RIDER REDUCE BY ONE-HALF AT AGE 75. Benefits are not payable for any ICU or Step Down Unit confinement that results from intentional self-inflicted injury; or the Insured Person's being intoxicated or under the influence of alcohol, drugs or any narcotics, unless administered on and according to the advice of a medical practitioner. THIS IS A LIMITED RIDER.

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EAST TEXAS EMPLOYEE BENEFITS COOPERATIVE
FOR GROUP PRESENTATION PURPOSES ONLY

MONTHLY RATES	EMPLOYEE	SINGLE PARENT	EMPLOYEE AND SPOUSE	FAMILY
BASE PLAN A WITH ICU	\$18.93	\$23.75	\$32.50	\$32.50
BASE PLAN B WITH ICU	\$28.42	\$34.53	\$47.79	\$47.79
BASE PLAN C WITH ICU	\$37.35	\$44.72	\$62.23	\$62.23