Cancer Care Plus

Cancer and Dread Disease Insurance

FINANCIAL SOLUTIONS, TREATMENT AND RECOVERY

THIS IS A CANCER AND DREAD DISEASE - ONLY POLICY

ecancerplans.com

855-939-9977

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Why Cancer Insurance?

According to the American Cancer Society:

In the United States, men have about a 1-in-2 lifetime risk of developing cancer; for women the risk is a little more than 1-in-3.*

It is projected that on an annual basis over 1.6 million new cancer cases will be diagnosed.

As advances in cancer treatment continue, more and more people will survive:

13.7 mln.

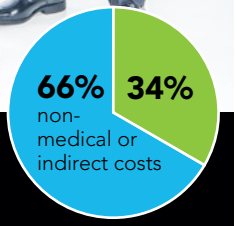
Approximately 13.7 million Americans with a history of cancer were alive in 2009.*

68% **49%**

The five-year relative survival rate for all cancers diagnosed between 2003 - 2007 is 68%, up from 49% in 1975-1977.*

216.6 bln.

The National Institutes of Health estimated the overall costs for cancer in the year 2009 at $216.6 billion.



According to the American Cancer Society, your traditional medical or medicare coverage may be good, but it will only cover 34% of the costs associated with cancer.

Additionally, cancer treatment can cause out-of-pocket expenses that aren't covered by traditional health insurance:

- TRAVEL
- LODGING
- CHILDCARE
- FOOD
- LONG-DISTANCE CALLS
- HOUSEHOLD HELP

Meanwhile, living expenses such as car payments, mortgages or rent, and utility bills continue, whether or not you are able to work. If a family member has to stop working to take care of you, the loss of income may be doubled. Ecancerplans.com helps provide an important safety net in fighting the financial consequences of cancer that result beyond traditional health insurance.

** American Cancer Society - Cancer Facts and Figures 2014*

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Cancer and Specified Disease Insurance Protection with Critical Care Rider

Benefit Package

CANCER SCREENING TEST - $100 BENEFIT

Payable for one annual cancer screening test, Payable for one annual cancer screening test, including but not limited to mammography screening, pap smear (test only); CA125 (blood test for ovarian Cancer); PSA (blood test for prostate Cancer); hemocult stool specimen; flexible sigmoidoscopy; CEA (blood test for colon Cancer); colonoscopy; chest X-ray; thermography; or serum protein electrophoresis. Payment based on benefit amount selected. Not payable if received through any free-testing program or for any other cancer screening test for which a charge is not made.

FIRST OCCURRENCE BENEFIT - $5,000

Payable when a covered person is diagnosed with cancer for the first time. Payable only once for each covered person and not payable for skin cancer. Not available for ages 65 and above.

DAILY HOSPITAL CONFINEMENT BENEFIT - $300 / PER DAY

Payable when a covered person is confined to the hospital for the treatment of cancer or a dread disease. Payment is based on the daily benefit amount selected. Payable for the first 70 days of each period of confinement.

SURGICAL BENEFIT - $4,000 PER SURGERY

Payable for surgeries performed in or out of the hospital to treat cancer or a specified dread disease. Benefits for surgical procedures are calculated as a percentage of the per-surgery maximum benefit amount selected.

RADIATION, CHEMOTHERAPY AND OTHER BENEFITS - $7,500 PER MONTH

We will pay the actual charges for Teleradiotherapy, Radio-Active Isotopes Therapy, Chemotherapy, Chemotherapy Enhancer Drugs, and Anti-Nausea and Immunotherapy drugs, as indicated in the policy, for the treatment of cancer or a specified dread disease.

Benefits are based on the maximum monthly benefit amount selected. Actual Charges means the amount(s) actually paid by or on behalf of the Covered Person and accepted by the provider as full payment for the covered services provided. This benefit is not payable if treatment is received in a government or charity hospital.

THE FOLLOWING DEFINES THE LIST OF DREAD DISEASES COVERED UNDER THE POLICY:

- Addison's Disease
- Muscular Dystrophy
- Tay-Sachs Disease
- Amyotrophic Lateral Sclerosis
- Myasthenia Gravis
- Tetanus
- Diphtheria
- Niemann-Pick Disease
- Toxic Epidermal Necrolysis
- Encephalitis
- Osteomyelitis
- Toxic Shock Syndrome
- Epilepsy
- Poliomyelitis
- Tuberculosis
- Legionnaire's Disease
- Reye's Syndrome
- Tularemia
- Lupus Erythematosus
- Rheumatic Fever
- Typhoid Fever
- Meningitis
- Rocky Mountain Spotted Fever
- Whipple's Disease
- Multiple Sclerosis
- Sickle-Cell Anemia
- Whooping Cough

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Hospital and Other Care Facility Benefits

PRESCRIBED DRUGS AND MEDICINES Actual charges for drugs and medicines prescribed while confined in a hospital. Limited to the first 70 days for each period of confinement.	Actual charges to a maximum of 20% of the Daily Hospital Confinement Benefit.
PHYSICIAN'S ATTENDANCE If the regular physician visits during a confinement in the hospital.	$50 per day
AMBULANCE For transfer of a covered person to or from a hospital for confinement as an inpatient.	$250 per trip 3 trips per year
PRIVATE DUTY NURSING SERVICE When confined in a hospital and a private duty nursing service is retained.	$150 per day
EXTENDED BENEFITS Beginning on the 71st day of one continuous period of hospital confinement for cancer or a dread disease. Payable in lieu of all other benefits payable for the same time period.	$1,000 per day
GOVERNMENT OR CHARITY HOSPITAL Pays a total benefit of $200 per day of treatment for outpatient Teleradiotherapy, Radio-Active Isotopes Therapy, Chemotherapy, Chemotherapy Enhancer Drug, Anti-Nausea, and Immunotherapy, as indicated in the policy, received in a government or charity hospital. Paid in lieu of all other benefits except for transportation and lodging benefits.	$200 per day
EXTENDED CARE FACILITY Confinement must be recommended by the attending physician and begin within 14 days of a covered hospital confinement. All days for which a Hospital Confinement benefit is paid will be included in determining the maximum of 70 days for the Extended Care Facility benefit.	$100 for each day of confinement to a maximum of 70 days
HOSPICE CARE For confinement in a hospice care center for care provided if a covered person has diagnosed as terminally ill due to cancer or dread disease. Limited to a lifetime maximum of 180 days for confinement in a hospice care center, or 30 days if hospice services are provided in the covered person's home.	$100 per day

Transportation Benefits

Transportation and Lodging for Bone Marrow Donors

Paid for a donor who is either a covered person, or someone donating to a covered person. When a covered person is the donor, this benefit is payable in lieu of any other benefits payable under the policy.

- Actual charges to $2,500 for medical expenses directly relating to the services provided to the donor during the transplant.
- Actual charges for round trip coach fare on a common carrier, or a personal automobile allowance of 50 cents per mile if distance is more than 50 miles one-way. Maximum 700 miles round trip.
- Actual charges to $75 per day for lodging and meal expenses incurred by the donor.

*Transportation and Lodging for Non-Local Treatment Which Does Not Require Hospital Confinement

- Actual charges for round trip coach fare, or a personal automobile allowance of 50 cents per mile if the distance is more than 50 miles one way, maximum 700 miles round trip. Maximum of $1,500 per calendar year.
- Actual charges to $50 per day for lodging and meal expenses. Payable only for the days you receive treatment for cancer or dread disease for which a benefit is payable.

Prescribed treatment must not be available locally and must not require hospital confinement

Not payable for periodic checkups, cancer screening tests, or for treatments, services, or procedures for which a benefit is not payable under this policy

*Transportation for Non-Local Treatment Which Requires Hospital Confinement

Actual charges for round trip coach fare, or a personal automobile allowance of 50 cents per mile if the distance is more than 50 miles one-way. Maximum 700 miles round trip.

Prescribed treatment must not be available locally and must require hospital confinement.

*Adult Companion Transportation and Lodging

Payable only for an adult companion residing and traveling within the continental United States

- Actual charges for one adult companion to be near a covered person who is hospital confined in a non-local hospital for covered treatments. Maximum $2,500 per confinement.
- Actual charges to $50 per day for lodging and meal expenses incurred. Limited to the number of days of the covered person's hospitalization.
- Actual charges of one round trip coach fare, or a personal automobile allowance of 50 cents per mile, if the distance is more than 50 miles one way. Maximum 700 miles round trip.

Surgical Benefits

ANESTHESIA Pays for the procedure in which anesthesia is used. We will pay $50 for the administration of anesthesia for each skin cancer operation.	Pays 25% of the surgical benefit amount paid
ADDITIONAL SURGICAL OPINIONS Pays for a second and third surgical opinion if the surgical opinions differ.	$200 each opinion
ARTIFICIAL LIMB AND PROSTHESIS Pays per prosthetic device or artificial limb and the reconstructive procedure to affix or implant it. Benefits limited to only two of the same type of prosthetic device or artificial limb. Not payable if a breast reconstruction and breast prosthesis benefit is payable.	Actual charges to $1,500
OUTPATIENT SURGERY BENEFIT Payable for outpatient surgery in a hospital or ambulatory surgical center. Not payable for surgery in a physician's office or clinic, or for skin cancer treatment.	Pays $375 per operation for drugs, medicines and lab tests. Pays maximum of 150% of surgery shown in surgical benefits schedule.
SKIN CANCER If the diagnosis is made by a physician other than a pathologist, $150 for removal of skin cancer to a maximum of $600 per calendar year. If the diagnosis is made by a pathologist, actual charges to the maximum amount for such surgery shown in the surgical benefits schedule.	Pays $150 per calendar year. Maximum benefit $600.
BREAST RECONSTRUCTION/BREAST PROSTHESIS Actual Charges incurred for reconstructive surgery, and an external or internal breast prosthesis and the surgeon's fee for implantation following a mastectomy. Lifetime maximum of $5,000. This benefit is in lieu of the surgical benefit provided in this policy.	Pays actual charges. Lifetime maximum of $5,000.
BONE MARROW TRANSPLANT FOR CANCER Actual charges incurred for bone marrow transplants or other forms of stem cell rescue and all related services and supplies. Lifetime maximum of $10,000. This benefit is in lieu of any other benefit associated with the treatment, service, or procedure underlying Bone Marrow Transplant, with the exception of the Transportation and Lodging for Bone Marrow Donors benefit.	Pays actual charges, lifetime maximum of $10,000.

Other Benefits

EXPERIMENTAL TREATMENT Treatment must be received in the United States or its territories. This benefit is in lieu of all other benefits payable for the treatment of cancer or dread disease.	Pays actual charges, to a lifetime maximum of $10,000.
PHYSICAL, OCCUPATIONAL OR SPEECH THERAPY $50 for each 60-minute session for Physical, Occupational or Speech Therapy.	$50 each session. Lifetime maximum of $1,500.
OUTPATIENT POSITIVE DIAGNOSIS TEST For a diagnostic test that leads to a positive diagnosis within 90 days of such test. Payable once per diagnosis.	$250 for a diagnostic test
BLOOD AND BLOOD PLASMA For blood, blood plasma and platelets inserted into a covered person. Not payable for blood which is donated or replaced.	Pays actual charges, to a maximum of $5,000 per calendar year.
HOME HEALTH CARE SERVICES Payable when services are provided by a licensed home health care agency. Benefit paid in lieu of all other policy benefits. Must be prescribed by a physician and cannot be provided by a relative.	Pays $60 per day at home services, 180 days max per calendar year. Pays $150 per day at home private duty nursing, 15 days max per calendar year. Pays $50 per day at home physician visits, 15 days max per calendar year.
HAIRPIECE BENEFIT One-time benefit for a hairpiece when hair loss is the result of cancer treatment.	Pays $100
RENTAL OR PURCHASE OF DURABLE MEDICAL EQUIPMENT One-time benefit for a hairpiece when hair loss is the result of cancer treatment.	Pays actual charges, maximum $1,000 per calendar year
PROFESSIONAL MENTAL HEALTH CONSULTATION For a consultation with a licensed mental health professional when receiving treatment for cancer or a dread disease. The licensed mental health professional may not be a relative.	$50 per session. Lifetime maximum of $250.

Other Benefits

TUTOR Tutor session for an insured child under age 19, when the child is receiving treatment for cancer or a dread disease.	$25 per 60-minute. Lifetime maximum of 50 sessions.
MAMMOGRAPHY BENEFIT In MT only, pays actual charges for a mammography screening administered to a Covered Person according to the schedule listed in the policy.	Pays actual charges to a maximum of $70.
INTENSIVE CARE UNIT RIDER Benefits Reduce to ½ at age 70. **Benefit for Intensive Care Unit.** If a Covered Person is confined in an Intensive Care Unit of a Hospital, we will pay the ICU Daily Benefit Amount for each day of such confinement, not to exceed 30 days during any one period of confinement.	Pays $600 per day
Benefit for Step-Down Unit. If a Covered Person is confined in a StepDown Unit of a Hospital, we will pay for each day of such confinement, not to exceed 30 days during any one period of confinement.	Pays $300 per day step down unit
CRITICAL CARE BENEFIT RIDER **Benefit for Heart Disease** A Heart Disease benefit will be paid for the actual charges incurred by a Covered Person for the following due to Heart Disease: 1. pacemaker insertion; 2. angioplasty; and 3. heart catheterization. This benefit is limited to a lifetime maximum.	Pays Actual charges to lifetime max $2,500
Benefit for Heart Attack/Stroke A Heart Attack/Stroke benefit will be paid for the actual charges incurred by a Covered Person.	Pays Actual charges to lifetime max $5,000

ELIGIBILITY

You and your covered spouse must be ages 18 through 69 to apply for coverage. Unmarried, dependent children under the age of 21 (in NM and TX, age 25 regardless of student status) may be covered. Unmarried children under the age of 25 may also be covered if enrolled as a full-time student in an accredited college or university, or marriage, whichever occurs first. When the child reaches the limiting age, the child may "convert" to an individual policy without evidence of insurability, subject to the "Conversion" provision in the base policy

LIMITATIONS - 30-DAY WAITING PERIOD.

If a Covered Person has a Positive Diagnosis for Cancer or a Dread Disease during the first thirtydays after the Effective Date of this Policy, coverage for such Cancer or Dread Disease will only apply to loss commencing after two years (in NH, six months; in NC, twelve months) from the Effective Date of this Policy; or, at Your option, You may elect to void this Policy from the beginning and receive a full refund of premium. In AZ and MO, we will pay a reduced benefit of $40 for loss covered by or resulting from such Positive Diagnosis during the first two years from the Effective Date of this Policy; in MN, we will pay a reduced benefit of $40 for loss covered by or resulting from any Cancer or Dread Disease during the first two years from the Effective Date of this Policy.

WAIVER OF PREMIUM

If the Named Insured becomes Totally Disabled for 60 days as a result of a Positive Diagnosis of Cancer or a Dread Disease while this Policy is in force, We will waive the premiums that fall due while he or she is Totally Disabled. The Total Disability must begin before the policy anniversary following that person's attainment of age 60. To be eligible for this benefit, premiums must continue to be paid for 60 days after the commencement of Total Disability. Upon approval of this benefit, waiver of premiums will begin on the premium due date next following 60 days of continuous Total Disability. This provision does not apply to Total Disability of the Insured Spouse or Insured Child(ren).

GUARANTEED RENEWABLE FOR LIFE

Your policy cannot be cancelled regardless of changes in health, the number of times benefits are received or advancing age. The only way the policy can be cancelled is for failure to pay premiums. The Company reserves the right to change the rates on all policies of this class in the entire state.

10 DAY RIGHT TO EXAMINE POLICY

You have ten (10) days to examine the policy. If you are not satisfied, you may return it to us and have your premiums refunded.

EXCLUSIONS

Subject to the Time Limit on Certain Defenses provision, We will not pay benefits for:
1. anything caused by or resulting from Injury; **2.** anything other than Cancer or a Dread Disease; **3.** any sickness, illness, bodily infirmity or incapacity that has been caused, complicated, worsened, or affected by Cancer or a Dread Disease or as a result of Cancer or a Dread Disease treatment including side effects from Cancer or a Dread Disease treatment except as specifically covered; **4.** anything due to Cancer or a Dread Disease for which a Positive Diagnosis was made, or treatment was received, (in NE, five years; in NC, twelve months) prior to the Effective Date. In NC, a Pre-Existing Condition for Insured Persons age 65 or older shall include only conditions excluded by rider. In MT, any Cancer or Dread Disease during the first twelve months following the Effective Date due to Cancer or a Dread Disease for which a Positive Diagnosis was made, or treatment was received, 3 years prior to the Effective Date will not be covered; **5.** anything for which no charge was incurred by the Covered Person (except as expressly provided herein); **6.** (except in WI) any treatment, procedure, or service which is not grounded in current, generally accepted medical practices, except as specifically provided in the Experimental Treatment benefit or Bone Marrow Transplant benefit (benefits for Experimental Treatment are limited to a lifetime maximum of $10,000 and benefits for Bone Marrow Transplants are limited to a lifetime maximum of $10,000); **7.** any care and/or treatment received outside the U.S. or its territories unless the Covered Person has traveled outside the United States and/or its territories and treatment is received due to an Emergency Situation; **8.** (except in MO) any care, confinement and/or treatment in a government or charity hospital except as specifically provided in the Government or Charity Hospital benefit; **9.** (except in AZ, MN, MO and MT) any Cancer or Dread Disease during the first two years (in NH, six months; in NC, twelve months) following the Effective Date in connection with a loss that was incurred during the Waiting Period; **10.** planning, clinical treatment planning, clinical treatment management, medical radiation physics, dosimetry, blocks, molds, treatment devices, special services, and similar services ancillary or related to Teleradiotherapy or Radio-Active Isotopes Therapy; **11.** side-effect medications or treatments, supplies, saline or similar fluids, administration charges, and other services or treatments ancillary or related to Chemotherapy (except as expressly provided in the Chemotherapy Enhancer Drug benefit and Anti-Nausea benefit provisions); or **12.** side-effect medications or treatments, supplies, saline or similar fluids, administration charges, and other services or treatments ancillary or related to Chemotherapy Enhancer Drug, AntiNausea medication, or Immunotherapy.

In MD, we will not pay any benefits otherwise covered under this Policy that are in connection with or resulting from a Prohibited Referral. We will reimburse you for the actual charges for the services provided. Actual charges are the amounts paid by you or on your behalf and accepted by the provider for the services provided.

The following limitations apply to the Critical Care Benefit Rider and Intensive Care Unit Rider:

LIMITATIONS - PRE-EXISTING CONDITIONS. These Riders do not provide benefits for loss or losses due to Pre-Existing Conditions that are incurred during the 12 months (in NM, 6 months) immediately prior to the Rider Date. In addition, a loss caused by a Pre-Existing Condition will not be covered if: 1. (except in MD) the Pre-Existing Condition was revealed in the application; or 2. we have specifically excluded the Pre-Existing Condition by name or specific description. However, a claim for a Pre-Existing Condition incurred after 2 years (in NM, 6 months; in CA, 12 months) from the date these Riders become effective will be covered, unless that condition is excluded by name or specific description effective on the date of loss. In MD only, with respect to Pre-Existing Conditions disclosed in the application, this PreExisting Condition Limitation will not include a condition revealed on the application for coverage, unless the condition was excluded by a signed waiver rider attached to the policy.

The benefits as specified in these Riders are payable in addition to all other indemnities set forth in the Policy and/or attached Riders, if any.

Policy Form Numbers CP 4000 4/04, (including state variations) CP 4000 LA 4/04, CP 4000 MT 4/04 and CP 4000 TX 4/04
For use with states: AZ, AL, CO, IA, LA, MD, MN, MO, MS, NC, NE, NH, NM, NV, OH, OR, TX, WI and WY.

This brochure only provides a brief description of the important features of your policy. Only the actual policy provisions will control; therefore, it is important that you READ YOUR POLICY CAREFULLY.