

Enrollment Dates: May 14, 2010 - August 11, 2010

## *Cancer Can Affect Anyone*

### **Statistics Predict:**

- Cancer will strike one in every two men and one in every three women in the U.S.\*
- One out of eight women will develop breast cancer in her lifetime\*.
- One out of every six men will develop prostate cancer\*.
- The number of people with cancer will double in this decade\*\*.

### **Are you prepared for the cost of cancer?**

Your medical insurance covers most of the direct charges such as hospital and physicians' bills, but **may not cover** these **indirect** costs:

- Loss of wages while caring for a family member
- Loss of wages while you receive treatment
- Everyday living expenses and bills
- Childcare
- Home health care expenses
- Transportation for non-local or specialized treatment centers
- Experimental treatment
- Meals eaten out, fast food for family at home
- Lodging during non-local treatment

In fact, non-medical costs account for **67 percent** of all costs associated with cancer\*. Many Americans find themselves financially strapped as the result of the battle against cancer or a specified disease, even with medical insurance.

**THIS CANCER PLAN** is designed to create a source of extra cash that can help you and your family cope during the battle against cancer or a specified disease.

### **Extra cash when you need it. Here's how it works:**

- We provide cash benefits to you.
- You use the money to meet your needs - loss of income, house and car payments, transportation for treatment, other bills, etc. These non-medical expenses of cancer may not be covered by your major medical insurance.

### **Plus, you get these distinctive features:**

- Guaranteed renewable for life. You can't lose your coverage, as long as you continue to pay your premiums.
- Cash benefits paid to you regardless of any other medical insurance plan you may have.
- Provides cash to offset the costs of 30 other diseases.
- Coverage is portable. Employees can keep the coverage if they change jobs.

### **Selected benefits paying cash to you:**

- Cancer Screening Tests
- Chemotherapy, Radiation, Immunotherapy, or Hormone therapy
- Experimental Treatment
- Adult Companion Transportation and Lodging

\*Cancer Facts & Figures, American Cancer Society, 2001.

\*\*Report from the American Hospital Administration.

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## *Assurity Cancer Plan*

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Policy availability, rates and provisions may vary by state. This policy contains limitations and exclusions. For more detailed and complete information, please contact Assurity Life Insurance Company and ask to review the policy contract.

### **BASIC BENEFITS**

Provides benefits caused by cancer, and with a rider, certain other specified diseases for the employee, spouse and covered children with continuous benefit and premium policy for life.

### **RATE STRUCTURE**

Age bands: 18-34, 35-49, 50-64, Employee Issue Ages: 18-64, Family: Up to Age 64 on spouse. Children Age 0-21 (if "dependent children" definition is met, coverage is available to Age 25). Issue Age is age of last birthday on the day policy is issued.

### **PRE-EXISTING CONDITIONS**

Assurity will not pay benefits for any expenses incurred concerning a Pre-existing Condition unless the expenses are for services rendered after coverage has been in force for 12 months from the Issue Date.

A pre-existing condition means a sickness or physical condition for which, during the 12 months before the Issue Date, the Insured Person received medical consultation, advice or treatment from a Physician or had taken prescribed medication.

### **ISSUE AGE**

The Assurity cancer policy is available for persons ages 18-64, including spouses. The issue age of children is 0 days through 21 years of age. The coverage is continued up to age 25 if "dependent children" definition is met.

Policy will pay the following specified benefits based on policy provisions:

### **HOSPITAL CONFINEMENT**

Assurity will pay you benefits for each day while the Insured is confined in the hospital for cancer up to 75 consecutive days of each period of confinement. There are three options for the daily benefit amount: \$150, \$250, and \$350. This benefit is not payable for government or charity hospital confinements.

### **SURGICAL BENEFIT**

For the treatment of, removal of, or destruction of Cancer, Assurity will pay the actual charges incurred up to the amount shown on the surgery schedule for surgical procedures in or out of a Hospital for an Insured Person. For operations not listed, a comparable reasonable benefit will be paid. If two or more surgical procedures are performed at the same time through the same incision or in the same body opening, Assurity will pay the greater of the surgical benefit amounts, but not both. The surgery can be performed in a Hospital, an ambulatory surgical center or a Physician's office. See policy for surgical schedule.

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**ANESTHESIA**

Assurity will pay actual charges incurred up to 25% of the Surgical Benefit if a Surgical Benefit is paid and charges are made by a Physician for anesthesia administered in connection with such surgical procedure.

**ADDITIONAL SURGICAL OPINIONS**

Assurity will pay the actual charges incurred up to a maximum of \$200 for a second surgical opinion. If the second surgical opinion differs from the first, Assurity pays the actual charges incurred up to a maximum of \$200 for a third surgical opinion.

**PROSTHESIS**

The policy pays actual charges incurred up to \$1,000 per prosthetic device that are required to replace a body part lost due to Cancer as a direct result of surgery for Cancer treatment. This benefit has a maximum of \$2,500 per Calendar Year. This benefit does not include breast prosthesis.

**ATTENDING PHYSICIAN**

The policy pays actual charges incurred up to \$35 per day for in-hospital physician's visits, other than surgeon charges.

**PRIVATE DUTY NURSE**

The policy pays actual charges up to \$100 per day while confined in the hospital for treatment of cancer when authorized by a physician when a Private Nurse is required. Maximum of 60 days per calendar year.

**RADIATION TREATMENT , CHEMOTHERAPY, HORMONE THERAPY OR IMMUNOTHERAPY**

The calendar monthly and lifetime maximum benefit is \$10,000 per month, \$100,000 lifetime. Assurity will pay 50% of the actual charges incurred up to these calendar monthly and lifetime maximums for the following treatment techniques provided they are used for the purpose of modification or destruction of cancerous tissue:

- Radiation Treatment;
- Chemotherapy, Hormone Therapy and Immunotherapy drugs that are self-administered intravenously or administered directly by a Physician;
- Chemotherapy, Hormone Therapy and Immunotherapy drugs that are self-administered or taken orally, up to a maximum of \$300 for each filled prescription or supply of drugs received from a medical provider. This benefit for self-administered or oral drugs is subject to a maximum of \$1,200 per Calendar Month.

Assurity will also pay for actual charges incurred up to maximum of \$500 per calendar year for the following services related to Radiation Treatment, Chemotherapy, Hormone Therapy and Immunotherapy:

- professional fees for administering the covered drugs;
- medical supplies, equipment and solutions;
- laboratory tests;
- x-rays, port films, MRIs, scans and ultrasounds;
- clinical treatment planning, clinical treatment management, medical rad-

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- iation physics, dosimetry, treatment devices and special services; treatment consultation, planning and office visits; or
- Supportive and Protective Care Drugs

**EXPERIMENTAL TREATMENT**

Assurity pays actual charges up to \$4,000 per Calendar Year for experimental treatment that is approved by the Federal Drug Administration (FDA), National Cancer Institute (NCI) or American Cancer Society (ACS), for the purpose of modification or destruction of cancerous tissue.

**BONE MARROW TRANSPLANT FOR CANCER**

The policy pays the actual charges incurred up to a lifetime maximum of \$10,000 for bone marrow transplants or other forms of stem cell rescue (not to include any payments for donor expenses) and all related services and supplies. This benefit will pay for immunoglobulins, immunotherapy or colony-stimulating factors.

**ADULT COMPANION TRANSPORTATION AND LODGING**

The policy pays you the following expenses for one adult companion to be near the insured person when they are confined in a non-local hospital for specialized covered treatment prescribed by a physician as medically necessary: (a) the actual charges incurred up to \$40 per day for lodging incurred by the adult companion when staying at a hotel, motel or accommodation acceptable to Assurity, (b) the actual charges incurred up to \$15 per day for meals incurred by the adult companion (c) and the actual charges incurred up to \$500 per trip, for round trip coach fare on a common carrier to the nearest hospital that provides the prescribed treatment; or (d) \$.50 per mile for personal automobile expenses up to 700 miles round trip, provided that the destination is more than 50 miles one way from the city where the adult companion lives. This benefit is limited to two trips per calendar year.

This benefit is not payable for lodging occurring more than 24 hours prior to treatment nor for lodging occurring more than 24 hours following treatment. This benefit will not be paid for visits when an insured person receives non-covered treatments or periodic check-ups.

**POSITIVE DIAGNOSIS TEST**

Assurity will pay the actual charges incurred up to a lifetime maximum of \$500 for the diagnostic test that leads to a positive diagnosis of Cancer within 90 days of such test for an Insured Person. This benefit is not payable for non-melanoma skin Cancer.

**OUTPATIENT SURGERY BENEFIT**

Assurity will pay a benefit equal to the Daily Hospital Confinement benefit shown on the policy schedule for outpatient surgery due to cancer in a hospital or ambulatory surgical center for an insured person. This benefit is not payable for surgery in a Physician's office or clinic and is not available for non-melanoma skin Cancer treatment.

**SKIN CANCER (NON-MELANOMA)**

The policy pays up to \$100 for actual charges for the removal of non-melanoma skin cancer when diagnosis is made by a physician. This benefit is limited to two procedures per calendar year.

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**AMBULANCE**

The policy pays actual charges up to \$200 per trip if a licensed professional ambulance company transports an insured person to or from a hospital or between medical facilities where the insured person is confined for cancer treatment. This benefit is limited to two trips per confinement.

**HOSPICE CARE**

Assurity will pay the actual charges incurred up to \$100 per day for care provided by a Hospice if the insured person has been diagnosed as terminally ill. This benefit is payable for a lifetime maximum of 120 days.

**GOVERNMENT OR CHARITY HOSPITAL CONFINEMENT**

The policy pays \$200 per day, up to 75 consecutive days, for an insured person confined for treatment of cancer in: (a) a hospital operated by or for the United States Government (including Veteran's Administration); (b) or a hospital that does not charge for the services it provides (charity). If this benefit is payable, no other benefits will be paid for the same time period and covered condition.

**BLOOD AND BLOOD PLASMA**

The policy pays the actual charges up to \$150 per day for an insured person requiring the transfusion, administration, cross-matching, typing and processing of blood and blood plasma due to cancer. This benefit is not payable for clerical, storage, and administration expenses associated with blood and blood plasma. This benefit does not pay for immunoglobulins, immunotherapy or colony-stimulating factors. There is a maximum of \$5,000 per calendar year for this benefit.

**BREAST PROSTHESIS**

Assurity will pay the actual charges incurred up to a lifetime maximum of \$2,500 per breast for an external breast prosthesis or an internal breast prosthesis due to cancer as a direct result of surgery for cancer treatment.

**HAIRPIECE BENEFIT**

The policy pays a one-time benefit of actual charges up to \$150 for a hairpiece when hair loss is the result of cancer treatment.

**CANCER SCREENING TESTS**

Assurity will pay the sum of the actual charges incurred for the following tests up to a maximum of \$100 per calendar year. Benefits are not payable for tests performed within the 30-day waiting period.

- biopsy for skin Cancer;
- CA 125 (blood test for ovarian Cancer);
- CEA (blood test for colon Cancer);
- chest x-ray;
- colonoscopy;
- flexible sigmoidoscopy;
- hemocult stool specimen;
- mammography screening;
- pap smear (test only);

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- PSA (blood test for prostate Cancer);
- serum protein electrophoresis; or
- thermography.

#### **WELLNESS CLAIMS**

An employee can file a wellness claim by fax, call-in or mail. Employees can call Assurity to get a wellness claim form or download one from your employer's website. Employees can also call in their wellness claim at (888)-358-8808 ext. 23. The call in service requires all the information on the wellness claim form. The wellness claim form must include the name and phone number of your physician. All claims are subject to verification.

#### **HOME HEALTH CARE SERVICES**

Assurity will pay up to \$100 per day of actual charges for services provided at home, up to a maximum of 60 days per calendar year, when an insured person is provided services by a licensed home health care agency. Such care must be prescribed by a physician and begin within seven days of release from a covered hospital confinement. The care cannot be provided by an immediate family member. This benefit will not be payable on the same day that Hospice Care is payable.

#### **RENTAL OR PURCHASE OF DURABLE MEDICAL EQUIPMENT**

Upon a physician's recommendation, Assurity will pay the sum of the actual charges incurred for the rental or purchase of the following pieces of durable medical equipment up to \$1,000 per Calendar Year:

- brace;
- crutches;
- hospital bed;
- respirator or similar mechanical device; or
- wheel chair.

#### **EXTENDED BENEFITS**

If an insured person is continuously confined in a Hospital for treatment of cancer for more than 75 consecutive days, the policy pays the actual charges incurred up to the minimum of the usual and normal charges or \$1,000 per day, beginning on the 76th day for:

- drugs and medicines;
- Hospital room and board;
- tests; and
- other Medically Necessary Hospital charges.

Periods of Confinement separated by more than 30 days shall not be considered consecutive days.

#### **CANCER OR OTHER SPECIFIED DISEASE CLAIMS**

You may file a claim for cancer or specified diseases by completing an Assurity Claim Form. Please make sure to include all pertinent information as stated on the form. You can obtain a claim form by contacting Assurity, or by downloading one from your employer's website. Should you have any questions on how to file or submit a claim or regarding the Assurity Cancer Plan, please call (888) 358-8808 ext. 23.

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#### **SPECIFIED DISEASE BENEFIT RIDER**

The benefits of the rider will be extended to pay for the loss that results from the following specified diseases:

Addison's Disease	Malaria	Rocky Mountain Spotted Fever
Botulism	Meningitis	Sickle Cell Anemia
Brucellosis	Multiple Sclerosis	Systemic Lupus Erythematosus
Budd-Chiari Syndrome	Muscular Dystrophy	Tay-Sachs Disease
Cystic-Fibrosis	Myasthenia Gravis	Tetanus
Diphtheria	Osteomyelitis	Toxic Shock Syndrome
Encephalitis	Polio	Trichinosis
Histoplasmosis	Q Fever	Tuberculosis
Legionnaires' Disease	Reye's Syndrome	Typhoid Fever
Lou Gehrig's Disease (ALS)	Rheumatic Fever	Whooping Cough

#### **OPTIONAL RIDERS**

**Intensive Care Rider – pays a \$300 or \$600** daily benefit if an insured person is confined to a Hospital's Intensive Care Unit, up to a maximum of 30 days per period of confinement. The daily benefit amount reduces by 50% when that Insured Person reaches age 70. Benefits are not payable during the 30-day waiting period.

**Cancer First Occurrence Rider -- pays \$2,500 or \$5,000** the first time an insured is diagnosed as having cancer. This benefit is not payable if diagnosed within the 30-day waiting period.

#### **LIMITATIONS**

**Pre-existing Conditions.** We will not pay benefits for any expenses incurred concerning a Pre-existing Condition unless the expenses are for services rendered after coverage has been in force for 12 months from the Issue Date.

**Waiting Period.** Charges incurred during the first 30 days of coverage are not eligible for payment.

#### **EXCLUSIONS**

We will not pay benefits for loss caused by or resulting from:

- injuries;
- noncancerous sickness;
- any sickness, illness, bodily infirmity or incapacity that has been caused, complicated, worsened, or affected by Cancer or as a result of Cancer treatment;
- expenses that are incurred prior to the Issue Date regardless of the date of positive diagnosis; or
- care, and/or treatment received outside the United States.

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**Assurity Life Insurance Company  
PO Box 82533, Lincoln, NE, 68501-2533  
Assurity Customer Service: 1.866.289.7337  
Website: [www.assurity.com](http://www.assurity.com)**

**To Call in a Wellness Claim: 1.888.358-8808 Ext. 23  
To Fax in a Claim/Toll Free: 1.800.869-0368**

**Policy Form No. W C240  
Rider Form Nos. R WC241, R WC242 & R WC243**



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**Cancer Policy and Specified Disease Benefit Rider  
With Radiation/Chemotherapy**

**MONTHLY RATES (Ages 18 to 34)**

<b>Assurity Life Cancer &amp; Specified Disease Plan</b>				
		<b>\$150 Daily Benefit</b>	<b>\$250 Daily Benefit</b>	<b>\$350 Daily Benefit</b>
Base Policy with Specified Disease Benefit Rider (\$10,000 per month/\$100,000 lifetime maximum) (radiation/chemotherapy)	Individual	\$12.52	\$12.82	\$13.11
	EE & Spouse	\$22.19	\$22.79	\$23.39
	EE & Children	\$15.13	\$15.52	\$15.90
	Family	\$24.66	\$25.34	\$26.02
Base Policy with Specified Disease Benefit Rider with Intensive Care Rider (\$300 daily benefit)	Individual	\$15.05	\$15.35	\$15.64
	EE & Spouse	\$27.33	\$27.93	\$28.53
	EE & Children	\$19.91	\$20.30	\$20.68
	Family	\$32.22	\$32.90	\$33.58
Base Policy with Specified Disease Benefit Rider with Intensive Care Rider (\$600 daily benefit)	Individual	\$17.57	\$17.87	\$18.16
	EE & Spouse	\$32.47	\$33.07	\$33.67
	EE & Children	\$24.69	\$25.08	\$25.46
	Family	\$39.78	\$40.46	\$41.14
Base Policy with Specified Disease Benefit Rider with First Occurrence Benefit Rider (\$2,500 benefit)	Individual	\$13.20	\$13.50	\$13.79
	EE & Spouse	\$23.52	\$24.12	\$24.72
	EE & Children	\$15.94	\$16.33	\$16.71
	Family	\$26.11	\$26.79	\$27.47
Base Policy with Specified Disease Benefit Rider with First Occurrence Benefit Rider (\$2,500 benefit) and Intensive Care Rider (\$300 daily benefit)	Individual	\$15.73	\$16.03	\$16.32
	EE & Spouse	\$28.66	\$29.26	\$29.86
	EE & Children	\$20.72	\$21.11	\$21.49
	Family	\$33.67	\$34.35	\$35.03
Base Policy with Specified Disease Benefit Rider with First Occurrence Benefit Rider (\$2,500 benefit) and Intensive Care Rider (\$600 daily benefit)	Individual	\$18.25	\$18.55	\$18.84
	EE & Spouse	\$33.80	\$34.40	\$35.00
	EE & Children	\$25.50	\$25.89	\$26.27
	Family	\$41.23	\$41.91	\$42.59
Base Policy with Specified Disease Benefit Rider with First Occurrence Benefit Rider (\$5,000 benefit)	Individual	\$13.88	\$14.18	\$14.47
	EE & Spouse	\$24.85	\$25.45	\$26.05
	EE & Children	\$16.75	\$17.14	\$17.52
	Family	\$27.56	\$28.24	\$28.92
Base Policy with Specified Disease Benefit Rider with First Occurrence Benefit Rider (\$5,000 benefit) and Intensive Care Rider (\$300 daily benefit)	Individual	\$16.41	\$16.71	\$17.00
	EE & Spouse	\$29.99	\$30.59	\$31.19
	EE & Children	\$21.53	\$21.92	\$22.30
	Family	\$35.12	\$35.80	\$36.48
Base Policy with Specified Disease Benefit Rider with First Occurrence Benefit Rider (\$5,000 benefit) and Intensive Care Rider (\$600 daily benefit)	Individual	\$18.93	\$19.23	\$19.52
	EE & Spouse	\$35.13	\$35.73	\$36.33
	EE & Children	\$26.31	\$26.70	\$27.08
	Family	\$42.68	\$43.36	\$44.04

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**Cancer Policy and Specified Disease Benefit Rider  
With Radiation/Chemotherapy**

**MONTHLY RATES (Ages 35 to 49)**

<b>Assurity Life Cancer &amp; Specified Disease Plan</b>				
		<b>\$150 Daily Benefit</b>	<b>\$250 Daily Benefit</b>	<b>\$350 Daily Benefit</b>
Base Policy with Specified Disease Benefit Rider (\$10,000 per month/\$100,000 lifetime maximum) (radiation/chemotherapy)	Individual	\$25.22	\$26.00	\$26.79
	EE & Spouse	\$47.06	\$48.61	\$50.16
	EE & Children	\$27.60	\$28.46	\$29.33
	Family	\$49.53	\$51.16	\$52.79
Base Policy with Specified Disease Benefit Rider with Intensive Care Rider (\$300 daily benefit)	Individual	\$27.81	\$28.59	\$29.38
	EE & Spouse	\$52.27	\$53.82	\$55.37
	EE & Children	\$32.27	\$33.13	\$34.00
	Family	\$57.14	\$58.77	\$60.40
Base Policy with Specified Disease Benefit Rider with Intensive Care Rider (\$600 daily benefit)	Individual	\$30.41	\$31.19	\$31.98
	EE & Spouse	\$57.47	\$59.02	\$60.57
	EE & Children	\$36.94	\$37.80	\$38.67
	Family	\$64.75	\$66.38	\$68.01
Base Policy with Specified Disease Benefit Rider with First Occurrence Benefit Rider (\$2,500 benefit)	Individual	\$26.94	\$27.72	\$28.51
	EE & Spouse	\$50.32	\$51.87	\$53.42
	EE & Children	\$29.44	\$30.30	\$31.17
	Family	\$52.90	\$54.53	\$56.16
Base Policy with Specified Disease Benefit Rider with First Occurrence Benefit Rider (\$2,500 benefit) and Intensive Care Rider (\$300 daily benefit)	Individual	\$29.53	\$30.31	\$31.10
	EE & Spouse	\$55.53	\$57.08	\$58.63
	EE & Children	\$34.11	\$34.97	\$35.84
	Family	\$60.51	\$62.14	\$63.77
Base Policy with Specified Disease Benefit Rider with First Occurrence Benefit Rider (\$2,500 benefit) and Intensive Care Rider (\$600 daily benefit)	Individual	\$32.13	\$32.91	\$33.70
	EE & Spouse	\$60.73	\$62.28	\$63.83
	EE & Children	\$38.78	\$39.64	\$40.51
	Family	\$68.12	\$69.75	\$71.38
Base Policy with Specified Disease Benefit Rider with First Occurrence Benefit Rider (\$5,000 benefit)	Individual	\$28.66	\$29.44	\$30.23
	EE & Spouse	\$53.59	\$55.14	\$56.69
	EE & Children	\$31.29	\$32.15	\$33.02
	Family	\$56.28	\$57.91	\$59.54
Base Policy with Specified Disease Benefit Rider with First Occurrence Benefit Rider (\$5,000 benefit) and Intensive Care Rider (\$300 daily benefit)	Individual	\$31.25	\$32.03	\$32.82
	EE & Spouse	\$58.80	\$60.35	\$61.90
	EE & Children	\$35.96	\$36.82	\$37.69
	Family	\$63.89	\$65.52	\$67.15
Base Policy with Specified Disease Benefit Rider with First Occurrence Benefit Rider (\$5,000 benefit) and Intensive Care Rider (\$600 daily benefit)	Individual	\$33.85	\$34.63	\$35.42
	EE & Spouse	\$64.00	\$65.55	\$67.10
	EE & Children	\$40.63	\$41.49	\$42.36
	Family	\$71.50	\$73.13	\$74.76

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**Cancer Policy and Specified Disease Benefit Rider  
With Radiation/Chemotherapy**

**MONTHLY RATES (Ages 50 to 64)**

<b>Assurity Life Cancer &amp; Specified Disease Plan</b>				
		<b>\$150 Daily Benefit</b>	<b>\$250 Daily Benefit</b>	<b>\$350 Daily Benefit</b>
Base Policy with Specified Disease Benefit Rider (\$10,000 per month/\$100,000 lifetime maximum) (radiation/chemotherapy)	Individual	\$53.14	\$55.01	\$56.88
	EE & Spouse	\$105.54	\$109.38	\$113.21
	EE & Children	\$55.90	\$57.87	\$59.84
	Family	\$107.31	\$111.20	\$115.09
Base Policy with Specified Disease Benefit Rider with Intensive Care Rider (\$300 daily benefit)	Individual	\$57.31	\$59.18	\$61.05
	EE & Spouse	\$114.12	\$117.96	\$121.79
	EE & Children	\$61.72	\$63.69	\$65.66
	Family	\$117.60	\$121.49	\$125.38
Base Policy with Specified Disease Benefit Rider with Intensive Care Rider (\$600 daily benefit)	Individual	\$61.49	\$63.36	\$65.23
	EE & Spouse	\$122.69	\$126.53	\$130.36
	EE & Children	\$67.55	\$69.52	\$71.49
	Family	\$127.88	\$131.77	\$135.66
Base Policy with Specified Disease Benefit Rider with First Occurrence Benefit Rider (\$2,500 benefit)	Individual	\$57.23	\$59.10	\$60.97
	EE & Spouse	\$113.45	\$117.29	\$121.12
	EE & Children	\$60.19	\$62.16	\$64.13
	Family	\$115.30	\$119.19	\$123.08
Base Policy with Specified Disease Benefit Rider with First Occurrence Benefit Rider (\$2,500 benefit) and Intensive Care Rider (\$300 daily benefit)	Individual	\$61.40	\$63.27	\$65.14
	EE & Spouse	\$122.03	\$125.87	\$129.70
	EE & Children	\$66.01	\$67.98	\$69.95
	Family	\$125.59	\$129.48	\$133.37
Base Policy with Specified Disease Benefit Rider with First Occurrence Benefit Rider (\$2,500 benefit) and Intensive Care Rider (\$600 daily benefit)	Individual	\$65.58	\$67.45	\$69.32
	EE & Spouse	\$130.60	\$134.44	\$138.27
	EE & Children	\$71.84	\$73.81	\$75.78
	Family	\$135.87	\$139.76	\$143.65
Base Policy with Specified Disease Benefit Rider with First Occurrence Benefit Rider (\$5,000 benefit)	Individual	\$61.34	\$63.20	\$65.07
	EE & Spouse	\$121.36	\$125.20	\$129.03
	EE & Children	\$64.48	\$66.45	\$68.42
	Family	\$123.28	\$127.17	\$131.06
Base Policy with Specified Disease Benefit Rider with First Occurrence Benefit Rider (\$5,000 benefit) and Intensive Care Rider (\$300 daily benefit)	Individual	\$65.50	\$67.37	\$69.24
	EE & Spouse	\$129.94	\$133.78	\$137.61
	EE & Children	\$70.30	\$72.27	\$74.24
	Family	\$133.57	\$137.46	\$141.35
Base Policy with Specified Disease Benefit Rider with First Occurrence Benefit Rider (\$5,000 benefit) and Intensive Care Rider (\$600 daily benefit)	Individual	\$69.68	\$71.55	\$73.42
	EE & Spouse	\$138.51	\$142.35	\$146.18
	EE & Children	\$76.13	\$78.10	\$80.07
	Family	\$143.85	\$147.74	\$151.63

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