

▶ **Peace of Mind *and*
Real Cash Benefits**



GROUP SPECIFIED CRITICAL ILLNESS

Includes Cancer and Wellness

CI^G



We've got you under our wing.®

GROUP SPECIFIED CRITICAL ILLNESS

Policy Series CI2100-C-FL

CI^G

You can win the battle against a specified critical illness, but can you handle the added costs?

A group specified critical illness plan helps prepare you for the added costs of battling a specific critical illness.

The good news is that many people with a specified critical illness survive these life-threatening battles. Unfortunately, as the recovery process begins, people become aware of the medical bills that have piled up.

Your recovery doesn't have to be spoiled by medical bills.

With this plan, our goal is to help you and your family cope with and recover from the financial stress of surviving a specified critical illness.



COVERAGE WORK SHEET

Employee Benefit: \$ _____

Spouse Benefit: \$ _____

Child Benefit: \$ _____
(50 percent of the primary insured amount)

Total Weekly Deduction: \$ _____

This work sheet is for illustration purposes only. It does not imply coverage.

BENEFITS

COVERED SPECIFIED CRITICAL ILLNESSES:¹

CANCER	100%	RENAL FAILURE (End-Stage)	100%
HEART ATTACK (Myocardial Infarction)	100%	CARCINOMA IN SITU ²	25%
STROKE (Apoplexy or Cerebral Vascular Accident)	100%	CORONARY ARTERY BYPASS SURGERY ²	25%
MAJOR ORGAN TRANSPLANT	100%		

FIRST-OCCURRENCE BENEFIT

After the waiting period, a lump sum benefit is payable upon initial diagnosis of a covered specified critical illness. If you are deemed ineligible due to a previous medical condition, you still retain the ability to purchase Spouse coverage.

ADDITIONAL OCCURENCE BENEFIT

If an insured collects full benefits for a critical illness under the plan and later has one of the remaining covered critical illnesses, then we will pay the full benefit amount for each additional illness. Occurrences must be separated by at least 90 days.

CHILD COVERAGE AT NO ADDITIONAL COST

Each Dependent Child is covered at 50 percent of the primary insured amount at no additional charge.

\$50 HEALTH SCREENING BENEFIT

(Employee and Spouse only)

After the waiting period, an insured may receive a maximum of \$50 for any one covered health screening test per calendar year. We will pay this benefit regardless of the results of the test. There is no limit to the number of years the insured can receive the health screening benefit; it will be paid as long as the certificate remains in force. This benefit is payable for the covered Employee and Spouse. This benefit is not paid for Dependent Children.

COVERED HEALTH SCREENING TESTS INCLUDE:

- Mammography
- Colonoscopy
- Pap smear
- Breast ultrasound
- Chest X-ray
- PSA (blood test for prostate cancer)
- Stress test on a bicycle or treadmill
- Bone marrow testing
- CA 15-3 (blood test for breast cancer)
- CA 125 (blood test for ovarian cancer)
- CEA (blood test for colon cancer)
- Flexible sigmoidoscopy
- Hemocult stool analysis
- Serum protein electrophoresis (blood test for myeloma)
- Thermography
- Fasting blood glucose test
- Serum cholesterol test to determine level of HDL and LDL

¹All covered conditions are subject to the definitions found in your certificate.

²If a benefit is paid for Carcinoma in Situ, the Cancer benefit will be reduced by 25 percent. If a benefit is paid for Coronary Artery Bypass Surgery, the Heart Attack benefit will be reduced by 25 percent.

WHAT IS NOT COVERED, LIMITATIONS AND EXCLUSIONS, AND TERMS YOU NEED TO KNOW

If this coverage will replace any existing individual policy, please be aware that it may be in your best interest to maintain your individual guaranteed-renewable policy.

IF DIAGNOSIS OCCURS AFTER THE AGE OF 70, HALF OF THE BENEFIT IS PAYABLE.

The plan contains a 30-day waiting period. This means that no benefits are payable for any insured who has been diagnosed before your coverage has been in force 30 days from the effective date. If an insured is first diagnosed during the waiting period, benefits for treatment of that specified critical illness will apply only to loss starting after two years from the Effective Date or the Employee can elect to void the coverage and receive a full refund of premium.

The applicable benefit amount will be paid if: the date of diagnosis is after the waiting period; the date of diagnosis occurs while the certificate is in force; and the cause of the illness is not excluded by name or specific description.

EXCLUSIONS

Benefits will not be paid for loss due to:

- Intentionally self-inflicted injury or action;

- Suicide or attempted suicide while sane or insane;
- Illegal activities or participation in an illegal occupation;
- War, whether declared or undeclared or military conflicts, participation in an insurrection or riot, civil commotion;
- Substance abuse; or
- Pre-Existing Conditions (except as stated below).

PRE-EXISTING CONDITION LIMITATION

Pre-Existing Condition means a sickness or physical condition which, within the 6-month period prior to the Effective Date resulted in an insured person's receiving medical advice or treatment.

We will not pay benefits for any condition or illness starting within 12-months of the Effective Date which is caused by, contributed to, or resulting from a Pre-Existing Condition.

A claim for benefits for loss starting after 12-months from the Effective Date will not be reduced or denied on the grounds that it is caused by a Pre-Existing Condition.

The Certificate may have been issued as a replacement Certificate previously issued to you under the Plan. If so, then the pre-existing condition limitation provision of the Certificate applies only to

WHAT IS NOT COVERED, LIMITATIONS AND EXCLUSIONS, AND TERMS YOU NEED TO KNOW

any increase in benefits over the prior Certificate. Any remaining period of pre-existing condition limitation of the prior Certificate would continue to apply to the prior level of benefits.

TERMS YOU NEED TO KNOW

The **Effective Date** of your insurance will be the date shown in your Certificate Schedule.

Employee means the insured as shown in the Certificate Schedule.

Spouse means an Employee's legal wife or husband.

Dependent Children means your natural children, stepchildren, foster children, legally adopted children or children placed for adoption, who are under age 26.

Newborn children shall automatically be covered from the moment of birth. You must notify us of the birth of a child within 31 days of the birth in order to have the coverage extended beyond 31 days. Adopted children or foster children shall be covered from the time of placement in your residence. If you enter into an adoption agreement before a child's birth, coverage shall begin for that child from the moment of birth regardless of the validity of the adoption agreement. Ultimate placement of the child with you is required. You must notify us within 31 days in order to have the coverage extended beyond 31 days.

If your children are covered under the Rider, children born or placed in your home after the Effective Date will also be covered from the moment of birth or placement. No notice or additional premium is required.

Coverage on Children will terminate on the child's 26th birthday. However, a child of a covered dependent, other than your spouse, will be covered for 18 months from birth, adoption, or placement.

If any child is incapable of self-sustaining employment due to mental retardation or physical handicap and is chiefly dependent on his parent(s) for support and maintenance, the above age of twenty-six (26) shall not apply. Proof of such incapacity and dependency must be furnished to the Company within thirty-one (31) days following such 26th birthday.

Treatment means consultation, care, or services provided by a physician, including diagnostic measures and taking prescribed drugs and medicines.

Major Organ Transplant means undergoing surgery as a recipient of a transplant of a human heart, lung, liver, kidney, or pancreas.

Myocardial Infarction (Heart Attack) Means the death of a portion of the heart muscle (myocardium) resulting from a blockage of one or more coronary arteries. Heart attack does not include any other disease or injury involving the cardiovascular system. Cardiac arrest not caused by a myocardial infarction is not a heart attack.

The diagnosis must include all of the following criteria: (1) New and prior, if any, Electrocardiographic (EKG) findings consistent with Myocardial Infarction; and (2) Elevation of cardiac enzymes above generally accepted laboratory levels of normal in case of creatine phosphokinase (CPK), a CPK-MB measurement must be used. (3) Confirmatory imaging studies such as thallium scans, MUGA scans, or stress echocardiograms. (4) Chest Pain.

Stroke means apoplexy (due to rupture or acute occlusion of a cerebral artery), or a cerebral vascular accident or incident which is first manifested on or after your Effective Date. Stroke does not include transient ischemic attacks and attacks of vertebrobasilar ischemia. We will pay a benefit for Stroke that produces permanent clinical neurological sequela following an initial diagnosis made after any applicable Waiting Period. We must receive evidence of the permanent neurological damage provided from computed axial tomography (CAT scan) or magnetic resonance imaging (MRI). Stroke does not mean head injury, transient ischemic attack, or chronic cerebrovascular insufficiency.

Cancer means a malignant tumor characterized by the uncontrolled growth and spread of malignant cells and the invasion of distant tissue. Cancer includes leukemia. Excluded are Cancers such as: (1) Premalignant tumors or polyps; (2) Carcinoma in Situ (noninvasive); (3) Any skin cancers except melanomas; (4) Stage 1 Hodgkin's Disease and Stage A Prostate Cancer; (5) Basal cell carcinoma and squamous cell carcinoma of the skin; and (6) Melanoma that is diagnosed as Clark's Level I or II or Breslow less than .77 mm.

Cancer which meets the diagnosis criteria of malignancy established by The American Board of Pathology after a study of the histocytologic architecture or pattern of the suspect tumor, tissue or specimen.

Carcinoma in Situ Means cancer that is in the natural or normal place, confined to the site of origin without having invaded neighboring tissue.

Renal Failure (Kidney Failure) means the end-stage renal failure presenting as chronic, irreversible failure of both of your kidneys to function. The Kidney Failure must necessitate regular renal dialysis, hemodialysis or peritoneal dialysis (at least weekly); or which results in kidney transplantation. Renal failure is covered, provided it is not caused by a traumatic event, including surgical traumas.

Coronary Artery Bypass Surgery means undergoing open heart surgery to correct narrowing or blockage of one or more coronary arteries with bypass grafts, but excluding procedures such as but not limited to balloon angioplasty, laser relief, stents or other nonsurgical procedures.

A doctor, physician, or pathologist does not include an insured or a family member.

YOU MAY CONTINUE YOUR COVERAGE

Your coverage may be continued with certain stipulations. See certificate for details.

TERMINATION

Your insurance may terminate when the plan is terminated; the 31st day after the premium due date if the premium has not been paid; or the date you no longer belong to an eligible class. If your coverage terminates, we will provide benefits for valid claims that arose while your coverage was in force.

Continental American Insurance Company is not aware of whether you receive benefits from Medicare, Medicaid, or a state variation. If you or a dependent are subject to Medicare, Medicaid, or a state variation, any and all benefits under the plan could be assigned. This means that you may not receive any of the benefits outlined in the plan. Please check the coverage in all health insurance plans you already have or may have before you purchase the insurance outlined in this summary to verify the absence of any assignments or liens.

Notice to Consumer: The coverages provided by Continental American Insurance Company (CAIC) represent supplemental benefits only. They do not constitute comprehensive health insurance coverage and do not satisfy the requirement of minimum essential coverage under the Affordable Care Act. CAIC coverage is not intended to replace or be issued in lieu of major medical coverage. It is designed to supplement a major medical program.

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This brochure is a brief description of coverage and is not a contract. Read your certificate carefully for exact terms and conditions. This brochure is subject to the terms, conditions, and limitations of Policy Form Series CI2100-C-FL.