### BENEFIT PACKAGE OPTIONS

**Immunotherapy, Radiation, Chemotherapy & Other Benefits**
- 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.

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Low Plan</th>
<th>High Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payable when a covered person is diagnosed with cancer for the first time</td>
<td>Pays $2,500.</td>
<td>Pays $10,000.</td>
</tr>
<tr>
<td>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; 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.</td>
<td>Pays $50 per calendar year.</td>
<td>Pays $100 per calendar year.</td>
</tr>
<tr>
<td>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. This benefit is not payable for confinement in a government or charity hospital.</td>
<td>Pays $150 per day.</td>
<td>Pays $150 per day.</td>
</tr>
<tr>
<td>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.</td>
<td>Pays maximum per surgery $3,000.</td>
<td>Pays maximum per surgery $4,000.</td>
</tr>
</tbody>
</table>

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

Policy Form CP4000 AR 4/04 Open Enrollment disclaimer: Not all products offered are guaranteed to issue and may include a pre-existing condition waiting period; please consult your agent representative for policy underwriting parameters.

*American Cancer Society Statistics 2005

** Subject to company’s right to change premium.