RENEWABILITY AND CONTINUATION

This policy and riders are guaranteed renewable during your lifetime. The Company may change the premium rate, but only if the rate is changed for all policies and purchased riders in your state.

This policy will not be issued to anyone 65 years of age or over on the initial effective date. If you purchase the policy and/or riders prior to your 65th birthday, you may continue coverage after age 65 as long as you continue to timely pay the premium by the due date or during the 31 days that follow.

Covered dependents who no longer meet eligibility requirements may convert to a comparable individual policy without evidence of insurability. An insured spouse's coverage will terminate at the time of divorce. However, an insured spouse's coverage can be converted upon divorce or your death.

EXCEPTIONS AND LIMITATIONS

This policy, except for the Intensive Care Rider, pays ONLY for the loss resulting from cancer or specified diseases, as defined in the policy. IT DOES NOT COVER:

1. Any other disease or sickness, unless directly caused or aggravated by cancer or specified disease or by the treatment of cancer or specified disease;
2. Injuries;
3. Hospital confinement or expense that begins while a person is not insured under this policy;
4. Outpatient benefits for the same day hospital confinement benefits are paid;
5. Treatments which are not accepted or approved by the American Medical Association as an effective treatment for cancer;
6. Drugs or substances which are not approved by the Federal Drug Administration for use in the treatment of cancer;
7. Benefits will not be paid for pre-existing conditions during the first two (2) years this policy is in force. A pre-existing condition means a cancer or specified disease which is first diagnosed within five (5) years prior to the effective date of coverage for each insured person. Conditions, which are fully disclosed to us on the application and not excluded or limited by us in the policy, are not considered pre-existing condition.

COVERAGE EFFECTIVE DATE

Effective date means the date shown on the Policy Schedule page for all persons accepted for coverage at the time of issue, provided the application has been accepted and approved by us; the policy is issued; and the first premium has been paid; or the date shown by endorsement for all persons added to coverage after the policy has been issued. The effective date is assigned by the Company in accordance with our policy dating rules in effect at the time your policy is issued. The coverage provided by the policy will not be effective unless there has been no change since the date of the application and the effective date of the policy in the health of any proposed insured person listed on the application.

USABLE Life will mail your policy and purchased riders to you. If you do not receive your policy, please call our Customer Service Department at 1-800-370-5856.

A Rating and Analysis from the A.M. Best Rating Company represents an independent opinion from the leading provider of insurer ratings of a company's financial strength and ability to meet its obligations to policyholders. Upon completion of evaluations, A.M. Best assigns the following Best's Ratings: A++ and A+ (Superior); A and A- (Excellent); B++ and B+ (Very Good); B and B- (Fair); C and C- (Weak); D (Poor); E (Under Regulatory Supervision); F (In Liquidation); S (Rating Suspended).

Based on this analysis, USABLE Life is rated “A” (Excellent).

Standard & Poor's Insurer Financial Strength Ratings provide powerful decision-making tools for anyone interested in buying insurance. Standard & Poor's ratings are prospective evaluations of an insurer's financial security to its policyholders. Standard & Poor's Insurer Financial Strength Ratings range from "AAA" to "CC". An insurer rated "BBB" and higher ("A", "AA", "AAA") is regarded as having financial security characteristics that outweigh any vulnerabilities and is highly likely to have the ability to meet financial commitments. An insurer rated "BB" or lower in the "vulnerable" range and is regarded as having vulnerable characteristics that may outweigh its strengths. "BB" indicates the least degree of vulnerability within the range. "CC" the highest degree of vulnerability.

Based on this analysis, USABLE Life is rated “A” (Strong).
CancerCare Elite provides EXTRA PROTECTION when you need it most!

READ YOUR POLICY CAREFULLY — This outline of coverage provides a very brief description of the important features of your policy. This is not the insurance contract, and only the actual policy provisions will control. The policy itself sets forth, in detail, the rights and obligations of both you and your insurance company. It is, therefore, important that you READ YOUR POLICY CAREFULLY.

This is a limited benefit policy and is designed to provide coverage ONLY when certain losses occur as a result of cancer or a specified disease. Coverage is provided for the benefits outlined and may be limited by EXCEPTIONS AND LIMITATIONS. Coverage is not provided for basic hospital, basic medical-surgical, major medical, or comprehensive medical expenses.

Outline of Coverage — Cancer and Specified Disease Policy — CEP (3-03) — Limited Benefit Health Insurance

OPTIONS AVAILABLE FOR BENEFITS

- PLAN I
- PLAN II
- PLAN III

INPATIENT HOSPITAL CONFINEMENT

Pays $100 per day for first 60 days, $200 for each subsequent day. Successive periods of confinement are considered to be the same period of confinement unless separated by more than 30 days. Beginning on the first day of confinement, benefits double for covered children.

Pays $250 per day for first 60 days, $500 for each subsequent day.

Pays $300 per day for first 60 days, $600 for each subsequent day.

$5,000 maximum per calendar year
$10,000 maximum per calendar year
$15,000 maximum per calendar year

INPATIENT OR OUTPATIENT RADIATION, CHEMOTHERAPY AND BLOOD AND PLASMA

Pays for surgery, including skin cancer, as detailed in the surgical schedule up to selected amount. Anesthesia pays 30% of the amount payable under the surgical benefit.

ADDITIONAL BENEFITS

- AT HOME RECOVERY BENEFIT
  To assist you with house cleaning, yard work, and home maintenance expenses, we will pay a monthly indemnity benefit of $100 following a hospital confinement for cancer lasting at least 3 days. This benefit is payable for a maximum of 5 months for each hospital confinement, up to a lifetime maximum of 6 months per insured.

- SPECIFIED DISEASE BENEFIT
  Pays $250 per day when an insured person is confined to a hospital for any of the specified diseases listed. This benefit is limited to a lifetime maximum of 100 days per insured.

Addison’s Disease
Brucellosis
Budd-Chiari Syndrome
Cyclical Fibrosis
Diphtheria
Echoviruses
Encephalitis
Hepatitis A
Legionnaires Disease
Malaria
Multiple Sclerosis
Muscular Dystrophy
Myasthenia Gravis
Osteomyelitis
Pneumocytis
Poliomyelitis
Polycythemia vera
Prostate
Rabies
Raynaud’s Syndrome
Rheumatic Fever
Rocky Mountain Spotted Fever
Scrub Fever
Sickle Cell Anemia
Spinal meningitis
Syndrome Lupus Erythematosus
Tay-Sachs Disease
Tetanus
Toxic Shock Syndrome
Tuberculosis
Tuberculosis
Tuberculosis
Typhoid Fever
Whipple’s Disease
X-ray Therapy
X-RAY THERAPY

- NEW OR EXPERIMENTAL TREATMENT
  PAYS up to $5,000 per calendar year for experimental treatment endorsed by the American Cancer Society (ACS) or the NCI. Treatment must be received in the U.S. or its territories.

- EXTENDED CARE FACILITY — Pays up to $20 per day for confinement beginning within 14 days of a hospital confinement. Limited to the number of days of prior hospital confinement.

- PHYSICIAN VISITS — PAYS up to $75 per day for in-hospital visits.

- PRIVATE DUTY NURSING SERVICES — Pays up to $200 per day, limited to number of days of hospital confinement.

- HOME HEALTH CARE SERVICES — Pays up to $200 per day when prescribed by the attending physician. Lifetime maximum benefit of $30 per insured.

- PROSTHESIS — Pays up to $5,000 per calendar year.

- AMBULANCE — Pays for ambulance service to and from the hospital per confinement. Maximum of $500 per confinement for an ambulance benefit.

- FAMILY LODGING & TRANSPORTATION — Pays up to $100 per day for up to 90 days per confinement for meals for an adult in the immediate family to be near an insured confined in a non-local hospital due to cancer. Also pays incurred charges for one round-trip coach fare on a common carrier per confinement. This benefit is payable only when treatment is not available within a 50 mile radius of the insured’s residence.

- PATIENT TRANSPORTATION — Pays incurred for round-trip coach fare on a common carrier or pays $50 per mile for personal automobile expense for non-local treatment prescribed by the attending physician as medically necessary and requires hospital confinement.

- POSITIVE DIAGNOSIS TEST — Pays a one-time benefit of up to $500 for lab or diagnostic tests involved with the positive diagnosis of cancer.

- ANNUAL PHYSICAL — Pays up to $200 per calendar year for annual physical after the positive diagnosis of internal cancer. $1,000 lifetime maximum per insured.

- SECOND SURGICAL OPINION — Pays up to $200 for a second surgical opinion.

- NATIONAL CANCER INSTITUTE (NCI) CONSULTATION — Pays up to $500, once per insured, for evaluation and/or consultation at an NCI-sponsored cancer center and $250 for transportation to the NCI cancer center, if more than 50 miles from insured’s residence, as the result of receiving a positive diagnosis of internal cancer. This benefit is payable once per insured.

- STELLAR CELL TRANSPLANTATION — Pays up to $25,000 for a peripheral stem cell transplantation for the treatment of cancer. The benefit is payable once per insured. The benefit is not payable for the same procedure at the same stem cell transplantation. Lifetime maximum benefit of $50,000 per insured.

- WELNESS BENEFIT — Pays $75 per calendar year for insured (coverage must be effective for 90 days) for any of the following cancer screening tests:
  - Mammography
  - Thermography
  - Colonoscopy
  - Endoscopic Ultrasound Analysis
  - PSA (blood test for prostate cancer)
  - CAGE (blood test for cirrhosis)
  - CSA (blood test for cancer)
  - Any diagnostic procedure which can lead to the positive diagnosis of cancer.

When cancer premiums are included in a Section 125 Cafeteria Plan, wellness benefits are payable for ten 30 days after the effective date of any insured person.

ELECTIVE BENEFITS

- CANCER DIAGNOSIS BENEFIT RIDER
  Elective Rider: Pays amount selected below for the first diagnosis of internal cancer. Insured family members qualify for 100% of the primary insured's benefit amount.
  - $1,000
  - $2,000
  - $3,000
  - $4,000
  - $5,000

- HOSPITAL INTENSIVE CARE BENEFIT RIDER
  Elective Rider: Pays daily benefit selected below for confinement in a Coronary Care or Intensive Care Unit due to injury or sickness. Pays double benefit when confinement is a result of an accidental bodily injury which occurred when the covered person was the operator of or a passenger in, or struck by an automobile, bus, truck, motorcycle, train, or airplane. Hospital Intensive Care Rider benefits are reduced 50% for confinement beginning after age 70.
  - $200
  - $400
  - $600

- CANCER DISABILITY BENEFIT RIDER
  Elective Rider: Pays the disability income benefit selected below for one year for disability due to internal cancer. Family coverage may be selected if the spouse is actively at work at least 20 hours per week. Children are not eligible for coverage. This rider terminates at age 65.
  - $250
  - $500

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This is a limited benefit policy and is designed to provide coverage ONLY when certain losses occur as a result of cancer or a specified disease. Coverage is provided for the benefits outlined and may be limited by EXCEPTIONS AND LIMITATIONS. Coverage is not provided for basic hospitalization, major medical or comprehensive medical expenses.

Outline of Coverage — Cancer and Specified Disease Policy — CEP (3-03) — Limited Benefit Health Insurance

OPTIONS AVAILABLE FOR BENEFITS

PLAN I
- INPATIENT HOSPITAL CONFINEMENT
  - Pay $100 per day for first 60 days, $200 for each subsequent day.
  - Successive periods of confinement are considered to be the same period of confinement unless separated by more than 30 days.
  - Pay $50 per day for first 60 days, $500 for each subsequent day.
  - Pay $300 per day for first 60 days, $600 for each subsequent day.

PLAN II
- INPATIENT OR OUTPATIENT RADIATION, CHEMOTHERAPY AND BLOOD AND PLASMA
  - Pay $5,000 maximum per calendar year.
  - Pay $10,000 maximum per calendar year.
  - Pay $15,000 maximum per calendar year.

PLAN III
- INPATIENT OR OUTPATIENT SURGERY & ANESTHESIA
  - Pay up to $1,000 maximum per operation.
  - Pay up to $2,000 maximum per operation.
  - Pay up to $4,000 maximum per operation.

INPATIENT CONFINEMENT
- Pay $100 per day for first 60 days, $200 for each subsequent day. Successive periods of confinement are considered to be the same period of confinement unless separated by more than 30 days. Beginning on the first day of confinement, benefits double for covered children.
- Pay $50 per day for first 60 days, $500 for each subsequent day.
- Pay $300 per day for first 60 days, $600 for each subsequent day.

INPATIENT OR OUTPATIENT RADIATION, CHEMOTHERAPY AND BLOOD AND PLASMA
- Pay $5,000 maximum per calendar year.
- Pay $10,000 maximum per calendar year.
- Pay $15,000 maximum per calendar year.

INPATIENT OR OUTPATIENT SURGERY & ANESTHESIA
- Pay for surgery, including skin cancer, as detailed in the surgical schedule up to selected amount. Anesthesia pays 50% of the amount payable under the surgical benefit.

ADDITIONAL BENEFITS

- AT HOME RECOVERY BENEFIT
  - To assist you with house cleaning, yard work, and home maintenance expenses, we will pay a monthly indemnity benefit of $100 following a hospital confinement for cancer lasting at least 3 days. This benefit is payable for a maximum of 3 months for each hospital confinement, up to a maximum lifetime of 6 months per insured.

- SPECIFIED DISEASE BENEFIT
  - Pay $250 per day when an insured person is confined to a hospital for any of the specified diseases listed. This benefit is limited to a lifetime maximum of 100 days per insured.

Addison's Disease
- Brucellosis
- Budd-Chiari Syndrome
- Cytisus Fibrosis
- Lupus
- Encephalitis
- HIV/ AIDS
- Legosarcoma Disease
- Muscular Dystrophy
- Myasthenia Gravis
- Osteomyelitis
- Polymyositis
- Ovarian Cancer
- Prostate Cancer
- Rheumatoid Arthritis
- Thyroid Disease
- Tuberculosis
- Typhoid Fever
- Whippins
- New or Experimental Treatment
- Pay $100,000 per year for experimental treatment ended by the American Cancer Society (ACS) or the NCI.
- Treatment must be accepted in the U.S. or its territories.
- Extended Care Facility
- Pay $200 per day for confinement beginning within 14 days of a hospital confinement. Limited to the number of days of prior hospital confinement.

- Physicians Visits — Pay charges up to $75 per day for in-hospital visits.
- Private Duty Nursing Services — Pay charges up to $200 per day, limited to number of days of hospital confinement.
- Home Health Care Services — Pay charges up to $200 per day when prescribed by the attending physician. Lifetime maximum benefit of 50 days per insured.
- Prosthesis — Pay charges up to $3,000 per calendar year.
- Ambulance — Pay charges for ambulance service to and from the hospital per confinement. Maximum of $50 per confinement for an ambulance benefit.
- Family Lodging & Transportation — Pay charges up to $100 per day for up to 90 days per confinement for medical expenses for an adult member of the immediate family to be near an insured confined in a non-local hospital due to cancer. Also pays incurred charges for one round-trip coach fare on a common carrier per confinement. This benefit is payable only when treatment is not available within a 50 mile radius of the insured's residence.
- Patient Transportation — Pay charges incurred for round trip fares on a common carrier or pays $50 per mile for personal automobile expenses when non-local treatment is prescribed by the attending physician as medically necessary and requires hospital confinement.
- Positive Diagnosis Test — Pay a one-time benefit of up to $500 for lab or diagnostic tests involved with the positive diagnosis of cancer.
- Annual Physical — Pay charges up to $200 per calendar year for annual physical after the positive diagnosis of internal cancer. $1,000 lifetime maximum per insured.
- Second Surgical Opinion — Pay charges up to $200 for a second surgical opinion.
- National Cancer Institute (NCI) Consultation — Pay charges up to $500, since it insured, for evaluation and/or consultation at an NCI-sponsored cancer center and $200 for transportation to the NCI cancer center, if more than 50 miles from insured's residence, as the result of receiving diagnosis of internal cancer. This benefit is payable one operation per insured.
- New or Experimental Treatment — Pay charges up to $5,000 per calendar year for experimental treatment endorsed by the American Cancer Society (ACS) or the NCI. Treatment must be accepted in the U.S. or its territories.
- Extended Care Facility — Pay charges up to $200 per day for confinement beginning within 14 days of a hospital confinement. Limited to the number of days of prior hospital confinement.
- HOSPICE CARE — Pay charges up to $100 per day for a palliative illness. Lifetime maximum of 100 days.
- Government or Charity Hospital — Pay charges up to $500 per day, in lieu of all other benefits provided in the policy.
- Inpatient Drugs & Medicines — Pay charges up to $25 per day for prescribed drugs and medications while an inpatient during a hospital confinement. $500 maximum per calendar year per insured.
- Medical Supplies & Equipment — Pay charges as an inpatient for the following braces, crutches and wheelchairs or other similar durable medical or surgical equipment deemed necessary by the attending physician. When prescribed as an outpatient, we will pay 80% of the incurred charges. $1,000 maximum per calendar year per insured.
- Children's Private Tutoring — Pay charges up to $25 per day for private tutoring services when a child is confined to a hospital to treat a cancer.
- Alopexia — Pay charges up to $200 for a wig or hairpiece for hair loss as a result of chemotherapy or radiation treatment. Benefit payable no more than once every three years.
- Physical Speech, Hearing & Occupational Therapy — Pay charges up to $30 per therapy session. $400 maximum per calendar year.
- Bone Marrow Transplant — Pay charges up to $10,000 for a bone marrow transplantation during a covered hospital confinement for the treatment of cancer. Pay charges up to $5,000 if the transplant is performed on an outpatient basis. For expenses incurred by the donor as a result of the transplantation procedure, pay the greater of the following: (a) $1,000 or (b) the amount of any remaining benefits available under the policy after benefits have been paid for the insured. The benefit is not payable for the same procedure as the stem cell transplantation benefit. Lifetime maximum of $10,000 per insured.
- Neighborhood Cancer Center — Pay charges up to $2,500 for a peripheral stem cell transplantation for the treatment of cancer. The benefit is payable only once per insured. The benefit is not payable for the same procedure as the bone marrow transplantation benefit. Lifetime maximum of $2,500 per insured.
- Wellness Benefit — Pay $75 per calendar year per insured (coverage must be effective for 90 days) for any of the following cancer-screening tests:
  - Pap smear
  - Mammography
  - Colonoscopy
  - PSA
  - Calprotectin
  - Any diagnostic procedure which can lead to the positive diagnosis of cancer.

When cancer premiums are included in a Section 125 Cafeteria Plan, wellness benefits are payable for ten 30 days after the effective date of any insured person.

ELECTIVE BENEFITS

- Cancer Diagnosis Benefit Rider
  - Pay an additional benefit selected below for every first diagnosis of internal cancer. Insured family members qualify for 100% of the primary insured's benefit amount.
  - $1,000
  - $2,000
  - $3,000
  - $4,000
  - $5,000

- Hospital Intensive Care Benefit Rider
  - Pay daily benefit selected below for confinement in a Coronary Care or Intensive Care Unit due to trauma or sickness. Pay double benefit when confinement is a result of an accidental bodily injury which occurred when the covered person was the operator of or a passenger in, or struck by an automobile, bus, truck, motorcycle, train, or airplane.

- Hospital Intensive Care Rider benefits are reduced 50% for confinement beginning after age 70.
  - $200
  - $400
  - $600

- Cancer Disability Benefit Rider
  - Pay daily the disability income benefit selected below for every first year for disability due to internal cancer. Family coverage may be selected if the spouse is active at work at least 20 hours per week. Children are not eligible for coverage. This rider terminates at age 65.
  - $250
  - $500

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Covered dependents who no longer meet eligibility requirements may convert to a comparable individual policy without evidence of insurability. An insured spouse's coverage will terminate at the time of divorce. However, an insured spouse's coverage can be converted upon divorce or your death.

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1. Any other disease or sickness, unless directly caused or aggravated by cancer or specified disease or by the treatment of cancer or specified disease;
2. Injuries;
3. Hospital confinement of expense that begins while a person is not insured under this policy;
4. Outpatient benefits for the same day hospital confinement benefits are paid;
5. Treatments which are not accepted or approved by the American Medical Association as an effective treatment for cancer;
6. Drugs or substances which are not approved by the Federal Drug Administration for use in the treatment of cancer;
7. Benefits will not be paid for pre-existing conditions during the first two (2) years this policy is in force. A pre-existing condition means a cancer or specified disease which is first diagnosed within five (5) years prior to the effective date of coverage for each insured person. Conditions, which are fully disclosed to us on the application and not excluded or limited by us in the policy, are not considered pre-existing condition.

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