

# Voluntary Cancer Insurance

A limited benefit policy  
Group product base



## Cancer voluntary coverage pays cash benefits when you may need it most



With our cancer plan, you'll receive benefits that follow a positive diagnosis of an internal cancer during the term of your coverage. You and your loved ones can rest a little easier knowing you have protection in place to help avoid depleting your bank accounts or taking on additional debt to cover day-to-day living expenses.

## Why do I need cancer coverage?

Cancer plans can assist you with a variety of expenses so you can focus on getting better. You can spend the benefits however you want, on direct or indirect costs associated with the illness:

- Make your mortgage payments
- Hire extra help for around the house, such as in-home caregivers
- Help cover medical bills as well as therapy and training
- Pay for travel to treatment facilities away from home - and for family visits

In addition to the physical and emotional effects, people who are diagnosed with cancer may see a costly impact on their expenses. You may need additional help to absorb the expense of paying for drugs and other direct and indirect costs associated with cancer.

**U.S. men have slightly less than a 1 in 2 risk of developing cancer; for women, the risk is a little more than 1 in 3.**

- American Cancer Society.  
*Cancer Facts & Figures, 2017.*

## Here's how it works

Benefit payments are made directly to you in most cases, placing you in control at a time when you may feel that your options are limited. The base benefit is available to you upon your initial cancer diagnosis, so it's there when you need it most. You'll save on your premiums because coverage through your employer typically is less expensive than purchasing on your own. And you can pay premiums through automatic payroll deduction. You can continue the coverage even if you change employers.

## Act now

You've probably taken some steps to protect your assets and future financial stability with a health plan, life insurance, savings, etc. Take an additional step to round out your coverage and help you and your loved ones financially in the event of an unexpected cancer occurrence.

Underwritten by:



Product is issued by Shenandoah Life Insurance Company, a member of Prosperity Life Group. Prosperity Life Group is a marketing name for the member companies of Prosperity Life Insurance Group LLC. The issuing company is solely responsible for its own financial and contractual obligations. AM Best rating is as of date of publication. For latest rating, see [www.ambest.com](http://www.ambest.com).

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Kansas

Douglas County Government

## Coverage type

Cancer Insurance provides benefits for treatment and care related to a positive diagnosis of Cancer (as defined below) first made during the term of the coverage. Coverage is available to the employee, spouse, and dependent children. ***Certain limitations and exclusions, including a pre-existing condition limitation, apply. See page 14 for further details.***

| Base Coverage Benefit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Level 1                            | Level 2                            |
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| <p><b>First Occurrence Cancer Benefit</b></p> <p>If a Covered Person receives a positive diagnosis of Cancer while coverage is in force, we will pay the First Occurrence Cancer Benefit amount. If the Covered Person is a child under the age of 21, we will pay one and one-half times this amount. This benefit is payable one time only per lifetime of each Covered Person, regardless of the number of positive diagnoses of Cancer that a Covered Person may have.</p> <p>For purposes of this cancer plan, "Cancer" means a malignant neoplasm, which is characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue, and which is not specifically hereafter excluded. Leukemias and lymphomas are included. Cancer must be diagnosed pursuant to a pathological or clinical diagnosis.</p> <p>The following are not considered Cancer:</p> <ul style="list-style-type: none"> <li>• pre-malignant lesions (such as intraepithelial neoplasia); or</li> <li>• benign tumors or polyps; or</li> <li>• early prostate Cancer diagnosed as T1N0M0 or equivalent staging;</li> </ul> <p>or</p> <ul style="list-style-type: none"> <li>• Cancer In Situ; or</li> <li>• any skin cancer (other than invasive malignant melanoma in the dermis or deeper or skin malignancies that have become metastatic).</li> </ul> <p><b>Continuation of Coverage Benefit</b></p> <p>We will waive all monthly premiums due for the Certificate and in force riders for two months if You meet all of the following conditions:</p> <ul style="list-style-type: none"> <li>• Your Certificate has been in force for at least six months;</li> <li>• We have received premiums for at least six consecutive months;</li> <li>• Your premiums have been paid through list bill, common remitter or payroll deduction;</li> <li>• You or the Policyholder has notified Us in writing within 31 days of the date Your premium payments ceased due to You being no longer affiliated with the Policyholder; and</li> <li>• You re-establish premium payments through: a) a new list bill, common remitter or payroll deduction process through current employment; or b) direct payment to Us in an automatic deduction system established by Us.</li> </ul> <p>You will become eligible again to receive this benefit after: a) You re-establish the premium payments through list bill, common remitter or payroll deduction for a period of at least six months; and b) We receive premiums for at least six consecutive months.</p> | <p>\$3,000</p> <p>per lifetime</p> | <p>\$5,000</p> <p>per lifetime</p> |

This is not a complete disclosure of plan qualifications and limitations. Please review this information before applying for coverage. The amount of benefits provided depends on the plan selected. Premiums will vary according to the selection made. **THIS POLICY PROVIDES LIMITED BENEFITS AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE.**

Policy/Rider Numbers: L-1061P, L-1061C – 10/16 KS, R-2068, R-2069, R-2070, R-2073, R-2074, R-2076, R-2077, R-2078.

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## **Waiver of Premium Benefit**

We will waive the premiums for the Certificate and in force riders starting on the first premium due date following a 60 day period of Total Disability of the Named Insured due to Cancer. If 60 days or less separate two periods of Total Disability for the same Cancer, the second will be a continuation of the first. The Named Insured must: (1) be receiving treatment for such Cancer for which benefits are payable under the Certificate; and (2) remains disabled for 60 consecutive days. We will waive premiums for as long as the Named Insured remains Totally Disabled. Premiums will be waived in accordance with the mode of payment in effect when treatment began. If the Named Insured is retired or age 65 and over at the time he or she becomes Totally Disabled, the definition of Total Disability will mean the inability to perform two (2) or more Activities of Daily Living (ADLs) without the assistance of another person. We may ask for and use an independent consultant to determine whether the Named Insured can perform an ADL when this benefit is in force.

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| Optional Benefit Riders                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Level 1                                                                                                                                                                                                                                                                                         | Level 2                                                                                                                                                                                                                                                                                         |
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| <p><b>• ANNUAL WELLNESS SCREENING BENEFIT RIDER</b></p> <p><b>Basic Screening Benefit</b></p> <p>We will pay the Basic Screening Benefit amount per Calendar Year per Covered Person for screening tests performed to determine whether Cancer exists in a Covered Person. Covered annual Cancer screening tests include but are not limited to the following:</p> <ul style="list-style-type: none"> <li>• Mammogram</li> <li>• Breast Ultrasound</li> <li>• Pap Smear</li> <li>• Thin-Prep</li> <li>• Flexible Sigmoidoscopy</li> <li>• Biopsy</li> <li>• Hemoccult</li> <li>• Stool Specimen</li> <li>• Chest X-Ray</li> <li>• CEA (blood test for colon cancer)</li> <li>• Thermography</li> <li>• PSA (blood test for prostate cancer)</li> <li>• Colonoscopy</li> <li>• CA 125 (blood test for ovarian cancer)</li> <li>• Serum Protein Electrophoresis (blood test for myeloma)</li> <li>• CA 15-3 (blood test for breast cancer)</li> </ul> <p><b>Additional Invasive Diagnostic Procedure Benefit</b></p> <p>We will pay two times the Basic Screening Benefit amount per Calendar Year for the Basic Screening Benefit, per Covered Person for one additional invasive diagnostic procedure required as the result of an abnormal cancer screening test for which benefits are payable under the Basic Screening Benefit above. Invasive diagnostic procedure means a procedure requiring an excision or the insertion of an instrument in the body. This additional benefit is payable regardless of the results of the additional diagnostic procedure.</p> <p><b>Cancer Vaccine Benefit</b></p> <p>We will pay one-half the Basic Screening Benefit amount per lifetime of each Covered Person for a United States FDA approved cancer vaccine administered to a Covered Person.</p> | <p style="text-align: center;">\$100<br/>per Calendar Year</p> <p style="text-align: center;">\$100<br/>per Calendar Year</p> <p style="text-align: center;">2x Basic Screening Benefit<br/>per Calendar Year</p> <p style="text-align: center;">½ Basic Screening Benefit<br/>per lifetime</p> | <p style="text-align: center;">\$100<br/>per Calendar Year</p> <p style="text-align: center;">\$100<br/>per Calendar Year</p> <p style="text-align: center;">2x Basic Screening Benefit<br/>per Calendar Year</p> <p style="text-align: center;">½ Basic Screening Benefit<br/>per lifetime</p> |
| <p><b>• MEDICAL IMAGING AND MEDICATION BENEFITS RIDER</b></p> <p><b>Medical Imaging, Treatment Planning, and Monitoring Expense Benefit</b></p> <p>We will pay the Charge Incurred, but not to exceed \$1,000 per Calendar Year, for any combination of laboratory tests, routine or diagnostic X-rays, scans or medical images and their interpretation when used in the planning or monitoring of external radiation , internal radiation, Chemotherapy or Immunotherapy treatments of Cancer.</p> <p><b>Anti-Nausea Medication Expense Benefit</b></p> <p>We will pay the Charge Incurred for anti-nausea medication, but not to</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <p style="text-align: center;">Charge Incurred, up to \$1000 per Calendar Year</p> <p style="text-align: center;">Charge Incurred, up to \$150 per</p>                                                                                                                                          | <p style="text-align: center;">Charge Incurred, up to \$1000 per Calendar Year</p> <p style="text-align: center;">Charge Incurred, up to \$150 per</p>                                                                                                                                          |

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| Optional Benefit Riders                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Level 1                                                                                                                                                        | Level 2                                                                                                                                                        |
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| <p>exceed \$150 per calendar month, when a Covered Person is prescribed such medication as the result of Radiation Treatment, Chemotherapy or Immunotherapy treatments for Cancer.</p> <p><b>Colony Stimulating Factor or Immunoglobulin Expense Benefit</b></p> <p>We will pay the Charge Incurred, but not to exceed \$1,000 per Calendar Month, for Colony Stimulating Factor drugs or Immunoglobulins prescribed by a Physician or Oncologist during a Covered Person's Cancer treatment regimen for which benefits are payable under the optional Daily, Monthly or Annual Radiation Treatment, Chemotherapy, Immunotherapy and Experimental Treatment Benefit Riders.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <p>Calendar Month</p> <p>Charge Incurred, up to \$1000 per Calendar Month</p>                                                                                  | <p>Calendar Month</p> <p>Charge Incurred, up to \$1000 per Calendar Month</p>                                                                                  |
| <p>• <b>SURGICAL EXPENSE BENEFIT RIDER</b></p> <p><b>Surgical Expense Benefit</b></p> <p>We will pay a Surgical Expense Benefit for a surgical procedure for the treatment of Cancer (except Skin Cancer) in accordance with the Surgical Schedule contained in the Rider. The surgery may be performed either as an inpatient of a Hospital or as an outpatient in a Hospital, Ambulatory Surgical Center, Physician's office or other free standing medical facility.</p> <p>We will not pay more than the Charge Incurred for any surgical procedure.</p> <p><b>Anesthesia Expense Benefit</b></p> <p>When a surgical procedure is performed that is a covered surgical expense and the Covered Person incurs charges for anesthesia, we will pay the Charge Incurred for the anesthesia not to exceed an amount equal to 30% of the covered Surgical Expense Benefit for the operation performed. This includes the services of a professional anesthesiologist or of an anesthesiologist under supervision of a Physician for the purpose of administering anesthesia.</p> <p><b>Skin Cancer Surgical Expense Benefit</b></p> <p>When there is a positive diagnosis of Skin Cancer of a Covered Person and a cutting surgical procedure is performed to remove the positively diagnosed Skin Cancer, we will pay the Charge Incurred, not to exceed the amount shown below, for such surgical removal:</p> <ul style="list-style-type: none"> <li>• Biopsy \$125</li> <li>• Excision of lesion of skin \$350</li> <li>• Excision of lesion of skin with flap or graft \$750</li> </ul> <p>This benefit is payable in lieu of any benefits for Surgical Expense and Anesthesia Expense which are not applicable to Skin Cancer.</p> | <p>\$4,500 Maximum Benefit Amount</p> <p>Charge Incurred, up to 30% of the Surgical Expense Benefit Amount</p> <p>Charge Incurred, up to Indicated Amounts</p> | <p>\$4,500 Maximum Benefit Amount</p> <p>Charge Incurred, up to 30% of the Surgical Expense Benefit Amount</p> <p>Charge Incurred, up to Indicated Amounts</p> |

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| <p>• <b>DAILY HOSPITAL CONFINEMENT BENEFIT RIDER</b></p> <p>Confinements of 30 Days or Less - We will pay the Daily Hospital Confinement Benefit amount for each of the first 30 days in each Period of Hospital Confinement during which a Covered Person is confined to a Hospital, including a Government or Charity Hospital, for the treatment of Cancer.</p> <p>Confinements lasting longer than 30 Consecutive Days – If a Covered Person is continuously confined to a Hospital, including a Government or Charity Hospital, for longer than 30 consecutive days for the treatment of Cancer, we will pay two times the Daily Hospital Confinement Benefit amount. This benefit payment will begin on the 31st continuous day of such confinement and continue for each day of confinement until the Covered Person is discharged from the Hospital.</p> <p>Benefits for an insured Dependent Child under Age 21 - Benefits payable under this Rider will be double the Daily Hospital Confinement Benefit amount if payable Daily Hospital Confinement Benefits are for a covered dependent child under the age of 21.</p>                                                                                                                                                                                                                                                                                                   | <p>\$150<br/>per day</p>                                  | <p>\$150<br/>per day</p>                                  |
| <p>• <b>ANNUAL RADIATION, CHEMOTHERAPY, IMMUNOTHERAPY AND EXPERIMENTAL TREATMENT EXPENSE BENEFIT RIDER</b></p> <p>We will pay the Charge Incurred in any one Calendar Year by a Covered Person for:</p> <ol style="list-style-type: none"> <li>1. Chemotherapy (including Hormonal Therapy) or Immunotherapy injected by a Chemotherapist, an Oncologist, Physician, or other legally qualified medical personnel in the office of an Oncologist or Physician, a Chemotherapy Treatment Center, a Hospital or Clinic;</li> <li>2. Self-administered or oral Chemotherapy or Immunotherapy;</li> <li>3. Radiation Treatment administered by a Radiation Therapist, an Oncologist, Physician, or other legally qualified medical personnel in the office of an Oncologist or Physician, a Radiation Treatment Center, a Hospital or Clinic. Benefits payable for interstitial or intracavitary applications of Radiation Treatments are payable on the day of insertion only and not for each day the Radiation Treatment remains in the body; and</li> <li>4. Experimental Treatment.</li> </ol> <p>Treatment may be on an Inpatient or Outpatient basis.</p> <p>*The Annual Radiation Treatment, Chemotherapy, Immunotherapy, and Experimental Treatment Benefit amount is the maximum we will pay in any one Calendar Year for each Covered Person's Cancer treatments regardless of the number or types of treatments received.</p> | <p>Charge Incurred, up to \$10,000 per Calendar Year*</p> | <p>Charge Incurred, up to \$10,000 per Calendar Year*</p> |

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| Optional Benefit Riders                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Level 1                                                                                                                                                                                                                                                                                                                                                                         | Level 2                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                        |
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| <p><b>• HOSPITAL INTENSIVE CARE UNIT BENEFITS RIDER</b></p> <p>When a Covered Person is confined in an Intensive Care Unit or a Step-Down Unit after the Covered Person's Rider Effective Date, We will pay the benefits described in A., B., or C., below.</p> <p>Benefits under A., B. and C., are combined and limited to 45 days per each Period of Hospital Intensive Care Unit Confinement.</p> <p><b>A. Hospital Intensive Care Unit Benefit</b> - We will pay the Hospital Intensive Care Unit Benefit amount for each day a Covered Person is confined in an Intensive Care Unit as the result of Sickness or Injury. Intensive Care Unit benefits will begin on the first day of such confinement.</p> <p><b>B. Double Intensive Care Unit Benefit</b> - We will double the Hospital Intensive Care Unit Benefit amount for the initial Intensive Care Unit confinement if resulting from a Travel Related Injury. The double benefit for a Travel Related Injury is payable only for the initial Intensive Care Unit confinement that commences within 24 hours of the accident causing the Travel Related Injury. Double Intensive Care Unit Benefits are not payable for successive periods of confinement, even when part of the same Period of Hospital Intensive Care Unit Confinement.</p> <p><b>C. Step-Down Unit Benefit</b> - We will pay one-half of the Hospital Intensive Care Unit Benefit amount for each day the Covered Person is confined in a Step-Down Unit as the result of Sickness or Injury.</p> <p><b>**Reduction</b></p> <p>On the date a Covered Person attains Age 75, and continuing thereafter, the Hospital Intensive Care Unit Benefit amount will be reduced by one-half.</p> | <p>\$600<br/>per day**</p> <p>2x Hospital<br/>Intensive Care Unit<br/>Benefit Amount</p> <p>½ Hospital Intensive<br/>Care Unit Benefit<br/>Amount</p>                                                                                                                                                                                                                           | <p>\$600<br/>per day**</p> <p>2x Hospital<br/>Intensive Care Unit<br/>Benefit Amount</p> <p>½ Hospital<br/>Intensive Care Unit<br/>Benefit Amount</p>                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                        |
| <p><b>• SPECIFIED DISEASE BENEFIT RIDER</b></p> <p><b>Covered Specified Diseases:</b></p> <table border="0"> <tr> <td> <ul style="list-style-type: none"> <li>• Addison's Disease</li> <li>• Amyotrophic Lateral Sclerosis</li> <li>• Botulism</li> <li>• Bovine Spongiform</li> <li>• Budd-Chiari Syndrome</li> <li>• Cystic Fibrosis</li> <li>• Diphtheria</li> <li>• Encephalitis</li> <li>• Encephalopathy</li> <li>• Epilepsy</li> <li>• Hansen's Disease</li> <li>• Histoplasmosis</li> <li>• Legionnaire's Disease</li> </ul> </td> <td> <ul style="list-style-type: none"> <li>• Lyme Disease</li> <li>• Malaria</li> <li>• Meningitis</li> <li>• Multiple Sclerosis</li> <li>• Muscular Dystrophy</li> <li>• Myasthenia Gravis</li> <li>• Neimann-Pick Disease</li> <li>• Osteomyelitis</li> <li>• Poliomyelitis</li> <li>• Q Fever</li> <li>• Rabies</li> <li>• Reye's Syndrome</li> <li>• Rheumatic Fever</li> </ul> </td> <td> <ul style="list-style-type: none"> <li>• Rocky Mountain Spotted Fever</li> <li>• Sickle Cell Anemia</li> <li>• Tay-Sachs Disease</li> <li>• Tetanus</li> <li>• Toxic Epidermal Necrolysis</li> <li>• Tuberculosis</li> <li>• Tularemia</li> <li>• Typhoid Fever</li> <li>• Undulant Fever</li> <li>• West Nile Virus</li> <li>• Whipple's Disease</li> <li>• Whooping Cough</li> </ul> </td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                        | <ul style="list-style-type: none"> <li>• Addison's Disease</li> <li>• Amyotrophic Lateral Sclerosis</li> <li>• Botulism</li> <li>• Bovine Spongiform</li> <li>• Budd-Chiari Syndrome</li> <li>• Cystic Fibrosis</li> <li>• Diphtheria</li> <li>• Encephalitis</li> <li>• Encephalopathy</li> <li>• Epilepsy</li> <li>• Hansen's Disease</li> <li>• Histoplasmosis</li> <li>• Legionnaire's Disease</li> </ul> | <ul style="list-style-type: none"> <li>• Lyme Disease</li> <li>• Malaria</li> <li>• Meningitis</li> <li>• Multiple Sclerosis</li> <li>• Muscular Dystrophy</li> <li>• Myasthenia Gravis</li> <li>• Neimann-Pick Disease</li> <li>• Osteomyelitis</li> <li>• Poliomyelitis</li> <li>• Q Fever</li> <li>• Rabies</li> <li>• Reye's Syndrome</li> <li>• Rheumatic Fever</li> </ul> | <ul style="list-style-type: none"> <li>• Rocky Mountain Spotted Fever</li> <li>• Sickle Cell Anemia</li> <li>• Tay-Sachs Disease</li> <li>• Tetanus</li> <li>• Toxic Epidermal Necrolysis</li> <li>• Tuberculosis</li> <li>• Tularemia</li> <li>• Typhoid Fever</li> <li>• Undulant Fever</li> <li>• West Nile Virus</li> <li>• Whipple's Disease</li> <li>• Whooping Cough</li> </ul> |
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| Optional Benefit Riders                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Level 1                                                                     | Level 2                                                                     |
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| <ul style="list-style-type: none"> <li>Lupus Erythematosus</li> </ul> <p>If a Covered Person is diagnosed with one or more Covered Specified Diseases and is hospitalized for definitive treatment, we will pay the following benefits:</p> <p><b>Initial Hospitalization Benefit</b></p> <p>We will pay the Initial Hospitalization Benefit amount when a Covered Person is confined to a Hospital for 12 or more hours as a result of receiving treatment for a Covered Specified Disease. This benefit is payable only once per Period of Hospital Confinement and only once per Calendar Year for each Covered Person.</p> <p>The Period of Hospital Confinement must start while the Rider is in force for the Covered Person. If the confinement follows a previously covered confinement, it will be deemed a continuation of the first confinement unless it is the result of an entirely different Covered Specified Disease, or unless the confinements are separated by 30 days or more.</p> <p><b>Hospital Confinement Benefit</b></p> <p>We will pay the Hospital Confinement Benefit amount per day when a Covered Person is hospitalized during any continuous period of 30 days or less for the treatment of a Covered Specified Disease. Benefits will double per day beginning with the 31st day of continuous confinement.</p>                                                                                                                                                                                                                                                                                                                                                                    | <p>\$1,500<br/>per Calendar Year</p> <p>\$100<br/>per day</p>               | <p>\$1,500<br/>per Calendar Year</p> <p>\$100<br/>per day</p>               |
| <ul style="list-style-type: none"> <li><b>ADDITIONAL BENEFITS RIDER</b></li> </ul> <p><b>Positive Diagnosis Benefit</b></p> <p>We will pay the Charge Incurred, not to exceed \$300 per Calendar Year, for one test that confirms the positive diagnosis of Cancer in a Covered Person. This benefit is not payable for multiple diagnoses of the same Cancer, for Cancer that metastasizes, or for recurrence of the same Cancer.</p> <p><b>National Cancer Institute Designated Comprehensive Cancer Treatment Center Evaluation/Consultation Benefit</b></p> <p>If a Covered Person receives a positive diagnosis of Cancer and seeks an evaluation or consultation at a National Cancer Institute designated Comprehensive Cancer Treatment Center for the purpose of obtaining a treatment option, we will pay the Charge Incurred not to exceed a lifetime maximum of \$750. If the Comprehensive Cancer Treatment Center is located more than 30 miles from the Covered Person's place of residence, we will also pay the transportation and lodging expenses incurred not to exceed a lifetime maximum of \$350. This benefit is not payable on the same day a Second or Third Surgical Opinion Benefit is payable. This benefit is payable in lieu of the Non-Local Transportation and Lodging Expense Benefits of the Rider. This benefit is payable one time during the lifetime of the Covered Person.</p> <p><b>Second and Third Surgical Opinion Expense Benefit</b></p> <p>If surgery is recommended for the removal of Cancer, we will pay the Charge Incurred for a written second surgical opinion concerning the Cancer surgery. If the second surgical opinion is in conflict with the first</p> | <p>Charge Incurred,<br/>subject to various<br/>maximums (see<br/>below)</p> | <p>Charge Incurred,<br/>subject to various<br/>maximums (see<br/>below)</p> |

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Policy/Rider Numbers: L-1061P, L-1061C – 10/16 KS, R-2068, R-2069, R-2070, R-2073, R-2074, R-2076, R-2077, R-2078.

Underwritten by: Shenandoah Life Insurance Company, member of the Prosperity Life Group.

Not available in all states.



# Voluntary Cancer Insurance

A limited benefit policy  
Group product base



| Optional Benefit Riders                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Level 1 | Level 2 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|---------|
| <p>opinion, we will pay the Charge Incurred for a written third surgical opinion. The Physician providing the second or third surgical opinion cannot be associated with the Physician who originally recommended the surgery. This benefit is not payable for the same day the National Cancer Institute Evaluation/Consulting Benefit is payable.</p>                                                                                                                                                                                          |         |         |
| <p><b>Outpatient Hospital or Ambulatory Surgical Center Expense Benefit</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |         |         |
| <p>We will pay the Charge Incurred, not to exceed \$350 per day, made by an Ambulatory Surgical Center or Outpatient department of a Hospital for the use of its facilities during the performance of a surgical procedure covered under this Policy.</p>                                                                                                                                                                                                                                                                                        |         |         |
| <p><b>Outpatient Blood, Plasma and Platelets Expense Benefit</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |         |         |
| <p>If, as the result of Cancer, a Covered Person requires blood, plasma, platelets or blood transfusions, on an Outpatient basis, we will pay the Charge Incurred not to exceed \$300 per day including the costs of procurement, administration, processing and cross matching.</p>                                                                                                                                                                                                                                                             |         |         |
| <p><b>Inpatient Blood, Plasma and Platelets Expense Benefit</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |         |         |
| <p>If, as the result of Cancer, a Covered Person requires blood, plasma, platelets or blood transfusions, on an Inpatient basis, we will pay the Charge Incurred not to exceed \$300 per day including the costs of procurement, administration, processing and cross matching.</p>                                                                                                                                                                                                                                                              |         |         |
| <p><b>Bone Marrow Donor Expense Benefit</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |         |         |
| <p>When a Covered Person receives bone marrow or stem cells from another live person for the purpose of a bone marrow or stem cell transplant in connection with the Covered Person's Cancer treatment, we will pay the Charge Incurred, not to exceed \$100 per day, for each day the donor is confined in a Hospital for the harvesting of bone marrow or stem cells used in a covered bone marrow or stem cell transplant.</p>                                                                                                                |         |         |
| <p><b>Bone Marrow or Stem Cell Transplant Expense Benefit</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         |         |
| <p>We will pay the Charge Incurred not to exceed a lifetime maximum of \$15,000 for surgical and anesthesia procedures (including the harvesting and subsequent re-infusion of blood cells or peripheral stem cells) performed for a bone marrow transplant and/or a peripheral stem cell transplant for the treatment of a Covered Person's Cancer. This benefit will be paid in lieu of the benefit provided by the optional Surgical Expense Benefit Rider.</p>                                                                               |         |         |
| <p><b>Inpatient Oxygen Expense Benefit</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |         |         |
| <p>When a Covered Person is confined to a Hospital for the treatment of Cancer and requires oxygen used that is prescribed and ordered by a Physician, we will pay the Charge Incurred for the oxygen not to exceed \$300 per Hospital confinement.</p>                                                                                                                                                                                                                                                                                          |         |         |
| <p><b>Attending Physician Expense Benefit</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         |         |
| <p>We will pay the Charge Incurred not to exceed \$ 40 per day for the professional services of a Physician or Oncologist rendered to a Covered Person while he or she is confined in a Hospital for the treatment of Cancer. This benefit is payable only if the Physician or Oncologist personally visits the Hospital room occupied by the Covered Person. The benefit amount stated is the maximum amount payable for each day of Hospital confinement regardless of the number of visits made by one or more Physicians or Oncologists.</p> |         |         |
| <p><b>Inpatient Private Duty Nursing Expense Benefit</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |         |         |
| <p>We will pay the Charge Incurred not to exceed \$150 per day for the full-time service of a Nurse that is</p>                                                                                                                                                                                                                                                                                                                                                                                                                                  |         |         |

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Underwritten by: Shenandoah Life Insurance Company, member of the Prosperity Life Group.

Not available in all states.

# Voluntary Cancer Insurance

A limited benefit policy  
Group product base



| Optional Benefit Riders                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Level 1 | Level 2 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|---------|
| <p>required and ordered by a Physician when a Covered Person is confined in a Hospital for the treatment of Cancer. The Nurse must provide services other than those normally provided by the Hospital. The Nurse may not be an employee of the Hospital or an Immediate Family Member of the Covered Person.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |         |         |
| <p><b>Outpatient Private Duty Nursing Expense Benefit</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |         |         |
| <p>Following a Covered Person's Hospital confinement for the treatment of Cancer, we will pay the Charge Incurred not to exceed \$150 per day, limited to the same number of days of such Hospital confinement, for the full-time service of a Nurse that is required and ordered by a Physician when a Covered Person is confined indoors at home as the result of Cancer. This benefit is not payable if the services of the Nurse are custodial in nature or to assist the Covered Person in the activities of daily living. This benefit is not payable when the Nurse is a member of the Covered Person's Immediate Family.</p>                                                                                                                                                                      |         |         |
| <p><b>Home Health Care Expense Benefit</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |         |         |
| <p>We will pay benefits for the following covered charges when a Covered Person requires Home Health Care for the treatment of Cancer.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         |         |
| <ul style="list-style-type: none"> <li>a. Home Health Care Visits - We will pay the Charge Incurred for Home Health Care Visits not to exceed \$ 75 for each day on which one or more such visits occur. We will not pay this benefit for more than 60 days in any Calendar Year.</li> <li>b. Medicine and Supplies - We will pay the Charge Incurred not to exceed \$ 450 in any Calendar Year for drugs, medicine, and medical supplies provided by or on behalf of a Home Health Care Agency.</li> <li>c. Services of a Nutritionist - We will pay the Charge Incurred not to exceed a lifetime maximum of \$ 300 for the services of a nutritionist to set up programs for special dietary needs.</li> </ul>                                                                                          |         |         |
| <p><b>Convalescent Care Facility Expense Benefit</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |         |         |
| <p>We will pay the Charge Incurred not to exceed \$ 100 per day for a Covered Person's confinement in a Convalescent Care Facility. The maximum number of days for which this benefit is payable will be the number of days in the Covered Person's last Period of Hospital Confinement that immediately preceded admission to the Convalescent Care Facility. The Convalescent Care Facility confinement must:</p>                                                                                                                                                                                                                                                                                                                                                                                       |         |         |
| <ul style="list-style-type: none"> <li>a. be due to Cancer;</li> <li>b. begin within 14 days after the Covered Person has been discharged from a Hospital for the treatment of Cancer; and</li> <li>c. be authorized by a Physician as being medically necessary for the treatment of Cancer.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |         |         |
| <p><b>Hospice Care Expense Benefit</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         |         |
| <p>When a Covered Person, as a result of Cancer, requires Hospice Care, we will pay the Charge Incurred for Hospice Care not to exceed \$100 per day. This benefit is payable whether confinement is required in a Hospice Center or services are provided in the Covered Person's home by a Hospice Team. Eligibility for benefit payments will be based on the following conditions being met: (1) the Covered Person has been given a prognosis of being Terminally Ill with an estimated life expectancy of 6 months or less; and (2) We have received a written summary of such prognosis from the attending Physician. We will not pay this benefit while the Covered Person is confined to a Hospital or Convalescent Care Facility. The lifetime maximum benefit is 365 days of Hospice Care.</p> |         |         |
| <p><b>Non-Local Transportation Expense Benefit</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |         |         |
| <p>We will pay the Charge Incurred for Non-Local transportation not to exceed coach fare on a Common Carrier for the Covered Person and one adult companion's travel to a Hospital, Radiation Therapy Treatment Center, Chemotherapy Treatment Center, Oncology Clinic or any other specialized treatment</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |         |         |

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Underwritten by: Shenandoah Life Insurance Company, member of the Prosperity Life Group.

Not available in all states.

# Voluntary Cancer Insurance

A limited benefit policy  
Group product base



| Optional Benefit Riders                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Level 1 | Level 2 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|---------|
| <p>center where the Covered Person receives treatment for Cancer. This benefit is payable only if the treatment is not available Locally. The adult companion may include the live donor of bone marrow or stem cells used in a bone marrow or stem cell transplant for the Covered Person. At the option of the Covered Person, we will pay a single private vehicle mileage allowance of 50 cents per mile for Non-Local transportation in lieu of the common carrier coach fare.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |         |         |
| <p><b>Lodging Expense Benefit</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |         |         |
| <p>When a Covered Person receives treatment for Cancer at a Non-Local Hospital, Radiation Therapy Treatment Center, Chemotherapy Treatment Center, Oncology Clinic or any other specialized treatment center, we will pay the Charge Incurred not to exceed \$75 per day for a room in a motel, hotel or other appropriate lodging facility (other than a private residence). The room must be occupied by the Covered Person or an adult companion, which may include the live donor of bone marrow or stem cells used in a bone marrow or stem cell transplant for the Covered Person. This benefit is not payable for lodging expense incurred more than 24 hours before the treatment, nor for lodging expense incurred more than 24 hours following treatment. This benefit is limited to 100 days per Calendar Year.</p>                                                                                                                                                                                                                           |         |         |
| <p><b>Ambulance Expense Benefit</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |         |         |
| <p>We will pay the Charge Incurred for ambulance service if a Covered Person is transported to a Hospital where he or she is admitted as an Inpatient for the treatment of Cancer. The ambulance service must be provided by a licensed professional ambulance company or an ambulance owned by the Hospital.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |         |         |
| <p><b>Prosthesis Expense Benefit</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |         |         |
| <p>We will pay benefits for the following covered charges when a Covered Person requires a prosthesis for the treatment of Cancer:</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |         |         |
| <ul style="list-style-type: none"><li>a. Surgically Implanted Breast Prosthesis – If a Covered Person sustains an amputation, as the result of treatment for Cancer, and a surgically implanted prosthetic device is prescribed by a Physician, we will pay the Charge Incurred not to exceed a maximum of \$3,000 per such device. This benefit has a total lifetime maximum benefit of \$6,000. The cost for the replacement of a prosthetic device is not covered. Hairpieces or wigs are not covered under this benefit.</li><li>b. Non-Surgically Implanted Prosthesis – If a Covered Person sustains an amputation, as the result of treatment for Cancer, and an artificial limb or other non-surgically implanted prosthetic device is required and prescribed by a Physician to restore normal body function, we will pay the Charge Incurred not to exceed a lifetime maximum of \$2,000 per such device. The cost for the replacement of a prosthetic device is not covered. Hairpieces or wigs are not covered under this benefit.</li></ul> |         |         |
| <p><b>Hairpiece Expense Benefit</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |         |         |
| <p>If a Covered Person suffers hair loss due to treatment of Cancer, we will pay the Charge Incurred not to exceed a lifetime maximum of \$150 for the purchase of a wig or hairpiece.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |         |         |
| <p><b>Rental or Purchase of Medical Equipment Expense Benefit</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |         |         |
| <p>If, as the result of Cancer, the attending Physician prescribes covered medical equipment designed for home use, we will pay the lesser of the Charge Incurred for the rental or purchase of such medical equipment not to exceed \$1,500 per Calendar Year. Monthly rental charges are not payable in advance. Covered medical equipment includes wheel chair, oxygen equipment, respirator, braces, crutches or hospital bed.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |         |         |

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# Voluntary Cancer Insurance

A limited benefit policy  
Group product base



## **Physical, Speech And Audio Therapy Expense Benefit**

We will pay the Charge Incurred not to exceed \$ 25 per therapy session for:

- a. Physical therapy treatments given by a licensed Physical Therapist, or
- b. Speech therapy given by a licensed Speech Pathologist/Therapist; or
- c. Audio therapy given by a licensed Audiologist.

These therapy sessions may be given at an institute of physical medicine and rehabilitation, a Hospital, or the Covered Person's home. These treatments must be given on an Outpatient basis, unless the primary purpose of a Hospital confinement is for treatment of Cancer other than with physical, speech or audio therapy. Benefits under this section may not exceed \$1,000 per Calendar Year.

## **Mental Health Consultation Benefit**

We will pay the Charge Incurred not to exceed \$75 per session for mental health consultations provided by a Physician for a Covered Person receiving treatment for Cancer. Benefits are limited to a lifetime maximum of 50 sessions.

## **Child Tutorial Benefit**

We will pay the Charge Incurred not to exceed \$20 per each one-hour session for educational tutoring provided by a qualified person for a covered Dependent child receiving treatment for Cancer. Benefits are limited to a lifetime maximum of 50 one-hour sessions. A qualified person providing the tutoring must not be an Immediate Family Member.

## **Wheelchair Accessible Home Modifications**

When a Covered Person is confined to a wheel chair as the result of treatment of Cancer and benefits were paid for the wheel chair's rental or purchase under this Rider, we will pay the Charge Incurred not to exceed a lifetime maximum of \$1,000 for bathroom or door modification of the Covered Person's home which is required for wheel chair access by the Covered Person.

## **Child Care Benefit**

We will pay the Charge Incurred not to exceed \$30 per day for each Dependent Child of Covered Person attending a Child Care Center while a Covered Person is confined to the Hospital or ICU due to treatment for Cancer. Benefits are limited to a lifetime maximum of 50 days.

## **Pet Boarding Benefit**

We will pay the Charge Incurred not to exceed \$20 per day for all pets of a Covered Person attending a Pet Boarding Center while the Covered Person is confined to the Hospital or ICU due to treatment for Cancer. Benefits are limited to a lifetime maximum of 30 days.

**Pre-Existing Condition Limitation Period:**

**12 months prior to Certificate Effective Date**

See page 14 for details.

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## Cancer Plan Proposed Rates:

Displaying monthly payroll deduction premium amounts (*Plan premiums will not increase during the 2-year Rate Guarantee Period; after that premiums may be changed upon 45 days written notice*).

| Level One |                   |                      |                   | Level Two |                   |                      |                   |
|-----------|-------------------|----------------------|-------------------|-----------|-------------------|----------------------|-------------------|
| EMPLOYEE  | EMPLOYEE & SPOUSE | SINGLE PARENT FAMILY | TWO-PARENT FAMILY | EMPLOYEE  | EMPLOYEE & SPOUSE | SINGLE PARENT FAMILY | TWO-PARENT FAMILY |
| \$25.77   | \$40.24           | \$28.96              | \$43.53           | \$27.77   | \$43.31           | \$31.20              | \$46.83           |

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Group product base



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## **CONDITIONS, LIMITATIONS AND EXCLUSIONS AFFECTING THE BENEFITS DESCRIBED ABOVE**

**ELIGIBILITY:** All active employees over 18 years of age working a minimum of 16 hours per week.

### **LIMITATIONS AND EXCLUSIONS**

#### **Pre-Existing Condition Limitation**

A pre-existing condition is a condition, whether diagnosed or not, for which symptoms existed within the Pre-Existing Condition Limitation Period, or for which medical advice or treatment was recommended or received from a physician within the same period. **Benefits will not be paid for any loss that is a Pre-Existing Condition, unless the Covered Person has satisfied the Pre-Existing Condition Limitation Period shown on the Certificate Schedule.**

No pre-existing condition limitation will be applied for dependent children who are born or adopted while the named insured is covered, and who are continuously covered from the date of birth or adoption. Credit toward the satisfaction of the Pre-Existing Condition Limitation Period will be given for any continuous time the covered person was covered under the pre-existing condition clause of previous coverage through another carrier if: (1) the previous coverage was similar to or exceeded coverage under this plan; (2) the covered person was insured under the previous coverage at the time of enrollment in this plan; and (3) the covered person was insured under the coverage provided under this plan on the Certificate Effective Date. The Covered Person is responsible for furnishing proof of their previous coverage, to include type of coverage, length the previous coverage was in force and the date the previous coverage terminated.

#### **Other Exclusions**

Benefits are not payable for:

- any loss due to any disease or illness other than Cancer;
- any loss due to a condition excluded by name or description within the Certificate or any attached rider;
- care or treatment received outside the territorial limits of the United States;
- treatment by any program engaged in research that does not meet the criteria for Experimental Treatment as defined;
- treatment that has not been approved by a physician as being medically necessary; or
- losses or medical expenses incurred prior to the Certificate Effective Date.

### **OTHER INFORMATION**

**Renewability:** The coverage is guaranteed renewable during the named insured's lifetime, except for fraud or material misrepresentation, so long as premiums are paid on time.

**Termination:** Coverage for the employee (named insured) will terminate on the earliest of the following: (1) the date premium is not paid when due, subject to the grace period provision; (2) the date the employee so requests, subject to at least 31 days' written notification; (3) the date the Employer Policy terminates; or (4) the date the employee dies. Spouse and dependent care coverage, if applicable, will terminate on the earliest of: (1) the premium for the spouse or dependent child coverage, as applicable, is not paid when due subject to the grace period provisions; (2) the date the covered person ceases to qualify as a spouse or dependent child, as applicable; (3) the date the employee so requests, subject to at least 31 days' written notification; (4) the date coverage for the employee terminates; (5) for a dependent child, the date the coverage for the dependent child is converted.

**Premiums:** Premiums may be changed upon 45 days written notice. Premiums will not increase on the group plan during the rate guarantee period listed above.

**Portability and Conversion:** Portability coverage is available, subject to the timely payment of premiums, if the policy terminates for reasons other than non-payment of premium or cancellation by the employee, or if the employee ceases to be a member of the eligible class. Written request and payment of the first premiums for the portability coverage must be received no later than 30 days after such termination or change in eligibility status. Premium rates will be based on rates in effect at the time of the qualifying event.

If a spouse's coverage ends due to the death of the employee or a divorce, the spouse may elect to convert coverage for him/herself alone or for him/herself and any dependent children. If a dependent child's coverage ends due to attainment of the limiting age, the dependent child may elect to convert coverage. Written request and payment of the first premiums for conversion must be received no later than 30 days after the qualifying event. Premium rates will be based on rates in effect at the time of conversion and may change.

**Free-Look Period:** The employee has 30 days to review the Certificate and return it for a full refund of any premium paid.

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