Cigna Supplemental Solutions®
Insured by Loyal American Life Insurance Company

Flexible Choice CANCER *and/or* HEART and STROKE INSURANCE

Customer Booklet for TENNESSEE

- OUTLINE(S) OF COVERAGE
- IMPORTANT NOTICE TO PERSONS ON MEDICARE
- REPLACEMENT NOTICE

Together, all the way.®

PO Box 5700, Scranton, PA 18505
Toll free: 866-459-4272

**OUTLINE OF COVERAGE FOR
LUMP SUM CANCER INSURANCE POLICY
FORM LY-LSC-BA-B-TN**

THE POLICY PROVIDES LIMITED BENEFITS.

**BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE
NOT INTENDED TO COVER ALL MEDICAL EXPENSES.**

THIS IS NOT MEDICARE SUPPLEMENT INSURANCE
If an Insured Person is eligible for Medicare, please review the "*Guide to Health Insurance for People with Medicare*" which is available from the Company.

1. ***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 policy and only the actual provisions of the policy will control the rights and obligations of the parties to it. The policy itself sets forth, in detail, those rights and obligations applicable to both You and LOYAL AMERICAN LIFE INSURANCE COMPANY. It is very important, therefore, that You READ YOUR POLICY CAREFULLY.

2. ***SPECIFIED DISEASE COVERAGE*** is designed to provide, to persons insured, restricted coverage providing benefits ONLY when certain losses occur as a result of specified diseases. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.

3. ***BENEFITS PROVIDED BY THE POLICY***

CANCER DIAGNOSIS BENEFIT Subject to the Reduction Schedule and Benefit Payment Conditions listed below, if an Insured Person receives a Diagnosis of Cancer from a Physician, We will pay You the Cancer Diagnosis Benefit Amount shown on the Policy Schedule Page or policy endorsement. This benefit is payable once per Insured Person per lifetime.

BENEFIT PAYMENT CONDITIONS Payment of the Cancer Diagnosis Benefit shall be subject to the following conditions:
a. Diagnosis must be made within the United States;
b. the Date of Diagnosis shall occur while the Insured Person is covered by the policy; and
c. payment shall be precluded by any general or specific exclusion, limitation, or reduction set forth in or attached to the policy (including, without limitation, the exclusion for any Pre-Existing Condition) or any failure by the Insured Person to meet any condition precedent.

REDUCTION SCHEDULE For any Cancer Diagnosed within the first thirty (30) days after the Policy Effective Date, the Cancer Diagnosis Benefit Amount shall be reduced. The reduced Benefit Amount for Cancer will be 10% of the Cancer Diagnosis Benefit Amount shown on the Policy Schedule Page or policy endorsement.

In the event an Insured Person is Diagnosed with Cancer within the first thirty (30) days following their Policy Effective Date and the reduced Benefit Amount for Cancer is paid, no other benefits shall be payable and coverage for that Insured Person under the policy will terminate.

4. *EXCLUSIONS AND LIMITATIONS*

In addition to any benefit-specific conditions, limitations, or exclusions, no benefits will be payable under the policy for:

a. any disease, Sickness, or incapacity other than Cancer as defined; this is so even though such disease, Sickness, or incapacity may have been complicated, affected (directly or indirectly), or caused by Cancer;
b. loss that begins prior to the Policy Effective Date;
c. Diagnosis received outside the United States or its territories, unless otherwise specified in the policy; or
d. any illness specifically excluded from the definition of Cancer or Carcinoma in Situ.

PRE-EXISTING CONDITION(S) The benefits of the policy will not be payable during the first twelve (12) months that coverage is in force with respect to an Insured Person for any loss caused by Pre-Existing Condition(s). This twelve (12) month period is measured from the Policy Effective Date for each Insured Person.

5. *TERMS UNDER WHICH THE POLICY MAY BE CONTINUED IN FORCE OR DISCONTINUED*

GUARANTEED RENEWABLE FOR LIFE The policy is guaranteed renewable for life. You may keep the coverage in force during Your lifetime by paying the premiums on time. We cannot cancel or refuse to renew the policy for any reason other than nonpayment of premium. At no time while You continue the policy in force may We place any restrictive Riders on it without Your permission.

6. *OPTIONAL BENEFIT RIDERS* *(additional premiums required)* - A checkmark in any of the boxes below indicates that You have selected the following optional coverage(s):

☐ **CANCER RECURRENCE BENEFIT RIDER (Form #LY-CR-RD-TN)**

Subject to the Benefit Payment Conditions listed below, a Cancer Recurrence Benefit is payable each time an Insured Person receives a Diagnosis for the recurrence of Cancer. However, for the Cancer Recurrence Benefit to be payable:

a. the Cancer Diagnosis Benefit Amount under the policy to which the Rider is attached shall have been previously paid for the Insured Person; and
b. the Insured Person shall not have received any Advice or Treatment for at least twenty-four (24) consecutive months prior to the Date of Diagnosis for the recurrence of Cancer.

The amount payable for the recurrence of Cancer is equal to the percentage times the Cancer Recurrence Benefit Amount shown on the Policy Schedule Page or policy endorsement. The percentage of the Cancer Recurrence Benefit Amount payable is shown in chart below.

Time Period without Advice or Treatment	% of Cancer Recurrence Benefit Amount Payable	Maximum Percentage of the Cancer Recurrence Benefit Amount
Less than 24 months	0%	100%
24 months or more but less than 5 years	25%	
5 years or more but less than 10 years	75%	
10 years or more	100%	

If an Insured Person receives benefits payable for the recurrence of Cancer that is less than 100% of the Cancer Recurrence Benefit Amount payable and later receives a Diagnosis for a different recurrence of Cancer, We will pay the specified percentage in the chart above, less any prior amounts paid or payable under this benefit. However, for the Cancer Recurrence Benefit to be payable such Diagnosis of Cancer must be separated by at least twenty-four (24) consecutive months from an Insured Person's last Date of Diagnosis for Cancer under the Rider.

After payment of the maximum percentage of the Cancer Recurrence Benefit Amount for an Insured Person shown in the chart above, coverage for that Insured Person under the Rider will terminate.

BENEFIT PAYMENT CONDITIONS Payment of the Cancer Recurrence Benefit shall be subject to the following conditions:

a. Diagnosis must be made within the United States;
b. the Date of Diagnosis shall occur while the Insured Person is covered by the Rider; and
c. payment shall be precluded by any general or specific exclusion, limitation or reduction set forth in the Rider or attached to the policy or any failure by the Insured Person to meet any condition precedent.

EXCLUSIONS AND LIMITATIONS The Rider is subject to the following Exclusions and Limitations, in addition to those outlined in the policy.

In addition to any benefit-specific conditions, limitations, or exclusions, no benefits will be payable under the Rider for:

a. any disease, Sickness, or incapacity other than Cancer as defined; this is so even though such disease, Sickness, or incapacity may have been complicated, affected (directly or indirectly), or caused by Cancer;
b. loss that begins prior to the Rider Effective Date;
c. Diagnosis received outside the United States or its territories, unless otherwise specified in the Rider; or
d. any Illness specifically excluded from the definition of Cancer or Carcinoma in Situ.

☐ **<u>LUMP SUM CANCER BENEFIT BUILDER RIDER (Form #LY-CBB-RD)</u>**

This Rider, beginning with the Rider Effective Date, increases the policy Benefit Amount annually by the amount shown on the Policy Schedule Page.

This benefit will be paid under the same terms as the policy to which this Rider is attached. For the benefit to be payable:

a. the Date of Diagnosis must occur after the Rider Waiting Period has expired;
b. the Date of Diagnosis must occur while the Insured Person is covered by this Rider; and
c. the Rider premiums must continue to be paid for the accrued benefit to remain in force.

The annual benefit will increase each year for all Insured Person(s) until the thirty-fifth (35th) Rider anniversary. After the thirty-fifth (35th) year, no additional amounts will be accrued.

EXCLUSIONS – WHAT WE WILL NOT PAY FOR This Rider is subject to the Exclusions and Limitations outlined in the policy. In addition to any benefit-specific conditions, limitations, or exclusions, no benefits will be payable under this Rider for:

a. loss that begins prior to the Rider Effective Date; or
b. Cancer Diagnosed during the Waiting Period.

WAITING PERIOD: This Rider has a thirty (30) Day Waiting Period. No benefits will be paid for Cancer that is Diagnosed during the Waiting Period. If an Insured Person is Diagnosed with Cancer during the Waiting Period, We will terminate the Insured Person’s coverage under this Rider and refund the applicable portion of premium paid for that Insured Person’s coverage.

PRE-EXISTING CONDITION(S): The benefits of this Rider will not be payable during the first twelve (12) months that coverage is in force with respect to an Insured Person for any loss caused by Pre-Existing Condition(s). This twelve (12) month period is measured from the Rider Effective Date for each Insured Person.

☐ **RADIATION AND CHEMOTHERAPY BENEFIT RIDER (Form #LY-RC-RD)**

We will pay the benefits described below for the care and treatment of an Insured Person. The Benefit amounts are shown on the Rider Benefit Schedule. The Cancer Recurrence Benefit Rider must be purchased with this Rider.

The benefits listed below are not payable for:

a. Skin Cancer;
b. Cancer or Carcinoma in Situ Diagnosed prior to the Rider Effective Date; or
c. the care and treatment of an Insured Person who is Diagnosed with Cancer prior to the Waiting Period ending.

IMMUNOTHERAPY BENEFIT We will pay the Immunotherapy Benefit Amount shown on the Benefit Schedule for each Calendar Month an Insured Person incurs a charge for and receives Physician-prescribed Immunotherapy for the treatment of Cancer.

This benefit is payable only once per Calendar Month and is limited to the Calendar Month in which the charge for Immunotherapy is incurred.

This benefit is limited to a maximum of five (5) Calendar Months per Calendar Year per Insured Person.

INJECTED CHEMOTHERAPY BENEFIT We will pay the Injected Chemotherapy Benefit Amount shown on the Benefit Schedule for each Calendar Week in which an Insured Person incurs a charge for and receives Physician-prescribed Injected Chemotherapy for the treatment of Cancer.

There is no limit to the number of Calendar Weeks in which an Insured Person can receive the Injected Chemotherapy Benefit during the care and treatment of Cancer.

NON-HORMONAL ORAL CHEMOTHERAPY BENEFIT We will pay the Non-Hormonal Oral Chemotherapy Benefit Amount shown on the Benefit Schedule for each Calendar Month in which an Insured Person incurs a charge for and receives Physician-prescribed Non-Hormonal Oral Chemotherapy for the treatment of Cancer.

This benefit is payable only once per Calendar Month per Insured Person even if more than one (1) drug is prescribed within the Calendar Month and is limited to the Calendar Month in which the charge for Non-Hormonal Oral Chemotherapy is incurred.

HORMONAL ORAL CHEMOTHERAPY BENEFIT We will pay the Hormonal Oral Chemotherapy Benefit Amount shown on the Benefit Schedule for each Calendar Month in which an Insured Person incurs a charge for and receives Physician-prescribed Hormonal Oral Chemotherapy for the treatment of Cancer.

This benefit is payable only once per Calendar Month per Insured Person even if more than one (1) drug is prescribed within the Calendar Month and is limited to the Calendar Month in which the charge for Hormonal Oral Chemotherapy is incurred.

This benefit is limited to a maximum of thirty-six (36) months per Insured Person per lifetime.

ANTI-NAUSEA DRUG BENEFIT We will pay the Anti-Nausea Drug Benefit Amount shown on the Benefit Schedule for each Calendar Month in which an Insured Person incurs a charge for a Physician-prescribed Anti-Nausea Drug during the treatment of Cancer. The Insured Person must be receiving Chemotherapy or Radiation Therapy to qualify for this benefit.

This benefit is only payable once per Calendar Month per Insured Person even if more than one (1) drug is prescribed within the Calendar Month and is limited to a maximum of ten (10) months per Insured Person per Calendar Year.

Medical marijuana will not be covered as an Anti-Nausea Drug.

RADIATION BENEFIT We will pay the Radiation Benefit Amount shown on the Benefit Schedule for each Calendar Week an Insured Person incurs a charge for and receives Radiation Therapy for the treatment of Cancer.

There is no limit to the number of Calendar Weeks an Insured Person can receive the Radiation Benefit during the care and treatment of Cancer.

EXPERIMENTAL TREATMENT FOR CANCER BENEFIT We will pay the Experimental Treatment for Cancer Benefit Amount shown on the Benefit Schedule for each Day an Insured Person incurs a charge for and receives hospital, medical, or surgical care in connection with an Experimental Treatment for Cancer within the United States.

This benefit does not pay for laboratory tests, diagnostic X-rays, immunoglobulins, Immunotherapy, colony-stimulating factors, and therapeutic devices or other procedures related to these Experimental Treatments.

This benefit is limited to a maximum of thirty (30) days per Insured Person per Calendar Year.

EXCLUSIONS – WHAT WE WILL NOT PAY FOR This Rider is subject to the Exclusions and Limitations outlined in the policy. In addition to any benefit-specific conditions, limitations, or exclusions, no benefits will be payable under this Rider for:

a. loss that begins prior to the Rider Effective Date;
b. any disease, Sickness, or incapacity other than Cancer as defined; this is so even though such disease, Sickness, or incapacity may have been complicated, affected (directly or indirectly), or caused by Cancer;
c. loss that begins prior to the expiration of the Waiting Period;
d. Diagnosis received outside the United States or its territories, unless otherwise specified in this Rider; or
e. any illness specifically excluded from the definition of Cancer or Carcinoma in Situ.

WAITING PERIOD: This Rider has a thirty (30) Day Waiting Period. Waiting Period means the first thirty (30) days following an Insured Person's Rider Effective Date. No benefits will be paid for Cancer that is Diagnosed during the Waiting Period. If an Insured Person is Diagnosed with Cancer during the Waiting Period, We will terminate the Insured Person's coverage under this Rider and refund the applicable portion of premium paid for that Insured Person's coverage.

PRE-EXISTING CONDITION(S): The benefits of this Rider will not be payable during the first twelve (12) months that coverage is in force with respect to an Insured Person for any loss caused by Pre-Existing Condition(s). This twelve (12) month period is measured from the Rider Effective Date for each Insured Person.

☐ **<u>SPECIFIED DISEASE BENEFIT RIDER (Form #LY-LSD2-RD)</u>**

SPECIFIED DISEASE BENEFIT We will pay You the Specified Disease Benefit Amount, shown on the Policy Schedule Page, if an Insured Person receives a Diagnosis or procedure from a Physician for one (1) of the Specified Diseases shown in the chart below and subject to the following conditions:

a. Diagnosis must be made within the United States; and

b. the Date of Diagnosis or Procedure shall occur while the Insured Person is covered by this Rider.

MODERATE ALZHEIMER'S DEMENTIA/SEVERE ALZHEIMER'S DEMENTIA To qualify for coverage under this Rider, You must be Diagnosed by either a board-certified neurologist or a psychiatrist with **either** Moderate Alzheimer's Dementia **or** Severe Alzheimer's Dementia. A qualifying Diagnosis must include:

a. a score on the MMSE of less than 18 for Moderate Alzheimer's Dementia or less than 11 for Severe Alzheimer's Dementia; and
b. the conclusion that You are permanently unable to perform three (3) or more Activities of Daily Living.

The benefit provided by this Rider for a Diagnosis of Alzheimer's Dementia (whether Diagnosed as Moderate or Severe) is a one-time payment equal to 50% of the Alzheimer's Dementia Amount noted on the Policy Schedule Page, with no further payout for any other Specified Disease nor for the worsening of Your Alzheimer's Dementia.

Specified Diseases	Benefit Paid One Time
Alzheimer's Dementia (Moderate or Severe)	50%
Amyotrophic Lateral Sclerosis (ALS)	100%
Blindness	100%
Coma	100%
End Stage Renal Failure	100%
Loss of Hearing	100%
Loss of Speech	100%
Major Organ Transplant	100%
Multiple Sclerosis (MS)	100%
Paralysis	100%
Severe Burns	100%

Each Insured Person is limited to one (1) Specified Disease Benefit Amount under the terms of this Rider. After payment of the Specified Disease Benefit Amount shown on the Policy Schedule Page for an Insured Person, We will not pay any additional benefits for any additional Specified Diseases covered by this Rider for the same Insured Person.

If the Date of Diagnosis of two (2) or more Specified Diseases is the same Day, We will pay only one (1) Specified Disease Benefit Amount. We will pay the larger of the Specified Disease benefits Diagnosed on the same Day.

No benefits are payable for conditions other than the Specified Diseases defined in this Rider. Payment of the Specified Disease Benefit is subject to all terms and conditions of this Rider and the policy to which it is attached.

EXCLUSIONS AND LIMITATIONS: This Rider does not cover any Sickness, illness, incapacity, or procedure other than the Specified Diseases defined above.

EXCLUSIONS– WHAT WE WILL NOT PAY FOR This Rider is subject to the Exclusions and Limitations outlined in the policy. In addition to any benefit-specific conditions, limitations, or exclusions, no benefits will be payable under this Rider for:

a. intentionally self-inflicted injury, suicide, or any attempt while sane or insane;
b. loss that begins prior to the effective date of coverage; or
c. voluntary self-administration of any narcotic, drug, poison, gas, or fumes unless prescribed or taken under the direction of a Physician and taken in accordance with the prescribed dosage.

PRE-EXISTING CONDITION(S) The benefits of the Rider will not be payable during the first twelve (12) months that coverage is in force with respect to an Insured Person for any loss caused by Pre-Existing Condition(s). This twelve (12) month period is measured from the Rider Effective Date for each Insured Person.

☐ **LUMP SUM HEART AND STROKE RIDER (Form #LY-LSH-RD)**
We will pay the Heart and Stroke Diagnosis Benefit if an Insured Person receives a Diagnosis of any of the Qualifying Events shown in the chart below and subject to the definitions, terms, limitations, and exclusions set forth in the Rider and the following conditions:

a. the Diagnosis must be made within the United States;
b. the Date of Diagnosis is after the Waiting Period has expired;
c. the Date of Diagnosis shall occur while the Insured Person is covered by the Rider; and
d. payment shall be precluded by any general or specific exclusion, limitation, or reduction set forth in or attached to the Rider and the policy (including, without limitation, the exclusion for any Pre-Existing Condition) or any failure by the Insured Person to meet any condition precedent.

The amount payable for each Qualifying Event is equal to the percentage times the Heart and Stroke Diagnosis Benefit Amount shown on the Policy Schedule Page or policy endorsement. The percentage of the Heart and Stroke Diagnosis Benefit Amount payable for each Qualifying Event is shown beside the event in the chart below.

Qualifying Events	Percentage of Benefit Amount Payable for each Qualifying Event	Maximum Percentage of Benefit Amount Payable
Heart Attack	100%	100%
Heart Transplant	100%	
Stroke	100%	
Coronary Artery Bypass Surgery*	25%	
Aortic Surgery*	25%	
Heart Valve Replacement/Repair Surgery*	25%	
Angioplasty*	10%	
Stent*	10%	

*The Coronary Artery Bypass Surgery, Aortic Surgery, Heart Valve Replacement/Repair Surgery, Angioplasty, and Stent benefits are each payable only once in an Insured Person's lifetime.

If an Insured Person receives benefits payable for a Qualifying Event that is less than 100% of the Heart and Stroke Diagnosis Benefit Amount and later receives a Diagnosis for a different Qualifying Event, we will pay the specified percentage of the Qualifying Event in the chart above, less any prior amounts paid or payable under this benefit.

If the Date of Diagnosis of two (2) or more Qualifying Events is the same Day, We will pay only one (1) Heart and Stroke Diagnosis Benefit Amount. We will pay the larger of the Qualifying Event benefits Diagnosed on the same Day.

The Date of Diagnosis for two (2) or more surgical treatments performed at the same time and through a common incision or entry point are considered one (1) operation. We will pay the larger of the Qualifying Event benefits performed at the same time.

No benefits are payable for conditions other than the Qualifying Events defined in the Rider.

After payment of the maximum percentage of the Heart and Stroke Diagnosis Benefit Amount for an Insured Person shown in the chart above, coverage for that Insured Person under the Rider will terminate.

EXCLUSIONS AND LIMITATIONS The Rider is subject to the following Exclusions and Limitations, in addition to those outlined in the Policy.

No benefits will be payable under the Rider for:

a. any disease, Sickness, or incapacity other than Qualifying Events as defined; this is so even though such disease, Sickness, or incapacity may have been complicated, affected (directly or indirectly), or caused by a Qualifying Event;
b. loss that begins prior to the Rider Effective Date;
c. a Qualifying Event Diagnosed during the Waiting Period;
d. Diagnosis received outside the United States or its territories, unless otherwise specified in the Rider;
e. intentionally self-inflicted Injury, suicide, or any attempt while sane or insane;
f. voluntary self-administration of any narcotic, drug, poison, gas, or fumes, unless prescribed or taken under the direction of a Physician and taken in accordance with the prescribed dosage; and
g. any illness specifically excluded from the definition of Qualifying Events listed in the Rider.

WAITING PERIOD The Rider has a thirty (30) Day Waiting Period. Waiting Period means the first thirty (30) days following an Insured Person's Rider Effective Date. No benefits will be paid for a Qualifying Event that is Diagnosed during the Waiting Period. If an Insured Person is Diagnosed with a Qualifying Event during the Waiting Period, We will terminate the Insured Person's coverage under the Rider and refund the applicable portion of premium paid for that Insured Person's coverage.

PRE-EXISTING CONDITION(S) The benefits of the Rider will not be payable during the first twelve (12) months that coverage is in force with respect to an Insured Person for any loss caused by Pre-Existing Condition(s). This twelve (12) month period is measured from the Rider Effective Date for each Insured Person.

☐ **WELLNESS BENEFIT RIDER (Form #LY-WL-RD) (only available through Worksite)**

We will pay the benefit shown on the Policy Schedule Page, if an Insured Person undergoes or receives Health Screening Tests, as set forth below, while coverage under this Rider is in force. Benefits are subject to the Rider Benefit Waiting Period.

For the benefit to be payable:

a. the testing must be rendered by a Physician or a licensed health care professional under the supervision of a Physician; and
b. the date of the health screening test is after the Rider Waiting Period has expired.

Only one (1) benefit will be paid per Insured Person per Rider year. A Rider year is a full twelve (12) month period from the Rider Effective Date.

Health Screening Tests:
- Mammography;
- Pap smear for women over Age 18;
- Flexible sigmoidoscopy;
- Hemoccult stool specimen;
- Colonoscopy;
- Prostate specific antigen (for prostate cancer);
- Stress test on a bicycle or treadmill;
- Fasting blood glucose test;
- Blood test for triglycerides;
- Serum cholesterol test to determine levels of HDL and LDL;
- Bone marrow testing;
- Breast ultrasound;
- CA 15-3 (blood test for breast cancer);
- CA125 (blood test for ovarian cancer);
- CEA (blood test for colon cancer);
- Chest X-ray;
- Serum protein electrophoresis (blood test for myeloma); and
- Thermography

This Rider does not cover any health screening tests other than the Health Screening Tests defined above.

EXCLUSIONS – WHAT WE WILL NOT PAY FOR This Rider is subject to the Exclusions and Limitations outlined in the policy. In addition to any benefit-specific conditions, limitations, or exclusions, no benefits will be payable under this Rider for loss that begins prior to the effective date of coverage.

WAITING PERIOD: This Rider has a thirty (30) Day Waiting Period.

7. ***YOUR TOTAL ANNUAL PREMIUM*** **(at time of application)**

Lump Sum Cancer Policy	$_______________
Cancer Recurrence Benefit Rider	$_______________
Lump Sum Cancer Benefit Builder Rider	$_______________
Radiation & Chemotherapy Benefit Rider	$_______________
Specified Disease Benefit Rider	$_______________
Lump Sum Heart and Stroke Rider	$_______________
Wellness Benefit Rider	$_______________
TOTAL	**$**_______________

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PO Box 5700, Scranton, PA 18505
Toll free: 866-459-4272

OUTLINE OF COVERAGE FOR
LUMP SUM HEART AND STROKE INSURANCE POLICY
FORM LY-LSH-BA-B-TN

THE POLICY PROVIDES LIMITED BENEFITS.

BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES.

THIS IS NOT MEDICARE SUPPLEMENT INSURANCE
If an Insured Person is eligible for Medicare, please review the "*Guide to Health Insurance for People with Medicare*" which is available from the Company.

1. ***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 policy and only the actual provisions of the policy will control the rights and obligations of the parties to it. The policy itself sets forth, in detail, those rights and obligations applicable to both You and LOYAL AMERICAN LIFE INSURANCE COMPANY. It is very important, therefore, that You READ YOUR POLICY CAREFULLY.

2. ***SPECIFIED DISEASE COVERAGE*** is designed to provide, to persons insured, restricted coverage providing benefits ONLY when certain losses occur as a result of specified diseases. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.

3. ***BENEFITS PROVIDED BY THE POLICY***

HEART AND STROKE DIAGNOSIS BENEFIT We will pay the Heart and Stroke Diagnosis Benefit if an Insured Person receives a Diagnosis of any of the Qualifying Events shown in the chart below and subject to the definitions, terms, limitations, and exclusions set forth in the policy and the following conditions:

a. the Diagnosis must be made within the United States;
b. the Date of Diagnosis is after the Waiting Period has expired;
c. the Date of Diagnosis shall occur while the Insured Person is covered by the policy; and
d. payment shall be precluded by any general or specific exclusion, limitation, or reduction set forth in or attached to the policy (including, without limitation, the exclusion for any Pre-Existing Condition) or any failure by the Insured Person to meet any condition precedent.

The amount payable for each Qualifying Event is equal to the percentage times the Heart and Stroke Diagnosis Benefit Amount shown on the Policy Schedule Page or policy endorsement. The percentage of the Heart and Stroke Diagnosis Benefit Amount payable for each Qualifying Event is shown beside the event in the chart below.

Qualifying Events	Percentage of Benefit Amount Payable for each Qualifying Event	Maximum Percentage of Benefit Amount Payable
Heart Attack	100%	100%
Heart Transplant	100%	
Stroke	100%	
Coronary Artery Bypass Surgery*	25%	
Aortic Surgery*	25%	
Heart Valve Replacement/Repair Surgery*	25%	
Angioplasty*	10%	
Stent*	10%	

*The Coronary Artery Bypass Surgery, Aortic Surgery, Heart Valve Replacement/Repair Surgery, Angioplasty, and Stent benefits are each payable only once in an Insured Person's lifetime.

If an Insured Person receives benefits payable for a Qualifying Event that is less than 100% of the Heart and Stroke Diagnosis Benefit Amount and later receives a Diagnosis for a different Qualifying Event, we will pay the specified percentage of the Qualifying Event in the chart above, less any prior amounts paid or payable under this benefit.

If the Date of Diagnosis of two (2) or more Qualifying Events is the same Day, We will pay only one (1) Heart and Stroke Diagnosis Benefit Amount. We will pay the larger of the Qualifying Event benefits Diagnosed on the same Day.

The Date of Diagnosis for two (2) or more surgical treatments performed at the same time and through a common incision or entry point are considered one (1) operation. We will pay the larger of the Qualifying Event benefits performed at the same time.

No benefits are payable for conditions other than the Qualifying Events defined in the policy.

4. ***EXCLUSIONS AND LIMITATIONS***

In addition to any benefit-specific conditions, limitations, or exclusions, no benefits will be payable under the policy for:

a. any disease, Sickness, or incapacity other than Qualifying Events as defined; this is so even though such disease, Sickness, or incapacity may have been complicated, affected (directly or indirectly), or caused by a Qualifying Event;
b. loss that begins prior to the Policy Effective Date;
c. a Qualifying Event Diagnosed during the Waiting Period;
d. Diagnosis received outside the United States or its territories, unless otherwise specified in the policy;
e. intentionally self-inflicted Injury, suicide or any attempt while sane or insane;
f. voluntary self-administration of any narcotic, drug, poison, gas, or fumes, unless prescribed or taken under the direction of a Physician and taken in accordance with the prescribed dosage; or
g. any illness specifically excluded from the definition of Qualifying Events listed in the policy.

WAITING PERIOD This policy has a thirty (30) Day Waiting Period. Waiting Period means the first thirty (30) days following an Insured Person's Policy Effective Date. No benefits will be paid for a Qualifying Event that is Diagnosed during the Waiting Period. If an Insured Person is Diagnosed with a Qualifying Event during the Waiting Period, We will terminate the Insured Person's coverage under this policy and refund the applicable portion of premium paid for that Insured Person's coverage.

PRE-EXISTING CONDITION(S) The benefits of this policy will not be payable during the first twelve (12) months that coverage is in force with respect to an Insured Person for any loss caused by Pre-Existing Condition(s). This twelve (12) month period is measured from the Policy Effective Date for each Insured Person.

5. *TERMS UNDER WHICH THE POLICY MAY BE CONTINUED IN FORCE OR DISCONTINUED*

GUARANTEED RENEWABLE FOR LIFE The policy is guaranteed renewable for life. You may keep the coverage in force during Your lifetime by paying the premiums on time. We cannot cancel or refuse to renew the policy for any reason other than nonpayment of premium. At no time while You continue the policy in force may We place any restrictive Riders on it without Your permission.

6. *OPTIONAL BENEFIT RIDERS* (additional premiums required) - A checkmark in any of the boxes below indicates that You have selected the following optional coverage(s):

☐ **LUMP SUM CANCER RIDER (Form #LY-LSC-RD)**
CANCER DIAGNOSIS BENEFIT Subject to the Reduction Schedule and Benefit Payment Conditions listed below, if an Insured Person receives a Diagnosis of Cancer from a Physician, We will pay You the Cancer Diagnosis Benefit Amount shown on the Policy Schedule Page or policy endorsement. After payment of the Cancer Diagnosis Benefit Amount for an Insured Person, coverage for that Insured Person under the Rider will terminate.

BENEFIT PAYMENT CONDITIONS Payment of the Cancer Diagnosis Benefit shall be subject to the following conditions:

a. Diagnosis must be made within the United States;
b. the Date of Diagnosis shall occur while the Insured Person is covered by the Rider; and
c. payment shall be precluded by any general or specific exclusion, limitation, or reduction set forth in the Rider and the policy (including, without limitation, the exclusion for any Pre-Existing Condition) or any failure by the Insured Person to meet any condition precedent.

REDUCTION SCHEDULE For any Cancer Diagnosed within the first thirty (30) days after the Rider Effective Date the Cancer Diagnosis Benefit Amount shall be reduced. The reduced Benefit Amount for Cancer will be 10% of the Cancer Diagnosis Benefit Amount shown on the Policy Schedule Page or policy endorsement.

In the event an Insured Person is Diagnosed with Cancer within the first thirty (30) days following their Rider Effective Date and the reduced Benefit Amount for Cancer is paid, no other benefits shall be payable and coverage for that Insured Person under the Rider will terminate.

EXCLUSIONS AND LIMITATIONS The Rider is subject to the following Exclusions and Limitations, in addition to those outlined in the policy.

In addition to any benefit-specific conditions, limitations, or exclusions, no benefits will be payable under the Rider for:

a. any disease, Sickness, or incapacity other than Cancer as defined; this is so even though such disease, Sickness, or incapacity may have been complicated, affected (directly or indirectly), or caused by Cancer;
b. loss that begins prior to the Rider Effective Date;
c. Diagnosis received outside the United States or its territories, unless otherwise specified in the Rider; or
d. any Illness specifically excluded from the definition of Cancer or Carcinoma in Situ.

PRE-EXISTING CONDITION(S) The benefits of the Rider will not be payable during the first twelve (12) months that coverage is in force with respect to an Insured Person for any loss caused by Pre-Existing Condition(s). This twelve (12) month period is measured from the Rider Effective Date for each Insured Person.

☐ **SPECIFIED DISEASE BENEFIT RIDER (Form #LY-LSD2-RD)**

SPECIFIED DISEASE BENEFIT We will pay You the Specified Disease Benefit Amount, shown on the Policy Schedule Page, if an Insured Person receives a Diagnosis or procedure from a Physician for one (1) of the Specified Diseases shown in the chart below and subject to the following conditions:
a. Diagnosis must be made within the United States; and
b. the Date of Diagnosis or Procedure shall occur while the Insured Person is covered by this Rider.

MODERATE ALZHEIMER'S DEMENTIA/SEVERE ALZHEIMER'S DEMENTIA To qualify for coverage under this Rider, You must be Diagnosed by either a board-certified neurologist or a psychiatrist with **either** Moderate Alzheimer's Dementia **or** Severe Alzheimer's Dementia. A qualifying Diagnosis must include:
a. a score on the MMSE of less than 18 for Moderate Alzheimer's Dementia or less than 11 for Severe Alzheimer's Dementia; and
b. the conclusion that You are permanently unable to perform three (3) or more Activities of Daily Living.

The benefit provided by this Rider for a Diagnosis of Alzheimer's Dementia (whether Diagnosed as Moderate or Severe) is a one-time payment equal to 50% of the Alzheimer's Dementia Amount noted on the Policy Schedule Page, with no further payout for any other Specified Disease nor for the worsening of Your Alzheimer's Dementia.

Specified Diseases	Benefit Paid One Time
Alzheimer's Dementia (Moderate or Severe)	50%
Amyotrophic Lateral Sclerosis (ALS)	100%
Blindness	100%
Coma	100%
End Stage Renal Failure	100%
Loss of Hearing	100%
Loss of Speech	100%
Major Organ Transplant	100%
Multiple Sclerosis (MS)	100%
Paralysis	100%
Severe Burns	100%

Each Insured Person is limited to one (1) Specified Disease Benefit Amount under the terms of this Rider. After payment of the Specified Disease Benefit Amount shown on the Policy Schedule Page for an Insured Person, We will not pay any additional benefits for any additional Specified Diseases covered by this Rider for the same Insured Person.

If the Date of Diagnosis of two (2) or more Specified Diseases is the same Day, We will pay only one (1) Specified Disease Benefit Amount. We will pay the larger of the Specified Disease benefits Diagnosed on the same Day.

No benefits are payable for conditions other than the Specified Diseases defined in this Rider. Payment of the Specified Disease Benefit is subject to all terms and conditions of this Rider and the policy to which it is attached.

EXCLUSIONS AND LIMITATIONS This Rider does not cover any Sickness, illness, incapacity, or procedure other than the Specified Diseases defined above.

EXCLUSIONS – WHAT WE WILL NOT PAY FOR This Rider is subject to the Exclusions and Limitations outlined in the policy. In addition to any benefit-specific conditions, limitations, or exclusions, no benefits will be payable under this Rider for:

a. intentionally self-inflicted injury, suicide, or any attempt while sane or insane;
b. loss that begins prior to the effective date of coverage; or
c. voluntary self-administration of any narcotic, drug, poison, gas, or fumes unless prescribed or taken under the direction of a Physician and taken in accordance with the prescribed dosage.

PRE-EXISTING CONDITION(S) The benefits of the Rider will not be payable during the first twelve (12) months that coverage is in force with respect to an Insured Person for any loss caused by Pre-Existing Condition(s). This twelve (12) month period is measured from the Rider Effective Date for each Insured Person.

☐ **HEART AND STROKE RESTORATION BENEFIT RIDER (Form #LY-HR-RD-TN)**

When 100% of the Heart and Stroke Diagnosis Benefit Amount under the policy to which the Rider is attached has been paid for an Insured Person, We will pay You the Heart and Stroke Restoration Benefit when an Insured Person receives a Diagnosis of a Heart Attack, Stroke, or Heart Transplant. However, for the Heart and Stroke Restoration Benefit to be payable, such Heart and Stroke Restoration Benefit Diagnosis must be separated by at least twenty-four (24) consecutive months from an Insured Person's last Date of Diagnosis for a Heart Attack, Stroke, or Heart Transplant under the policy to which the Rider is attached.

The amount payable for the Diagnosis of a Heart Attack, Stroke, or Heart Transplant is equal to the percentage times the Heart and Stroke Restoration Benefit Amount shown on the Policy Schedule Page or policy endorsement. The percentage of the Heart and Stroke Restoration Benefit Amount payable is shown in the chart below.

Time Period From Last Date of Diagnosis for a Heart Attack, Stroke, or Heart Transplant	% of Restoration Benefit Amount Payable for a Heart Attack, Stroke, or Heart Transplant	Maximum Percentage of Benefit Amount Payable
Less than 24 months	0%	100%
24 months or more but less than 5 years	25%	
5 years or more but less than 10 years	75%	
10 years or more	100%	

If an Insured Person receives benefits payable for a Heart Attack, Stroke, or Heart Transplant that is less than 100% of the Heart and Stroke Restoration Benefit Amount payable and later receives a Diagnosis for a different Heart Attack, Stroke, or Heart Transplant, We will pay the specified percentage in the chart above, less any prior amounts paid or payable under this benefit. However, for the Heart and Stroke Restoration Benefit to be payable, such Heart and Stroke Restoration Benefit Diagnosis must be separated by at least twenty-four (24) consecutive months from an Insured Person's last Date of Diagnosis for a Heart Attack, Stroke, or Heart Transplant under the Rider.

After payment of the maximum percentage of the Heart and Stroke Restoration Benefit Amount for an Insured Person shown in the chart above, coverage for that Insured Person will terminate under the Rider.

☐ **<u>LUMP SUM HEART AND STROKE BENEFIT BUILDER RIDER (Form #LY-HBB-RD)</u>**

This Rider, beginning with the Rider Effective Date, increases the policy Benefit Amount annually by the amount shown on the Policy Schedule Page.

This benefit will be paid under the same terms as the policy to which this Rider is attached. For the benefit to be payable:

a. the Date of Diagnosis must occur after the Rider Waiting Period has expired;
b. the Date of Diagnosis must occur while the Insured Person is covered by this Rider; and
c. the Rider premiums must continue to be paid for the accrued benefit to remain in force.

The annual benefit will increase each year for all Insured Persons until the thirty-fifth (35th) Rider anniversary. After the thirty-fifth (35th) year, no additional amounts will be accrued.

If an Insured Person receives benefits for a Qualifying Event under the Heart and Stroke Diagnosis Benefit that is less than 100% of the Heart and Stroke Diagnosis Benefit Amount, the same percentage will be applied to the benefits accrued under this Rider. The accumulated benefit amount payable for the subsequent Qualifying Event(s) is the total accrued benefit amount minus the total benefit amount received for all previous Qualifying Events.

EXCLUSIONS – WHAT WE WILL NOT PAY FOR This Rider is subject to the Exclusions and Limitations outlined in the policy. In addition to any benefit-specific conditions, limitations, or exclusions, no benefits will be payable under this Rider for:

a. loss that begins prior to the Rider Effective Date; or
b. a Qualifying Event Diagnosed during the Waiting Period.

WAITING PERIOD This Rider has a thirty (30) Day Waiting Period. No benefits will be paid for a Qualifying Event that is Diagnosed during the Waiting Period. If an Insured Person is Diagnosed with a Qualifying Event during the Waiting Period, We will terminate the Insured Person's coverage under this Rider and refund the applicable portion of premium paid for that Insured Person's coverage.

PRE-EXISTING CONDITION(S) The benefits of this Rider will not be payable during the first twelve (12) months that coverage is in force with respect to an Insured Person for any loss caused by Pre-Existing Condition(s). This twelve (12) month period is measured from the Rider Effective Date for each Insured Person.

☐ **<u>WELLNESS BENEFIT RIDER (Form #LY-WL-RD) (only available through Worksite)</u>**

We will pay the benefit shown on the Policy Schedule Page, if an Insured Person undergoes or receives Health Screening Tests, as set forth below, while coverage under this Rider is in force. Benefits are subject to the Rider Benefit Waiting Period.

For the benefit to be payable:

a. the testing must be rendered by a Physician or a licensed health care professional under the supervision of a Physician; and
b. the date of the health screening test is after the Rider Waiting Period has expired.

Only one (1) benefit will be paid per Insured Person per Rider year. A Rider year is a full twelve (12) month period from the Rider Effective Date.

Health Screening Tests
• Mammography;
• Pap smear for women over Age 18;
• Flexible sigmoidoscopy;
• Hemoccult stool specimen;
• Colonoscopy;
• Prostate specific antigen (for prostate cancer);
• Stress test on a bicycle or treadmill;
• Fasting blood glucose test;
• Blood test for triglycerides;
• Serum cholesterol test to determine levels of HDL and LDL;
• Bone marrow testing;
• Breast ultrasound;
• CA 15-3 (blood test for breast cancer);
• CA125 (blood test for ovarian cancer);
• CEA (blood test for colon cancer);
• Chest X-ray;
• Serum protein electrophoresis (blood test for myeloma); and
• Thermography

This Rider does not cover any health screening tests other than the Health Screening Tests defined above.

EXCLUSIONS – WHAT WE WILL NOT PAY FOR This Rider is subject to the Exclusions and Limitations outlined in the policy. In addition to any benefit-specific conditions, limitations, or exclusions, no benefits will be payable under this Rider for loss that begins prior to the effective date of coverage.

WAITING PERIOD This Rider has a thirty (30) Day Waiting Period.

7. *YOUR TOTAL ANNUAL PREMIUM* (at time of application)

Lump Sum Heart and Stroke Policy	$________________
Lump Sum Cancer Rider	$________________
Specified Disease Benefit Rider	$________________
Heart and Stroke Restoration Benefit Rider	$________________
Lump Sum Heart and Stroke Benefit Builder Rider	$________________
Wellness Benefit Rider	$________________
TOTAL	$________________

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LOYAL AMERICAN LIFE INSURANCE COMPANY®
PO Box 5700, Scranton, PA 18505-5700

SPECIFIED CRITICAL ILLNESS INSURANCE POLICY
MEDICARE DUPLICATION NOTICE

IMPORTANT NOTICE TO PERSONS ON MEDICARE
THIS INSURANCE DUPLICATES SOME MEDICARE BENEFITS

This is not Medicare Supplement Insurance

This insurance pays a fixed amount, regardless of your expenses, if you meet the policy conditions for one of the specified diseases or health conditions named in the policy. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

This insurance duplicates Medicare benefits because Medicare generally pays for most of the expenses for the diagnosis and treatment of the specific conditions or diagnosis named in the policy.

Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:

- hospitalization
- physician services
- hospice
- outpatient prescription drugs if you are enrolled in Medicare Part D
- other approved items and services

Before You Buy This Insurance

√ Check the coverage in all health insurance policies you already have.

√ For more information about Medicare and Medicare Supplement insurance, review the *Guide to Health Insurance for People with Medicare*, available from the insurance company.

√ For help in understanding your health insurance, contact your state insurance department or state health insurance assistance program.

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Loyal American Life Insurance Company®
PO Box 5725, Scranton, PA 18505-5725 • Toll Free: 866-459-4272

NOTICE TO APPLICANT REGARDING REPLACEMENT OF ACCIDENT AND SICKNESS INSURANCE

According to your application and information you have furnished, you intend to lapse or otherwise terminate existing accident and sickness insurance and replace it with a policy to be issued by Loyal American Life Insurance Company®. Your new policy provides 30 days in which you may decide, without cost, whether or not you decide to keep this policy. For your own information and protection, you should be aware of and seriously consider certain factors which may affect the insurance protection available to you under the new policy.

1. Health conditions which you may presently have may not be immediately or fully covered under the new policy. This could result in denial or delay of a claim for benefits under the new policy, whereas a similar claim might have been payable under your present policy.
2. You may wish to secure the advice of your present insurer or its agent regarding the proposed replacement of your present policy. This is not only your right, but it is also in your best interest to make sure you understand all the relevant factors involved in replacing your present coverage.
3. If, after due consideration, you still wish to terminate your present policy and replace it with new coverage, be certain to truthfully and completely answer all questions on the application concerning your medical/health history. Failure to include all material medical information on any application may provide a basis for the Company to deny any future claims and to refund your premium as though your policy had never been in force. After the application has been completed and before you sign it, reread it carefully to be certain that all information has been properly recorded.

The above "Notice to Applicant" was delivered to me on:

____
Date

____
Applicant's Signature