

**CancerCare Plus Series 6**  
Cancer Insurance

**Cancer** will occur in 3 out of 4 families.

Cancer Risk Factors Include:



Air



Work



Tobacco



Food



Home



Diet



Water



Heredity



Weight

More than **6 out of 10 people** with cancer will survive! The bad news is cancer can be expensive totaling more than **\$226 billion** in the United States. Most people are surprised that their largest expenses during illnesses are often not their medical expenses — it's the **indirect costs** their health insurance **doesn't cover**.



## Two Types of Costs:

### Direct Costs

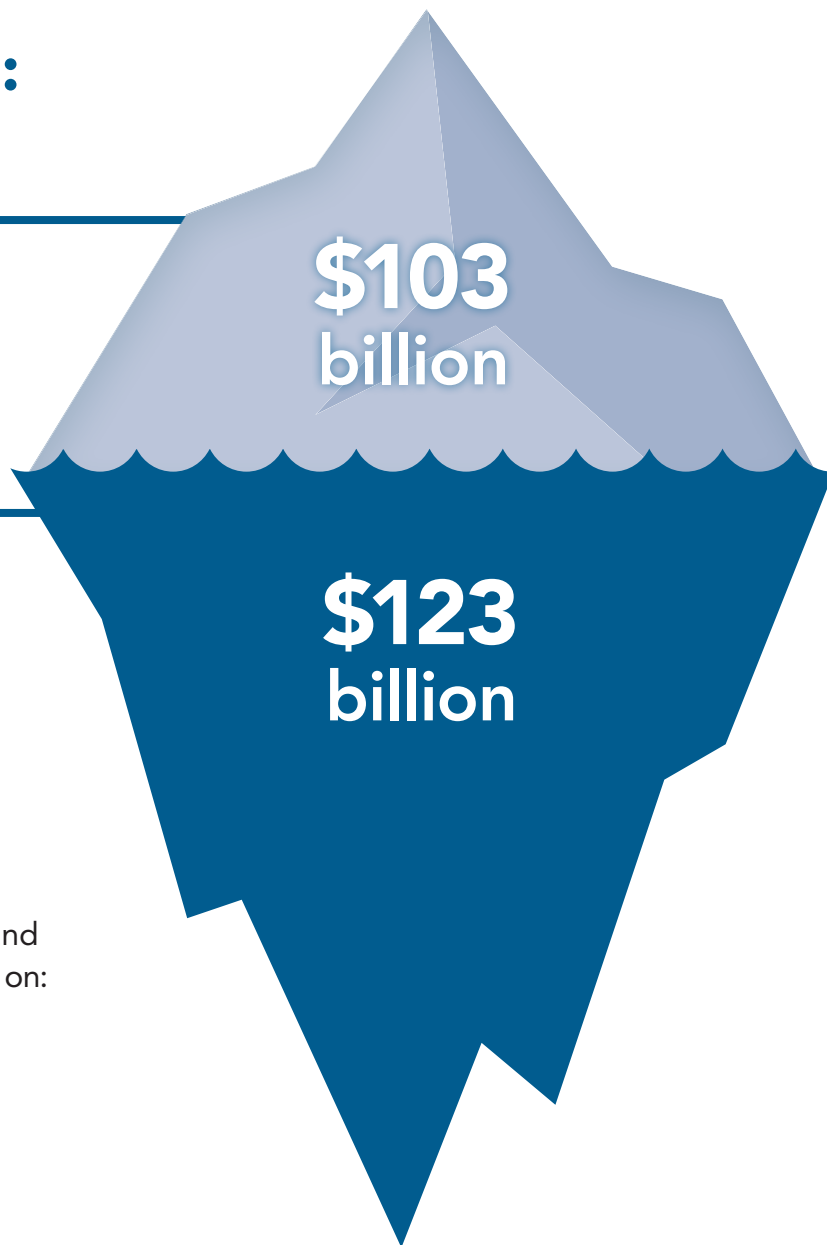
- Doctor Bills
- Hospital Charges
- Medical Expenses

### Indirect Costs

- Lost Income and Savings
- Living Expenses
- Insurance Limitations
- Travel for Best Treatment
- In-Home Care
- Child Care

While your expenses go up, your income and savings often go down, forcing you to rely on:

- Savings and Investments
- Selling Assets
- Retirement Funds
- College Funds



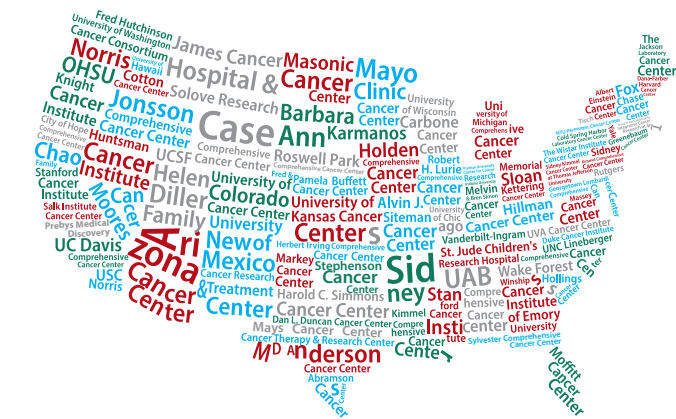
## CancerCare Plus Series 6

- Pays benefits directly to you, you decide how to spend them
- This policy's benefits are never reduced
- Guaranteed renewable for life — only you can cancel
- Pays in addition to any other insurance you own
- Premiums don't increase with age or due to claims
- Policy has no cap on total amount of benefits you receive or the number of claims you can have

BASE 1	STANDARD 2	CancerCare Plus Series 6 – Benefits	PREFERRED 4	ELITE 8
\$750 \$150	\$1,500 \$300	<b>First Occurrence</b> <i>(Paid once per insured). Paid upon confirmed diagnosis of:</i> <ul style="list-style-type: none"> <li>Internal Cancer</li> <li>Skin Cancer</li> </ul>	\$3,000 \$600	\$6,000 \$1,200
\$100	\$200	<b>Hospitalization</b> <i>(No Lifetime Limits)</i> <ul style="list-style-type: none"> <li>For each day for covered cancer treatments, includes U.S. government hospitals</li> </ul>	\$400	\$800
\$100	\$200	<b>Observation Room</b> <i>(No Lifetime Limits)</i> <ul style="list-style-type: none"> <li>For each day in an Observation Room for covered cancer treatments. <i>(Not payable for any day the Hospitalization Benefit is paid)</i></li> </ul>	\$400	\$800
\$150	\$300	<b>Ambulance</b> <i>(No Lifetime Limits) (Includes air ambulance)</i> <ul style="list-style-type: none"> <li>Each trip <i>(two one-way trips per hospitalization)</i></li> </ul>	\$600	\$1,200
\$25	\$50	<b>Hospice Service</b> <ul style="list-style-type: none"> <li>For each day of Hospice Service up to 180 days</li> </ul>	\$100	\$200
\$60– \$3,000	\$120– \$6,000	<b>Surgery &amp; Anesthesia</b> <i>(No Lifetime Limits)</i> <ul style="list-style-type: none"> <li>For each surgery based on the schedule in your policy, from</li> </ul>	\$240– \$12,000	\$480– \$24,000
\$250	\$500	<b>Second Surgical Opinion</b> <i>(No Lifetime Limits)</i> <ul style="list-style-type: none"> <li>For a second opinion concerning cancer surgery</li> </ul>	\$1,000	\$2,000
\$150	\$300	<b>Reconstructive Breast Surgery</b> <i>(Lifetime Maximum of 2 surgeries per Insured)</i> <ul style="list-style-type: none"> <li>Following a mastectomy</li> </ul>	\$600	\$1,200
\$3,750	\$7,500	<b>Leukemia Bone Marrow Transplant</b> <i>(Lifetime Maximum per Insured)</i> <ul style="list-style-type: none"> <li>For a Bone Marrow Transplant from one person to another for the treatment of leukemia <i>(Not paid for autologous bone marrow transplants for the implantation of artificial or synthetic bone marrow or for stem cell transplants)</i></li> </ul>	\$15,000	\$30,000
\$750	\$1,500	<b>Donor Benefit</b> <i>(Lifetime Maximum per Insured)</i> <ul style="list-style-type: none"> <li>For insured who donates stem cells to a person receiving a transplant for cancer treatment</li> </ul>	\$3,000	\$6,000
\$60	\$120	<b>Radiation &amp; Chemotherapy</b> <i>(No Lifetime Limits)</i> <ul style="list-style-type: none"> <li>For the delivery of radiation or chemotherapy treatment, each day</li> </ul>	\$240	\$480
\$60 \$1,500	\$120 \$1,500	<b>Radiation Planning</b> <ul style="list-style-type: none"> <li>For radiation planning, each day</li> <li>Lifetime maximum per Insured</li> </ul>	\$240 \$1,500	\$480 \$2,400
\$50	\$100	<b>Self-Administered Chemotherapy</b> <i>(Lifetime Maximum of 120 months per Insured)</i> <ul style="list-style-type: none"> <li>For your prescriptions filled for self-administered chemotherapy, each month <i>(Not paid in any month that Radiation &amp; Chemotherapy Benefit is paid)</i></li> </ul>	\$200	\$400
\$500	\$1,000	<b>Special Treatment</b> <i>(Lifetime Maximum per Insured)</i> <ul style="list-style-type: none"> <li>For any of the following FDA approved treatments: <i>(Immunotherapy, Stem Cell Transplant, Hormone Therapy, Autologous Bone Marrow Transplant, Radioimmunotherapy and Photodynamic Therapy)</i></li> </ul>	\$2,000	\$4,000
\$30	\$60	<b>Wellness Benefit</b> <i>(No Lifetime Limits, except HPV)</i> <ul style="list-style-type: none"> <li>For the following tests per calendar year, based on the schedule in your policy, up to a max of <i>(Mammography, Breast Ultrasound, Colonoscopy, Flexible Sigmoidoscopy, Barium Enema, HPV, Pap Smear, Sputum Cytology, Urine Cytology, Transvaginal Ultrasound, Fecal Occult Stool Specimen, CEA, CA 125 or PSA)</i></li> </ul>	\$120	\$240
\$2,500 \$.20	\$2,500 \$.20	<b>Patient Transportation</b> <i>(No Lifetime Limits)</i> <ul style="list-style-type: none"> <li>When you travel over 80 miles from home for covered services or up to 3 consultations prior to treatment, Round trip charges for your plane, train, or bus up to</li> <li>For each mile by personal auto</li> </ul>	\$2,500 \$.40	\$2,500 \$.60
\$2,500 \$.20	\$2,500 \$.20	<b>Family Member Transportation</b> <i>(If a child is hospitalized, we will pay this benefit for both parents)</i> <ul style="list-style-type: none"> <li>For one member of your immediate family also traveling more than 80 miles from home to be with you when you are hospitalized, round trip charges for plane, train, or bus up to</li> <li>For each mile by personal auto</li> </ul>	\$2,500 \$.40	\$2,500 \$.60
\$25	\$50	<b>Family Member Lodging</b> <ul style="list-style-type: none"> <li>For each day, up to 60 days, for a member of your immediate family who also travels more than 80 miles from home and requires lodging while you are hospitalized, we will pay charges up to</li> </ul>	\$100	\$200



Where you get treated makes a **BIG** difference, but it can also be **VERY** expensive.



Travel



Lodging



Food



Time Off Work

*Our policy makes sense even if you never file a claim!*

## Issue Age 55 & Under

### Cash Value Benefit

- You are paid if you have claims or if you stay well!
- We **RETURN YOUR PREMIUMS**, less any claims paid, after 25 years, or on the policy anniversary date following your 65th birthday, whichever comes first!
- Your Cash Value Benefit begins building after only five years in the plan. The longer you keep the plan, the more your benefit will grow!
- On your Cash Value Maturity date, we will double the amount payable for the First Occurrence Internal Cancer Benefit.

## Issue Age 56 to 80

### Survivor Benefit

If all covered adults pass away for any reason while the policy is in force, we immediately **RETURN YOUR PREMIUM\***, less any claims paid!

\*up to \$32,000 for Elite 8 – \$16,000 for Preferred 4 – \$8,000 for Standard 2 – \$4,000 for Base 1

### First Occurrence Plus

At the end of each year, for the first 10 years your policy stays in force, we will add to your First Occurrence Internal Cancer Benefit: \$1,200/year for Elite 8 – \$600/year for Preferred 4 – \$300/year for Standard 2 – \$150/year for Base 1

### Limitations and Exclusions

- Persons with a prior history of cancer and those diagnosed within 30 days of the coverage effective date will not be covered.
- Persons previously diagnosed with an elevated PSA (Prostate-Specific Antigen) test result will not be covered for prostate cancer or its metastasis.
- Benefits will not be paid for any loss due to cancer that is diagnosed or treated outside the territorial limits of the United States or the U.S. protectorates, unless we receive medical records from a physician which verify the diagnosis in the United States.
- Benefits will not be paid for services, treatment, or care provided by, or furnished at the direction of, you or a member of your immediate family in the role as a physician.
- Persons with a history of non-melanoma skin cancer are covered for all types of cancer except skin cancer. Persons with a history of any melanoma cancer will not be covered.
- This policy covers losses resulting from cancer only. Cancer does not include premalignant conditions, conditions with malignant potential or pre-leukemic conditions.

This is a solicitation for insurance. The benefits described in this brochure are contained in policy series C15POLCTX3 and C17POL-TX3. This brochure is not an insurance contract. The policy explains the rights and obligations of both Family Heritage and the insured. It is important to read your policy carefully. Please see your Globe Life Family Heritage Division agent for cost and complete details. Underwritten by Family Heritage Life Insurance Company of America, a Globe Life company.



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**A (Excellent)**  
Financial Strength Rating (as of 7/21)\*

\*Ratings for Family Heritage Life Insurance Company of America, a Globe Life company