

## Peace of Mind and Real Cash Benefits



### GROUP CRITICAL ILLNESS

Includes Cancer and Wellness

# CI<sup>G</sup>



We've got you under our wing.®

This brochure is a brief description of coverage and is not a contract. Read your certificate carefully for exact terms and conditions. Definitions, waiting period, pre-existing condition limitation, limitations and exclusions, benefits, termination, portability, etc., may vary based on your employer's home office. Please see your agent for the plan details specific to your employer.

# GROUP CRITICAL ILLNESS

Policy Series CAI2800 This brochure is a brief description of coverage and is not a contract. Read your certificate carefully for exact terms and conditions.

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## You can win the battle against a critical illness, but can you handle the added costs?

A group critical illness plan helps prepare you for the added costs of battling a specific critical illness.

The good news is that many people with a critical illness survive these life-threatening battles. Unfortunately, as the recovery process begins, people become aware of the medical bills that have piled up.

Your recovery doesn't have to be spoiled by medical bills.

With this plan, our goal is to help you and your family cope with and recover from the financial stress of surviving a critical illness.



### COVERAGE WORK SHEET

Employee Benefit: \$ \_\_\_\_\_

Spouse Benefit: \$ \_\_\_\_\_

Child Benefit: \$ \_\_\_\_\_  
(25 percent of the primary insured amount)

Total Deduction: \$ \_\_\_\_\_

This work sheet is for illustration purposes only. It does not imply coverage.

## BENEFITS

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### COVERED CRITICAL ILLNESSES:<sup>1</sup>

CANCER (Internal or Invasive)	100%	RENAL FAILURE (End-Stage)	100%
HEART ATTACK (Myocardial Infarction)	100%	CARCINOMA IN SITU <sup>2</sup>	25%
STROKE (Apoplexy or Cerebral Vascular Accident)	100%	CORONARY ARTERY BYPASS SURGERY <sup>2</sup>	25%
MAJOR ORGAN TRANSPLANT	100%		

### FIRST-OCCURRENCE BENEFIT

After the waiting period, a lump sum benefit is payable upon initial diagnosis of a covered critical illness. Employee benefit amounts available from \$5,000 to \$50,000. Spouse coverage is also available in benefit amounts up to \$25,000. If you are deemed ineligible due to a previous medical condition, you still retain the ability to purchase Spouse coverage.

### ADDITIONAL OCCURRENCE BENEFIT

If an insured collects full benefits for a critical illness under the plan and later has one of the remaining covered critical illnesses, then we will pay the full benefit amount for each additional illness. Occurrences must be separated by at least six months.

### RE-OCCURRENCE BENEFIT

If an insured collects full benefits for a covered condition and is later diagnosed with the same condition, we will pay the full benefit again. The two dates of diagnosis must be separated by at least 12 months, or for cancer, 12 months treatment free. Cancer that has spread (metastasized) even though there is a new tumor, will not be considered an additional occurrence unless the Insured has gone treatment free for 12 months.

### CHILD COVERAGE AT NO ADDITIONAL COST

Each Dependent Child is covered at 25 percent of the primary insured amount at no additional charge.

### \$50 HEALTH SCREENING BENEFIT

#### (Employee and Spouse only)

After the waiting period, an insured may receive a maximum of \$50 for any one covered health screening test per calendar year. We will pay this benefit regardless of the results of the test. Payment of this benefit will not reduce the critical illness benefit payable under your certificate. There is no limit to the number of years the insured can receive the health screening benefit; it will be paid as long as the certificate remains in force. This benefit is payable for the covered Employee and Spouse. This benefit is not paid for Dependent Children.

OVER

1.4 FACT  
MILLION

The number of new cancer cases that were expected to be diagnosed in 2009.<sup>3</sup>

<sup>3</sup>Cancer Facts & Figures 2009, American Cancer Society.

### COVERED HEALTH SCREENING TESTS INCLUDE:

- Mammography
- Colonoscopy
- Pap smear
- Breast ultrasound
- Chest X-ray
- PSA (blood test for prostate cancer)
- Stress test on a bicycle or treadmill
- Bone marrow testing
- CA 15-3 (blood test for breast cancer)
- CA 125 (blood test for ovarian cancer)
- CEA (blood test for colon cancer)
- Flexible sigmoidoscopy
- Hemocult stool analysis
- Serum protein electrophoresis (blood test for myeloma)
- Thermography
- Fasting blood glucose test
- Serum cholesterol test to determine level of HDL and LDL

<sup>1</sup>All covered conditions are subject to the definitions found in your certificate.

<sup>2</sup>If a benefit is paid for Carcinoma in Situ, the Internal Cancer benefit will be reduced by 25 percent. If a benefit is paid for Coronary Artery Bypass Surgery, the Heart Attack benefit will be reduced by 25 percent.

## WHAT IS NOT COVERED, LIMITATIONS AND EXCLUSIONS, AND TERMS YOU NEED TO KNOW

If this coverage will replace any existing individual policy, please be aware that it may be in your best interest to maintain your individual guaranteed-renewable policy.

### IF DIAGNOSIS OCCURS AFTER THE AGE OF 70, HALF OF THE BENEFIT IS PAYABLE.

The plan contains a 30-day waiting period. This means that no benefits are payable for any insured who has been diagnosed before your coverage has been in force 30 days from the effective date. If an insured is first diagnosed during the waiting period, benefits for treatment of that critical illness will apply only to loss starting after 12 months from

the Effective Date or the Employee can elect to void the coverage and receive a full refund of premium.

The applicable benefit amount will be paid if: the date of diagnosis is after the waiting period; the date of diagnosis occurs while the certificate is in force; and the cause of the illness is not excluded by name or specific description.

### EXCLUSIONS

Benefits will not be paid for loss due to:

- Intentionally self-inflicted injury or action;

# GROUP CRITICAL ILLNESS

Heart Benefits for Critical Illness Insurance This document is a brief description of coverage and is not a contract. Read your certificate carefully for exact terms and conditions.

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## 100% for OPEN HEART SURGERIES

- CORONARY ARTERY BYPASS SURGERY
- MITRAL VALVE REPLACEMENT OR REPAIR
- AORTIC VALVE REPLACEMENT OR REPAIR
- SURGICAL TREATMENT OF ABDOMINAL AORTIC ANEURYSM

## 10% for INVASIVE HEART PROCEDURE

- ANGIOJET CLOT BUSTING
- BALLOON ANGIOPLASTY
- LASER ANGIOPLASTY
- ATHERECTOMY
- STENT IMPLANTATION
- CARDIAC CATHETERIZATION
- AUTOMATIC IMPLANTABLE (OR INTERNAL) CARIOVERTER DEFIBRILLATOR
- PACEMAKERS

## WHAT IS NOT COVERED, LIMITATIONS AND EXCLUSIONS, AND TERMS YOU NEED TO KNOW

The rider contains a 30-day Waiting Period. This means no benefits are payable for any insured who has been diagnosed before the coverage has been in force 30 days from the Effective Date. If an insured is first diagnosed during the Waiting Period, benefits for Treatment of that Critical Illness will apply only to loss commencing after 12 months from the Effective Date; or, at the Employee's option, the Employee may elect to void the certificate from the beginning and receive a full refund of premium.

We will pay the benefit if you are treated with one of the specified surgical procedures or interventional procedures shown on the rider schedule if: (1) The date of treatment is after the waiting period; (2) Treatment is incurred while the rider is in force; (3) Treatment is recommended by a physician; and (4) It is not excluded by name or specific description in this rider.

The rider pays the indicated percentages of the Initial maximum benefit amount shown in the Certificate Schedule that occurs while the rider is in force. Benefits are not payable under the rider for loss if these conditions result from another

Specified Critical Illness. Benefits for Cat II will reduce the benefit amounts payable for Cat I benefits. Benefits will be paid only at the highest benefit level. If a Cat I and II are performed at the same time, benefits are only eligible at the 100% (higher) event and will not exceed the Initial face amount shown on the Rider Schedule. You are only eligible to receive one payment for each benefit category listed on the schedule page. The dates of loss for covered procedures must be separated by at least 12 months for benefits to be payable for multiple covered procedures. Payment of initial, reoccurrence, or additional occurrence benefits are subject to the benefits section of your certificate.

If diagnosis occurs after the age of 70, half of the benefit is payable.

### PRE-EXISTING CONDITIONS LIMITATION

**Pre-Existing Condition** means a sickness or physical condition which, within the 12-month period prior to an insured's Effective Date, resulted in the insured receiving medical advice or Treatment.



## WHAT IS NOT COVERED, LIMITATIONS AND EXCLUSIONS, AND TERMS YOU NEED TO KNOW

We will not pay benefits for any surgical procedure occurring within 12 months of an insured's Effective Date which is caused by, contributed to, or resulting from a Pre-Existing Condition.

A claim for benefits for loss starting after 12 months from an insured's Effective Date will not be reduced or denied on the grounds that it is caused by a Pre-Existing Condition.

A Critical Illness will no longer be considered Pre-Existing at the end of 12 consecutive months starting and ending after an insured's Effective Date.

Any benefits for Coronary Artery Bypass Surgery denied under this rider due to Pre-Existing Conditions may be paid at the reduced benefit amount under the certificate, subject to the terms of the certificate.

### EXCLUSIONS

(1) No benefits will be paid if the Specified Critical Illness is a result of: (a) Intentionally self-inflicted injury or action; (b) Suicide or attempted suicide while sane or insane; (c) Illegal activities or participation in an illegal occupation; (d) War, declared or undeclared, or military conflicts, participation in an insurrection or riot, civil commotion, or state of belligerence; or (e) an injury sustained while under the influence of alcohol, narcotics, or any other controlled substance or drug, unless properly administered upon the advice of a physician. (2) No benefits will be paid for loss which occurred prior to the effective date of this rider.

**Treatment** means consultation, care, or services provided by a physician, including diagnostic measures and surgical procedures.

### HEART RIDER DEFINITIONS

#### Category I – Specified Surgeries of the Heart

**Open Heart Surgery** means undergoing open chest surgery, where the heart is exposed and/or manipulated for open cardiothoracic situations.

Benefits are paid for the following Open Heart Surgery procedures only:

**Coronary Artery Bypass Surgery** also coronary artery bypass graft surgery, or bypass surgery is a surgical procedure performed to relieve angina and reduce the risk of death from coronary artery disease.

**Off-Pump Coronary Artery Bypass (OPCAB)** is a form of bypass surgery that does not stop the heart or use the heart-lung machine.

**Coronary Artery Bypass Grafting (CABG)** is used to treat a narrowing of the coronary arteries when the blockages are hard to reach or are too long or hard for angioplasty. A blood vessel, usually taken from the leg or chest, is grafted onto the blocked artery, creating a bypass around the blockage. If more than one artery is blocked, a bypass can be done on each, but only one benefit is payable under this rider.

**Mitral Valve Replacement or Repair:** a cardiac surgery procedure in which a patient's mitral valve is repaired or replaced by a different valve.

**Aortic Valve Replacement or Repair:** a cardiac surgery procedure in which a patient's aortic valve is repaired or replaced by a different valve.

**Surgical Treatment of Abdominal Aortic Aneurysm:** To prevent aneurysm rupture. The operation consists of opening the abdomen, finding the aorta, and removing (excising) the aneurysm. Abdominal Aortic Aneurysm is a ballooning or widening of the main artery (the aorta) as it courses down through the abdomen. At the point of the aneurysm, the aneurysm generally measures 3 cm or more in diameter.

**Category I Benefits** exclude all procedures not specifically listed above, including procedures such as but not limited to, angioplasty, laser relief, stents, or other surgical and nonsurgical procedures.

#### Category II – Invasive, Procedures and Techniques of the Heart

A Category II Benefit is paid for the following procedures only:

**AngioJet Clot Busting** is used to clear blood clots from coronary arteries before angioplasty and stenting. The device delivers a high pressure saline solution through the artery to the clot, breaking it up and simultaneously drawing it out.

**Balloon Angioplasty** (or Balloon Valvuloplasty) used to open a clogged blood vessel. A thin tube is threaded through an artery to the narrowed heart vessel, where a small balloon at its tip is inflated. A balloon opens the narrowing by compressing atherosclerotic plaque against the vessel wall. The balloon is then deflated and removed.

**Laser Angioplasty.** Similar to Balloon Angioplasty, a laser tip is used to burn/break down plaque in the clogged blood vessel.

**Atherectomy** is used to open blocked coronary arteries or clear bypass grafts by using a device on the end of a catheter to cut or shave away atherosclerotic plaque.

**Stent Implantation** is where a stainless steel mesh coil is implanted in a narrowed part of an artery to keep it propped open.

**Cardiac Catheterization** (also called heart catheterization) is a diagnostic and occasionally therapeutic procedure that allows a comprehensive examination of the heart and surrounding blood vessels.

**Automatic Implantable (or Internal) Cardioverter Defibrillator (AICD).** Means the initial placement of the AICD. AICDs are used for treating irregular heartbeats. The defibrillator is surgically placed inside the patient's chest, where it monitors the heart's rhythm. When it identifies a serious arrhythmia, it produces an electrical shock to disrupt the arrhythmia.

**Pacemakers** means the initial placement of a pacemaker. Pacemakers are implanted to send electrical signals to make the heart beat when your heart's natural pacemaker is not working properly. This electrical device is placed under the skin. A lead extends from the device to the right side of the heart. Most pacemakers are used to correct a slow heart rate.

Subject to the reoccurrence benefit in the base plan, only one Category II benefit is payable. Benefits will not be paid for multiple procedures listed under the Category II benefit.

**Category II Benefits** exclude all procedures not specifically listed above.



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The certificate to which this sales material pertains is written only in English; the certificate prevails if interpretation of this material varies.

Underwritten by:  
Continental American Insurance Company  
2801 Devine Street | Columbia, South Carolina 29205

This brochure is a brief description of coverage and is not a contract. Read your certificate carefully for exact terms and conditions. This brochure is subject to the terms, conditions, and limitations of master policy CAI2800 and of Rider Form Series CAI2838.



## WHAT IS NOT COVERED, LIMITATIONS AND EXCLUSIONS, AND TERMS YOU NEED TO KNOW

- Suicide or attempted suicide while sane;
- Illegal activities or participation in an illegal occupation;
- War, whether declared or undeclared or military conflicts, participation in an insurrection or riot, civil commotion or state of belligerence;
- Substance abuse; or
- Pre-Existing Conditions (except as stated below).

No benefits will be paid for loss which occurred prior to the Effective Date.

No benefits will be paid for diagnosis made or treatment received outside of the United States.

### PRE-EXISTING CONDITION LIMITATION

**Pre-Existing Condition** means a sickness or physical condition which, within the 12-month period prior to the Effective Date, resulted in the insured receiving medical advice or treatment.

We will not pay benefits for any critical illness starting within 12 months of the Effective Date which is caused by, contributed to, or resulting from a Pre-Existing Condition. A claim for benefits for loss starting after 12 months from the Effective Date will not be reduced or denied on the grounds that it is caused by a Pre-Existing Condition. A critical illness will no longer be considered pre-existing at the end of 12 consecutive months starting and ending after the Effective Date.

### TERMS YOU NEED TO KNOW

The **Effective Date** of your insurance will be the date shown in your Certificate Schedule.

**Employee** means the insured as shown in the Certificate Schedule.

**Spouse** means an Employee's legal wife or husband.

**Dependent Children** means your natural children, step-children, foster children, legally adopted children or children placed for adoption, who are under age 26.

Your natural Children born after the Effective Date of the Rider will be covered from the moment of live birth. No notice or additional premium is required.

Coverage on Dependent Children will terminate on the child's 26th birthday. However, if any child is incapable of self-sustaining employment due to mental or physical handicap and is dependent on his parent(s) for support, the above age 26 shall not apply. Proof of such incapacity and dependency must be furnished to the Company within 31 days following such 26th birthday.

**Treatment** means consultation, care, or services provided by a physician, including diagnostic measures and taking prescribed drugs and medicines.

**Major Organ Transplant** means undergoing surgery as a recipient of a transplant of a human heart, lung, liver, kidney, or pancreas.

**Myocardial Infarction (Heart Attack)** means the death of a portion of the heart muscle (myocardium) resulting from a blockage of one or more coronary arteries. Heart Attack does not include any other disease or injury involving the cardiovascular system. Cardiac arrest not caused by a Myocardial Infarction is not a Heart Attack. The diagnosis must include all of the following criteria: 1. New and serial electrocardiographic (EKG) findings consistent with Myocardial Infarction; 2. Elevation of cardiac enzymes above generally accepted laboratory levels of normal [in case of creatine phosphokinase (CPK), a CPK-MB measurement must be used]; and 3. Confirmatory imaging studies such as thallium scans, MUGA scans, or stress echocardiograms.

**Stroke** means apoplexy (due to rupture or acute occlusion of a cerebral artery), or a cerebral vascular accident or incident which begins on or after your Effective Date.

Stroke does not include transient ischemic attacks and attacks of vertebrobasilar ischemia. We will pay a benefit for Stroke that produces permanent clinical neurological sequela following an initial diagnosis made after any applicable Waiting Period. We must receive evidence of the permanent neurological damage provided from computed axial tomography (CAT scan) or magnetic resonance imaging (MRI). Stroke does not mean head injury, transient ischemic attack, or chronic cerebrovascular insufficiency.

**Cancer** (Internal or Invasive) means a malignant tumor characterized by the uncontrolled growth and spread of malignant cells and the invasion of distant tissue. Cancer includes leukemia. Excluded are Cancers that are noninvasive, such as (1) Premalignant tumors or polyps; (2) Carcinoma in Situ; (3) Any skin cancers except melanomas; (4) Basal cell carcinoma and squamous cell carcinoma of the skin; and (5) Melanoma that is diagnosed as Clark's Level I or II or Breslow thickness less than .77 mm.

Cancer is also defined as a disease which meets the diagnosis criteria of malignancy established by The American Board of Pathology after a study of the histocytologic architecture or pattern of the suspect tumor, tissue, or specimen.

**Carcinoma in Situ** means Cancer that is in the natural or normal place, confined to the site of origin without having invaded neighboring tissue.

**Renal Failure (Kidney Failure)** means the end-stage renal failure presenting as chronic, irreversible failure of both of your kidneys to function. The Kidney Failure must necessitate regular renal dialysis, hemodialysis or peritoneal dialysis (at least weekly); or which results in kidney transplantation. Renal failure is covered, provided it is not caused by a traumatic event, including surgical traumas.

**Coronary Artery Bypass Surgery** means undergoing open heart surgery to correct narrowing or blockage of one or more coronary arteries with bypass grafts, but excluding procedures such as but not limited to balloon angioplasty, laser relief, stents or other nonsurgical procedures.

A doctor, physician, or pathologist does not include an insured or a family member.

### PORTABLE COVERAGE

When coverage would otherwise terminate because the Employee ends employment with the employer, coverage may be continued. The Employee will continue the coverage that is in force on the date employment ends, including dependent coverage then in effect.

The Employee will be allowed to continue the coverage until the earlier of the date the Employee fails to pay the required premium or the date the group master policy is terminated. Coverage may not be continued if the Employee fails to pay any required premium or the group master policy terminates.

### TERMINATION

Coverage will terminate on the earliest of: (1) The date the master policy is terminated; (2) The 31st day after the premium due date if the required premium has not been paid; (3) The date the insured ceases to meet the definition of an Employee as defined in the master policy; or (4) The date the Employee is no longer a member of the class eligible.

Coverage for an insured Spouse or Dependent Child will terminate the earliest of: (1) the date the Plan is terminated; (2) the date the Spouse or Dependent Child ceases to be a dependent; (3) the premium due date following the date we receive your written request to terminate coverage for your Spouse and/or all Dependent Children.

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