

**American Public Life Group Cancer Plan (APL GC AP GC-3 5/1/06)- East Texas Coop Plan**

This coverage is offered on a guarantee issue basis. However, no benefits are payable for any loss during the first year of a Covered Person's coverage as the result of a Pre-Existing Specified Disease. A Pre-Existing Specified Disease is defined as one for which, within twelve (12) months prior to the Covered Person's effective date of coverage, medical advice, consultation, or treatment, including prescribed medications, was recommended or received from a member of the medical profession, or for which symptoms manifested in such a manner as would cause an ordinarily prudent person to seek diagnosis, medical advice or treatment.

Benefit	Low Option	High Option #1
Radiation/Chemotherapy/Immunotherapy Hormone Therapy	\$500/month of treatment \$50/treatment; 12/year	\$1000/month of treatment \$50/treatment; 12/year
Surgical Schedule Anesthesia Reconstructive Surgery Skin Cancer	\$2,000 Schedule; \$20/unit 25% of schedule Included in schedule Included in schedule	\$3,200 Schedule; \$20/unit 25% of schedule Included in schedule Included in schedule
Hospital Confinement Government/Charity Hospital/HMO Ambulatory Surgical Facility	\$100/day 1-90; \$100/day 91+ in lieu of other benefits \$100/day in lieu of other benefits \$200/day	\$200/day 1-90; \$200/day 91+ in lieu of other benefits \$200/day in lieu of other benefits \$400/day
Drugs and Medicine - Inpatient Drugs and Medicine - Outpatient	\$150/confinement \$50/script; \$50/month	\$150/confinement \$50/script; \$50/month
Transportation and Lodging Patient Transportation Family Transportation Patient Lodging Family Lodging	\$.40/mile up to 1,000 miles \$.40/mile up to 1,000 miles \$50/day up to 50 days/cal year (out) \$50/day up to 50 days/cal year (in)	\$.40/mile up to 1,000 miles \$.40/mile up to 1,000 miles \$50/day up to 50 days/cal year (out) \$50/day up to 50 days/cal year (in)
Blood and Plasma	\$150/day; \$7,500/cal year (50 days)	\$200/day; \$10,000/cal year (50 days)
Bone Marrow/Stem Cell Transplant autologous non-autologous for other type cancer non-autologous for Leukemia Experimental Treatment Attending Physician Prosthesis - Surgical Prosthesis - hairpiece Dread Disease Hospice Care Private Nursing Ambulance - Ground Ambulance - Air Extended Care Home Health Care Second & Third Surgical Opinion Waiver of Premium Physical Therapy	\$500/cal year \$1,500/cal year \$1,500/cal year Same as non-experimental \$30/day of confinement \$1,000/device; lifetime max 2 \$50/hairpiece; lifetime max 2 \$100/day up to 90 days \$50/day; \$9,000 lifetime max \$150/day of confinement \$200/trip; 2/confinement \$2,000/air; 2/confinement \$100/day up to confinement days \$100/day up to confinement days \$300/diagnosis 90 day elimination period \$25/visit; 4/month; \$1,000 life	\$1000/cal year \$3,000/cal year \$3,000/cal year Same as non-experimental \$40/day of confinement \$2,000/device; lifetime max 2 \$50/hairpiece; lifetime max 2 \$200/day up to 90 days \$75/day; \$13,500 lifetime max \$150/day of confinement \$200/trip; 2/confinement \$2,000/air; 2/confinement \$200/day up to confinement days \$200/day up to confinement days \$300/diagnosis 90 day elimination period \$25/visit; 4/month; \$1,000 life
Diagnostic Testing Benefit	\$50; 1per person, per year, 30 day waiting period	\$50; 1per person, per year, 30 day waiting period
Critical Illness Rider: Heart Attack/Stroke	\$2500 Lump Sum Benefit; <b>Heart Attack/Stroke only (no cancer coverage)</b> Payable once for heart attack or stroke; 30 day WP, no survival period,	\$5000 Lump Sum Benefit; <b>Cancer/Heart Attack or Stroke</b> ; Payable once for cancer; payable once for heart attack or stroke; 30 day WP, no survival period
<b>Optional Benefit</b>		
ICU Rider	\$500 - up to a maximum of 20 days per confinement	\$500 - up to a maximum of 20 days per confinement
<b>Monthly Premiums</b>		
Individual Single Parent Family Family	<b>Opt 1 - Base Plan Only</b> \$13.90 \$20.50 \$26.10	<b>Opt 3 - Base Plan Only</b> \$26.20 \$36.30 \$46.40
Individual Single Parent Family Family	<b>Opt 2 - Base Plan with Intensive Care Rider</b> \$17.55 \$25.30 \$33.95	<b>Opt 4-Base Plan with Intensive Care Rider</b> \$29.85 \$41.10 \$54.25