
A Cancer Expense Program

- A supplemental cancer insurance program designed to protect your savings at the time when you need it the most.
- This program helps to cover the costs associated with treating cancer that are not fully reimbursed by your present coverage.
- It is a flexible benefit plan that offers you a variety of valuable coverage options.

Summary of Benefits:

Cancer Screening

Pays a scheduled amount up to \$100 per calendar year for each insured person for any one or more of the following cancer screening tests that are performed more than 60 days after the policy effective date.

- Mammography Screening
- Pap Smear/Thin Prep Pap (test only)
- CA125 (blood test for ovarian cancer)
- PSA (blood test for prostate)
- Hemocult stool specimen
- CA 15-3 (blood test for breast cancer)
- Flexible Sigmoidoscopy
- CEA (blood test for colon cancer)
- Colonoscopy
- Chest X-ray
- Thermography
- Serum protein electrophoresis
- Biopsy for Skin Cancer

Hospital Confinement:

Pays the selected amount for each day of covered hospital confinement.

Benefit options:

- \$150 per day
- \$250 per day
- \$350 per day

Experimental Treatment

Benefits for experimental treatment are payable on the same basis as any other benefit under this policy.

Chemotherapy, Radiation Treatment, Hormone Therapy, Immunotherapy and Related Services Benefit:

This benefit pays for charges incurred, as defined in the rider, up to the benefit amount selected. See the Outline of Coverage for a description of the available options.

Surgical Benefit

Pays a scheduled amount for surgical procedures. The maximum amount payable is \$10,000 per calendar year per insured person. The maximum amount payable for surgical procedures related to skin cancer is \$500 per calendar year per insured person.

Outpatient Surgery Facility Benefit

Pays two times the selected daily hospital confinement benefit for covered outpatient surgery in a hospital or free-standing surgical facility. This benefit is not payable for skin cancer.

Second Surgical Opinion

Pays up to \$250 for the charges incurred for a second surgical opinion.

Home Health Care Services

Pays up to \$100 per day for charges incurred for services provided at home, not to exceed a maximum of 60 days per calendar year.

Hospice Care

Pays up to \$100 per day for charges incurred for care provided by a hospice. This benefit is payable for a lifetime maximum of 120 days.

Artificial Limb

After amputation, pays up to a lifetime maximum of \$2,500 per insured person for an artificial limb and the procedure to affix or implant it.

THIS SALES BROCHURE IS NOT A CONTRACT. IT IS INTENDED AS A BRIEF DESCRIPTION OF THE POLICY PROVISIONS. BENEFITS ARE DETERMINED BY THE TERMS AND CONDITIONS OF THE POLICY ALONE. IN ALL CASES, CONSULT YOUR POLICY FOR FULL DETAILS. THIS IS NOT A WORKERS COMPENSATION OR MEDICARE SUPPLEMENT POLICY. (2-2006)

Additional Benefits

- Ambulance
- Anesthesia
- Blood and Blood Plasma
- Bone Marrow Donors
- Breast Prosthesis/Breast Reconstruction
- Durable Medical Equipment
- Extended Care Facility
- Government or Charity Hospital
- Hairpiece
- Physical or Speech Therapy
- Transportation and Lodging for Insured and Adult Companion
- Waiver of Premium

Specified Disease Benefit Rider 8311N

Available for additional premium

Benefits for treatment of 24 specified diseases are subject to a lifetime maximum of \$50,000 for each insured person.

(Maximums vary in Texas)

Hospital Confinement

Pays \$250 per day for each day of covered hospital confinement.

Radiation Treatment, Chemotherapy, Hormone Therapy and Immunotherapy Benefit for the Treatment of Specified Disease

Pays 50 percent of the charges incurred, as defined in the rider, up to a maximum of \$1,200 per calendar month per insured person for covered treatment of a specified disease.

- Oral or self-administered chemotherapy, hormone therapy and immunotherapy drugs are limited to 50 percent up to a maximum of \$300 for each filled prescription.

Internal Cancer First Occurrence Benefit Rider 8288N

Available for additional premium

Pays the first time an insured person has been diagnosed as having internal cancer.

Benefit Options:

- \$2,500
- \$5,000

Hospital Intensive Care Confinement Benefit Rider 8290N

Available for additional premium

Pays for each day beginning with the first day of confinement in an Intensive Care Unit (ICU) of a hospital as the result of **any sickness or any accident**.

Benefit Options:

- \$300 per day
- \$600 per day

Pays \$150 for each day of confinement in a sub-acute ICU, if confinement immediately follows an ICU confinement. Pays \$150 per day for confinement in a regular hospital room if the confinement was immediately preceded by an ICU confinement, or by sub-acute intensive care confinement which was immediately preceded by an ICU confinement. The number of days paid will not exceed the number of covered days of hospital ICU confinement. Total benefits for any one period of confinement are limited to 30 days.

Ambulance Benefit

Pays the ambulance charges incurred per trip to transfer an insured person to the hospital for an ICU confinement. This ambulance benefit is limited to \$5,000 per calendar year per insured person.

All ICU benefits under this rider reduce 50 percent after an insured person is age 70 or older.



**P.O. Box 34952
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Philadelphia American Life Insurance Company, organized in Texas in 1924, is a conservatively managed and financially strong insurance company, specializing in the needs of the policyholders. Philadelphia American is proud of its commitment to providing excellent service with affordable rates and is known for "personal touch service" to our family of insureds.

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P.O. Box 34952, Omaha, NE 681334

Cancer Policy Form C36 with

Chemotherapy/Radiation Rider 8306N

and Specified Disease Rider 8311N

Employee Monthly PAC/Payroll Deduction Premiums

		Non-Tobacco Rates			INDIVIDUAL			Tobacco Rates		
Issue Age	Daily Benefit	\$150	\$250	\$350	\$150	\$250	\$350	Daily Benefit	Daily Benefit	\$350
18 - 49	\$16.19	\$17.58	\$19.49	\$17.81	\$19.34	\$21.45	\$21.45	\$19.34	\$21.45	\$21.45
50 - 64	\$31.56	\$34.28	\$38.01	\$34.73	\$37.72	\$41.83	\$41.83	\$37.72	\$41.83	\$41.83
18 - 49	\$20.37	\$21.76	\$23.67	\$22.41	\$23.94	\$26.05	\$26.05	\$23.94	\$26.05	\$26.05
50 - 64	\$39.71	\$42.43	\$46.16	\$43.69	\$46.68	\$50.79	\$50.79	\$46.68	\$50.79	\$50.79

		Non-Tobacco Rates			SINGLE-PARENT FAMILY			Tobacco Rates		
Issue Age	Daily Benefit	\$150	\$250	\$350	\$150	\$250	\$350	Daily Benefit	Daily Benefit	\$350
18 - 49	\$20.36	\$22.10	\$24.54	\$22.40	\$24.31	\$26.99	\$26.99	\$24.31	\$26.99	\$26.99
50 - 64	\$39.72	\$43.11	\$47.86	\$43.69	\$47.43	\$52.65	\$52.65	\$47.43	\$52.65	\$52.65
18 - 49	\$25.93	\$27.67	\$30.11	\$28.53	\$30.44	\$33.12	\$33.12	\$30.44	\$33.12	\$33.12
50 - 64	\$50.58	\$53.97	\$58.72	\$55.64	\$59.38	\$64.60	\$64.60	\$59.38	\$64.60	\$64.60

		Non-Tobacco Rates			FAMILY			Tobacco Rates		
Issue Age	Daily Benefit	\$150	\$250	\$350	\$150	\$250	\$350	Daily Benefit	Daily Benefit	\$350
18 - 49	\$27.50	\$29.77	\$32.90	\$30.25	\$32.74	\$36.19	\$36.19	\$32.74	\$36.19	\$36.19
50 - 64	\$53.62	\$58.04	\$64.15	\$59.00	\$63.85	\$70.57	\$70.57	\$63.85	\$70.57	\$70.57
18 - 49	\$35.51	\$37.78	\$40.91	\$39.06	\$41.55	\$45.00	\$45.00	\$41.55	\$45.00	\$45.00
50 - 64	\$69.23	\$73.65	\$79.76	\$76.18	\$81.03	\$87.75	\$87.75	\$81.03	\$87.75	\$87.75

Tobacco rates must be quoted if any proposed insured has used tobacco in the last 36 months.
 All premium rates shown are current as of the date this rate sheet was published and are subject to change.
 All premium rates are subject to final verification by Philadelphia American Life Insurance Company (PALIC).