

LOYAL COST SAVER CANCER ICU PLAN

<p>FIRST OCCURRENCE BENEFIT RIDER (form L-6043) If an Insured Person receives a positive diagnosis of Internal Cancer, We will pay the First Occurrence benefit amount shown on the Policy Schedule</p> <p>If the Insured Person receiving the positive diagnosis of Internal Cancer is a child under the age of 21, we will pay one and one-half times the First Occurrence benefit amount shown on the Policy Schedule.</p>	<p>\$1,000 Once per Lifetime</p> <p>\$1,500 Once per Lifetime</p>
<p>DAILY RADIATION, CHEMOTHERAPY, IMMUNOTHERAPY and EXPERIMENTAL TREATMENT BENEFIT RIDER (form L- 6046) We will pay the Actual Charge, but not to exceed the maximum benefit amount shown on the Policy Schedule for each day that an Insured Person receives one or more of the following treatments for Cancer: (1) Chemotherapy (including Hormonal Therapy) or Immunotherapy; (2) Self-injected Chemotherapy or Immunotherapy drugs, limited to the maximum daily benefit amount per treatment; (3) Chemotherapy or Immunotherapy drugs dispensed by a pump or implant, limited to the maximum daily benefit amount for the initial prescription and an equal amount for each refill; (4) Oral Chemotherapy or Immunotherapy, limited to the maximum daily benefit amount per prescription; (5) Radiation Treatment. Benefits payable for interstitial or intracavitary applications of Radiation Treatments are payable on the day of insertion only and not for each day the Radiation Treatment remains in the body; or (6) Experimental Treatment. The benefit amount shown on the Policy Schedule is the maximum daily benefit available per Insured Person regardless of the number or types of Cancer treatments received on the same day.</p>	<p>\$300 Per Day</p>
<p>SURGICAL BENEFIT RIDER (form L-6048) Surgical Expense We will pay the Surgical Expense benefit for a surgical procedure for the treatment of an Insured Person's Cancer (except Skin Cancer) according to the Surgical Schedule shown in this rider. However, in no event will the amount payable exceed the maximum Surgical Expense benefit shown on the Policy Schedule, nor will it exceed the Actual Charge. Anesthesia Expense We will pay the anesthesia Actual Charge, not to exceed 25% of the covered Surgical Expense benefit for the operation performed. This includes the services of an anesthesiologist or of an anesthesiologist under supervision of a physician for the purpose of administering anesthesia. Breast Reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), single pedicle, including closure of donor site, with microvascular anastomosis (supercharging) is one of the surgical procedures listed in the Surgical Schedule. If this procedure is performed on an Insured Person as the result of a mastectomy for which We paid a Surgical Expense benefit for the treatment of Breast Cancer, We will pay the Actual Charge not to exceed \$900 per \$1,000 of the Surgical Benefit issued. Skin Cancer Surgery Expense We will pay the Actual Charge, not to exceed the procedure amount listed in this rider (\$125 to \$750 depending on the procedure) when a surgical operation is performed on an Insured Person for treatment of a diagnosed Skin Cancer. This benefit is payable in lieu of any benefits for Surgical Expense and Anesthesia Expense which are not applicable to Skin Cancer</p>	<p>\$4,000 Procedure Maximum</p> <p>\$1,000 Procedure Maximum</p> <p>\$3,600 Procedure Maximum</p> <p>Per Procedure</p>
<p>DAILY HOSPITAL CONFINEMENT BENEFIT RIDER (form L-6042) Confinements of 30 Days or Less We will pay the Daily Hospital Confinement benefit amount shown on the Policy Schedule for each of the first 30 days in each period of hospital confinement during which an Insured Person is confined to a hospital, including a government or charity hospital, for the treatment of Cancer. Confinements of 31 Days or More If an Insured Person is continuously confined to a hospital, including a government or charity hospital, for longer than 30 consecutive days for the treatment of Cancer, We will pay two times the Daily Hospital Confinement benefit amount shown on the Policy Schedule. This benefit payment will begin on the 31st continuous day of such confinement and continue for each day of confinement until the Insured Person is discharged from the Hospital. Benefits for an Insured Dependent Child under Age 21 The amount payable under this benefit will be double the Daily Hospital Confinement benefit shown on the Policy Schedule if the Insured Person so confined is a dependent child under the age of 21.</p>	<p>\$200 Per Day</p> <p>\$400 Per Day</p> <p>\$400/ \$800 Per Day</p>

SPECIFIED DISEASE BENEFIT RIDER (form L-6052)

If an Insured Person is first diagnosed with one or more covered Specified Diseases and is hospitalized for the definitive treatment of any covered Specified Disease, We will pay benefits according to the provisions of this rider.

COVERS THESE 38 SPECIFIED DISEASES

Addison's Disease	Lupus Erythematosus	Rocky Mountain Spotted Fever
Amyotrophic Lateral Sclerosis	Malaria	Sickle Cell Anemia
Botulism	Meningitis	Tay-Sachs Disease
Bovine Spongiform Encephalopathy	Multiple Sclerosis	Tetanus
Budd-Chiari Syndrome	Muscular Dystrophy	Toxic Epidermal Necrolysis
Cystic Fibrosis	Myasthenia Gravis	Tuberculosis
Diphtheria	Neimann-Pick Disease	Tularemia
Encephalitis	Osteomyelitis	Typhoid Fever
Epilepsy	Poliomyelitis	Undulant Fever
Hansen's Disease	Q Fever	West Nile Virus
Histoplasmosis	Rabies	Whipple's Disease
Legionnaire's Disease	Reye's Syndrome	Whooping Cough
Lyme Disease	Rheumatic Fever	

Initial Hospitalization Benefit We will pay a benefit of \$1,500 when an Insured Person is confined to a hospital (for 12 or more hours) as a result of receiving treatment for a Specified Disease. This benefit is payable only once per period of confinement and once per calendar year for each Insured Person.	\$1,500
Hospital Confinement Benefit We will pay a benefit of \$300 per day when an Insured Person is hospitalized during any continuous period of 30 days or less for the treatment of a covered Specified Disease. Benefits will double per day beginning with the 31st day of continuous confinement. If the hospital confinement follows a previously covered confinement, it will be deemed a continuation of the first confinement unless it is the result of an entirely different Specified Disease, or unless the confinements are separated by 30 days or more.	\$300 Per Day

HOSPITAL INTENSIVE CARE UNIT BENEFIT RIDER (form L-6047)

Intensive Care Unit Benefit We will pay the daily Hospital Intensive Care Unit Benefit shown on the Policy Schedule for an Insured Person's confinement in an ICU for sickness or injury.	\$500 Per Day
Double Intensive Care Unit Benefit We will pay double the daily Hospital Intensive Care Unit benefit amount shown on the Policy Schedule for an Insured Person's confinement in an ICU as a result of Cancer. We will also double this ICU benefit for only the initial ICU confinement resulting from an Insured Person's travel related injury, provided that the ICU confinement begins within 24 hours of the accident causing the travel related injury. A travel related injury includes being struck by an automobile, bus, truck, van, motorcycle, train or airplane; or being involved in an accident where the Insured Person was the operator or passenger in or on such vehicle.	\$1,000 Per Day
Step Down Unit Benefit We will pay one-half of the daily Hospital Intensive Care Unit benefit amount shown on the Policy Schedule for an Insured Person's confinement in a Step Down Unit for a sickness or injury.	\$250 Per Day

Additional Limitations and Exclusions for the Hospital Intensive Care Unit Benefit Rider If the rider is issued and coverage is in force, it will provide benefits if an Insured Person goes into a hospital Intensive Care Unit (including a Cardiac Intensive Care Unit or Neonatal Intensive Care Unit. Benefits start the first day of confinement in an ICU for sickness or injury. Any combination of benefits payable under this rider is limited to a maximum of 45 days per each period of confinement.

ALL BENEFITS CONTAINED IN THIS HOSPITAL INTENSIVE CARE UNIT BENEFIT RIDER REDUCE BY ONE-HALF AT AGE 75. Benefits are not payable for any ICU or Step Down Unit confinement that results from intentional self-inflicted injury; or the Insured Person's being intoxicated or under the influence of alcohol, drugs or any narcotics, unless administered on and according to the advice of a medical practitioner.

THIS IS A LIMITED RIDER.

All exclusions, limitations, definitions and terms of renewability of the Limited Benefit Cancer Expense Policy (form L-6040) apply to these riders. THESE ARE LIMITED RIDERS.

Rates

Individual: \$17.41

Single Parent: \$22.11

Family: \$30.24