Peace of Mind *and* Real Cash Benefits

GROUP CRITICAL ILLNESS

Includes Cancer and Wellness

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CAI2875CA IC(7/10)

GROUP CRITICAL ILLNESS

Policy Series CAI2800CA

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 WORKSHEET

Employee Benefit:	$ _____
Spouse Benefit:	$ _____
Child Benefit: (25 percent of the primary insured amount)	$ _____
Total Weekly Deduction:	$ _____

This worksheet is for illustration purposes only. It is not an implication of coverage.

BENEFITS

COVERED CRITICAL ILLNESSES[1]:

CANCER (Internal or Invasive)	100%	RENAL FAILURE (End Stage)	100%
HEART ATTACK (Myocardial Infarction)	100%	CARCINOMA IN SITU[2]	25%
STROKE (Apoplexy or Cerebral Vascular Accident)	100%	CORONARY ARTERY BYPASS SURGERY[2]	25%
MAJOR ORGAN TRANSPLANT	100%	SKIN CANCER	10%

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.

MAMMOGRAPHY $200 PER TEST

We will pay this benefit for mammography tests performed after the Waiting Period and while coverage is in force. We will pay the amount shown for these tests. This benefit is payable as follows: a. A baseline mammogram for women age 35 to 39, inclusive; b. A mammogram for women age 40 to 49, inclusive, every two years or more frequently based on the women's physician's recommendations; c. A mammogram every year for women age 50 and over. Payment of this benefit will not reduce the face amount of the certificate.

$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.

COVERED HEALTH SCREENING TESTS INCLUDE:

- Colonoscopy
- Cervical Cancer Screening
- 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

[1]All covered conditions are subject to the definitions found in your certificate.

[2]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.

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;
- Suicide or attempted suicide while sane or insane;
- Participation in a felony;
- War, whether declared or undeclared or military conflicts, participation in an insurrection or riot;

- 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 6-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 the Certificate Schedule.

Spouse means your legal wife or husband who is between the ages of 18 and 64, or registered domestic partner (As defined in California Family Code Section 297).

Dependent Children means your natural children, step-children, legally adopted children, or children placed for adoption, who are unmarried, chiefly dependent on you or your Spouse for support, and younger than age 25. Existing children of a domestic partner will be covered the same as step-children.

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

Children for whom a decree of adoption has been entered by you and/or your Spouse (or for whom adoption proceedings have been instituted by you and/or your Spouse), shall be covered automatically from birth. A decree of adoption must be entered within one year from the date proceedings were instituted, unless extended by order of the court, and you and/or your Spouse must continue to have custody pursuant to the decree of the court.

However, if any child is incapable of self-sustaining employment due to mental retardation or physical handicap and is dependent on a parent(s) for support, the above age of 25 shall not apply. Proof of such incapacity and dependency must be furnished tot he company within 31 days following such 25th 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 eletrocardiographic (EKG) findings consistent with Myocardial Infarction; 2. Elevation of cardiac enzymes above generally accepted laboratory levels of normal in case of creatine physphokinase (CPK), a CPK-MB measurement must be used; and 3. Confirmatory imaging studies such as thallium scans, MUGA scans, or stress ecocardiograms.

Stroke means apoplexy (due to rupture or acute occlusion of a cerebral artery), or a cerebral vascular accident or incident which is first manifested on or after your Effective Date. Stroke does not include transient ischemic attacks and attacks of verterbrobasilar ischemia. We will pay a benefit for Stroke which 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 means a disease manifested by the uncontrolled growth and spread of malignant cells, the invasion of tissue, leukemia or Hodgkin's Disease. Pre-malignant conditions or conditions with malignant potential are not to be construed as cancer for the purposes of this Plan.

In this Plan, we pay benefits according to the type of Cancer as defined below:

Skin Cancer- is cancer on the surface of the body (Skin) that may be a malignant tumor, ulcer, pimple or mole. Malignant melanomas classified as Clark's Level I and II are included in the definition of skin cancer. The diagnosis of skin cancer must be consistent with professional medical standards after a study of the histocytologic architecture or pattern of the suspect tumor, tissue, or specimen.

Internal Cancer- is cancer which is not skin cancer or carcinoma in situ, but includes malignant melanomas of Clark's Level III and higher.

Carcinoma in situ- is cancer whose cells are localized or confined to the site of origin and show no tendency to invade or metastasize to other tissues.

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, hemo-dialysis 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, stints or other non-surgical 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) On the 31st day after the premium due date if the required premium has not been paid; (3) On the date the insured ceases to meet the definition of an Employee as defined in the master policy; or (4) On 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 master policy is terminated; (2) On the 31st day after the premium due date if the required premium has not been paid; (3) The premium due date following the date the Spouse or Dependent Child ceases to be a dependent; or (4) The premium due date following the date we receive a written request to terminate coverage for a Spouse and/or Dependent Children.

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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 Life 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 policy form series CAI2800CA.

GROUP CRITICAL ILLNESS

Heart Benefits for Critical Illness Insurance

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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 PROCEDURES

- ANGIOJET CLOT BUSTING
- BALLOON ANGIOPLASTY
- LASER ANGIOPLASTY
- ATHERECTOMY
- STENT IMPLANTATION
- CARDIAC CATHETERIZATION
- AUTOMATIC IMPLANTABLE (OR INTERNAL) CARDIOVERTER 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 Category II will reduce the benefit amounts payable for Category I benefits. Benefits will be paid only at the highest benefit level. If a Category 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 six 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 for which an insured received a diagnosis or medical treatment within the 12-month period prior to his Effective Date.

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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. Participation in a felony or 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. A loss sustained or contracted while intoxicated, or under the influence of any controlled substance, unless 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 previously, 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: 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: 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: 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.

This guide is a brief description of coverage and is not a contract. Restrictions may vary by state. This guide is subject to the terms, conditions, and limitations of Rider Form Series CAI2838CA. This rider is also subject to the Limitations and Exclusions of the certificate.

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