First Guardian
Cancer Care

Insurance Coverage That Helps You Manage The Financial Risks Of This Random Disease
Cancer does not discriminate.

It’s an equal opportunity enemy. Cancer affects every race, ethnic group, and gender; and it doesn’t just affect the person who is diagnosed, but their whole family.

Although people like to think, “It won’t happen to me!” the truth is, cancer can happen to anyone, at any time of life, and the cost of treatment is not cheap.

• Cancer is the second leading cause of death in the U.S. and accounts for one of every four deaths.*

• The risk of being diagnosed with cancer increases with age. About 77% of all cancers are diagnosed in persons 55 and older.*

• In the U.S., men have almost a 50% lifetime risk of developing cancer; for women, the risk is a little more than 33%.*

• About 1.5 million new cancer cases were expected to be diagnosed in 2007.*

• The National Institute of Health estimates overall costs for cancer in 2006 was $206.3 billion.*

• Almost 16 million Americans (6%) were unable to obtain care due to the cost.*

Cancer is an expensive disease to treat. Health insurance will cover much of the treatment costs, but deductibles and co-pays may reach their maximum. But what about the costs that are not covered by standard health insurance – travel to receive treatment, overnight stays if treatment is provided elsewhere, private nurses, income that is lost when a family member becomes the primary caregiver, and all of the other costs that accompany cancer treatment?

Heartland National Life Insurance Company has coverage available for these expenses and many more. First Guardian Cancer Care provides coverage in addition to other insurance; and the benefits are paid directly to you, to be used however you need them.

### First Occurrence

**$1000 Cash Benefit**

**One-Time Payment**

After the original diagnosis of cancer, not including skin, $1000 will be paid to you to use as you see fit.

### Overnight Hospital Stay Coverage

**First 90 Days**

$100 per day for the first 90 days.

**91st Day To Unlimited**

$250 per day beginning on the 91st day, with no limitation on the number of days.

**Drugs**

Up to $20 per day.

**Doctor Visits**

Up to $20 per day.

**Private Nurse**

Up to $50 per day for the services of a private nurse, who attends to you for at least 8 hours per day.

### In Or Out Of The Hospital Coverage

**Surgery**

A minimum of $100 and a maximum of $2000 for surgery according to the surgical schedule.

**Anesthesia Benefit**

Up to 25% of the amount paid to the surgeon.

**Surgical Opinion**

If necessary, up to $100 each, for both a second and third surgical opinion.

**Blood**

$40 for each unit of blood received.

**Radiation Therapy**

Up to $100 per day.

**Chemotherapy**

Up to $100 per day.

**Self Administered Drugs**

Up to $100 per prescription and a monthly maximum of $500.

**Anti-Nausea Medication**

Up to $50 per month for anti-nausea medication following chemotherapy treatment.

**Inpatient Hospice Care**

$50 per day for inpatient hospice care if you are terminally ill (expected to live no longer than 6 months and no longer receiving definitive cancer treatment).

**Ambulance**

Up to $50 for the cost of ambulance transportation to or from the hospital or from one hospital to another.

**Travel**

Up to $250 for coach travel by plane, train or bus for cancer diagnosis or treatment more than 100 miles from your home.

### Prosthesis Coverage

**Surgically Implanted Breast Prosthesis**

Up to $1000 toward the cost.

**Non-Surgical Breast Prosthesis**

Up to $250 of lifetime coverage.

### Optional Benefits – Return Of Premium

**Death Benefit:**
If you die after the 5th policy anniversary but before the end of the 15th policy anniversary, your heirs or estate will receive 50% of the premiums you paid, minus any claims paid.

**Policy Lapse:**
If the policy lapses for any reason, after the 15th policy anniversary, you, your heirs or your estate will receive 80% of the premiums paid, minus any claims paid.

### Additional Features

**Simple application process.**

**Guaranteed Renewable:**
No matter what health conditions you or your dependents develop.

**Benefits:**
- Are paid directly to you to use however you choose.
- Are paid in addition to any other insurance coverage.

**Coverage:**
- **Immediate Family:** Your entire immediate family can be covered for one low price.
- **Minor Dependents:** You can convert their coverage to an individual policy when they reach the age where they are no longer eligible to continue on your policy – no matter what the condition of their health is.
- **HMO Plan:** For those with an HMO plan that has limited benefits, restricted networks or daily hospital deductibles.
- **U.S. Government Hospitals:** Pays for confinement in U.S. government hospitals, such as the VA hospital.
- **Transportation:** Helps pay transportation costs for travel to receive treatment or consultation more than 100 miles from your home.

### Limitations & Exclusions

**Benefits are not payable for:**
- Any other diagnosed disease, sickness or incapacity.
- Expenses incurred while your policy is not in force.
- Expenses incurred during the first 12 months of coverage for cancer diagnosed during the first 60 days following the policy effective date.
Your Heartland policy provides coverage in all 50 states, no matter where you live or where you purchased your policy.

RECEIPT

All premium checks must be payable to: Heartland National Life Insurance Company. Do not make checks payable to the agent or leave the Payee blank.

EFFECTIVE DATE will be the date of the application or the date of approval.

Received from ____________________________________________

the sum of $ ___________________________ dollars for ________ months premium,

with application. If for any reason the application is not approved and the policy is not issued, this premium is to be refunded. No liability is created or assumed by the Company, except for refund of this premium, until the policy applied for has been issued.

Date Receipt and Outline of Coverage was prepared __________________________________

By (Agent’s Signature) ________________________________________________________________