

Supplemental Cancer, Heart Attack and Stroke Insurance

Locate your state below
and click link to learn more.

Not available in all states.
This is a solicitation of insurance.



Mutual of Omaha Insurance Company
3300 Mutual of Omaha Plaza
Omaha, NE 68175

Here's exactly what this insurance can pay you.

Pays \$60.00 for Preventative Screening Tests and/or Procedures.

Covers important tests/procedures for cancer, including colonoscopy, mammography, Pap smear, HPV vaccine, and CEA (blood test for colon cancer). For cardiovascular disease, cardiac stress test, lipid profile, chest X-ray and more are covered. Pays \$60 per year for one test procedure or vaccine per year for each insured person. Tests, procedures or vaccines must be performed more than 90 days after the policy effective date and while the coverage is in force.

Pays for Hospital Confinement.

Pays the greater of \$80.00 for each day of hospital confinement or \$160.00 for each day of confinement in an intensive care unit. There is no limit on the number of days for which the hospital confinement benefit is payable!

Helps Pay for Drugs and Medicines While in the Hospital.

Pays 15% of your daily hospital room benefit for drugs and medicines used in the Hospital.

Pays up to \$1,400.00 in Benefits for Radiotherapy, Chemotherapy or Immunotherapy.

Treatment can be in or out of the hospital. Pays \$70.00 per treatment for up to 20 treatments – that's \$1,400.00. Payment will be made for immunotherapy only if the course of treatment is administered by or under the direction of a certified oncologist for malignant melanoma using mixed vaccines designed to stimulate the immune system.

Pays up to \$1,500.00 for Surgery.

Applies to dozens of covered operations. Amount paid depends on the surgical procedures performed – no matter if the operation is performed in or out of the hospital.

Pays for Administration of Anesthetic

Pays 20% of the surgery benefits.

Pays up to \$1,800.00 for Physician Visits While in the Hospital.

Pays \$20.00 per daily visit by a physician (in KS, physician and nurse practitioner). 90 visits are covered.

Pays up to \$3,000.00 a Month for Hospice Care.

Pays \$100.00 a day for each day of confinement care. There is no limit on the number of days for which the hospice care benefits are payable! This benefit will not be paid at the same time as Home Health Care.

Pays up to \$800.00 Maximum for Blood and Blood Plasma.

Pays \$20.00 for each occurrence of blood and blood plasma administration. 40 occurrences are covered.

Pays up to \$1,000.00 for Ambulance Service.

Pays \$100.00 for transportation by a licensed ambulance company to or from the hospital, up to a maximum of 10 transports.

Pays Benefits for Checkups by a Physician.

Pays \$50.00 a visit after you're out of the hospital. One visit every 4 months for 5 years...after each diagnosis of cancer.

Pays up to \$1,000.00 for Diagnostic X-rays and Lab Procedures.

Pays \$50.00 for one outpatient X-ray or lab procedure per day for each insured person. 20 procedures are covered.

Pays up to \$10,000.00 for Home Health Care.

Pays \$100.00 a day for home health care services, up to a maximum of 100 days. This benefit will not be paid at the same time as Hospice Care.

Pays up to \$10,000.00 for a Skilled Nursing Facility or Rehabilitation Center.

Pays \$100.00 for each day of confinement in a skilled nursing facility or rehabilitation facility, up to a maximum of 100 days.

Please note: To learn what your insurance does not cover, see next page.

Plus...

Pays regardless of what other insurance pays.

This insurance policy pays regardless of any other insurance you own. (Note: You can be insured under only one cancer insurance plan from Mutual of Omaha Insurance Company, also known as Mutual of Omaha.)

Your whole family can be insured.

You can apply for coverage for you, your spouse (Companion in MT; spouse or domestic partner in OR) and all unmarried dependent children (in AK, dependent children) under age 19 (under 21 in LA; under 22 in ND if residing with you; under 24 in DE & IN; under 25 in MT & NM) or under age 23 (24 in LA; 25 in IA; 26 in ND; 29 in SD) if a full-time student at any accredited college or university (in MO, unmarried dependent children under age 25 who live in Missouri and are not covered under any other health insurance).

Apply even if you've had cancer.

As long as anyone to be insured hasn't had internal cancer, leukemia or melanoma within the past 5 years or any other skin cancer in the past 3 years.

You'll never get an individual rate increase.

The premiums for this policy are intended to remain level for as long as you own your coverage. Rate changes will only occur if changed for everyone with the same policy form and type of coverage as yours in your state.

No cancellation because of age or claims.

You can keep your policy for life. You can be canceled as an individual only if you stop paying premiums on time. Of course, you can cancel at any time.

You have a 30-Day Free Look.

Apply TODAY. Your coverage goes into effect as soon as we receive your initial premium and approve your application. If you're not completely satisfied, just return the policy within 30 days of receipt. You'll receive a full refund.

What this insurance does not cover.

Your policy pays only for loss resulting from cancer, heart attack, stroke or other conditions or diseases directly caused or aggravated by their treatment. Your policy does not cover injuries, or conditions or diseases unrelated to cancer, heart attack, or stroke. This does not pay benefits for cancer that was first diagnosed (in SD & TN, diagnosed) within 30 days of the date your insurance goes into effect nor does it pay for cancer first diagnosed while your policy was not in force.

We will not pay benefits for any person for a diagnosis, or for expense beginning, while that person is not insured under your policy.

"Cancer" means a sickness characterized by an abnormal proliferation of cells which grow in an uncontrolled manner, exhibit invasiveness, and tend to spread to other normal tissues. The cancer can be classified as a carcinoma, malignant carcinoid, sarcoma, leukemia, myelodysplastic syndrome, lymphoma, or other malignant tumor. It can also include the malignant transformation of a previously benign tumor. It does not include pre-cancerous conditions such as leukoplakia, hyperplasia, polycythemia, benign moles, or similar lesions.

"Heart attack" (myocardial infarction), includes ST elevation, non-ST elevation, Q wave and non-Q wave

presentations) means the death of a portion of the heart muscle, resulting from blockage of one or more coronary arteries. In order to be covered under this policy, the diagnosis of heart attack (myocardial infarction) must be based upon a clinical setting consistent with such diagnosis and either: (a) new electrocardiographic changes consistent with and supporting a clinical diagnosis of heart attack (myocardial infarction); or (b) a concurrent diagnostic elevation of cardiac biomarkers.

Strokes means a cerebrovascular accident or infarction (death) of brain tissue caused by hemorrhage, embolism, or thrombosis producing measurable, neurological deficit persisting for at least two days following the occurrence of the stroke. Stroke does not include Transient Ischemic Attack (TIA) or other cerebral vascular events.

Benefits are payable for confinement in any licensed and accredited hospital. Hospital benefits are not payable for confinement in a hospital or institution or a part of such hospital or institution which is licensed or used principally for the treatment or care of drug addicts or alcoholics, or as a continued or extended care facility, skilled nursing facility, assisted living facility, rehabilitation facility, convalescent home, or nursing home.

Here's exactly what this insurance can pay you.

Pays \$120.00 for Preventative Screening Tests and/or Procedures.

Covers important tests/procedures for cancer, including colonoscopy, mammography, Pap smear, HPV vaccine, and CEA (blood test for colon cancer). For cardiovascular disease, cardiac stress test, lipid profile, chest X-ray and more are covered. Pays \$120 per year for one test procedure or vaccine per year for each insured person. Tests, procedures or vaccines must be performed more than 90 days after the policy effective date and while the coverage is in force.

Pays for Hospital Confinement.

Pays the greater of \$160.00 for each day of hospital confinement or \$320.00 for each day of confinement in an intensive care unit. There is no limit on the number of days for which the hospital confinement benefit is payable!

Helps Pay for Drugs and Medicines While in the Hospital.

Pays 15% of your daily hospital room benefit for drugs and medicines used in the Hospital.

Pays Benefits for Radiotherapy, Chemotherapy or Immunotherapy.

Treatment can be in or out of the hospital. Pays \$140.00 per treatment. Payment will be made for immunotherapy only if the course of treatment is administered by or under the direction of a certified oncologist for malignant melanoma using mixed vaccines designed to stimulate the immune system. (This benefit is limited to treatment occurring within 365 days of the first treatment.)

Pays up to \$3,000.00 for Surgery.

Applies to dozens of covered operations. Amount paid depends on the surgical procedures performed – no matter if the operation is performed in or out of the hospital.

Pays for Administration of Anesthetic

Pays 20% of the surgery benefits.

Pays up to \$3,600.00 for Physician Visits While in the Hospital.

Pays \$40.00 per daily visit by a physician. 90 visits are covered.

Pays up to \$6,000.00 a Month for Hospice Care.

Pays \$200.00 a day for each day of confinement care. There is no limit on the number of days for which the hospice care benefits are payable! This benefit will not be paid at the same time as Home Health Care.

Pays up to \$1,600.00 Maximum for Blood and Blood Plasma.

Pays \$40.00 for each occurrence of blood and blood plasma administration. 40 occurrences are covered.

Pays up to \$2,000.00 for Ambulance Service.

Pays \$200.00 for transportation by a licensed ambulance company to or from the hospital, up to a maximum of 10 transports.

Pays Benefits for Checkups by a Physician.

Pays \$100.00 a visit after you're out of the hospital. One visit every 4 months for 5 years...after each diagnosis of cancer.

Pays up to \$2,000.00 for Diagnostic X-rays and Lab Procedures.

Pays \$100.00 for one outpatient X-ray or lab procedure per day for each insured person. 20 procedures are covered.

Pays up to \$20,000.00 for Home Health Care.

Pays \$200.00 a day for home health care services, up to a maximum of 100 days. This benefit will not be paid at the same time as Hospice Care.

Pays up to \$20,000.00 for a Skilled Nursing Facility or Rehabilitation Center.

Pays \$200.00 for each day of confinement in a skilled nursing facility or rehabilitation facility, up to a maximum of 100 days.

Please note: To learn what your insurance does not cover, see next page.

Plus...

Pays regardless of what other insurance pays.

This insurance policy pays regardless of any other insurance you own. (Note: You can be insured under only one cancer insurance plan from Mutual of Omaha Insurance Company, also known as Mutual of Omaha.)

Your whole family can be insured.

You can apply for coverage for you, your spouse and all unmarried dependent children under age 19, or under age 23 if a full-time student at any accredited college or university.

Apply even if you've had cancer.

As long as anyone to be insured hasn't had internal cancer, leukemia or melanoma within the past 5 years or any other skin cancer in the past 3 years.

You'll never get an individual rate increase.

The premiums for this policy are intended to remain level for as long as you own your coverage. Rate changes will only occur if changed for everyone with the same policy form and type of coverage as yours in your state.

No cancellation because of age or claims.

You can keep your policy for life. You can be canceled as an individual only if you stop paying premiums on time. Of course, you can cancel at any time.

You have a 30-Day Free Look.

Apply TODAY. Your coverage goes into effect as soon as we receive your initial premium and approve your application. If you're not completely satisfied, just return the policy within 30 days of receipt. You'll receive a full refund.

What this insurance does not cover.

Your policy pays only for loss resulting from cancer, heart attack, stroke or other conditions or diseases directly caused or aggravated by their treatment. Your policy does not cover injuries, or conditions or diseases unrelated to cancer, heart attack, or stroke. This does not pay benefits for cancer that was first diagnosed within 30 days of the date your insurance goes into effect nor does it pay for cancer first diagnosed while your policy was not in force.

We will not pay benefits for any person for a diagnosis, or for expense beginning, while that person is not insured under your policy.

"Cancer" means a sickness characterized by an abnormal proliferation of cells which grow in an uncontrolled manner, exhibit invasiveness, and tend to spread to other normal tissues. The cancer can be classified as a carcinoma, malignant carcinoid, sarcoma, leukemia, myelodysplastic syndrome, lymphoma, or other malignant tumor. It can also include the malignant transformation of a previously benign tumor. It does not include pre-cancerous conditions such as leukoplakia, hyperplasia, polycythemia, benign moles, or similar lesions.

"Heart attack" (myocardial infarction), includes ST elevation, non-ST elevation, Q wave and non-Q wave

presentations) means the death of a portion of the heart muscle, resulting from blockage of one or more coronary arteries. In order to be covered under this policy, the diagnosis of heart attack (myocardial infarction) must be based upon a clinical setting consistent with such diagnosis and either: (a) new electrocardiographic changes consistent with and supporting a clinical diagnosis of heart attack (myocardial infarction); or (b) a concurrent diagnostic elevation of cardiac biomarkers.

Strokes means a cerebrovascular accident or infarction (death) of brain tissue caused by hemorrhage, embolism, or thrombosis producing measurable, neurological deficit persisting for at least two days following the occurrence of the stroke. Stroke does not include Transient Ischemic Attack (TIA) or other cerebral vascular events.

Benefits are payable for confinement in any licensed and accredited hospital. Hospital benefits are not payable for confinement in a hospital or institution or a part of such hospital or institution which is licensed or used principally for the treatment or care of drug addicts or alcoholics, or as a continued or extended care facility, skilled nursing facility, assisted living facility, rehabilitation facility, convalescent home, or nursing home.

Here's exactly what this insurance can pay you.

Pays \$120.00 for Preventative Screening Tests and/or Procedures.

Covers important tests/procedures for cancer, including colonoscopy, cervical cancer screening, HPV vaccine, and CEA (blood test for colon cancer). For cardiovascular disease, cardiac stress test, lipid profile, chest X-ray and more are covered. Pays \$120.00 per year for one test procedure or vaccine per year for each insured person. Tests, procedures or vaccines must be performed more than 90 days after the policy effective date and while the coverage is in force.

Pays for Hospital Confinement.

Pays the greater of \$160.00 for each day of hospital confinement or \$320.00 for each day of confinement in an intensive care unit. There is no limit on the number of days for which the hospital confinement benefit is payable!

Helps Pay for Drugs and Medicines While in the Hospital.

Pays 15% of your daily hospital room benefit for drugs and medicines used in the Hospital.

Pays up to \$2,800.00 in Benefits for Radiotherapy, Chemotherapy or Immunotherapy.

Treatment can be in or out of the hospital. Pays \$140.00 per treatment for up to 20 treatments – that's \$2,800.00. Payment will be made for immunotherapy only if the course of treatment is administered by or under the direction of a certified oncologist for malignant melanoma using mixed vaccines designed to stimulate the immune system.

Pays up to \$3,000.00 for Surgery.

Applies to dozens of covered operations. Amount paid depends on the surgical procedures performed – no matter if the operation is performed in or out of the hospital.

Pays for Administration of Anesthetic

Pays 20% of the surgery benefits.

Pays up to \$3,600.00 for Physician Visits While in the Hospital.

Pays \$40.00 per daily visit by a physician and nurse. 90 visits are covered.

Pays for \$200.00 for Mammograms.

We will pay for one mammogram for women 35-39, one mammogram every two years for women 40-49 and one mammogram every year for women 50 and over.

Pays up to \$6,000.00 a Month for Hospice Care.

Pays \$200.00 a day for each day of confinement care. There is no limit on the number of days for which the hospice care benefits are payable! This benefit will not be paid at the same time as Home Health Care.

Pays up to \$1,600.00 Maximum for Blood and Blood Plasma.

Pays \$40.00 for each occurrence of blood and blood plasma administration. 40 occurrences are covered.

Pays up to \$2,000.00 for Ambulance Service.

Pays \$200.00 for transportation by a licensed ambulance company to or from the hospital, up to a maximum of 10 transports.

Pays Benefits for Checkups by a Physician.

Pays \$100.00 a visit after you're out of the hospital. One visit every 4 months for 5 years...after each diagnosis of cancer.

Pays up to \$2,000.00 for Diagnostic X-rays and Lab Procedures.

Pays \$100.00 for one outpatient X-ray or lab procedure per day for each insured person. 20 procedures are covered.

Pays up to \$20,000.00 for Home Health Care.

Pays \$200.00 a day for home health care services, up to a maximum of 100 days. This benefit will not be paid at the same time as Hospice Care.

Pays up to \$20,000.00 for a Skilled Nursing Facility or Rehabilitation Center.

Pays \$200.00 for each day of confinement in a skilled nursing facility or rehabilitation facility, up to a maximum of 100 days.

Please note: To learn what your insurance does not cover, see next page.

Plus...

Pays regardless of what other insurance pays.

This insurance policy pays regardless of any other insurance you own. (Note: You can be insured under only one cancer insurance plan from Mutual of Omaha Insurance Company, also known as Mutual of Omaha.)

Your whole family can be insured.

You can apply for coverage for you, your spouse and all unmarried dependent children under age 19, or under age 23 if a full-time student at any accredited college or university, and adopted children or children placed with you for the purpose of legal adoption.

Apply even if you've had cancer.

As long as anyone to be insured hasn't had internal cancer, leukemia or melanoma within the past 5 years or any other skin cancer in the past 3 years.

You'll never get an individual rate increase.

The premiums for this policy are intended to remain level for as long as you own your coverage. Rate changes will only occur if changed for everyone with the same policy form and type of coverage as yours in your state.

No cancellation because of age or claims.

You can keep your policy for life. You can be canceled as an individual only if you stop paying premiums on time. Of course, you can cancel at any time.

You have a 30-Day Free Look.

Apply TODAY. Your coverage goes into effect as soon as we receive your initial premium and approve your application. If you're not completely satisfied, just return the policy within 30 days of receipt. You'll receive a full refund.

What this insurance does not cover.

Your policy pays only for loss resulting from cancer, heart attack, stroke or other conditions or diseases directly caused or aggravated by their treatment. Your policy does not cover injuries, or conditions or diseases unrelated to cancer, heart attack, or stroke. This does not pay benefits for cancer that was first diagnosed within 30 days of the date your insurance goes into effect nor does it pay for cancer first diagnosed while your policy was not in force.

We will not pay benefits for any person for a diagnosis, or for expense beginning, while that person is not insured under your policy.

"Cancer" means a sickness characterized by an abnormal proliferation of cells which grow in an uncontrolled manner, exhibit invasiveness, and tend to spread to other normal tissues. The cancer can be classified as a carcinoma, malignant carcinoid, sarcoma, leukemia, myelodysplastic syndrome, lymphoma, or other malignant tumor. It can also include the malignant transformation of a previously benign tumor. It does not include pre-cancerous conditions such as leukoplakia, hyperplasia, polycythemia, benign moles, or similar lesions.

"Heart attack" (myocardial infarction), includes ST elevation, non-ST elevation, Q wave and non-Q wave

presentations) means the death of a portion of the heart muscle, resulting from blockage of one or more coronary arteries. In order to be covered under this policy, the diagnosis of heart attack (myocardial infarction) must be based upon a clinical setting consistent with such diagnosis and either: (a) new electrocardiographic changes consistent with and supporting a clinical diagnosis of heart attack (myocardial infarction); or (b) a concurrent diagnostic elevation of cardiac biomarkers.

Strokes means a cerebrovascular accident or infarction (death) of brain tissue caused by hemorrhage, embolism, or thrombosis producing measurable, neurological deficit persisting for at least two days following the occurrence of the stroke. Stroke does not include Transient Ischemic Attack (TIA) or other cerebral vascular events.

Benefits are payable for confinement in any licensed and accredited hospital. Hospital benefits are not payable for confinement in a hospital or institution or a part of such hospital or institution which is licensed or used principally for the treatment or care of drug addicts or alcoholics, or as a continued or extended care facility, skilled nursing facility, assisted living facility, rehabilitation facility, convalescent home, or nursing home.

Here's exactly what this insurance can pay you.

Pays \$150.00 for Preventative Screening Tests and/or Procedures.

Covers important tests/procedures for cancer, including colonoscopy, mammography, Pap smear, HPV vaccine, and CEA (blood test for colon cancer). For cardiovascular disease, cardiac stress test, lipid profile, chest X-ray and more are covered. Pays \$150 per year for one test procedure or vaccine per year for each insured person. Tests, procedures or vaccines must be performed more than 90 days after the policy effective date and while the coverage is in force.

Pays for Hospital Confinement.

Pays the greater of \$200.00 for each day of hospital confinement or \$400.00 for each day of confinement in an intensive care unit. There is no limit on the number of days for which the hospital confinement benefit is payable!

Helps Pay for Drugs and Medicines While in the Hospital.

Pays 15% of your daily hospital room benefit for drugs and medicines used in the Hospital.

Pays Benefits for Radiotherapy, Chemotherapy or Immunotherapy.

Treatment can be in or out of the hospital. Pays \$175.00 per treatment occurring within 365 days of the first treatment. Payment will be made for immunotherapy only if the course of treatment is administered by or under the direction of a certified oncologist for malignant melanoma using mixed vaccines designed to stimulate the immune system.

Helps Pay for Surgery.

Applies to dozens of covered operations. Amount paid depends on the surgical procedures performed – no matter if the operation is performed in or out of the hospital.

Pays for Administration of Anesthetic

Pays 20% of the surgery benefits.

Pays up to \$4,500.00 for Physician Visits While in the Hospital.

Pays \$50.00 per daily visit by a physician. 90 visits are covered.

Pays up to \$7,500.00 a Month for Hospice Care.

Pays \$250.00 a day for each day of confinement care. There is no limit on the number of days for which the hospice care benefits are payable! This benefit will not be paid at the same time as Home Health Care.

Pays for Blood and Blood Plasma.

Pays \$50.00 for each occurrence of blood and blood plasma administration occurring within 365 of first administration. (In NH, 40 occurrences are covered, with no time limit.)

Pays up to \$2,500.00 for Ambulance Service.

Pays \$250.00 for transportation by a licensed ambulance company to or from the hospital, up to a maximum of 10 transports.

Pays Benefits for Checkups by a Physician.

Pays \$125.00 a visit after you're out of the hospital. One visit every 4 months for 5 years...after each diagnosis of cancer.

Pays up to \$2,500.00 for Diagnostic X-rays and Lab Procedures.

Pays \$125.00 for one outpatient X-ray or lab procedure per day for each insured person. 20 procedures are covered.

Pays up to \$25,000.00 for Home Health Care.

Pays \$250.00 a day for home health care services, up to a maximum of 100 days (In UT, 180 days.). This benefit will not be paid at the same time as Hospice Care.

Pays up to \$25,000.00 for a Skilled Nursing Facility or Rehabilitation Center.

Pays \$250.00 for each day of confinement in a skilled nursing facility or rehabilitation facility, up to a maximum of 100 days (In UT, 180 days.).

Please note: To learn what your insurance does not cover, see next page.

Plus...

Pays regardless of what other insurance pays.

This insurance policy pays regardless of any other insurance you own. (Note: You can be insured under only one cancer insurance plan from Mutual of Omaha Insurance Company, also known as Mutual of Omaha.)

Your whole family can be insured.

You can apply for coverage for you, your spouse (or civil union partner in NH) and all unmarried dependent children under age 19, or under age 23 if a full-time student at an accredited college or university and adopted children or children placed with you for the purpose of legal adoption. (In UT and NH, all unmarried dependent children are covered to age 26 regardless of college attendance.)

Apply even if you've had cancer.

As long as anyone to be insured hasn't had internal cancer, leukemia or melanoma within the past 5 years or any other skin cancer in the past 3 years.

You'll never get an individual rate increase.

The premiums for this policy are intended to remain level for as long as you own your coverage. Rate changes will only occur if changed for everyone with the same policy form and type of coverage as yours in your state.

No cancellation because of age or claims.

You can keep your policy for life. You can be canceled as an individual only if you stop paying premiums on time. Of course, you can cancel at any time.

You have a 30-Day Free Look.

Apply TODAY. Your coverage goes into effect as soon as we receive your initial premium and approve your application. If you're not completely satisfied, just return the policy within 30 days of receipt. You'll receive a full refund.

What this insurance does not cover.

Your policy pays only for loss resulting from cancer, heart attack, stroke or other conditions or diseases directly caused or aggravated by their treatment. Your policy does not cover injuries, or conditions or diseases unrelated to cancer, heart attack, or stroke. This does not pay benefits for cancer that was first diagnosed within 30 days of the date your insurance goes into effect nor does it pay for cancer first diagnosed while your policy was not in force.

We will not pay benefits for any person for a diagnosis, or for expense beginning, while that person is not insured under your policy.

"Cancer" means a sickness characterized by an abnormal proliferation of cells which grow in an uncontrolled manner, exhibit invasiveness, and tend to spread to other normal tissues. The cancer can be classified as a carcinoma, malignant carcinoid, sarcoma, leukemia, myelodysplastic syndrome, lymphoma, or other malignant tumor. It can also include the malignant transformation of a previously benign tumor. It does not include pre-cancerous conditions such as leukoplakia, hyperplasia, polycythemia, benign moles, or similar lesions.

"Heart attack" (myocardial infarction), includes ST elevation, non-ST elevation, Q wave and non-Q wave

presentations) means the death of a portion of the heart muscle, resulting from blockage of one or more coronary arteries. In order to be covered under this policy, the diagnosis of heart attack (myocardial infarction) must be based upon a clinical setting consistent with such diagnosis and either: (a) new electrocardiographic changes consistent with and supporting a clinical diagnosis of heart attack (myocardial infarction); or (b) a concurrent diagnostic elevation of cardiac biomarkers.

Strokes means a cerebrovascular accident or infarction (death) of brain tissue caused by hemorrhage, embolism, or thrombosis producing measurable, neurological deficit persisting for at least two days following the occurrence of the stroke. Stroke does not include Transient Ischemic Attack (TIA) or other cerebral vascular events.

Benefits are payable for confinement in any licensed and accredited hospital. Hospital benefits are not payable for confinement in a hospital or institution or a part of such hospital or institution which is licensed or used principally for the treatment or care of drug addicts or alcoholics, or as a continued or extended care facility, skilled nursing facility, assisted living facility, rehabilitation facility, convalescent home, or nursing home.

Here's exactly what this insurance can pay you.

Pays \$90.00 for Preventative Screening Tests and/or Procedures.

Covers important tests/procedures for cancer, including colonoscopy, mammography, Pap smear, HPV vaccine, and CEA (blood test for colon cancer). For cardiovascular disease, cardiac stress test, lipid profile, chest X-ray and more are covered. Pays \$90 per year for one test procedure or vaccine per year for each insured person. Tests, procedures or vaccines must be performed more than 90 days after the policy effective date and while the coverage is in force.

Pays for Hospital Confinement.

Pays the greater of \$120.00 for each day of hospital confinement or \$240.00 for each day of confinement in an intensive care unit. There is no limit on the number of days for which the hospital confinement benefit is payable!

Helps Pay for Drugs and Medicines While in the Hospital.

Pays 15% of your daily hospital room benefit for drugs and medicines used in the Hospital.

Pays Benefits for Radiotherapy, Chemotherapy or Immunotherapy.

Treatment can be in or out of the hospital. Pays \$105.00 per treatment. Payment will be made for immunotherapy only if the course of treatment is administered by or under the direction of a certified oncologist for malignant melanoma using mixed vaccines designed to stimulate the immune system. (This benefit is limited to treatment occurring within 365 days of the first treatment.)

Pays up to \$2,250.00 for Surgery.

Applies to dozens of covered operations. Amount paid depends on the surgical procedures performed – no matter if the operation is performed in or out of the hospital..

Pays for Administration of Anesthetic

Pays 20% of the surgery benefits.

Pays up to \$2,700.00 for Physician Visits While in the Hospital.

Pays \$30.00 per daily visit by a physician. 90 visits are covered.

Pays up to \$4,500.00 a Month for Hospice Care.

Pays \$150.00 a day for each day of confinement care. There is no limit on the number of days for which the hospice care benefits are payable! This benefit will not be paid at the same time as Home Health Care.

Pays up to \$1,200.00 Maximum for Blood and Blood Plasma.

Pays \$30.00 for each occurrence of blood and blood plasma administration. 40 occurrences are covered.

Pays up to \$1,500.00 for Ambulance Service.

Pays \$150.00 for transportation by a licensed ambulance company to or from the hospital, up to a maximum of 10 transports.

Pays Benefits for Checkups by a Physician.

Pays \$75.00 a visit after you're out of the hospital. One visit every 4 months for 5 years...after each diagnosis of cancer

Pays up to \$1,500.00 for Diagnostic X-rays and Lab Procedures.

Pays \$75.00 for one outpatient X-ray or lab procedure per day for each insured person. 20 procedures are covered.

Pays up to \$15,000.00 for Home Health Care.

Pays \$150.00 a day for home health care services, up to a maximum of 100 days. This benefit will not be paid at the same time as Hospice Care.

Pays up to \$15,000.00 for a Skilled Nursing Facility or Rehabilitation Center.

Pays \$150.00 for each day of confinement in a skilled nursing facility or rehabilitation facility, up to a maximum of 100 days.

Please note: To learn what your insurance does not cover, see next page.

Plus...

Pays regardless of what other insurance pays.

This insurance policy pays regardless of any other insurance you own. (Note: You can be insured under only one cancer insurance plan from Mutual of Omaha Insurance Company, also known as Mutual of Omaha.)

Your whole family can be insured.

You can apply for coverage for you, your spouse (or civil union partner in IL) and all unmarried dependent children under age 19 (26 in IL), or under age 23 if a full-time student at any accredited college or university and adopted children or children placed with you for the purpose of legal adoption. (In IL, all unmarried dependents are covered until age 30 if military service requirements are met.)

Apply even if you've had cancer.

As long as anyone to be insured hasn't had internal cancer, leukemia or melanoma within the past 5 years or any other skin cancer in the past 3 years.

You'll never get an individual rate increase.

The premiums for this policy are intended to remain level for as long as you own your coverage. Rate changes will only occur if changed for everyone with the same policy form and type of coverage as yours in your state.

No cancellation because of age or claims.

You can keep your policy for life. You can be canceled as an individual only if you stop paying premiums on time. Of course, you can cancel at any time.

You have a 30-Day Free Look.

Apply TODAY. Your coverage goes into effect as soon as we receive your initial premium and approve your application. If you're not completely satisfied, just return the policy within 30 days of receipt. You'll receive a full refund.

What this insurance does not cover.

Your policy pays only for loss resulting from cancer, heart attack, stroke or other conditions or diseases directly caused or aggravated by their treatment. Your policy does not cover injuries, or conditions or diseases unrelated to cancer, heart attack, or stroke. This does not pay benefits for cancer that was first diagnosed within 30 days of the date your insurance goes into effect nor does it pay for cancer first diagnosed while your policy was not in force.

We will not pay benefits for any person for a diagnosis, or for expense beginning, while that person is not insured under your policy.

"Cancer" means a sickness characterized by an abnormal proliferation of cells which grow in an uncontrolled manner, exhibit invasiveness, and tend to spread to other normal tissues. The cancer can be classified as a carcinoma, malignant carcinoid, sarcoma, leukemia, myelodysplastic syndrome, lymphoma, or other malignant tumor. It can also include the malignant transformation of a previously benign tumor. It does not include pre-cancerous conditions such as leukoplakia, hyperplasia, polycythemia, benign moles, or similar lesions.

"Heart attack" (myocardial infarction), includes ST elevation, non-ST elevation, Q wave and non-Q wave

presentations) means the death of a portion of the heart muscle, resulting from blockage of one or more coronary arteries. In order to be covered under this policy, the diagnosis of heart attack (myocardial infarction) must be based upon a clinical setting consistent with such diagnosis and either: (a) new electrocardiographic changes consistent with and supporting a clinical diagnosis of heart attack (myocardial infarction); or (b) a concurrent diagnostic elevation of cardiac biomarkers.

Strokes means a cerebrovascular accident or infarction (death) of brain tissue caused by hemorrhage, embolism, or thrombosis producing measurable, neurological deficit persisting for at least two days following the occurrence of the stroke. Stroke does not include Transient Ischemic Attack (TIA) or other cerebral vascular events.

Benefits are payable for confinement in any licensed and accredited hospital. Hospital benefits are not payable for confinement in a hospital or institution or a part of such hospital or institution which is licensed or used principally for the treatment or care of drug addicts or alcoholics, or as a continued or extended care facility, skilled nursing facility, assisted living facility, rehabilitation facility, convalescent home, or nursing home.

Here's exactly what this insurance can pay you.

Pays \$60.00 for Preventative Screening Tests and/or Procedures.

Covers important tests/procedures for cancer, including colonoscopy, mammography, Pap smear, HPV vaccine, and CEA (blood test for colon cancer). For cardiovascular disease, cardiac stress test, lipid profile, chest X-ray and more are covered. Pays \$60 per year for one test procedure or vaccine per year for each insured person. Tests, procedures or vaccines must be performed more than 90 days after the policy effective date and while the coverage is in force.

Pays for Hospital Confinement.

Pays the greater of \$80.00 for each day of hospital confinement or \$160.00 for each day of confinement in an intensive care unit. There is no limit on the number of days for which the hospital confinement benefit is payable!

Helps Pay for Drugs and Medicines While in the Hospital.

Pays 15% of your daily hospital room benefit for drugs and medicines used in the Hospital.

Pays up to \$1,400.00 in Benefits for Radiotherapy, Chemotherapy or Immunotherapy.

Treatment can be in or out of the hospital. Pays \$70.00 per treatment for up to 20 treatments – that's \$1,400.00. Payment will be made for immunotherapy only if the course of treatment is administered by or under the direction of a certified oncologist for malignant melanoma using mixed vaccines designed to stimulate the immune system.

Pays up to \$1,500.00 for Surgery.

Applies to dozens of covered operations. Amount paid depends on the surgical procedures performed – no matter if the operation is performed in or out of the hospital.

Pays for Administration of Anesthetic

Pays 20% of the surgery benefits.

Pays up to \$1,800.00 for Physician Visits While in the Hospital.

Pays \$20.00 per daily visit by a physician. 90 visits are covered.

Pays up to \$3,000.00 a Month for Hospice Care.

Pays \$100.00 a day for each day of confinement care. There is no limit on the number of days for which the hospice care benefits are payable! This benefit will not be paid at the same time as Home Health Care.

Pays up to \$800.00 Maximum for Blood and Blood Plasma.

Pays actual charges for blood and blood plasma (other than that which is donated or replaced), including fees for administering the blood. This benefit is limited to \$800.00

Pays up to \$1,000.00 for Ambulance Service.

Pays \$100.00 for transportation by a licensed ambulance company to or from the hospital or hospice facility., up to a maximum of 10 transports.

Pays Benefits for Checkups by a Physician.

Pays \$50.00 a visit after you're out of the hospital. One visit every 4 months for 5 years...after each diagnosis of cancer.

Pays up to \$1,000.00 for Diagnostic X-rays and Lab Procedures.

Pays \$50.00 for one outpatient X-ray or lab procedure per day for each insured person. 20 procedures are covered.

Pays up to \$10,000.00 for Home Health Care.

Pays \$100.00 a day for home health care services, up to a maximum of 100 days. This benefit will not be paid at the same time as Hospice Care.

Pays up to \$10,000.00 for a Skilled Nursing Facility or Rehabilitation Center.

Pays \$100.00 for each day of confinement in a skilled nursing facility or rehabilitation facility, up to a maximum of 100 days.

Please note: To learn what your insurance does not cover, see next page.

Plus...

Pays regardless of what other insurance pays.

This insurance policy pays regardless of any other insurance you own. (Note: You can be insured under only one cancer insurance plan from Mutual of Omaha Insurance Company, also known as Mutual of Omaha.)

Your whole family can be insured.

You can apply for coverage for you, your spouse and all unmarried dependent children under age 19 or under age 23 if a full-time student at any accredited college or university.

Apply even if you've had cancer.

As long as anyone to be insured hasn't had internal cancer, leukemia or melanoma within the past 5 years or any other skin cancer in the past 3 years.

You'll never get an individual rate increase.

The premiums for this policy are intended to remain level for as long as you own your coverage. Rate changes will only occur if changed for everyone with the same policy form and type of coverage as yours in your state.

No cancellation because of age or claims.

You can keep your policy for life. You can be canceled as an individual only if you stop paying premiums on time. Of course, you can cancel at any time.

You have a 30-Day Free Look.

Apply TODAY. Your coverage goes into effect as soon as we receive your initial premium and approve your application. If you're not completely satisfied, just return the policy within 30 days of receipt. You'll receive a full refund.

What this insurance does not cover.

Your policy pays only for loss resulting from cancer, heart attack, stroke or other conditions or diseases directly caused or aggravated by their treatment. Your policy does not cover injuries, or conditions or diseases unrelated to cancer, heart attack, or stroke. This does not pay benefits for cancer that was first diagnosed within 30 days of the date your insurance goes into effect nor does it pay for cancer first diagnosed while your policy was not in force.

We will not pay benefits for any person for a diagnosis, or for expense beginning, while that person is not insured under your policy.

"Cancer" means a sickness characterized by an abnormal proliferation of cells which grow in an uncontrolled manner, exhibit invasiveness, and tend to spread to other normal tissues. The cancer can be classified as a carcinoma, malignant carcinoid, sarcoma, leukemia, myelodysplastic syndrome, lymphoma, or other malignant tumor. It can also include the malignant transformation of a previously benign tumor. It does not include pre-cancerous conditions such as leukoplakia, hyperplasia, polycythemia, benign moles, or similar lesions.

"Heart attack" (myocardial infarction), includes ST elevation, non-ST elevation, Q wave and non-Q wave

presentations) means the death of a portion of the heart muscle, resulting from blockage of one or more coronary arteries. In order to be covered under this policy, the diagnosis of heart attack (myocardial infarction) must be based upon a clinical setting consistent with such diagnosis and either: (a) new electrocardiographic changes consistent with and supporting a clinical diagnosis of heart attack (myocardial infarction); or (b) a concurrent diagnostic elevation of cardiac biomarkers.

Strokes means a cerebrovascular accident or infarction (death) of brain tissue caused by hemorrhage, embolism, or thrombosis producing measurable, neurological deficit persisting for at least two days following the occurrence of the stroke. Stroke does not include Transient Ischemic Attack (TIA) or other cerebral vascular events.

Benefits are payable for confinement in any licensed and accredited hospital. Hospital benefits are not payable for confinement in a hospital or institution or a part of such hospital or institution which is licensed or used principally for the treatment or care of drug addicts or alcoholics, or as a continued or extended care facility, skilled nursing facility, assisted living facility, rehabilitation facility, convalescent home, or nursing home.

Here's exactly what this insurance can pay you.

Pays \$50.00 for Preventative Screening Tests and/or Procedures.

Covers important tests/procedures for cancer, including colonoscopy, mammography, Pap smear, HPV vaccine, and CEA (blood test for colon cancer). For cardiovascular disease, cardiac stress test, lipid profile, chest X-ray and more are covered. Pays \$50 per year for one test procedure or vaccine per year for each insured person. Tests, procedures or vaccines must be performed more than 90 days after the policy effective date and while the coverage is in force.

Pays for Hospital Confinement.

Pays the greater of \$120.00 for each day of hospital confinement or \$240.00 for each day of confinement in an intensive care unit. There is no limit on the number of days for which the hospital confinement benefit is payable!

Helps Pay for Drugs and Medicines While in the Hospital.

Pays 15% of your daily hospital room benefit for drugs and medicines used in the Hospital.

Pays \$105.00 per Treatment for Radiotherapy, Chemotherapy or Immunotherapy.

Treatment can be in or out of the hospital. Pays \$105.00 per treatment occurring within 365 days of the first treatment. Payment will be made for immunotherapy only if the course of treatment is administered by or under the direction of a certified oncologist for malignant melanoma using mixed vaccines designed to stimulate the immune system.

Pays up to \$2,250.00 for Surgery.

Applies to dozens of covered operations. Amount paid depends on the surgical procedures performed – no matter if the operation is performed in or out of the hospital.

Pays for Administration of Anesthetic

Pays 20% of the surgery benefits.

Pays up to \$2,700.00 for Physician Visits While in the Hospital.

Pays \$30.00 per daily visit by a physician. 90 visits are covered.

Pays up to \$4,500.00 a Month for Hospice Care.

Pays \$150.00 a day for each day of confinement care. There is no limit on the number of days for which the hospice care benefits are payable! This benefit will not be paid at the same time as Home Health Care.

Pays up to \$1,200.00 Maximum for Blood and Blood Plasma.

Pays \$30.00 for each occurrence of blood and blood plasma administration. 40 occurrences are covered.

Pays up to \$1,500.00 for Ambulance Service.

Pays \$150.00 for transportation by a licensed ambulance company to or from the hospital, up to a maximum of 10 transports.

Pays Benefits for Checkups by a Physician.

Pays \$75.00 a visit after you're out of the hospital. One visit every 4 months for 5 years...after each diagnosis of cancer.

Pays up to \$1,500.00 for Diagnostic X-rays and Lab Procedures.

Pays \$75.00 for one outpatient X-ray or lab procedure per day for each insured person. 20 procedures are covered.

Pays up to \$15,000.00 for Home Health Care.

Pays \$150.00 a day for home health care services, up to a maximum of 100 days. This benefit will not be paid at the same time as Hospice Care.

Pays up to \$15,000.00 for a Skilled Nursing Facility or Rehabilitation Center.

Pays \$150.00 for each day of confinement in a skilled nursing facility or rehabilitation facility, up to a maximum of 100 days.

Please note: To learn what your insurance does not cover, see next page.

Plus...

Pays regardless of what other insurance pays.

This insurance policy pays regardless of any other insurance you own. (Note: You can be insured under only one cancer insurance plan from Mutual of Omaha Insurance Company, also known as Mutual of Omaha.)

Your whole family can be insured.

You can apply for coverage for you, your spouse or civil union partner and all unmarried dependent children under age 19, or under age 23 if a full-time student at any accredited college or university, and adopted children or children placed with you for the purpose of legal adoption.

Apply even if you've had cancer.

As long as anyone to be insured hasn't had internal cancer, leukemia or melanoma within the past 5 years or any other skin cancer in the past 3 years.

You'll never get an individual rate increase.

The premiums for this policy are intended to remain level for as long as you own your coverage. Rate changes will only occur if changed for everyone with the same policy form and type of coverage as yours in your state.

No cancellation because of age or claims.

You can keep your policy for life. You can be canceled as an individual only if you stop paying premiums on time. Of course, you can cancel at any time.

You have a 30-Day Free Look.

Apply TODAY. Your coverage goes into effect as soon as we receive your initial premium and approve your application. If you're not completely satisfied, just return the policy within 30 days of receipt. You'll receive a full refund.

What this insurance does not cover.

Your policy pays only for loss resulting from cancer, heart attack, stroke or other conditions or diseases directly caused or aggravated by their treatment. Your policy does not cover injuries, or conditions or diseases unrelated to cancer, heart attack, or stroke.

We will not pay benefits for any person for a diagnosis, or for expense beginning, while that person is not insured under your policy.

"Cancer" means a sickness characterized by an abnormal proliferation of cells which grow in an uncontrolled manner, exhibit invasiveness, and tend to spread to other normal tissues. The cancer can be classified as a carcinoma, malignant carcinoid, sarcoma, leukemia, myelodysplastic syndrome, lymphoma, or other malignant tumor. It can also include the malignant transformation of a previously benign tumor. It does not include pre-cancerous conditions such as leukoplakia, hyperplasia, polycythemia, benign moles, or similar lesions.

"Heart attack" (myocardial infarction), includes ST elevation, non-ST elevation, Q wave and non-Q wave presentations) means the death of a portion of the heart muscle, resulting from blockage of one or more coronary

arteries. In order to be covered under this policy, the diagnosis of heart attack (myocardial infarction) must be based upon a clinical setting consistent with such diagnosis and either: (a) new electrocardiographic changes consistent with and supporting a clinical diagnosis of heart attack (myocardial infarction); or (b) a concurrent diagnostic elevation of cardiac biomarkers.

Strokes means a cerebrovascular accident or infarction (death) of brain tissue caused by hemorrhage, embolism, or thrombosis producing measurable, neurological deficit persisting for at least two days following the occurrence of the stroke. Stroke does not include Transient Ischemic Attack (TIA) or other cerebral vascular events.

Benefits are payable for confinement in any licensed and accredited hospital. Hospital benefits are not payable for confinement in a hospital or institution or a part of such hospital or institution which is licensed or used principally for the treatment or care of drug addicts or alcoholics, or as a continued or extended care facility, skilled nursing facility, assisted living facility, rehabilitation facility, convalescent home, or nursing home.

Here's exactly what this insurance can pay you.

Pays \$120.00 for Preventative Screening Tests and/or Procedures.

Covers important tests/procedures for cancer, including colonoscopy, mammography, Pap smear, HPV vaccine, and CEA (blood test for colon cancer). For cardiovascular disease, cardiac stress test, lipid profile, chest X-ray and more are covered. Pays \$120 per year for one test procedure or vaccine per year for each insured person. Tests, procedures or vaccines must be performed more than 90 days after the policy effective date and while the coverage is in force.

Pays for Hospital Confinement.

Pays the greater of \$160.00 for each day of hospital confinement or \$320.00 for each day of confinement in an intensive care unit. There is no limit on the number of days for which the hospital confinement benefit is payable!

Helps Pay for Drugs and Medicines While in the Hospital.

Pays 15% of your daily hospital room benefit for drugs and medicines used in the Hospital.

Pays up to \$2,800.00 in Benefits for Radiotherapy, Chemotherapy or Immunotherapy.

Treatment can be in or out of the hospital. Pays \$140.00 per treatment for up to 20 treatments – that's \$2,800.00. Payment will be made for immunotherapy only if the course of treatment is administered by or under the direction of a certified oncologist for malignant melanoma using mixed vaccines designed to stimulate the immune system.

Pays up to \$3,000.00 for Surgery.

Applies to dozens of covered operations. Amount paid depends on the surgical procedures performed – no matter if the operation is performed in or out of the hospital.

Pays for Administration of Anesthetic

Pays 20% of the surgery benefits.

Pays up to \$3,600.00 for Physician and Nursing Visits While in the Hospital.

Pays \$40.00 per daily visit by a physician and nurse. 90 visits are covered.

Pays up to \$6,000.00 a Month for Hospice Care.

Pays \$200.00 a day for each day of confinement care. There is no limit on the number of days for which the hospice care benefits are payable! This benefit will not be paid at the same time as Home Health Care.

Pays up to \$1,600.00 Maximum for Blood and Blood Plasma.

Pays \$40.00 for each occurrence of blood and blood plasma administration. 40 occurrences are covered.

Pays up to \$2,000.00 for Ambulance Service.

Pays \$200.00 for transportation by a licensed ambulance company to or from the hospital, up to a maximum of 10 transports.

Pays Benefits for Checkups by a Physician.

Pays \$100.00 a visit after you're out of the hospital. One visit every 4 months for 5 years...after each diagnosis of cancer.

Pays up to \$2,000.00 for Diagnostic X-rays and Lab Procedures.

Pays \$100.00 for one outpatient X-ray or lab procedure per day for each insured person. 20 procedures are covered.

Pays up to \$20,000.00 for Home Health Care.

Pays \$200.00 a day for home health care services, up to a maximum of 100 days. This benefit will not be paid at the same time as Hospice Care.

Pays up to \$20,000.00 for a Skilled Nursing Facility or Rehabilitation Center.

Pays \$200.00 for each day of confinement in a skilled nursing facility or rehabilitation facility, up to a maximum of 100 days.

Please note: To learn what your insurance does not cover, see next page.

Plus...

Pays regardless of what other insurance pays.

This insurance policy pays regardless of any other insurance you own. (Note: You can be insured under only one cancer insurance plan from Mutual of Omaha Insurance Company, also known as Mutual of Omaha.)

Your whole family can be insured.

You can apply for coverage for you, your spouse and all unmarried dependent children under age 25 and any unmarried grandchild who is under the age of 25 and is a dependent of yours for federal income tax purposes and adopted children or children placed with you for the purpose of legal adoption and any child whom you are required to insure under a medical support order issued under Chapter 154, Family Code, or enforceable by a court in Texas.

Apply even if you've had cancer.

As long as anyone to be insured hasn't had internal cancer, leukemia or melanoma within the past 5 years or any other skin cancer in the past 3 years.

You'll never get an individual rate increase.

The premiums for this policy are intended to remain level for as long as you own your coverage. Rate changes will only occur if changed for everyone with the same policy form and type of coverage as yours in your state.

No cancellation because of age or claims.

You can keep your policy for life. You can be canceled as an individual only if you stop paying premiums on time. Of course, you can cancel at any time.

You have a 30-Day Free Look.

Your coverage goes into effect as soon as we receive your initial premium and approve your application. If you're not completely satisfied, just return the policy within 30 days of receipt. You'll receive a full refund.

What this insurance does not cover.

Your policy pays only for loss resulting from cancer, heart attack, stroke or other conditions or diseases directly caused or aggravated by their treatment. Your policy does not cover injuries, or conditions or diseases unrelated to cancer, heart attack, or stroke. This does not pay benefits for cancer that was first diagnosed within 30 days of the date your insurance goes into effect nor does it pay for cancer first diagnosed while your policy was not in force.

We will not pay benefits for any person for a diagnosis, or for expense beginning, while that person is not insured under your policy.

"Cancer" means a sickness characterized by an abnormal proliferation of cells which grow in an uncontrolled manner, exhibit invasiveness, and tend to spread to other normal tissues. The cancer can be classified as a carcinoma, malignant carcinoid, sarcoma, leukemia, myelodysplastic syndrome, lymphoma, or other malignant tumor. It can also include the malignant transformation of a previously benign tumor. It does not include pre-cancerous conditions such as leukoplakia, hyperplasia, polycythemia, benign moles, or similar lesions.

"Heart attack" (myocardial infarction), includes ST elevation, non-ST elevation, Q wave and non-Q wave

presentations) means the death of a portion of the heart muscle, resulting from blockage of one or more coronary arteries. In order to be covered under this policy, the diagnosis of heart attack (myocardial infarction) must be based upon a clinical setting consistent with such diagnosis and either: (a) new electrocardiographic changes consistent with and supporting a clinical diagnosis of heart attack (myocardial infarction); or (b) a concurrent diagnostic elevation of cardiac biomarkers.

Strokes means a cerebrovascular accident or infarction (death) of brain tissue caused by hemorrhage, embolism, or thrombosis producing measurable, neurological deficit persisting for at least two days following the occurrence of the stroke. Stroke does not include Transient Ischemic Attack (TIA) or other cerebral vascular events.

Benefits are payable for confinement in any licensed and accredited hospital. Hospital benefits are not payable for confinement in a hospital or institution or a part of such hospital or institution which is licensed or used principally for the treatment or care of drug addicts or alcoholics, or as a continued or extended care facility, skilled nursing facility, assisted living facility, rehabilitation facility, convalescent home, or nursing home.

Here's exactly what this insurance can pay you.

Pays \$60.00 for Preventative Screening Tests and/or Procedures.

Covers important tests/procedures for cancer, including colonoscopy, mammography, Pap smear, HPV vaccine, and CEA (blood test for colon cancer). For cardiovascular disease, cardiac stress test, lipid profile, chest X-ray and more are covered. Pays \$60 per year for one test procedure or vaccine per year for each insured person. Tests, procedures or vaccines must be performed more than 90 days after the policy effective date and while the coverage is in force.

Pays for Hospital Confinement.

Pays the greater of \$80.00 for each day of hospital confinement or \$160.00 for each day of confinement in an intensive care unit. This benefit is limited to 100 days.

Helps Pay for Drugs and Medicines While in the Hospital.

Pays 15% of your daily hospital room benefit for drugs and medicines used in the Hospital.

Pays up to \$1,400.00 in Benefits for Radiotherapy, Chemotherapy or Immunotherapy.

Treatment can be in or out of the hospital. Pays \$70.00 per treatment for up to 20 treatments – that's \$1,400.00. Payment will be made for immunotherapy only if the course of treatment is administered by or under the direction of a certified oncologist for malignant melanoma using mixed vaccines designed to stimulate the immune system.

Pays up to \$1,500.00 for Surgery.

Applies to dozens of covered operations. Amount paid depends on the surgical procedures performed – no matter if the operation is performed in or out of the hospital.

Pays for Administration of Anesthetic

Pays 20% of the surgery benefits.

Pays up to \$1,800.00 for Physician Visits While in the Hospital.

Pays \$20.00 per daily visit by a physician. 90 visits are covered.

Pays up to \$3,000.00 a Month for Hospice Care.

Pays \$100.00 a day for each day of confinement care. There is no limit on the number of days for which the hospice care benefits are payable! This benefit will not be paid at the same time as Home Health Care.

Pays up to \$800.00 Maximum for Blood and Blood Plasma.

Pays \$20.00 for each occurrence of blood and blood plasma administration. 40 occurrences are covered.

Pays up to \$1,000.00 for Ambulance Service.

Pays \$100.00 for transportation by a licensed ambulance company to or from the hospital, up to a maximum of 10 transports.

Pays Benefits for Checkups by a Physician.

Pays \$50.00 a visit after you're out of the hospital. One visit every 4 months for 5 years...after each diagnosis of cancer.

Pays up to \$1,000.00 for Diagnostic X-rays and Lab Procedures.

Pays \$50.00 for one outpatient X-ray or lab procedure per day for each insured person. 20 procedures are covered.

Pays up to \$10,000.00 for Home Health Care.

Pays \$100.00 a day for home health care services, up to a maximum of 100 days. This benefit will not be paid at the same time as Hospice Care.

Pays up to \$10,000.00 for a Skilled Nursing Facility or Rehabilitation Center.

Pays \$100.00 for each day of confinement in a skilled nursing facility or rehabilitation facility, up to a maximum of 100 days.

Please note: To learn what your insurance does not cover, see next page.

Plus...

Pays regardless of what other insurance pays.

This insurance policy pays regardless of any other insurance you own. (Note: You can be insured under only one cancer insurance plan from Mutual of Omaha Insurance Company, also known as Mutual of Omaha.)

Your whole family can be insured.

You can apply for coverage for you, your spouse or domestic partner and all unmarried dependent children under age 19 or under age 23 if a full-time student at any accredited college or university.

Apply even if you've had cancer.

As long as anyone to be insured hasn't had internal cancer, leukemia or melanoma within the past 5 years or any other skin cancer in the past 3 years.

You'll never get an individual rate increase.

The premiums for this policy are intended to remain level for as long as you own your coverage. Rate changes will only occur if changed for everyone with the same policy form and type of coverage as yours in your state.

No cancellation because of age or claims.

You can keep your policy for life. You can be canceled as an individual only if you stop paying premiums on time. Of course, you can cancel at any time.

You have a 30-Day Free Look.

Apply TODAY. Your coverage goes into effect as soon as we receive your initial premium and approve your application. If you're not completely satisfied, just return the policy within 30 days of receipt. You'll receive a full refund.

What this insurance does not cover.

Your policy pays only for loss resulting from cancer, heart attack, stroke or other conditions or diseases directly caused or aggravated by their treatment. Your policy does not cover injuries, or conditions or diseases unrelated to cancer, heart attack, or stroke. This does not pay benefits for cancer that was first diagnosed within 30 days of the date your insurance goes into effect nor does it pay for cancer first diagnosed while your policy was not in force.

We will not pay benefits for any person for a diagnosis, or for expense beginning, while that person is not insured under your policy.

"Cancer" means a sickness characterized by an abnormal proliferation of cells which grow in an uncontrolled manner, exhibit invasiveness, and tend to spread to other normal tissues. The cancer can be classified as a carcinoma, malignant carcinoid, sarcoma, leukemia, myelodysplastic syndrome, lymphoma, or other malignant tumor. It can also include the malignant transformation of a previously benign tumor. It does not include pre-cancerous conditions such as leukoplakia, hyperplasia, polycythemia, benign moles, or similar lesions.

"Heart attack" (myocardial infarction), includes ST elevation, non-ST elevation, Q wave and non-Q wave

presentations) means the death of a portion of the heart muscle, resulting from blockage of one or more coronary arteries. In order to be covered under this policy, the diagnosis of heart attack (myocardial infarction) must be based upon a clinical setting consistent with such diagnosis and either: (a) new electrocardiographic changes consistent with and supporting a clinical diagnosis of heart attack (myocardial infarction); or (b) a concurrent diagnostic elevation of cardiac biomarkers.

Strokes means a cerebrovascular accident or infarction (death) of brain tissue caused by hemorrhage, embolism, or thrombosis producing measurable, neurological deficit persisting for at least two days following the occurrence of the stroke. Stroke does not include Transient Ischemic Attack (TIA) or other cerebral vascular events.

Benefits are payable for confinement in any licensed and accredited hospital. Hospital benefits are not payable for confinement in a hospital or institution or a part of such hospital or institution which is licensed or used principally for the treatment or care of drug addicts or alcoholics, or as a continued or extended care facility, skilled nursing facility, assisted living facility, rehabilitation facility, convalescent home, or nursing home.