



**PHILADELPHIA  
AMERICAN**  
LIFE INSURANCE COMPANY®

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**CRITICAL ILLNESS INSURANCE POLICY  
FORM H-0186.NV**

**OUTLINE OF COVERAGE**

**Read your Policy Carefully.** This outline of coverage provides a very brief description of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth, in detail, the rights and obligations of both you and your insurance company. It is, therefore, important that you **READ YOUR POLICY CAREFULLY.**

**THIS POLICY IS NOT A MEDICARE SUPPLEMENT POLICY.** If you are eligible for Medicare, review the **Guide to Health Insurance for People with Medicare** available from the company.

This insurance pays a fixed amount, regardless of your expenses, if you meet the policy conditions for one of the specific diseases, health conditions or procedures named in the policy.

**BENEFITS**

We will pay the amount described below, less any partial payment(s) previously paid per Benefit Section, provided for a Covered Condition subject to Covered Condition definitions, Exclusions and Limitations and other terms and conditions of the policy. In order to be eligible for a full benefit under both Benefit Section I and Benefit Section II, the Covered Condition(s) under each section must be separated by at least 90 consecutive days. This is based on the date of first occurrence of the Covered Condition(s) for each insured. If the Covered Condition is not separated by at least 90 days, Reduced Benefits will apply. See Reduced Benefits below.

Except as otherwise set forth in the policy, coverage for each insured terminates when an insured's Maximum Critical Illness Benefit has been paid in full under Benefit Sections I and II as shown below.

MAXIMUM CRITICAL ILLNESS BENEFIT

Insured and/or Spouse/Domestic Partner: \$10,000 / \$20,000 / \$30,000 / \$40,000 / \$50,000  
 Dependent Child(ren): \$10,000

COVERED CONDITIONS

Percentage Benefit Payable

Benefit Section I	
Cancer (Internal Cancer)*	100%
Non-Invasive Carcinoma In-Situ (if metastasized, balance will be paid)	25%
Benefit Section II	
Heart Attack	100%
Stroke	100%
Coronary Artery Bypass Surgery**	25%
Angioplasty	10%
Pacemaker Implant (single chambered / double chambered)	30% / 40%
End Stage Renal Failure	100%
Organ Transplant (heart, lung, liver, pancreas)	100%
Organ Transplant (kidney)	50%

\* Excludes pre-malignant conditions or conditions with malignant potential; cervical intraepithelial neoplasia (CIN) stages I and II; Carcinoma in Situ; and Skin Cancer.

\*\* Payable for one Coronary Artery Bypass Surgery only.

**REDUCED BENEFITS (FIRST 90 DAYS):** Benefits will be reduced during the first 90 days following: (1) the effective date of coverage; or (2) the Reinstatement date of the policy; or (3) the date of first occurrence of a Covered Condition. The reduced benefits will be 25% of the Percentage Benefits Payable listed in the policy schedule.

**REDUCTION OF BENEFITS DUE TO AGE:** Any benefits remaining at age 65 or older will reduce 50%.

## DEFINITIONS

**COVERED CONDITION(S):** One of the medical conditions, diseases or procedures listed in paragraphs A. through J. below.

### A. Cancer (Internal Cancer)

A disease that is identified by the uncontrolled and abnormal growth of malignant cells. This includes Hodgkin's Disease, leukemia, lymphoma, carcinoma, sarcoma, malignant melanoma that is Diagnosed as Clark's Level III or above or Breslow greater than .75mm and malignant tumors. Diagnosis must be made by a Pathologist based on a microscopic examination of fixed tissue or preparations from the hemic system.

For purposes of the policy, the following are not considered Cancer (Internal Cancer): pre-malignant conditions or conditions with malignant potential, cervical intraepithelial neoplasia (CIN) stages I and II, Carcinoma in Situ, Non-Invasive Carcinoma In-Situ, Leukoplakia, hyperplasia, polycythemia, moles, lesions, Skin Cancer.

### B. Non-Invasive Carcinoma In-Situ

A localized malignant tumor, which contains one or several cells that have the potential to invade or metastasize but have not yet done so. This excludes Skin Cancer. Diagnosis must be made by a licensed Pathologist.

### C. Heart Attack

The death (infarction) of a portion of the heart muscle as a result of inadequate blood supply. Diagnosis of a Heart Attack must be made by a Legally Qualified Physician who is a board certified Cardiologist. Diagnosis of a Heart Attack must be based on all of the following criteria:

- (1) associated new EKG changes consistent with Injury;
- (2) elevation of cardiac enzymes above generally accepted laboratory levels of normal (a diagnostic elevation of Troponin I or in the case of CPK, a CPK-MB measurement must be used); and
- (3) confirmatory imaging studies such as thallium scans, MUGA scans or stress echocardiograms.

The following are not considered a Heart Attack: an EKG change consistent with transient ischemic change, angina, or chance finding of EKG changes suggestive of a previous Heart Attack, or death of the heart muscle coincident with death of an insured from other causes.

In the event of death, an autopsy confirmation and death certificate identifying Heart Attack as the cause of death will be accepted.

### D. Stroke

A cerebrovascular event resulting in permanent neurological damage, including infarction of, hemorrhage of, or embolization to brain tissue from an extracranial source. Diagnosis of Stroke must be made by a Legally Qualified Physician who is a board certified Neurologist. Diagnosis of a Stroke must be based on the following criteria:

- (1) documented neurological impairment or deficits; and
- (2) confirming neuroimaging studies.

Stroke does not mean a cerebrovascular event resulting from a head Injury, transient ischemic attack, chronic cerebrovascular insufficiency and reversible ischemic neurological deficits.

### E. Coronary Artery Bypass Surgery (surgical treatment)

The first ever heart surgery to correct narrowing or blockage of one or more coronary arteries with bypass grafts, performed by a Legally Qualified Physician who is a board certified Cardiothoracic Surgeon. Payable for one Coronary Artery Bypass Surgery per insured person.

### F. Angioplasty

The undergoing of angioplasty, atherectomy or laser treatment for coronary artery disease, which cannot be adequately controlled by medical therapy, following a recommendation by a cardiologist. Angiographic evidence of the underlying disease must be provided.

### G. Pacemaker Implant

The procedure to insert an artificial pacemaker. A pacemaker is a device that sends small electrical impulses to the heart muscle to maintain a suitable heart rate or to stimulate the lower chambers of the heart (ventricles). A pacemaker may also be used to treat fainting spells (syncope), congestive heart failure and hypertrophic cardiomyopathy.

#### **H. End Stage Renal Failure**

Diagnosis by a Legally Qualified Physician who is a board certified Nephrologist, of End Stage Renal disease which:

- (1) results in chronic irreversible failure of both kidneys to function; and
- (2) requires an insured person to undergo regular renal dialysis at least weekly.

#### **I. Organ Transplant (heart, lung, liver, pancreas)**

The actual undergoing, as a recipient, of a transplant due to failure of one of the following organs: heart, lung, liver or pancreas.

#### **J. Organ Transplant (kidney)**

The actual undergoing, as a recipient, of a transplant due to failure of the kidney.

**DIAGNOSIS or DIAGNOSED:** Diagnosis or Diagnosed means a written diagnosis by a legally qualified physician of the insured person's Covered Condition. We reserve the right to request that any Covered Condition Diagnosis be reviewed by a physician of our choice. In the event of any dispute or disagreement regarding the appropriateness or correctness of the Diagnosis, we shall have the right to request either an examination of the insured person or that the evidence used in making the Diagnosis in dispute be reviewed by an independent acknowledged expert selected by us in the applicable field of medicine. The opinion of such expert as to such Diagnosis shall be binding on both the insured person and us.

**SKIN CANCER:** Any of the following:

- (1) basal cell carcinoma, basal cell epithelioma or squamous cell carcinoma of the skin; or
- (2) Kaposi's Sarcoma; or
- (3) melanoma that is Diagnosed as Clark's Level I or II or Breslow less than .75mm.

### **EXCLUSIONS AND LIMITATIONS**

**EXCLUSIONS:** Benefits will not be payable for any such loss resulting from or in connection with: (1) suicide, attempted suicide or intentional self-inflicted Injury, whether sane or insane, except coverage for treatment of conditions relating to severe mental illness; (2) war or any act of war (whether declared or undeclared) or participating in a riot or felony, except if the insured person has been denied due process to avoid prejudicial interest of the insured person; (3) the insured person's commission or attempt to commit a felony or to which a contributing cause was the insured person's being engaged in an illegal occupation, except due to acts of domestic violence regardless of whether the insured person contributed to any loss or injury and/or if the insured person has been denied due process to avoid prejudicial interest of the insured person; (4) loss that begins prior to the effective date of coverage.

**PRE-EXISTING SICKNESS OR INJURY PROVISION:** The benefits of the policy will not be payable during the first 12 months that coverage is in force with respect to an insured person for a loss caused by a Pre-Existing Sickness or Injury disclosed or not disclosed in the application. This 12 month period is measured from the effective date of coverage for each insured person. A Pre-Existing Sickness or Injury means a Sickness or Injury which is Diagnosed by a legally qualified physician or for which medical advice or treatment was recommended or received from a legally qualified physician within 12 months prior to the effective date of coverage for each insured person.

### **RENEWABILITY**

The policy is Guaranteed Renewable to age 75.

### **PREMIUM**

Your premium for the policy is \$\_\_\_\_\_ annually. If your premium is not annual, it is \$\_\_\_\_\_ for \_\_\_\_\_ months. The policy provides a 31-day grace period during which period the policy will remain in force. Premiums are subject to change.