

Voluntary Worksite Cancer Insurance

Cancer Insurance policies issued by Shenandoah Life Insurance Company

Product Description[†]

Voluntary Cancer Insurance is a group plan that provides benefits for treatment and care related to a positive diagnosis of internal cancer first made while coverage is in force. Coverage is available to the employee, spouse, and dependent children.

PREMIUM CLASSES	<ul style="list-style-type: none"> • Premium rates vary by issue age, coverage type, and benefits selected. There are both tobacco/non-tobacco rates and uni-tobacco rates available. • Coverage type includes (1) Individual, (2) Couple (Employee & Spouse), (3) Single Parent (Employee & Dependent Children), and (4) Family (Employee, Spouse, & Dependent Children). • Premiums may change based upon experience. 																								
BENEFIT AMOUNTS*	<table> <tr> <td>First Occurrence Cancer Benefit</td> <td>Up to \$25,000 per lifetime</td> </tr> <tr> <td colspan="2">Optional Riders:</td> </tr> <tr> <td>• Additional Benefits Rider</td> <td>Varies</td> </tr> <tr> <td>• Annual Cancer Screening Benefit Rider</td> <td>Up to \$150 per year</td> </tr> <tr> <td>• Surgical Expense Benefit Rider</td> <td>Up to \$10,000</td> </tr> <tr> <td>• Daily Hospital Confinement Benefit Rider</td> <td>Up to \$600 per day</td> </tr> <tr> <td>• Daily Radiation, Chemotherapy, Immunotherapy And Experimental Treatment Benefits Rider</td> <td>Up to \$1,000 per day</td> </tr> <tr> <td>• Monthly Radiation, Chemotherapy, Immunotherapy And Experimental Treatment Benefits Rider</td> <td>Up to \$10,000 per month</td> </tr> <tr> <td>• Annual Radiation, Chemotherapy, Immunotherapy And Experimental Treatment Benefits Rider</td> <td>Up to \$20,000 per year</td> </tr> <tr> <td>• Hospital Intensive Care Unit Benefit Rider</td> <td>Up to \$1,000 per day</td> </tr> <tr> <td>• Specified Disease Benefit Rider</td> <td>Up to \$3,000 per year</td> </tr> <tr> <td>• Lump Sum Heart Attack And Stroke Benefit Rider</td> <td>Up to \$50,000 per lifetime</td> </tr> </table>	First Occurrence Cancer Benefit	Up to \$25,000 per lifetime	Optional Riders:		• Additional Benefits Rider	Varies	• Annual Cancer Screening Benefit Rider	Up to \$150 per year	• Surgical Expense Benefit Rider	Up to \$10,000	• Daily Hospital Confinement Benefit Rider	Up to \$600 per day	• Daily Radiation, Chemotherapy, Immunotherapy And Experimental Treatment Benefits Rider	Up to \$1,000 per day	• Monthly Radiation, Chemotherapy, Immunotherapy And Experimental Treatment Benefits Rider	Up to \$10,000 per month	• Annual Radiation, Chemotherapy, Immunotherapy And Experimental Treatment Benefits Rider	Up to \$20,000 per year	• Hospital Intensive Care Unit Benefit Rider	Up to \$1,000 per day	• Specified Disease Benefit Rider	Up to \$3,000 per year	• Lump Sum Heart Attack And Stroke Benefit Rider	Up to \$50,000 per lifetime
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WAIVER OF PREMIUM	We will waive the premiums starting on the first premium due date following a 60-day period of Total Disability of the employee due to Cancer.																								
PORTABILITY	Yes. Employees can take the coverage with them if employment status changes.																								
ELIGIBILITY**	<ul style="list-style-type: none"> • Employee issue ages 18+ • Employee Actively at Work Full-time • Spouse issue ages 18-70; Ineligible if employee is denied • Child issue ages 0-26; Ineligible if employee is denied 																								
PRE-EXISTING CONDITION EXCLUSION	No coverage for a cancer diagnosis in the first 12 months if a pre-existing condition.																								
ADDITIONAL PLAN INFORMATION	Spouse includes domestic partners where allowed by state.																								

* Maximum benefit amounts shown are dependent on plan and are for employee coverage. Spouse and Dependent Child maximum benefit amounts may be less.

** Eligibility requirement might vary from employer to employer.

[†]This is a Limited Benefit Group Policy and is not a substitute for major medical coverage. Like most group policies, the policies are subject to certain exclusions, limitations, and terms for keeping them in force. Benefits, benefit amounts, and premiums depend on the plan selected. A more detailed description of applicable benefits, limitations, and exclusions can be found in the plan disclosure materials available at time of enrollment.

Product issued by Shenandoah Life Insurance Company (Policy/Certificate Form #'s L-1061P and L-1061C; Rider Form #'s R-2068 through R-2078), a member of Prosperity Life Group. Not available in all states; features may vary by state. All guarantees are subject to the financial strength and claims-paying ability of the issuing company.