KEMPER Health

# Cancer Insurance

## EMPLOYEE GUIDE

Policy features and benefits specially prepared for Mississippi University for Women.

## Help when you need it most

When you or a loved one is diagnosed with cancer, the financial burden can be overwhelming. While primary health insurance is there to cover the medical bills, many patients face challenges due to time away from work and expenses that may not be covered by other insurance.

## Stay focused on getting well

A Kemper Health* Cancer insurance plan gives you an extra layer of financial security during these tough times—providing cash benefits that you can use to help keep the bills paid and protect your savings. That way, your focus can be on getting better.

## How it Works

1. Select a plan option.
2. The policy pays a one-time, lump-sum cancer diagnosis benefit.
3. As treatment begins, the policy pays additional benefits based on your plan plus the care and services you receive such as:
   - New or experimental treatment
   - Second and third surgical opinions, drugs and medicines, lodging and transportation, and other expenses

**Cash benefits are paid directly to the insured with no restrictions on how the funds can be used.**

*Kemper Health is the brand name for insurance products issued by subsidiary insurance companies controlled by Kemper Corporation. Each subsidiary of Kemper Corporation is solely responsible for the insurance products it underwrites and issues. The underwriting company for the worksite voluntary Cancer policy is **Reserve National Insurance Company.**

KH-EG-CA-RF (03/21)

# Tori's Journey

**Age 32, single with no children**
**Health plan deductible: $6,000[1]**
**Out-of-pocket maximum: $8,000**
**Diagnosis: Stage 3 breast cancer, HER2 Positive**
**Annual salary: $72,000[2]**

*"I enrolled in the cancer plan because it seemed like the smart thing to do, just in case. Now, I'm so glad I made that decision."*

## February

I went to the doctor for a routine mammogram that probably ended up saving my life. My results were uncertain, so my doctor took more tests. A week later I was told, "You have cancer."

## March

After my diagnosis, things moved quickly. I had follow-up visits, more tests and multiple consultations. I was told that I could start with radiation and chemotherapy, but I would still need surgery. I decided to have a lumpectomy for a smaller impact on my body, since so much in my life had already changed.

## April – January

For the next 10 months, I focused on treatment and recovery. Every three weeks, my sister and I drove 500 miles round-trip for surgery, chemotherapy and doctor's visits.

For a while, I had to go on disability because I was too sick to work. My paycheck was cut in half, but my bills were still the same!

For me, the best treatment center was out of town–but I didn't expect the cost for gas, hotels and food to end up being over $7,000. That was a shock.

It was all worth it! Thankfully with my treatment e orts, I'm in remission and back to w s to my Cancer Insurance plan, I didn't have to dip into my savings.[4]

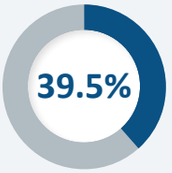
| Treatment | Costs |
|---|---|
| **Diagnosis** *(Mammogram, Ultrasound, MRI)* | $2,200 |
| **Tests, Biopsy & Surgery** *(Lymph Node Dissection)* | $5,800 |
| **Prescription** *(Not covered)* | $600 |
| **Radiation/Chemo/Immuno** | $2,500 |
| **Travel to and from Treatment** | $7,000 |
| **Disability Lost Wages** | $19,000[3] |
| **Total Expenses** | **$37,100.00** |

| Cancer Benefit** | Paid to Tori |
|---|---|
| **First Diagnosis** | $10,000 |
| **Positive Diagnosis** | $300 |
| **2nd Opinion** | $350 |
| **NCI* Evaluation** | $750 |
| **Travel to NCI** | $350 |
| **Surgery** | $1,926 |
| **Anesthesia** | $482 |
| **Chemotherapy/Radiation** | $25,000 |
| **Anti-Nausea** | $250 |
| **New/Experimental Treatment** | $7,500 |
| **Transportation/Lodging** | $3,500 |
| **Blood, Plasma, Platelets** | $2,000 |
| **Total Benefits** | **$52,408** |

*National Cancer Institute. **All benefits not included in all plans. See Plan Certificate for complete list of benefits.

[1]Average Annual Employee-Plus-One Premium per Enrolled Employee For Employer-Based Health Insurance, 2019
[2]USUAL WEEKLY EARNINGS OF WAGE AND SALARY WORKERS FOURTH QUARTER 2020
[3]Assumes 6 weeks of short-term disability, 60% of income, and 6 months of long-term disability, 50% of income.
[4]Tori's journey is a fictional scenario, based on the American Cancer Society and the American Cancer Society Cancer Action Network (ACS CAN) six profile of cancer patient with Stage 3, HER2 Positive breast cancer.

## Why Do You Need Cancer Insurance?




**39.5%** of men and women will be diagnosed with cancer of any site at some point during their lifetime.[1]

**25%** of 600 breast cancer patients surveyed reported **$8,000** or more in out-of-pocket costs.[2]

**One in four** survivors reported problems paying medical bills, and **33%** reported worry about medical bills.[3]

[1]National Cancer Institute Cancer Stat Facts, (2020) www.seer.cancer.gov/statfacts

[2]Medscape "Costs of Breast Cancer Surgery Can Be Financial Burden," (2019) https://www.medscape.com/viewarticle/916619

[3]CDC "Annual Out-of-Pocket Expenditures and Financial Hardships Among Cancer Survivors 2011-2016," (2019) www.cdc.gov/mmwr/volumes/68/wr/mm6822a2.htm?s_cid=mm6822a2_w

## KEY BENEFITS Kemper Health's Cancer Insurance plan offers key benefits plus standard features

**Key and Standard Benefits are combined for a full, robust Cancer Insurance plan.**

| | Plan 1 | Plan 2 | Plan 3 |
|---|---|---|---|
| **First Diagnosis Benefit** | $2,000 | $3,000 | $5,000 |
| **Radiation/Chemotherapy/ Immunotherapy** | $2,500 *(Monthly)* | $5,000 *(Monthly)* | $10,000 *(Monthly)* |
| **Hospital Confinement Benefit** *(Daily)* | $100 | $200 | $300 |
| **Self-Administered Drugs** *(Yearly / Benefit period)* | $10,000 | $10,000 | $10,000 |
| **Colony Stimulating Factors** *(Monthly)* | $500 | $500 | $1,000 |
| **Surgery** | $1,500 | $1,500 | $3,000 |
| **Ambulance** *(Maximum)* | $1,000 | $1,000 | $1,000 |
| **Medical Imaging** | $100 | $500 | $1000 |
| **Non-Melanoma Skin Cancer Diagnosis** *(Calendar Year)* | $100 | $100 | $100 |
| **Wellness** | $50 | $50 | $75 |

See following benefit descriptions, limitations and exclusions.

# STANDARD BENEFITS

Standard benefits are included to provide financial help from diagnosis through the end of treatment.

| DIAGNOSIS & RELATED | |
|---|---|
| **National Comprehensive Cancer Treatment Center/Evaluation Consultation** | $750 |
| **Positive Diagnosis Test** | $300 |

| SURGERY & RELATED | |
|---|---|
| **Bone Marrow & Stem Cell Transplant** *(Maximum)* | $15,000 |
| **2nd and 3rd Opinion** | Expenses Incurred |
| **Ambulatory Surgical Center** *(Daily)* | $250 |
| **Anesthesia** *(% of surgery)* | 25% |

| HOSPITAL & RELATED | |
|---|---|
| **Government or Charity Hospital** *(Daily)* | $200 |
| **Extended Benefits** *(Daily)* | 3X hospital confinement |
| **At Home Nursing** *(Daily)* | $100 |
| **Physicians Attendance** *(Daily)* | $35 |
| **Private Duty Nursing Services** *(Daily)* | $100 |
| **Extended Care Facility** *(Daily)* | $50 |
| **Hospice Care** *(Daily)* | $50 |

| TREATMENT-RELATED | |
|---|---|
| **Miscellaneous Therapy Charges** | $10,000 |
| **Outpatient Anti-Nausea Drugs** | $250 |
| **Drugs & Medicine** *(Daily)*<br>*Calendar year maximum* | $25<br>$600 |
| **New or Experimental Treatment** | $7,500 |
| **Blood, Plasma & Platelets** *(Daily)* | $200 |
| **Physical or Speech Therapy** | $35 |

| TRANSPORTATION & LODGING | |
|---|---|
| **Non-local transportation** | Common carrier; 50¢/mi. up to 700mi. |
| **Adult Companion Lodging** *(Daily)* | $75 |
| **Adult Companion Transportation** | Common carrier; 50¢/mi. up to 700mi. |

| MISCELLANEOUS | |
|---|---|
| **Artificial Limb or Prosthesis** | $1,500 |
| **Hair Piece** | $150 |
| **Breast Prosthesis** | Insured's expenses |
| **Rental/Purchase of Durable Goods** *(Calendar Year)* | $1,500 |

See following benefit descriptions, limitations and exclusions.

## Financial help when you need it most:

- Benefits will be paid directly to you, not the hospital.
- Coverage can be purchased for you and your entire family.
- Waiver of premium after 60 days of disability due to cancer for as long as your disability lasts.[1]
- Portable coverage if you leave your current job, at the same premium.

[1] Disability of primary insured only

| CANCER INSURANCE RATES | | | | |
|---|---|---|---|---|
| **Monthly** | **Employee** | **Employee + Spouse** | **Employee + Children** | **Employee + Family** |
| Plan 1 | $35.04 | $68.54 | $40.14 | $71.43 |
| Plan 2 | $41.47 | $81.16 | $47.26 | $84.48 |
| Plan 3 | $52.31 | $102.11 | $59.27 | $106.19 |

# Benefit Descriptions

## Adult Companion Lodging and Transportation
If an Insured Person is confined in a Non-Local Hospital for Cancer treatment, We will pay for lodging and transportation Expenses Incurred for one adult companion to stay with the Insured Person. This benefit is payable for:
1. Not more than $75 per day for a single room in a motel, hotel or other accommodations, to a maximum stay of 60 days. This benefit is not payable for lodging Expenses Incurred more than 24 hours before the treatment nor for lodging Expenses Incurred more than 24 hours following treatment; and 2. A round trip airfare, coach fare on a Common Carrier or a personal vehicle allowance of $.50 per mile. Mileage is measured from the visiting adult companion's home to the Hospital in which the Insured Person is staying. We will pay for up to 700 miles per Hospital stay. If we pay for personal vehicle mileage under Non-Local Transportation, we will pay personal vehicle mileage under this benefit only if the adult companion lives in another town other than where the Insured Person lives.

## Ambulance
We will pay for an Insured Person's Expenses Incurred for ambulance service if the Insured Person is taken to the Hospital by a licensed or Hospital-owned ambulance and is admitted as an inpatient.

## Ambulatory Surgical Center
We will pay for an Insured Person's Expenses Incurred for surgery performed at an Ambulatory Surgical Center up to a maximum of $250 per day.

## Anesthesia
We will pay for an Insured Person's Expenses Incurred for the services of an anesthesiologist in connection with the Insured Person's surgery up to 25% of the amount paid for such surgery. For anesthesia in connection with the treatment of skin Cancer, the amount We will pay is limited to $100.

## Artificial Limb or Prosthesis
Pays an insured's expenses incurred when an amputation is performed up to a lifetime maximum of $1,500 per insured person for amputation per an artificial limb or prosthesis and the procedure to affix or implant it.

## Blood, Plasma and Platelets
We will pay for an Insured Person's Expenses Incurred up to a maximum of $200 per day for:
1. Blood, plasma and platelets;
2. Transfusions;
3. The administration of 1 and 2;
4. Processing and procurement costs; and
5. Cross matching.

*(We will not pay for blood replaced by donors.)*

## Bone Marrow and Peripheral Stem Cell Transplant
Pays for an insured's expenses for surgical and anesthetic charges associated with bone marrow transplant and/or peripheral stem cell transplant up to a combined lifetime maximum of $15,000.

## Breast Prosthesis
We will pay for an Insured Person's Expenses Incurred for: 1. A breast prosthesis to restore body contour lost due to breast Cancer; and 2. The implantation of the prosthesis.

## Colony Stimulating Factors
We will pay for an Insured Person's Expenses Incurred up to the Benefit Amount shown in the Schedule of Benefits for:
1. Cost of chemical substances; and 2. Their administration to stimulate the production of blood cells.

## Donor Bone Marrow and Peripheral Stem Cell Transplant
We will pay for an Insured Person's Expenses Incurred up to $50 per day by the Insured Person and his or her live donor and:
1. Two times the Hospital Confinement Benefit for medical expenses; 2. Charges up for round trip coach fare on a Common Carrier to the city where the transplant is performed; 3. A personal vehicle allowance of $.50 per mile measured from the home of the donor or Insured Person to the Hospital in which the Insured Person is staying up to 700 miles per Hospital stay; and 4. Lodging and meals expenses for donor to remain near Hospital.

## Drugs and Medicines
We will pay for an Insured Person's Expenses Incurred for drugs and medicine while the Insured Person is confined in a Hospital up to a maximum of $25 for each day of confinement, subject to a Calendar Year maximum of $600.

# Benefit Descriptions (continued)

## First Diagnosis
We will pay a one-time benefit as shown on the Schedule of Benefits when an Insured Person is first Diagnosed with Cancer. The first Diagnosis must occur after the Certificate Effective Date. This benefit is payable only once for each Insured Person.

## Government or Charity Hospital
We will pay for an Insured Person up to $200 per day for confinement in: 1. A Hospital operated by or for the United States Government (including the Veteran's Administration); or 2. A Hospital that does not charge for the services it provides (charity). We will pay a daily benefit in lieu of all other benefits provided in the Policy.

## Hairpiece
We will pay for an Insured Person's Expenses Incurred up to a lifetime maximum of $150 for a hair piece when hair loss is the result of Cancer treatment.

## Hospice Care
We will pay for an Insured Person's Expenses Incurred up to $50 per day for care received in a Free Standing Hospice Care Center or at home. The Insured Person must have been Diagnosed as Terminally Ill and: 1. The attending Physician must approve such stay or care; and 2. The Insured Person must be admitted or have at home care begin within 14 days after a Hospital stay.
Benefits payable for hospice centers that are designated areas of Hospitals will be paid the same as inpatient Hospital stays. We will not pay for food services or meals other than dietary counseling; services related to well-baby care; services provided by volunteers; or support for the family after the death of the Insured Person.

## Hospital Confinement
We will pay a daily benefit shown in the Schedule of Benefits for each day an Insured Person is charged the daily room rate by a Hospital. This benefit is payable up to 60 days for one period of continuous stay. For covered Dependent Child(ren) under the age of 21, the benefit is two times the daily benefit for Hospital Confinement shown in the Schedule of Benefits.

**Extended Benefits** If an Insured Person is confined in a Hospital for more than 60 continuous days, We will pay three times the Hospital Confinement Benefit per Insured Person per day shown in the Schedule of Benefits. Payment will begin on the 61st day of continuous Hospital confinement. This benefit is payable in lieu of the Hospital Confinement Benefit.

**Extended Care Facility** We will pay for an Insured Person's Expenses Incurred for confinement in an Extended Care Facility for a maximum of $50 per day, up to the number of days that the Hospital Confinement Benefit was paid. Confinement must:
1. Be at the direction of the attending Physician; and 2. Begin within 14 days after a Hospital confinement.

**At Home Nursing** We will pay for an Insured Person's Expenses Incurred for private duty nursing care and attendance by a Nurse at home up to $100 per day and up to the number of days that the Hospital Confinement Benefit was paid. Nursing services must be:
1. Required and authorized by the attending Physician; and 2. Immediately following confinement in a Hospital.

## Medical Imaging
We pay the actual cost once per calendar year, up to the amount shown in the Schedule of Benefits, if a covered person receives an initial diagnosis or follow-up evaluation for Cancer based upon one of the following medical imaging exams: CT scan; Magnetic Resonance Imaging (MRI) scan; bone scan; thyroid scan; Multiple Gated Acquisition (MUGA) scan; Positron Emission Tomography (PET) scan; transrectal ultrasound; or abdominal ultrasound. This benefit is limited to 1 payment per calendar year per covered person.

## Miscellaneous Therapy Charges
Miscellaneous Therapy Charges. We will pay for an Insured Person's Expenses Incurred up to a lifetime maximum of $10,000 for the following services: 1. Laboratory work and its interpretation; and; 2. Routine or diagnostic x-rays and their interpretations.
Service must be performed while receiving treatment(s) in Radiation Therapy, Radioactive Isotopes Therapy; Chemotherapy or Immunotherapy or within 30 days following a covered treatment.

## National Cancer Institute (NCI) Comprehensive Cancer Treatment Center Evaluation/Consultation Benefit
We will pay for an Insured Person's Expenses Incurred if an Insured Person is Diagnosed with Cancer and seeks evaluation or consultation from a National Cancer Institute designated Comprehensive Cancer Treatment Center up to a lifetime maximum of $750 for evaluation. If the Comprehensive Cancer Treatment Center is located more than 30 miles from the Insured Person's place of residence, We will also pay for the Expenses Incurred for transportation and lodging up to a lifetime maximum of up to $350. This benefit is not payable on the same day a Second or Third Surgical Opinion Benefit is payable and is in lieu of the Non-Local Transportation Benefits of the Policy.

# Benefit Descriptions (continued)

### New or Experimental Treatment
We will pay for an Insured Person's Expenses Incurred up to a maximum of $7,500 per Calendar Year for new or Experimental Treatment: 1. Judged necessary by the attending Physician; and 2. Received in the United States or in its territories.

### Non-Local Transportation
We will pay for an Insured Person's Expenses Incurred for Non-Local travel to a Hospital (inpatient or outpatient); Radiation Therapy Center; Chemotherapy or Oncology Clinic; or any other specialized treatment either: 1. For a Common Carrier fare; or 2. 50 cents per mile for up to 700 miles per treatment for round-trip personal vehicle transportation for round trips over 60 miles. Mileage is measured from the Insured Person's home to the nearest treatment facility as described above. This benefit is payable if the Insured Person's treatment is not available Locally and is available Non-Locally.

### Non-Melanoma Skin Cancer Diagnosis Benefit
We will pay a benefit as shown on the Schedule of Benefits when an Insured Person is Diagnosed with Non-Melanoma Skin Cancer. The Diagnosis must occur after the Certificate Effective Date. This benefit is payable only once per Calendar Year for each Insured Person. This benefit is not payable for a Diagnosis of malignant melanoma or any other type of Cancer. Additionally, this benefit is not payable for a Diagnosis of Non-Malignant Skin Cancer that: 1. Was first Diagnosed before the Certificate Effective Date; 2. Is the metastasis (spread) or recurrence of a Non-Melanoma Skin Cancer that was first Diagnosed before the Certificate Effective Date; or 3. Is the metastasis (spread) or recurrence of a Non-Melanoma Skin Cancer for which this benefit has been paid.
*No other benefits under this Certificate are payable for the Diagnosis or treatment of any Non-Melanoma Skin Cancer.*

### Outpatient Anti-Nausea Drugs
We will pay for an Insured Person's Expenses Incurred for drugs prescribed by a Physician and which are used for suppressing nausea during Cancer treatment up to a maximum of $250 per Calendar Year.

### Physician's Attendance
We will pay for an Insured Person's Expenses Incurred up to a maximum of $35 per day for one visit per day by a Physician while the Insured Person is confined in a Hospital.

### Physical Therapy or Speech Therapy
We will pay for an Insured Person's Expenses Incurred up to $35 per therapy session for physical or speech therapy for restoration of normal bodily function.

### Positive Diagnosis Test
Positive Diagnosis (of Cancer) or Non-Melanoma Skin Cancer means a Diagnosis by a Physician. Diagnosis is based on a microscopic examination of fixed tissue or preparation from the hemic system (except for Non-Melanoma Skin Cancer). If a pathological Diagnosis is made, We will accept clinical Diagnosis of Cancer as evidence that Cancer or Non-Melanoma Skin Cancer existed. The evidence must substantially document the Diagnosis and the Insured Person must receive definitive treatment.

### Private Duty Nursing Services
We will pay for an Insured Person's Expenses Incurred up to a maximum of $100 per day the amount shown in the Schedule of Benefits for private nursing care by a Nurse provided: 1. Nursing services are required and ordered by the attending Physician; and 2. The Insured Person is confined in a Hospital. We will not pay for nursing services in a facility other than a Hospital.

### Radiation/Chemotherapy/Immunotherapy
Treatment must be used to modify or destroy cancerous tissue or for the treatment of one of the listed specified diseases, if included.

### Rental or Purchase of Durable Goods
We will pay for an Insured Person's Expenses Incurred up to $1,500 per Calendar Year for the rental or purchase of the following pieces of durable medical equipment: 1. A respirator or similar mechanical device; 2. Brace; 3. Crutches; 4. Hospital bed; 5. Wheelchair.

### Second and Third Surgical Opinions
We will pay for an Insured Person's Expenses Incurred for a written second or third surgical opinion as to the need for a surgical procedure. These Expenses Incurred must be: 1. After a Positive Diagnosis and before surgery; and 2. Given by a Board Certified interest or a Board Certified Specialist in the appropriate specialty, who is not affiliated with the Physician performing the surgery.

### Self-Administering Drugs
We will pay for Insured Person's Expenses Incurred up to the Benefit Amount shown in the Schedule of Benefits for self-administered chemotherapy, including hormone therapy, or immunotherapy agents. This benefit is not payable for planning, monitoring or other agents used to treat or prevent side effects, or other procedures related to this therapy treatment.
*Treatment must be used to modify or destroy cancerous tissue (or for the treatment of one of the listed specified diseases, if selected).*

# Benefit Descriptions (continued)

### Surgery
We will pay for an Insured Person's Expenses Incurred for a surgeon's fee up to the amount shown in the Surgical Schedule for an operation and for care by the surgeon after the operation. If the surgical procedure is not listed on the Surgical Schedule, Our payment will be made in accordance with the most recent California Relative Value Schedule. If more than one operation is performed through the same incision, payment will be made for the one operation providing the largest benefit.
Payment will not include charges by an assistant or co-surgeons.
Benefits for surgery performed on an outpatient basis will be 150% of the scheduled amount shown on the Surgical Schedule; however, We will not pay an amount which exceeds the actual surgeon's fees for the surgery.

### Waiver of Premium
We will waive premiums starting on the first premium due date following a 60 day period of Disability due to Cancer.
The Insured must: 1. Be receiving treatment for such Cancer for which benefits are payable under the Policy; and 2. Remain Disabled for 60 consecutive days. We will waive premiums for as long as the Insured remains Disabled. Premiums waived will be in accordance with the mode of payment in effect when treatment began.

### Wellness
We will pay for an Insured Person's Expenses Incurred for Cancer screening up to the Benefit Amount shown in the Schedule of Benefits for including but not limited to the following:

- Abdominal aortic aneurysm ultrasound
- Blood test for triglycerides
- Bone marrow
- Bone density screening
- Breast ultrasound
- CA 15-3 (blood test for breast cancer)
- CA 125 (blood test for ovarian cancer)
- Carotid ultrasound
- CEA (blood test for colon cancer)
- Chest X-ray
- Colonoscopy
- CT Angiography
- Double contrast barium enema
- EKG
- Fasting blood glucose
- Flexible sigmoidoscopy
- Hemoccult stool analysis
- Mammography
- Pap smear
- Prostate Specific Antigen (PSA)
- Serum cholesterol (for HDL/LDL level)
- Serum Protein Electrophoresis (SPEP)
- Stress test or Thermography

# Cancer Insurance Plan Riders

### Intensive Care Unit (ICU)
We will pay the following benefits for an Insured Person:
- For confinement in an Intensive Care Unit (ICU) for treatment other than for Cancer (or Specified Disease, if included) or Common Carrier Injury.
- For confinement in a Step-Down Unit (1/2 daily ICU benefit).
- For confinement in an Intensive Care Unit (ICU) for treatment of Cancer [or Specified Disease, if included] (2X daily ICU benefit).
- For confinement in an Intensive Care Unit (ICU) for treatment of Common Carrier Injury (2X daily ICU benefit).

# Cancer Insurance Plan Limitations and Exclusions

## Limitations

During the first 12 months, following the effective date of coverage for an insured person, losses incurred for pre-existing conditions are not covered. After this 12-month period, benefits for such conditions will be payable unless specifically excluded from coverage.

This pre-existing condition limitation does not apply to the Wellness Benefit if included in the plan.

**Pre-Existing Conditions means Cancer or specified disease for which an insured person has received medical consultation, treatment, care, services, or for which diagnostic test(s) have been recommended for which medication has been prescribed during the 12 months immediately preceding the effective date of coverage for the insured person.**

## Exclusions

Benefits under the policy and any attached rider(s) will only be payable for diagnoses resulting from cancer (or specified diseases, if included). Benefits are not payable for any loss caused in whole or in part by or resulting in whole or part from the following: 1. Any other disease or sickness; 2. Injuries; 3. Any disease, condition, or incapacity that has been caused, complicated, worsened, or affected by: a. Specified disease or specified disease treatment (if included); or b. Cancer or cancer treatment, or unless otherwise defined in the policy; 4. Care and treatment received outside the United States or its territories; or 5. New and experimental treatment by any program that does not qualify as new and experimental treatment under the Policy.

**Cancer does not include: 1. Pre-malignant tumors or polyps or other conditions which may be considered precancerous, including but not limited to leukoplakia, actinic keratosis, carcinoid, hyperplasia, polycythemia, nonmalignant melanoma, moles or similar diseases or lesions; 2. Intraductal non-invasive carcinoma of the breast, carcinoma of the appendix, Stage 1 transitional carcinoma of the urinary bladder; 3. Any Non-Melanoma Skin Cancers other than melanomas; or 4. Tumors in presence of HIV.**

Some provisions, exclusions or limitations may vary by state. See each state's policy/certificate for details. Policy Form Series KB-EC-POL-0117 and KB-MC-0117

# Intensive Care Unit (ICU) Rider Exclusions

## Exclusions

This rider does not cover intensive care unit (ICU) or step down unit confinements that occur during a period of confinement that began before the rider effective date or resulting from intentionally self-inflicted injury or suicide attempt.

This rider does not cover any loss as a result of the insured person's being intoxicated or under the influence of alcohol, drugs or any narcotic unless administered on the advice of a physician and taken according to the physician's advice. The term "intoxicated" refers to that condition as defined by law or the legal decisions of the jurisdiction in which the accident or the cause of the loss or losses occurred.

Some provisions, exclusions or limitations may vary by state. See the certificate for details.
Rider Form Series KB-EC-ICU-0117 and KB-MC-ICU-0117

# Affordable protection in an ever-changing world.

At Kemper Health, we understand the changes that affect our customers' lives and their need for affordable insurance. Our voluntary benefits play a critical role in employees' financial well-being by helping fill the gaps in major medical plans, preparing for retirement and providing financial protection from the unexpected.

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KH-EG-CA-RF (03/21)