



2305 Lakeland Drive, Flowood, Mississippi 39232  
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## CANCER SCREENING BENEFIT RIDER

Effective Date:

This rider is issued in return for the application and receipt of the first premium for this rider. This rider is part of the Policy/Certificate to which it is attached. It is subject to all the provisions of the Policy/Certificate that are not in conflict with the provisions of this rider. This rider will terminate on the same date as the Policy/Certificate to which it is attached.

### BENEFITS

This section explains benefits we provide for a loss incurred while covered under this rider. A charge must be incurred for benefits to be payable.

**DIAGNOSTIC TESTING:** We will pay the indemnity amount shown on the Schedule of Benefits, subject to the maximum number of tests per Calendar year, for each Covered Person who receives a screening test that is generally medically recognized to detect internal Cancer including, but not limited to:

1. mammogram;
2. breast ultrasound;
3. breast thermography;
4. breast cancer blood test (CA 15-3);
5. colon cancer blood test (CEA);
6. prostate-specific antigen blood test (PSA);
7. flexible sigmoidoscopy;
8. colonoscopy;
9. virtual colonoscopy;
10. ovarian cancer blood test (CA-125);
11. pap smear (lab test required);
12. chest x-ray;
13. hemocult stool specimen;
14. serum protein electrophoresis (blood test for myeloma);
15. Thin Prep Pap test.

The Covered Person must incur a charge for the screening test. This benefit is available without a diagnosis of Cancer. Screening tests payable under this benefit will ONLY be paid under this benefit. This benefit does not include any test payable under the Medical Imaging benefit. Benefits will only be paid for tests performed after the 30-day period following the Covered Person's Effective Date of this rider.

**FOLLOW-UP DIAGNOSTIC TESTING:** When a Covered Person receives abnormal results from a covered screening test (See Diagnostic Testing benefit), we will pay the indemnity amount shown on the Schedule of Benefits for one follow-up invasive screening test (a test involving an incision or surgery or the insertion of an instrument into the body). For those tests involving an incision or surgery, this benefit will only be paid for a test that results in a negative diagnosis of Cancer. For those invasive tests that do not involve an incision, this benefit will be paid regardless of the diagnosis.

**MEDICAL IMAGING:** We will pay the indemnity amount shown on the Schedule of Benefits, subject to the maximum number of tests per Calendar Year, for a Covered Person, who has been diagnosed with Cancer, and receives either a:

1. Magnetic Resonance Imaging (MRI);
2. Computed Tomography (CT) scan;
3. Computed Axial Tomography (CAT) scan; or
4. Positron Emission Tomography (PET) scan;

when performed due to Cancer or the treatment of Cancer. The MRI, CT scan, CAT scan, or PET scan, must be done at the request of a Physician.

### **TIME LIMIT ON CERTAIN DEFENSES**

After two years from the Covered Person's Effective Date of this rider, no misstatements (except fraudulent misstatements) made by you in the application for this rider will be used to void the rider or to deny a claim for loss that begins after the end of such two year period.

### **EXCLUSIONS AND LIMITATIONS**

No benefits will be paid for:

1. treatment by any program engaged in research that does not meet the definition of Experimental Treatment; or
2. losses or medical expenses incurred prior to the Covered Person's Effective Date of this rider ; or
3. loss incurred during the Pre-Existing Condition Exclusion Period following the Covered Person's Effective Date of this rider as the result of a Pre-Existing Condition (see Section 6 - Limitations and Exclusions in your certificate).

For the purpose of benefits under this rider, the Waiting Period will begin on the Covered Persons Effective Date of this rider (see Section 6 - Limitations and Exclusions in your certificate).

### **TERMINATION OF RIDER COVERAGE**

This rider will terminate and coverage will end for all Covered Persons on the earliest of:

1. the end of the grace period if the premium for this rider remains unpaid;
2. the date the Policy or Certificate to which this rider is attached terminates;
3. the end of the Certificate Month in which we receive a request from the Policyholder to terminate this rider; or
4. the date of your death.

Coverage on an Eligible Dependent terminates under this rider when such person ceases to meet the definition of Eligible Dependent, as defined in the Policy/Certificate.

Signed for American Public Life Insurance Company.



President, Chief Executive Officer