

Benefit and Surgical Schedule

AIG CancerCareSM Insurance

Coverage for when you need it mostSM



Policies issued by:
American General Life Insurance Company
A member company of American International Group, Inc.

WE KNOW LIFE.SM

Insurance Specialties LLC
Highway 37 North
PO Box 275
Purdy MO 65734

AIG **AMERICAN
GENERAL**

Cancer: Managing the Risk

We're committed to our clients' financial security just like you're committed to your own family's security. That's why we provide quality products designed to help make sure you'll have the protection you need, when you need it. Now we're pleased to offer an additional solution that delivers dependable coverage when you need it most — *AIG CancerCare* insurance.

Consider the facts:

- Over 1.3 million Americans are expected to be diagnosed with cancer in 2004, and 63 percent are expected to live at least five years¹
- Approximately 9.6 million Americans with a history of cancer were alive in January 2000¹
- In 2003, cancer cost Americans about \$189.5 billion, which includes direct medical costs and lost productivity¹

Fortunately, with some cancers approaching unprecedented survival rates, more patients than ever can continue to live full, rewarding lives. While advanced treatments have vastly improved the outlook for millions of patients, the costs of these treatments can sometimes be overwhelming. If cancer strikes your family, an *AIG CancerCare* insurance policy can help provide the protection you need to face the future with confidence.

American General Life Insurance Company understands that every individual need is different. That's why *AIG CancerCare* insurance covers a broad range of treatments, including self-injectables, and there's no daily maximum for radiation and chemotherapy benefits. Plus, we have a straightforward claims process that delivers payments directly to you, unless you assign payment to a healthcare provider. It's quality coverage when you need it most.

Policy Benefits

	Benefit	Amount	Lifetime Maximum	
Initial Diagnosis	First occurrence (internal cancer only)	\$3,000	N/A	
Treatment-Related Benefits	Radiation and chemotherapy (no daily maximum)	Up to \$1,200/mo	None	
	Blood and plasma	Up to \$3,000	\$3,000	
	Inpatient	Up to \$300/day	None	
	Outpatient	Up to \$100/mo	None	
	Antinausea prescriptions	Up to \$100/mo	None	
	Experimental treatment (not payable on same day that radiation or chemotherapy benefit is payable)	Up to \$300/day	None	
Hospital-Related Benefits	Hospital confinement	First 75 days Starting with the 76th day (in lieu of other benefits)	\$350/day \$700/day	None
	Government hospital (in lieu of hospital confinement, intensive care and extended benefits)		\$300/day	None
	Ambulance to/from hospital		Actual charges	None
	Physician visits while confined		\$50/day	None
	Nursing services rendered in hospital (while confined to a hospital)		Up to \$100/day	None
	Intensive care unit (limited to the lesser of (1) 30 days each ICU confinement or (2) the number of days remaining in each ICU confinement; no hospital confinement benefit is paid while this benefit is being paid)		\$500/day	None
	Transportation to nonlocal hospital	Aircraft/railroad/bus Private automobile (not less than 100 miles)	Actual cost \$0.50 per mile	\$2,000 \$2,000
Surgery-Related Benefits	Internal cancer surgery (per surgical schedule; not applicable in Pennsylvania)	Up to \$5,000	N/A	
	Skin cancer surgery (per occurrence)	Biopsy	\$100	N/A
		Excision of lesion of skin without flap or graft	\$250	
		Flap or graft without excision	\$375	
		Excision of lesion of skin with flap or graft	\$600	
	Anesthesia	Skin cancer (per surgery)	Up to \$30	N/A
Other than skin cancer (percentage of applicable surgical amount)		Up to 25%		
	Second surgical opinion	Up to \$250	None	

¹ American Cancer Society, *Cancer Facts & Figures 2004*

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	Benefit	Amount	Lifetime Maximum	
Surgery-Related Benefits (cont'd)	Bone marrow transplant (not payable for the same procedure as stem cell transplant)	Inpatient Up to \$10,000 Outpatient Up to \$5,000	\$10,000	
	Ambulatory surgical center (each day a surgical procedure is performed in an ambulatory center; no benefit while confined in a hospital)	\$300	N/A	
	Stem cell transplant (not payable for same procedure as marrow transplant)		\$2,500	
Out-of-Hospital Benefits	Nursing services under home healthcare plan	Up to \$75/day, \$2,500 per calendar year	None	
	Skilled nursing facility confinement (limited to number of days paid for immediately preceding hospital confinement)	Up to \$100/day	None	
	Hospice care	First 60 days Thereafter	Up to \$100/day \$75/day	\$15,000
Death Benefits	Death benefit due to cancer (payable to age 65)	\$5,000	N/A	
Other Benefits	Specified disease screening test (age 35 and above)	Up to \$75 per calendar year	None	
	Prosthesis	Surgically implanted Nonsurgically implanted	Up to \$3,000 Up to \$300	None
	Waiver of premium (available after 4 months of continuous disability; applies only to primary insured; premiums waived for up to 5 years)	Amount of premium	None	
	Disability income (for total disability after a 14-day waiting period)	\$200/week (cumulative)	26 weeks	
	Lodging benefit (limited to 60 days per calendar year; must be more than 100 miles from insured's residence; not payable for lodging more than 24 hours prior to or following treatment)	Up to \$75/day	None	
	National Cancer Institute evaluation (not available for same day as second surgical opinion); must be more than 100 miles from insured's residence	\$500, plus \$250 trans. and lodging	One-time benefit	

Surgical Schedule

This policy pays surgical benefits on a scheduled basis, up to the maximum benefit listed in the chart below.

	Benefit Maximum, up to...		Benefit Maximum, up to...
Abdomen	\$5,000	Breast	\$2,000
Amputations	\$2,250	Genito-Urinary Tract	\$2,750
Chest	\$3,750	Mouth	\$2,750
Eye	\$1,500	Neck	\$2,500
External Genitalia:		Rectum	\$3,750
Women	\$5,000	Spine	\$2,000
Men	\$4,000	Throat	\$4,250
Brain	\$5,000		

Two or more surgical procedures performed at the same time through the same incision or in the same area will be deemed one surgery, the surgery with the highest surgical benefit. This policy is guaranteed renewable for life and is subject to premium change by class only.

The foregoing benefits are subject to the terms, conditions, limitations and exclusions of the AIG CancerCare supplemental medical insurance policy. State variations may apply. Consult your policy or your agent for the specific benefits offered in the plan you are considering. Benefits not payable for any loss manifesting (1) within 30 days after coverage takes effect, or (2) in the insured spouse or an insured child within 30 days after becoming covered under the policy; however, an insured child born after the application date is covered for cancer from birth.

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American General Life Insurance Company

*A member company of American International Group, Inc.
2727 A Allen Parkway, Houston, Texas 77019*

AIG CancerCare Platinum Plus Policy Form Number 02183

The underwriting risks, financial obligations and support functions associated with the policies issued by American General Life Insurance Company (American General Life) are solely its responsibility. American General Life is responsible for its own financial condition and contractual obligations.

American General Life does not solicit business in the state of New York. Policies not available in all states.

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**HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT ("HIPAA")
Authorization to Obtain and Disclose Information**

Name of Patient/Proposed Insured (Please Print)

Date of Birth

I hereby authorize all of the people and organizations listed below to give AIG Life Insurance Company, AIG Life Insurance Company of Puerto Rico, American General Life Insurance Company, American Home Assurance Company, Delaware American Life Insurance Company, Pacific Union Assurance Company, and the American General Life Companies, (an affiliated service company), (collectively the "Companies"), and their authorized representatives, including agents and insurance support organizations, (collectively, the "Recipient"), the following information:

- any and all information relating to my health (except psychotherapy notes) and my insurance policies and claims, including, but not limited to, information relating to any medical consultations, treatments, or surgeries; hospital confinements for physical and mental conditions; use of drugs or alcohol; and communicable diseases including HIV or AIDS; and
- demographic information about me, including my name, address, telephone number, gender and date of birth.

I hereby authorize each of the following entities to provide the information outlined above:

- any physician or medical practitioner;
- any hospital, clinic or other health care facility;
- any insurance or reinsurance company (including the Recipient for purposes of disclosing information related to other insurance policies that provide me with insurance coverage);
- any consumer reporting agency or insurance support organization;
- my employer, group policy holder, or benefit plan administrator; and
- the Medical Information Bureau (MIB).

I understand that the information obtained will be used by the Recipient to:

- determine my eligibility for insurance;
- underwrite my application for insurance;
- determine my eligibility for benefits under any temporary insurance; and
- if a policy is issued, determine my eligibility for benefits and contestability of the policy.

I hereby acknowledge that the insurance companies listed above are subject to federal privacy regulations. I understand that information released to the Recipient will be used and disclosed as described in the AIG American General Notice of Health Information Privacy Practices, but that upon disclosure to any person or organization that is not a health plan or health care provider, the information may no longer be protected by federal privacy regulations.

I may revoke this authorization at any time, except to the extent that action has been taken in reliance on this authorization or other law allows the Recipient to contest a claim under the policy or to contest the policy itself, by sending a written request to: AIG American General Service Center, P.O. Box 4373, Houston, TX 77210-4373. I understand that my revocation of this authorization will not affect uses and disclosures of my health information by the Recipient for purposes of underwriting, claims administration and other matters associated with my application for insurance coverage and the administration of any policy issued as a result of that application.

I understand that the signing of this authorization is voluntary; however, if I do not sign the authorization, the Companies may not be able to obtain the medical information necessary to consider my application.

This authorization will be valid for 24 months. A copy of this authorization will be as valid as the original. I understand that I am entitled to receive a copy of this authorization.

Signature of Proposed Insured or
Proposed Insured's Personal Representative

Date

Description of Authority of Personal Representative
(if applicable)

I further authorize the Companies to use and/or disclose my demographic information as set forth above to provide me with information about other products and/or services offered by the Companies.

Signature of Proposed Insured or
Proposed Insured's Personal Representative

Date

Description of Authority of Personal Representative
(if applicable)

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