Bankers Fidelity Lump Sum Cancer

- **Lump sum for Cancer from $5,000 to $75,000 paid on diagnosis. Receive the amount chosen on diagnosis of Cancer.**

- Pays same lump sum for Internal Cancer and Cancer in Situ. Covers Basal or Squamous Skin Cancer up to $1,000. Applicant must be five years treatment free to qualify. Invasive Melanoma may be covered.

- Reoccurrence Benefit Available. Simplified Underwriting.

- Smoker and Non Smoker rates are the same.

- Male and Female rates are the same.

- Pays direct to you.

- Pays in addition to all other insurance and pays in addition to Medicare.

- You can keep the policy as long as you pay the premiums.

- No reduction of benefits as you grow older.

- Pays same benefit for Employee, Spouse, and Children.

This highlights some features of the policy and riders but is not the insurance contract. Only the actual policy and rider provisions control the policy and riders set forth, in detail, the rights and obligations of both the insured and the insurance company. The policy and riders are not a Medicare Supplement. The information contained herein is not intended to be legal or tax advice. Pursuant to Federal and/or State law, claim benefits will be paid directly to Medicaid if you or a family member has a claim and that individual is covered under Medicaid.

1-25-2025

Bankers Fidelity Vantage Care Lump Policy

Monthly Rates Ages 18-69

Riders Included in plan – Carcinoma In Situ 100% (internal cancer only), Cancer Additional Occurrence, Second Opinion and Travel, and $1,000 Skin Cancer Benefit (Basal and Squamous)					
Plan Level	$5,000	$10,000	$15,000	$20,000	$25,000
Employee Only	$9.01	$15.76	$22.50	$29.25	35.99
Employee + Spouse	$16.94	$29.70	$42.45	$55.21	$67.96
Employee + Children	$9.41	$16.43	$23.43	$30.45	$37.47
Family	$17.44	$30.54	$43.64	$56.74	$69.84

See actual policy for complete benefits, exclusions, or limitation. This highlights some features of the policy and riders but is not an insurance contract. Only the actual policy and rider provisions control. The policy and riders set forth, in detail, the rights and obligation of both the insured and the insurance company. The policy and riders are not a Medicare Supplement. The information contained herein is not intended to be legal or tax advice. 9/14

Rates for the following states – AL, AZ, AR, GA, IL, IA, KS, LA, MS, MO, NE, NC, ND, OK, SC, TN, TX, WI



Protection Above and Beyond Traditional Coverage

Bankers Fidelity Life Insurance Company®

Vantage Care™

Lump Sum Cancer Insurance

Benefit up to $75,000

Policy form B 21904

Bankers Fidelity®

You Choose

Choosing what's best for you and your family is a great way to prepare for the future.

Bankers Fidelity Life Insurance Company's Vantage Care™ Lump Sum Cancer insurance offers protection above and beyond traditional coverage. A Vantage Care Lump Sum Cancer insurance policy gives you options. You choose the coverage that's best for you, then choose how to spend its benefits.

Benefits of Vantage Care Lump Sum Cancer Insurance

Policy Features*	
Issue Ages	18 – 69
Coverage Benefit Amounts	$5,000 to $75,000 ($1,000 increments)
Optional Riders*	Optional Lump Sum Heart-Stroke Benefit Additional Occurrence Benefit Rider Specified Disease Benefit Rider Benefit Builder Rider Cancer Hospitalization Rider Cancer Radiation and Chemotherapy Benefit Rider Wellness Benefit Rider Second Opinion and Travel Benefit Rider Skin Cancer Benefit Rider
Rate Structure	Unisex, Issue Age, Age-Banded, Non-Tobacco and Tobacco distinct
Coverage Plans	Individual, Individual & Spouse, Individual & Child(ren), Family
Guaranteed Renewable	As long as premiums are paid on time , either in advance or during the Grace Period

*Benefits and availability vary by state. See Outline of Coverage for additional details.

A No-Worries Recovery

The cost associated with cancer can take a financial toll on families. Vantage Care can assist in establishing a comfortable quality of life during recovery. This supplemental cancer insurance policy provides a lump sum benefit that can help relieve some of the financial worries that may arise during recovery.

No one wants to think about the onset of a serious health problem, but it's important to consider what would happen if you, your spouse, or your child were diagnosed with cancer. The out-of-pocket costs can deplete savings accounts and even cause bankruptcy. Private insurance helps. Vantage Care offers a no-worries solution to many of the financial issues that may arise.

Choosing to protect yourself against the cost of cancer treatment, as well as helping to improve the quality of life for you and those you care about, creates options your family will be grateful to have.

1.7 million
people are diagnosed with cancer each year.

Source:
CDC; Division of Cancer Prevention and Control at a Glance
https://www.cdc.gov/chronicdisease/resources/publications/aag/dcpc.htm

Choose Carcinoma In Situ Benefit

Carcinoma In Situ Benefit

When diagnosed with Carcinoma In Situ, the benefit chosen pays a lump sum of **25% or 100%** of the base benefit.

Optional Optional Additional Occurrence Benefit*

A cancer diagnosis comes with a lot of mixed emotions, whether it's a first diagnosis or another one years later. Knowing that your Vantage Care policy is there for you, again, can help ease any stress you or your family may feel.

*If Heart-Stroke is included in base plan, the Cancer and Heart-Stroke benefit amounts must be equal for this rider to be included.

What is Carcinoma In Situ?

Carcinoma In Situ (CIS) is **a group of abnormal cells** that are found only in the place where they first formed in the body. These abnormal cells may become cancer and spread to nearby normal tissue.

With the optional Additional Occurrence Benefit, you'll receive another lump sum amount in the event of another cancer diagnosis.

Restoration percentage

Time elapsed since the date of the last diagnosis or occurrence of a covered cancer condition:

0%	25%	75%	100%
Less than 24 months	24 months, but less than 5 years	5 years, but less than 10 years	10 years or more

*Benefits and availability vary by state. See Outline of Coverage for additional details.

Cancer affects people of all ages.
In the United States, approximately
40 out of 100 men and
39 out of 100 women will
develop cancer during their lifetime.

Source:
American Cancer Society 2022 Cancer Facts & Figures, pg. 2
https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/annual-cancer-facts-and-figures/2022/2022-cancer-facts-and-figures.pdf#page=4



Optional

Heart-Stroke Benefit and the Heart-Stroke Additional Occurrence Benefit

Stroke is the No. 5 cause of death and a leading cause of disability in the U.S.



https://www.stroke.org/en/about-stroke

Heart-Stroke Benefit

Benefit: $5,000–$75,000 ($1,000 increments)

Choosing the optional Heart-Stroke benefit can help provide extra financial support should you experience a heart attack or stroke related event. This benefit provides coverage for many different conditions, including Sudden Cardiac Arrest.

Covered Heart-Stroke Conditions

100% payable

- Aortic Aneurysm
- Heart Attack
- Heart Disease Requiring Heart Transplant Surgery
- Stroke
- Sudden Cardiac Arrest

Cardiovascular Disease Requiring:

25% payable

- Aortic Surgery
- Coronary Artery By-Pass Surgery
- Valve Replacement/Repair Surgery

10% payable

- Angioplasty
- Stent

Americans spend an average of **$5,000** a year on **out-of-pocket health care** costs.

https://www.cnbc.com/2020/02/13/one-third-of-american-workers-have-medical-debt-and-most-default.html



Heart-Stroke Additional Occurrence Benefit*

Like a cancer diagnosis, one or more heart or stroke events take a tremendous toll on an individual, the family, and finances; additional coverage can help. Adding Vantage Care's optional Heart-Stroke Additional Occurrence Benefit to your policy can add a sense of ease to uneasy situations.

*Benefit amount must be equal to selected Lump Sum Cancer Benefit amount.

Restoration percentage

Time elapsed since the date of the last diagnosis or occurrence of a covered heart-stroke condition:

0%	25%	75%	100%
Less than 24 months	24 months, but less than 5 years	5 years, but less than 10 years	10 years or more

*Benefits vary by state. See Outline of Coverage for additional details.

Choosing Vantage Care Means...

If you are diagnosed with cancer after your policy has been in force for 30 days, benefits are paid directly to you in a lump sum to use any way you see fit—to cover out-of-pocket medical and/or personal expenses.

Out-of-Pocket Medical Expenses

- Deductibles
- Coinsurance
- Prescription Drugs
- Physician Visits or Treatment
- Hospital Stays
- Diagnostic Tests

Personal Expenses

- Lost Wages
- Child Care
- Pet Care
- Travel and Lodging
- Non-Medical Needs



The top drivers of medical debt are often unpredictable, unavoidable procedures.

These include emergency room visits (39%), doctor or specialist visits (28%), surgery (26%), childbirth (22%) and dental care (20%)."

https://www.lendingtree.com/personal/medical-debt-survey/#Mostmedicaldebttoberemovedfromcreditreports

Choosing Our Customizable Coverage*

With Vantage Care, you can choose a Lump Sum Cancer insurance policy or a Lump Sum Cancer and Heart-Stroke insurance policy that can help cover various medical costs in case of a cancer diagnosis, heart attack, or stroke. This customizable coverage also includes optional benefit riders to further enhance financial protection for you and your family.

Specified Disease Benefit—helps cover costs associated with a specific covered condition.

Second Opinion & Travel Benefit—helps cover costs associated with a second opinion from a second oncologist, and travel to and from a medical facility to receive specialized cancer treatment.

Skin Cancer Benefit—helps cover costs related to a skin cancer diagnosis.

Cancer Hospitalization Benefit—helps cover costs associated with a hospital stay, including intensive care. Specifically for cancer-related hospitalization.

Cancer Radiation and Chemotherapy Benefit—helps cover specific radiation and chemotherapy treatment expenses.

Benefit Builder Benefit—coverage to increase your policy benefit amount each year, up to 20 years.

Wellness Benefit—helps cover costs for an array of tests and examinations, including a pap smear, stress test, colonoscopy, mammogram, immunizations, and more.

*Benefits and availability vary by state. See Outline of Coverage for additional details.



Nearly 1 in 4
Americans (23%) have medical-related debt.

https://www.lendingtree.com/personal/medical-debt-survey/#Most-medicaldebttoberemovedfromcreditreports



Vantage Care at Work

Niko's Choice

Niko, an accountant for a popular local bakery, is a stickler for the details. So, making sure he and his family had adequate health care coverage was important to him.

To supplement his current major medical coverage, he purchased $60,000 in Vantage Care Lump Sum Cancer Insurance, with an optional Additional Occurrence Benefit. His intention was to plan for "just in case" or because "you never know what might happen." It was a good thing he did, an annual colonoscopy indicated issues. A cancer diagnosis soon followed, after which he was able to receive a $60,000 benefit.

After much reflection, treatments and a successful recovery, Niko hopes to never have to use his Additional Occurrence Benefit. However, if he does, he knows his decision to have it can help provide needed peace of mind, as well as guarantee him coverage.

Fictional scenario for illustration purposes only.

Optional Specified Disease Benefit

Benefit: $5,000–$75,000* ($1,000 increments)

Upon receipt of due proof satisfactory to Us of the Covered Person's Diagnosis after the thirty (30) day Waiting Period with one of the Specified Diseases listed below, We will pay, subject to the conditions, definitions, exclusions and limitations of the Rider and the Policy, the Specified Disease Benefit Amount. Benefits are payable under the Rider only once per Covered Person, per their lifetime.

*Benefit cannot exceed the base cancer benefit amount. Covered conditions may vary by state.

Specified Diseases



- Blindness
- Complete Loss of Hearing
- End-Stage Renal Disease
- Multiple Sclerosis
- Severe Burns
- Amyotrophic Lateral Sclerosis
- Coma
- Complete Loss of Speech
- Major Organ Failure Requiring Transplant
- Permanent Paralysis

Optional Second Opinion & Travel Benefit

Benefit: Up to $500.00 for a Desired Second Opinion

We will pay the following benefits, subject to the conditions, definitions, exclusions and limitations of the Rider and the Policy, when the insured incurs a loss due to Cancer. No benefits are payable under the Rider for the treatment of a Cancer except those expressly stated.

Second Opinion Benefit—We will pay $500.00 when a Covered Person is recommended by a physician to have surgery or treatment for Cancer, and the Covered Person chooses to obtain the second opinion of a second physician, who is at least a board-certified oncologist. This second opinion must be: 1) rendered prior to surgery or treatment being performed; and 2) obtained from a physician not in practice with the physician rendering the original recommendation. This benefit is payable only once per Covered Person, per Cancer.

Transportation Benefit—We will pay $0.50 per mile when a Covered Person is transported by motor vehicle or common carrier (bus, rail, air) to and from a hospital or other medical facility if the Covered Person must travel more than 100 miles away from their primary residence to receive Specialized Cancer Treatment. Mileage is measured from the Covered Person's primary residence to the nearest facility. Benefits are not payable for transportation by ambulance or any other type of licenses medical transport vehicle. This benefit is limited to a maximum of seven hundred (700) miles per trip. There is no lifetime maximum to this benefit.

Lodging Benefit—We will pay $100.00 for each night a Covered Person incurs a charge for lodging in order to receive specialized cancer treatment at a medical facility that is located more than one hundred (100) miles from the Covered Person's primary residence. This benefit is limited to a maximum of thirty (30) nights per Covered Person, per policy year. There is no lifetime maximum to this benefit.

*Benefits and availability vary by state. See Outline of Coverage for additional details.

Optional Skin Cancer Benefit

Benefit: Up to a $1,000 benefit - $250–$1,000 (in $250 increments)

Upon receipt of proof to us of the Covered Person's diagnosis with Skin Cancer after the thirty (30) day waiting period, we will pay the Skin Cancer Benefit, subject to the conditions, definition, exclusions and limitations of the Rider and the Policy. Benefits are payable one (1) time per diagnosis, even if Skin Cancer is diagnosed in multiple locations on the same occasion. Benefits are payable for subsequent diagnosis upon receipt of proof to us that: 1) at least twenty-four (24) consecutive months have elapsed since a diagnosis of Skin Cancer; and 2) the Covered Person has not received treatment for any Skin Cancer for a period of at least twenty-four (24) consecutive months. There is no lifetime maximum to this benefit.

*Per Illinois requirements, coverage for Skin Cancer is included in the base policy.

Optional Cancer Hospitalization Benefit

Benefit: $100–$1,000/per day (in $100 increments)

Cancer-Related Hospitalization

Hospital Confinement Benefit—Subject to the terms of the Rider, we will pay the Daily Hospital Confinement Benefit for each day a Covered Person is confined to a hospital, after the 30-day waiting period, for the medically necessary treatment of cancer or a complication of cancer, subject to a maximum of 30 days in any one period of confinement and a maximum of 30 days during any one policy year.

Intensive Care Unit Confinement Benefit—In lieu of the Hospital Confinement Benefit, we will pay a benefit equal to double the Daily Hospital Confinement Benefit for each day a Covered Person is confined to an Intensive Care Unit, after the 30-day waiting period, for the medically necessary treatment of cancer or a complication of cancer, subject to a maximum of 30 days in any one period of confinement and a maximum of 30 days during any one policy year.

Optional Cancer Radiation and Chemotherapy Benefit

Benefit: 1–10 Units

The benefit amount payable is equal to the Benefit Amount shown multiplied by the number of units. 1–10 units are available.



Cancer Radiation & Chemotherapy Benefit

$25 per Month	Anti-Nausea Drugs
$25 per Day	Experimental Drugs
$100 per Month	Immunotherapy
$100 per Week	Injected Chemotherapy
$100 per Month	Hormonal Oral Chemotherapy
$100 per Month	Non-Hormonal Oral Chemotherapy
$150 per Week	Radiation Therapy

Benefits and availability vary by state.
See Outline of Coverage for additional details.

Optional Benefit Builder

Benefit: $100–$2,000/year

With our Benefit Builder Rider the benefit amount chosen will increase each year for 20 years. A lump sum benefit amount will be paid for the corresponding number of complete years the policy was in force on the date of diagnosis of the first Cancer or Heart-Stroke Condition.

Optional Wellness Benefit

Benefit: $50, $75 or $100

We will pay the Wellness Benefit, subject to the benefit maximum, when a Covered Person is given one of the following examinations or tests after the waiting period and while the rider is in force. The examination or test must be recommended by or administered or conducted under the supervision of a physician, and for which a charge is incurred.

Benefit Maximum—We will pay for one of the examinations or tests listed below for each Covered Person during a policy year, regardless of the number of examinations or tests the Covered Person undergoes, even if they are administered or conducted simultaneously. Once we have paid for any one examination or test for a Covered Person during the policy year, no further benefits will be payable for any examinations or tests administered or conducted during the remainder of that year for that Covered Person. Under this rider, we will only pay for a maximum of one (1) examination per person per policy year, or a total of four (4) examinations or tests per family per policy year.

Covered Examinations and Tests include, but are not limited to:

- Pap Smear
- Stress Test
- Colonoscopy
- Mammography
- Immunizations
- Annual Physical Examinations
- Chest X-Ray
- Bone Density Screening

Benefits and availability vary by state.
See Outline of Coverage for additional details.



Benefit Builder

Margo's Choice

Margo felt because she couldn't predict health care costs for a cancer diagnosis that may arise in the future, it might be a good idea to add Vantage Care's optional Benefit Builder to her Lump Sum Cancer policy.

By adding a $1,500 optional Benefit Builder Rider benefit to her plan, Margo's coverage increases each year for a maximum of 20 years, helping her ensure she has coverage for possible health care costs.

How a Benefit Builder Helped Margo

Lump Sum Heart–Stroke Benefit	$10,000
Benefit Builder (after 1 year)	$1,500
Total Payment	$11,500

Fictional scenario for illustration purposes only.

For questions or to get a quote, contact us by calling (866) 458-7504.



Exclusions, Limitations & Reductions

Pre-Existing Condition(s) & Limitations:

The Policy does not provide any benefits for any Loss arising from or otherwise related to, directly or indirectly, any: 1) illness, disease, condition not specifically and exclusively a Diagnosis of a Covered Cancer or Heart-Stroke Condition and as defined within the Policy; 2) Loss that begins prior to the Effective Date of the Policy or Diagnosed during the 30-day Waiting Period; 3) Diagnosis not received or confirmed within the United States or its' territories; 4) services or treatment occurring outside the territorial limits of the United States or its possessions, except for emergency admission or acute onset of sickness or injury sustained while traveling for business or pleasure; 5) attempted suicide or intentionally self-inflicted injury; 6) voluntary administration of any narcotic, poison, gas or fumes, unless prescribed by or taken under the direction of a Physician and taken in accordance with the prescribed dosage. For benefits payable under the Policy, benefits are not payable during the first 12 months the Policy is In Force for Losses incurred due to a Pre-Existing Condition. For benefits payable under any optional benefit rider attached to the Policy, benefits are not payable during the first 12 months the rider is In Force for Losses incurred due to a PreExisting Condition. Exclusions: In addition to any exclusions noted in the description of the Riders, the Riders also do not provide benefits for any Loss arising from or otherwise related to, directly or indirectly, any Diagnosis that is made or Loss that begins: 1) prior to the Effective Date of the Rider; 2) while the Rider is not In Force for the Covered Person; or 3) during the Rider's thirty (30) day Waiting Period.

*Exclusions, Limitations & Reductions may vary by state.

Exclusion 6) is not applicable for Nevada residents only

Lump Sum Cancer Benefit

A Lump Sum Cancer Benefit will be payable upon receipt of due proof of the Insured's Diagnosis with Invasive Cancer or Carcinoma In Situ. Benefits for Carcinoma In Situ may be elected and/or are payable at levels of 100% or 25% of the Invasive Cancer benefit amount.

In addition to the Cancer benefits described above, an additional Lump Sum Heart-Stroke Benefit* will be payable in accordance with the Policy provisions upon receipt of due proof of the Insured's Diagnosis with or Occurrence of any of the Covered Cancer or Heart-Stroke Conditions after the 30-day waiting Period*: Payment of any benefits for Covered Cancer or Heart-Stroke Conditions (if included in the Policy) at an amount less than 100% will reduce any future payments for a Covered Cancer or Heart-Stroke Conditions that would normally be covered at 100% by an amount equal to the partial payment that had been made; except; if the Covered Cancer Condition is payable at less than 100%, then any previous partial payment that has already been paid will not be deducted from the current payment due, unless payment of such would result in the total sum of benefits paid for all Covered Cancer Conditions exceeding 100% of the Lump Sum Benefit Amount. We will not pay more than a combined total of 100% of the Lump Sum Benefit Amount indicated in the Policy for any Covered Cancer or any Heart-Stroke Condition.

Lump Sum Cancer, Heart & Stroke Benefit Builder Rider

If, after the 30-day Waiting Period* and while the Rider is In Force, We pay a Lump Sum Benefit under the Policy for Cancer or a Heart-Stroke Condition (if included in the Policy), We will pay a benefit under the Rider subject to the conditions, definitions, exclusions and limitations of the Rider and the Policy equal to: 1) the Benefit Amount shown in the chart in the policy for the corresponding number of complete Rider Years the Rider was In Force on the Date of Diagnosis of the first Cancer or Heart-Stroke Condition (if included in the Policy); multiplied by 2) the Number of Units elected and shown in the Rider; multiplied by 3) the percentage payable for the Cancer or Heart-Stroke Condition** shown in the Policy.

*Waiting Period may vary by state.

**Benefits for Heart-Stroke Conditions are only included if the optional Heart-Stroke Benefit was elected and included in the Policy. In addition to the Exclusions included in the Policy, no Benefits are provided for the following, nor will We pay any benefits for any Loss arising from or otherwise related to, directly or indirectly, any condition or disease which was not a Loss for which a valid benefit was previously paid under the Policy to which this Rider is attached. This includes a Loss for which a benefit was previously paid but was later determined to have been paid erroneously.

The Strength of Experience

At Bankers Fidelity, we conduct our business according to a strong set of guiding principles.

For more than 65 years, we have been honored to provide tens of thousands of Americans with valuable, customer-focused insurance products.

Our commitment to fair and fast payment of claims has earned us a reputation for delivering quality service to our policyholders and their families.

You can rely on our reputation as a Company that consistently makes good on its promises to every single policyholder.

Bankers Fidelity is rated A- (Excellent) by AM Best Company.*

*Best Rating Report; prepared by AM Best Company; www.ambest.com. The rating refers only to the overall financial status of the Company and is not a recommendation of the specific policy provisions, rates or practices of the insurance company.

Bankers Fidelity®

Bankers Fidelity Life Insurance Company®

www.bankersfidelity.com

This is a solicitation of insurance and an independent agent may call on you. Lump Sum Cancer Insurance Policy form series B 21904 underwritten by Bankers Fidelity Life Insurance Company®. Limitations and exclusions apply; actual policy provisions control. Rates subject to change on a class basis. Benefits are not payable for any Cancer or other condition diagnosed within the first 30 days after the effective date of the policy. Refer to Outline of Coverage B 21904 OC for additional product details. Application to determine eligibility required. Product availability and benefits can vary by state. THE POLICY PROVIDES SUPPLEMENTAL LIMITED COVERAGE FOR SPECIFIED DISEASES ONLY AND IS NOT A SUBSTITUTE FOR COMPREHENSIVE HEALTH OR MAJOR MEDICAL INSURANCE, NOR IS IT INTENDED TO COVER ALL MEDICAL EXPENSES.

For North Carolina Residents Only: For costs and further details of the coverage, including exclusions, any reductions or limitations and terms under which the policy may be continued in force, see your agent or write to the company.

For South Carolina Residents Only: THIS IS A LIMITED POLICY.

Bankers Fidelity Life Insurance Company®. 4370 Peachtree Rd NE, Atlanta, Georgia, 30319