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OUTLINE OF COVERAGE FOR POLICY HI25 HOSPITAL CONFINEMENT INDEMNITY INSURANCE AND OPTIONAL RIDERS

THE POLICY PROVIDES LIMITED BENEFITS BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES

This is a Limited Benefit Policy - Read Your Policy Carefully – This outline of coverage provides a very brief description of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and your insurance company. It is, therefore, important that you READ YOUR POLICY CAREFULLY!

Guaranteed Renewable for Life – The policy is guaranteed renewable for life. This means you have the right to continue your policy for as long as you live. Unless there has been a material misrepresentation, we cannot cancel your policy as long as you pay the required premium before the end of each grace period.

Premiums Can Change – We may change the premium for your policy. However, we cannot make any premium change unless we make the same change to all policies of the same form issued to persons of the same class. We will give you the advance written notice required by your state prior to any premium change.

Household Premium Discount – You are eligible for a household premium discount if for the past year you have resided with at least one, but no more than three adults who owns or are issued a Hospital Confinement Indemnity policy underwritten by us. If you live with another adult who is your legal spouse, we will waive the one-year requirement. For the purposes of this discount, a civil union partner or domestic partner will be considered a legal spouse when such partnerships are valid and recognized in your state of residence. We may request additional documentation to determine eligibility. Your premium will be reduced by the percentage shown on the policy schedule. Your policy's household premium discount will be removed if the other adult policyholder chooses to terminate his or her Hospital Confinement Indemnity policy or he or she no longer resides with you (other than in the case of his or her death).

Hospital Confinement Indemnity Insurance Coverage – Policies of this category are designed to provide a fixed daily or lump sum benefit amount for hospital confinement as an inpatient resulting from a covered injury or sickness.

Pre-Existing Condition Limitation – We will not pay benefits for loss resulting from a pre-existing condition, unless such loss occurs 6 months or more after the policy date.

A pre-existing condition is a condition for which medical advice, diagnosis, care, or treatment was recommended by or received from a physician within 6 months prior to the policy date.

Hospital Confinement Indemnity Benefits – When an insured person is confined as an inpatient in a hospital due to a covered injury or sickness, we will pay the daily benefit or lump sum benefit amount for hospital confinement based on the selections made in the application.

Hospital confinement indemnity benefits for mental or nervous disorders are limited to a daily benefit amount of $175.00 up to a maximum of seven (7) days per calendar year.

Hospital Observation Benefit – If an insured person receives observation care in a hospital as the result of a covered injury or sickness, we will pay the observation care benefit which is the same amount as selected for hospital confinement on the application. The maximum occurrence for this benefit is the lesser of five (5) days or the number of days selected for hospital confinement.

Pet Boarding – If during a covered hospital confinement, you need to board your pet, by a licensed establishment, we will pay a pet boarding benefit of $75 a day up to a maximum of 14 days per calendar year. The pet must be an animal that lives inside your primary residence with you.

Exclusions and Limitations – We will not pay benefits for:

(a) loss that begins while this policy is not in force;
(b) loss resulting from services or treatment which is not medically necessary;
(c) loss resulting from an act of declared or undeclared war;
(d) loss sustained while serving in the armed forces (upon notice to us of entry into the armed forces, the unearned portion of the premium will be refunded);
(e) loss resulting from cosmetic surgery or nonsurgical treatment, or experimental or investigational treatment;
(f) loss caused by intentionally self-inflicted injury while sane or insane;
(g) loss resulting from drug abuse, alcoholism, or chemical dependency; or
(h) normal childbirth, normal pregnancy, or voluntarily induced abortion. Complications of pregnancy are payable on the same basis as any other sickness.

Optional Benefit Riders

0YV1M Ambulance and Emergency or Urgent Care Benefit Rider	**Benefit Selections:** $100-500 **Maximum:** Four (4) occurrences for each type of benefit, per calendar year **Air Ambulance Benefit:** Ten (10) times the selected benefit **Urgent Care Benefit:** 50% of the selected benefit
0YV2M Guaranteed Purchase Option Rider	**Option to increase the Hospital Confinement Benefit By:** 15% **Maximum Benefit:** The option to increase five (5) times prior to age 85 and not more than a total increase of 75%.
0YV3M Home Health Care Benefit Rider	**Benefit Selections**: $50-250 **Maximum:** Thirty (30) home health care visits per calendar year

0YV4M Lump Sum Cancer Benefit Rider	**Maximum Benefit Selections:** $2,500-25,000 **Skin Cancer Benefit:** $600
0YV5M Major Diagnostic Testing Benefit Rider	**Benefit Selections**: $100-500 **Maximum Benefit:** Two (2) tests per calendar year.
0YV6M Outpatient Surgery Benefit Rider	**Benefit Selections:** $250-1,000 **Maximum:** Two (2) surgeries per calendar year.
0YV7M Outpatient Therapy Benefit Rider	**Benefit Selections:** $50-250 **Maximum Selections:** 15 or 30 Total combined occupational, physical, and speech therapy days per calendar year. **Chiropractic Maximum:** Five (5) days per calendar year.
0YV8M Prescription Drug Benefit Rider	**Generic Prescription Drugs:** $15 **Brand Name Prescription Drugs:** $30 **Selected Calendar Year Maximum:** $250 or $500
0YV9M Skilled Nursing Facility Benefit Rider	**Benefit Selections:** $100-500 **Selected Days When Benefits Are Payable:** **Days** 1-20, 21-100, or 1-100