

REQUIRED OUTLINE OF COVERAGE

SPECIFIED HEART DISEASE, HEART ATTACK AND STROKE POLICY

Policy form series KH000/PS1ST-B

- 1. PLEASE 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.
- 2. LIMITED BENEFIT HEALTH – HEART DISEASE, HEART ATTACK AND STROKE ONLY INSURANCE:** Policies of this category are designed to provide, to persons insured, insurance for specific losses resulting from specified heart disease, heart attack and stroke. Insurance is provided by the benefits outlined in Section 3, below. The benefits described in Section 3 may be limited by the limitations contained in Section 4.
- 3. BENEFITS PROVIDED UNDER THE POLICY**

HOSPITAL CONFINEMENT BENEFIT: This benefit pays for each day of confinement as an inpatient in a hospital, other than a U.S. Government hospital, as the direct result of heart disease, heart attack or stroke.

This benefit will be calculated based on the number of days the hospital charges for room and board. Separate confinements within 30 days of each other are considered the same period of confinement.

DRUGS AND MEDICINE BENEFIT: This benefit pays for drugs administered while you are confined as an inpatient to a hospital as the direct result of heart disease, heart attack, or stroke, up to the number of days for which benefits are received under the Hospital Confinement Benefit. Such drugs, at the time of administration, must be approved by the U.S. Food and Drug Administration.

ATTENDING PHYSICIAN BENEFIT: This benefit pays for each day the services of an attending physician are used while confined as an inpatient to a hospital as the direct result of heart disease, heart attack, or stroke, up to the number of days for which benefits are received under the Hospital Confinement Benefit. An attending physician is a doctor, other than your surgeon, who performs treatment services for heart disease, heart attack, or stroke while you are confined and charges you for those services.

PRIVATE NURSE BENEFIT: This benefit pays for each day of full-time services of a private nursing while confined as an inpatient in a hospital as the direct result of heart disease, heart attack, or stroke, up to the number of days for which benefits are paid under the Hospital Confinement Benefit. These services must be required and authorized by your doctor for the treatment of heart disease, heart attack or stroke and must be other those regularly furnished by the hospital. This benefit will not be paid if the private nurse is related to you.

SURGICAL PROCEDURE BENEFIT: This benefit pay the amount shown on the Surgical and Anesthesia Schedule for surgery performed by a physician for your heart disease, heart attack or stroke. If a surgical procedure is performed which is not shown in the Surgical and Anesthesia Schedule, a benefit will be paid based on the difficulty of the procedure as compared to the difficulty of the procedures shown. Regardless of the difficulty of the procedure, the benefit will pay no less than the smallest and no more than the largest amount shown in the Schedule for any surgical procedure.

If more than one surgical procedure is performed at the same time through the same incision, the benefit pays only for the one surgical procedure performed for which the largest benefit amount is payable.

ANESTHESIA BENEFIT: This benefit pays for anesthesia performed during surgery for which a Surgical Procedure Benefit is payable.

If more than one surgical procedure is performed at the same time, the benefit pays only for the one surgical procedure performed for which the largest benefit amount is payable.

BLOOD AND PLASMA BENEFIT: This benefit pays for each day you receive whole blood, plasma, red cells, packed cells or platelets for treatment of heart disease, heart attack or stroke.

ELECTROCARDIOGRAM BENEFIT: This benefit pays for an electrocardiogram (EKG or ECG) performed during a period of confinement for which the Hospital Confinement Benefit is paid.

OXYGEN BENEFIT: This benefit pays if the use of oxygen and related equipment is required during a period of confinement for which the Hospital Confinement Benefit is paid.

EXTENDED BENEFITS: This benefit pays for medical care and treatment beginning with the 90th day of continuous uninterrupted inpatient hospital confinement as the direct result of heart disease, heart attack, or stroke and ends with discharge.

During this period, the benefit will be paid in lieu of paying all other benefits.

U.S. GOVERNMENT HOSPITAL BENEFIT: This benefit pays for each day of confinement as an inpatient in a U. S. Government hospital as the direct result of heart disease, heart attack or stroke. It will be calculated based on the number of days you are confined. Separate confinements within 30 days of each other are considered the same period of confinement.

This benefit pays while confined in lieu of all other benefits with the exception of the Skilled Nursing Facility, Ambulance, Transportation, Family Member Transportation, Family Member Lodging and Heart Transplant benefits.

AMBULANCE BENEFIT: This benefit pays for each one-way trip if transported by a licensed surface or air ambulance service to or from a hospital for confinement as an inpatient as the direct result of heart disease, heart attack or stroke. Any air ambulance service must be necessary to protect your health and safety when other reasonable and customary travel methods are not available.

This benefit is limited to two one-way trips per period of confinement. Separate confinements within 30 days of each other are considered the same period of confinement.

SKILLED NURSING FACILITY BENEFIT: This benefit pays for each day of confinement, due to heart disease, heart attack or stroke, by a doctor's order, to a skilled nursing facility within 14 days after discharge from a hospital when confined as a direct result of heart disease, heart attack or stroke. This benefit pays up to the number of days for which the Hospital Confinement or U.S. Government Hospital Confinement Benefit was paid for the period of hospital confinement which immediately preceded the skilled nursing facility confinement.

TRANSPORTATION BENEFIT: This benefit pays for each one-way trip for your coach class plane, train, or bus fare for travel within the continental U.S. more than 100 miles one-way from your home to receive covered medical services for heart disease, heart attack or stroke prescribed by your local physician that are not available within 100 miles one-way from your home. If travel by car is chosen for such services and the destination is more than 100 miles one-way from your home, a mileage amount will be paid.

FAMILY MEMBER TRANSPORTATION BENEFIT: This benefit pays for each one-way trip for the coach class plane, train or bus fare for a family member to travel to or from a city within the continental U.S. where you are confined as an inpatient to receive treatment for covered heart disease, heart attack or stroke. "Family member" means a spouse, parent, brother, sister, or child of the person receiving treatment. The city where treatment is received must be more than 100 miles one-way from both your home and the family member's home. If the family member chooses to travel by car, and the same car trip is not paid under the Transportation Benefit, we will pay a mileage amount. This benefit is limited to two one-way trips within the U.S. per period of confinement. Confinements within 30 days of each other are considered the same period of confinement.

FAMILY MEMBER LODGING BENEFIT: This benefit pays for lodging for a family member who accompanies you and requires lodging while you are confined as an inpatient to a hospital within the continental U.S. which is more than 100 miles one-way from both your home and the family member's home. We will pay this benefit for one room per day for a maximum of 60 days for each period of confinement during which the Hospital or U.S. Government Hospital Confinement benefit is payable. "Family member" means a spouse, parent, brother, sister, or child of the person receiving treatment.

HEART TRANSPLANT BENEFIT: This benefit pays if, due to heart disease or heart attack, your heart can no longer adequately function, you are at risk of dying, and as a result you receive a human heart transplant. This includes the replacement heart, the surgeon's services, all assistants and technicians, the operating room, the recovery room, all anesthesia services and supplies, and all special equipment and surgical supplies.

A heart transplant is the surgical removal by a physician of the entire heart (including atria, ventricles and valves), and replacement with a human heart. This benefit will not be paid for the replacement of a human heart with a non-human heart, mechanical, or artificial heart or more than once for any insured person.

4. LIMITATIONS AND EXCLUSIONS

This policy provides benefits only for loss due to heart disease, heart attack, or stroke. This benefits does not pay for any other condition, including disease of the circulatory system such as arteriosclerosis, high blood pressure, and vascular diseases or for any other disease, sickness or incapacity, or for any illness related to or caused by heart disease, heart attack, stroke, or their treatment. Benefits paid for any one person shall not exceed the maximum benefits shown in the Benefit Schedule regardless of the number of heart disease, heart attacks, or strokes.

5. RENEWABILITY OF THIS POLICY:

The policy is continuously renewed during the Policyowner's lifetime by the payment of premiums when due. We reserve the right to change premium rates upon written notice at least 60 days before the change is to become effective. You cannot be singled out for a premium rate change.

THIS OUTLINE OF COVERAGE IS ONLY A BRIEF SUMMARY OF THE BENEFITS PROVIDED. YOU SHOULD CONSULT THE POLICY ITSELF TO DETERMINE GOVERNING CONTRACTUAL PROVISIONS.

PLEASE RETAIN THIS OUTLINE FOR YOUR RECORDS.