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Individual Critical Illness Insurance Outline of Coverage

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

THIS POLICY IS NOT A MEDICARE SUPPLEMENT POLICY. It is not intended to replace any Covered Persons' present health insurance. If a Covered Person is eligible for Medicare, review the *Guide to Health Insurance for People with Medicare* available from Us.

The Policy does not provide minimum essential coverage as required by the Affordable Care Act and does not satisfy the individual responsibility requirements of section 5000A of the Internal Revenue Code.

Read Your Policy Carefully – This Outline of Coverage provides a very brief description of the important features of coverage. 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 Us. It is, therefore, important that You READ YOUR POLICY CAREFULLY!

Critical Illness coverage is designed to provide benefits if a Covered Person is Diagnosed with a Specified Disease, subject to any limitations set forth in the Policy.

BENEFITS

Specified Disease Benefit

We will pay the applicable percentage of the Benefit Amount shown in the Schedule of Benefits upon receipt of due proof of the first Diagnosis of a Specified Disease after the Policy Effective Date, subject to the Pre-Existing Limitation Exclusion and Limitations and Exclusions, the Benefit Wait Period and all other provisions of this Policy. The dollar amount payable is the following percentage of the Benefit Amount shown in the Schedule of Benefits:

- Heart Attack: 100%
- Stroke: 100%
- Coronary Heart Disease: 25%
- Invasive Cancer: 100%
- Carcinoma in Situ: 25%
- Skin Cancer: 5%
- Prostate Cancer: 25%
- End Stage Renal Failure: 100%
- Major Organ Failure: 100%

Payment under this benefit is subject to:

1. No benefit is payable for any disease not specified in the Policy; and
2. If more than one Specified Disease is diagnosed at the same time only one Benefit Amount, the largest payable, will be paid; and
3. Multiple organ failures are considered one Major Organ Failure for the purpose of payment of a Benefit Amount; and
4. After the first Specified Disease Benefit has been paid under this Policy, We pay the full Benefit Amount for an initial Diagnosis of a different Specified Disease, as long as the Diagnoses are separated by at least six months.

Re-Occurrence Benefit

If a Covered Person receives full the Benefit Amount payable for a covered Specified Disease and is later diagnosed with the same Specified Disease, We will pay 50% of the Benefit Amount that was paid the initial Diagnosis, subject to the Lifetime Benefit Bank. The two dates of Diagnosis must be separated by at least 12 months or 12 months treatment free for Invasive Cancer for this benefit to be payable. This Re-Occurrence Benefit is not available for Skin Cancer.

Return of Premium Benefit

If the Policyholder dies while this Policy is in force, We will return 100% of all premiums paid for the Policy, less any benefits paid. We must receive written notice and proof of the Policyholder's death. The amount of premiums returned will be calculated without interest and after all pending claims have been settled. If the sum of benefits paid under the Policy and any riders the Policyholder is equal to or greater than the sum of the premiums paid for the Policyholder, there will be no return of premiums.

Health Screening Benefit

We will pay $50 once per calendar year to each Covered Person if a charge is incurred for one of the following procedures that occurs after the Benefit Wait Period:

- Blood test for triglycerides; or
- Serum cholesterol test to determine level of HDL and LDL; or
- Cholesterol panel; or
- Fast blood glucose test; or
- HgA1C; or
- Carotid Doppler; or
- Doppler screening for abdominal aortic aneurysm; or
- Chest x-ray; or
- Stress test (bicycle or treadmill); or
- Echocardiogram; or
- Electrocardiogram; or
- Breast ultrasound; or
- Breast MRI; or
- Thermography; or
- Mammography; or
- CA 15-3 (blood test for breast cancer); or
- Pelvic exam; or
- Pap smear; or
- Thin Prep Pap; or
- CA 125 (blood test for ovarian cancer); or
- CA 19-9 (blood test for pancreatic cancer); or
- PSA (blood test for prostate cancer); or
- Biopsy for skin cancer; or
- CEA (blood test for colon cancer and cervical cancer); or
- Colonoscopy; or
- Virtual colonoscopy; or
- Flexible sigmoidoscopy; or
- Hemoccult stool analysis; or
- Fecal occult analysis; or
- Serum protein electrophoresis (blood test for Myeloma); or
- Bone marrow biopsy and aspiration.

LIMITATIONS AND EXCLUSIONS

Pre-Existing Condition Limitation

We will not pay a Benefit Amount for a Diagnosis of a Specified Disease that:

1. Is Diagnosed within 12 months after the Policy Effective Date of coverage; and
2. Is caused by, contributed by, or results from a Pre-Existing Condition.

Pre-Existing Condition means a Specified Disease for which, within 12 months before the Policy Effective Date:

1. Symptoms existed that would cause an ordinarily prudent person to seek advice or treatment from a Physician; or
2. The Covered Person was treated, and received medical advice from a Physician, or was prescribed medicine.

Benefit Wait Period
No Benefit Amount will be payable by Us during the first 30 days, or the first 90 days for Invasive Cancer, Prostate Cancer, Skin Cancer or Carcinoma in Situ, following the Policy Effective Date under this Policy. If the date of Diagnosis of any Covered Person's Specified Disease occurs during the Benefit Wait Period, the Policyholder may cancel this Policy and all premium paid will be returned.

Exclusions
No Benefit Amount will be payable for or on account of:

1. A Covered Person's suicide or any attempt at suicide or intentionally self-inflicted injury or sickness while sane or insane; or
2. A Covered Person's commission of or attempt to commit a felony; or
3. A Covered Person's engagement in an illegal occupation; or
4. A Covered Person's voluntary participation in any riot or civil insurrection; or
5. Any illness specifically excluded from the definition of any Specified Disease; or
6. War, or any act of war, whether declared or not; or
7. Balloon angioplasty, laser relief of an obstruction, and other intra-arterial procedure; or
8. Practicing or participating in any semiprofessional or professional competitive athletic contest for which compensation or remuneration is received; or
9. Medically related Specified Diseases that are diagnosed within a 12 month period between each Diagnosis; or
10. Specified Diseases that occur while a Covered Person is intoxicated or under the influence of illegal drugs/substance or narcotics unless prescribed by a physician.

Renewability and Right to Change Premiums
You have the right, subject to the terms of the Policy, to continue this coverage until the Policy Anniversary on or following Your 75th birthday as long as the required premiums are paid on time. We cannot change any of the terms of Your coverage or benefits without Your consent.

You cannot be singled out for a rate increase due to a change in any Covered Person's age or health status. We can change premiums, but only if We change the premiums for all similar policies issued in the same state and on the same form as Your Policy. Any premium changes will be effective on the next Premium Due Date following Our notice to You. We must give You at least 60 days written notice before the effective date of a premium change, and We cannot increase Your premium more than once in a twelve month period.