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**HOSPITAL INDEMNITY POLICY
FORM H-0224.PA RV**

OUTLINE OF COVERAGE

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.**

THIS POLICY IS NOT A MEDICARE SUPPLEMENT POLICY. If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from the company.

BENEFITS

Subject to all of the terms and provisions of the policy, including the Lifetime Maximum and Calendar Year Maximum shown below, Covered Benefits for one or more of the following will be paid.

Lifetime Maximum (per policy)	\$5,000,000
Calendar Year Maximum Benefit per Insured person	\$250,000 / \$500,000 / \$1,000,000

HOSPITAL INDEMNITY BENEFITS

Facility Fees	1 Unit	2 Units	3 Units
Daily Indemnity Benefit during Confinement in a Hospital (including Observation Unit stay for 24 hours or more) as a result of a covered: First Day Hospital Confinement Benefit for Sickness and Injury Second Day - thereafter Hospital Confinement Benefit for Sickness Second Day - thereafter Hospital Confinement Benefit for Injury	\$750 \$1,500 \$2,250	\$1,500 \$3,000 \$4,500	\$2,250 \$4,500 \$6,750
Daily Indemnity Benefit during Confinement in a Hospital's Intensive Care Unit (ICU) up to 20 days per Calendar Year as a result of a covered: First Day ICU Hospital Confinement Benefit for Sickness and Injury Second Day - thereafter ICU Hospital Confinement Benefit for Sickness Second Day - thereafter ICU Hospital Confinement Benefit for Injury	\$1,125 \$2,250 \$2,500	\$2,250 \$4,500 \$5,000	\$3,375 \$6,750 \$7,500
Daily Indemnity Benefit during Confinement in a Hospital for Mental Illness, Alcohol and/or Substance Abuse Dependency	\$200	\$400	\$600
Daily Indemnity Benefit during Confinement in a Rehabilitation Facility or a Skilled Nursing Facility (does not include Mental Illness, Alcohol and/or Substance Abuse Dependency)	\$750	\$1,500	\$2,250
Daily Indemnity Benefit for Outpatient Hospital or ambulatory surgical center services when surgery is performed: Surgery performed under general anesthesia Surgery performed not requiring general anesthesia	\$2,000 \$750	\$3,500 \$1,500	\$5,000 \$2,250
Daily Indemnity Benefit for Outpatient Radiation Therapy, Chemotherapy and Immunotherapy	\$750	\$1,500	\$2,250

Professional Services	1 Unit	2 Units	3 Units
Daily Inpatient Physicians Care Indemnity Benefit -- Non-Surgical	\$50	\$100	\$150
Daily Surgery Indemnity Benefit for covered services when performed in a Hospital or in an ambulatory surgical center	[1X][2X][3X] of current RBRVS per procedure for your provider location		
Daily Inpatient Pathologist/Radiologist Benefits for covered services	[1X][2X][3X] of current RBRVS per procedure for your provider location		
Daily Assistant Surgeon Surgical Services Indemnity Benefit for covered services	20% of surgical benefits payable		
Daily Anesthesia Indemnity Benefit for covered services	25% of surgical benefits payable		

ADDITIONAL OUTPATIENT BENEFITS (Outpatient Benefits are payable for services performed on an outpatient basis only)

	1 Unit	2 Units	3 Units
Aggregate Calendar Year Maximum (Per Insured person)	\$4,000	\$6,000	\$8,000
Daily Outpatient Physicians Indemnity Benefit (for each day a Insured person sees a Physician in office or outpatient clinic)(maximum limit of 20 benefit days (including 6 chiropractor and 2 Specialist* Physician visits) per Insured person per Calendar Year)	\$80	\$120	\$160
Daily Outpatient Specialist* Physician Indemnity Benefit (maximum limit of 2 benefit days per Insured person per Calendar Year)	\$100	\$150	\$200
Daily Surgery benefit in a Physicians/Specialists office or outpatient clinic (limited to 2 benefits per Insured person per Calendar Year)	\$100	\$200	\$300
Daily MRI, PET, CAT Scan or Nuclear Testing Indemnity Benefit	\$300	\$500	\$700
Daily X-rays or Other Diagnostic Testing Indemnity Benefit	\$80	\$160	\$240
Daily Laboratory Indemnity Benefit	\$40	\$80	\$120
Daily Injection Indemnity Benefit	\$30	\$60	\$90
Daily Emergency Department Indemnity Benefit (limit 1* benefit per Insured person per Calendar Year)			
Facility Fee /Charges	\$200	\$300	\$400
Professional Services	\$200	\$300	\$400
Daily Urgent Care Center Indemnity Benefit (limit 2* benefit per Insured person per Calendar Year)	\$200	\$300	\$400
* Maximum 2 benefits combined Emergency Department benefit / Urgent Care Center benefit per Insured person per Calendar Year			
Daily Ambulance Indemnity Benefit (limit 2 benefit payments (ground) and 1 benefit payment (air) per Insured person per Calendar Year)	\$1,000 ground / \$2,500 air		
Daily Generic Prescription Indemnity Benefit (per Insured person per prescription filled)	\$10	\$20	\$30
Daily Brand Name Prescription Indemnity Benefit (per Insured person per prescription filled)	\$20	\$40	\$60
Daily Preventive Care Indemnity Benefits (coverage starts 30 days after Effective Date of each Insured person)(limit 1 benefit per Insured person per Calendar Year)(not subject to the Pre-Existing Conditions Exclusion)			
Mammograms	\$250 per Calendar Year		
Colonoscopy – Without finding any polyps.	\$500 every three years		
Beginning the 4 th policy year	\$750 every three years		
All other Preventive Care Services – Including but not limited to pap smear, PSA test, chest x-ray and cholesterol testing.	\$250 per Calendar Year		

Daily time periods are 24 or more consecutive hours.

OPTIONAL BENEFITS

Critical Illness Rider (H-0224.CI.PA)	Pays up to the maximum critical illness benefit for covered illnesses.
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EXCLUSIONS AND LIMITATIONS

With respect to all of the benefits provided under the policy, no benefits will be payable as the result of:

(a) any service, supplies or treatment that is not a specified benefit; (b) suicide; (c) any intentionally self-inflicted loss; (d) rest care; (e) cosmetic surgery or care or treatment solely for cosmetic purposes, or complications therefrom. This exclusion does not apply to cosmetic surgery resulting from a covered injury if initial treatment of the insured person is begun within 12 months of the date of the injury; (f) immunization shots and routine examinations such as: health exams; periodic check-ups; pre-marital exams; and routine physicals, except as otherwise covered under the policy; (g) routine newborn care, including routine nursery charges; (h) voluntary abortion, except with respect to You or Your covered dependent spouse where such person's life would be endangered if the fetus were carried to term or where medical complications have arisen from an abortion; (i) pregnancy of a dependent child, unless required by law; (j) an insured person's participation in a riot. This does not include a loss which occurs while acting in a lawful manner within the scope of authority; (k) an insured person committing, attempting to commit, or engaging in an illegal occupation; (l) an insured person's participation in a legally recognized contest of speed in power driven vehicles, parachuting, parasailing, bungee-jumping, or hang gliding; (m) air travel, except: (1) as a fare-paying passenger on a commercial airline on a regularly scheduled route; or (2) as a passenger for transportation only and not as a pilot or crew member; (n) any loss occurring directly or indirectly as a result of an insured person being intoxicated, or under the influence of any narcotic unless administered on the advice of a physician except for treatment of Alcohol and/or Substance Abuse Dependency as provided in the policy; (o) sex changes; (p) any dental care, treatment or service to the teeth, gums or mouth; (q) experimental treatments or surgery; (r) treatment of exogenous obesity or weight control; (s) an act of war, whether declared or undeclared, or while performing police duty as a member of any military or naval organization. This exclusion includes loss sustained while in the service of any military, naval or air force of any country engaged in war. We will refund the pro rata unearned premium for any such period the insured person is not covered; (t) injury or sickness arising out of or as the result of any work for wage or profit when coverage is in force for the injury or sickness under Workers' Compensation, employer's liability or similar laws or coverage; (u) any service, supplies or treatment that is not a covered benefit; (v) any facility charges for treatment at a hospital in excess of the indemnity amount specified in the policy; (w) pregnancy, childbirth or voluntary abortion, except for complications of pregnancy as defined; (x) any service or treatment rendered outside the territorial limits of the United States of America; (y) treatment of jaw joint problems including temporomandibular joint syndrome and craniomandibular disorder, or other conditions of the joint linking the jaw bone and skull and the complex of muscles, nerves and other tissues related to that joint; (z) voluntary sterilization.

PRE-EXISTING CONDITION LIMITATION

Pre-Existing Conditions are excluded for the first twelve months following the effective date of coverage. Pre-Existing Condition is a condition for which medical advice or treatment was rendered or recommended by a physician or reviewed from a Physician within 12 months prior to an Insured person's effective date. A condition shall no longer be considered a Pre-Existing Condition after the date a person has been covered under the policy for 12 consecutive months.

RENEWABILITY

The policy is guaranteed renewable to age 65. Premium rates are subject to change.

PREMIUM

Your premium for the policy is \$_____ monthly. The policy provides a 31-day grace period during which period the policy will remain in force.