

HOME HEALTH CARE INDEMNITY POLICY FORM S-HHC-TX
LIMITED BENEFIT HEALTH COVERAGE
OUTLINE OF COVERAGE

The Company is hereinafter referred to as "We." The individual(s) covered under the policy are referred to as "You" or "Your."

NOTE: This policy IS NOT A MEDICARE SUPPLEMENT POLICY. If you are eligible for Medicare, review the Medicare Supplement Buyer's Guide available from the Company.

1. **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!
2. **Limited Benefit Health Coverage** is designed to provide, to persons insured, limited or supplemental coverage. This policy provides coverage in the form of a daily indemnity benefit for Home Health Care and Home Health Care Aide services, **and the optional benefits shown below if selected by you.**

3. **BENEFITS:**

- A. **HOME HEALTH CARE SERVICES BENEFIT:** We will pay a daily benefit each day you require Home Health Care Services provided by an Approved Home Health Care Practitioner, subject to the eligibility conditions below. The amount of the daily benefit for all Home Health Care Services for any one day will be the lesser of: (i) the Daily Maximum Aggregate Benefit shown on the Policy Schedule; or (ii) the amount set forth opposite the Home Health Care Services listed on the Policy Schedule.
- B. **HOME HEALTH CARE AIDE BENEFIT:** Immediately following a Hospital confinement of not less than three days, We will pay a daily benefit of [\$40.00 – \$120.00] for each day you require the services of a Home Health Care Aide in Your Home.

C. **COVERED HOME HEALTH CARE BENEFITS:**

1. **Nursing Care Services:**

- a. Skilled Nursing Care provided by a registered nurse (RN)
- b. General Nursing Care provided by a licensed practical nurse (LPN) or licensed vocational nurse (LVN).

2. **Therapy Services:**

- a. Physical Therapy
- b. Speech Pathology
- c. Occupational Therapy
- d. Chemotherapy Specialist Services
- e. Enterostomal Therapy
- f. Respiration Therapy

3. **Medical Social Services**

4. **Home Health Aide Services**

- D. **[PRESCRIPTION DRUG BENEFIT:** If, while this Policy is in force, an Insured/Covered Person incurs expenses for Prescription Drugs for the treatment of an Injury or Sickness, We will pay \$10.00 per Generic Drug prescription, or \$25.00 per Brand Name Drug prescription, limited to a maximum benefit of \$[300.00-900.00] per Policy Year. The maximum benefit shall apply to each Insured/Covered Person separately per Policy Year. The Pre-Existing Conditions Limitation does not apply to the Prescription Drug Benefit. For purposes of this benefit:

- i **“Prescription Drugs”** means drugs which: (a) require a prescription written by a Physician; and (b) are dispensed by a licensed pharmacist.
- ii **“Generic Drugs”** means a Prescription Drug that has the same active ingredients as an equivalent Brand Name Drug, does not carry any drug manufacturer’s brand name on the label, and is not protected by a patent. It must be listed as a generic drug by the United States national drug data bank.
- iii **“Brand Name Drugs”** means a Prescription Drug for which a pharmaceutical company has received a patent or trade name, and is under patent protection.
- iv **“Policy Year”** means each successive 12-month period extending from the Effective Date of the Policy, so that each successive 12-month period will constitute a single Policy Year.]

Maximum Benefit Periods: The Maximum Benefit Period for the Home Health Care Services Benefit is 364 days, and the Maximum Benefit Period for the Home Health Care Aide Benefit is 60 days. The Maximum Benefit Period is the maximum number of days We will pay benefits during Your lifetime, unless benefits are restored as provided in the Restoration of Benefits provision.

Restoration of Benefits: The original Maximum Benefit Periods for the Home Health Care Services Benefit and the Home Health Care Aide Benefit will be restored if benefits have not been paid or required for 180 consecutive days.

Conditions on Eligibility for the Home Health Care Services Benefit and the Home Health Care Aide Benefit: Payment of the Home Health Care Services Benefit and the Home Health Care Aide Benefit is subject to the following:

- Your loss must be incurred after the policy's effective date and while the policy is in force;
- For the Home Health Care Services Benefit, care must be provided in Your Home by an Approved Home Health Care Practitioner, as defined in the policy; and for the Home Health Care Aide Benefit, care must be provided in Your Home by a Home Health Care Aide, as defined in the policy; and
- You must be unable to perform, without the assistance of another person, two or more Activities of Daily Living (ADLs); or you must require continuous supervision and assistance due to a Cognitive Impairment. To meet this requirement, Your Physician must perform such tests as are in accordance with accepted standards of medical practice and, based on such tests, certify in writing that you are unable to perform two or more ADLs or that you have a Cognitive Impairment. ADLs are bathing, dressing, eating, toileting and transferring to or from a bed or a chair.

4. OPTIONAL BENEFITS: The following are optional benefit riders which may be available in Your state. Your application reflects that you have applied for the additional benefits checked.

EXTRA BENEFITS RIDER

- (1) **ANNUAL PHYSICAL EXAMINATION BENEFIT:** If you have not used any other benefit under the rider or the policy (except the Prescription Drug Benefit) and have a physical examination performed by a Physician more than 12 months after the rider's effective date, We will pay a benefit of \$150.00. After Your first physical examination for which this benefit is payable, We will pay a benefit of \$150.00 each time You have a physical examination performed by a Physician in each succeeding 12-month period, provided You have not used any other benefit under the rider or the policy (except the Prescription Drug Benefit) during such 12-month period, limited to one physical examination in any 12-month period.
- (2) **ACCIDENTAL DEATH & DISMEMBERMENT BENEFIT:** If, while this Rider is in force, a Covered Person (a) suffers an accidental death; or (b) suffers an accidental bodily injury that results in the loss of finger, toe, hand, arm, foot, leg, or sight, We will pay benefits in an amount equal to the benefit shown in the Policy Schedule. We will pay benefits in an amount equal to the Accidental Death Benefit if Your death is due to any injury. To be covered, death must occur within 90 days after the date the injury was sustained and while this policy is in force. Benefits will be paid to Your beneficiary in the event of Your death. If an Accidental Bodily Injury results in Loss of finger, toe, hand, arm, foot, leg or sight of You within 90 days of the accident causing such Injury, the Company will pay the Accidental Dismemberment Benefit shown on the Policy Schedule. The total amount payable for all Losses resulting from the same accident will not exceed the Maximum Dismemberment Benefit per Accident. We do not pay benefits for both Accidental Death and Accidental Dismemberment if caused by the same accident. If both an Accidental Death Benefit and Accidental Dismemberment Benefits would otherwise be payable, benefits will be paid under the provision that would pay the most.
- (3) **HOME MEDICAL EQUIPMENT INDEMNITY BENEFIT:** If, while this Policy is in force, a Covered Person purchases or enters into a rental agreement for an item of Covered Home Medical Equipment within 30 days

after receiving Home Health Care for which the Home Health Care Indemnity benefit is payable or the services of a Home Health Care Aide for which the Home Health Care Aide Indemnity Benefit is payable, and the item of Covered Home Medical Equipment is recommended by a Physician as a result of the same condition for which the Home Health Care Services Benefit or the Home Health Care Aide Indemnity Benefit was payable, we will pay the Home Medical Equipment Indemnity Benefit in the amount shown on the Policy Schedule for each such item. Benefits will be paid in the amount shown on the most recently issued Medicare Durable Medical Equipment Schedule before the end of the prior year. This benefit is limited to the Maximum Aggregate Home Medical Equipment Indemnity Benefit per Policy Year shown on the Policy Schedule. Unused benefits in one Policy Year are not carried forward to any future Policy Year.

When the term **Home Medical Equipment** is used in this Rider, it means items which:

- are reasonable and necessary to sustain a minimum threshold of independent daily living;
- are primarily and customarily used to serve a medical purpose;
- are not useful to a person in the absence of illness or injury;
- are ordered or prescribed by a physician;
- are reusable;
- can stand repeated use; and
- are appropriate for use in the home.

Covered Home Medical Equipment is limited to the following:

Mobility Assistance: Wheelchairs; walkers, rollators, canes, crutches or similar walking aids.

Transfer Aids: Gait/transfer belts; transfer benches; transfer boards; transfer mats.

Bathroom Safety: Shower chairs; elevated toilet seats; commode chairs.

Home Accommodations: hospital beds; patient lifts; trapezes.

Personal Medical Equipment: braces (arm, leg, back and neck).

Home Medical Equipment must be the most appropriate model that adequately meets a member's medical need in the performance of Activities of Daily Living, as measured by Medicare guidelines. Some items ordered by a physician, even if medically necessary, may not be covered. Total benefits for rented equipment may not exceed the benefit for purchase of that same equipment.

Limitations Specific to the Home Medical Equipment Indemnity Benefit:

We will not pay benefits under this policy for services or expenses or any such Loss resulting from or in connection with: (a) equipment with features in excess of the model required to adequately meet a Covered Person's medical need in the performance of Activities of Daily Living; (b) disposable equipment or supplies; (c) medical supplies, ostomy or urological supplies; (d) oxygen and respiratory care equipment; (e) rehabilitative and assistive technology not listed above; repairs, maintenance or replacement of Home Medical Equipment.]

[Critical Accident Rider

This Rider pays limited benefits for the following types of Injuries: hip and knee dislocation; fractures; and knee ligament and meniscus tear. To be eligible for benefits, You must receive Medically Necessary services in an Emergency Room or Urgent Care Facility to treat such Injuries within [24-72] hours of a covered Accident.

DISLOCATION / FRACTURE / KNEE LIGAMENT / MENISCUS TEAR BENEFIT:

Benefits are paid as a percentage of the Critical Accident Benefit Amount per Accident.

If more than one Fracture, Dislocation and / or Knee Ligament / Meniscus Tear is sustained as a result of a covered Injury, only one benefit is payable. The benefit payable will be that of the highest benefit amount associated with the sustained Fracture, Dislocation, or Knee Ligament/Meniscus Tear.]

Ambulance Benefit Rider

This rider pays an ambulance service benefit of \$200 if a licensed ground ambulance service transports You to or from a medical facility. The ambulance service must be Medically Necessary. This Benefit is payable no more than [1-4] times per Calendar Year and is subject to a lifetime maximum benefit of \$2,500.

Ambulance Benefit Rider Exclusions:

This rider does not pay benefits for:

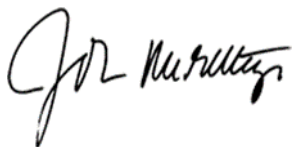
1. Services which are not Medically Necessary.
 2. Services which are received without charge or legal obligation to pay.
 3. Services which would not routinely be paid in the absence of insurance.
 4. Injury or sickness arising out of or in the course of employment or which is compensable under any workers' compensation or occupational disease act or law.
 5. Injury due to being legally intoxicated, as defined by the jurisdiction in which an accident occurs.
 6. Loss due to voluntarily using any drug, narcotic or controlled substance, unless as prescribed by a doctor.]
- 5. PRE-EXISTING CONDITIONS LIMITATION:** This Policy is not considered to be in force or effective for any Pre-Existing Condition, as defined in the Policy, until six months after the Policy's Effective Date.
- 6. EXCLUSIONS:** The Policy does not cover any Loss caused or contributed to by: (a) simple rest care, hotel or retirement home expense or other expense which is related to Your Home; (b) services other than those of an Approved Home Health Care Practitioner or a Home Health Care Aide, except as may be provided by rider; (c) declared or undeclared war or act thereof; (d) mental or nervous disorder without demonstrable organic origin (Note: this exclusion does not apply to Alzheimer's Disease, senility, or other organic brain syndrome. These diseases are covered by the Policy like any other Sickness subject to the Pre-Existing Conditions Limitation); (e) charges that a Covered Person would not be legally obligated to pay in the absence of this insurance; (f) attempted suicide or self-inflicted injury; (g) alcoholism or drug addiction; (h) a Covered Person's participation in a felony, riot or insurrection; (i) any condition, either pre-existing or otherwise, which is excluded from coverage under this Policy by name or specific description as shown on an elimination Rider effective on the date of the loss; (j) Pre-Existing Conditions, as defined on the Policy, are not covered under the Policy until the Policy has been in force for a period of six months.
- An Approved Home Healthcare Practitioner, Doctor and Home Health Care Aide does not include a member of the Covered Person's family.
- 7. GUARANTEED RENEWABILITY:** The policy is guaranteed renewable for Your lifetime. We cannot cancel, refuse to renew, or change the Policy as long as You pay the premiums as they become due or with the 31-day grace period. The Policy will continue in force during the grace period.
- 8. PREMIUMS SUBJECT TO CHANGE:** Premiums for the Policy are based on the attained age of each Covered Person, and each Covered Person's premium maybe increase following his/her birthday. Premiums may also increase at any time due to the Company changing its table of rates applicable on a class basis in Your state. No change in premiums will be effective before the Policy's first anniversary and not more than once in any six month period following the initial 12-month period. Any change will apply to future premiums for all policies with the same form number issued to us to persons in Your state of residence. We will give You 45 days written notice before any premium change. There will be a Grace Period for payment of each renewal premium. The Grace Period will be 31 days from the date the premium is due.

Summary of Premiums:

	<u>Monthly Bank Draft</u>	<u>Quarterly</u>	<u>Semi- Annual</u>	<u>Annual</u>
[Plan [1-3]]	[\$24.21]	[\$96.84]	[\$145.26]	[\$290.52]
[S-EBR-TX	[\$7.50]	[\$30.00]	[\$45.00]	[\$90.00]]
[S-CAR-TX	[\$2.80]	[\$11.20]	[\$16.80]	[\$33.60]]
[S-ABR	[\$1.08]]	[\$4.32]]	[\$6.48]]	[\$12.96]]

THIS IS A LIMITED BENEFIT POLICY. READ THE POLICY CAREFULLY WITH THIS OUTLINE OF COVERAGE.

THIS IS NOT A LONG-TERM CARE POLICY.

A handwritten signature in black ink, appearing to read "John McGettigan".

[John McGettigan
Secretary]

A handwritten signature in black ink, appearing to read "Brad Piercey".

[Brad Piercey
President]