Important Notice - Please Read this Description of Coverage Carefully

Read Your Description of Coverage Carefully - This outline of coverage provides a very brief description of the important features of Your Description 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.

COVERED CONDITIONS: As a Primary Insured Person, you, your Spouse, or Domestic Partner and your Dependent Children will be insured against the following Covered Conditions, depending on the plan that you select.

Skin Cancer, Type 1 Cancer, Type 2 Cancer, Coronary Artery By-Pass Surgery, Heart Attack, Heart Valve Repair/Replacement Surgery Stroke, Blindness Either Eye, Coma, Paralysis, Major Organ Transplant, Total Loss of Kidney Function or (Renal Failure) if you meet the eligibility requirements.

If a Category 3 Critical Condition is caused by a covered Category 1, 2, or 4 Critical Condition for which benefits are payable, We will not pay benefits under both categories. We will only pay the largest Benefit Amount, regardless of the number of Covered Conditions suffered by such Insured Person. We will pay a maximum of 100% per category for each Critical Condition suffered by the Insured Person. Benefits are paid one time for each category of Critical Condition.

Category 1: Cancers/Tumors

Skin Cancer

For the purpose of the policy, Skin Cancer means Squamous or Basal Cell Carcinoma as Diagnosed by a licensed Physician.

Diagnosis of Skin Cancer will be the date on which it is first confirmed through a Skin Biopsy. Skin Cancer does not include any Cancer Diagnosed as Type 1 Cancer or Type 2 Cancer.

Type 1 Cancer

For the purpose of the policy, Type 1 Cancer means a malignant neoplasm, which is characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue and which is not specifically hereafter excluded. Leukemia's are included, except Stage 0 chronic lymphocytic leukemia, and lymphomas are included, with the exception of HIV-related lymphoma and cutaneous lymphoma. Diagnosis of Type 1 Cancer will be the date on which the Type 1 Cancer is first confirmed through either a Pathological Diagnosis or a Clinical Diagnosis. If a Pathological Diagnosis is not available then We will accept a Clinical Diagnosis if the following conditions are met: 1) a Pathological Diagnosis cannot be made because it is medically inappropriate or life threatening; 2) there is medical evidence in the form of laboratory testing including tumor markers, if available, physical examination findings, and imaging study or other diagnostic study findings to support the Diagnosis; and 3)a licensed Physician is treating the Insured Person for Type 1 Cancer. Type 1 Cancer does not include: 1) any pre-malignant lesions, benign tumors, or polyps; 2) any papillary tumor of the bladder classified as Ta under TNM Classification; 3) any tumor of the prostate classified as T1a or T1b under TNM Classification; 4) any papillary carcinoma of the thyroid that is one centimeter or less in diameter; 5) any tumor in the presence of human immunodeficiency virus; 6) any Skin Cancers, unless the tumor is a malignant melanoma of greater than 1.0 millimeter maximum thickness (regardless of Clark level of ulceration) as determined by a histological examination using the Breslow method; 7) Type 2 Cancer; 8) chronic Lymphocytic Leukemia (CLL), equal to Stage 0, as defined by RAI classification; 9) any non-malignant or non-invasive lesions; 10) any Carcinoma in Situ; 11) Squamous or Basal Cell Carcinoma; and 12) any grade of dysplasia.

Type 2 Cancer

For the purpose of the policy, Type 2 Cancer means Cancer where the tumor cells still lie within the tissue of origin without having invaded neighboring tissue. It also includes: 1) any malignant melanoma less than or equal to 1.0 millimeters maximum thickness (regardless of Clark level of ulceration) as determined by a histological examination using the Breslow method; 2) any tumor of the prostate classified as T1a or T1b under TNM Classification; 3) any papillary carcinoma of the bladder classified as Ta under TNM Classification; 4) any papillary carcinoma of the thyroid that is one centimeter or less in diameter; 5) chronic Lymphocytic Leukemia (CLL), equal to Stage 0, as defined by RAI classification. Diagnosis of Type 2 Cancer will be the date in which the Type 2 Cancer is first confirmed through either a Pathological Diagnosis or Clinical Diagnosis. Type 2 Cancer does not include: 1) any pre-malignant lesion, benign tumors, or polyps; 2) any tumor in the presence of human immunodeficiency virus; 3) any non-melanoma Skin Cancer; 4) any melanoma in situ classified as TisN0M0 under TNM Classification; 5) other skin malignancies; 6) any carcinoid tumor; 7) Any non-malignant or non-invasive lesions; 8) Squamous or Basal Cell Carcinoma; and 9) any grade of dysplasia.

Category 2: Heart and Circulatory

Coronary Artery By-Pass Surgery

For the purpose of the policy, Coronary Artery By-Pass Surgery means revascularization surgery, upon a Diagnosis of medical necessity by a licensed Physician to correct narrowing or blockage of at least (1) one coronary artery by the use of saphenous vein grafts or internal mammary grafting. Diagnosis will be the date Coronary Artery By-Pass Surgery is confirmed by a licensed Physician as a medical necessity. The Diagnosis must be made while Insured Person is alive. Coronary Artery By-Pass Surgery does not include: 1) balloon angioplasty, angiography, placement of stents, laser relief of an obstruction, cardiac catheterization or any other non-surgical procedures; 2) laser removal of an obstruction (Trans myocardial Laser Revascularization); or 3) surgery to repair a Heart Valve or hole in the heart, Heart Valve Replacement, or similar surgical procedure. Medical necessity for Coronary Artery Bypass Surgery is determined by a licensed Physician, based on angiographic evidence of coronary artery disease.

Heart Attack

For the purpose of the policy, Heart Attack (myocardial infarction) means inadequate blood supply to myocardium (heart muscle), causing infarction (tissue necrosis) of a portion of the myocardium (heart muscle). The Diagnosis of a Heart Attack will be the date on which ischemic death of a portion of the heart muscle is first confirmed by a licensed Physician. Diagnosis must be made by a licensed Physician and evidenced by a rise of biochemical cardiac markers to levels Diagnostic of myocardial infarction, with at least one of the following: 1) New and serial electrocardiographic (EKG) findings consistent with myocardial infarction; 2) Confirmatory imaging studies such as thallium scans, MUGA scans, or stress echocardiograms. Heart Attack does not include: 1) elevated biochemical cardiac markers as a result of intra-arterial cardiac procedures including coronary angiography and coronary angioplasty, in the absence of new Q waves; 2) ECG changes suggesting a prior (not current) myocardial infarction; 3) Heart Attack does not include any other disease or injury involving the cardiovascular system; 4) Cardiac Arrest not caused by a myocardial infarction is not a Heart Attack; 5) A Heart Attack that occurs during a heart related medical procedure.

Heart Valve Repair / Replacement Surgery

For the purpose of the policy, Heart Valve Repair / Replacement Surgery means the repair or replacement of one or more heart valves. The Diagnosis of Heart Valve Repair / Replacement Surgery is the date the licensed Physician recommends the medical necessity for the surgery.

Stroke

For the purpose of the policy, Stroke means death of brain tissue due to an acute cerebrovascular event with a demonstrable loss of neurological function persisting for thirty (30) days, and permanent neurologic deficit measuring three months or more after the event that results in a score of two (2) or higher on the Modified Rankin Scale for Stroke outcome. The Diagnosis of a Stroke must be made by a licensed Physician, and supported by objective clinical findings and laboratory data. We must receive evidence of the permanent neurological damage provided from Computed Axial Tomography (CAT scan) or magnetic Resonance Imaging (MRI). Stroke does not include: 1) Transient Ischemic Attacks (TIAs); 2) Vertebrobasilar Ischemia; 3) Chronic Cerebrovascular insufficiencies; 4) Head Injury.

Category 3: Paralysis and Other Loss of Use

Blindness

For the purpose of the policy, Blindness means the clinically proven irreversible reduction of sight due to a Sickness or an Accident to either eye that has persisted for a period of at least 30 consecutive days. Sight must be reduced to a corrected visual acuity of less than 6/60 (Metric Acuity) or 20/200 (Snellen or E-Chart Acuity) or visual field restriction to 20° or less in either eye. Diagnosis will be the date in which it is first confirmed by a licensed Physician. Blindness does not include: 1) partial restoration of sight, if any procedure, device, or implant could reasonably be expected to result in partial or total restoration of sight, and the Insured Person is a medically suitable candidate for such treatment; 2) reduction of sight in an Insured Person who has not attained age2 on the date of Diagnosis; or 3) reduction of sight in an Insured Person if the reduction of sight occurred prior to the Effective Date of the Insured Person's coverage.

Coma

For the purpose of the policy, Coma means a profound state of unconsciousness due to a Sickness or an Accident from which one cannot be aroused to consciousness, even by powerful stimulation, as determined by a licensed Physician. The Insured Person must be confined in a medical facility during a Coma and remain in a Coma for 90 consecutive days. The Diagnosis of Coma will be the first day of the period for which a licensed Physician confirms the neurological deficit and the Coma has lasted for 7 consecutive days. Coma does not include a medically induced Coma.

Paralysis Benefit

After the Waiting Period, if Sickness causes an Insured Person to suffer Paralysis, We will pay the applicable Benefit Amount for the eligible class member. Diagnosis will be the date Paralysis is confirmed by a Physician who is a licensed Physician and supported by objective clinical findings and laboratory data, which include: 1) X-rays; 2) CT scan; 3) MRI; 4) Electromyography (EMG). Paralysis as the result of a Stroke will not be considered as permanent Paralysis due to a covered Sickness for purposes of the policy.

Category 4: Transplants

Major Organ Transplant

For the purpose of the policy, Major Organ Transplant means the Diagnosis by a licensed Physician of failure of the heart, liver, lung or entire pancreas due to end stage organ failure which results on the date the Insured Person being placed on the United Network for Organ Sharing (UNOS) list for transplantation. If the Insured Person is determined to be too ill for a transplant, but otherwise meets the criteria for being registered by the (UNOS), the registration requirement will be waived. Major Organ Transplant shall not include: 1) the transplant of Islets of Langerhans or organs received from a non-human donor. The medical necessity for a transplant must be determined as follows: For a *heart transplant*: by a licensed Physician , and supported by clinical findings and diagnostic testing including: a) radiographic imaging. 2) For a *liver transplant*: by a licensed Physician, and supported by clinical findings and laboratory data. The need for a liver transplant resulting either directly or indirectly from drug overdose or excessive alcohol ingestion is not covered under the policy. 3) For a *lung transplant*: by a licensed Physician, and supported by clinical findings and diagnostic testing including: a) pulmonary function test; b) chest X-ray; and c) evidence of end-stage lung disease. 4) For a *pancreas transplant*: by a licensed Physician and supported by progressive pancreas dysfunction, based on clinical findings and laboratory data.

Total Loss of Kidney Function (Renal Failure)

For the purpose of the policy, Total Loss of Kidney Function (Renal Failure) means the Diagnosis by a licensed Physician of end-stage renal failure, which is the chronic, irreversible failure of both kidneys to function. Total Loss of Kidney Function is determined if one of the following occurs: 1) Weekly treatment is recommended through renal replacement therapy with either hemodialysis or peritoneal dialysis. 2) The Total Loss of Kidney Function results in kidney transplantation. Total Loss of Kidney Function does not include Renal failure caused by a traumatic event, including surgical traumas.

NOTICE TO POLICYHOLDERS AND INSURED PERSONS THE POLICY PROVIDES INSURANCE THAT IS A SUPPLEMENT TO HEALTH INSURANCE. IT IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. LACK OF MAJOR MEDICAL COVERAGE (OR OTHER MINIMUM ESSENTIAL COVERAGE) MAY RESULT IN AN ADDITIONAL PAYMENT WITH YOUR TAXES.