



# HOSPITAL INDEMNITY INSURANCE

## Flexible Choice Hospital Indemnity Senior Choice Customer Booklet for Kansas

- › **Outline of coverage**
- › **Important notice to persons on Medicare**
- › **Replacement notice**

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**OUTLINE OF COVERAGE FOR  
INDIVIDUAL HOSPITAL INDEMNITY INSURANCE POLICY  
FORM LY-HISR-BA-KS**

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

**THIS IS NOT MEDICARE SUPPLEMENT INSURANCE**

If an Insured Person is eligible for Medicare, please review the "Guide to Health Insurance for People with Medicare" which is 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 policy and only the actual provisions of the policy will control the rights and obligations of the parties to it. The policy itself sets forth, in detail, those rights and obligations applicable to both You and LOYAL AMERICAN LIFE INSURANCE COMPANY. It is very important, therefore, that You READ YOUR POLICY CAREFULLY.
- 2. HOSPITAL INDEMNITY COVERAGE** Hospital Indemnity Insurance coverage is designed to pay a specific benefit amount for a loss for ambulance, emergency room treatment, hospital admission, hospital confinement, observation room, skilled nursing care facility. Coverage is subject to the provisions or other limitations that may be set forth in the policy.
- 3. CANCELLATION BY INSURED** You may cancel this policy at any time by written notice delivered or mailed to Us. Your cancellation will be effective upon receipt of Your notice or on such later date as may be specified in such notice. In the event of Cancellation or death, We will promptly return the unearned portion of any premium paid by You. We will determine the amount of the refund, if any, by prorating the last modal premium paid from the date of the Cancellation until the next modal premium due date. Cancellation will be without prejudice to any claim originating prior to the effective date of cancellation.
- 4. TIME LIMIT ON CERTAIN DEFENSES** After two (2) years from the Policy Effective Date, no misstatements, except fraudulent misstatements, made by You in the Application for the policy shall be used to void the policy or to deny a claim for loss incurred after the expiration of the two (2) year period.

No claim for loss incurred that starts after twelve (12) months from the effective date of this policy will be reduced or denied on the grounds that a disease or physical condition not excluded from coverage by name or specific description effective on the date of loss had existed within twelve (12) months prior to the effective date of coverage of this policy.

**5. BENEFITS PROVIDED BY THE POLICY**

**AMBULANCE BENEFIT**

We will pay the ground/water/air Ambulance Benefit Amount shown in the policy Schedule Page when a licensed professional ambulance company transports any Insured Person by air, ground, or water ambulance to or from a Hospital where Treatment is received for a Covered Illness or Covered Injury.

The ground/water ambulance transportation due to a Covered Injury must occur within ninety (90) Days of the Covered Accident.

The air ambulance transportation due to a Covered Injury must occur within seventy-two (72) hours of the Covered Accident.

The ground, water, or air ambulance benefit is limited to one (1) payment per Insured Person per Covered Illness or Covered Injury. When an Insured Person is transported by two (2) separate ambulances for the same Covered Illness or Covered Injury, We will pay the ground, water, or air ambulance benefit, whichever is greatest.

The Ambulance Benefit is limited to a combined maximum of two (2) payments per Insured Person per Calendar Year.

#### **EMERGENCY ROOM TREATMENT BENEFIT**

We will pay the per Day Emergency Room Treatment Benefit Amount shown in the policy Schedule Page when any Insured Person is provided Emergency Treatment in an Emergency Room due to a Covered Illness or Covered Injury.

Emergency Treatment due to a Covered Injury must be provided at the direction of a Physician or licensed health care professional (who is under the supervision of a Physician) within seventy-two (72) hours of the Covered Accident. The Insured Person must be and remain under the Treatment of the attending Physician.

The Emergency Room Treatment Benefit is limited to a maximum of two (2) payments per Insured Person per Calendar Year.

#### **HOSPITAL ADMISSION BENEFIT**

We will pay the Hospital Admission Benefit Amount shown in the policy Schedule Page when any Insured Person is admitted as an Inpatient in a Hospital due to a Covered Illness or Covered Injury per Insured Person. We will not pay benefits for hospital admission of a newborn child following birth unless the child suffers a Covered Illness or Covered Injury.

Hospital admission due to a Covered Injury must occur within ninety (90) Days of the Covered Accident and the admission must be at the direction and under the Treatment of a Physician.

This benefit is limited to one (1) admission per Insured Person per Calendar Year whether for the same or different Covered Illness or Covered Injury.

This benefit will pay in addition to the Hospital Confinement Benefit.

Only one (1) payment will be paid for each Insured Person per Calendar Year. This benefit is not payable if Treatment is provided in an Emergency Room.

#### **HOSPITAL CONFINEMENT BENEFIT**

We will pay the per Day Benefit Amount shown in the policy Schedule Page when any Insured Person is in a Hospital as an Inpatient due to a Covered Illness or Covered Injury. We will not pay benefits for hospital confinement of a newborn child following birth unless the child suffers a Covered Illness or Covered Injury.

Hospital Confinement due to a Covered Injury must begin within ninety (90) Days of the Covered Accident and the Hospital Confinement must be provided at the direction and under the Treatment of a Physician.

When the Insured Person is discharged from the Hospital and returns within ninety (90) Days for the same or related Covered Illness or Covered Injury, We will count it as the same Hospital Confinement. However, if the Insured Person is out of the Hospital for at least ninety (90) Days and then returns for the same or a related Covered Illness or Covered Injury, We will count that as a different Hospital Confinement.

The Hospital Confinement Benefit is limited to the number of days shown on the policy Schedule Page and a maximum of four (4) Hospital Confinements per Insured Person per Calendar Year.

### **OBSERVATION ROOM BENEFIT**

We will pay the Observation Room Benefit Amount shown in the policy Schedule Page when any Insured Person receives treatment for a Covered Illness or Covered Injury in a Hospital observation room on a non-inpatient basis and a charge is incurred. The requirement that a person be charged for room and board shall not apply to observation in a Veterans Administration Hospital or Federal Government Hospital.

Observation due to a Covered Injury must occur within ninety (90) Days of the Covered Accident and the observation must be at the direction and under the Treatment of a Physician.

The Observation Room Benefit is limited to a maximum of two (2) payments per Calendar Year per Insured Person.

This benefit is not payable if a benefit is payable under the Hospital Confinement Benefit and/or the Emergency Room Treatment Benefit for the same day, same period, or same treatment.

### **SKILLED NURSING FACILITY CARE BENEFIT**

When any Insured Person is Confined to a Skilled Nursing Facility beyond twenty (20) Days, We will pay the per Day Benefit Amount shown in the policy Schedule Page when any Insured Person is Confined in a Skilled Nursing Facility for medical Treatment and rehabilitation due to a Covered Injury or Covered Illness. The Benefit will be paid for each day of Skilled Nursing Facility Care starting on the twenty-first (21st) Day of Confinement. Confinement in a Skilled Nursing Facility must be for medical Treatment and rehabilitation due to a Covered Illness or Covered Injury.

The Skilled Nursing Facility Care must be at the direction and under the Treatment of a Physician or licensed health care professional and begin within thirty (30) Days following a related Hospital Confinement for three (3) consecutive Days or more for which benefits were paid.

When payment is provided for the Hospital Confinement Benefit, the Skilled Nursing Facility Benefit will not be payable for the same day.

The Skilled Nursing Facility Care Benefit is limited to eighty (80) Days per Insured Person per Calendar Year.

## **6. EXCLUSIONS AND LIMITATIONS**

In addition to any benefit-specific conditions, limitations, or exclusions, no benefits will be payable for a Covered Illness or Covered Injury which, directly or indirectly, in whole or in part, is caused by or results from any of the following:

- a. an Insured Person's being intoxicated, as determined and defined by the laws and jurisdiction of the geographic area in which the injury or illness or cause of injury or illness was incurred, or under the influence of any narcotic unless administered under the advice of a Physician and taken as prescribed. The Insured Person's alcohol or narcotic impairment must be the cause or contributing cause of his or her injury or sickness, irrespective of whether the injury or sickness occurred while the Insured Person was driving a motor vehicle or engaged in any other activity;
- b. flight in, boarding, or alighting from an aircraft or any craft designed to fly above the Earth's surface except as a fare-paying passenger on a regularly-scheduled commercial or charter airline;
- c. elective or cosmetic surgery or complications of cosmetic surgery. This does not include reconstructive, cosmetic surgery: i) incidental to or following surgery for trauma, infection, or other disease of the involved part; or ii) due to congenital disease or anomaly of a Covered Dependent Child which has resulted in a functional defect;
- d. dental treatment of the teeth, gums, or structures directly supporting the teeth including dental X-rays, examinations, repairs, orthodontics, periodontics, casts, splints, and services for dental malocclusion for any condition are not covered, except if provided for or in connection with a Covered Injury to sound natural teeth and a continuous course of dental treatment is started within six (6) months of the Covered Injury. Sound natural teeth are defined as natural teeth that are free of active clinical decay, have at least 50% bony support, and are functional in the arch;
- e. commission or attempt to commit an illegal activity or a felony;
- f. participation in any high-risk activities such as bungee jumping, parachuting, skydiving, parasailing, hang-gliding, deep-sea scuba diving, parkour, free running, sail gliding, parakiting, bronc or bull riding, or any similar activity; any motorized race or contest of speed, to include off-road vehicles that may not require a license;

- g. any mental or nervous or emotional disorder, alcoholism, and drug addiction;
- h. active-duty service in the military, naval or air force of any country or international organization. Upon Our receipt of proof of service, We will refund any premium paid during the Insured Person's time of active duty. Reserve or National Guard active-duty training is not excluded unless it extends beyond thirty-one (31) consecutive Days;
- i. We will not pay benefits for a Covered Illness or Covered Injury caused by, contributed to, or resulting from a Pre-Existing Condition during the first twelve (12) months that coverage is in force with respect to an Insured Person. The term "Pre-Existing Condition" means any Covered Illness or Covered Injury for which an Insured Person received medical Treatment, advice, or services including diagnostic measures, or took prescribed drugs or medicines within twelve (12) months before the Insured Person's most recent effective date of coverage. This limitation will not apply to a Covered Illness or Covered Injury that occurs after the Insured Person is insured under this policy for at least twelve (12) months after the Insured Person's effective date of coverage. This Pre-Existing Condition limitation will not apply to congenital anomalies of a covered Dependent Child;
- j. an elective abortion or complications of such abortion. We will not pay benefits for pregnancy in existence prior to the effective date of coverage, including any resulting Complications of Pregnancy or maternal-fetal intervention procedure. For pregnancy beginning on or after the effective date of coverage, Complications of Pregnancy are covered to the same extent as a Sickness;
- k. suicide (while sane or insane), attempted suicide, or intentionally self-inflicted injury;
- l. travel, activity, or treatment outside the United States;
- m. war or act of war (whether declared or undeclared);
- n. commission of or active participation in a riot, insurrection, rebellion, or police action; or
- o. voluntary self-administration of any narcotic, drug, poison, gas, or fumes, unless prescribed or taken under the direction of a Physician and taken in accordance with the prescribed dosage.

**7. TERMS UNDER WHICH THE POLICY MAY BE CONTINUED IN FORCE OR DISCONTINUED**

**GUARANTEED RENEWABLE FOR LIFE** This policy is guaranteed renewable for life. You may keep coverage in force during Your lifetime by paying the premiums on time. We cannot cancel or refuse to renew this policy for any reason other than nonpayment of premium. At no time while You continue this policy in force may We place any restrictive Riders on it without Your permission.

**8. OPTIONAL BENEFIT RIDERS (additional premiums required)** A checkmark in any of the boxes below indicates that You have selected the following optional coverage(s):

**ACCIDENT FIXED INDEMNITY BENEFIT RIDER (LY-AI-RD-KS)**

**ACCIDENT SPECIFIC-SUM INJURY BENEFITS**

**BURN BENEFIT** We will pay the Burn Benefit Amounts shown below if any Insured Person suffers burns in a Covered Accident which require medical treatment. The burns must be treated by a Physician within seventy-two (72) hours after the Covered Accident.

**Benefit Amount for 2<sup>nd</sup> Degree Burns**

<b>BENEFIT</b>	<b>Prime</b>	<b>Advantage</b>	<b>Supreme</b>
Less than 20 square centimeters of the body surface	\$75	\$100	\$125
20 but less than 40 square centimeters of the body surface	\$150	\$200	\$250
40 but less than 65 square centimeters of the body surface	\$300	\$400	\$500
65 but less than 160 square centimeters of the body surface	\$450	\$600	\$750
160 but less than 225 square centimeters of the body surface	\$600	\$800	\$1,000
225 or greater square centimeters of the body surface	\$750	\$1,000	\$1,250

**Benefit Amount for 3<sup>rd</sup> Degree Burns**

<b>BENEFIT</b>	<b>Prime</b>	<b>Advantage</b>	<b>Supreme</b>
Less than 20 square centimeters of the body surface	\$150	\$200	\$250
20 but less than 40 square centimeters of the body surface	\$375	\$500	\$625
40 but less than 65 square centimeters of the body surface	\$750	\$1,000	\$1,250
65 but less than 160 square centimeters of the body surface	\$2,250	\$3,000	\$3,750
160 but less than 225 square centimeters of the body surface	\$5,250	\$7,000	\$8,750
225 or greater square centimeters of the body surface	\$7,500	\$10,000	\$12,500

This benefit is payable if any Insured Person suffers burns in a Covered Accident which require medical treatment. The burns must be treated by a Physician within seventy-two (72) hours after the Covered Accident.

**SKIN GRAFTS BENEFIT**

<b>BENEFIT</b>	<b>Prime</b>	<b>Advantage</b>	<b>Supreme</b>
Skin Grafts	\$1,500	\$2,000	\$2,500

This benefit is payable if any Insured Person receives one (1) or more skin grafts as the result of a Covered Injury suffered in a Covered Accident.

This benefit is only payable if a Burn Benefit is also payable.

**COMA BENEFIT**

<b>BENEFIT</b>	<b>Prime</b>	<b>Advantage</b>	<b>Supreme</b>
Coma	\$10,000	\$10,000	\$12,000

This benefit is payable if any Insured Person is Diagnosed and treated for a Coma as the result of a Covered Injury in a Covered Accident. The Coma must:

- a. be Diagnosed by a Physician within thirty (30) Days after the Covered Accident; and
- b. persist for at least seven (7) consecutive Days.

This benefit is limited to one (1) Coma Benefit Amount per Insured Person per lifetime.

**CONCUSSION (BRAIN) BENEFIT**

<b>BENEFIT</b>	<b>Prime</b>	<b>Advantage</b>	<b>Supreme</b>
Concussion (Brain)	\$100	\$200	\$300

This benefit is payable if any Insured Person suffers a significant blow to the head in a Covered Accident which results in unconsciousness. The concussion must be Diagnosed by a Physician within seventy-two (72) hours after the Covered Accident using any type of medical imaging procedure such as an X-ray, CT (computerized tomography) scan, or MRI (magnetic resonance imaging).

This benefit is limited to one (1) Concussion Benefit Amount per Insured Person per Covered Accident.

**DISLOCATION (SEPARATED JOINT) BENEFIT**

<b>Benefit</b>	<b>Prime</b>	<b>Advantage</b>	<b>Supreme</b>
Hip	\$1,500	\$2,000	\$2,500
Knee (except patella)	\$500	\$750	\$850
Shoulder (glenohumeral)	\$250	\$350	\$400
Collarbone Sternoclavicular Acromioclavicular and separation	\$250	\$350	\$400
Ankle – bone or bones of the foot (other than toes)	\$250	\$350	\$400
Lower jaw	\$250	\$350	\$400
Wrist	\$250	\$350	\$400
Elbow	\$250	\$350	\$400
One toe or finger	\$50	\$100	\$150

This benefit is payable if any Insured Person suffers a Dislocation as a result of a Covered Injury suffered in a Covered Accident. A Dislocation must:

- a. be Diagnosed by a Physician within fourteen (14) Days after the Covered Accident;
- b. require correction with anesthesia by a Physician; and
- c. be corrected by a Physician within ninety (90) Days after the Covered Accident.

If an Insured Person suffers more than one (1) Dislocation in a Covered Accident, We will pay for all multiple Dislocations. However, We will pay no more than 150% of the Dislocation Benefit Amount for the Separated Joint involved which has the highest Dislocation Benefit Amount.

If the Dislocation does not require anesthesia by a Physician, We will pay twenty-five percent (25%) of the Dislocation Benefit Amount shown for the Separated Joint involved.

If a Physician diagnoses the Dislocation as an incomplete Dislocation, We will pay twenty-five percent (25%) of the Dislocation Benefit Amount shown for the Separated Joint involved. An incomplete Dislocation is a Dislocation in which the joint is not completely separated.

We will pay this benefit only for the first (1<sup>st</sup>) Dislocation of a joint per Covered Accident. Subsequent Dislocations of the same joint will not be covered.

If an Insured Person suffers a Dislocation and a Fracture in the same Covered Accident, We will pay for both. However, We will pay no more than 150% of the Benefit Amount for the bone or joint involved which has the highest Benefit Amount.

**EMERGENCY DENTAL WORK BENEFIT**

<b>BENEFIT</b>	<b>Prime</b>	<b>Advantage</b>	<b>Supreme</b>
Benefit Amount for teeth repaired with crowns	\$150	\$200	\$200
Benefit Amount for teeth resulting in extractions	\$150	\$200	\$200

This benefit is payable if any Insured Person requires dental extractions and/or crown to their sound, natural teeth as the result of a Covered Injury suffered in a Covered Accident. Sound natural teeth not including false teeth such as dentures, bridges, veneers, partials, crowns, or implants. Treatment by a Physician or dentist must begin within seventy-two (72) hours after the Covered Accident.

This benefit is limited to one (1) payment per Insured Person per Covered Accident.



**EYE INJURY BENEFIT**

<b>BENEFIT</b>	<b>Prime</b>	<b>Advantage</b>	<b>Supreme</b>
Benefit Amount for surgical repair	\$150	\$200	\$200
Benefit Amount for removal of foreign body by a Physician	\$150	\$200	\$200

This benefit is payable if any Insured Person suffers an eye injury as the result of a Covered Accident. The eye injury must require surgery or the removal of a foreign object by a Physician within ninety (90) Days after the Covered Accident. An examination with anesthesia will not be considered surgery.

This benefit is limited to one (1) payment per Insured Person per Covered Accident.

If an Insured Person suffers an eye injury and later loses sight of the eye as a result of the same Covered Accident, We will subtract the amount We paid under the Eye Injury Benefit from the Accidental Dismemberment Benefit.

**FRACTURE (BROKEN BONE) BENEFIT**

<b>BENEFIT</b>	<b>Prime</b>	<b>Advantage</b>	<b>Supreme</b>
Hip, thigh (femur)	\$750	\$1,000	\$1,250
Vertebrae, body of (including vertebral processes)	\$500	\$650	\$750
Pelvis (includes ilium, ischium, pubis, acetabulum except coccyx)	\$500	\$650	\$750
Leg (tibia and/or fibula)	\$500	\$650	\$750
Arm, hand (except fingers), wrist, foot (except heel, toes), ankle	\$350	\$500	\$600
Kneecap, lower jaw, shoulder blade, bones of face or nose	\$350	\$500	\$600
Rib	\$350	\$500	\$600
Heel, finger	\$100	\$100	\$150
Coccyx	\$100	\$100	\$150
Toe	\$100	\$100	\$150

**Benefit Amount for Fracture – Skull (except bones of face or nose)**

<b>BENEFIT</b>	<b>Prime</b>	<b>Advantage</b>	<b>Supreme</b>
Simple non-reduction Skull Fracture	\$375	\$375	\$400
Depressed Skull Fracture	\$750	\$750	\$850

This benefit is payable if any Insured Person suffers a Fracture injury as a result of a Covered Accident. A Fracture must:

- a. be Diagnosed by a Physician within fourteen (14) Days after the Covered Accident; and
- b. be corrected by a Physician within ninety (90) Days after the Covered Accident.

If an Insured Person suffers more than one (1) Fracture in a Covered Accident, We will pay no more than the amount for the two (2) bones involved which have the highest Benefit Amounts.

If a Physician diagnoses the Fracture as a Chip Fracture, We will pay twenty-five percent (25%) of the Benefit Amount shown for the bone involved.

If an Insured Person receives a Fracture and a Dislocation in the same Covered Accident, We will pay for both. However, We will pay no more than 150% of the Benefit Amount for the bone or joint involved which has the highest Benefit Amount.

## LACERATION BENEFIT

<b>BENEFIT</b>	<b>Prime</b>	<b>Advantage</b>	<b>Supreme</b>
Total of all Lacerations treated without stitches/sutures	\$25	\$35	\$45
Total of all Lacerations is less than two inches long (less than 5.08 centimeters) and repaired by stitches	\$50	\$100	\$150
Total of all Lacerations is two to six inches long (5.08 to 15.24 centimeters) and repaired by stitches	\$150	\$200	\$250
Total of all Lacerations is over six inches long (over 15.24 centimeters) and repaired by stitches	\$300	\$400	\$500

This benefit is payable if any Insured Person suffers a Laceration injury as the result of a Covered Accident. The Laceration must be repaired by a Physician within seventy-two (72) hours after the Covered Accident.

The amount We pay will be based on the total length of all Lacerations received in any one (1) Covered Accident which require repair. If the Laceration is severe enough to require stitches but the Physician chooses to repair it another way, We will treat it as if it were repaired without stitches.

If an Insured Person suffers a Laceration on their finger or toe and later loses that finger or toe as a result of the same Covered Accident, We will subtract the amount We paid under the Laceration Benefit from the Accidental Dismemberment Benefit.

## PARALYSIS BENEFIT

<b>BENEFIT</b>	<b>Prime</b>	<b>Advantage</b>	<b>Supreme</b>
Hemiplegia (Paralysis of one side of the body)	\$2,500	\$3,000	\$3,500
Paraplegia (Paralysis of lower limbs)	\$2,500	\$3,000	\$3,500
Quadriplegia (Paralysis of four limbs)	\$5,000	\$6,000	\$7,000

This benefit is payable if any Insured Person suffers Paralysis as a result of a Covered Injury suffered in a Covered Accident. The duration of the Paralysis must be a minimum of thirty (30) Days.

This benefit is limited to one (1) payment per Insured Person per lifetime.

## **SURGICAL PROCEDURES BENEFIT**

### **Benefit Amount for surgical procedures**

<b>BENEFIT</b>	<b>Prime</b>	<b>Advantage</b>	<b>Supreme</b>
Arthroscopy without surgical repair	\$200	\$200	\$250
Cranial	\$500	\$600	\$600
Hernia	\$500	\$600	\$600
Open abdominal (including exploratory laparotomy)	\$500	\$600	\$600
Repair of ruptured discs	\$300	\$350	\$350
Repair of tendons and/or ligaments	\$300	\$350	\$350
Repair of torn knee cartilages (meniscus)	\$300	\$350	\$350
Repair of rotator cuffs	\$300	\$350	\$350
Thoracic surgery	\$300	\$350	\$350
Miscellaneous surgery requiring general anesthesia	\$200	\$250	\$300

This benefit is payable if any Insured Person requires a surgical procedure as a result of a Covered Injury suffered in a Covered Accident. The surgical procedure must be performed within one (1) year of the Covered Accident.

Two (2) or more surgical procedures performed through the same incision will be considered one (1) operation and benefits will be paid based upon the surgical procedure with the highest Surgical Procedures Benefit Amount.

A miscellaneous surgery means a surgical procedure that is not covered by any other specific Covered Injury benefit and requires general anesthesia. If more than one (1) miscellaneous surgical procedure is performed in a twenty-four (24) hour period, We will pay only the one (1) which has the highest Surgical Procedures Benefit Amount.

This benefit is limited to a maximum of two (2) miscellaneous surgeries per Insured Person per Calendar Year.

## HOSPITAL AND SERVICES BENEFITS

### ACCIDENT EMERGENCY TREATMENT BENEFIT

BENEFIT	Prime	Advantage	Supreme
Hospital Emergency Room	\$75	\$100	\$125

This benefit is payable if any Insured Person suffers a Covered Injury as a result of a Covered Accident.

For this benefit to be payable, all the following must occur:

- a. the Covered Injury is an Emergency; and
- b. the Covered Injury requires examination and treatment by a Physician in a Hospital Emergency Room within seventy-two (72) hours after the Covered Accident.

This benefit is payable once per twenty-four (24) hour period and only once per Insured Person per Covered Accident.

### ACCIDENT FOLLOW-UP TREATMENT BENEFIT

BENEFIT	Prime	Advantage	Supreme
Accident Follow-up Treatment	\$25	\$25	\$50

This benefit is payable if any Insured Person needs additional treatment of a Covered Injury suffered in a Covered Accident over and above Emergency Treatment administered in the first seventy-two (72) hours following the Covered Accident. This benefit is limited to six (6) visits per Insured Person per Covered Accident.

Follow-up treatment must begin within thirty (30) Days of the Covered Accident and must conclude within six (6) months following the Covered Accident. Such treatments must be furnished by a Physician in a Physician's office or in a Hospital on an Outpatient basis.

### AMBULANCE BENEFIT

BENEFIT	Prime	Advantage	Supreme
Air Ambulance	\$1,000	\$1,000	\$1,500
Ground/Water Ambulance	\$250	\$250	\$300

This benefit is payable when a licensed professional air ambulance or licensed professional ground/water ambulance company transports any Insured Person to or from a Hospital where treatment is received for a Covered Injury suffered in a Covered Accident.

The air ambulance transportation must be within seventy-two (72) hours after the Covered Accident and is limited to one (1) payment per Insured Person per Covered Accident. We will pay a maximum of two (2) Air Ambulance Benefits per Insured Person per Calendar Year.

The ground/water ambulance transportation must be within ninety (90) Days after the Covered Accident and is limited to one (1) payment per Insured Person per Covered Accident. We will pay a maximum of two (2) Ground/Water Ambulance Benefits per Insured Person per Calendar Year.

**APPLIANCE BENEFIT**

<b>BENEFIT</b>	<b>Prime</b>	<b>Advantage</b>	<b>Supreme</b>
Appliance	\$100	\$100	\$150

This benefit is payable if any Insured Person suffers a Covered Injury in a Covered Accident and a Physician prescribes the use of a medical appliance as an aid in personal locomotion or mobility. Crutches, leg braces, back braces, walkers and wheelchairs are examples of medical appliances. The use of an appliance must begin within ninety (90) Days after the Covered Accident.

This benefit is limited to one (1) payment per Insured Person per Covered Accident.

**ATTENDING PHYSICIAN BENEFIT**

<b>BENEFIT</b>	<b>Prime</b>	<b>Advantage</b>	<b>Supreme</b>
Attending Physician	\$50	\$50	\$75

For each qualifying Day that the Hospital Confinement or Hospital Intensive Care Unit Benefit is payable under the policy for a Covered Injury suffered in a Covered Accident, We will pay the Attending Physician Benefit Amount shown on the Benefits Schedule for the services of an Attending Physician.

**BLOOD, PLASMA, PLATELETS BENEFIT**

<b>BENEFIT</b>	<b>Prime</b>	<b>Advantage</b>	<b>Supreme</b>
Blood, Plasma, Platelets	\$100	\$100	\$125

This benefit is payable if any Insured Person suffers a Covered Injury in a Covered Accident and requires the transfusion, administration, cross matching, typing and processing of blood, plasma, or platelets. The blood, plasma, or platelets must be administered within ninety (90) Days after the Covered Accident.

This benefit is limited to one (1) payment per Insured Person per Covered Accident. We will not pay for immunoglobulins.

**DIAGNOSTIC IMAGING BENEFIT**

<b>BENEFIT (per image)</b>	<b>Prime</b>	<b>Advantage</b>	<b>Supreme</b>
X-rays	\$25	\$50	\$75
Major Diagnostic Exams	\$100	\$150	\$200

This benefit is payable for either an X-ray or a Major Diagnostic Exam if any Insured Person requires one of the following in a Hospital or Emergency Room:

- a. an X-ray while receiving Emergency treatment for a Covered Injury suffered in a Covered Accident; or
- b. a Major Diagnostic Exam (computerized tomography (CT) scan, computerized axial tomography (CAT), magnetic resonance imaging (MRI), positron emission tomography (PET), ultrasound, magnetic resonance angiography (MRA), electrocardiography (EKG), or electroencephalography (EEG)) while receiving treatment for a Covered Injury suffered in a Covered Accident.

The X-ray benefit is limited to one (1) X-ray per Insured Person per Covered Accident and two (2) X-rays per Insured Person per Calendar Year. The X-ray benefit is not payable for Major Diagnostic Exams.

The Major Diagnostic Exam benefit is limited to one (1) Major Diagnostic Exam per Insured Person per Covered Accident and two (2) Major Diagnostic Exams per Insured Person per Calendar Year. Major Diagnostic Exams do not include X-rays.

**ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS**

**ACCIDENTAL DEATH BENEFIT**

**Benefit Amount for Accidental Death – Common Carrier**

<b>BENEFIT</b>	<b>Prime</b>	<b>Advantage</b>	<b>Supreme</b>
Policyowner & Spouse/Domestic Partner	\$50,000	\$60,000	\$75,000
Child(ren)	\$10,000	\$15,000	\$25,000

**Benefit Amount for Accidental Death – Other Accidents**

<b>BENEFIT</b>	<b>Prime</b>	<b>Advantage</b>	<b>Supreme</b>
Policyowner & Spouse/Domestic Partner	\$10,000	\$15,000	\$20,000
Child(ren)	\$10,000	\$10,000	\$10,000

This benefit is payable if an Insured Person dies as a direct result of Covered Accident or a Covered Accident while riding as a passenger in, on, boarding, or alighting from a Common Carrier if all of the following requirements are met:

- a. Accidental Death occurs on or after the Insured Person’s Policy Effective Date and while the policy is in force;
- b. We receive due proof of loss, satisfactory to Us, of the Insured Person’s Accidental Death;
- c. the proof shows that death resulted directly from a Covered Injury caused solely as a result of a Covered Accident and independent of disease, physical condition, bodily infirmity, or any other cause;
- d. Accidental Death occurred within the first ninety (90) Days after the Covered Accident, except that in cases when at the end of the ninety (90) Day period an Insured Person is being kept clinically alive by an artificial life support system, the ninety (90) Day limit will be extended to 180 Days; and
- e. the benefit payment is not precluded by any general or specific exclusion, description, or any failure to meet any requirement stated in the policy.

If We pay the Accidental Death – Common Carrier Benefit Amount, We will not pay the Accidental Death – Other Accidents Benefit Amount.

In the event that Accidental Death and Accidental Dismemberment result from the same Covered Accident, the total benefit payable will not exceed that of the Accidental Death Benefit Amount.

## ACCIDENTAL DISMEMBERMENT BENEFIT

### Benefit Amount for Loss of both Arms or Loss of both Legs

BENEFIT	Prime	Advantage	Supreme
Policyowner & Spouse/Domestic Partner	\$20,000	\$20,000	\$20,000
Child(ren)	\$10,000	\$10,000	\$10,000

### Benefit Amount for Loss of Sight of both Eyes, Loss of both Hands, or Loss of both Feet

BENEFIT	Prime	Advantage	Supreme
Policyowner & Spouse/Domestic Partner	\$20,000	\$20,000	\$20,000
Child(ren)	\$10,000	\$10,000	\$10,000

### Benefit Amount for Loss of Sight of Eye, Loss of Hand, Loss of Foot, Loss of Arm, or Loss of Leg

BENEFIT	Prime	Advantage	Supreme
Policyowner & Spouse/Domestic Partner	\$10,000	\$10,000	\$10,000
Child(ren)	\$5,000	\$5,000	\$5,000

### Benefit Amount for Loss of Finger(s) and/or Loss of Toe(s)

BENEFIT	Prime	Advantage	Supreme
Policyowner & Spouse/Domestic Partner	\$500	\$750	\$1,000
Child(ren)	\$250	\$375	\$500

This benefit is payable if an Insured Person suffers an Accidental Dismemberment as the direct result of a Covered Accident if all of the following requirements are met:

- the Covered Accident and Accidental Dismemberment occur on or after the Insured Person's Policy Effective Date and while the policy is in force;
- treatment for the Covered Injury is received within the United States;
- the Accidental Dismemberment occurs within first ninety (90) Days after the Covered Accident; and
- the benefit payment is not precluded by any general or specific exclusion, description, or any failure to meet any requirement stated in the policy.

The Accidental Dismemberment Benefit will be paid even if the severed body part is subsequently re-attached. Only Accidental Dismemberments shown on the Benefits Schedule are eligible for payment under the policy. Any dismemberment not listed on the Benefits Schedule is not eligible for payment under the policy.

This benefit is limited to two (2) Benefit Amounts per Insured Person per lifetime. In the case of multiple dismemberments resulting from one (1) Covered Accident, only the highest single benefit will be paid per Insured Person. Loss of use does not constitute dismemberment except as stated for Loss of Sight of Eye injuries in the policy.

**EXCLUSIONS AND LIMITATIONS** This Rider is subject to the Exclusions and Limitations outlined in the policy. In addition to any benefit-specific conditions, limitations, or exclusions, no benefits will be payable under this Rider for:

- a. Illness, disease, bodily or mental infirmity, bacterial or viral infection, or any condition resulting from insect, arachnid or other arthropod bites or stings, or medical or surgical treatment thereof, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food;
- b. practicing for or participating in any semiprofessional or professional competitive athletic contest for which such Insured Person receives any compensation or remunerations; or
- c. operating a motor vehicle without a valid motor vehicle operator's license, except while participating in a driver's education program.

The following conditions, treatments, and/or services are **not covered** under this Rider:

- a. care, services, or supplies received without charge or legal obligation to pay or while the Rider was not in force;
- b. treatment, services, and supplies for Experimental, Investigational, or Unproven purposes;
- c. dental treatment of the teeth, gums, or structures directly supporting the teeth, including dental X-rays, examinations, repairs, orthodontics, periodontics, casts, splints, and services for dental malocclusion for any condition are not covered, except if provided for or in connection with a Covered Injury to sound natural teeth and a continuous course of dental treatment is started within six (6) months of the Covered Injury. Sound natural teeth are defined as natural teeth that are free of active clinical decay, have at least fifty percent (50%) bony support, and are functional in the arch;
- d. treatment or services from a masseur, massage therapist or rolfer, massage therapy, and any type of holistic therapy which include but are not limited to meditation, aromatherapy, and relaxation therapy; or
- e. repetitive or cumulative motions or stress traumas which include but are not limited to carpal tunnel syndrome, tennis elbow, and thoracic outlet syndrome.

**LUMP SUM CANCER AND RECURRENCE RIDER (LY-LSCR-RD)**

**CANCER DIAGNOSIS** Subject to the Reduction Schedule and Benefit Payment Conditions listed below, if an Insured Person receives a Diagnosis of cancer from a Physician, We will pay You the Cancer Diagnosis Benefit Amount shown in the policy Schedule Page or policy endorsement. After payment of the Cancer Diagnosis Benefit Amount for an Insured Person, coverage for that Insured Person under the Cancer Diagnosis Benefit will terminate.

**BENEFIT PAYMENT CONDITIONS** Payment of the Cancer Diagnosis Benefit shall be subject to the following conditions:

- a. Diagnosis must be made within the United States;
- b. the Date of Diagnosis shall occur while the Insured Person is covered by this Rider; and
- c. payment shall be precluded by any general or specific exclusion, limitation, or reduction set forth in this Rider (including, without limitation, the exclusion for any Pre-Existing Condition) or any failure by the Insured Person to meet any condition precedent in this Rider or policy.

**REDUCTION SCHEDULE** For any Cancer Diagnosed within the first thirty (30) Days after the Rider Effective Date, the Cancer Diagnosis Benefit Amount shall be reduced. The reduced Benefit Amount for Cancer will be 10% of the Cancer Diagnosis Benefit Amount shown in the policy Schedule Page or policy endorsement.

In the event an Insured Person is Diagnosed with Cancer within the first thirty (30) Days following their Rider Effective Date and the reduced Benefit Amount for Cancer is paid, no other benefits shall be payable and coverage for that Insured Person under the Cancer Diagnosis Benefit will terminate.



**CANCER RECURRENCE BENEFIT** Subject to the Benefit Payment Conditions listed below, a Cancer Recurrence Benefit is payable each time an Insured Person receives a Diagnosis for the recurrence of Cancer. However, for the Cancer Recurrence Benefit to be payable:

- a. the Cancer Diagnosis Benefit Amount to which this Rider is attached shall have been previously paid for the Insured Person; and
- b. the Insured Person shall not have received any Advice or Treatment for at least twenty-four (24) consecutive months prior to the Date of Diagnosis for the recurrence of Cancer.

The amount payable for the recurrence of Cancer is equal to the percentage times the Cancer Recurrence Benefit Amount shown on the policy Schedule Page or policy endorsement. The percentage of the Cancer Recurrence Benefit Amount payable is shown in chart below.

Time Period without Advice or Treatment	% of Cancer Recurrence Benefit Amount Payable	Maximum Percentage of the Cancer Recurrence Benefit Amount
Less than 24 months	0%	100%
24 months or more but less than 5 years	25%	
5 years or more but less than 10 years	75%	
10 years or more	100%	

If an Insured Person receives benefits payable for the recurrence of Cancer that is less than 100% of the Cancer Recurrence Benefit Amount payable and later receives a Diagnosis for a different recurrence of Cancer, We will pay the specified percentage in the chart above, less any prior amounts paid or payable under this benefit. However, for the Cancer Recurrence Benefit to be payable, such Diagnosis of Cancer must be separated by at least twenty-four (24) consecutive months from an Insured Person’s last Date of Diagnosis for Cancer under this Rider.

After payment of the maximum percentage of the Cancer Recurrence Benefit Amount for an Insured Person shown in the chart above, coverage for that Insured Person under this Rider will terminate.

**BENEFIT PAYMENT CONDITIONS** Payment of the Cancer Recurrence Benefit shall be subject to the following conditions:

- a. Diagnosis must be made within the United States;
- b. the Date of Diagnosis shall occur while the Insured Person is covered by this Rider; and
- c. payment shall be precluded by any general or specific exclusion, limitation, or reduction set forth in this Rider or any failure by the Insured Person to meet any condition precedent in this Rider or policy.

**EXCLUSIONS AND LIMITATIONS** This Rider is subject to the Exclusions and Limitations outlined in the policy. In addition to any benefit-specific conditions, limitations, or exclusions, no benefits will be payable under this Rider for:

- a. any disease, illness, or incapacity other than Cancer as defined; this is so even though such disease, illness, or incapacity may have been complicated, affected (directly or indirectly), or caused by Cancer;
- b. loss that begins prior to the Rider Effective Date;
- c. Diagnosis received outside the United States or its territories, unless otherwise specified in this Rider; or
- d. any illness specifically excluded from the definition of Cancer or Carcinoma in Situ.

**PRE-EXISTING CONDITION(S)** The benefits of this Rider will not be payable during the first twelve (12) months that coverage is in force with respect to an Insured Person for any loss caused by Pre-Existing Condition(s). This twelve (12) month period is measured from the Rider Effective Date for each Insured Person.

**LUMP SUM HEART, STROKE, AND RESTORATION RIDER (LY-LSHR-RD)**

We will pay the Heart and Stroke Diagnosis Benefit if an Insured Person receives a Diagnosis of any of the Qualifying Events shown in the chart below and subject to the definitions, terms, limitations, and exclusions set forth in this Rider and the following conditions:

- a. the Diagnosis must be made within the United States;
- b. the Date of Diagnosis is after the Waiting Period has expired;
- c. the Date of Diagnosis shall occur while the Insured Person is covered by this Rider; and
- d. payment shall be precluded by any general or specific exclusion, limitation, or reduction set forth in or attached to this Rider (including, without limitation, the exclusion for any Pre-Existing Condition) or any failure by the Insured Person to meet any condition precedent in this Rider or policy.

The amount payable for each Qualifying Event is equal to the percentage times the Heart and Stroke Diagnosis Benefit Amount shown on the policy Schedule Page or policy endorsement. The percentage of the Heart and Stroke Diagnosis Benefit Amount payable for each Qualifying Event is shown beside the event in the chart below.

<b>Qualifying Events</b>	<b>Percentage of Benefit Amount Payable for each Qualifying Event</b>	<b>Maximum Percentage of Benefit Amount Payable</b>
Heart Attack	100%	100%
Heart Transplant	100%	
Stroke	100%	
Coronary Artery Bypass Surgery*	25%	
Aortic Surgery*	25%	
Heart Valve Replacement/Repair Surgery*	25%	
Angioplasty*	10%	
Stent*	10%	

\*The Coronary Artery Bypass Surgery, Aortic Surgery, Heart Valve Replacement/Repair Surgery, Angioplasty, and Stent benefits are each payable only once in an Insured Person’s lifetime.

If an Insured Person receives benefits payable for a Qualifying Event that is less than 100% of the Heart and Stroke Diagnosis Benefit Amount and later receives a Diagnosis for a different Qualifying Event, we will pay the specified percentage of the Qualifying Event in the chart above, less any prior amounts paid or payable under this benefit.

If the Date of Diagnosis of two (2) or more Qualifying Events is the same day, We will pay only one (1) Heart and Stroke Diagnosis Benefit Amount. We will pay the larger of the Qualifying Event benefits Diagnosed on the same day.

The Date of Diagnosis for two (2) or more surgical treatments performed at the same time and through a common incision or entry point are considered one (1) operation. We will pay the larger of the Qualifying Event benefits performed at the same time.

No benefits are payable for conditions other than the Qualifying Events defined in this Rider.

After payment of the maximum percentage of the Heart and Stroke Diagnosis Benefit Amount for an Insured Person shown in the chart above, coverage for that Insured Person under the Heart and Stroke Diagnosis Benefit will terminate.

**RESTORATION BENEFIT** When 100% of the Heart and Stroke Diagnosis Benefit Amount under this Rider has been paid for an Insured Person, We will pay You the Heart and Stroke Restoration Benefit when an Insured Person receives a Diagnosis of a Heart Attack, Stroke, or Heart Transplant. However, for the Heart and Stroke Restoration Benefit to be payable, such Heart and Stroke Restoration Benefit Diagnosis must be separated by at least twenty-four (24) consecutive months from an Insured Person’s last Date of Diagnosis for a Heart Attack, Stroke, or Heart Transplant under this Rider.

The amount payable for the Diagnosis of a Heart Attack, Stroke, or Heart Transplant is equal to the percentage times the Heart and Stroke Restoration Benefit Amount shown on the policy Schedule Page or policy endorsement. The percentage of the Heart and Stroke Restoration Benefit Amount payable is shown in the chart below.

<b>Time Period from Last Date of Diagnosis for a Heart Attack, Stroke, or Heart Transplant</b>	<b>% of Restoration Benefit Amount Payable for a Heart Attack, Stroke, or Heart Transplant</b>	<b>Maximum Percentage of Benefit Amount Payable</b>
Less than 24 months	0%	100%
24 months or more but less than 5 years	25%	
5 years or more but less than 10 years	75%	
10 years or more	100%	

If an Insured Person receives benefits payable for a Heart Attack, Stroke, or Heart Transplant that is less than 100% of the Heart and Stroke Restoration Benefit Amount payable and later receives a Diagnosis for a different Heart Attack, Stroke, or Heart Transplant, We will pay the specified percentage in the chart above, less any prior amounts paid or payable under this benefit. However, for the Heart and Stroke Restoration Benefit to be payable, such Heart and Stroke Restoration Benefit Diagnosis must be separated by at least twenty-four (24) consecutive months from an Insured Person’s last Date of Diagnosis for a Heart Attack, Stroke, or Heart Transplant under this Rider.

After payment of the maximum percentage of the Heart and Stroke Restoration Benefit Amount for an Insured Person shown in the chart above, coverage for that Insured Person will terminate under this Rider.

**EXCLUSIONS AND LIMITATIONS** This Rider is subject to the Exclusions and Limitations outlined in the policy. In addition to any benefit-specific conditions, limitations, or exclusions, no benefits will be payable under this Rider for:

- a. any disease, illness, or incapacity other than Qualifying Events as defined; this is so even though such disease, illness, or incapacity may have been complicated, affected (directly or indirectly), or caused by a Qualifying Event;
- b. loss that begins prior to the Rider Effective Date;
- c. a Qualifying Event Diagnosed during the Waiting Period;
- d. any illness specifically excluded from the definition of Qualifying Events listed in this Rider.

**WAITING PERIOD** This Rider has a thirty (30) Day Waiting Period. Waiting Period means the first thirty (30) Days following an Insured Person’s Rider Effective Date. No benefits will be paid for a Qualifying Event that is Diagnosed during the Waiting Period. If an Insured Person is Diagnosed with a Qualifying Event during the Waiting Period, We will terminate the Insured Person’s coverage under this Rider and refund the applicable portion of premium paid for that Insured Person’s coverage.

**PRE-EXISTING CONDITION(S)** The benefits of this Rider will not be payable during the first twelve (12) months that coverage is in force with respect to an Insured Person for any loss caused by Pre-Existing Condition(s). This twelve (12) month period is measured from the Rider Effective Date for each Insured Person.

**SPECIFIED DISEASE BENEFIT RIDER (LY-HISD-RD)**

We will pay You the Specified Disease Benefit Amount, shown in the policy Schedule Page, if an Insured Person receives a Diagnosis or Procedure from a Physician for one (1) of the Specified Diseases shown in the chart below and subject to the following conditions:

- a. Diagnosis must be made within the United States; and
- b. the Date of Diagnosis or Procedure shall occur while the Insured Person is covered by this Rider.

Specified Diseases:

- Amyotrophic Lateral Sclerosis (ALS)
- Coma
- End Stage Renal Failure
- Major Organ Transplant
- Multiple Sclerosis (MS)
- Paralysis
- Severe Burns

Each Insured Person is limited to one (1) Specified Disease Benefit Amount under the terms of this Rider. After payment of the Specified Disease Benefit Amount shown on the policy Schedule Page for an Insured Person, We will not pay any additional benefits for any additional Specified Diseases covered by this Rider for the same Insured Person.

If the Date of Diagnosis or Procedure of two (2) or more Specified Diseases is the same Day, We will pay only one (1) Specified Disease Benefit.

No benefits are payable for conditions other than the Specified Diseases defined in this Rider. Payment of the Specified Disease Benefit is subject to all terms and conditions of this Rider and the policy to which it is attached.

**EXCLUSIONS AND LIMITATIONS** This Rider is subject to the Exclusions and Limitations outlined in the policy. In addition to any benefit-specific conditions, limitations, or exclusions, no benefits will be payable under this Rider for loss that begins prior to the effective date of coverage.

**PRE-EXISTING CONDITION(S)** The benefits of this Rider will not be payable during the first twelve (12) months that coverage is in force with respect to an Insured Person for any loss caused by Pre-Existing Condition(s). This twelve (12) month period is measured from the effective date of coverage for each Insured Person.

**9. YOUR TOTAL ANNUAL PREMIUM (at time of application)**

Choose the benefit package listed below. Only those benefits included under the benefit package selected will be available.

<input type="checkbox"/> SC1	<input type="checkbox"/> SC2	<input type="checkbox"/> SC3
Hospital Confinement	Hospital Confinement	Ambulance Benefit
	Observation Room	Emergency Room Treatment
	Skilled Nursing	Hospital Admission
		Hospital Confinement
		Observation Room
		Skilled Nursing

**The modal premiums for the coverage(s) outlined above are:**

Individual Hospital Indemnity Insurance Policy .....	\$ _____
Accident Fixed Indemnity Benefit Rider .....	\$ _____
Lump Sum Cancer and Recurrence Rider .....	\$ _____
Lump Sum Heart, Stroke, and Restoration Rider .....	\$ _____
Specified Disease Benefit Rider .....	\$ _____
<b>TOTAL</b>	<b>\$ _____</b>

\_\_\_\_\_  
Agent's name (print)

\_\_\_\_\_  
Agent's signature

\_\_\_\_\_  
Date

## HOSPITAL INDEMNITY INSURANCE MEDICARE DUPLICATION NOTICE

### IMPORTANT NOTICE TO PERSONS ON MEDICARE THIS INSURANCE DUPLICATES SOME MEDICARE BENEFITS

#### **This is not Medicare Supplement Insurance**

This insurance pays a fixed dollar amount, regardless of your expenses, for each day you meet the policy conditions. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

#### **This insurance duplicates Medicare benefits when:**

- any expenses or services covered by the policy are also covered by Medicare

#### **Medicare generally pays for most or all of these expenses.**

**Medicare pays extensive benefits for medically-necessary services regardless of the reason you need them. These include:**

- hospitalization
- physician services
- hospice
- outpatient prescription drugs if you are enrolled in Medicare Part D
- other approved items and services

### Before You Buy This Insurance

- √ Check the coverage in **all** health insurance policies you already have.
- √ For more information about Medicare and Medicare Supplement insurance, review the *Guide to Health Insurance for People with Medicare*, available from the insurance company.
- √ For help in understanding your health insurance, contact your state insurance department or state health insurance assistance program (SHIP).

# Loyal American Life Insurance Company®

PO Box 5725, Scranton, PA 18505-5725 • Toll Free: 866-459-4272

## NOTICE TO APPLICANT REGARDING REPLACEMENT OF ACCIDENT AND SICKNESS INSURANCE

According to your application and information you have furnished, you intend to lapse or otherwise terminate existing accident and sickness insurance and replace it with a policy to be issued by Loyal American Life Insurance Company®. Your new policy provides 30 days in which you may decide, without cost, whether or not you decide to keep this policy. For your own information and protection, you should be aware of and seriously consider certain factors which may affect the insurance protection available to you under the new policy.

1. Health conditions which you may presently have may not be immediately or fully covered under the new policy. This could result in denial or delay of a claim for benefits under the new policy, whereas a similar claim might have been payable under your present policy.
2. You may wish to secure the advice of your present insurer or its agent regarding the proposed replacement of your present policy. This is not only your right, but it is also in your best interest to make sure you understand all the relevant factors involved in replacing your present coverage.
3. If, after due consideration, you still wish to terminate your present policy and replace it with new coverage, be certain to truthfully and completely answer all questions on the application concerning your medical/health history. Failure to include all material medical information on any application may provide a basis for the Company to deny any future claims and to refund your premium as though your policy had never been in force. After the application has been completed and before you sign it, reread it carefully to be certain that all information has been properly recorded.

The above "Notice to Applicant" was delivered to me on:

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Date

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Applicant's Signature

