

Limited Benefit Health Coverage

OUTLINE OF COVERAGE

POLICY FORM SL-VERSEPI2-TX

Standard Life and Accident Insurance Company

Mailing Address:

P.O. Box 10627

Springfield, MO 65808

Phone: 888.350.1488

(referred hereafter as “Standard Life”, “we”, “us”, “our” or “the Company”)

THIS IS LIMITED BENEFIT HEALTH COVERAGE.

BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES.

THIS IS NOT A MEDICARE SUPPLEMENT POLICY.

If you are eligible for Medicare, you should review the *Guide to Health Insurance for People with Medicare* available from the Company.

1. **Read Your Policy Carefully** — This outline of coverage provides a very brief description of some 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.

INPATIENT

BENEFIT DESCRIPTION	PLAN 1	PLAN 2	PLAN 3	PLAN 4	PLAN 5
Hospital Confinement - Injury: 365 Days	\$1,000 / Day	\$2,000 / Day	\$3,000 / Day	\$4,000 / Day	\$6,000 / Day
Hospital Confinement - Sickness: 365 Days	\$500 / Day	\$1,000 / Day	\$1,500 / Day	\$2,000 / Day	\$3,000 / Day
Hospital Admission - Injury	N/A	N/A	N/A	\$1,000	\$1,500
Hospital Admission - Sickness	N/A	N/A	N/A	\$500	\$750
Intensive Care - Injury: 30 Days	\$2,000 / Day	\$4,000 / Day	\$6,000 / Day	\$8,000 / Day	\$12,000 / Day
Intensive Care - Sickness: 30 Days	\$1,000 / Day	\$2,000 / Day	\$3,000 / Day	\$4,000 / Day	\$6,000 / Day
Surgery	\$500 / Day	\$1,000 / Day	\$1,000 / Day	\$1,000 / Day	\$1,500 / Day
Anesthesia	\$100 / Day	\$200 / Day	\$200 / Day	\$200 / Day	\$300 / Day
Continuous Care - Injury: 30 Days	\$500 / Day	\$1,000 / Day	\$1,000 / Day	\$1,000 / Day	\$1,000 / Day
Continuous Care - Sickness: 30 Days	\$250 / Day	\$500 / Day	\$500 / Day	\$500 / Day	\$500 / Day
Substance Abuse: 30 Days	\$100 / Day	\$150 / Day	\$150 / Day	\$200 / Day	\$300 / Day
Mental Illness: 30 Days	\$100 / Day	\$150 / Day	\$150 / Day	\$200 / Day	\$300 / Day

OUTPATIENT

BENEFIT DESCRIPTION	PLAN 1	PLAN 2	PLAN 3	PLAN 4	PLAN 5
Physician Office - Injury	\$100 / Day	\$100 / Day	\$120 / Day	\$140 / Day	\$160 / Day
Physician Office - Sickness	\$50 / Day 2 Per Year	\$50 / Day 2 Per Year	\$60 / Day 3 Per Year	\$70 / Day 3 Per Year	\$80 / Day 4 Per Year
Wellness Benefit	\$50 / Day 1 Per Year	\$75 / Day 1 Per Year	\$100 / Day 1 Per Year	\$100 / Day 1 Per Year	\$125 / Day 1 Per Year
Emergency Room - Injury	\$100 / Day 2 Per Year	\$150 / Day 2 Per Year	\$200 / Day 2 Per Year	\$300 / Day 2 Per Year	\$400 / Day 2 Per Year
Emergency Room - Sickness	\$50 / Day 1 Per Year	\$75 / Day 1 Per Year	\$100 / Day 1 Per Year	\$150 / Day 1 Per Year	\$200 / Day 1 Per Year
Diagnostic, X-Ray, Lab - Injury	\$50 Per Test Day	\$100 Per Test Day	\$150 Per Test Day	\$200 Per Test Day	\$400 Per Test Day
Diagnostic, X-Ray, Lab - Sickness	\$25 Per Test Day 2 Test Days	\$50 Per Test Day 2 Test Days	\$75 Per Test Day 2 Test Days	\$100 Per Test Day 2 Test Days	\$200 Per Test Day 2 Test Days

OUTPATIENT *Continued*

BENEFIT DESCRIPTION	□ PLAN 1	□ PLAN 2	□ PLAN 3	□ PLAN 4	□ PLAN 5
Ambulatory Surgical Center - Injury	\$100 / Day	\$150 / Day	\$200 / Day	\$300 / Day	\$400 / Day
Ambulatory Surgical Center - Sickness	\$50 / Day	\$75 / Day	\$100 / Day	\$150 / Day	\$200 / Day
Surgery	\$500 / Day	\$1,000 / Day	\$1,000 / Day	\$1,000 / Day	\$1,500 / Day
Anesthesia	\$100 / Day	\$200 / Day	\$200 / Day	\$200 / Day	\$300 / Day
Ambulance Services Ground - Injury	\$200 / Day	\$250 / Day	\$300 / Day	\$300 / Day	\$400 / Day
Ambulance Services Ground - Sickness	\$100 / Day 2 Per Year	\$125 / Day 2 Per Year	\$150 / Day 2 Per Year	\$150 / Day 2 Per Year	\$200 / Day 2 Per Year
Ambulance Services Air - Injury	\$2,000 / Day	\$2,000 / Day	\$2,000 / Day	\$3,000 / Day	\$4,000 / Day
Ambulance Services Air - Sickness	\$1,000 / Day 2 Per Year	\$1,000 / Day 2 Per Year	\$1,000 / Day 2 Per Year	\$1,500 / Day 2 Per Year	\$2,000 / Day 2 Per Year
Accidental Death	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000
Common Carrier	\$20,000	\$20,000	\$20,000	\$20,000	\$20,000
Dislocation Benefit	\$1,500*	\$2,000*	\$2,000*	\$2,500*	\$2,500*
Fracture Benefit	\$2,500*	\$5,000*	\$5,000*	\$7,500*	\$10,000*
Burn Benefit	\$10,000*	\$15,000*	\$15,000*	\$20,000*	\$25,000*
Critical Illness	\$5,000	\$5,000	\$5,000	\$10,000	\$10,000

* This is the maximum amount payable for this Benefit. Please refer to the Schedule of Benefit Amounts for more details.

3. EXCLUSIONS AND LIMITATIONS

WAITING PERIOD LIMITATION

Loss caused by or relating to sickness, a mental or nervous disorder, or substance abuse will not be covered for the first 30 days after the effective date of each Covered Person.

PRE-EXISTING CONDITION LIMITATION

Loss caused by or relating to a Pre-existing Condition is not covered for the first 12 months after the effective date of each Covered Person.

EXCLUSIONS

No coverage shall be provided and no benefits will be paid for any loss resulting in whole or in part from, or contributed to, or as a natural and probable consequence of any of the following:

- a. Suicide or any attempt at suicide or intentionally self-inflicted injury or any attempt at intentionally self-inflicted injury or any act of auto-eroticism, while sane or insane;
- b. Travel or flight in or on (including getting in or out of, or on or off of) any vehicle used for aerial navigation, if the Covered Person is:
 1. riding as a passenger in any aircraft not intended or licensed for the transportation of passengers;
 2. performing, learning to perform or instructing others to perform as a pilot or crew member of any aircraft; or
 3. riding as a passenger in an aircraft owned, leased or operated by the Covered Person's employer;
- c. Declared or undeclared war, or any act of declared or undeclared war;
- d. Full-time active duty in the armed forces, National Guard or organized reserve corps of any country or international authority. (Unearned premium for any period for which the Covered Person is not covered due to his/her active duty status will be refunded. Loss caused while on short-term National Guard or reserve duty for regularly scheduled training purposes is not excluded.);

EXCLUSIONS *Continued*

- e. Any loss sustained or contracted in consequence of the Covered Person being intoxicated or under the influence of any narcotic unless the narcotic is administered on the advice of a physician;
- f. The Covered Person's commission of or attempt to commit a felony;
- g. The Covered Person being engaged in an illegal occupation;
- h. Services and supplies which are not medically necessary to treat a covered loss (other than as stated in the Wellness and Preventive Care Benefit);
- i. Services and supplies which are received without charge or legal obligation to pay or would not normally be paid in the absence of insurance;
- j. Services and supplies which are received outside of the United States of America, its possessions and territories;
- k. Dental care or treatment unless due to an injury to a sound and natural tooth;
- l. Cosmetic surgery or reconstructive surgery, including breast reduction and surgery to repair, replace, or remove breast implants; however, this exception does not apply when surgery is required:
 - 1. to repair a birth defect of a child born to you and continuously covered under your policy from birth; or
 - 2. for reconstructive surgery following a covered mastectomy;
- m. Any covered loss that is covered under any state or federal Worker's Compensation, Policyholder's Liability law or similar law;
- n. Any mental or nervous disorder or substance abuse, unless such coverage is expressly provided herein;
- o. Any procedure for refractive correction, eye refraction or the purchase or fitting of vision or hearing aids, cochlear implants and related devices;
- p. Pregnancy or maternity, unless such coverage is expressly provided herein. Complications of Pregnancy are not excluded;
- q. Participating in hazardous occupations or other activity including participating, instructing, demonstrating, guiding or accompanying others in the following: professional or semi-professional sports, extreme sports, organized body contact sports, parachute jumping, hot-air ballooning, hang-gliding, base jumping, mountain climbing, bungee jumping, scuba diving, sail gliding, parasailing, parakiting, rock or mountain climbing, cave exploration, parkour, racing including stunt show or speed test of any motorized or non-motorized vehicle, rodeo activities, or similar hazardous activities. Also excluded is injury received while practicing, exercising, undergoing conditional or physical preparation for such activity;
- r. A custodial institution, domiciliary care or rest cures;
- s. Weight reduction or treatment of obesity, including exogenous, endogenous or morbid obesity; or
- t. Diagnosis or treatment (including surgery) of sexual dysfunctional disorders or inadequacy, or transsexual surgery.

4. RENEWABILITY

The policy is guaranteed renewable to age 65. This means that the policyholder has the right to continue the policy in force to age 65, subject to certain termination provisions contained in the policy. Premiums are subject to change as stated in the policy. If premiums are changed, the Company will provide appropriate notice as required by your state. The policy contains a 31 day grace period in which to pay premiums. The policy stays in force during the grace period.

5. PREMIUMS

The Company may change premiums for coverage. Premiums may be changed and are due as stated in the policy.

The initial policy premium is \$_____ ☐ Annual ☐ Semi-Annual ☐ Quarterly ☐ Monthly PAC

This outline is a brief description of the policy terms and provisions.

Refer to your policy for further details.

SCHEDULE OF BENEFIT AMOUNTS

		PLAN 1	PLAN 2	PLAN 3	PLAN 4	PLAN 5
Fracture Benefit						
	Spine/Vertebral Column	\$ 1,875	\$ 3,750	\$ 3,750	\$ 5,625	\$ 7,500
	Cheekbone	\$ 625	\$ 1,250	\$ 1,250	\$ 1,875	\$ 2,500
	Collarbone	\$ 625	\$ 1,250	\$ 1,250	\$ 1,875	\$ 2,500
	Foot (other than toes)	\$ 625	\$ 1,250	\$ 1,250	\$ 1,875	\$ 2,500
	Hand (other than fingers)	\$ 625	\$ 1,250	\$ 1,250	\$ 1,875	\$ 2,500
	Hip	\$ 2,500	\$ 5,000	\$ 5,000	\$ 7,500	\$10,000
	Kneecap	\$ 1,250	\$ 2,500	\$ 2,500	\$ 3,750	\$ 5,000
	Lower Arm	\$ 625	\$ 1,250	\$ 1,250	\$ 1,875	\$ 2,500
	Lower Jaw	\$ 625	\$ 1,250	\$ 1,250	\$ 1,875	\$ 2,500
	Lower Leg	\$ 1,250	\$ 2,500	\$ 2,500	\$ 3,750	\$ 5,000
	Neck	\$ 2,500	\$ 5,000	\$ 5,000	\$ 7,500	\$10,000
	Pelvis	\$ 1,875	\$ 3,750	\$ 3,750	\$ 5,625	\$ 7,500
	Shoulder Blade	\$ 625	\$ 1,250	\$ 1,250	\$ 1,875	\$ 2,500
	Skull	\$ 2,500	\$ 5,000	\$ 5,000	\$ 7,500	\$10,000
	Sternum	\$ 625	\$ 1,250	\$ 1,250	\$ 1,875	\$ 2,500
	Tailbone	\$ 625	\$ 1,250	\$ 1,250	\$ 1,875	\$ 2,500
	Upper Arm	\$ 1,250	\$ 2,500	\$ 2,500	\$ 3,750	\$ 5,000
	Upper Jaw	\$ 625	\$ 1,250	\$ 1,250	\$ 1,875	\$ 2,500
	Upper Leg/Femur	\$ 1,250	\$ 2,500	\$ 2,500	\$ 3,750	\$ 5,000
	Wrist	\$ 625	\$ 1,250	\$ 1,250	\$ 1,875	\$ 2,500
Dislocation Benefit						
	Ankle	\$ 1,500	\$ 2,000	\$ 2,000	\$ 2,500	\$ 2,500
	Collarbone	\$ 750	\$ 1,000	\$ 1,000	\$ 1,250	\$ 1,250
	Elbow	\$ 1,500	\$ 2,000	\$ 2,000	\$ 2,500	\$ 2,500
	Hip	\$ 1,500	\$ 2,000	\$ 2,000	\$ 2,500	\$ 2,500
	Jaw	\$ 750	\$ 1,000	\$ 1,000	\$ 1,250	\$ 1,250
	Knee	\$ 1,500	\$ 2,000	\$ 2,000	\$ 2,500	\$ 2,500
	Shoulder	\$ 750	\$ 1,000	\$ 1,000	\$ 1,250	\$ 1,250
	Spine/Vertebral Column	\$ 1,500	\$ 2,000	\$ 2,000	\$ 2,500	\$ 2,500
	Wrist	\$ 750	\$ 1,000	\$ 1,000	\$ 1,250	\$ 1,250
Burn Benefit						
	27% or more of the body surface below neck	\$10,000	\$15,000	\$15,000	\$20,000	\$25,000
	18% or more of the body surface below neck	\$ 7,500	\$11,250	\$11,250	\$15,000	\$18,750
	9% or more of the body surface below neck	\$ 5,000	\$ 7,500	\$ 7,500	\$10,000	\$12,500
	5% or more of the body surface below neck	\$ 2,500	\$ 3,750	\$ 3,750	\$ 5,000	\$ 6,250
	50% or more of face, neck or head	\$10,000	\$15,000	\$15,000	\$20,000	\$25,000
	25% or more of face, neck or head	\$ 7,500	\$11,250	\$11,250	\$15,000	\$18,750
	10% or more of face, neck or head	\$ 5,000	\$ 7,500	\$ 7,500	\$10,000	\$12,500