

**UNITED NATIONAL LIFE INSURANCE COMPANY OF AMERICA**  
1275 Milwaukee Avenue, Glenview, IL 60025  
(800) 207-8050

**SHORT-TERM HOME HEALTH CARE INSURANCE POLICY  
OUTLINE OF COVERAGE**

For Policy Form U1670-KY  
With Optional Rider Form RU17RPD

**CAUTION:** The issuance of the policy is based on your answers to the questions on your application. A copy of your application will be attached to the policy. If your answers, to the best of your knowledge and belief, are incorrect or untrue, we may have the right to deny benefits or rescind your policy. The best time to clear up any questions is now, before a claim arises! If, for any reason, any of your answers are incorrect, contact us within 30 days at the address shown above.

If you have any questions concerning this coverage, or if we can be of any assistance, please call us at 1-800-338-7452.

**NOTICE TO BUYER**

THE POLICY MAY NOT COVER ALL OF THE COSTS ASSOCIATED WITH SHORT-TERM HOME HEALTH CARE INCURRED BY THE BUYER DURING THE PERIOD OF COVERAGE. THIS IS A LIMITED POLICY. THE BUYER IS ADVISED TO REVIEW CAREFULLY ALL POLICY LIMITATIONS AND EXCEPTIONS. THIS IS NOT A LONG-TERM CARE POLICY.

**POLICY DESIGNATION**

The policy is an individual policy of insurance.

**PURPOSE OF OUTLINE OF COVERAGE**

This outline of coverage provides a very brief description of some of the important features of the policy. This is not the insurance contract, but only a summary of coverage. Only the individual policy contains governing contractual provisions. This means that the policy sets forth in detail those rights and obligations applicable to both you and United National Life Insurance Company of America. It is very important, therefore, that you **READ YOUR POLICY CAREFULLY**.

**GUARANTEED RENEWABLE**

This means you have the right, subject to the terms of the policy, to continue the policy as long as you pay your premium on time. We cannot change any of the terms of the policy on our own, except that, in the future, WE MAY INCREASE THE PREMIUM YOU PAY. We may change your premium by giving you advance written notice, as required by state law. We can only do this when we change the premiums for all policies like yours in the state where you live.

**THIS IS NOT MEDICARE SUPPLEMENT COVERAGE**

If you are eligible for Medicare, review the *Guide to Health Insurance for People with Medicare* available from us. Neither United National Life Insurance Company of America nor its agents represent Medicare, the federal government or any state government.

**SHORT-TERM HOME HEALTH CARE INSURANCE**

Policies of this category are designed to provide persons insured with limited or supplemental coverage.

The policy provides coverage on an indemnity basis for Covered Home Health Care services. All benefits are subject to the definitions, limitations and exclusions described in the policy.

**BENEFITS PROVIDED BY THE POLICY**

**Benefit Eligibility:** To qualify for benefits, a Licensed Health Care Practitioner must certify you have a Cognitive or Functional Impairment pursuant to a Plan of Care.

**BENEFIT ELIGIBILITY TERMS DEFINED:**

**Cognitive Impairment** means a deficiency in an Insured's short or long term memory, orientation as to person, place and time, deductive and abstract reasoning, or judgement as it relates to safety awareness.

**Functional Impairment** mean the inability to perform at least two (2) of the six (6) Activities of Daily Living, listed below, without substantial assistance.

**Activities of Daily Living** means the following six (6) basic activities of daily living:

1. **Bathing:** Washing oneself by sponge bath in either a tub or shower, including the task of getting into or out of the tub or shower.
2. **Continence:** The ability to maintain control of bowel or bladder function; or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for a catheter or colostomy bag).
3. **Dressing:** The ability to put on or take off all items of clothing and any necessary braces, fasteners or artificial limbs.
4. **Eating:** The ability to feed oneself by getting food into the body from a receptacle (e.g., plate, cup, table) or by a feeding tube or intravenously.
5. **Toileting:** The ability to get to and from the toilet, getting on and off the toilet, and performing associated personal hygiene.
6. **Transferring:** The ability to move into or out of a bed, chair or wheelchair without assistance.

**POLICY BENEFITS BY PLAN SELECTION:** Listed below are the benefits provided by the policy. Benefit payment for each Covered Home Health Care service is based upon the plan you select.

COVERED HOME HEALTH CARE SERVICES (Check applicant's selection)	PLAN SELECTION		
	<input type="checkbox"/> Plan A N/A in KY	<input type="checkbox"/> Plan B	<input type="checkbox"/> Plan C
<b>NURSING CARE SERVICES</b>			
Skilled Nursing Care / Daily Benefit	\$75	\$150	\$200
General Nursing Care / Daily Benefit	\$60	\$120	\$200
<b>THERAPY AND MEDICAL SOCIAL SERVICES</b>			
Physical / Daily Benefit	\$75	\$150	\$200
Speech / Daily Benefit	\$75	\$150	\$200
Occupational / Daily Benefit	\$75	\$150	\$200
Enterostomal / Daily Benefit	\$50	\$100	\$200
Respirational / Daily Benefit	\$50	\$100	\$200
Chemotherapy Specialist / Daily Benefit	\$60	\$120	\$200
Medical Social Services / Daily Benefit	\$100	\$200	\$300
Combined Maximum Daily Benefit Amount for above services not to exceed:	\$150	\$300	\$450
<b>HOME HEALTH AIDE SERVICES</b>			
Home Health Aide / Daily Benefit	\$40	\$80	\$120

**MAXIMUM BENEFIT PERIODS:** The Maximum Benefit Period for Nursing Care Services, Therapy Services and medical social services is 360 days. The Maximum Benefit Period for Home Health Aide Services is 60 days.

**PRE-EXISTING CONDITIONS LIMITATION:**

The policy is subject to a 6 month pre-existing condition. Pre-existing conditions are those medical conditions disclosed or not disclosed on the application for which medical services or treatment was recommended or received from a doctor within 6 months prior to the policy's effective date. Any loss due to a pre-existing condition isn't covered unless the loss begins more than 6 months after the policy's effective date.

**LIMITATION ON BENEFITS:**

Benefits paid for Covered Home Health Care are subject to: (a) the Combined Maximum Daily Benefit amount when you receive multiple Covered Home Health Care services in one day; and (b) the allowable Maximum Benefit Period for the applicable Covered Home Health Care service. When multiple Covered Home Health Care services are received on a single day, we will count only one benefit day toward the Maximum Benefit Period, except when Home Health Aide services are received. In that case, we will count one benefit day toward the Maximum Benefit Period for Home Health Aide services as well as one benefit day for the combined total of all other Covered Home Health Care services received. There is no inflation protection offered with this coverage.

**RESTORATION OF BENEFITS:**

The policy provides for unlimited restoration of the Maximum Benefit Period for all Covered Home Health Care.

The Maximum Benefit Period for Covered Home Health Care will be fully restored when:

- 1.) Covered Home Health Care services are not received for a period of 180 consecutive days; and
- 2.) A Licensed Health Care Practitioner has certified that you have sufficiently recovered enough to no longer qualify as having a Functional or Cognitive Impairment and have been advised that Covered Home Health Care or other nursing or home care services are no longer required, whether or not such services are covered under the terms of the policy.

**POLICY EXCLUSIONS:**

- 1) Mental or nervous disorders, but this shall not permit exclusion or limitation of benefits on the basis of Alzheimer's disease;
- 2) Alcoholism and drug addiction;
- 3) Illness, treatment, or medical condition arising out of:
  - a. War or act of war (whether declared or undeclared);
  - b. Participation in a felony, riot, or insurrection;
  - c. Service in the armed forces or auxiliary units;
  - d. Suicide (sane or insane), attempted suicide, or intentionally self-inflicted injury; or
  - e. Aviation (this exclusion shall apply only to nonfare-paying passengers); or
- 4) Treatment provided in a government facility (unless otherwise required by law), services for which benefits are available under Medicare or other governmental program (except Medicaid), any state or federal workers' compensation, employer's liability, or occupational disease law, services provided by a member of the covered person's immediate family, and services for which no charge is normally made in the absence of insurance.

**OPTIONAL RIDER****RETURN OF PREMIUM UPON DEATH (PRIOR TO AGE 86) BENEFIT RIDER - FORM RU17RPD**

This rider pays a return of premium benefit in the event of your death prior to attaining age 86. The actual amount of premium that will be returned, if any, will equal:

1. The sum of all premiums paid for the policy, including premiums paid for this rider and any other benefit riders attached to the policy (unless expressly excluded), while this rider is in force (except for any application and annual policy fees.) The sum of all premiums is without interest accumulation. MINUS
2. The sum of all benefits paid or then payable under the policy, including benefits paid or then payable under any attached benefit riders while the rider was in force.

**INITIAL PREMIUM**

COVERAGE DESCRIPTION	PREMIUM
Short-Term Home Health Care Policy <i>(Check box for Plan selected)</i> <input checked="" type="checkbox"/> Plan A* <input type="checkbox"/> Plan B <input type="checkbox"/> Plan C	\$ _____
Return of Premium Upon Death Benefit Rider – <i>Prior to Attained Age 86</i>	\$ _____
Policy Fee:	\$ 20.00
TOTAL PREMIUM:	\$ _____

\* N/A in Kentucky