

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-TN
With Optional Rider Forms, RU16ASH-TN, RU16ASB-TN

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 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.

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 deterioration or loss in intellectual capacity which requires substantial supervision to protect a person from threats to his or her own health and safety. Cognitive Impairment is evaluated and measured by clinical evidence and standardized tests that reliably measure impairment in one's: (1) short or long-term memory; (2) orientation as to people, places, or time; and (3) deductive or abstract reasoning.

Such loss of intellectual capacity can be the result of Alzheimer's disease or similar forms of senility or irreversible dementia.

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	<input type="checkbox"/> Plan B	<input type="checkbox"/> Plan C
NURSING CARE SERVICES			
Skilled Nursing Care / Daily Benefit	\$75	\$150	\$200
General Nursing Care / Daily Benefit	\$60	\$120	\$200
THERAPY AND MEDICAL SOCIAL SERVICES			
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
HOME HEALTH AIDE SERVICES			
Home Health Aide / Daily Benefit	\$40	\$80	\$120
PRESCRIPTION DRUG BENEFIT*			
Generic/per Prescription Drug	\$10	\$10	\$10
Brand / per Prescription Drug	\$25	\$25	\$25
Prescription Drug Policy Year Maximum	\$300	\$600	\$900

*The Prescription Drug benefit is not subject to the Pre-Existing Condition Limitation and is payable without regard to eligibility for Covered Home Health Care services.

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 advice 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.

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:

The policy does not pay benefits for loss:

- 1.) Due to an Injury or Sickness arising out of war or any act of war, declared or undeclared while serving in the military services or any auxiliary unit attached thereto.
- 2.) Due to intentionally self-inflicted Injury while sane or insane.
- 3.) Due to Injury or Sickness arising out of or in the course of employment or which is compensable under any workers' compensation or occupational disease law or act; or motor vehicle no-fault law.
- 4.) For services provided by a member of the Immediate Family unless: (a) he or she is employed by the Covered Home Health Care provider; (b) the Covered Home Health Care provider receives payment for the services; and (c) he or she receives no compensation other than the normal compensation for employees of the Covered Home Health Care provider.
- 5.) For services not included in Your Plan of Care.
- 6.) For services which would not routinely be paid in the absence of insurance.
- 7.) For care received outside the United States or its territories.
- 8.) For alcoholism, drug addiction, or chemical dependency, unless as a result of a medication prescribed by a Doctor.

OPTIONAL RIDERS

ACCIDENT AND SICKNESS HOSPITALIZATION BENEFIT RIDER - FORM RU16ASH-TN

Accident and Sickness Hospitalization Benefit: ☐ \$100 ☐ \$200 ☐ \$300 / per day

Maximum Benefit Period: ☐ 3 ☐ 6 / days

Waiting Period for Covered Sickness: -0-30 Days

This rider pays an Accident and Sickness Hospitalization Benefit for:

1. A loss incurred as a result of a covered Injury, which was initially treated in an Emergency Room or Outpatient Facility within 48 hours after the covered Injury occurred, and with admittance to a Hospital immediately following.
2. A loss as a result of a covered Sickness. Benefits are payable only when:
 - a. Incurred while the policy and rider are in force;
 - b. The Waiting Period, if any, has been satisfied; and
 - c. Not otherwise excluded from coverage under the policy and rider.

We will pay the Accident and Sickness Hospitalization Benefit Amount for each day of Hospital Confinement due to a covered Accident or Sickness. Benefits are not payable beyond the Maximum Benefit Period of Hospital Confinement for any One Period of Hospital Confinement.

The first Hospital Confinement Day for the Accident and Sickness Hospitalization Benefit Amount is payable upon a Hospital Confinement of at least 24 consecutive hours by reason of a covered Injury or Sickness, for which benefits are payable and there is a charge for room and board.

Any one continuous period of hospitalization which begins while the rider is in force, won't be affected by the policy or rider terminating.

ACCIDENT AND SICKNESS HOSPITALIZATION BENEFIT RIDER EXCLUSIONS:

This rider does not provide benefits for loss as a result of:

- 1.) Intentionally self-inflicted injury, or self-destruction or an attempt to self-destroy while sane.
- 2.) Injury being exposed to war or any act of war, declared or not, or participating in or contracting with the armed forces (including coast guard) of any country or international authority.
- 3.) Injury received while traveling or operating, learning to operate, serving as a crewmember on, or jumping or falling from any aircraft including those, which are not motor-driven.
- 4.) Suicide or attempted suicide while sane;
- 5.) Injury resulting from being legally intoxicated or under the influence of alcohol as defined by the laws of the state in which the injury occurs; or being under the influence of any illegal drugs or narcotic unless administered on the advice and as directed by a doctor.
- 6.) Repetitive motion injuries, strains, all types of hernia, tendinitis, bursitis and heat exhaustion not related to a specific injury.
- 7.) Injury resulting from testing cars/trucks on any racetrack or speedway.
- 8.) Injury sustained while taking part in any of the following activities: as a rider in or driving in competitive motor sports, water sport races, stunt show or speed test, or while testing any vehicle on any racecourse or speedway; spelunking (exploring caves); mountaineering, scaling up or down cliffs or mountain walls; practice for or participation in a rodeo; flying in an ultra-light, hang gliding, parachuting, parasailing, parakiting, or bungee cord jumping.
- 9.) Participating in any sporting event for pay or prize money.

- 10.) Injuries incurred and resulting from hazardous occupations such as circus workers, commercial fishermen, crop dusters, farm laborers, firefighters, lumberjacks, oil field workers, police, quarry workers, rodeo riders, security guards, underground miners, or window washers.
- 11.) Injuries arising out of or in the course of employment and which is payable or covered under any workers' compensation or occupational disease act or law.
- 12.) Injuries incurred more than forty (40) miles outside the territorial limits of the United States or Canada, unless such loss is incurred while the covered person is on a trip of not more than sixty (60) days.
- 13.) Pregnancy, except for complications of pregnancy; or hospital confinement due to giving birth within the first nine (9) months after the effective date of coverage under this rider as a result of a normal pregnancy, including cesarean.

AMBULANCE SERVICE BENEFIT RIDER - FORM RU16ASB-TN
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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 4 times per Calendar Year and is subject to a lifetime maximum benefit of \$2,500.

AMBULANCE SERVICE 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 except for tax-supported institutions of the state; any county or municipality ; or non-governmental charitable research hospital, provided that the institution charges patients for the same services in the absence of insurance;
- 3.) Services which would not routinely be paid in the absence of insurance.
- 4.) Services received outside the United States.
- 5.) Loss as a result of war, or any action of war, declared or undeclared; service in the armed forces of any country.
- 6.) Loss incurred as a result of committing or attempting to commit a felony or participating in a riot or civil commotion.
- 7.) Loss incurred as a result of suicide or intentionally self-inflicted injury while sane or insane.
- 8.) 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.
- 9.) Injury due to being legally intoxicated, as defined by the jurisdiction in which an accident occurs.
- 10.) Loss due to voluntarily using any drug, narcotic or controlled substance, unless as prescribed by a doctor.

INITIAL PREMIUM

COVERAGE DESCRIPTION	PREMIUM
Short-Term Home Health Care Policy <i>(Check box for Plan selected)</i> <input type="checkbox"/> Plan A <input type="checkbox"/> Plan B <input type="checkbox"/> Plan C	\$ _____
Accident and Sickness Hospitalization Benefit Rider	\$ _____
Ambulance Service Benefit Rider	\$ _____
Policy Fee:	\$ 20.00
TOTAL PREMIUM:	\$ _____