UNITED NATIONAL LIFE INSURANCE COMPANY OF AMERICA

1275 Milwaukee Ave., Glenview, Illinois 60025 (800) 207-8050

SPECIFIED DISEASE POLICY

Cancer Shield 2.0

OUTLINE OF COVERAGE FOR CANCER BENEFIT POLICY Policy Form Series U1930-MO

KEEP THIS OUTLINE FOR YOUR RECORDS

THIS IS NOT A MEDICARE SUPPLEMENT POLICY. If you are eligible for Medicare, review *The Guide to Health Insurance for People with Medicare* available from the company.

THIS IS A LIMITED BENEFIT POLICY. PLEASE 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 contract and only the actual policy provisions will control. Your policy 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!

SPECIFIED DISEASE COVERAGE – Policies of this category are designed to provide persons insured, restricted coverage paying benefits ONLY when certain losses occur as a result of a specified disease. Coverage is not provided for basic hospital, basic medical-surgical, or major medical or comprehensive expenses.

BENEFIT ELIGIBILITY – You will be eligible for benefits under the policy if all of the following conditions are met:

- 1. A Positive Diagnosis of Cancer is made and treatment is received after the Effective Date of the policy;
- 2. A Positive Diagnosis of Cancer is made and treatment is received while insured under the policy;
- 3. The Loss due to a Positive Diagnosis of Cancer is incurred while insured under the policy; and
- 4. The Loss is the result of Cancer as defined and covered under the policy and is not excluded from coverage under the Exclusions and Pre-Existing Conditions Limitation provision.

Cancer means a disease manifested by the presence of a malignancy characterized by the uncontrolled growth and abnormal spread of malignant cells and the invasion of body tissue by such malignant cells. Cancer includes Hodgkin's disease and leukemia. This definition excludes such conditions as:

- 1. Skin Cancer, except malignant melanoma; and
- 2. Pre-malignant tumors or polyps.

Cancer in situ is eligible for benefits under the policy.

Benefits differ by plan selection. All benefits are fixed indemnity amount, as shown in the table below, unless otherwise noted.

Base Policy Benefits (Form Series U1930-MO)	Plan A	Plan B	Plan C
Hospital Confinement – For each day of inpatient Hospital			
confinement as the direct result of Cancer.	\$200	\$500	\$700
Non-Local Patient Transportation Benefit – Actual charges			
incurred for a coach class plane, train or bus on a regularly scheduled	İ		
route within the U.S. to receive Cancer treatment or consultation that	İ		
is not available within 50 miles one-way from the insured's home.	İ		
For travel by personal automobile, benefit will be \$1/per mile.	İ		
Common Carrier and Personal Auto Maximum Benefit per Calendar	\$1,000	\$3,000	\$5,000
Year:			
Family Member Transportation Benefit – Actual charges incurred			
by a Family Member for transportation by a coach class plane, train			
or bus on a regularly scheduled route within the U.S. to the Hospital			
where the insured is Hospital confined.	İ		
For travel by personal automobile, benefit will be \$1/per mile.			
Common Carrier and Personal Auto Maximum Benefit per Calendar			
Year:	\$1,000	\$3,000	\$5,000

Base Policy Benefits (Form Series U1930-MO) Continued	Plan A	Plan B	Plan C
Patient Lodging Benefit – Actual charges incurred for lodging, in a			
hotel, motel, or other commercial accommodation, while receiving			
Cancer treatment at a comprehensive or clinical cancer center that is			
not otherwise available within 50 miles (one way) from your residence. Lodging benefits are limited to those days which are			
within 48 hours of Cancer treatment. Limit of 60 days per Calendar			
Year.			
Maximum Benefit per Day:	\$100	\$150	\$200
Family Member Lodging Benefit - Actual charges incurred for			
lodging, in a hotel, motel, or other commercial accommodation,			
while the insured is Hospital confined for Cancer treatment at a Hospital located at least 50 miles (one way) from the Family			
Member's residence. Limit of 60 days per Calendar Year.			
Maximum Benefit per Day:	\$100	\$150	\$200
Optional Riders Available in Each Plan	Plan A	Plan B	Plan C
Cancer Chemotherapy and Radiation Benefit Rider - Form			
RU19CR (R01-23) – Pays benefits for radiation and chemotherapy			
treatments. In addition, pays benefits for immunotherapy and			
transfusion.			
In the event a therapy or treatment is prescribed as both			
Chemotherapy Treatment and Immunotherapy or Radiation			
Treatment and Immunotherapy, benefits under this Rider will be			
limited to the greater of the Chemotherapy and Immunotherapy or			
Radiation and Immunotherapy benefit.			
Chemotherapy:			
Oral / Topical, up to a lifetime maximum of 36 months:	\$100/mo.	\$200/mo.	\$300/mo.
Injected:	\$100/day	\$200/day	\$300/day
Radiation:	\$100/day	\$200/day	\$300/day
Immunotherapy, up to a lifetime maximum of 36 months:	\$100/mo.	\$200/mo.	\$300/mo.
Transfusion: Experimental Treatment Benefit Rider – Form RU19ET – Pays	\$100/day	\$200/day	\$300/day
benefits for Experimental Treatment received in the U.S. upon a			
Positive Diagnosis of Cancer.			
Experimental Treatment Benefit:			
Maximum Lifetime Benefit of 36 months.	\$1000/mo.	\$2000/mo.	\$3000/mo.
Cancer Surgical Procedures Benefit Rider – Form RU19CSB –			
Pays benefits for inpatient or outpatient Cancer surgery according to			
the rider surgical schedule, up to:			
In addition, pays a \$500 benefit for a second and third surgical			
opinion.	\$5,000/max.	\$10,000/max.	\$15,000/max.
Skin Cancer Benefit Rider – Form RU19SC – Pays benefits for the			
surgical removal of a Skin Cancer lesion.		4.5	
Skin Cancer Benefit per surgical removal:	\$100	\$300	\$500
Lifetime Maximum Benefit: Wellness Benefit Biden Form BU10W Pays benefits for an ennual	\$300	\$900	\$1,500
Wellness Benefit Rider – Form RU19W- Pays benefits for an annual screening for Cancer.			
Cancer Screening Benefit:	\$100	\$200	\$300
Transplant Benefit Rider – Form RU19T- Pays benefits for bone	4100	\$200	4200
marrow and stem cell transplants.			
Transplant Benefit Amount/Lifetime:	\$2,500	\$5,000	\$10,000

Other Optional Benefit Riders	Plan A	Plan B	Plan C
Cancer Lump Sum Benefit Rider – Form RU19CLS-MO – Pays a	Choose	Choose	Choose
lump sum benefit upon a Positive Diagnosis of invasive Cancer	benefit	benefit	benefit
subject to the Initial Benefit Period. Benefits eligible for full	amount	amount	amount
restoration after a 5-year Period of Remission.	(\$1,000 -	(\$1,000 -	(\$1,000 -
Cancer (Invasive) Lump Sum Benefit:	\$20,000)	\$30,000)	\$30,000)
In addition, pays a one-time lump sum benefit for a Diagnosis of			
Cancer in Situ.			
Cancer in Situ Lifetime Benefit: 25% of the Cancer Lump Sum	\$	\$	\$
Benefit:			
Cancer, Heart Attack or Stroke Lump Sum Benefit Rider – Form	Choose	Choose	Choose
RU19CHSR-MO - Pays a lump sum benefit upon a Positive	benefit	benefit	benefit
Diagnosis of invasive Cancer subject to the Initial Benefit Period.	amount.	amount.	amount.
Benefits eligible for full restoration after a 5-year Period of	Benefit	Benefit	Benefit
Remission.	Amounts may	Amounts may	Amounts may
	not vary.	not vary.	not vary.
	(\$1,000 -	(\$1,000 -	(\$1,000 -
	\$20,000)	\$30,000)	\$30,000)
Cancer (Invasive) Lump Sum Benefit:			
Pays a one-time lump sum benefit for a Diagnosis of Cancer in Situ			
(not payable during the Initial Benefit Period).	\$	\$	\$
Cancer in Situ Lifetime Benefit: 25% of the Cancer Lump Sum	Ψ	Ψ	Ψ
Benefit			
Pays a lump sum benefit upon a Diagnosis of Heart Attack or Stroke			
subject to the Initial Benefit Period. Benefits eligible for full			
restoration after 5 years.	\$	\$	\$
Heart Attack or Stroke Lump Sum Benefit:			

RETURN OF PREMIUM UPON DEATH BENEFIT RIDER – Form RU19RPDL-MO

This rider pays a return of premium benefit in the event of your death. 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 benefits 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 benefit paid or then payable under the policy, including benefits paid or then payable under any attached benefit riders while the rider was in force.

EXCLUSIONS AND LIMITATIONS

Except as specified elsewhere in the policy or any attached riders, we will not pay benefits for:

- 1. For a Positive Diagnosis of any Cancer before the policy effective date;
- 2. Any Cancer when advice or treatment is received prior to the Policy Effective Date, and such advice or treatment results in a Positive Diagnosis of Cancer. If tissue is extracted prior to the Policy Effective Date, and results in a Positive Diagnosis of Cancer, this will not be a covered condition. The date of a Positive Diagnosis of Cancer is the earlier of the date of clinical diagnosis or the date the specimen used to diagnose Cancer is taken.
- 3. For treatment, services or supplies which:
 - are not Medically Necessary;
 - are not prescribed by a Doctor as Medically Necessary to treat Cancer;
 - are received without charge or legal obligation to pay (except for inpatient confinements in a U.S. Government Hospital);
 - would not routinely be paid in the absence of insurance; or
 - are received from an Immediate Family Member (except for those benefits allowed under the Non-Local Patient Transportation benefit provision.)

- 4. For any loss due to injury, disease, sickness or incapacity, unless such Definitive Treatment is directly related to or attributable to Cancer as defined.
- 5. For any Loss Diagnosed or treatment received outside the territorial limits of the United States or its possessions.
- 6. Whenever fraud is committed in making a claim under this Policy.

Pre-Existing Condition Limitation

Benefits under the policy and attached benefit riders are subject to a Pre-Existing Condition Limitation.

A pre-existing condition is a condition for which: (a) Medical advice or treatment was recommended by, or received from a Doctor, within the 24 month period before the Policy Effective Date; or (b) symptoms existed which would cause an ordinarily prudent person to seek diagnosis, care or treatment within the 24 month period before the Policy's Effective Date. Treatment includes being prescribed or taking prescription drugs or medicines.

A pre-existing condition is not covered unless the loss begins more than 24 months after the Policy Effective Date.

RENEWABILITY – The policy is guaranteed renewable for life. This means you may keep the policy in force during your lifetime by paying premiums when due or within the 31 days that follow.

PREMIUMS ARE SUBJECT TO CHANGE – We may change the premium rates for this policy, but only if we change it on a class basis for all policies of this class in the state it was issued.

Coverage Selection:		
You have selected Plan:	The premium for your Plan is	\$
You have also selected the following optional benefit riders:		
Cancer Lump Sum Benefit	The premium for this rider is:	\$
Cancer, Heart Attack or Stroke Lump Sum Benefit	The premium for this rider is:	\$
Return of Premium Upon Death Benefit	The premium for this rider is:	\$
Annual Policy Fee:		\$
Total Premium:		\$