#### UNITED NATIONAL LIFE INSURANCE COMPANY OF AMERICA

#### SPECIFIED DISEASE COVERAGE

# REQUIRED OUTLINE OF COVERAGE

Policy Form U1930-TX

THIS POLICY 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.

- (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 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) Specified Disease Coverage is designed to provide you with coverage paying benefits only when certain losses occur as a result of the specified disease. Coverage is provided for the benefits outlined in paragraph (3). The benefits described in paragraph (3) may be limited by paragraph (4).

### (3) Benefits.

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 Waiting Period;
- 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 U1930-TX)	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 route within			
the U.S. to receive Cancer treatment or consultation that is not available			
within 50 miles one-way from the insured's home. 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
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.			
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 U1930-TX) 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-TX (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:	\$100/day	\$200/day	\$300/day
<b>Experimental Treatment Benefit Rider</b> – Form RU19ET-TX – Pays			
benefits for Experimental Treatment received in the U.S. upon a			
Positive Diagnosis of Cancer.			
Experimental Treatment Benefit:			
Maximum Lifetime Benefit of 36 months.	\$100/mo.	\$200/mo.	\$300/mo.
<b>Cancer Surgical Procedures Benefit Rider</b> – Form RU19CSB-TX –			
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.	\$4,688/max.	\$9,376/max.	\$14,064/max.
Skin Cancer Benefit Rider – Form RU19SC-TX – Pays benefits for			
the surgical removal of a Skin Cancer lesion.			
Skin Cancer Benefit per surgical removal:	\$100	\$300	\$500
Lifetime Maximum Benefit:	\$300	\$900	\$1,500
Wellness Benefit Rider – Form RU19W-TX - Pays benefits for an			
annual screening for Cancer.			
Cancer Screening Benefit:	\$100	\$200	\$300
<b>Transplant Benefit Rider</b> – Form RU19T-TX - Pays benefits for bone			
marrow and stem cell transplants.			
Transplant Benefit Amount/Lifetime:	\$2,500	\$5,000	10,000

Other Optional Benefit Riders (Continued)	Plan A	Plan B	Plan C
<b>Cancer Lump Sum Benefit Rider</b> – Form RU19CLS-TX – Pays a	Choose	Choose	Choose benefit
lump sum benefit upon a Positive Diagnosis of invasive Cancer.	benefit	benefit	amount
Benefits eligible for full restoration after a 5-year Period of Remission.	amount	amount	(\$1,000 -
Cancer (Invasive) Lump Sum Benefit:	(\$1,000 -	(\$1,000 -	30,000)
In addition, pays a one-time lump sum benefit for a Diagnosis of	20,000)	30,000)	
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 benefit
RU19CHSR-TX - Pays a lump sum benefit upon a Positive Diagnosis	benefit	benefit	amount.
of invasive Cancer. Benefits eligible for full restoration after a 5-year	amount.	amount.	Benefit
Period of Remission.	Benefit	Benefit	Amounts may
	Amounts may	Amounts may	not vary.
	not vary.	not vary.	(\$1,000 -
	(\$1,000 -	(\$1,000 -	\$30,000)
	\$20,000)	\$30,000)	
Cancer (Invasive) Lump Sum Benefit: 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 Pays a lump sum benefit upon a Diagnosis of Heart Attack or Stroke. Benefits eligible for full restoration after 5 years.	\$	\$	\$
Heart Attack or Stroke Lump Sum Benefit:	\$	\$	\$

#### (4) Exclusions, Limitations, and Reductions.

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 during the Waiting Period or prior to the policy effective date, and such advice or treatment results in a Positive Diagnosis of Cancer. If tissue is extracted during the Waiting Period or 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. If a Positive Diagnosis of Cancer is made and / or Cancer is treated within the Waiting Period, OR if medical advice is given within the Waiting Period which leads to the subsequent Positive Diagnosis of Cancer after the Waiting Period, the Insured has the option to cancel the policy and receive a refund of all premiums paid on the policy and attached benefit riders.
- 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. Whenever fraud is committed in making a claim under this Policy.

## **Pre-Existing Condition Limitation and Waiting Period**

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

**Pre-Existing Condition Limitation:** A Pre-Existing Condition is a medical condition for which:

- 1. Medical advice or treatment was recommended by, or received from a doctor within the 12 month period before the Covered Person's effective date of coverage; or
- 2. Symptoms existed which would cause an ordinarily prudent person to seek diagnosis, care or treatment within the 12 month period before the Covered Person's effective date of coverage.

Pre-existing conditions are not covered unless the loss begins more than 12 months after the Covered Person's effective date of coverage.

For persons age 65 and over on the Effective Date of this policy, a Pre-Existing Condition is a medical condition for which:

- 1. Medical advice or treatment was recommended by, or received from a doctor within the 6 month period before the Covered Person's effective date of coverage; or
- 2. Symptoms existed which would cause an ordinarily prudent person to seek diagnosis, care or treatment within the 6 month period before the Covered Person's effective date of coverage.

Pre-existing conditions are not covered unless the loss begins more than 6 months after the Covered Person's effective date of coverage."

**Waiting Period:** The number of days after the Policy Effective Date before we will pay benefits for Loss due to Cancer. The Waiting Period for benefits is 30 days. If Cancer is Diagnosed during the Waiting Period, you have the option to cancel the policy and receive a refund of all premiums paid.

### (5) 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.

# (6) Premium.

**Coverage Selection:** 

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. This Policy has a grace period of thirty-one (31) days for paying a premium. During the grace period, this Policy will remain in force. Coverage terminates at the end of the grace period.

00,01 <b>.119</b> 0 %01.001.0		
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 your rider is	\$
Cancer, Heart Attack or Stroke Lump Sum Benefit	The premium for your rider is	\$
Annual Policy Fee:		\$
Total Premium:		\$