

SPECIFIED DISEASE POLICY

Cancer Shield 2.0

OUTLINE OF COVERAGE FOR CANCER BENEFIT POLICY
Policy Form Series U1930

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 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 Series U1930)	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 Series U1930) 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 – Pays benefits for radiation and chemotherapy treatments. In addition, pays benefits for immunotherapy and transfusion. Chemotherapy: Oral / Topical, up to a lifetime maximum of 36 months: Injected: Radiation: Immunotherapy, up to a lifetime maximum of 36 months: Transfusion:	\$100/mo. \$100/day \$100/day \$100/mo. \$100/day	\$200/mo. \$200/day \$200/day \$200/mo. \$200/day	\$300/mo. \$300/day \$300/day \$300/mo. \$300/day
Experimental Treatment Benefit Rider – Form RU19ET – 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.	\$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. Skin Cancer Benefit per surgical removal: Lifetime Maximum Benefit:	\$100 \$300	\$300 \$900	\$500 \$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 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 – Pays a lump sum benefit upon a Positive Diagnosis of invasive Cancer. Benefits eligible for full restoration after a 5-year Period of Remission. Cancer (Invasive) Lump Sum Benefit: 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:	Choose benefit amount (\$1,000 - \$20,000) \$_____	Choose benefit amount (\$1,000 - \$30,000) \$_____	Choose benefit amount (\$1,000 - \$30,000) \$_____

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

RETURN OF PREMIUM UPON DEATH BENEFIT RIDER – Form RU19RPDL

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 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. 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 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 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. If this Policy replaces or is in addition to an existing specified disease policy, We shall give credit for the expired portion of any pre-existing condition period. This credit shall not exceed that earned by You under the replaced or previously existing policy.

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.

Our company, United National Life Insurance Company of America, shall give credit for the expired portion of any waiting period, elimination period, probationary period, pre-existing condition limitation or exclusion provision or conditions for any similar provision if this Policy is issued to replace existing coverage or is issued in addition to any existing Specified Disease Coverage Policy or Rider.

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: \$ _____

Agent's Signature

Date

Agent's Name