

# 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
<b>Hospital Confinement</b> – For each day of inpatient Hospital confinement as the direct result of Cancer.	\$200	\$500	\$700
<b>Non-Local Patient Transportation Benefit</b> – 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
<b>Family Member Transportation Benefit</b> – 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



<b>Other Optional Benefit Riders (Continued)</b>	<b>Plan A</b>	<b>Plan B</b>	<b>Plan C</b>
<b>Cancer Lump Sum Benefit Rider</b> – Form RU19CLS-TX – 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:	<i>Choose benefit amount (\$1,000 - 20,000)</i> \$_____	<i>Choose benefit amount (\$1,000 - 30,000)</i> \$_____	<i>Choose benefit amount (\$1,000 - 30,000)</i> \$_____
<b>Cancer, Heart Attack or Stroke Lump Sum Benefit Rider</b> – Form RU19CHSR-TX - 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> \$_____

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

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

- For a Positive Diagnosis of any Cancer before the policy effective date;
- 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.
- 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.)
- For any loss due to injury, disease, sickness or incapacity, unless such Definitive Treatment is directly related to or attributable to Cancer as defined.
- 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.**

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.

**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 your rider is \$\_\_\_\_\_

\_\_\_ Cancer, Heart Attack or Stroke Lump Sum Benefit

The premium for your rider is \$\_\_\_\_\_

Annual Policy Fee:

\$\_\_\_\_\_

Total Premium:

\$\_\_\_\_\_