



Life Insurance Company®

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**OUTLINE OF COVERAGE
for
HOSPITAL CONFINEMENT AND SURGICAL FIXED INDEMNITY INSURANCE POLICY**

**POLICY FORM SERIES
LY-HS-BA**

**HOSPITAL CONFINEMENT AND OTHER FIXED INDEMNITY BENEFITS
THIS POLICY PROVIDES LIMITED BENEFITS.**

BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES.

THIS IS NOT MEDICARE SUPPLEMENT INSURANCE

If you are eligible for Medicare, please review the "Guide to Health Insurance for People with Medicare" which is available from the Company.

1. This coverage is designed only as a supplement to a comprehensive health insurance policy and should not be purchased unless you have this underlying coverage. Persons covered under Medicaid should not purchase it.
2. **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 policy and only the actual provisions of the policy will control the rights and obligations of the parties to it. The policy itself sets forth, in detail, those rights and obligations applicable to both You and LOYAL AMERICAN LIFE INSURANCE COMPANY. It is very important therefore, that YOU READ YOUR POLICY CAREFULLY.
3. **HOSPITAL CONFINEMENT INDEMNITY COVERAGE** is designed to provide, to persons insured, coverage in the form of a fixed daily benefit during periods of hospitalization resulting from a covered accident or sickness, subject to any limitations set forth in the policy. Coverage is not provided for any benefits other than the fixed daily indemnity for hospital confinement and any additional benefit described below.
4. **BENEFITS PROVIDED BY THIS POLICY**

A. HOSPITAL BENEFITS

INPATIENT HOSPITAL CONFINEMENT BENEFIT: We will pay the Daily Benefit Amount shown on the Policy Schedule Page for each day that an Insured Person is confined to a Hospital as an Inpatient. For benefits to be payable, the Hospital Confinement must:

- (1) be due to a Sickness, Injury or Complication(s) of Pregnancy;
- (2) begin while this policy is in force for the Insured Person;
- (3) be for at least twenty-four (24) hours; and
- (4) be at the direction of and under the supervision of a Physician.

Benefits under this provision are not payable when the confinement is for rehabilitation.

When an Inpatient Hospital Confinement Benefit is payable, no other benefits are payable for the Insured Person under this policy during the same Hospital Confinement, except when eligible for the Intensive Care Unit Confinement Benefit, Inpatient Physician Visit Benefit, Radiation Therapy and Chemotherapy Benefit, Professional Ground or Air Ambulance Services Benefit, Surgical Service Benefit and Anesthesia Benefit.

The Inpatient Hospital Confinement Daily Benefit Amount payable when confined for treatment of a Sickness or Complication(s) of Pregnancy differs from the Inpatient Hospital Confinement Daily Benefit Amount payable when confined for treatment of an Injury, as the result of a Covered Accident, as shown on the Policy Schedule Page.

If treated for both Sickness and Injury during the same Hospital Confinement, only the Benefit for Hospital Confinement due to Injury as the result of a Covered Accident will be paid. In order to receive the Daily Benefit for Hospital Confinement due to Injury as the result of a Covered Accident, the confinement must begin within thirty (30) days of the Covered Accident.

We will pay this benefit for a maximum of one hundred (100) days per period of Hospital Confinement. Two or more periods of Hospital Confinement for the same condition separated by less than ninety (90) days will be considered the same period of Hospital Confinement for the purpose of this benefit.

The Daily Benefit Amount for confinement due to Sickness or Complication(s) of Pregnancy and the Daily Benefit Amount for confinement due to Injury are limited to the Combined Maximum Number of Days per Calendar Year per Insured Person as shown on the Policy Schedule Page. Unused benefits cannot be carried over into the next Calendar Year.

INTENSIVE CARE UNIT CONFINEMENT BENEFIT: We will pay the Daily Benefit Amount shown on the Policy Schedule Page when an Insured Person is confined to an Intensive Care Unit (ICU). For benefits to be payable, the ICU confinement must:

- (1) be due to a Sickness, Injury, or Complication(s) of Pregnancy;
- (2) begin while this policy is in force for the Insured Person;
- (3) be for at least twenty-four (24) hours; and
- (4) be at the direction of and under the supervision of a Physician.

In order to receive the Daily Benefit Amount for Intensive Care Unit Confinement due to Injury as the result of a Covered Accident, confinement must begin within thirty (30) days of the Covered Accident.

When an Intensive Care Unit Confinement Benefit is payable, no other benefits are payable for the Insured Person under this policy, except when eligible for the Inpatient Hospital Confinement Benefit, Inpatient Physician Visit Benefit, Radiation Therapy and Chemotherapy Benefit, Professional Ground or Air Ambulance Services Benefit, Surgical Services Benefit and Anesthesia Benefit if incurred during the same period of confinement.

We will pay this benefit for a maximum of thirty (30) days per period of Hospital Confinement in an Intensive Care Unit. Two or more periods of Hospital Confinement in an Intensive Care Unit separated by less than ninety (90) days will be considered the same period of Hospital Confinement for the purpose of this benefit.

This benefit is limited to the Maximum Number of Days per Calendar Year per Insured Person as shown on the Policy Schedule Page. Unused benefits cannot be carried over into the next Calendar Year.

INPATIENT PHYSICIAN VISIT BENEFIT: If an Insured Person suffers a Sickness, Injury or Complication(s) of Pregnancy that requires them to receive evaluation, diagnosis and treatment from a Physician on an Inpatient basis in the Hospital (other than the professional services of (1) a surgeon performing surgery during such Hospital Confinement for which the Surgical Services Benefit Amount is payable and (2) an anesthesiologist administering anesthesia in connection with a surgery during such Hospital Confinement for which the Anesthesia Benefit Amount is payable), We will pay the Inpatient Physician Visit Benefit Amount shown on the Policy Schedule Page for each visit by such Physician.

This benefit is limited to the Maximum Number of Visits per Calendar Year per Insured Person as shown on the Policy Schedule Page. Unused benefits cannot be carried over into the next Calendar Year.

EMERGENCY ROOM VISIT BENEFIT: We will pay the Emergency Room Visit Benefit Amount shown on the Policy Schedule Page upon the occurrence of a visit to an Emergency Room, which does not result in a Hospital Confinement during which an Insured Person receives evaluation, diagnosis and treatment of a Sickness or Injury from a Physician due to a medical emergency.

Evaluation, diagnosis and treatment of an Injury as the result of a Covered Accident must be received within 72 hours of the Covered Accident for this benefit to be payable.

When the Emergency Room Visit Benefit is payable, no other benefits are payable for the Insured Person under this policy, except when eligible for the Radiation Therapy and Chemotherapy Benefit, Professional Ground or Air Ambulance Services Benefit, Surgical Services Benefit and Anesthesia Benefit that occur during the same Emergency Room visit.

This benefit is limited to the Maximum Number of Visits per Calendar Year per Insured Person as shown on the Policy Schedule Page. Unused benefits cannot be carried over into the next Calendar Year.

PROFESSIONAL GROUND OR AIR AMBULANCE SERVICES BENEFIT: We will pay the Professional Ground or Air Ambulance Services Benefit Amount shown on the Policy Schedule Page when professional ground or air transportation in an ambulance is obtained by an Insured Person who needs treatment for a Sickness or Injury due to a medical emergency. This ambulance service must be to or from a Hospital or Emergency Room.

The ambulance transportation for an Injury sustained in a Covered Accident must be within seventy-two (72) hours of the Covered Accident for this benefit to be payable.

This benefit is limited to the Maximum Number of Trips per Calendar Year per Insured Person as shown on the Policy Schedule Page. Unused benefits cannot be carried over into the next Calendar Year.

B. SURGERY BENEFITS

SURGICAL SERVICES BENEFIT: If an Insured Person undergoes a surgical procedure performed by a Physician, We will pay benefits equal to the Relative Value Unit (RVU) assigned by the Resource-Based Relative Value Scale (RBRVS) times the 2011 Medicare Conversion Factor of \$33.9764. The surgical procedure must be performed in a Physician's office, Urgent Care Facility, Hospital (on an Inpatient or Outpatient basis), Emergency Room, or Ambulatory Surgical Center.

The Surgical Schedule as described in the policy provides a sample of Surgical Services Benefits based on the RVU values as of October 2010. The RVU values are subject to change as the Centers for Medicare and Medicaid Services (CMS) releases updates to the Medicare Physician Fee Schedule. If a surgical procedure is performed that is not listed on the Surgical Schedule, We will pay benefits equal to the Relative Value Unit (RVU) assigned by the Resource-Based Relative Value Scale (RBRVS) times the 2011 Medicare Conversion Factor of \$33.9764.

Two or more surgical procedures performed during the same operative session are considered one procedure and the Surgical Services Benefit will be considered based on the procedure with the highest benefit according to the RVU assigned by the RBRVS.

This benefit is limited to the Maximum Number of Surgical Procedures per Calendar Year per Insured Person as shown on the Policy Schedule Page. Unused benefits cannot be carried over into the next Calendar Year.

ANESTHESIA BENEFIT: When a surgical procedure is performed that is a covered Surgical Services Benefit and the Insured Person incurs charges for anesthesia, We will pay 20% of the Surgical Services Benefit Amount paid for the surgical procedure performed. This includes the services of a professional anesthesiologist or of an anesthetist under supervision of a Physician for the purpose of administering anesthesia.

This benefit is limited to the Maximum Number of Anesthesia Benefits per Calendar Year per Insured Person as shown on the Policy Schedule Page. Unused benefits cannot be carried over into the next Calendar Year.

AMBULATORY SURGICAL CENTER BENEFIT: We will pay the Ambulatory Surgical Center Benefit Amount shown on the Policy Schedule Page when ambulatory services are obtained by an Insured Person who undergoes a surgical procedure.

This benefit is limited to the Maximum Number of Visits per Calendar Year per Insured Person as shown on the Policy Schedule Page. Unused benefits cannot be carried over into the next Calendar Year.

C. OUTPATIENT BENEFITS

DIAGNOSTIC X-RAY AND LABORATORY TESTS BENEFIT: We will pay the Diagnostic X-Ray and Laboratory Tests Benefit Amount shown on the Policy Schedule Page when an Insured Person receives Outpatient diagnostic x-rays and interpretation charges, and Laboratory Services ordered by a Physician. The Diagnostic X-Ray and Laboratory Tests must be for the diagnosis and treatment of a Sickness, Injury or preventive medicine services as recommended by the United States Preventive Services Task Force.

The Diagnostic X-Ray and Laboratory Tests Benefits combined are limited to the Maximum Number of Tests per Calendar Year per Insured Person as shown on the Policy Schedule Page. Unused benefits cannot be carried over into the next Calendar Year.

SPECIALTY RADIOLOGICAL TESTS BENEFIT: We will pay the Specialty Radiological Tests Benefit Amount shown on the Policy Schedule Page when an Insured Person receives Outpatient Specialty Radiological Tests ordered by a Physician. Specialty Radiological Tests must be for the diagnosis and treatment of Sickness, Injury or preventive medicine services as recommended by the United States Preventive Services Task Force. Specialty Radiological Tests include, but are not limited to, the following:

- (1) Computerized Tomography (CT) Scan;
- (2) Magnetic Resonance Imaging (MRI); and
- (3) Positron Emission Tomography (PET) Scan.

This benefit is limited to the Maximum Number of Tests per Calendar Year per Insured Person as shown on the Policy Schedule Page. Unused benefits cannot be carried over into the next Calendar Year.

URGENT CARE FACILITY/OFFICE VISIT BENEFIT: We will pay the Urgent Care Facility/Office Visit Benefit Amount shown on the Policy Schedule Page upon the occurrence of a visit to an Urgent Care Facility or Physician's office during which an Insured Person receives the following professional services that are provided by or under the direction of a Physician for treatment of a Sickness or Injury:

- (1) measuring height, weight and blood pressure;
- (2) obtaining a health history;
- (3) performing a physical examination;
- (4) making a medical decision;
- (5) explaining treatment options;
- (6) developing a treatment plan; or
- (7) instructions for management of the condition.

When a Urgent Care Facility/Office Visit Benefit is payable, no other benefits are payable for the Insured Person under this policy except when eligible for the Diagnostic X-Ray and Laboratory Tests Benefit, Specialty Radiological Tests Benefit, Radiation Therapy and Chemotherapy Benefit, Surgical Services Benefit and Anesthesia Benefit that occur during the same visit.

The Urgent Care Facility/Office Visit Benefit is limited to the Combined Maximum Number of Visits per Calendar Year per Insured Person as shown on the Policy Schedule Page. Unused benefits cannot be carried over into the next Calendar Year.

ROUTINE WELLNESS VISIT BENEFIT: We will pay the Routine Wellness Visit Benefit Amount shown on the Policy Schedule Page upon the occurrence of a routine wellness exam for an Insured Person for the following professional services that are provided by or under the direction of a Physician for the prevention or detection of a Sickness or Injury and rendered in a Physician's office:

- (1) measuring height, weight and blood pressure;
- (2) obtaining a health history;
- (3) performing a routine physical examination;
- (4) explaining risk reduction behavior;
- (5) Allergy Immunotherapy Injections;
- (6) immunizations as recommended by the Advisory Committee on Immunization Practices; or
- (7) preventative medicine services as recommended by the United States Preventive Services Task Force.

This benefit is limited to the Maximum Number of Visits per Calendar Year per Insured Person as shown on the Policy Schedule Page. Unused benefits cannot be carried over into the next Calendar Year.

D. ADDITIONAL BENEFITS

RADIATION THERAPY AND CHEMOTHERAPY BENEFIT: We will pay the Radiation Therapy and Chemotherapy Daily Benefit Amount shown on the Policy Schedule Page when an Insured Person undergoes Radiation Therapy or Chemotherapy. The Radiation Therapy and Chemotherapy must be for the treatment of an Insured Person's Cancer. Treatments must be administered by a Physician, Chemotherapist, Oncologist, Radiation Therapist or other licensed medical personnel as required by the applicable state law to administer the treatment. In the case of any self-administered or oral chemotherapy, such treatments must be prescribed by a Physician, Chemotherapist, Oncologist, Radiation Therapist or other licensed medical personnel.

Radiation Therapy and Chemotherapy treatments include:

- (1) Chemotherapy injected by a Chemotherapist, an Oncologist, Physician or other legally qualified medical personnel in the office of an Oncologist or Physician, a Chemotherapy Treatment Center, a Hospital or Clinic;
- (2) Chemotherapy drugs dispensed by a pump or implant. This is limited to the maximum daily benefit amount for the initial prescription and an equal amount for each refill;
- (3) Oral Chemotherapy regardless of where administered. This is limited to the maximum daily benefit amount per prescription; and
- (4) Radiation Therapy administered by a Radiation Therapist, an Oncologist, Physician or other legally qualified medical personnel in the office of an Oncologist or Physician, a Radiation Therapy Center, a Hospital or Clinic. Benefits payable for interstitial or intracavitary applications of Radiation Therapy are payable on the day of insertion only and not for each day the Radiation treatment remains in the body.

The Radiation Therapy and Chemotherapy Daily Benefit Amount shown on the Policy Schedule Page is the maximum We will pay on any day an Insured Person receives a Radiation or Chemotherapy treatment, regardless of the type or number of different treatments the Insured Person may receive on the same day.

This benefit is limited to the Maximum Number of Days per Calendar Year per Insured Person as shown on the Policy Schedule Page. Unused benefits cannot be carried over into the next Calendar Year.

SUPPLEMENTAL ACCIDENT REIMBURSEMENT BENEFIT: For each Covered Accident, if any indemnity benefit(s) are payable for the same Covered Accident under this policy, the same benefit will not be paid under the Supplemental Accident Reimbursement Benefit. For medical expenses incurred and not payable under any other section of this policy, this benefit will reimburse expenses incurred for evaluation, diagnosis and treatment received from a Physician on an Outpatient basis or in the Emergency Room not to exceed the Maximum Benefit Amount per Accident as shown on the Policy Schedule Page. The evaluation, diagnosis and treatment must be within 60 days of a Covered Accident.

This benefit is limited to the Maximum Number of Accidents per Calendar Year per Insured Person as shown on the Policy Schedule Page. Unused benefits cannot be carried over into the next Calendar Year.

5. EXCLUSIONS AND LIMITATIONS

PRE-EXISTING CONDITION(S): The benefits of this policy will not be payable during the first twelve (12) months that coverage is in force with respect to an Insured Person for any loss caused by Pre-Existing Condition(s). This 12-month period is measured from the Effective Date of coverage for each Insured Person.

EXCLUSIONS – WHAT WE WILL NOT PAY FOR: We will not pay benefits for any Sickness or Injury resulting, whether directly or indirectly, from any of the following:

- (1) a work-related condition that is eligible for benefits under Workman's Compensation, Employers' Liability or similar laws even when the Insured Person does not file a claim for benefits. This exclusion will not apply to an Insured Person who is not required to have coverage under any Workman's Compensation, Employers' Liability or similar law and does not have such coverage;
- (2) intentionally self-inflicted;
- (3) suicide or attempted suicide, while sane or insane;
- (4) treatment of Mental or Nervous Disorders without demonstrable organic disease, alcoholism or chemical dependency;
- (5) loss that begins prior to the Effective Date of coverage;
- (6) an act of declared or undeclared war;
- (7) care and treatment received outside the United States or its territories;
- (8) participation in the military service of any country or international organization;
- (9) an Insured Person's being intoxicated, as determined and defined by the laws and jurisdiction of the geographical area in which the Injury or Sickness or cause of Injury or Sickness was incurred, or under the influence of any narcotic unless administered under the advice of a Physician. The Insured Person's alcohol or narcotic impairment must be the cause or contributing cause of his or her Injury or Sickness, irrespective of whether the Injury or Sickness occurred while the Insured Person was driving a motor vehicle or engaged in any other activity;
- (10) committing or attempting to commit a felony or engaging in an illegal occupation or activity;
- (11) participation in any sport or sporting activity for wage, compensation or profit;

- (12) operating, learning to operate, serving as a crew member of or jumping or falling from any aircraft. Aircraft includes those which are not motor driven;
- (13) engaging in hang gliding, bungee jumping, parachuting, sail gliding, parakiting, or hot air ballooning;
- (14) riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- (15) complications of a non-covered service;
- (16) glasses, contact lenses, vision therapy, exercise or training, surgery including any complications arising therefrom to correct visual acuity including, but not limited to, lasik and other laser surgery, radial keratotomy services or surgery to correct astigmatism, nearsightedness (myopia) and/or farsightedness (presbyopia); vision care that is routine;
- (17) hearing care that is routine; any artificial hearing device, cochlear implant, auditory prostheses or other electrical, digital, mechanical or surgical means of enhancing, creating or restoring auditory comprehension;
- (18) treatment for foot conditions including, but not limited to: flat foot conditions, foot supportive devices (including orthotics and corrective shoes), foot subluxation treatment, corns, bunions, calluses, toenails, fallen arches, weak feet, chronic foot strain or symptomatic complaints of the feet, or hygienic foot care that is routine;
- (19) dental treatment, dental care that is routine, bridges, crowns, caps, dentures, dental implants or other dental prostheses, dental braces or dental appliances, extraction of teeth, orthodontic treatment, odontogenic cysts, any other treatment or complication of teeth and gum tissue, except as otherwise covered for a Dental Injury;
- (20) treatment of TMJ (Temporomandibular Joint) Dysfunction and CMJ (Craniomandibular Joint) Dysfunction; any appliance, medical or surgical treatment for malocclusion (teeth that do not fit together properly which creates a bite problem), protrusion or recession of the mandible (a large chin which causes an underbite or a small chin which causes an overbite), maxillary or mandibular hyperplasia (excess growth of the upper or lower jaw) or maxillary or mandibular hypoplasia (undergrowth of the upper or lower jaw);
- (21) any treatment, services, supplies, diagnosis, drugs, medications or regimen, whether medical or surgical, for purposes of controlling the Insured Person's weight or related to obesity or morbid obesity, whether or not weight reduction is appropriate or regardless of potential benefits for co-morbid conditions, weight reduction or weight control surgery, treatment or programs, any type of gastric bypass surgery, suction lipectomy, physical fitness programs, exercise equipment or exercise therapy, including health club membership visits or services; nutritional counseling;
- (22) organ, tissue or cellular material donation by an Insured Person, including administrative visits for registry, computer search for donor matches, preliminary donor typing, donor counseling, donor identification and donor activation;
- (23) chemical peels, reconstructive or plastic surgery that does not alleviate a functional impairment and other confinement or treatment visits that are primarily for Cosmetic Services as determined by Us;
- (24) capsular contraction, augmentation or reduction mammoplasty. This does not apply to all stages and revisions of reconstruction of the breast following a mastectomy for the treatment of Cancer, including reconstruction of the other breast to produce a symmetrical appearance and treatment of lymphedemas;
- (25) removal or replacement of a prosthesis, Durable Medical Equipment or Personal Medical Equipment. This does not apply to an internal breast prostheses following a mastectomy for the treatment of Cancer and services are received in accordance with the benefit provisions of this policy;

- (26) prophylactic treatment, services or surgery including, but not limited to, prophylactic mastectomy or any other treatment, services or surgery to prevent a disease process from becoming evident in the organ or tissue at a later date;
- (27) treatment, services, and supplies for:
 - a) Home Health Care;
 - b) Hospice Care;
 - c) Skilled Nursing Facility care, Inpatient rehabilitation services;
 - d) Custodial Care, respite care, rest care, supportive care, homemaker services;
 - e) phone, facsimile, internet or e-mail consultation, compressed digital interactive video, audio or clinical data transmission using computer imaging by way of still-image capture and store forward; including telemedicine services or telehealth services or technology that facilitates access to a Physician;
 - f) treatment, services or supplies that are furnished primarily for the personal comfort or convenience of the Insured Person, Insured Person's family, a Physician or provider;
 - g) treatment or services provided by a standby Physician; or
 - h) treatment or services provided by a masseur, masseuse or massage therapist, massage therapy, or a rolfer;
- (28) treatment, services, and supplies for growth hormone therapy, including growth hormone medication and its derivatives or other drugs used to stimulate, promote or delay growth or to delay puberty to allow for increased growth;
- (29) treatment, services and supplies related to the following conditions, regardless of underlying causes: sex transformation, gender dysphoric disorder, gender reassignment, and treatment of sexual function, dysfunction or inadequacy, treatment to enhance, restore or improve sexual energy, performance or desire;
- (30) treatment, services and supplies related to: maternity, routine pregnancy (however Complication(s) of Pregnancy will be covered in the same manner as any other Sickness), routine well newborn care at birth including nursery care;
- (31) any treatment or procedure that promotes or prevents conception or prevents childbirth, including but not limited to:
 - a) genetic testing or counseling, genetic services and related procedures for screening purposes including, but not limited to, amniocentesis and chorionic villi testing;
 - b) services, drugs or medicines used to treat males or females for an infertility diagnosis regardless of intended use including, but not limited to: artificial insemination, in vitro fertilization, reversal of reproductive sterilization, any treatment to promote conception;
 - c) sterilization;
 - d) cryopreservation of sperm or eggs;
 - e) surrogate pregnancy;
 - f) fetal surgery, treatment or services;
 - g) umbilical cord stem cell or other blood component harvest and storage in the absence of a Sickness or an Injury;
 - h) circumcision; or
 - i) abortion, unless the life of the mother would be endangered if the fetus were carried to term;
- (32) spinal and other adjustments, manipulations, subluxation treatment and/or services;
- (33) treatment for: behavior modification or behavioral (conduct) problems; learning disabilities, developmental delays, attention deficit disorders, hyperactivity, educational testing, training or materials;

- (34) treatment for or through the use of:
 - a) non-medical items, self-care or self-help programs;
 - b) aroma therapy;
 - c) meditation or relaxation therapy;
 - d) naturopathic medicine;
 - e) treatment of hyperhidrosis (excessive sweating);
 - f) acupuncture, biofeedback, neurotherapy, electrical stimulation;
 - g) Inpatient treatment of chronic pain disorders;
 - h) treatment of spider veins;
 - i) family or marriage counseling;
 - j) applied behavior therapy treatment for autistic spectrum disorders;
 - k) smoking deterrence or cessation;
 - l) snoring or sleep disorders;
 - m) change in skin coloring or pigmentation; or
 - n) stress management;
- (35) abuse or overdose of any illegal or controlled substance, except when administered in accordance with the advice of the Insured Person's Physician;
- (36) services ordered, directed or performed by a Physician or supplies purchased from a Medical Supply Provider who is an Insured Person, an Immediate Family member, employer of an Insured Person or a person who ordinarily resides with an Insured Person; or
- (37) treatment, services and supplies for Experimental or Investigational Services.

6. TERMS UNDER WHICH THE POLICY MAY BE CONTINUED IN FORCE OR DISCONTINUED

GUARANTEED RENEWABLE TO AGE 65: This policy is guaranteed renewable to age 65. The Company reserves the right to adjust future premiums on a premium class basis.

7. OPTIONAL BENEFIT RIDERS (Additional Premium Required) - A checkmark in any of the boxes below indicates that You have selected the following optional coverage(s):

SPECIFIED CRITICAL ILLNESS BENEFIT RIDER (Form Number LY-CI-RD): We will pay You the Specified Critical Illness Benefit Amount, shown on the Policy Schedule Page, if an Insured Person receives a First Ever Diagnosis or Procedure from a Physician for one of the Specified Critical Illnesses shown in the chart below and subject to the following conditions:

- (1) Diagnosis must be made within the United States; and
- (2) the Date of Diagnosis or procedure shall occur while the Insured Person is covered by this rider.

Specified Critical Illness
Cancer
Carcinoma in Situ
Heart Attack
Major Organ Transplant
Stroke
Coronary Artery Bypass Surgery
End Stage Renal Failure
Paralysis – not as a result of Stroke

Each Insured Person is limited to one Specified Critical Illness Benefit Amount under the terms of this rider. After payment of the Specified Critical Illness Benefit Amount shown on the Policy Schedule Page for an Insured Person, We will not pay any additional benefits for any additional Specified Critical Illnesses covered by this rider for the same Insured Person.

If the Date of Diagnosis of two or more Specified Critical Illnesses is the same day, We will pay only one Specified Critical Illness benefit.

No benefits are payable for conditions other than the Specified Critical Illnesses defined in this rider. Payment of Specified Critical Illness benefits is subject to all terms and conditions of this rider and the policy to which it is attached.

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT RIDER
(Form Number LY-ADD-RD2)

TABLE OF BENEFITS

In the Event of Loss of:

Life
One Eye, Hand, Foot, Arm or Leg
More Than One Eye, Hand, Foot, Arm or Leg

The Benefit Will Be:

100% of the Benefit Amount
10% of the Benefit Amount
20% of the Benefit Amount

ACCIDENTAL DEATH BENEFIT:

We will pay the Benefit Amount shown on the Policy Schedule Page if an Insured Person suffers loss of life due to Injuries received in a Covered Accident. The loss must occur no later than ninety (90) days after the date of the Covered Accident. Payment of the applicable benefit amount will be subject to the Limit on Payment of Benefit Amount.

ACCIDENTAL DISMEMBERMENT BENEFIT:

We will pay a percentage of the Benefit Amount shown on the Policy Schedule Page if an Insured Person suffers loss of sight or limb(s) due to injuries received in a Covered Accident. The loss must occur no later than ninety (90) days after the date of the Covered Accident. The loss of hand or foot means the complete severance at or above the wrist or ankle joint. Loss of eye means total and irrecoverable sight. Payment of the applicable benefit amount will be subject to the Limit on Payment of Benefit Amount.

LIMIT ON PAYMENT OF BENEFIT AMOUNT:

The total amount payable under this benefit for all losses resulting from any one Covered Accident shall not exceed the amount payable for loss of life. The amount will not exceed the applicable Benefit Amount, shown on the Policy Schedule Page, for the Insured Person suffering multiple losses. If an Insured Person suffers multiple losses under subsequent Covered Accidents, the amount payable for all subsequent Covered Accidents will not exceed the applicable Benefit Amount, shown on the Policy Schedule Page.

8. YOUR TOTAL ANNUAL PREMIUM (At time of application):

				Base	Specified Critical Illness Rider	AD&D Rider
	Tobacco	Gender	Age			
SELF	Y / N	M / F				
SPOUSE	Y / N	M / F				
CHILD #1	Y / N	M / F				
CHILD #2	Y / N	M / F				
CHILD #3	Y / N	M / F				

There will be a one-time enrollment fee of \$30.00 added to the first premium.

TOTAL ANNUAL PREMIUM \$_____ \$_____ \$_____