

SERFF Tracking Number: ANTX-125833329 State: Arkansas
Filing Company: Standard Life and Accident Insurance Company State Tracking Number: 42145
Company Tracking Number: SLA-C08-C
TOI: H15G Group Health - Hospital/Surgical/Medical Sub-TOI: H15G.001 Any Size Group
Expense
Product Name: SLA-C08-C (AR)
Project Name/Number: /

Filing at a Glance

Company: Standard Life and Accident Insurance Company

Product Name: SLA-C08-C (AR)

SERFF Tr Num: ANTX-125833329 State: ArkansasLH

TOI: H15G Group Health -

SERFF Status: Closed

State Tr Num: 42145

Hospital/Surgical/Medical Expense

Sub-TOI: H15G.001 Any Size Group

Co Tr Num: SLA-C08-C

State Status: Approved-Closed

Filing Type: Form

Co Status:

Reviewer(s): Rosalind Minor

Authors: Patty Clavette, Deborah
Biediger

Disposition Date: 05/15/2009

Date Submitted: 04/14/2009

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number:

Date Approved in Domicile: 08/22/2008

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Large

Overall Rate Impact:

Group Market Type: Association

Filing Status Changed: 05/15/2009

Explanation for Other Group Market Type:

State Status Changed: 05/15/2009

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

The Policy will be issued to the National Consumer's Advantage Association, Inc. (NCAA), situated in Nebraska.

Nebraska approved the Policy on August 22, 2008. The NCAA is a non- bona fide association.

Certificates are issued to the group association members who purchase this health insurance.

SERFF Tracking Number: ANTX-125833329 State: Arkansas
 Filing Company: Standard Life and Accident Insurance Company State Tracking Number: 42145
 Company Tracking Number: SLA-C08-C
 TOI: H15G Group Health - Hospital/Surgical/Medical Sub-TOI: H15G.001 Any Size Group
 Expense
 Product Name: SLA-C08-C (AR)
 Project Name/Number: /

The Company would also like to reserve the right to make future changes to the variable dollar provisions of the forms. The changes will vary in increments as listed in the original filing and will not be more restrictive than as required by law.

The rates are enclosed for informational purposes.

The EFT amount attached to this SERFF filing is \$575.00 for the filing fee.

Company and Contact

Filing Contact Information

Patty Clavette, Sr Compliance Analyst patty.clavette@anico.com
 One Moody Plaza 17th Floor (225) 677-9015 [Phone]
 Galveston, TX 77550 (409) 766-2080[FAX]

Filing Company Information

| | | |
|--|-------------------------|--------------------------------|
| Standard Life and Accident Insurance Company | CoCode: 86355 | State of Domicile: Oklahoma |
| One Moody Plaza 17th Floor | Group Code: 408 | Company Type: Health Insurance |
| Galveston, TX 77550 | Group Name: | State ID Number: |
| (409) 621-7779 ext. [Phone] | FEIN Number: 73-0994234 | |

Filing Fees

Fee Required? Yes
 Fee Amount: \$500.00
 Retaliatory? Yes
 Fee Explanation: Master Policy & Cert @ \$50 each=100
 4 apps @ \$25 = 100
 11 Riders/Notice @ \$25 = 275
 Rates = \$25
 SLAICO is Oklahoma company

SERFF Tracking Number: ANTX-125833329 State: Arkansas
Filing Company: Standard Life and Accident Insurance Company State Tracking Number: 42145
Company Tracking Number: SLA-C08-C
TOI: H15G Group Health - Hospital/Surgical/Medical Sub-TOI: H15G.001 Any Size Group
Expense
Product Name: SLA-C08-C (AR)
Project Name/Number: /

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|--|----------|----------------|---------------|
| Standard Life and Accident Insurance Company | \$500.00 | 04/14/2009 | 27155650 |

SERFF Tracking Number: ANTX-125833329 State: Arkansas
 Filing Company: Standard Life and Accident Insurance Company State Tracking Number: 42145
 Company Tracking Number: SLA-C08-C
 TOI: H15G Group Health - Hospital/Surgical/Medical Sub-TOI: H15G.001 Any Size Group
 Expense
 Product Name: SLA-C08-C (AR)
 Project Name/Number: /

Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|-----------------|----------------|------------|----------------|
| Approved-Closed | Rosalind Minor | 05/15/2009 | 05/15/2009 |

Objection Letters and Response Letters

| Objection Letters | | | | Response Letters | | |
|---------------------------|----------------|------------|----------------|------------------|------------|----------------|
| Status | Created By | Created On | Date Submitted | Responded By | Created On | Date Submitted |
| Pending Industry Response | Rosalind Minor | 05/11/2009 | 05/11/2009 | Deborah Biediger | 05/12/2009 | 05/12/2009 |

SERFF Tracking Number: ANTX-125833329 State: Arkansas
Filing Company: Standard Life and Accident Insurance Company State Tracking Number: 42145
Company Tracking Number: SLA-C08-C
TOI: H15G Group Health - Hospital/Surgical/Medical Sub-TOI: H15G.001 Any Size Group
Expense
Product Name: SLA-C08-C (AR)
Project Name/Number: /

Disposition

Disposition Date: 05/15/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: ANTX-125833329 State: Arkansas
 Filing Company: Standard Life and Accident Insurance Company State Tracking Number: 42145
 Company Tracking Number: SLA-C08-C
 TOI: H15G Group Health - Hospital/Surgical/Medical Sub-TOI: H15G.001 Any Size Group
 Expense
 Product Name: SLA-C08-C (AR)
 Project Name/Number: /

| Item Type | Item Name | Item Status | Public Access |
|---------------------|--|-----------------|---------------|
| Supporting Document | Certification/Notice | Approved-Closed | Yes |
| Supporting Document | Application | Approved-Closed | Yes |
| Supporting Document | NCAA Documents | Approved-Closed | Yes |
| Supporting Document | Master Policy | Approved-Closed | Yes |
| Supporting Document | Actuarial Certificaton | Approved-Closed | No |
| Form (revised) | Certificate | Approved-Closed | Yes |
| Form | Outpatient Doctor Rider | Approved-Closed | Yes |
| Form | Outpatient Prescription Drug Rider | Approved-Closed | Yes |
| Form | Outpatient Accident Expense Benefit Rider | Approved-Closed | Yes |
| Form | Outpatient Diagnostic Imaging Rider | Approved-Closed | Yes |
| Form | Amendment | Approved-Closed | Yes |
| Form | Preferred Provider Rider | Approved-Closed | Yes |
| Form | PPO Rider | Approved-Closed | Yes |
| Form | PPO Rider | Approved-Closed | Yes |
| Form | Restoration of Benefits Rider | Approved-Closed | Yes |
| Form | Enrollment Application | Approved-Closed | Yes |
| Form | EZ Enrollment Application | Approved-Closed | Yes |
| Form | Personal History Interview Form, Signature | Approved-Closed | Yes |
| Form | Personal History Interview Form, Voice Signature | Approved-Closed | Yes |
| Form (revised) | Master Policy Amendment | Approved-Closed | Yes |
| Form (revised) | Consumer Information Notice | Approved-Closed | Yes |
| Form | Certificate | Replaced | Yes |
| Form | Master Policy Amendment | Replaced | Yes |
| Form | Consumer Information Notice | Replaced | Yes |
| Rate | Monthly Gross Premium Rates | Approved-Closed | Yes |
| Rate | Monthly Gross Premium Rates | Approved-Closed | Yes |
| Rate | Monthly Gross Premium Rates | Approved-Closed | Yes |
| Rate | Monthly Gross Premium Rates | Approved-Closed | Yes |

SERFF Tracking Number: ANTX-125833329 State: Arkansas
Filing Company: Standard Life and Accident Insurance Company State Tracking Number: 42145
Company Tracking Number: SLA-C08-C
TOI: H15G Group Health - Hospital/Surgical/Medical Sub-TOI: H15G.001 Any Size Group
Expense
Product Name: SLA-C08-C (AR)
Project Name/Number: /

Rate Monthly Gross Premium Rates Approved-Closed Yes

SERFF Tracking Number: ANTX-125833329 State: Arkansas
Filing Company: Standard Life and Accident Insurance Company State Tracking Number: 42145
Company Tracking Number: SLA-C08-C
TOI: H15G Group Health - Hospital/Surgical/Medical Sub-TOI: H15G.001 Any Size Group
Expense
Product Name: SLA-C08-C (AR)
Project Name/Number: /

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 05/11/2009
Submitted Date 05/11/2009

Respond By Date

Dear Patty Clavette,

This will acknowledge receipt of the captioned filing.

Objection 1

- Certificate (Form)
- Enrollment Application (Form)
- EZ Enrollment Application (Form)

Comment:

Benefits must be offered for TMJ as outlined under ACA 23-79-150 (b)(1).

The policyholder shall accept or reject the optional coverage in writing on the application. Also, under ACA 23-79-150(c)(2), the application shall specifically and conspicuously inform the policyholder that rejection of the option means that covered benefits provided to insureds or enrollees will not include temporomandibular joint disorder or craniomandibular disorder.

Objection 2

- Certificate (Form)

Comment:

Refer to Page 18, Extension of Coverage for Some Children.

With respect to handicapped dependents, there can be no time limit set for furnishing proof of incapacity as outlined under ACA 23-86-108(4) and Bulletin 14-81.

Objection 3

- Consumer Information Notice (Form)

Comment:

SERFF Tracking Number: ANTX-125833329 State: Arkansas
Filing Company: Standard Life and Accident Insurance Company State Tracking Number: 42145
Company Tracking Number: SLA-C08-C
TOI: H15G Group Health - Hospital/Surgical/Medical Sub-TOI: H15G.001 Any Size Group
Expense
Product Name: SLA-C08-C (AR)
Project Name/Number: /

The Consumer Information Notice needs to follow the guideline under our Bulletin 11-88. The Insurance company information needs to be first, followed by the statement...."If we at Standard Life and Accident Insurance Company fail to provide you with reasonable and adequate service, you should feel free to contract: (Then follow through with our Department's contact information.).

Please feel free to contact me if you have questions.

Sincerely,
Rosalind Minor

Response Letter

| | |
|------------------------|--------------------|
| Response Letter Status | Submitted to State |
| Response Letter Date | 05/12/2009 |
| Submitted Date | 05/12/2009 |

Dear Rosalind Minor,

Comments:

I have revised documents as stated below

Response 1

Comments: We have decided to incorporate the benefit into the base plan. It has been added to the Certificate under MEDICAL SERVICES and the provision has been added to the Master Policy Amendment.

Related Objection 1

Applies To:

- Certificate (Form)
- Enrollment Application (Form)
- EZ Enrollment Application (Form)

Comment:

Benefits must be offered for TMJ as outlined under ACA 23-79-150 (b)(1).

The policyholder shall accept or reject the optional coverage in writing on the application. Also, under ACA 23-79-150(c)(2), the application shall specifically and conspicuously inform the policyholder that rejection of the option means that covered benefits provided to insureds or enrollees will not include temporomandibular joint disorder or craniomandibular disorder.

SERFF Tracking Number: ANTX-125833329 State: Arkansas
 Filing Company: Standard Life and Accident Insurance Company State Tracking Number: 42145
 Company Tracking Number: SLA-C08-C
 TOI: H15G Group Health - Hospital/Surgical/Medical Sub-TOI: H15G.001 Any Size Group
 Expense
 Product Name: SLA-C08-C (AR)
 Project Name/Number: /

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

| Form Name | Form Number | Edition Date | Form Type | Action | Action Specific Data | Readability Score | Attach Document |
|-------------------------|----------------|--------------|---|---------|----------------------|-------------------|-----------------------------|
| Certificate | SLA-C08-C (AR) | | Certificate | Initial | | | SLA-C08-C AR.pdf |
| Previous Version | | | | | | | |
| Certificate | SLA-C08-C (AR) | | Certificate | Initial | | | SLA-C08-C AR.pdf |
| Master Policy Amendment | SLA-MPAARPO8 | | Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider | Initial | | | MASTER POLICY AMENDMENT.pdf |
| Previous Version | | | | | | | |
| Master Policy Amendment | SLA-MPAARPO8 | | Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider | Initial | | | MASTER POLICY AMENDMENT.pdf |

No Rate/Rule Schedule items changed.

Response 2

Comments: This provision has been added to the Certificate and to the Master Policy Amendment.

Related Objection 1

Applies To:

- Certificate (Form)

Comment:

SERFF Tracking Number: ANTX-125833329 State: Arkansas
 Filing Company: Standard Life and Accident Insurance Company State Tracking Number: 42145
 Company Tracking Number: SLA-C08-C
 TOI: H15G Group Health - Hospital/Surgical/Medical Sub-TOI: H15G.001 Any Size Group
 Expense
 Product Name: SLA-C08-C (AR)
 Project Name/Number: /

Refer to Page 18, Extension of Coverage for Some Children.

With respect to handicapped dependents, there can be no time limit set for furnishing proof of incapacity as outlined under ACA 23-86-108(4) and Bulletin 14-81.

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

| Form Name | Form Number | Edition Date | Form Type | Action | Action Specific Data | Readability Score | Attach Document |
|-------------------------|-----------------------|--------------|--------------------|----------------|----------------------|-------------------|-------------------------|
| Certificate | SLA-C08-C (AR) | | Certificate | Initial | | | SLA-C08-C AR.pdf |
| Previous Version | | | | | | | |
| <i>Certificate</i> | <i>SLA-C08-C (AR)</i> | | <i>Certificate</i> | <i>Initial</i> | | | <i>SLA-C08-C AR.pdf</i> |

No Rate/Rule Schedule items changed.

Response 3

Comments: This form has been revised

Related Objection 1

Applies To:

- Consumer Information Notice (Form)

Comment:

The Consumer Information Notice needs to follow the guideline under our Bulletin 11-88. The Insurance company information needs to be first, followed by the statement...."If we at Standard Life and Accident Insurance Company fail to provide you with reasonable and adequate service, you should feel free to contract: (Then follow through with our Department's contact information.).

SERFF Tracking Number: ANTX-125833329 State: Arkansas
 Filing Company: Standard Life and Accident Insurance Company State Tracking Number: 42145
 Company Tracking Number: SLA-C08-C
 TOI: H15G Group Health - Hospital/Surgical/Medical Sub-TOI: H15G.001 Any Size Group
 Expense
 Product Name: SLA-C08-C (AR)
 Project Name/Number: /

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

| Form Name | Form Number | Edition Date | Form Type | Action | Action Specific Data | Readability Score | Attach Document |
|-----------------------------|--------------|--------------|--|---------|----------------------|-------------------|---------------------------------|
| Consumer Information Notice | SLA-CIN (AR) | | Certificate Amendment, Insert Page, Endorsement or Rider | Initial | | | CONSUMER INFORMATION NOTICE.pdf |

Previous Version

| | | | | | | | |
|-----------------------------|--------------|--|--|---------|--|--|---------------------------------|
| Consumer Information Notice | SLA-CIN (AR) | | Certificate Amendment, Insert Page, Endorsement or Rider | Initial | | | CONSUMER INFORMATION NOTICE.pdf |
|-----------------------------|--------------|--|--|---------|--|--|---------------------------------|

No Rate/Rule Schedule items changed.

Thank you.

Sincerely,
 Deborah Biediger, Patty Clavette

SERFF Tracking Number: ANTX-125833329 State: Arkansas
 Filing Company: Standard Life and Accident Insurance Company State Tracking Number: 42145
 Company Tracking Number: SLA-C08-C
 TOI: H15G Group Health - Hospital/Surgical/Medical Sub-TOI: H15G.001 Any Size Group
 Expense
 Product Name: SLA-C08-C (AR)
 Project Name/Number: /

Form Schedule

Lead Form Number: SLA-C08-C (AR)

| Review Status | Form Number | Form Type | Form Name | Action | Action Specific Data | Readability | Attachment |
|-----------------|------------------|-------------|--|---------|----------------------|-------------|---------------------|
| Approved-Closed | SLA-C08-C (AR) | Certificate | Certificate | Initial | | | SLA-C08-C AR.pdf |
| Approved-Closed | SLA-OPD608 (AR) | Certificate | Outpatient Doctor Amendmen t, Insert Page, Endorseme nt or Rider | Initial | | | SLA-OPD608_AR_.pdf |
| Approved-Closed | SLA-OPRx608 (AR) | Certificate | Outpatient Amendmen t, Insert Page, Endorseme nt or Rider | Initial | | | SLA-OPRx608_AR_.pdf |
| Approved-Closed | SLA-ACC608 | Certificate | Outpatient Amendmen t, Insert Page, Endorseme nt or Rider | Initial | | | SLA-ACC608.pdf |
| Approved-Closed | SLA-DIR608 | Certificate | Outpatient Amendmen t, Insert Page, Endorseme nt or Rider | Initial | | | SLA-DIR608.pdf |
| Approved-Closed | SLA-HQA08 | Certificate | Amendment Amendmen t, Insert Page, Endorseme nt or Rider | Initial | | | SLA-HQA08.pdf |

SERFF Tracking Number: ANTX-125833329 State: Arkansas
 Filing Company: Standard Life and Accident Insurance Company State Tracking Number: 42145
 Company Tracking Number: SLA-C08-C
 TOI: H15G Group Health - Hospital/Surgical/Medical Sub-TOI: H15G.001 Any Size Group
 Expense
 Product Name: SLA-C08-C (AR)
 Project Name/Number: /

| | | | | |
|---------------------|-----------------------|---|---------|---------------------------------|
| Approved- Closed | SLA- PPO08 | Certificate Preferred Provider Amendmen Rider t, Insert Page, Endorseme nt or Rider | Initial | SLA-PPO08 .pdf |
| Approved- Closed | SLA- PPOB08 | Certificate PPO Rider Amendmen t, Insert Page, Endorseme nt or Rider | Initial | SLA- PPOB08.pdf |
| Approved- Closed | SLA- PPOH08 | Certificate PPO Rider Amendmen t, Insert Page, Endorseme nt or Rider | Initial | SLA- PPOH08.pdf |
| Approved- Closed | SLA- RES08 | Certificate Restoration of Amendmen Benefits Rider t, Insert Page, Endorseme nt or Rider | Initial | SLA- RES08.pdf |
| Approved- Closed | SLA- CAT08 | Application/Enrollment Enrollment Application Form | Initial | SLA- CAT08w2003 a.pdf |
| Approved- Closed | SLA- CAT08 (EZ) | Application/EZ Enrollment Enrollment Application Form | Initial | SLA- CAT08(EZ)w2 003a.pdf |
| Approved- Closed | PHE- SLAEZ08S | Application/Personal History Enrollment Interview Form, Form Signature | Initial | PHE- SLAEZ08S.pdf |
| Approved- Closed | PHE- SLAEZ08V S | Application/Personal History Enrollment Interview Form, Form Voice Signature | Initial | PHE- SLAEZ08VS. pdf |

SERFF Tracking Number: ANTX-125833329 State: Arkansas
 Filing Company: Standard Life and Accident Insurance Company State Tracking Number: 42145
 Company Tracking Number: SLA-C08-C
 TOI: H15G Group Health - Hospital/Surgical/Medical Sub-TOI: H15G.001 Any Size Group
 Expense
 Product Name: SLA-C08-C (AR)
 Project Name/Number: /

| | | | | |
|---------------------|----------------------|---|---------|---|
| Approved- Closed | SLA- MPAARPO 8 | Policy/Cont Master Policy ract/Fratern Amendment al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider | Initial | MASTER POLICY AMENDMEN T.pdf |
| Approved- Closed | SLA-CIN (AR) | Certificate Consumer Amendmen Information Notice t, Insert Page, Endorseme nt or Rider | Initial | CONSUMER INFORMATIO N NOTICE.pdf |

STANDARD LIFE AND ACCIDENT INSURANCE COMPANY

A Stock Life Insurance Company
**ADMINISTRATIVE OFFICE: ONE MOODY PLAZA
GALVESTON, TEXAS 77550**

GROUP CATASTROPHIC HOSPITAL INSURANCE CERTIFICATE

We pay benefits in accordance with all the terms and conditions of the Group Policy for Medical Service charges that are described in the section called "Medical Services" and incurred by a Covered Person as the result of the Medically Necessary treatment of:

INJURY that occurs after his/her Certificate Date; or

SICKNESS that begins after his/her Certificate Date.

This Certificate is not the contract of insurance, however it provides evidence of coverage under the Group Policy.
READ IT CAREFULLY.

IMPORTANT NOTICE CONCERNING STATEMENTS IN EACH CERTIFICATEHOLDER'S ENROLLMENT APPLICATION - Each Certificateholder should read his/her Enrollment Application and all documents attached to this Certificate. **Omissions or misstatements in the Enrollment Application or any attached documents may cause Us to deny an otherwise valid claim or rescind coverage.** Carefully check all documents. You must advise Our Underwriting Department in writing within 10 days of receipt of this Certificate if You determine that any information or medical history is incomplete, incorrect, or has changed since the date of Your Enrollment Application.

A Certificateholder's Enrollment Application and all attached documents are part of the Group Policy. We provide coverage described in the Group Policy on the basis that all of the answers to the questions and all the material information contained in the documents are correct and complete. No agent or employee, except an officer of the Company, has the authority to waive any of the requirements in the documents or waive any of the provisions of the Group Policy.

We do not provide coverage until we have approved Your Enrollment Application and Your Initial Premium has been paid. The Initial Premium pays for the Initial Term of coverage. The Initial Term of coverage begins at 12:01 A.M., local time, at Your residence on Your Certificate Date. Coverage is continued in accordance with all of the provisions of the Group Policy.

10 DAY RIGHT TO EXAMINE THIS CERTIFICATE – You may return this Certificate to Us for any reason within 10 days after You receive it. You may bring it in person or mail it to Us. At the time You return this Certificate, coverage under the Group Policy is void from the beginning. We will refund any premium paid.

PREMIUMS ARE SUBJECT TO CHANGE - Please refer to the section titled **PREMIUMS**.

THE GROUP POLICY – You may review the Group Policy during usual business hours at the Group Policyholder's office.



SECRETARY



PRESIDENT

THE GROUP POLICY PROVIDES COVERAGE FOR CATASTROPHIC HOSPITAL EXPENSES DESCRIBED IN THE GROUP POLICY AND THIS CERTIFICATE. WHEN SELECTED, A PREFERRED PROVIDER COMPONENT IS INCLUDED WITH THIS COVERAGE.

TABLE OF CONTENTS

| TITLE | PAGE NUMBER |
|--|-------------|
| PREMIUMS | 3 |
| DEFINITIONS | 4 |
| BENEFITS | 8 |
| MEDICAL SERVICES | 9 |
| EXCEPTIONS | 13 |
| AUTOMATIC COVERAGE OF NEWBORN AND ADOPTED CHILDREN | 15 |
| TERMINATION OF COVERAGE | 16 |
| LOSS OF ELIGIBILITY | 17 |
| EXTENSION OF COVERAGE FOR SOME CHILDREN | 18 |
| CONTINUATION PRIVILEGE | 19 |
| CONVERSION PRIVILEGE | 20 |
| COORDINATION OF BENEFITS | 21 |
| GENERAL PROVISIONS | 25 |

PREMIUMS

Premiums are due on the first day of each term that follows the Initial Term. This is called the Premium Due Date. The required premium will depend on Your premium class. We determine the premium class on each Premium Due Date. We will NOT CHANGE Your premium prior to the first anniversary of Your Certificate Date, unless:

1. Coverage changes; or
2. Residence changes.

After the first anniversary of Your coverage, We will change premiums:

1. Annually, based on attained age;
2. When You move to a different rating zone; or
3. Anytime, and from time to time, that We decide to change rates for persons in Your or a Covered Person's class.

Changes will apply to premiums due on or after the effective date of the change. The new rates will apply on a class basis as determined by Us. We will give You 30 days notice before any premium change.

DEFINITIONS

AMBULANCE means a motor vehicle, helicopter, or fixed wing aircraft specially equipped to transport Sick and Injured people. A common carrier is not an Ambulance.

CALENDAR YEAR means the twelve-month period that begins January 1 and ends December 31, each year.

CERTIFICATE means the written description of coverage provided to You as evidence of coverage under the Group Policy.

CERTIFICATE DATE means the date, shown in the Certificate Schedule, when coverage begins for the Covered Persons originally covered under the Group Policy. We use the Certificate Date to determine the anniversary dates of coverage under the Group Policy. It also refers, separately, to the date We add a Covered Person to the Group Policy or when any change in coverage occurs.

CERTIFICATEHOLDER means the Applicant named in the Enrollment Application, any successor thereof, or, in the case of the death of the Association Member, any person thereafter named to assume ownership privileges under the Group Policy. Such person, regardless of title, has exclusive ownership privileges under the Group Policy. These privileges include, but are not limited to, his/her right to change coverage under the Group Policy for themselves or any Covered Person.

CLOSE RELATIVE means You or anyone related to You by blood, marriage, or adoption; or a court appointed representative.

COMPLICATIONS OF PREGNANCY means :

1. conditions, requiring Hospital confinement (when the pregnancy is not terminated), whose diagnosis are distinct from pregnancy, but are adversely affected by pregnancy or are caused by pregnancy, such as (1) acute nephritis; (2) nephrosis; (3) cardiac decompensation;(4) HELLP syndrome; (5) uterine rupture; (6) amniotic fluid embolism; (7) chorioamnionitis; (8) fatty liver in pregnancy; (9) septic abortion; (10) placenta accreta; (11) gestational hypertension; (12) puerperal sepsis; (13) peripartum cardiomyopathy; (14) cholestasis in pregnancy; (15) thrombocytopenia in pregnancy; (16) placenta previa; (17) placental abruption; (18) acute cholecystitis and pancreatitis in pregnancy; (19) postpartum hemorrhage; (20) septic pelvic thrombophlebitis; (21) retained placenta; (22) venous air embolus associated with pregnancy; (23) miscarriage; or (24) an emergency c-section required because of (a) fetal or maternal distress during labor, or (b) severe pre-eclampsia, or (c) arrest of descent or dilatation, or (d) obstruction of the birth canal by fibroids or ovarian tumors, or (e) necessary because of the sudden onset of a medical condition manifesting itself by acute symptoms of sufficient severity that, in the absence of immediate medical attention, will result in placing the life of the mother or fetus in jeopardy. A c-section delivery is not considered to be an emergency c-section if it is merely for the convenience of the patient and/or doctor or solely due to a previous c-section; and
2. Treatment, diagnosis or care for conditions, including the following, when the condition was caused by, necessary because of, or aggravated by the pregnancy: (1) hyperthyroidism, (2) hepatitis B Or C, (3) HIV (4) Human papilloma virus, (5) abnormal PAP, (6) syphilis, (7) chlamydia, (8) herpes, (9) urinary tract infections, (10) thromboembolism, (11) appendicitis, (12) hypothyroidism, (13) pulmonary embolism, (14) sickle cell disease, (15) tuberculosis, (16) migraine headaches, (17) depression, (18) acute myocarditis, (19) asthma, (20) maternal cytomegalovirus, (21) urolithiasis, (22) DVT prophylaxis, (23) ovarian dermoid tumors, (24) biliary atresia and/or cirrhosis, (25) first trimester adnexal mass, (25) hydatidiform mole or (26) ectopic pregnancy.

COVERED PERSON means each person named as a Covered Person on the Certificate Schedule whose coverage under the Group Policy has not terminated.

CRITICAL ILLNESS means Cancer (other than skin cancer, but including melanoma), Stroke (CVA) or Heart Attack (Acute Myocardial Infarction) first diagnosed for a Covered Person more than 10 days after his/her Certificate Date.

DOCTOR means a person, other than You or a Close Relative, who is duly licensed to provide the type of medical treatment for which benefits are provided under the Group Policy, and acting within the scope of that license.

EMERGENCY means a medical condition of recent onset and sufficient severity to cause a prudent person to believe that without immediate medical attention the condition may result in:

1. Placing the patient's health in serious jeopardy;
2. Serious impairment to bodily functions;
3. Serious dysfunction of any bodily organ or part;
4. Serious disfigurement; or
5. In the case of a pregnant woman, serious jeopardy to the health of the fetus.

EXPERIMENTAL OR INVESTIGATIONAL MEDICINE means any of the following (generally, individually or collectively, called Regimen) that, when used to treat a Covered Person's specific Injury or Sickness, are experimental, investigational or oriented toward research:

1. Equipment;
2. Drugs or dosages;
3. Devices, services, supplies, tests or medical treatment or procedures; or
4. All related treatment and procedures.

We consider a Regimen as **EXPERIMENTAL OR INVESTIGATIONAL MEDICINE** if:

1. The U.S. Food and Drug Administration (FDA) has not given final approval to the Regimen for the lawful marketing for the treatment of the specific Injury or Sickness; or
2. The American Medical Association (AMA) has not approved or endorsed the Regimen for the treatment of the specific Injury or Sickness; or
3. The National Institutes of Health (NIH) or its affiliated institutes have not approved or endorsed the Regimen for the treatment of the specific Injury or Sickness; or
4. The Regimen is:
 - a) Currently used or will be used or studied in proposed or ongoing clinical research or clinical trials as evidenced by the Informed Consent or investigational protocol; or
 - b) Part of a proposed or ongoing phase I, II or III clinical trial; or
 - c) Subject of proposed or ongoing research or studies to determine its dosage, safety, toxicity, efficacy, or its efficacy as compared to other means of treatment or diagnosis; or
5. The opinion of medical or scientific experts indicates that further studies, research or clinical trials are necessary to determine the Regimen's dosage, safety, toxicity, efficacy or its efficacy as compared to other means of treatment of diagnosis. The opinion of medical or scientific experts is as reflected in:
 - a) Published reports or articles in medical or scientific literature; or
 - b) Written protocol(s) used by the treating facility or other facilities studying the same or substantially similar Drugs, devices, services, supplies, tests, treatments, or procedures; or
 - c) The Informed Consent used by the treating facility or other facilities studying the same or substantially similar Drugs, devices, services, supplies, tests, treatments, or procedures.

We will not exclude a drug for the treatment of cancer because the FDA has not approved the drug for the treatment of the specific type of cancer for which a Doctor has prescribed the drug. However, standard reference compendia or medical literature must recognize the drug for treatment of that specific type of cancer. We will not cover a drug:

1. That the FDA has not approved; or
2. The FDA has contraindicated its use.

HOME HEALTH CARE PLAN means that a licensed Home Health Care Agency provides care and treatment for an Injury or Sickness at a Covered Person's residence. A Doctor must set up and approve a plan in writing.

HOSPICE means an alternative way of caring for terminally ill individuals provided by an entity licensed to provide hospice care for terminally ill individuals and his/her Immediate Families.

HOSPITAL means a facility that:

1. Is licensed as a Hospital in the jurisdiction where it operates; and
2. Provides medical and surgical services for the treatment of Injury or Sickness under the supervision of a Doctor.

The term "Hospital" does not include:

1. A convalescent, nursing, rest or rehabilitative facility; a home for the aged; a special ward, floor or other accommodation for convalescent, skilled nursing, rehabilitation, ambulatory or extended care purposes, including the separate section of a building that houses an acute care facility; hotel units, residential annexes, nurse administered units in or associated with a Hospital; or a psychiatric/substance abuse facility.
2. Any military or veteran's Hospital, soldier's home or any Hospital contracted for or operated by the Federal Government or any agencies thereof for the treatment of members or former members of the Armed Forces, unless the Covered Person is legally required to pay for services in the absence of coverage under the Group Policy.

HOSPITAL CONFINED means that a Covered Person is admitted to a Hospital as an overnight resident bed patient. "Hospital Confined" does not include a Covered Person's treatment in a Same Day Surgery facility, Emergency room, or an observation room.

INJURY (Injured) means accidental bodily injury sustained by the Covered Person, which is the direct cause of loss, independent of disease, bodily infirmity, or any other cause which occurs while coverage under the Group Policy is in force.

INTENSIVE CARE UNIT, CORONARY CARE UNIT OR NEONATAL INTENSIVE CARE UNIT means that part of a Hospital specifically designed as an intensive care unit that is permanently equipped and staffed to provide more extensive care for critically ill or Injured patients than is available in other Hospital rooms or wards. Services provided include close observation by trained and qualified personnel whose duties are primarily confined to the part of the Hospital for which an additional charge is made.

LIMITING AGE for Your children is attained age 26. This is Your coverage anniversary next following the child's 26th birthday.

MEDICALLY NECESSARY means a service or supply necessary and appropriate for the diagnosis or treatment of an Injury or Sickness based upon current generally accepted medical practices. The fact that a Doctor may prescribe, order, recommend, or approve a service or supply does not, of itself, make the service or supply Medically Necessary. A service or supply is not Medically Necessary if:

1. It is provided only as a convenience to the Covered Person or provider;
2. It is not appropriate treatment for the Covered Person's diagnosis or symptoms;
3. It exceeds (in scope, duration, or intensity) that level of care that is needed to provide safe, adequate, and appropriate diagnosis or treatment; or
4. It is Experimental or Investigational Medicine.

MEDICARE means a United States government program set up to provide health care benefits. Medicare includes:

1. The program under Title XVIII of Social Security with any later changes; or
2. Similar programs meant to pay for health care.

MEDICINES OR DRUGS means any medication or medicinal substance that the U.S. Food and Drug Administration has approved for use. The Medicines or Drugs must be used in the Hospital.

MENTAL DISORDER means a disease or disorder, regardless of its cause, that affects the mind or behavior. Categories of mental disorders include mood disorders, anxiety disorders, psychotic disorders, eating disorders, developmental disorders, personality disorders, and other generally accepted disorders of a similar type.

NURSE means any of these:

1. Licensed Registered Nurse (R.N.);
2. Licensed Practical Nurse (L.P.N.);
3. Licensed Vocational Nurse (L.V.N.); or
4. Nurse Practitioner.

"Nurse" does not include a Covered Person or any Close Relative.

ORGAN TRANSPLANT means the placement of tissue or an organ from a live or cadaver donor in a Covered Person. This includes tissue, organ, or cells harvested and returned to the same person, where such tissue or organ is somewhat independent from all other parts of the human body and performs a special or unique function. The source of the tissue, organ, or cells may be from another person. An Organ Transplant does not include the placement of a mechanical or man-made device or substance when the device or substance:

1. Is intended to serve as a substitute for the tissue or organ; or
2. Aids in the performance of the tissue or organ.

An Organ Transplant does not include the grafting of solid tissue or organ such as bone or skin.

PREEXISTING CONDITION means a disease or physical condition of a Covered Person, not otherwise excluded by name or specific description on the date of the Person's loss, which existed prior to the Covered Person's effective date under the Group Policy. Any exclusion or limitation applies only to a disease or physical condition for which medical advice or treatment was received by the Covered Person during the 12 months prior to the effective date of coverage under the Group Policy. In no event will the exclusion or limitation apply to loss incurred after the earlier of:

1. The end of a continuous period of 12 months commencing on or after the effective date of the Covered Person's coverage during all of which the Person received no advice or treatment in connection with such disease or physical condition; or
2. The end of the 2-year period commencing on the effective date of the Covered Person's effective date of coverage under the Group Policy.

REASONABLE AND CUSTOMARY CHARGES means the dollar amount charged that is the lesser of:

1. The actual dollar amount charged;
2. The dollar amount usually charged for the service by the provider who furnishes it; or
3. The prevailing dollar amount charge made for a service in a geographical area made by a facility or person.

SAME DAY SURGERY FACILITY means a licensed medical facility or a part of a Hospital:

1. With an organized staff of Doctors;
2. That is permanently equipped and operated primarily for the purpose of performing surgical procedures;
3. That does not provide accommodations for overnight stays; and
4. That provides continuous Doctor services and nursing services whenever a patient is in the facility.

The term "Same Day Surgery Facility" does not include a:

1. Hospital Emergency room;
2. Trauma center; or
3. Doctor's office or Clinic.

SICKNESS means a Covered Person's illness, disease, or condition that begins after the Certificate Date and while the Covered Person has coverage under the Group Policy. Sickness also includes an illness, disease or condition that begins before the Certificate Date if it is shown on the Enrollment Application and We have not excluded it from coverage by name or specific description. Sickness includes any complications or recurrences that relate to such Sickness while the Group Policy's coverage in effect for the Covered Person.

US, WE, OUR or THE COMPANY means STANDARD LIFE AND ACCIDENT INSURANCE COMPANY (SLAICO).

YOU or YOUR means the Certificateholder.

BENEFITS

WHAT WE PAY – Benefits are payable under the Group Policy in accordance with Benefit Option A or Benefit Option B, each described below. Each Certificateholder's selected Benefit Option is shown in Your Certificate Schedule. The Benefit Option in effect on January 1st of each year will remain in effect for the remainder of the same Calendar Year. Benefits will not be paid under more than one benefit option during a Calendar Year. All benefits payable under the Group Policy are subject to the Group Policy's Maximum Policy Benefit for each Injury or Sickness per Covered Person. A Covered Person's selected Deductible Amount, Rate of Payment, and Stop Loss Amount are each shown in his/her Certificate Schedule.

BENEFIT OPTION A - Benefits are payable under the Group Policy after a Covered Person incurs charges during a Calendar Year for Medical Services in excess of his/her Deductible Amount. Benefits will be paid at the Rate of Payment. If Your selected Rate of Payment is less than 100%, once charges for Medical Services exceed the Stop-Loss Amount shown in the Certificate Schedule during a Calendar Year, the Rate of Payment for the remainder of the Calendar Year is 100%.

BENEFIT OPTION B - Benefits are payable under the Group Policy after combined charges for Medical Services incurred by one or more Covered Persons during a Calendar Year exceed the Deductible Amount. Benefits will be paid at the Rate of Payment. If Your selected Rate of Payment is less than 100%, once combined charges for Medical Services incurred by one or more Covered Persons during a Calendar Year exceed the Unpaid Medical Service Charge Maximum shown in Your Certificate Schedule, the Rate of Payment for the remainder of the Calendar Year is 100%. In the event coverage under this Benefit Option B is provided for only one Covered Person, the Deductible Amount shown in Your Certificate Schedule will be reduced by 50%.

POLICY MAXIMUM FOR EACH INJURY OR SICKNESS is shown in each Certificateholder's Certificate Schedule. This Maximum applies to each Covered Person.

THE FOLLOWING PROVISIONS DO NOT APPLY IF BENEFIT OPTION B IS IN EFFECT.

FAMILY DEDUCTIBLE MAXIMUM – Once three family members have met their respective Deductible Amounts in a Calendar Year, no further Deductible Amount will be required for the remainder of the Calendar Year.

COMMON ACCIDENT DEDUCTIBLE – If two or more Covered Persons incur Medical Service charges from Injuries sustained in a single accident, We will apply the lesser of:

1. The Deductible Amount;
2. The remainder of each Covered Person's respective Deductible Amount; or
3. The remainder of the Family Deductible Maximum.

VANISHING DEDUCTIBLE AMOUNT – **This provision does not apply to a Deductible Amount in excess of \$15,000.** If coverage under the Group Policy is in effect for a complete Calendar Year and We do not pay any benefits on behalf of any Covered Person, We will reduce the Cash Deductible Amount for the following Calendar Year by 25%. However, We will give no further reductions after the Cash Deductible Amount is reduced to zero. If We pay benefits on behalf of any Covered Person during a Calendar Year, the Cash Deductible Amount for all Covered Persons for the next Calendar Year is the amount shown on the Certificate Schedule. We will extend this provision to any Covered Person added during a Calendar Year during which the Cash Deductible Amount has been reduced.

MEDICAL SERVICES

WE PAY BENEFITS FOR REASONABLE AND CUSTOMARY CHARGES INCURRED FOR THE FOLLOWING MEDICAL SERVICES AT THE APPLICABLE RATE OF PAYMENT. Benefits payable for Medical Services are subject to all terms, limits, and conditions of the Group Policy.

An expense is "incurred" on the date a provider renders the service or furnishes the supplies.

The following are Medical Services under the Group Policy:

Professional Ambulance Service (air or ground) – Reasonable and Customary Charges for transportation to the nearest Hospital qualified to provide for the Covered Person's Medically Necessary Emergency treatment.

Hospital Stay - The Hospital charge for each day a Covered Person is Hospital Confined. Such charge will include those for:

1. Semi-private room confinement, excluding any separate charges such as room, nursing services, maintenance, utilities and similar items;
2. Intensive Care Unit, Burn Unit, Coronary Care Unit and Neonatal Intensive Care Unit confinement, up to three times the Hospital's average semi-private room rate; and
3. Medically Necessary miscellaneous services and supplies used for the treatment of the Hospital Confined Covered Person .

Services **DO NOT** include: charges for take-home medicines or drugs, personal or convenience items, or items that are not intended primarily for use while Hospital Confined.

Doctor Visits - Reasonable and Customary Charges for the Covered Person's Doctors' (other than the surgeon) visits when Hospital Confined. For purposes of this provision, a Doctor's consultation is a visit.

Surgery - Reasonable and Customary Charges made by an operating surgeon. If two or more surgeries are performed through the same incision, We will pay the one providing the greatest benefit under the Group Policy. We will also pay [50%] of the benefits otherwise payable for the other surgeries performed through separate incisions during the same operative session. Charges must be incurred while a Covered Person is Hospital Confined or in a Same Day Surgery Facility.

Same Day Surgery Facility - Reasonable and Customary Charges for services provided for a Covered Person by a Same Day Surgery Facility on the day surgery is performed.

If a Covered Person is retained in the Same Day Surgery Facility for more than 18 hours, charges for use of such facility will be limited to the average semi-private room rate consistent with Reasonable and Customary Charges for Hospitals in the area where the Same Day Surgery Facility is located.

Assistant Surgeon - Actual charges for services provided during a surgical procedure by an Assistant Surgeon, up to 25% of the Reasonable and Customary Charge of the primary surgeon. Charges must be incurred while a Covered Person is Hospital Confined or in a Same Day Surgery Facility.

Second Surgical Opinion - Reasonable and Customary Charges for a Doctor providing a second surgical opinion regarding the recommendation for surgery. If the initial and second surgical opinions conflict, We will pay benefits for a third surgical opinion. The Deductible Amount does not apply to a second or third opinion.

Anesthesia Administration - Reasonable and Customary Charges for the administration of anesthesia by an anesthesiologist to a Covered Person undergoing surgery while Hospital Confined or in a Same Day Surgery Facility. The anesthesiologist must be at the operation solely to provide the anesthesia service.

We will reduce benefits otherwise payable had an anesthesiologist administered anesthesia by [50%] if a nurse anesthetist, operating Doctor, or assistant Surgeon administers the anesthesia, including any incidental fluids, as part of a covered surgical procedure. When both an anesthesiologist and a nurse anesthetist bill for the same operative session, benefits will be limited to the Reasonable and Customary charges otherwise payable had the anesthesiologist been the sole provider of such services.

Coverage includes charges incurred for those for services performed in connection with dental procedures in a Hospital or Ambulatory Surgical Center when the Doctor treating the Covered Person certifies that, because of the patient's age or condition or problem, hospitalization or general anesthesia is required in order to safely and effectively perform the procedures and the Covered Person is: (1) a child under 7 years of age who is determined by two dentists licensed in Arkansas to require, without delay, necessary dental treatment in a Hospital or Ambulatory Surgical Center for a significantly complex dental condition; (2) a person with a diagnosed serious mental or physical condition; or (3) a person with a significant behavioral problem as determined by the Covered Person's Doctor. This benefit does not apply to services performed in connection with temporomandibular joint disorders.

Breast Reconstruction - Reasonable and Customary Charges for the following services and supplies incident to mastectomy:

1. Reconstruction of the affected breast;
2. Reconstruction of the other breast to produce a symmetrical appearance; and
3. Prostheses and physical complications of all stages of mastectomy, including lymphedemas.

Benefits under this coverage will be subject to all the terms and conditions of the Group Policy, except any Exception relating to cosmetic surgery.

Pathology - Reasonable and Customary Charges for pathology services while the Covered Person is Hospital Confined or in a Same Day Surgery Facility. Professional services relating to automated pathology tests are not covered.

Radiology - Reasonable and Customary Charges for radiology services provided for a Covered Person while Hospital Confined or in a Same Day Surgery Facility.

Chemotherapy – Reasonable and Customary Charges for chemotherapy.

Physiotherapy - Reasonable and Customary Charges for physical, speech, occupational, or inhalation therapy. Such therapy must be provided by a Hospital based therapy facility and must result from a Covered Person's treatment in a Hospital or Same Day Surgery Facility.

Radiation Therapy – Reasonable and Customary Charges for radiation therapy.

Home Health Care - Reasonable and Customary Charges for Home Health Care, up to [\$7,500] per Calendar Year when a Covered Person receives Home Health Care. The Home Health Care must:

1. Begin within 7 days of a prior Hospital Stay of at least 3 days;
2. Be provided in lieu of a Hospital Stay;
3. Be for services related to the treatment of the same Sickness or Injury for which the Covered Person was Hospital Confined; and
4. Be administered under a Home Health Care Plan.

Hospice Care Benefit - Reasonable and Customary Charges for Hospice Care provided by a licensed Hospice agency. We will not pay benefits under this provision and under another benefit provision of the Group Policy. We only pay benefits for Hospice Care when the Covered Person's Doctor certifies that the Covered Person's life expectancy is less than six months.

Childhood Immunizations – Reasonable and Customary Charges for childhood immunizations, provided for children under the age of six while Hospital Confined. Immunizations are not subject to any Deductible Amount.

Foreign Emergency Treatment

We will pay for benefits for Medical Services resulting from charges for Emergency treatment that a Covered Person receives in a foreign country. Benefits payable will be the lesser of: (1) the actual charges for the services; or (2) the benefit for Medical Services that We would have paid if the Covered Person had received the Emergency treatment in the location where the Covered Person resides.

Critical Illness Benefit - When a Covered Person is first Hospital Confined for treatment of a diagnosed Critical Illness; We will pay the Critical Illness Benefit Amount shown in his/her Certificate Schedule. This benefit is payable only once for each Covered Person. In the event a Covered Person dies as the result of a Critical Illness without being Hospital Confined, ½ the Critical Illness Benefit will be paid to the Beneficiary named in the Enrollment

Application on the basis of post-mortem Critical Illness diagnosis. Benefits payable under this provision may not be assigned.

Cash Confinement Benefit – Beginning on the third calendar day of a Covered Person's Hospital confinement for treatment of an Injury or Sickness for which benefits are otherwise provided under the Group Policy, we will pay the Cash Confinement Benefit shown in his/her Certificate Schedule for each day the Covered Person remains Hospital confined. A Covered Person's Hospital confinement beginning within three calendar days of his/her Hospital discharge will be considered a continuation of his/her previous Hospital confinement for purposes of this provision. Benefits payable under this provision may not be assigned.

Complications of Pregnancy

If a Covered Person has Complications of Pregnancy while covered under the Group Policy, Medical Services incurred for treatment of such Complications of Pregnancy will be considered for payment as if they had resulted from Sickness. If an expense does not result solely from the treatment of the Complications of Pregnancy, then it will be deemed due to normal pregnancy and not covered under the Group Policy.

Organ Transplant Donor Charges - We will pay donor benefits for covered Organ Transplants:

1. Up to [\$15,000] in Medical Services; if
2. You or a Covered Person is legally responsible for the charges.

ARKANSAS RESIDENT BENEFITS – The following benefits apply only when described services are provided to a Covered Person who is an Arkansas resident. Except as otherwise stated, they are subject to all the terms and conditions of the Group Policy.

Newborn Infants – When the Certificate evidences coverage for persons in addition to You, and You have given Us notice of a newborn as required by Automatic Coverage of Newborn and Adopted Children, coverage will include the Reasonable and Customary Charges incurred for the Medically Necessary care and treatment of a newborn child, while the child is Hospital Confined, as follows: (a) coverage for Sickness or Injury, congenital defects, and premature birth; (b) coverage for tests for hypothyroidism, phenylketonuria, galactosemia, sickle-cell anemia, and all other disorders of metabolism for which screening is performed by or for the State of Arkansas, as well as any testing of newborn infants hereafter mandated by law; and (c) a minimum of 48 hours up to 5 full days of routine nursery care and pediatric charges for a well newborn in a Hospital nursery or until the mother is discharged from the Hospital following the birth of the child, whichever is the lesser period of time.

Speech and Hearing - Reasonable and Customary Charges incurred for necessary care and treatment of loss or impairment of speech or hearing while Hospital Confined. Coverage does not include hearing instruments or devices.

Colorectal Screening - Reasonable and Customary Charges for colorectal cancer examinations and laboratory tests, while Hospital Confined or in an Ambulatory Surgical Center, for: (1) Covered Persons who are 50 years of age or older; (2) Covered Persons who are less than 50 years of age and at a high risk for colorectal cancer; (3) Covered Persons experiencing the following symptoms: bleeding from the rectum or blood in the stool; a change in bowel habits, such as diarrhea, constipation, or narrowing of the stool, that lasts more than 5 days.

The colorectal screening will involve an examination of the entire colon, including the following exams or laboratory tests, or both:

1. An annual fecal immunochemical test in conjunction with a flexible sigmoidoscopy every 5 years;
2. A double-contrast barium enema every 5 years; or
3. A colonoscopy every 10 years; and
4. Any additional medically recognized screening tests for colorectal cancer required by the Director of the Department of Health.

Follow-up screenings are covered as follows:

1. If the initial colonoscopy is normal, follow-up is recommended in 10 years;
2. For Covered Persons with 1 or more neoplastic polyps, adenomatous polyps, assuming that the initial colonoscopy was complete to the cecum and adequate preparation and removal of all visualized polyps follow-up is recommended in 3 years;

3. If single tubular adenoma of less than 1 centimeter (4 for patients with large sessile adenomas greater than 3 centimeters) especially if removed in piecemeal fashion, follow-up is recommended in 6 months or until complete polyp removal is verified by colonoscopy.

Diabetes – Reasonable and Customary Charges for equipment, supplies, medication and a one per lifetime self-management training and patient management, including medical nutrition therapy, for the treatment of insulin-dependent diabetes, insulin-using diabetes, gestational diabetes, and non-insulin-using diabetes, while Hospital Confined. The self-management diabetes training program must be Medically Necessary as determined by a Doctor. Additional training is covered when a Doctor prescribes the additional training as Medically Necessary because of a significant change in the Covered Person's symptoms or conditions.

TMJ – Reasonable and Customary Charges for the treatment of musculoskeletal disorders affecting any bone or joint in the face, neck, or head, including temporomandibular joint disorder and craniomandibular disorder. Treatment includes both surgical and nonsurgical procedures.

This coverage will be provided for Medically Necessary diagnosis and treatment of these conditions whether they are the result of accident, trauma, congenital defect, developmental defect, or pathology. This coverage shall be the same as that provided for any other musculoskeletal disorder in the body and shall be provided whether prescribed or administered by a physician or dentist.

EXCEPTIONS

WE DO NOT COVER AN INJURY OR SICKNESS THAT IS EXCLUDED BY NAME OR DESCRIPTION.

THE GROUP POLICY DOES NOT PROVIDE COVERAGE FOR LOSS CAUSED BY, CONTRIBUTED TO, OR RESULTING FROM ANY OF THE FOLLOWING EXCEPTIONS.

1. Injury or Sickness if the loss is covered under these or similar laws:
worker's compensation,
employer's liability, or
occupational disease laws.
2. Injury or Sickness that results from war or an act of war, whether war is declared or not.
3. Care or supplies that a Covered Person receives in a Hospital or other facility that a government agency runs; however, We will not apply this Exception if:
 - (a) The Covered Person receives a charge that he has to pay by law, and
 - (b) The Hospital or facility would have made the charge even if no insurance existed.
4. The diagnosis and/or treatment of the adenoids, tonsils, gallbladder, reproductive organs, and hernia for the first six months of coverage; however, if We have excluded any one of these conditions by rider, We do not pay any benefit for the condition, regardless of when the treatment takes place; or if such condition is a Preexisting Condition, any benefit consideration will be in accordance with the Preexisting Conditions provision; however, this Exception does not apply to a HIPAA Eligible Individual.
5. Procedures or treatments that are Experimental or Investigational Medicine.
6. Pregnancy and childbirth, except for Complications of Pregnancy.
7. Mental Disorders.
8. Cosmetic surgery or reconstructive surgery, including breast reduction and surgery to repair, replace, or remove breast implants; however, this Exception does not apply when surgery is required:
 - a) To correct damage for a covered Injury or Sickness;
 - b) To repair a birth defect of a child born to You and continuously covered under the Group Policy from its birth; or
 - c) For reconstructive surgery following a covered mastectomy.
9. Dental Treatment, unless due to Injury to a Covered Person's natural teeth.
10. A Pre-Existing Condition as defined in the Group Policy except as stated under DEFINITIONS and TIME LIMIT ON CERTAIN DEFENSES, PRE-EXISTING CONDITIONS.
11. Any attempt at suicide, while sane.
12. An intentionally self-inflicted Injury, while sane.
13. A Covered Person's commission of or attempt to commit a felony or being engaged in an illegal occupation.
14. A Covered Person being intoxicated, unless such intoxication is the result of a prescription drug taken as prescribed by a Doctor.
15. A Covered Person with a blood alcohol concentration equal to or in excess of .08 gms/dl operating any motor vehicle, including any off-road vehicle, or watercraft.

16. Any procedure for refractive correction, eye refraction or the purchase or fitting of vision or hearing aids, Cochlear Implants and related devices.
17. Weight reduction or treatment of obesity, including exogenous, endogenous, or morbid obesity.
18. Mandibular or maxillofacial surgery to correct growth defects and jaw disproportions or malocclusions; increase vertical dimension; or reconstruct occlusion after one year from a child's date of birth or a child's date of adoption, except where such surgery is for the repair of a congenital anomaly or birth defect of a child born to You or a child that he/she adopts if the child is continuously covered from birth, adoption, or placement for adoption. This Exception does not apply to the treatment of temporomandibular joint disorder or craniomandibular disorder.
19. Treatment provided outside the United States of America, its possessions and territories, except as otherwise provided under Foreign Emergency Treatment.
20. Diagnosis or treatment (including surgery) of sexual dysfunction disorder or inadequacy; or transsexual surgery.
21. Sclerotherapy for veins of the extremities or laser surgery to minimize veins.
22. Routine newborn care.
23. Care in a nursing home or custodial institution; domiciliary care or rest cures.
24. Charges for Medical Services that You or a Covered Person is not legally obligated to pay.
25. Any charges for or relating to: artificial insemination; in-vitro fertilization or any other diagnosis or treatment for the control, promotion, or enhancement of fertility; treatment for impotency; sterilization or reversal of prior sterilization; abortion, unless the life of the mother would be endangered if the fetus were carried to term; or therapeutic abortion.
26. Drugs and supplies provided for home use.
27. **TREATMENT OF ALCOHOLISM OR DRUG USE.**
28. False labor; pre-term or premature labor; occasional spotting; prescribed rest while pregnant; morning sickness; hyperemesis gravidarum; or pre-eclampsia. There may be other conditions that relate to a difficult pregnancy that a Doctor can manage.

AUTOMATIC COVERAGE OF NEWBORN AND ADOPTED CHILDREN

Newborns: If the Group Policy provides coverage for Covered Persons other than You, the Policy will also provide coverage for newborn children when they live with You from the moment of birth. This coverage is free for the first 90 days.

Adopted Children: If the Group Policy provides coverage for Covered Persons other than You, the Policy will also provide coverage for adopted children and children who are placed for adoption from the date of the filing of a petition for adoption. This coverage for adopted children is free for the first 60 days of the filing of a petition for adoption if You apply for coverage within 60 days after the filing of the petition for adoption. However, the coverage will be free for the first 60 days from the moment of birth if the petition for adoption and application for coverage is filed within 60 days after the birth of the minor.

In order to continue coverage for a newborn or adopted child, You must do the following:

1. Send Us notice of the child within the 90 days after the date of the child's birth or before the premium due date, whichever is later (or, in the case of an adopted child, within the 60 days after the filing of the petition for adoption or birth of child); and
2. Send Us the additional premium for the child within 90 days of the child's date of birth or within 60 days of the date of petition for adoption or birth of the child.

As long as You pay the extra premium, the child will remain a Covered Person, subject to the Termination of Coverage and Loss of Coverage Eligibility provisions of the Group Policy. Coverage for a child that is placed with You for adoption will continue in accordance with the Termination of Coverage and Loss of Coverage Eligibility provisions, unless the placement is disrupted prior to legal adoption and the child is removed from placement.

We do not require an application for the child unless You have notified Us of the child later than the timeframe as required above.

TERMINATION OF COVERAGE

We can terminate coverage under the Group Policy as of any premium due date under any of the following conditions:

1. You have failed to pay premiums or contributions in accordance with the terms of the Group Policy, or We have not received timely premium payments;
2. You or a Covered Person has performed an act or practice that constitutes fraud with respect to activities under the Group Policy;
3. You no longer reside, live, or work in the PPO service area or in an area where We have authority to do business. We will only apply this provision if We end coverage uniformly and without regard to any health status related factor of a Covered Person; or
4. We are ceasing to offer coverage in the medical expense market in accordance with applicable state law;

Notice of termination will be provided in accordance with state law.

If coverage under the Group Policy ends and is replaced by a group health insurance plan issued by another insurer or self-funded health care plan, coverage under the Group Policy will continue for any Covered Person who is Hospital Confined on the date coverage under the Group Policy ends. Continuation of such benefits are subject to all terms and conditions the Group Policy, except those relating to termination of benefits. Such benefits will continue until the Hospital Confinement ends or until the maximum benefits available under the Group Policy are paid, whichever occurs first.

Subject to the conditions listed above, We cannot refuse to renew coverage:

1. Just because of a change in a Covered Person's health or the type of work the Covered Person performs; or
2. Just because of the claims filed by or on behalf of a Covered Person, unless the claims are fraudulent.

LOSS OF ELIGIBILITY

Eligibility for continuation of coverage under the Group Policy by a Covered Person ends on the date of the month that coincides with the date of the month shown on the Certificate Schedule and occurs on such date next following the date of the event that causes such termination. If a Covered Person's coverage ends under the Group Policy, in accordance with the paragraphs above, such Person may be eligible for Continuation or Conversion. Please see the Conversion and Continuation Privilege.

RULES FOR ALL COVERED PERSONS - Coverage will end:

1. If the Group Policy is terminated in accordance with the section titled TERMINATION OF COVERAGE; or
2. If You fail to pay the required premium within the Grace Period.

RULES FOR ADULT COVERED PERSONS - Coverage will end:

1. For Your spouse if there is a divorce;
2. If a mentally or physically disabled Covered Person marries or becomes capable of self-support. (See the section titled ELIGIBILITY FOR COVERAGE - Extension of Coverage for Some Children); or
3. If Your spouse is not a Covered Person at the time of his/her death, We will end coverage for all Covered Persons.

If a married Certificateholder dies and his/her spouse is a Covered Person, the spouse will become the Certificateholder.

RULES FOR CHILD COVERED PERSONS - Coverage will end for a child when:

1. The child is no longer a dependent of You;
2. The child gets married;
3. The child attains the Limiting Age, except for the extension allowed by the section titled EXTENSION OF COVERAGE FOR SOME CHILDREN; or
4. Neither You nor Your spouse remains covered under the Group Policy.

PREMIUM – We will adjust premiums if required under Our rules as of the date coverage ends for a Covered Person. This will occur on a date consistent with the date coverage ends, as described above.

EXTENSION OF COVERAGE FOR SOME CHILDREN

When an unmarried dependent child who is a Covered Person has reached the Limiting Age, coverage may continue if the child is, and remains, incapable of sustaining employment by reason of mental retardation or physical disability and who is chiefly dependent upon You for support and maintenance.

SLAICO may ask You to furnish proof of the incapacity or dependency. SLAICO will bear the cost of obtaining such proof. You are expected to notify SLAICO if the incapacity or dependency is removed or terminated in the future.

The premium rate for the handicapped dependent will remain at the child rate.

CONTINUATION PRIVILEGE

If coverage ends under the Group Policy for certain reasons, a Covered Person may be able to continue his coverage.

CONTINUATION:

A Covered Person may continue his coverage under the Group Policy and that of his dependents who are covered under the Group Policy if his coverage would otherwise end because of termination of membership or because of a change in marital status. Such coverage will be continued if the person:

1. Has been continuously covered under the Group Policy for the 3 month period prior to termination of membership or change in marital status; and
2. Is not eligible for Medicare or is not fully covered (i.e., all Pre-Existing Conditions are covered) under any other group medical policy or contract;

Continuation will be allowed under this provision until all Pre-Existing Conditions are covered or would be covered under another group policy or contract or until termination pursuant to this continuation provision or pursuant to any applicable provision of federal law.

To continue coverage, the person must request continuation in writing within 10 working days of termination of membership or change in marital status. Premiums must be paid on a monthly basis in advance in accordance with the terms of the Group Policy.

This continuation will end on the earliest of the following dates:

1. 120 days from the date continuation began;
2. The end of the period for which premiums are paid on a timely basis;
3. The premium due date following the date the person becomes eligible for Medicare;
4. The date maximum benefits available under the Group Policy are paid for such person; or
5. The date of termination of the Group Policy; however, continuation will continue under any replacement policy.

Upon termination of this continuation, the person may have the right of conversion described above. Any person who elects the conversion privilege waives the right to this continuation.

TOTAL DISABILITY: "Total Disability" means a Covered Person's inability, because of Sickness or Injury, to perform the material and substantial duties of his/her occupation.

If a Covered Person suffers from Total Disability at the time of any termination or discontinuance of the Group Policy by SLAICO, regardless of the reason for the termination or discontinuance, SLAICO will provide an extension of benefits for a period of 12 months immediately following the date of termination or discontinuance. Benefits payable will be subject to the Group Policy's regular benefit limits.

CONVERSION PRIVILEGE

If coverage under the Group Policy has been terminated, Covered Persons are entitled to have a conversion policy issued by SLAICO, without evidence of insurability, subject to the following terms and conditions:

1. A conversion policy is not available to a Covered Person if termination of his insurance under the Group Policy occurs:
 - a) Because he failed to make timely payment of any required premium; or
 - b) Because the Group Policy terminated and the insurance was replaced by similar coverage under another group policy within thirty-one (31) days of the date of termination.
2. Written application and the first premium payment for the conversion policy shall be made to SLAICO not later than thirty-one (31) days after such termination.

The premium for the conversion policy shall be determined in accordance with SLAICO's table of premium rates applicable to the age and class of risk of each person to be covered under that policy and to the type and amount of insurance provided.

The conversion policy shall cover the Covered Persons on the date his/her coverage terminates under the Group Policy. At the option of SLAICO, a separate conversion policy may be issued to cover any dependent. SLAICO shall not be required to issue a conversion policy covering any person if such person is or could be covered by Medicare. Furthermore, SLAICO shall not be required to issue a conversion policy covering any person if:

1. Such person is or could be covered for similar benefits under an individual policy; such person is or could be covered for similar benefits under any arrangement of coverage for individual in a group, whether insured or uninsured; or similar benefits are provided for or available to such person by reason of any state or federal law; and
2. The benefits under sources described in paragraph (1) above for such person, or benefits provided or available under sources described in paragraph (1) above for such person, together with the conversion policy's benefits would result in overinsurance according to SLAICO's standards for overinsurance.

The conversion policy will not exclude, as a Pre-Existing Condition, any condition covered by the Group Policy; provided, however, that the conversion policy may provide for a reduction of its hospital, surgical, or medical benefits by the amount of any such benefits payable under the Group Policy after the individual's insurance terminates.

COORDINATION OF BENEFITS

The Coordination of Benefits (COB) provision applies when a Covered Person has health care coverage under more than one Plan. Plan is defined below.

The order of benefit determination rules govern the order in which each Plan will pay a claim for benefits. The Plan that pays first is called the Primary plan. The Primary plan must pay benefits in accordance with its policy terms without regard to the possibility that another Plan may cover some expenses. The Plan that pays after the Primary plan is the Secondary plan. The Secondary plan may reduce the benefits it pays so that payments from all Plans does not exceed 100% of the total Allowable expense.

DEFINITIONS

A. A **Plan** is any of the following that provides benefits or services for medical or dental care or treatment. If separate contracts are used to provide coordinated coverage for members of a group, the separate contracts are considered parts of the same plan and there is no COB among those separate contracts:

(1) **Plan** includes: Group and insurance contracts and subscriber contracts; uninsured arrangements of group or group-type coverage; group coverage through closed panel plans; group-type contracts; the medical care components of long-term care contracts, such as skilled nursing care; the medical benefits coverage in automobile “no fault” and traditional automobile “fault” type contracts; and Medicare or other governmental benefits, as permitted by law.

(2) **Plan** does not include: hospital indemnity coverage benefits or other fixed indemnity coverage; accident only coverage; specified disease or specified accident coverage; other limited benefit health coverage; school accident-type coverages that cover students for accidents only, including athletic injuries, either on a 24 hour basis or on a “to and from school” basis; benefits provided in long-term care insurance policies for non-medical services, for example, personal care, adult day care, homemaker services, assistance with activities of daily living, respite care and custodial care or for contracts that pay a fixed daily benefit without regard to expenses incurred or the receipt of services; Medicare supplement policies; a state plan under Medicaid; a governmental plan, which, by law, provides benefits that are in excess of those of any private insurance plan or other non-governmental plan; and individual health insurance contracts.

Each contract for coverage under (1) or (2) is a separate Plan. If a Plan has two parts and COB rules apply only to one of the two, each of the parts is treated as a separate Plan.

B. “This Plan” means, in a COB provision, the part of the contract providing the health care benefits to which the COB provision applies and which may be reduced because of the benefits of other plans. Any other part of the contract providing health care benefits is separate from this plan. A contract may apply one COB provision to certain benefits, such as dental benefits, coordinating only with similar benefits, and may apply another COB provision to coordinate other benefits.

C. The order of benefit determination rules determine whether This plan is a Primary plan or Secondary plan when the Covered Person has health care coverage under more than one Plan.

When This Plan is primary, it determines payment for its benefits first before those of any other Plan without considering any other Plan's benefits. When This Plan is secondary, it determines its benefits after those of another Plan and may reduce the benefits it pays so that all Plan benefits do not exceed 100% of the total Allowable expense.

D. Allowable expense is a health care expense, including deductibles, coinsurance and copayments, that is covered at least in part by any Plan covering the Covered Person. When a Plan provides benefits in the form of services, the reasonable cash value of each service will be considered an Allowable expense and a benefit paid. An expense that is not covered by any Plan covering the Covered Person is not an Allowable expense. In addition, any expense that a provider by law or in accordance with a contractual agreement is prohibited from charging a covered Covered Person is not an Allowable expense.

The following are examples of expenses that are not Allowable expenses:

(1) The difference between the cost of a semi-private hospital room and a private hospital room is not an Allowable expense, unless one of the Plans provides coverage for private hospital room expenses.

(2) If a Covered Person is covered by 2 or more Plans that compute their benefit payments on the basis of usual and customary fees or relative value schedule reimbursement methodology or other similar reimbursement methodology, any amount in excess of the highest reimbursement amount for a specific benefit is not an Allowable expense.

(3) If a Covered Person is covered by 2 or more Plans that provide benefits or services on the basis of negotiated fees, an amount in excess of the highest of the negotiated fees is not an Allowable expense.

(4) If a Covered Person is covered by one Plan that calculates its benefits or services on the basis of usual and customary fees or relative value schedule reimbursement methodology or other similar reimbursement methodology and another Plan that provides its benefits or services on the basis of negotiated fees, the Primary plan's payment arrangement shall be the Allowable expense for all Plans. However, if the provider has contracted with the Secondary plan to provide the benefit or service for a specific negotiated fee or payment amount that is different than the Primary plan's payment arrangement and if the provider's contract permits, the negotiated fee or payment shall be the Allowable expense used by the Secondary plan to determine its benefits.

(5) The amount of any benefit reduction by the Primary plan because a Covered Person has failed to comply with the Plan provisions is not an Allowable expense. Examples of these types of plan provisions include second surgical opinions, precertification of admissions, and preferred provider arrangements.

E. Closed panel plan is a Plan that provides health care benefits to Covered Persons primarily in the form of services through a panel of providers that have contracted with or are employed by the Plan, and that excludes coverage for services provided by other providers, except in cases of emergency or referral by a panel member.

F. Custodial parent is the parent awarded custody by a court decree or, in the absence of a court decree, is the parent with whom the child resides more than one half of the calendar year excluding any temporary visitation.

ORDER OF BENEFIT DETERMINATION RULES

When a Covered Person is covered by two or more Plans, the rules for determining the order of benefit payments are as follows:

A. The Primary plan pays or provides its benefits according to its terms of coverage and without regard to the benefits of under any other Plan.

B. (1) Except as provided in Paragraph (2), a Plan that does not contain a coordination of benefits provision that is consistent with this regulation is always primary unless the provisions of both Plans state that the complying plan is primary.

(2) Coverage that is obtained by virtue of membership in a group that is designed to supplement a part of a basic package of benefits and provides that this supplementary coverage shall be excess to any other parts of the Plan provided by the contract holder. Examples of these types of situations are major medical coverages that are superimposed over base plan hospital and surgical benefits, and insurance type coverages that are written in connection with a Closed panel plan to provide out-of-network benefits.

C. A Plan may consider the benefits paid or provided by another Plan in calculating payment of its benefits only when it is secondary to that other Plan.

D. Each Plan determines its order of benefits using the first of the following rules that apply:

(1) Non-Dependent or Dependent. The Plan that covers the Covered Person other than as a dependent, for example as an employee, member, policyholder, subscriber or retiree is the Primary plan and the Plan that covers the Covered Person as a dependent is the Secondary plan. However, if the Covered Person is a Medicare

beneficiary and, as a result of federal law, Medicare is secondary to the Plan covering the Covered Person as a dependent; and primary to the Plan covering the Covered Person as other than a dependent (e.g. a retired employee); then the order of benefits between the two Plans is reversed so that the Plan covering the Covered Person as an employee, member, policyholder, subscriber or retiree is the Secondary plan and the other Plan is the Primary plan.

(2) **Dependent Child Covered Under More Than One Plan.** Unless there is a court decree stating otherwise, when a dependent child is covered by more than one Plan the order of benefits is determined as follows:

(a) For a dependent child whose parents are married or are living together, whether or not they have ever been married:

- (i.) The Plan of the parent whose birthday falls earlier in the calendar year is the Primary plan; or
- (ii.) If both parents have the same birthday, the Plan that has covered the parent the longest is the Primary plan.

(b) For a dependent child whose parents are divorced or separated or not living together, whether or not they have ever been married:

- (i.) If a court decree states that one of the parents is responsible for the dependent child's health care expenses or health care coverage and the Plan of that parent has actual knowledge of those terms, that Plan is primary. This rule applies to plan years commencing after the Plan is given notice of the court decree;
- (ii.) If a court decree states that both parents are responsible for the dependent child's health care expenses or health care coverage, the provisions of Subparagraph (a) above shall determine the order of benefits;
- (iii.) If a court decree states that the parents have joint custody without specifying that one parent has responsibility for the health care expenses or health care coverage of the dependent child, the provisions of Subparagraph (a) above shall determine the order of benefits; or
- (iv.) If there is no court decree allocating responsibility for the dependent child's health care expenses or health care coverage, the order of benefits for the child are as follows:
 - 1. The Plan covering the Custodial parent;
 - 2. The Plan covering the spouse of the Custodial parent;
 - 3. The Plan covering the non-custodial parent; and then
 - 4. The Plan covering the spouse of the non-custodial parent.

(c) For a dependent child covered under more than one Plan of individuals who are the parents of the child, the provisions of Subparagraph (a) or (b) above shall determine the order of benefits as if those individuals were the parents of the child.

(3) **Active Employee or Retired or Laid-off Employee.** The Plan that covers a Covered Person as an active employee, that is, an employee who is neither laid off nor retired, is the Primary plan. The Plan covering that same Covered Person as a retired or laid-off employee is the Secondary plan. The same would hold true if a Covered Person is a dependent of an active employee and that same Covered Person is a dependent of a retired or laid-off employee. If the other Plan does not have this rule, and as a result, the Plans do not agree on the order of benefits, this rule is ignored. This rule does not apply if the rule labeled D(1) can determine the order of benefits.

(4) **COBRA or State Continuation Coverage.** If a Covered Person whose coverage is provided pursuant to COBRA or under a right of continuation provided by state or other federal law is covered under another Plan, the Plan covering the Covered Person as an employee, member, subscriber or retiree or covering the Covered Person as a dependent of an employee, member, subscriber or retiree is the Primary plan and the COBRA or state or other federal continuation coverage is the Secondary plan. If the other Plan does not have this rule, and as a result, the Plans do not agree on the order of benefits, this rule is ignored. This rule does not apply if the rule labeled D(1) can determine the order of benefits.

(5) **Longer or Shorter Length of Coverage.** The Plan that covered the Covered Person as an employee, member, policyholder, subscriber or retiree longer is the Primary plan and the Plan that covered the Covered Person the shorter period of time is the Secondary plan.

(6) If the preceding rules do not determine the order of benefits, the Allowable expenses shall be shared equally between the Plans meeting the definition of Plan. In addition, This plan will not pay more than it would have paid had it been the Primary plan.

EFFECT ON THE BENEFITS OF THIS PLAN

A. When This plan is secondary, it may reduce its benefits so that the total benefits paid or provided by all Plans during a plan year are not more than the total Allowable expenses. In determining the amount to be paid for any claim, the Secondary plan will calculate the benefits it would have paid in the absence of other health care coverage and apply that calculated amount to any Allowable expense under its Plan that is unpaid by the Primary plan. The Secondary plan may then reduce its payment by the amount so that, when combined with the amount paid by the Primary plan, the total benefits paid or provided by all Plans for the claim do not exceed the total Allowable expense for that claim. In addition, the Secondary plan shall credit to its plan deductible any amounts it would have credited to its deductible in the absence of other health care coverage.

B. If a Covered Person is enrolled in two or more Closed panel plans and if, for any reason, including the provision of service by a non-panel provider, benefits are not payable by one Closed panel plan, COB shall not apply between that Plan and other Closed panel plans.

RIGHT TO RECEIVE AND RELEASE NEEDED INFORMATION

Certain facts about health care coverage and services are needed to apply these COB rules and to determine benefits payable under This plan and other Plans. SLAICO may get the facts it needs from or give them to other organizations or Covered Persons for the purpose of applying these rules and determining benefits payable under This plan and other Plans covering the Covered Person claiming benefits. SLAICO need not tell, or get the consent of, any person to do this. Each Covered Person claiming benefits under This plan must give SLAICO any facts it needs to apply those rules and determine benefits payable.

FACILITY OF PAYMENT

A payment made under another Plan may include an amount that should have been paid under This plan. If it does, SLAICO may pay that amount to the organization that made that payment. That amount will then be treated as though it were a benefit paid under This plan. SLAICO will not have to pay that amount again. The term "payment made" includes providing benefits in the form of services, in which case "payment made" means the reasonable cash value of the benefits provided in the form of services.

RIGHT OF RECOVERY

If the amount of the payments made by SLAICO is more than it should have paid under this COB provision, it may recover the excess from one or more of the Covered Persons it has paid or for whom it has paid; or any other person or organization that may be responsible for the benefits or services provided for the Covered Person. The "amount of the payments made" includes the reasonable cash value of any benefits provided in the form of services.

GENERAL PROVISIONS

ENTIRE CONTRACT -- The Entire Contract will consist of:

1. The Group Policy;
2. The Application of the Group Policyholder, which will be attached to the Group Policy;
3. Any Enrollment Applications and attached papers for the proposed Covered Persons; and
4. Any riders, endorsements or amendments issued with or added to the Group Policy or any Certificate which is a part of the Group Policy.

We will deem all the statements provided in the Enrollment Application and attached supplements, except fraudulent statements, as representations and not warranties.

TIME LIMIT ON CERTAIN DEFENSES --

1. MISSTATEMENTS IN THE ENROLLMENT APPLICATION --

We may only use fraudulent misstatements in the Enrollment Application to void coverage under the Group Policy or to deny any claim for loss incurred more than 24 months after the Covered Person's Certificate Date.

2. PRE-EXISTING CONDITIONS --

No claim for loss incurred after the earlier of: (a) the end of a continuous period of 12 months commencing on or after the Covered Person's effective date of coverage under the Group Policy, during which the Covered Person has received no medical advice or treatment in connection with such disease or physical condition or (b) the end of the 2-year period commencing on the effective date of the Covered Person's coverage under the Group Policy will be reduced or denied unless:

- (a) The disease or physical condition has been excluded from coverage by name or specific description, and;
- (b) Such exclusion is in effect on the date the loss is incurred.

REINSTATEMENT -- Coverage terminates if You do not pay a periodic premium payment before the end of the Grace Period. Our later acceptance of premium, (or one of our authorized agent's acceptance of premium) without requiring an application for reinstatement, reinstates coverage under the Group Policy.

We will require an application for reinstatement. We will subject all representations made in this application to all of the provisions of the Group Policy. If We approve the application for reinstatement, We will reinstate coverage as of the approval date of the reinstatement Enrollment Application. If We do not approve the reinstatement and do not notify You in writing of the disapproval, We must reinstate coverage. The reinstatement will take place on the 45th day following the date of Our receipt of the application for reinstatement.

The reinstated plan only covers loss resulting from:

1. Injury that occurs after reinstatement; and
2. Sickness that begins ten days or more after the Covered Person's date of reinstatement.

In all other respects, the Covered Person's rights and Our rights will remain the same, except as stated in any application attached to the reinstated coverage.

We will apply any premiums that We accept for reinstatement to a period for which You have not paid premiums. We will not apply any premium to any period more than 60 days before the reinstatement date.

WE WILL NOT CONSIDER A REQUEST FOR REINSTATEMENT THAT YOU MAKE MORE THAN 180 DAYS AFTER YOUR COVERAGE UNDER THE GROUP POLICY HAS TERMINATED.

GRACE PERIOD -- There is a 31 day grace period for the payment of any premium. If a renewal premium is not paid on or before its due date, it may be paid during the following 31 days. If We do not receive the payment during this Grace Period, We will terminate coverage. Termination will be effective as of the end of the period for which premium was paid. The Grace Period does not apply if the Company has provided a notice of intent to terminate the Group Policy.

NOTICE OF CLAIMS -- A claimant must give notice of claim within 30 days after a covered loss starts or as soon as reasonably possible. The claimant must give the notice to Us at Our Administrative Office in Galveston, Texas. The notice must include the claimant's name and his/her Certificate Number.

CLAIM FORMS -- When We receive notice of claim, We will send the claimant forms for filing Proof of Loss. If We do not mail the claimant these forms within 15 days of Our receipt of his/her request, the claimant will have met the Proof of Loss requirement. However, the claimant must still give Us a written statement of the nature and extent of the loss within the time limit stated in the Proof of Loss section.

PROOFS OF LOSS -- The claimant must give written Proof of Loss to the Administrative Office in Galveston, Texas within 90 days after such loss. If it was not reasonably possible for the claimant to give the Proof of Loss in the time required, We will not reduce or deny the claim as long as the claimant gives proof as soon as reasonably possible. In any event, the claimant must give proof no later than 1 year from the time specified, unless the claimant was legally incapacitated.

TIME FOR PAYMENT OF CLAIMS -- All benefits payable under the Group Policy will be paid immediately upon receipt of Proof of Loss.

We will pay or deny each Clean Claim as follows: (1) if the claim is filed electronically, within 30 days after the date We receive the claim; or (2) if the claim is filed on paper, within 45 days after the date we receive the claim. We will notify the claimant of any deficiencies in the claim not less than 30 days after the date We receive the claim. The notice will give an explanation of any additional information required. We will suspend the claim until We receive the requested information. We will reopen and pay or deny the suspended claim within 30 days after We receive the information requested..

If We fail to pay or deny a Clean Claim or to give notice that We need more information to pay a claim, We will pay the claimant for the period beginning on the 61st day after receipt of the Clean Claim and ending on the Clean Claim payment date (this is called the delinquent payment period), calculated as follows: the amount of the Clean Claim payment times 12% per annum times the number of days in the delinquent payment period, divided by 365. We will pay this penalty without any action by the claimant.

A "Clean Claim" means a claim for payment of health care expenses that is submitted on a HCFA 1500 on a UB92 in a format required by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), or on Our standard claim form with all required fields completed in accordance with Our published claim filing requirements. A Clean Claim does not include a claim (1) for payment of expenses incurred during a period of time for which premiums are delinquent; or (2) for which We need additional information in order to resolve the claim.

PAYMENT OF CLAIMS -- We will pay Group Policy benefits to You. If You have assigned benefits, We will pay the benefits to the respective assignee. If You have died, We will pay any unpaid benefits to Your estate. We may pay benefits up to [\$1,000] to someone related to You by blood or marriage or to any other person We deem entitled to the benefits if:

1. A court has deemed You incompetent; or
2. You have died and Your estate is not able to execute a valid release.

NO ASSUMPTION OF LIABILITY -- Our payment of any claim does not mean We have assumed liability for future payments for the same condition or any related condition once:

1. We determine that no Medical Service charges exist; or
2. We determine that Our payment was erroneous or inappropriate.

PHYSICAL EXAMINATIONS -- We have the right to have any Covered Person examined as often as reasonably required while a claim is pending for that person. We will pay for the requested physical examination.

LEGAL ACTIONS -- No legal action may be brought to recover on the Group Policy within 60 days after a claimant gives written Proof of Loss. No legal action may be brought after 3 years from the time the Group Policy requires written proof of loss.

LIMITATION OF LIABILITY -- You agree that Our maximum liability under the Group Policy and related matters is limited to:

1. Group Policy benefits otherwise payable;
2. Your reasonable attorneys fees, if any; and
3. Any statutory penalties that may be imposed.

TERMINATION OF THE GROUP POLICY -- SLAICO or the Group Policyholder may terminate the Group Policy, as described under **TERMINATION OF COVERAGE**, provided written notice is provided 31 days in advance to the other party.

MISSTATEMENTS OF AGE -- If a Covered Person has misstated his age, the benefits will be those the premium paid would have purchased if the correct age had been disclosed. However, if on the Certificate Date, We would not have granted coverage because of the Covered Person's correct age, We are only liable for the return of any premiums paid on account of such person.

CONFORMITY WITH STATE STATUTES -- Any provision of the Group Policy which, on the Certificate Date, is in conflict with the laws of the state in which You reside on that date is amended to conform to the minimum requirements of the laws of the state.

ILLEGAL OCCUPATION -- We will not be liable for any loss that results from a Covered Person engaging in an illegal occupation or committing or attempting to commit a felony.

ASSIGNMENT -- No assignment of interest under the Group Policy will be binding upon SLAICO unless and until We receive the original or a duplicate of the assignment at Our Administrative Office in Galveston, Texas. Any assignment will be subject to any right of offset that We may be entitled to assert. We are not responsible for the validity or sufficiency of any assignment. If We pay the assignor, We are not liable for payment to the assignee.

AUTHORITY, AMENDMENT, AND ALTERATION -- Neither SLAICO nor the Group Policyholder may modify any terms of the Group Policy except by a written agreement signed by one of Our officers. Neither SLAICO nor the Group Policyholder may waive any forfeiture under the Group Policy except by a written agreement signed by one of Our officers. SLAICO may not delegate the authority for the purposes of this provision. SLAICO may amend or change the Group Policy at any time, subject to the laws of the jurisdiction in which We delivered the Group Policy. In this case, We may amend or change the Group Policy by written agreement between the Group Policyholder and Us and without the consent of the Covered Persons or his/her beneficiaries, if any. No agent has the authority to waive an answer to any question in the application, determine insurability, make or alter any contract or waive any of SLAICO's other rights or requirements. No change in the Group Policy will be valid unless evidenced by endorsement on the Group Policy or by a signed amendment to the Group Policy.

ELECTRONIC ACCOUNT DEBIT AUTHORIZATION -- If You have chosen Electronic Account Debit as Your method of payment, You agree that:

1. We are authorized to debit Your named account for required payments;
2. The account debit will be made electronically without the signature of any officer or employee of SLAICO;
3. We will not provide a receipt for any account debit;
4. SLAICO will not incur any liability because of dishonor of the account debit;
5. Upon refusal of the financial institution to honor any attempted debit of the named account, We will cease to debit Your account. We will send You written notice requesting payment in full of the required premium. Upon Your payment of the required premium, We will again begin to debit Your account. However, if You do not pay the required premium, Your coverage will lapse in accordance with the Grace Period provision; and
6. Except as provided in (4) above, the authorization remains effective unless either party ends the authorization. Before ending the authorization, a party must provide the other party at least 30 days advance written notice. We are not liable for amounts debited from Your account prior to Our receipt of written notification to end coverage.

DIRECT PAYMENT TO PUBLIC HOSPITALS AND CLINICS -- Benefits to a Covered Person shall be paid, with or without an assignment from the Covered Person, to public Hospitals or clinics for services and supplies provided to the Covered Person if a proper claim is submitted by the public Hospital or clinic. No benefits shall be paid under this provision to the public Hospital or clinic if such benefits have been paid to the Covered Person prior to receipt of the claim by SLAICO. Payment to the public Hospital or clinic of benefits pursuant to this provision shall discharge SLAICO from all liability to the Covered Person to the extent of the benefits so paid. Nothing in this provision shall be construed to require payment of benefits for the same services or supplies to both the Covered Person and the public Hospital or clinic.

NOTICE TO CERTIFICATEHOLDERS: We are here to serve the Certificateholder. As our Certificateholder, Your satisfaction is very important to Us. If You have a question about Your Certificate, if You need assistance with a problem, or if You have a claim, You should first contact Your insurance agent or Us at 1-800-899-6520. If You do not have Your agent's name, address, or phone number, please contact Us and We will be able to supply the information.

If We at SLAICO fail to provide You with reasonable and adequate service, You should feel free to contact:

Arkansas Insurance Department
Consumer Services Division
1200 West Third Street
Little Rock, AR 72201-1904
1-800-852-5494

EXTERNAL REVIEW PROCEDURE – In certain cases, the Certificateholder has the right to request an External Review Procedure, as described in this Section.

The following terms are defined:

Adverse Determination means the Company's determination that an admission, availability of care, continued stay or other Medical Service has been reviewed and, based upon the information provided, the requested payment for the service is denied, reduced or terminated, because:

- (a) The requested Health Care service does not meet the Company's requirements for Medical Necessity, or
- (b) The requested Health Care service has been found to be "Experimental/Investigational."

In order to qualify as an "Adverse Determination:"

- (a) The Adverse Determination must be a Final Adverse Determination, except as may be provided herein.
- (b) The Adverse Determination must involve treatment, services, equipment, supplies, or drugs that would require the health benefit plan to expend five hundred dollars (\$500) or more of expenditures.

Adverse Determination does not include the Company's determination to deny a Health Care service based upon:

- (a) An express exclusion in the health benefit plan other than a general exclusion for "Medical Necessity" or "Experimental/Investigational;"
- (b) An express limitation in the health benefit plan with respect to the number of visits, treatments, supplies or services for a covered benefit in a given calendar period or over the lifetime of the Covered Person;
- (c) An express limitation in the health benefit plan with respect to a maximum dollar limitation with respect to a covered benefit in a given calendar period or over the lifetime of the Covered Person;
- (d) the Company's determination that an individual is not eligible to be a Covered Person;
- (e) the Company's determination that treatment, service, or supplies were requested or obtained by a Covered Person through fraud or material misrepresentation.
- (f) The health benefit plan's procedure for determining the Covered Person's access to a Health Care Provider, including but not limited to a network access provision;
- (g) Illegality of services or the means or methods of administering them;
- (h) FDA or other government agency determinations, reports or statements; or
- (i) Licensure, permit or accreditation status of a Health Care Provider.

Authorized Representative means:

- (a) A person to whom a Covered Person has given express written consent to represent the Covered Person in an External Review;
- (b) A person authorized by law to provide substituted consent for a Covered Person; or
- (c) When the Covered Person is unable to provide consent, a family member of the Covered Person or the Covered Person's treating Health Care Professional if a family member is unavailable.

Commissioner means the Arkansas Insurance Commissioner.

Covered Benefits or Benefits means those Health Care services to which a Covered Person is entitled under the terms of a health benefit plan.

Covered Person means You. Covered Person shall also mean the Covered Person's Authorized Representative, as defined in this regulation.

Disclose means to release, transfer or otherwise divulge protected Health Information to any person other than the individual who is the subject of the protected Health Information.

Emergency Medical Condition means medical conditions of a recent onset and severity, including, but not limited to, severe pain that would lead a prudent lay person, possessing an average knowledge of medicine and health, to believe that his or her condition, sickness, or injury is of such a nature that failure to get immediate medical care could result in placing the patient's health in serious jeopardy, serious impairment to bodily functions, or serious dysfunction of any bodily organ or part.

Emergency Services means Health Care items and services furnished or required to evaluate and treat an Emergency Medical Condition.

External Review means a process, independent of all affected parties, to determine if a Health Care service is medically necessary or experimental/ investigational.

Facility means an institution providing Health Care services or a Health Care setting, including but not limited to, hospitals and other licensed inpatient centers, outpatient surgical or treatment centers, skilled nursing centers, residential treatment centers, diagnostic, laboratory and imaging centers, and rehabilitation and other therapeutic health settings.

Final Adverse Determination means an Adverse Determination involving a covered benefit that has been upheld by a health carrier at the completion of the health carrier's internal grievance procedure or Utilization Review procedure. If the health carrier does not have, nor is required by law to have, an internal grievance procedure or Utilization Review procedure, an Adverse Determination shall be considered a Final Adverse Determination.

Health care professional means a physician or other Health Care practitioner licensed, accredited or certified to perform specified health services consistent with state law.

Health Care Provider or Provider means a Health Care Professional or a Facility.

Health Care Services means services for the diagnosis, prevention, treatment, cure or relief of a health condition, illness, injury or disease.

Health Information means information or data, whether oral or recorded in any form or medium, and personal facts or information about events or relationships that relates to:

- (a) The past, present or future physical, mental, or behavioral health or condition of an individual or a member of the individual's family;
- (b) The provision of Health Care services to an individual; or
- (c) Payment for the provision of Health Care services to an individual.

Independent Review Organization means an entity that conducts independent External Reviews of Adverse Determinations and Final Adverse Determinations.

Medical or Scientific Evidence means the following sources:

- (a) Peer-reviewed scientific studies published in or accepted for publication by medical journals that meet nationally recognized requirements for scientific manuscripts and that submit most of their published articles for review by experts who are not part of the editorial staff;
- (b) Peer-reviewed medical literature, including literature relating to therapies reviewed and approved by a qualified institutional review board, biomedical compendia and other medical literature that meet the criteria of the National Institutes of Health's Library of Medicine for indexing in Index Medicus, Excerpta Medica (EMBASE), Medline and MEDLARS database Health Services Technology Assessment Research (HSTAR);
- (c) Medical journals recognized by the Secretary of Health and Human Services under Section 1861(t)(2) of the federal Social Security Regulation;
- (d) The following standard reference compendia: The American Hospital Formulary Service-Drug; The American Dental Association Accepted Dental Therapeutics; and The United States Pharmacopoeia-Drug Information;
- (e) Findings, studies or research conducted by or under the auspices of federal government agencies and nationally recognized federal research institutes, including: The federal Agency for Healthcare Research and Quality; The National Institutes of Health; The National Cancer Institute; The National Academy of Sciences; The Centers for Medicare and Medicaid Services; Any national board recognized by the National Institutes of Health for the purpose of evaluating the medical value of Health Care services; and Any other Medical or Scientific Evidence that is comparable to the sources listed in Subparagraphs (a) through (e).

Medical or Scientific Evidence shall not include published peer-reviewed literature sponsored to a significant extent by a pharmaceutical manufacturing company or medical device manufacturer.

Medically Necessary or Medical Necessity has the same definition as found under the section of the Certificate titled **DEFINITIONS**.

Person means an individual, a corporation, a partnership, an association, a joint venture, a joint stock company, a trust, an unincorporated organization, a limited liability company, any similar entity or any combination of the foregoing.

Protected Health Information means Health Information that is not subject to disclosure under state and/or federal law.

Retrospective Review means a review of Medical Necessity conducted after services have been provided to a patient, but does not include the review of a claim that is limited to an evaluation of reimbursement levels, veracity of documentation, accuracy of coding or adjudication for payment.

Utilization Review and Utilization Review Procedure mean the system for reviewing the appropriate and efficient allocation of hospital resources and medical services given or proposed to be given to a patient or group of patients.

Requesting an External Review, General Information - At the time of an Adverse Determination or a Final Adverse Determination, the Company will notify the Covered Person and Health Care Professional in writing of the right to request an External Review.

Before filing a request for an External Review, a Covered Person must exhaust the Company's internal grievance procedures (unless the Company waives this requirement). A Covered Person has exhausted the internal grievance procedure when:

- (a) The Covered Person has filed an appeal regarding an Adverse Determination with the Company; and
- (b) The Covered Person has not received a written decision on the appeal from the Company within 30 days following the date the Covered Person filed the appeal. (This 30 day requirement does not apply if the Covered Person requested or agreed to a delay of the 30 day requirement); or
- (c) The Covered Person has received a written decision regarding the appeal and the Company has made a Final Adverse Determination.

Once the Covered Person has received a Final Adverse Determination, the Covered Person has 60 days to request of External Review. The Covered Person must request an External Review in writing.

When requesting an External Review, the Covered Person will be required to authorize the release of any medical records that may be required for review in making the decision on the External Review. the Company will attach the authorization form to the External Review Notice.

A Covered Person has the right to contact the Commissioner for assistance with the External Review process at any time. The Commissioner's contact information is:

Arkansas Insurance Department
1200 West Third Street
Little Rock, AR 72201
(501)371-2600 or 1-800-282-9134
insurance.Consumers@Arkansas.gov

Standard External Review – When the Company receives a request for an External Review, it will assign an Independent Review Organization (IRO) to the External Review.

The IRO will conduct a preliminary review to determine if:

- (1) The request meets External Review requirements;
- (2) The Covered Person has exhausted the Company's internal grievance process (unless the Covered Person is not required to exhaust the grievance process as described in this notice); and
- (3) The Covered Person has provided all information and forms required to process an External Review, including the authorization form that the Company provided at the time of the Adverse or Final Adverse determination.

Within 5 business days, the IRO will review the Request and notify the Covered Person whether the request is complete and whether the IRO has accepted the Request. Within 7 business days after the date of receipt of this IRO notice, the Company will provide to the IRO, the Covered Person, and the Covered Person's treating Health Care Professional the documents and any information considered in making the Adverse Determination or Final Adverse Determination, together with any additional information required.

The IRO notice will include a statement that the Company, the Covered Person and the Covered Person's treating Health Care Professional may submit additional information and supporting documentation in writing to the IRO within 7 business days following the date of receipt of the notice. The IRO will consider this information when conducting the External Review. The IRO shall review all of the information and documents received in writing by the Covered Person, the Covered Person's treating Health Care Professional, and the Company.

If the request is not complete, the assigned IRO will, within 5 business days, inform the Company, the Covered Person, and the Covered Person's treating Health Care Professional what information or materials are needed to make the request complete. The IRO will immediately forward copies of any additional information to the Company.

If the request is not accepted for External Review, the assigned IRO will inform the Covered Person, the Covered Person's treating Health Care Professional and the Company in writing within 5 business days of the reasons for its nonacceptance.

In reaching a decision to accept or reject a matter for External Review, the IRO is not bound by any decisions or conclusions reached during the Company's internal grievance procedure or Utilization Review procedure.

Except in the case of the IRO terminating and reversing the Company's Adverse Determination or Final Adverse Determination because the Company failed to provide documents and information to the IRO within an acceptable time frame, failure by the Company or its Utilization Review organization to provide the documents and information within the time frame required will not delay the conduct of the External Review.

If the Company or its Utilization Review Organization fails to provide the documents and information within the time frame required, the IRO may terminate the External Review and make a decision to reverse the Adverse Determination or Final Adverse Determination.

Upon receipt of the information, if any, required to be forwarded to the IRO, the Company may reconsider its Adverse Determination or Final Adverse Determination that is the subject of the External Review.

Reconsideration by the Company of its Adverse Determination or Final Adverse Determination will not delay or terminate the External Review.

The External Review may only be terminated if the Company decides, upon completion of its reconsideration, to reverse its Adverse Determination or Final Adverse Determination and provide coverage or payment for the Health Care service that is the subject of the Adverse Determination or Final Adverse Determination.

Immediately upon making the decision to reverse its Adverse Determination or Final Adverse Determination, the Company shall notify the Covered Person, the Covered Person's treating Health Care Professional, and the IRO in writing of its decision.

The IRO will terminate the External Review upon receipt of the notice from the Company regarding its reversal.

In addition to the documents and information referred to above, the IRO, to the extent the information or documents are available and the IRO considers them appropriate, shall consider the following in reaching a decision:

- (1) The Covered Person's medical records;
- (2) The treating Health Care Professional's recommendation;
- (3) Consulting reports from appropriate Health Care Professionals and other documents submitted by the health carrier, Covered Person, or the Covered Person's treating Health Care Professional;
- (4) The most appropriate practice guidelines, which may include generally accepted practice guidelines, evidence-based practice guidelines or any other practice guidelines developed by the federal government, national or professional medical societies, boards and associations;
- (5) Any applicable written screening procedures, decision abstracts, clinical protocols and practice guidelines used by a health carrier to determine the necessity and appropriateness of Health Care services;
- (6) If the Adverse Determination involves a denial of coverage based on a determination that the recommended or requested Health Care services is "experimental" or "investigational," the IRO shall also consider whether:
 - (a) The recommended or requested Health Care service or treatment has been approved by the federal Food and Drug Administration for the condition, while realizing that treatments or services are often legitimately used for purposes other than those listed in the FDA approval; or
 - (b) Medical or scientific evidence demonstrates that the expected Benefits of the recommended or requested Health Care service or treatment is more likely than not to be more beneficial to the Covered Person than any available standard Health Care service or treatment and the adverse risks of the recommended or requested Health Care service or treatment would not be substantially increased over those of available standard Health Care services or treatments.

Within 45 calendar days after the date of receipt of the request for an External Review, the IRO shall provide written notice of its decision to uphold or reverse the Adverse Determination or the Final Adverse Determination to the Covered Person, the Covered Person's treating Health Care Professional, and the Company.

The IRO notice will include:

- (a) A general description of the reason for the request for External Review;
- (b) The date the IRO received the assignment from the health carrier to conduct the preliminary review of the External Review request;
- (c) The date the External Review was conducted, if appropriate;
- (d) The date of its decision;
- (e) The principal reason or reasons for its decision;
- (f) The rationale for its decision; and
- (g) References to the evidence or documentation, including the practice guidelines, considered in reaching its decision.

If the Adverse Determination involves a denial of coverage based on a determination that the recommended or requested Health Care services is "experimental" or "investigational," the IRO shall also consider whether:

- (i) A description of the indicators relevant to determining whether there is sufficient evidence to demonstrate that the recommended or requested Health Care service or treatment is more likely than not to be more beneficial to the Covered Person than any available standard Health Care services or treatments and the adverse risks of the recommended or requested Health Care service or treatment would not be substantially increased over those of available standard Health Care services or treatments; and
- (ii) A description and analysis of any Medical or Scientific Evidence considered in reaching the opinion.

Upon receipt of a notice of a decision reversing the Adverse Determination or Final Adverse Determination, the Company will immediately approve the coverage that was the subject of the Adverse Determination or Final Adverse Determination.

The assignment by the Company of an approved IRO to conduct an External Review in accordance with this section shall be fair and impartial. The Company and the IRO shall comply with standards approved by the Commissioner to ensure fairness and impartiality in the assignment by health carriers of approved IRO to conduct External Reviews.

Expedited External Review – A Covered Person may make a request for an Expedited External Review at the time the Covered Person receives an Adverse Determination or a Final Adverse Determination.

The Covered Person may request an expedited External Review of an Adverse Determination if:

- (a) The Covered Person has a medical condition where the timeframe for completion of an expedited review of an appeal set forth in the Company's internal grievance procedure or Utilization Review procedure would seriously jeopardize the life or health of the Covered Person or would jeopardize the Covered Person's ability to regain maximum function; or
- (b) The Adverse Determination involves a denial of coverage based on a determination that the recommended or requested Health Care service or treatment is "experimental" or "investigational," and the Covered Person's treating physician certifies in writing that the recommended or requested Health Care service or treatment would be significantly less effective if not promptly initiated.

Note: A Covered Person may file a request for an expedited External Review at the same time the Covered Person files a request for an expedited review of an appeal under the Company's grievance or utilization review procedure if:

- (a) The Covered Person has a medical condition where the timeframe for completion of an expedited review of an appeal set forth in the Company's internal grievance procedure or utilization review procedure would seriously jeopardize the life or health of the Covered Person or would jeopardize the Covered Person's ability to regain maximum function; or
- (b) The Adverse Determination involves a denial of coverage based on a determination that the recommended or requested health care service or treatment is "experimental" or "investigational," and the Covered Person's treating physician certifies in writing that the recommended or requested health care service or treatment would be significantly less effective if not promptly initiated.

The IRO will determine whether the Covered Person shall be required to complete the Company's expedited internal grievance procedure or Utilization Review procedure before it conducts the expedited External Review. Upon a determination that the Covered Person must first complete the expedited internal grievance review procedure or Utilization Review procedure, the IRO immediately shall notify the Covered Person and the Covered Person's treating Health Care Professional of this determination and that it will not proceed with the expedited External Review until the expedited internal grievance procedure or Utilization Review procedure is completed and the Adverse Determination or Final Adverse Determination is upheld.

The Covered Person may request an expedited External Review of a Final Adverse Determination if:

- (a) The Covered Person has a medical condition where the timeframe for completion of a standard External Review would seriously jeopardize the life or health of the Covered Person, or would jeopardize the Covered Person's ability to regain maximum function; or
- (b) The Final Adverse Determination concerns:
 - (i) An admission, availability of care, continued stay or Health Care service for which the Covered Person received Emergency Services, but has not been discharged from a Facility; or
 - (ii) A denial of coverage based on a determination that the recommended or requested Health Care service or treatment is experimental or investigational, and the Covered Person's treating physician certifies in writing

that the recommended or requested Health Care service or treatment that is the subject of the request would be significantly less effective if not promptly initiated.

At the time the Covered Person makes a request for an expedited External Review, the Covered Person or the Covered Person's treating Health Care Professional shall submit additional information and supporting documentation that the IRO will consider when conducting the expedited External Review.

At the time the Company receives a request for an expedited External Review, the Company will immediately assign an IRO to the case.

At the time the Company assigns an IRO to conduct the expedited External Review, the Company shall immediately provide or transmit all documents and information considered in making the Adverse Determination or Final Adverse Determination, as well as any additional information and supporting documentation, to the IRO, the Covered Person, and the Covered Person's treating Health Care Professional via electronically, facsimile or any other available expeditious method.

The IRO will, as expeditiously as the Covered Person's medical condition or circumstances require, but in no event more than 72 hours after the date of receipt of the request for an acceptable expedited External Review:

- (a) Make a decision to uphold or reverse the Adverse Determination or Final Adverse Determination; and
- (b) Notify the Covered Person, the Covered Person's treating Health Care Professional, and the Company of the decision.

If the notice from the IRO was not in writing, within 2 days after the date of providing that notice, the IRO shall:

- (a) Provide a written or electronic media confirmation of the decision to the Covered Person and the Company; and
- (b) Include the information required for a Standard External Review Notice.

In reaching a decision, the IRO is not bound by any decisions or conclusions reached during the health carrier's Utilization Review process or the Company's internal grievance process.

Upon receipt of notice of a decision reversing the Adverse Determination or Final Adverse Determination, the Company will immediately approve the coverage that was the subject of the Adverse Determination or Final Adverse Determination.

An expedited External Review may not be provided for adverse or Final Adverse Determinations involving a Retrospective Review.

Binding Nature of External Review Decision -

- (a) An External Review decision is binding on the Company except to the extent the Company has other remedies available under applicable federal or state law.
- (b) An External Review decision is binding on the Covered Person except to the extent the Covered Person has other remedies available under applicable federal or state law.
- (c) A Covered Person may not file a subsequent request for External Review involving the same Adverse Determination or Final Adverse Determination for which the Covered Person has already received an External Review decision pursuant to this regulation.

Filing Fees –

- (a) Except in the case of a request for an expedited External Review, at the time of filing a request for External Review, the Covered Person shall submit to the IRO a filing fee of \$25 along with the information and documentation to be used by the IRO in conducting the External Review.
- (b) Upon application by the Covered Person, the Commissioner may waive the filing fee upon a showing of undue financial hardship.
- (c) The filing fee shall be refunded to the person who paid the fee if the External Review results in the reversal, in whole or in part, of the Company's Adverse Determination or Final Adverse Determination that was the subject of the External Review.
- (d) the Company against which a request for a standard External Review or an expedited External Review is filed shall pay the cost of the IRO for conducting the External Review.

**STANDARD LIFE AND ACCIDENT INSURANCE COMPANY
ADMINISTRATIVE OFFICE: ONE MOODY PLAZA
GALVESTON, TEXAS**

GROUP CATASTROPHIC HOSPITAL INSURANCE POLICY

THE GROUP POLICY PROVIDES COVERAGE FOR HOSPITAL EXPENSES DESCRIBED IN THE GROUP POLICY AND THIS CERTIFICATE. WHEN SELECTED, A PREFERRED PROVIDER COMPONENT IS INCLUDED WITH THIS COVERAGE.

STANDARD LIFE AND ACCIDENT INSURANCE COMPANY
ADMINISTRATIVE OFFICE: ONE MOODY PLAZA
GALVESTON, TEXAS

OUTPATIENT DOCTOR RIDER

This Rider is made a part of the Group Policy or Certificate to which it is attached. This Rider is subject to all non-conflicting Group Policy provisions, terms, definitions and limitations. Unless otherwise indicated below, this Rider is effective on the Certificate Date.

The benefits that this Rider provides will not duplicate any similar benefits provided under the Group Policy. Benefits payable under this Rider are not subject to the Group Policy's Deductible Amount or Rate of Payment. The total benefits paid under the Group Policy, and this or any other Rider, will not be greater than the actual expense incurred.

OUTPATIENT means a Covered Person is neither Hospital Confined nor a patient at a Same Day Surgery Facility.

BENEFIT – We will pay benefits for the Medically Necessary Outpatient treatment of a Covered Person when the Reasonable and Customary Charges for the Rider Services described below and provided as a part of such treatment exceed this Rider's Calendar Year Deductible Amount, shown in Your Certificate Schedule. Benefits will be paid at [80%] of the Reasonable and Customary Charges for such Rider Services.

RIDER SERVICES are:

1. Hospital Emergency room or other Outpatient clinic;
2. Doctor;
3. Anesthesia, including administration charges, for a Covered Person undergoing Outpatient surgery;
4. Charges for Outpatient diagnostic tests;
5. Miscellaneous supplies including casts, splints, braces, hypodermics, and crutches;
6. Childhood immunizations, provided for children under the age of six. (Not subject to this Rider's Deductible.);
7. Charges for prescription drugs taken or administered within 30 days of a Hospital Stay for treatment of the condition for which You were Hospital Confined, including: (1) medication and supplies for the treatment of Type I, Type II, or gestational diabetes, when Doctor prescribed and (2) prescription contraceptives. Benefits paid under this provision will not be duplicated with benefits paid under any other Rider;
8. Charges for the Medically Necessary treatment of Type I, Type II, or gestational diabetes;
9. Charges for one per lifetime self-management diabetes training program per Covered Person when Medically Necessary as determined by a Doctor. Additional training is covered when a Doctor prescribes the additional training as Medically Necessary because of a significant change in the Covered Person's symptoms or conditions;
10. "Diabetes self-management training" means instruction in an outpatient setting including medical nutrition therapy relating to diet, caloric intake and diabetes management, excluding programs the primary purposes of which are weight reduction, which enables diabetic patients to understand the diabetic management process and daily management of diabetic therapy as a method of avoiding frequent hospitalizations and complications when the instruction is provided in accordance with a program in compliance with the National Standards for Diabetes Self-Management Education Program as developed by the American Diabetes Association;
11. Charges incurred for necessary care and treatment of loss or impairment of speech or hearing. Coverage does not include hearing instruments or devices;
12. If the Group Policy provides coverage for persons other than Yourself, benefits include charges for Periodic Children's Preventive Care Services for Covered Persons on a periodic basis that will include twenty (20) Periodic Preventive Care Visits at approximately the following age intervals: birth; two (2) weeks; two (2) months; four (4) months; six (6) months; nine (9) months; twelve (12) months; fifteen (15) months; eighteen (18) months; two (2) years; three (3) years; four (4) years; five (5) years; six (6) years; eight (8) years; ten (10) years; twelve (12) years; fourteen (14) years; sixteen (16) years; and eighteen (18) years. Immunization services are not subject to any Deductible, Coinsurance Amount, or Maximum. All other Children's Preventive Health Care Eligible Expenses are subject to this Rider's Cash Deductible, Coinsurance Amount, and Maximum.

"Children's Preventive Health Care Services" means Doctor-delivered or Doctor-supervised services for eligible dependents from birth through eighteen (18) years of age, with Periodic Preventive Care Visits, including medical history, physical examination, developmental assessment, anticipatory guidance, and appropriate immunizations and laboratory tests, in keeping with prevailing medical standards for the purposes of this section.

"Periodic Preventive Care Visits" means the routine tests and procedures for the purpose of detection of abnormalities or malfunctions of bodily systems and parts according to accepted medical practice; and

13. Charges for colorectal cancer examinations and laboratory tests for: (1) Covered Persons who are 50 years of age or older; (2) Covered Persons who are less than 50 years of age and at a high risk for colorectal cancer; (3) Covered Persons experiencing the following symptoms: bleeding from the rectum or blood in the stool; a change in bowel habits, such as diarrhea, constipation, or narrowing of the stool, that lasts more than 5 days.

The colorectal screening will involve an examination of the entire colon, including the following exams or laboratory tests, or both:

- a. An annual fecal occult blood test utilizing the take-home multiple sample method or an annual fecal immunochemical test in conjunction with a flexible sigmoidoscopy every 5 years;
- b. A double-contrast barium enema every 5 years; or
- c. A colonoscopy every 10 years; and
- d. Any additional medically recognized screening tests for colorectal cancer required by the Director of the Department of Health.

Follow-up screenings are covered as follows:

- a. If the initial colonoscopy is normal, follow-up is recommended in 10 years;
- b. For Covered Persons with 1 or more neoplastic polyps, adenomatous polyps, assuming that the initial colonoscopy was complete to the cecum and adequate preparation and removal of all visualized polyps, follow-up is recommended in 3 years;
- c. If single tubular adenoma of less than 1 centimeter (4 for patients with large sessile adenomas greater than 3 centimeters) especially if removed in piecemeal fashion, follow-up is recommended in 6 months or until complete polyp removal is verified by colonoscopy.

The following is a person is "at high risk for colorectal cancer": An individual over 50 years of age or who faces a high risk for colorectal cancer because of: the presence of polyps on a previous colonoscopy, barium enema, or flexible sigmoidoscopy; family history of colorectal cancer in close relatives of parents, brothers, sisters, or children; genetic alterations of hereditary nonpolyposis colon cancer or familial adenomatous polyposis; personal history of colorectal cancer, ulcerative colitis, or Chron's disease; or the presence of any appropriate recognized gene markers for colorectal cancer or other predisposing factors; and any additional or expanded definition of this term as recognized by medical science and determined by the Director of the Department of Health.

LIMITATIONS –

1. No benefits will be paid under this Rider for spinal manipulations, hot or cold pack treatment or ultra sound treatment; radiation therapy, including treatment planning; chemotherapy, including treatment planning; physical therapy; speech therapy; occupational therapy or for the rental or purchase of durable medical equipment; and
2. Benefits payable under this Rider for each Covered Person are subject to the **OUTPATIENT DOCTOR RIDER MAXIMUM BENEFIT PER CALENDAR YEAR** and **OUTPATIENT DOCTOR RIDER DEDUCTIBLE PER CALENDAR YEAR**, each shown in Your Certificate Schedule.

Coverage under this Rider expires concurrently with Your coverage under the Group Policy, unless while Your coverage under the Group Policy is still in effect, You notify SLAICO in writing to terminate coverage under this Rider or this Rider is otherwise modified, cancelled or replaced by SLAICO or the Group Policyholder in accordance with the terms of the Group Policy.

Effective Date, if other than Your Certificate Date: _____

Signed on behalf of STANDARD LIFE AND ACCIDENT INSURANCE COMPANY at Galveston, Texas.



Secretary

RIDER SCHEDULE PAGE LANGUAGE:

SLA-OPD608 (AR) – OUTPATIENT DOCTOR RIDER

CALENDAR YEAR DEDUCTIBLE AMOUNT PER COVERED PERSON - (\$750, \$1,000, \$1,500)

RIDER MAXIMUM - \$25,000, \$100,000)

**STANDARD LIFE AND ACCIDENT INSURANCE COMPANY
ADMINISTRATIVE OFFICE: ONE MOODY PLAZA
GALVESTON, TEXAS**

OUTPATIENT PRESCRIPTION DRUG RIDER

This Rider is made a part of the Group Policy or Certificate to which it is attached. This Rider is subject to all non-conflicting Group Policy provisions, terms, definitions and limitations. Unless otherwise indicated below, this Rider is effective on the Certificate Date.

DEFINITIONS

ANCILLARY DRUG CHARGE means a charge that is in addition to any Prescription Drug Co-payment for a Prescription Drug.

BRAND NAME DRUG means a Prescription Drug that is dispensed under the original patent of the manufacturer or original trademark name.

COINSURANCE AMOUNT – The benefit percentage that We will pay after You meet this Rider's Calendar Year Deductible Amount and Copayment Amount. You are responsible for any remaining charge.

COPAYMENT AMOUNT means the amount that must be paid at the time Prescription Drug is dispensed. For claims derived from drugs dispensed by a Non-Participating Pharmacy, the applicable Copayment Amount will be deducted from the reimbursement otherwise payable to the Covered Person.

GENERIC DRUG means a Prescription Drug that is approved by the FDA; has the same ingredients as a Brand Name Drug; and is dispensed under a different name than its Brand Name Drug equivalent.

MAIL ORDER DRUG means a drug that is ordered through the Mail Order Prescription program that is used to treat a chronic or degenerative health condition; and is ordered in quantities that exceed a 30-day supply and are not more than a 90-day supply.

NON-PARTICIPATING PHARMACY means a Pharmacy that is not a part of the Participating Pharmacy program associated with this Rider.

OUTPATIENT means a Covered Person is neither Hospital Confined nor a patient at a Same Day Surgery Facility.

PARTICIPATING PHARMACY means a Pharmacy that is a part of the Participating Pharmacy program associated with this Rider and is contracted to fill Prescription Drug orders when a Covered Person presents a valid drug card.

PHARMACY means a facility that is licensed to dispense Prescription Drugs and is not part of a Hospital or Ambulatory Surgical Center.

PRESCRIPTION DRUG means any drug approved for use by the U.S. Food and Drug Administration (FDA) that is legally available a Prescription Order before a pharmacy may dispense the drug. We consider insulin, including the syringes necessary for its injection and devices or appliances including, but not limited to, blood glucose testing devices, support garments, and bandages, when Doctor prescribed, as Prescription Drugs.

BENEFIT

Benefits are payable in accordance with all the terms and conditions of the Group Policy and this Rider for:

1. Prescription Drugs used for treatment of a Covered Person's Injury or Sickness;
2. When the Injury, Sickness, or Prescription Drug is not excluded; and
3. A Pharmacy dispenses the Prescription Drug.

PAYMENT OF BENEFITS - Once a Covered Person's Prescription Drug charges exceed this Rider's applicable Deductible Amount in a Calendar Year and the appropriate Copayment Amount has been paid, We will pay any additional Prescription Drug charges for the same Covered Person during the remainder of the Calendar Year at the applicable Coinsurance Amount shown in the Covered Person's Certificate Schedule.

Your selected Deductible Amount for this rider is shown in Your Certificate Schedule. The amount shown is for one Covered Person and must be met before benefits are payable under this Rider for the Covered Person. If more than one Covered Person is covered under this Rider, then the maximum Deductible Amount that must be met in a Calendar Year is two times the Deductible Amount and may be met collectively by all Covered Persons.

The Copayment Amount will vary depending upon whether the drug purchased is a Brand Name Drug or a Generic Drug. It will be applied each time a Prescription Drug order is filled. If coverage has been issued as a Preferred Provider Plan, then there are additional Copayment Amounts applicable to Mail Order Drugs. The table in Your Certificate Schedule shows these amounts. Where a Brand Name Drug is dispensed in lieu of its Generic Drug equivalent, the Generic Drug Copayment Amount will be charged instead of the Brand Name Drug Copayment Amount.

The Coinsurance Amount will also vary depending upon whether the drug purchased is a Brand Name Drug or a Generic Drug. The separate Generic Drug and Brand Name Drug Coinsurance Amounts are shown in Your Certificate Schedule. If the drug purchased is a Brand Name Drug that has a Generic Drug equivalent, the Coinsurance Amount will be the difference in the cost of the Generic Drug and the Brand Name Drug.

EXCEPTIONS

We do not cover drugs that are associated with an Injury or Sickness that We have excluded by name or description. We will not pay benefits under this Rider for drugs excluded under this Rider.

PAYMENT FOR A PRESCRIPTION DRUG DOES NOT MEAN WE HAVE ANY LIABILITY FOR ANY CLAIM. PRESCRIPTION BY A DOCTOR DOES NOT AUTOMATICALLY MAKE TREATMENT MEDICALLY NECESSARY.

No benefit will be paid for:

1. Any Ancillary Drug Charge included in the cost of the Prescription Drug;
2. The cost of any Prescription Drug dispensed in a quantity that exceeds a thirty-one (31) day supply unless the packaging of the manufacturer or the prescription requires a greater quantity, except 90 day Mail Order Drugs;
3. Prescription Drugs used in the treatment of primary nocturnal enuresis (bedwetting) for a Covered Person under the age of six;
4. Any drug which is taken to end pregnancy;
5. Any drug that does not require a Doctor's prescription, except prenatal vitamins a Doctor prescribes for pregnancy;
6. Prescription refills:
 - (a) In excess of the number specified in the Doctor's prescription; or
 - (b) Dispensed more than one year after the initial prescription date;

7. Prescription Drugs that a Doctor administers or dispenses while in his office or while a Covered Person is in a facility that provides medical care, including unit dose Prescription Drugs and any supplies;
8. Prescription Drugs that a Doctor prescribes or are otherwise used for:
 - (a) Cosmetic purposes;
 - (b) Treatment of hair loss;
 - (c) Care, services or treatment that the Group Policy excludes;
 - (d) Treatment of an Injury or Sickness that the Group Policy does not cover;
 - (e) Losing weight;
 - (f) Treating Acne (including Accutane);
 - (g) Promoting growth (for example: growth hormone);
 - (h) Treating sexual dysfunction or inadequacy; or
 - (i) Facilitating smoking cessation (including any Prescription Drug containing nicotine or its derivatives);
9. Prescription Drugs that a Doctor prescribes for the treatment of mental illness, chronic fatigue syndrome or fibromyalgia;
10. Any Prescription Drug that is not consistent with the diagnosis and treatment of the Covered Person's Injury or Sickness because:
 - (a) The Prescription Drug is excessive in terms of the scope, duration or intensity of scope;
 - (b) The duration or intensity of Prescription Drug therapy is excessive in terms of what is needed to provide safe, adequate and appropriate care; or
 - (c) The Prescription Drug is solely for the Covered Person's family or Doctor's convenience; or
11. Prescription Drugs prescribed for the replacement of lost or stolen prescriptions.

Coverage under this Rider ends at the same time Your Group Policy coverage ends. However, SLAICO or the Group Policyholder may otherwise modify, cancel or replace this Rider in accordance with Group Policy terms.

While Your Group Policy coverage is still in force, You may notify SLAICO, in writing, to end coverage under this Rider.

Effective Date, if other than Your Certificate Date: _____

Signed on behalf of STANDARD LIFE AND ACCIDENT INSURANCE COMPANY at Galveston, Texas.



Secretary

RIDER SCHEDULE PAGE LANGUAGE:

SLA-OPRx608 (AR) – OUTPATIENT PRESCRIPTION DRUG RIDER

DEDUCTIBLE AMOUNT –

INDIVIDUAL –

PARTICIPATING PHARMACY – (\$500 OR \$1,000)

NON-PARTICIPATING PHARMACY – (\$1,000 OR \$2,000)

FAMILY – TWO TIMES THE APPLICABLE INDIVIDUAL DEDUCTIBLE AMOUNT.

COPAYMENT AMOUNT –

**GENERIC
DRUG**

\$10

**BRAND NAME
DRUG**

\$25

**MAIL ORDER GENERIC
DRUG***

\$30

**MAIL ORDER BRAND
NAME DRUG***

\$75

***NOT AVAILABLE FROM A NON-PARTICIPATING PHARMACY.**

COINSURANCE AMOUNT –

GENERIC DRUGS – 100%

BRAND NAME DRUGS – 50% OR

**WHEN GENERIC DRUG EQUIVALENT EXISTS – THE DIFFERENCE BETWEEN THE COST
OF THE GENERIC DRUG AND THE BRAND NAME DRUG.**

**STANDARD LIFE AND ACCIDENT INSURANCE COMPANY
ADMINISTRATIVE OFFICE: ONE MOODY PLAZA
GALVESTON, TEXAS**

OUTPATIENT ACCIDENT EXPENSE BENEFIT RIDER

This Rider is made a part of the Group Policy or Certificate to which it is attached. This Rider is subject to all non-conflicting Group Policy provisions, terms, definitions and limitations. Unless otherwise indicated below, this Rider is effective on the Certificate Date

ACCIDENT means an act or event which is unforeseen, unexpected and unanticipated by a Covered Person and to which the accidental bodily Injury is attributable.

OUTPATIENT means a Covered Person is neither Hospital Confined nor a patient at a Same Day Surgery Facility.

BENEFIT - We will pay the Reasonable and Customary Charges in excess of this Rider's Deductible Amount, shown in Your Certificate Schedule, when such charges are incurred by a Covered Person for the Medically Necessary Outpatient treatment of a covered Injury resulting from an Accident. Benefits are payable up to this Rider's Maximum Benefit Per Accident shown in Your Certificate Schedule. This benefit is subject to the following conditions:

1. Initial treatment by a Doctor must begin within forty-eight (48) hours of the Accident; and
2. Subsequent treatment must be received within thirty (30) days of the Accident.

The benefits that this Rider provides will not duplicate any similar benefits provided under the Group Policy. Benefits payable under this Rider are not subject to the Group Policy's Deductible Amount or Rate of Payment. The total benefits paid under the Group Policy, and this or any other Rider, will not be greater than the actual expense incurred.

Coverage under this Rider expires concurrently with Your coverage under the Group Policy, unless while Your coverage under the Group Policy is still in effect, You notify SLAICO in writing to terminate coverage under this Rider or this Rider is otherwise modified, cancelled or replaced by SLAICO or the Group Policyholder in accordance with the terms of the Group Policy.

Effective Date, if other than Your Certificate Date: _____

Signed on behalf of STANDARD LIFE AND ACCIDENT INSURANCE COMPANY at Galveston, Texas.



Secretary

SLA-ACC608 – OUTPATIENT ACCIDENT EXPENSE RIDER

DEDUCTIBLE AMOUNT PER COVERED PERSON PER ACCIDENT - \$100, \$250, or \$500

MAXIMUM BENEFIT PER ACCIDENT - \$500, \$1,000, \$1,500, or \$2,500

STANDARD LIFE AND ACCIDENT INSURANCE COMPANY
ADMINISTRATIVE OFFICE: ONE MOODY PLAZA
GALVESTON, TEXAS

OUTPATIENT DIAGNOSTIC IMAGING RIDER

This Rider is made a part of the Group Policy or Certificate to which it is attached. This Rider is subject to all non-conflicting Group Policy provisions, terms, definitions, and limitations. Unless otherwise indicated below, this Rider is effective on the Certificate Date.

DIAGNOSTIC IMAGING means Magnetic Resonance Imaging (**MRI**), Magnetic Resonance Angiography (**MRA**), Computed Axial Tomography (**CAT** Scans), Positron Emission Tomography (**PET** Scans), or Computed Tomography (**CT** scans).

OUTPATIENT means a Covered Person is neither Hospital Confined nor a patient at a Same Day Surgery Facility.

BENEFIT

Benefits are payable under this Rider once the Reasonable and Customary Charges incurred by a Covered Person for Medically Necessary Diagnostic Imaging exceed this Rider's Calendar Year Deductible Amount shown in Your Certificate Schedule. We then pay [80%] of such remaining charge up to the Calendar Year Rider Maximum shown in Your Certificate Schedule.

Procedures other than Diagnostic Imaging are excluded under this Rider. The benefits this Rider provides will not duplicate any similar benefits provided under the Group Policy. Benefits payable under this Rider are not subject to the Group Policy's Deductible Amount or Rate of Payment. The total benefits paid under the Group Policy and this, or any other, Rider will not be greater than the actual expense incurred.

Coverage under this Rider expires concurrently with Your coverage under the Group Policy, unless while Your coverage under the Group Policy is still in effect, You notify SLAICO in writing to terminate coverage under this Rider or this Rider is otherwise modified, cancelled or replaced by SLAICO or the Group Policyholder in accordance with the terms of the Group Policy.

Effective Date, if other than Your Certificate Date: _____

Signed on behalf of STANDARD LIFE AND ACCIDENT INSURANCE COMPANY at Galveston, Texas.



Secretary

RIDER SCHEDULE PAGE LANGUAGE:

SLA-DIR608 – OUTPATIENT DIAGNOSTIC IMAGING RIDER

CALENDAR YEAR DEDUCTIBLE AMOUNT PER COVERED PERSON – (\$750, \$1,000, \$1,500)

RIDER MAXIMUM - \$25,000

STANDARD LIFE AND ACCIDENT INSURANCE COMPANY
ADMINISTRATIVE OFFICE: ONE MOODY PLAZA
GALVESTON, TEXAS

AMENDMENT

This Amendment is made a part of the Group Policy or Certificate to which it is attached. This Amendment is subject to all non-conflicting Group Policy provisions, terms, definitions and limitations. Unless otherwise indicated below, this Amendment is effective on the Certificate Date.

The section of the Group Policy and Certificate called "**BENEFITS**" is hereby replaced, in its entirety, by the following:

WHAT WE PAY – We pay benefits at the Rate of Payment after a Covered Person incurs charges during a Calendar Year for Medical Services in excess of the Deductible Amount. If the selected Rate of Payment is less than 100%, the Covered Person must meet the Unpaid Medical Services Maximum before We begin to pay at a 100% Rate of Payment for the remainder of the Calendar Year. The Unpaid Medical Services Maximum is shown on Your Certificate Schedule. All benefits payable under the Group Policy are subject to the Policy Maximum Benefit Payments.

DEDUCTIBLE AMOUNT – The Deductible Amount is shown in the Policy Schedule. The Deductible Amount is the amount of Medical Service charges a Covered Person must incur each Calendar Year before We pay benefits. There is an Individual Deductible Amount if You are the only Covered Person and a Family Deductible Amount if there are other Covered Persons in addition to You. The Deductible may be met by one Covered Person or collectively by all Covered Persons if family coverage is provided. Once charges for Medical Services in a Calendar Year exceed the Deductible Amount, there is no additional Deductible Amount required to be met by any Covered Person during the remainder of the Calendar Year.

NOTICE: THE DEDUCTIBLE AMOUNT WILL CHANGE IN ACCORDANCE WITH FEDERAL REQUIREMENTS.

RATE OF PAYMENT – This is the percentage of benefits payable for Medical Services after the Deductible Amount is met. If the selected Rate of Payment is less than 100%, You are responsible for any balance (the Unpaid Medical Service Charges). The Policy Schedule shows the Rate of Payment.

UNPAID MEDICAL SERVICES MAXIMUM – (applicable to Plans with a Rate of Payment less than 100%) This is the maximum amount that You pay each Calendar Year comprised of charges for Medical Services applied to the Deductible Amount and Rate of Payment for Medical Services before We pay 100% of Medical Services charges. There is an Individual or a Family Unpaid Medical Services Maximum depending on whether family coverage is provided. Once Covered Persons have met the Family Unpaid Medical Services Maximum, individually or collectively, We will pay 100% of charges for Medical Services for all Covered Persons for the remainder of the Calendar Year. The Policy Schedule shows Unpaid Medical Services Maximum. **We do not apply the following toward the Unpaid Medical Services Maximum: any non-Medical Service charge, or ineligible expense.**

NOTICE: THE UNPAID MEDICAL SERVICES MAXIMUM WILL CHANGE IN ACCORDANCE WITH FEDERAL REQUIREMENTS.

The **CRITICAL ILLNESS BENEFIT** and the **HOSPITAL CONFINEMENT BENEFIT** each located in the section called **MEDICAL SERVICES** are hereby deleted. No benefits are payable under deleted provisions.

Coverage under this Amendment expires concurrently with Your coverage under the Group Policy.

Effective Date, if other than Your Certificate Date: _____

Signed on behalf of STANDARD LIFE AND ACCIDENT INSURANCE COMPANY at Galveston, Texas.



Secretary

**STANDARD LIFE AND ACCIDENT INSURANCE COMPANY
ADMINISTRATIVE OFFICE: ONE MOODY PLAZA
GALVESTON, TEXAS**

PREFERRED PROVIDER RIDER

This Rider is made a part of the Group Policy or Certificate to which it is attached. This Rider is subject to all non-conflicting Group Policy provisions, terms, definitions and limitations. Unless otherwise indicated below, this Rider is effective on the Certificate Date.

PREFERRED PROVIDER means a Hospital, Same Day Surgery Facility, or Doctor located in the United States that participates in a Preferred Provider Organization (PPO) to which the Company subscribes. The Company will provide periodic updates of changes in Preferred Providers in Your area.

PREFERRED PROVIDER ORGANIZATION (PPO) means Preferred Providers that offer their services at a discount to certain contracted groups. Your coverage under the Group Policy is being provided as a PPO Plan. Services rendered by facilities or Doctors within the PPO are considered "In-Network." Services rendered by facilities or Doctors outside the PPO are considered "Out-of-Network."

REASONABLE AND CUSTOMARY CHARGES means the charge that is the smallest of:

1. The actual charge;
2. The charge usually made for the covered service by the provider who furnishes it;
3. The prevailing charge made for a covered service in a geographical area by those of similar professional standing; or
4. The negotiated rate in effect with a PPO on the date it provides a covered service.

This definition supersedes the definition by the same name under the Group Policy.

IN-NETWORK CARE – The Company pays benefits at the In-Network Rate of Payment for charges incurred for:

1. Hospital Confinement in an In-Network Hospital;
2. Outpatient surgery in an In-Network Same Day Surgery Facility;
3. Doctor services provided by an In-Network Doctor.

OUT-OF-NETWORK CARE - When a Covered Person is admitted to an Out-of-Network Hospital, uses an Out-of-Network Same Day Surgery Facility, or receives treatment from an Out-of-Network Doctor; the Company pays benefits at the Out-of-Network Rate of Payment, which is lower than the In-Network Rate of Payment. In order to receive the maximum benefit payable, charges must be received In-Network. However, In the event of an Emergency, Out-of-Network charges are considered In-Network and payable at the In-Network Rate of Payment.

The In-Network and Out-of-Network Rate of Payments are shown on the Certificate Schedule.

Reduction in benefits described in this Rider do not apply to benefits that may be provided under other optional riders providing coverage to You and/or Covered Persons.

Coverage under this Rider expires concurrently with Your coverage under the Group Policy, unless while Your coverage under the Group Policy is still in effect, You notify SLAICO in writing to terminate coverage under this Rider or this Rider is otherwise modified, cancelled or replaced by SLAICO or the Group Policyholder in accordance with the terms of the Group Policy.

Effective Date, if other than Your Certificate Date: _____

Signed on behalf of STANDARD LIFE AND ACCIDENT INSURANCE COMPANY at Galveston, Texas.



Secretary

**STANDARD LIFE AND ACCIDENT INSURANCE COMPANY
ADMINISTRATIVE OFFICE: ONE MOODY PLAZA
GALVESTON, TEXAS**

PPO RIDER

This Rider is made a part of the Group Policy or Certificate to which it is attached. This Rider is subject to all non-conflicting Group Policy provisions, terms, definitions and limitations. Unless otherwise indicated below, this Rider is effective on the Certificate Date.

Your insurance coverage is provided as PPO Coverage.

For purposes of this Rider, the following definitions are added to the Group Policy:

IN-NETWORK means use of a provider within the PPO.

OUT-OF-NETWORK means use of a provider outside of the PPO.

PPO means a Preferred Provider Organization. The Company names the PPO that You and other Covered Persons may use. A PPO may include Doctors, Hospitals, Ambulatory Surgery Facilities and other types of medical facilities. The PPO provides medical care or services at a negotiated rate in consideration of an agreement with the Company. The Company initially names the PPO on the Certificate Date but may change it from time to time. We will notify You in writing before We name a new PPO.

The definition of **REASONABLE AND CUSTOMARY CHARGES** is changed to read:

REASONABLE AND CUSTOMARY CHARGES means the charge that is the smallest of:

1. The actual charge;
2. The charge usually made for the covered service by the provider who furnishes it;
3. The prevailing charge made for a covered service in a geographical area by those of similar professional standing; or
4. The negotiated rate in effect with a PPO on the date it provides a covered service.

OUT-OF-NETWORK PENALTY – Coverage under the Group Policy includes a PPO component. You are encouraged to use an in-network provider to receive the maximum amount payable for eligible Medical Service Charges. Use of an Out-Of-Network provider results in a 20% reduction of any otherwise eligible Medical Service Charge that we do not pay due to a Covered Person's voluntary use of an Out-Of-Network provider.

Coverage under this Rider expires concurrently with Your coverage under the Group Policy, unless while Your coverage under the Group Policy is still in effect, You notify SLAICO in writing to terminate coverage under this Rider or this Rider is otherwise modified, cancelled or replaced by SLAICO or the Group Policyholder in accordance with the terms of the Group Policy.

Effective Date, if other than Your Certificate Date: _____

Signed on behalf of STANDARD LIFE AND ACCIDENT INSURANCE COMPANY at Galveston, Texas.



Secretary

**STANDARD LIFE AND ACCIDENT INSURANCE COMPANY
ADMINISTRATIVE OFFICE: ONE MOODY PLAZA
GALVESTON, TEXAS**

PPO RIDER

This Rider is made a part of the Group Policy or Certificate to which it is attached. This Rider is subject to all non-conflicting Group Policy provisions, terms, definitions and limitations. Unless otherwise indicated below, this Rider is effective on the Certificate Date.

Your insurance coverage is provided as PPO Coverage.

For purposes of this Rider, the following definitions are added to the Group Policy:

IN-NETWORK means use of a provider within the PPO.

OUT-OF-NETWORK means use of a provider outside of the PPO.

PPO means a Preferred Provider Organization. The Company names the PPO that You and other Covered Persons may use. A PPO may include Doctors, Hospitals, Ambulatory Surgery Facilities and other types of medical facilities. The PPO provides medical care or services at a negotiated rate in consideration of an agreement with the Company. The Company initially names the PPO on the Certificate Date but may change it from time to time. We will notify You in writing before We name a new PPO.

The definition of **REASONABLE AND CUSTOMARY CHARGES** is changed to read:

REASONABLE AND CUSTOMARY CHARGES means the charge that is the smallest of:

1. The actual charge;
2. The charge usually made for the covered service by the provider who furnishes it;
3. The prevailing charge made for a covered service in a geographical area by those of similar professional standing; or
4. The negotiated rate in effect with a PPO on the date it provides a covered service.

OUT-OF-NETWORK PENALTY – Coverage under the Group Policy includes a PPO component. You are encouraged to use an in-network provider to receive the maximum amount payable for eligible Medical Service Charges. Use of an Out-Of-Network provider results in a 20% reduction of any otherwise eligible Medical Service Charge that we do not pay due to a Covered Person's voluntary use of an Out-Of-Network provider.

Coverage under this Rider expires concurrently with Your coverage under the Group Policy, unless while Your coverage under the Group Policy is still in effect, You notify SLAICO in writing to terminate coverage under this Rider or this Rider is otherwise modified, cancelled or replaced by SLAICO or the Group Policyholder in accordance with the terms of the Group Policy.

Effective Date, if other than Your Certificate Date: _____

Signed on behalf of American National Life Insurance Company of Texas at Galveston, Texas.



Secretary

STANDARD LIFE AND ACCIDENT INSURANCE COMPANY
ADMINISTRATIVE OFFICE: ONE MOODY PLAZA
GALVESTON, TEXAS

RESTORATION OF BENEFITS RIDER

This Rider is made a part of the Group Policy or Certificate to which it is attached. This Rider is subject to all non-conflicting Group Policy provisions, terms, definitions and limitations. Unless otherwise indicated below, this Rider is effective on the Certificate Date

RESTORATION OF BENEFIT - Each January 1st following a Calendar Year where benefits for a Covered Person have been paid under the Group Policy, the value of such Covered Person's Maximum Policy Benefit for Each Injury or Sickness per Covered Person, shown in Your Certificate Schedule and otherwise reduced by the amount of actual claims paid, will be restored by the lesser of:

1. The amount of actual claims payable for such Covered Person during the preceding Calendar Year; or
2. [\$100,000].

This Restoration only applies to an individual who is a Covered Person on January 1st of the Calendar Year when the Restoration of Benefits occurs. .

Coverage under this Rider expires concurrently with Your coverage under the Group Policy, unless while Your coverage under the Group Policy is still in effect, You notify SLAICO in writing to terminate coverage under this Rider or this Rider is otherwise modified, cancelled or replaced by SLAICO or the Group Policyholder in accordance with the terms of the Group Policy.

Effective Date, if other than Your Certificate Date: _____

Signed on behalf of STANDARD LIFE AND ACCIDENT INSURANCE COMPANY at Galveston, Texas.



Secretary

THE HEALTH INSURANCE COVERAGE THE AGENT HAS JUST DESCRIBED TO YOU IS NOT DESIGNED NOR INTENDED AS A HEALTH INSURANCE PLAN TO BE PROVIDED BY AN EMPLOYER FOR EMPLOYEES.

CHANGES IN STATUS INDICATED BELOW MAY AFFECT FUTURE ELIGIBILITY FOR INSURANCE COVERAGE.
ALL OF THE FOLLOWING QUESTIONS MUST BE ANSWERED:

- 1. Is the Applicant or Spouse the owner of an incorporated business? Yes No
- 2. Is the Applicant or Spouse a sole proprietor or a partner in a partnership? Yes No
- 3. Is the Applicant or Spouse an employee of a business? Yes No
 - a. Will the Applicant's or Spouse's employer pay a portion of your health insurance premium? Yes No
 - b. Will the Applicant or Spouse be reimbursed by employer, through wage adjustments or otherwise, for any portion of the premium? Yes No
 - c. Will the Applicant's or Spouse's health insurance plan be treated by you or your employer as part of a plan or program for the purposes of Section 106, 125 or 162, Internal Revenue Code of 1986 (26 U.S.C. Section 106, 125 or 162)? Yes No

6. Is any Proposed Insured or household member (including students away at school, whether or not now applying for coverage) currently pregnant?
 Yes No (If "Yes", this coverage cannot be provided.) _____

7. Has any Proposed Insured used any type of tobacco (including cigarettes, cigars, and/or smokeless tobacco) during the past 12 months?
 Yes No (If "Yes", state whom, and details.) _____

8. Are all Proposed Insureds legal citizens of the United States? Yes No
If "No", is the Proposed Insured a permanent resident? Yes No (If "No", this coverage cannot be provided).

9. Does any Proposed Insured intend to travel or reside outside the U.S.A.? Yes No
If "Yes", give details _____

10. Are all your dependent children under the age of 26? Yes No
(Do not include on this application any of your children who are 26 years of age or older or any married children).

11. Has any Proposed Insured applying been covered under a health insurance plan including COBRA within the last 18 months? Yes No.
a. Will requested coverage replace or change any existing medical insurance? Yes No
b. If Yes, give plan details below and provide reason for replacement such as carrier terminated coverage or lower rates, etc.
c. **You should not cancel your existing medical insurance coverage until you receive written notification of acceptance from SLAICO.** If accepted, do you agree to discontinue your current medical insurance? Yes No

| Question# | Name of Company & Policy # | Plan Type Grp. or Ind. | Medical Insurance | Reason For Termination | Effective Date Month-Year | Termination Date Month-Year |
|-----------|----------------------------|------------------------|-------------------|------------------------|---------------------------|-----------------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

12. Is any Proposed Insured applying for coverage under the federal HIPAA Program? Yes No If "Yes", please submit a letter of Creditable Coverage with the Enrollment Application.

13. Has any Proposed Insured applied for life, accident or health insurance, or reinstatement of such insurance, which was declined, restricted, postponed, rescinded, cancelled, withdrawn, or modified as to plan, amount, coverage, or rate? Yes No (If "Yes", give details) _____

14. Has any Proposed Insured made claim or received benefits for any injury or sickness in the last 12 months; or are they presently receiving any government aid such as Medicaid, Medicare, or SSDI? Yes No (If "Yes", state whom, name of insurer, month, year, and nature of ailment.) _____

15. Has any Proposed Insured ever taken part in: skydiving, hang gliding, parachuting, bungee jumping, rock or mountain climbing, scuba diving, racing (any type), motorcycle riding, professional sports, piloting an aircraft, or rodeo events? Yes No (If "Yes", indicate activity and give details.) _____

16. Has any Proposed Insured had a driver's license suspended, any traffic violations, DWI/DUI/OUI's or been arrested within the past 2 years?
 Yes No (If "Yes", give details and provide Driver's License # and state of issue) _____

17. Please list name and address of family/Primary Care Physician(s), reason and date last seen for **each** Proposed Insured:

| Proposed Insured | Condition, injury symptoms, diagnosis & treatment | Onset Date Month/Year | Date of last treatment | Results/Degree of recovery | Physician Name/Address |
|------------------|---|-----------------------|------------------------|----------------------------|------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

**THE FOLLOWING QUESTIONS ARE TO BE ANSWERED FOR EACH PERSON APPLYING FOR COVERAGE.
ANY MISSTATEMENTS MAY AFFECT YOUR COVERAGE — GIVE FULL DETAILS TO ALL "YES" ANSWERS IN THE SPACE PROVIDED.**

- | | | | |
|--|------------------------------------|--|------------------------------------|
| <p>18. Within the last 10 years, has any Proposed Insured had any indication of, diagnosis of, or treatment for:</p> <p>a. A respiratory or lung disorder, for example, allergies, sinusitis, reactive airway disease, asthma, bronchitis, tuberculosis, pneumonia, or emphysema;..... <input type="checkbox"/> <input type="checkbox"/></p> <p>b. A circulatory or heart disorder, for example, high blood pressure, high cholesterol, heart attack, heart valve disorder, murmur angioplasty/bypass, chest pain, irregular heart rhythm, varicose veins, phlebitis or stroke;..... <input type="checkbox"/> <input type="checkbox"/></p> <p>c. An immune, blood or spleen disorder, for example, anemia, leukemia, lymphoma, connective tissue disease, lupus, scleroderma, or clotting disorder;..... <input type="checkbox"/> <input type="checkbox"/></p> <p>d. A digestive or gastrointestinal disorder, for example, ulcer, gastritis, reflux disorder, hepatitis, Crohn's Disease, ulcerative colitis, cirrhosis, irritable bowel, hemorrhoids, hernia or any disorder of the pancreas, liver, rectum or gallbladder; <input type="checkbox"/> <input type="checkbox"/></p> <p>e. A nervous disorder, seizures, tremors, headaches, paralysis, palsy or injury of the brain, spinal cord, or nerves;..... <input type="checkbox"/> <input type="checkbox"/></p> <p>f. A mental disorder, for example, emotional problems, eating disorder, attention deficit disorder, anxiety, depression, autism, sleep disorder, or received psychiatric treatment or counseling;..... <input type="checkbox"/> <input type="checkbox"/></p> <p>g. An endocrine disorder, for example, diabetes mellitus or insipidus, low or high blood sugar, disorder of the thyroid, parathyroid, pituitary, or adrenal glands;..... <input type="checkbox"/> <input type="checkbox"/></p> <p>h. A urinary tract disorder, for example, urinary tract stone, bladder or kidney infections, renal reflux, incontinence, or blood in the urine;..... <input type="checkbox"/> <input type="checkbox"/></p> <p>i. A muscular or skeletal disorder, for example, arthritis, gout, fibromyalgia, bone, joint, muscle, back, spine disorder, disc disease, sciatica, or received chiropractic treatment or acupuncture;..... <input type="checkbox"/> <input type="checkbox"/></p> <p>j. A facial bone or jaw disorder, for example, birth defect, congenital anomaly, malformation, temporomandibular joint disorder(TMJ), physical deformity, cleft palate or lip;..... <input type="checkbox"/> <input type="checkbox"/></p> <p>k. Cancer in any form, tumor, cyst, polyp, or growth of any kind;..... <input type="checkbox"/> <input type="checkbox"/></p> <p>l. An eye, ear, nose, throat disorder, for example, glaucoma, cataracts, ear infections, ear tubes, hearing impairment, enlarged tonsils/adenoids, vertigo, sleep apnea or deviated nasal septum;..... <input type="checkbox"/> <input type="checkbox"/></p> <p>m. A skin or subcutaneous tissue disorder, for example, burns, scars or hemangioma;..... <input type="checkbox"/> <input type="checkbox"/></p> <p>n. HIV, Acquired Immune Deficiency Syndrome (AIDS), or AIDS Related Complex (ARC);..... <input type="checkbox"/> <input type="checkbox"/></p> <p>o. Mental or physical impairment or deformity; or congenital abnormality, mental retardation, developmental delay; or trait not previously disclosed;..... <input type="checkbox"/> <input type="checkbox"/></p> | <p>Yes</p> <p>No</p> | <p>p. For Male Proposed Insureds Only: <input type="checkbox"/> <input type="checkbox"/> A male reproductive disorder, for example, disorder of the prostate, testicles, elevated PSA, or a sexually transmitted disease;.....</p> <p>q. For Female Proposed Insureds (18+) Only...</p> <p>i. Any disorder or condition of the female reproductive organs, for example, abnormal Pap Smear, irregular or excessive menstruation, endometriosis, infertility, pregnancy complications including Cesarean section delivery, cystocele, rectocele, pelvic relaxation, dysmenorrhea, chronic pelvic pain, or a sexually transmitted disease, or HPV (human papilloma virus); <input type="checkbox"/> <input type="checkbox"/></p> <p>ii. Date of last Pap Smear _____ Results _____</p> <p>iii. Had instructions to have a repeat Pap Smear or any follow-up treatment or tests as a result of your last Pap Smear; or..... <input type="checkbox"/> <input type="checkbox"/></p> <p>iv. A breast disorder, disease, changes, or condition, lump(s) aspiration(s), calcifications, biopsies, removal or placement of breast implants, or mammoplasty?..... <input type="checkbox"/> <input type="checkbox"/></p> <p>19. Does any Proposed Insured have a prosthetic device present, for example, plates, screws, pins rods, implants, shunts, pacemakers, valve replacements, stents or fixation devices?..... <input type="checkbox"/> <input type="checkbox"/></p> <p>20. Within the past 5 years, has any Proposed Insured:</p> <p>a. Had surgery, been hospital confined, or advised to undergo further testing, treatment, or surgery, including cosmetic or reconstructive surgery; or..... <input type="checkbox"/> <input type="checkbox"/></p> <p>b. Had a heart, bone, or blood study, MRI, x-ray, or ultrasound; or contacted or seen a physician, psychologist, chiropractor, counselor, therapist or any other person providing healthcare services?..... <input type="checkbox"/> <input type="checkbox"/></p> <p>21. Within the past 12 months, has any Proposed Insured experienced or been treated by a physician for a change in weight of more than 12 pounds?..... <input type="checkbox"/> <input type="checkbox"/></p> <p>22. Has any Proposed Insured ever been:</p> <p>a. Treated or counseled for alcohol or drug use, or attended a drug or alcohol support group; or..... <input type="checkbox"/> <input type="checkbox"/></p> <p>b. Advised by a physician to seek treatment or discontinue or decrease alcohol or drug consumption; or..... <input type="checkbox"/> <input type="checkbox"/></p> <p>c. Under the influence of marijuana, narcotics, barbiturates, amphetamines, hallucinogens, or used any other drugs not prescribed by a physician?..... <input type="checkbox"/> <input type="checkbox"/></p> <p>23. Within the last six months, has any Proposed Insured taken any prescription medication or are now taking any prescription medication or receiving treatment of any kind for any condition not listed in any of the previous questions?..... <input type="checkbox"/> <input type="checkbox"/></p> | <p>Yes</p> <p>No</p> |
|--|------------------------------------|--|------------------------------------|

COMPLETE THE FOLLOWING FOR EACH "YES" ANSWER TO QUESTIONS 18 THROUGH 23 ABOVE.

| Question Number | Name of Person | Date of Treatment From | Date of Treatment To | Reason for Check-up, Diagnosis, Illness or Condition, Frequency of Attacks | Treatment or Findings, Medication, Recommendations, Hospitalization and/or Surgery, Degree of Recovery | Name and Address of Each Physician, Practitioner and Medical Facility |
|-----------------|----------------|------------------------|----------------------|--|--|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |

If additional space is needed, please use the separate sheet provided, sign, date and return with the Enrollment Application.

APPLICATION DECLARATION & AGREEMENTS

I have personally completed this Enrollment Application and represent that all the answers and statements on this Enrollment Application are true, complete, and correctly recorded and agree they will be used to determine the eligibility for coverage applied for, for each Proposed Insured. I understand and agree that: 1) all statements and answers in this Enrollment Application, including any supplements, are complete and true; 2) I have personal knowledge of the medical history of each Proposed Insured; 3) any incorrect or incomplete information in this Enrollment Application may result in loss of coverage or claim denial; 4) no insurance coverage shall take effect unless the coverage applied for becomes effective or requested change is approved by SLAICO and the Certificate or requested change is delivered to the Applicant, and the first full premium paid during the lifetime and good health of all Proposed Insureds. I will notify and provide the Company with any evidence required by it to determine my future eligibility for coverage under the Group Policy. I acknowledge that I have received and read the material describing the rights of the Eligible Individual under the HIPAA mandate and understand its content.

Insurance Fraud: - Warning: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

I further understand and agree that:

1. A future change in my employment status may cause me to no longer be eligible for coverage under the Group Policy; and
2. Eligibility for coverage under the Group Policy does not constitute initial coverage under the Group Policy; and
3. Coverage under the Group Policy is subject to SLAICO's underwriting criteria.

Attention Applicant:

After this Enrollment Application has been completed, and before you sign it, read it carefully to be certain that all information has been properly recorded.

I agree that my electronic signature on this Enrollment Application serves as my original signature.

Signed at _____ Date _____

City State Zip

Applicant's Signature _____ Spouse's Signature _____

Agent Name _____ Code/Writing# _____

Fax# _____ Email _____

AUTHORIZATION TO OBTAIN, RELEASE AND DISCLOSE MEDICAL INFORMATION

I hereby authorize any physician, medical practitioner, hospital, clinic or other medically related facility, insurance company, insurance support organization, business partner, pharmacy, government agency, group policy holder, employer, benefit plan administrator, MIB, Inc., the Department of Motor Vehicle Registration, and paramedical facility to provide to STANDARD LIFE & ACCIDENT INSURANCE COMPANY, or to any agent, attorney, consumer reporting agency, or an independent administrator, including medical record retrieval services, pharmaceutical services, acting on behalf of STANDARD LIFE & ACCIDENT INSURANCE COMPANY or its reinsurers behalf, information concerning advice, care or treatment sought by or provided to me and/or any other applicant for coverage, including information relating to medical history, medical conditions, treatment, hospitalizations or confinements, ailments, and/or drug, alcohol or tobacco usage of the Proposed Insured(s). It is understood that STANDARD LIFE & ACCIDENT INSURANCE COMPANY underwriters, claims examiners, reinsurers, attorneys or the medical director may disclose such health information to the aforementioned parties for compliance, record clarification or explanation, or in response to litigation, summons or subpoenas. I understand that after this information is disclosed, the recipient may re-disclose it resulting in loss of protection by federal regulations.

I agree that my electronic signature serves as my original signature.

I understand that:

- (1) such information will be used by STANDARD LIFE & ACCIDENT INSURANCE COMPANY for underwriting and insurability determinations.
- (2) I may refuse to sign this authorization and that my refusal to sign will affect my ability to obtain health insurance coverage.
- (3) a picture copy or photocopy of this authorization shall be as valid as the original; and
- (4) any authorized representative of the Proposed Insured is entitled to receive a copy of this authorization upon request.

This authorization is valid from the date signed for a duration of 24 months. I understand I may revoke the authorization at any time, except to the extent those actions have been taken in reliance on this authorization, by sending written notice to the Health Underwriting Department of STANDARD LIFE & ACCIDENT INSURANCE COMPANY, P.O. Box 1991, Galveston, Texas 77553. *I may inspect or copy any information used or disclosed under this authorization, if signed.*

Proposed Insured's Signature _____ Date _____

Spouse's Signature (if coverage is requested for spouse) _____ Date _____

Personal Representative designated by signature above is hereby authorized to execute this instrument based on: power of attorney, guardian-in-fact, guardian, payee representative, other _____ (Circle One).

**EZ Enrollment Application to
Standard Life And Accident Insurance Company (SLAICO) • Administrative Office • Galveston, Texas**

Print in Black New Reinstatement-Existing # _____ Change-Existing # _____

1. **Special Requests:** Mail Certificate to Applicant: Yes No Requested Effective Date: _____

I, as a member of the association, apply for:

2. **Catastrophic Hospital Plan:**

Option A

Deductible Amount:

\$750 \$1,500 \$2,000 \$2,500 \$5,000
 \$10,000 \$15,000 \$20,000 \$25,000

PPO Rider Yes No

PPO Selected _____

Optional Benefits: (NON-HSA ONLY)

Accident Rider:

Max. Amount Deductible

\$500 \$100
 \$1,000 \$250
 \$1,500 \$250
 \$2,500 \$500

Critical Illness Beneficiary:

Name: _____ Relationship: _____

*(Not available when OP Doctor Rider selected) ***(Not available when OP Diagnostic Testing Rider selected.)

Option B (Family Coverage only)

Deductible Amount:

\$3,000 \$4,000 \$5,000
 \$10,000

OP Diagnostic Testing Rider: Yes No*

Deductible Amount: \$750 \$1,000 \$1,500

OP Drug Rider: Yes No

\$500 \$1,000 (Individual Deductible)
 \$1,000 \$2,000 (Family Deductible)

OP Doctor Rider: Yes No**

Deductible Amount: \$750 \$1,000 \$1,500
Maximum Benefit: \$25,000 \$100,000

Rate of Payment:

100% 80% 50%

Stop-Loss Amount: (Option A only)

\$5,000 \$10,000

Per Injury/Sickness Maximum

\$1,000,000 \$2,000,000

HSA Plan:

Plan Deductible Amount:

Individual: \$1,500 \$2,000
 \$2,500 \$5,000

Family: \$3,000 \$4,000 \$5,000
 \$10,000 (100% Rate of Prmt.)

Rate of Payment:

100% 80% 50%

Per Injury/Sickness Maximum

\$1,000,000 \$2,000,000

PPO Rider Yes No

PPO Selected _____

Initial Modal Premium: Amount: \$ _____

3. **Payment Mode:** Annual Semi-Annual Quarterly

Monthly Electronic Debit (Funds to be withdrawn from the account number shown on a CWA check, otherwise, submit a copy of a voided check or deposit slip to establish a different account for premium withdrawal.)

Name and Address of Premium Payor if other than Proposed Insured:

Amount collected with Application: _____

Draft Initial Premium: \$ _____ (quoted premium)

TO BE COMPLETED PERSONALLY BY THE PROPOSED INSURED AND SPOUSE, IF APPLYING.

4. **Proposed Insured Information**

| Proposed Insured(s) (Print Last Name, First Name, MI.) | Relationship | Marital Status | | Sex | Age | Date of Birth | | | Place of Birth | Build | | Social Security Number |
|---|--------------|--------------------------|--------------------------|-----|-----|---------------|-----|------|----------------|--------|--------|------------------------|
| | | Single | Married | | | Mo. | Day | Year | | Height | Weight | |
| 1 | Proposed Ins | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | |
| 2 | Spouse | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | |
| 3 | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | |

5. **Address** (Permanent U.S. residence of primary insured.)

Best time to call:

Phone: Hm () _____ A.M. P.M.

Work: () _____ A.M. P.M.

Cell: () _____ A.M. P.M.

Number and Street or R.F.D. _____

E-Mail Address: _____

City _____ State _____ Zip _____

| 6. Employment Data | Employed Full-Time? | Name of Employer <i>(if self employed, describe duties)</i> | Duties/Title | Avg. Monthly Earnings Last 12 Months |
|--------------------|--|--|--------------|--------------------------------------|
| Person No. 1 | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | \$ |
| Person No. 2 | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | \$ |

7. Has any Proposed Insured used tobacco or a tobacco based product within the past 12 months? Yes No
If "Yes", who? _____
8. Has any Proposed Insured applied for life, accident or health insurance, or reinstatement of such insurance, which was declined, restricted, postponed, rescinded, cancelled, withdrawn, or modified as to plan, amount, coverage, or rate? Yes No
Name _____ Reason _____
9. Are all dependent children under the age of 26 years? Yes No
(Do not include on this application any of your children who are 26 years of age or older or any married children)
10. Does any Proposed Insured plan to travel or reside outside the United States? Yes No
If "Yes", Who? _____ Where? _____
11. Does any Proposed Insured engage in hazardous occupations or sports? Yes No
If "Yes", Who? _____ Details _____
12. Has any person applying been covered under a health insurance plan including COBRA within the last 18 months? Yes No
13. Are you applying for coverage under the federal HIPAA Program Yes No *(If yes, submit letter of creditable coverage.)*
14. Will this insurance replace any existing insurance or insurance which has terminated with this company or any other company? Yes No
(If "yes" to questions 12, 13 or 14, provide details below for coverage in the last 24 months.)

| Question # | Name of Company & Policy # | Plan Type Grp. or Ind. | Hospital | Major Medical | Effective Date Month-Year | Termination Date Month-Year |
|------------|----------------------------|------------------------|----------|---------------|---------------------------|-----------------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |

15. You should not cancel your existing medical insurance coverage until you receive written notification of acceptance from SLAICO.
If accepted, do you agree to discontinue your current medical insurance? Yes No

CHANGES IN EMPLOYMENT STATUS INDICATED BELOW MAY AFFECT FUTURE ELIGIBILITY FOR INSURANCE COVERAGE.
ALL OF THE FOLLOWING QUESTIONS MUST BE ANSWERED:

16. Are you the owner of an incorporated business? Yes No
17. Are you a sole proprietor or a partner in a partnership? Yes No
18. Are you an employee of a business? Yes No
- 18a. Will your employer pay a portion of your health insurance premium?
 Yes No
- 18b. Will you be reimbursed by your employer, through wage adjustments or otherwise, for any portion of the premium? Yes No
- 18c. Will your health insurance plan be treated by you or your employer as part of a plan or program for the purposes of Section 106, 125 or 162, Internal Revenue Code of 1986 (26 U.S.C. Section 106, 125 or 162)?
 Yes No

19. Answer the following questions to determine if your client is eligible for health insurance coverage.
- a. Does any Proposed Insured have history of Medical Conditions such as, but not limited to, AIDS/HIV, Internal Cancer, COPD, Connective Tissue Disorder, Crohn's Disease, Diabetes, Elevated Blood Sugar, Emphysema, Heart Attack, Heart Surgery, Heart Disease, Angioplasty, Hepatitis, Organ Transplant, Stroke, Stent Placement, Ulcerative Colitis or Melanoma? Yes No
- b. Does any Proposed Insured have surgery or medical tests recommended or pending but not yet performed? Yes No
- c. Does any Proposed Insured have a history of drug or alcohol abuse within the last 5 years, or had a driver's license suspended, received a DUI/DWI/OUI within the past 2 years? Yes No
- d. Is any Proposed Insured or household family member (including students away at school whether applying or not applying for coverage) currently pregnant? Yes No
- e. Has any Proposed Insured not resided in the United States 2 years or more? Yes No

If the answer is "Yes" to any of the above questions, do not submit the application for coverage on this individual. If a family member is pregnant, do not submit application for any member.

APPLICATION DECLARATION & AGREEMENTS

I have personally completed this Enrollment Application and represent that all the answers and statements on this Enrollment Application are true, complete, and correctly recorded and agree they will be used to determine the eligibility for coverage applied for, for each Proposed Insured. I understand and agree that: 1) all statements and answers in this Enrollment Application, including any supplements, are complete and true; 2) I have personal knowledge of the medical history of each Proposed Insured; 3) any incorrect or incomplete information in this Enrollment Application may result in loss of coverage or claim denial; 4) no insurance coverage shall take effect unless the coverage applied for becomes effective or requested change is approved by SLAICO and the Certificate or requested change is delivered to the Applicant, and the first full premium paid during the lifetime and good health of all Proposed Insureds. I will notify and provide the Company with any evidence required by it to determine my future eligibility for coverage under the Group Policy. I acknowledge that I have received and read the material describing the rights of the Eligible Individual under the HIPAA mandate, the Fair Credit Reporting Act Pre-Notification, and MIB Pre-Notification.

Insurance Fraud: - Warning: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

I further understand and agree that:

1. A future change in my employment status may cause me to no longer be eligible for coverage under the Group Policy; and
2. Eligibility for coverage under the Group Policy does not constitute initial coverage under the Group Policy; and
3. Coverage under the Group Policy is subject to SLAICO's underwriting criteria.

Attention Applicant:

After this Enrollment Application has been completed, and before you sign it, read it carefully to be certain that all information has been properly recorded. I agree that my electronic signature on this Enrollment Application serves as my original signature.

Signed at _____ Date _____

City

State

Zip

Applicant's Signature _____ Spouse's Signature _____

Agent Name _____ Code/Writing# _____

Fax# _____ Email _____

EZ Personal History Interview Form

Standard Life and Accident Insurance Company ♦Galveston, Texas

Please **Carefully Review** the EZ Personal History Interview Form to determine if answers are true, complete, and correctly recorded.



Certificate #

Contact information:

Standard Life and Accident Insurance Company
 Health Underwriting Division
 P. O. BOX 1991, Galveston, TX 77553
 1-888-790-6055

Section I: Proposed Insured Information

| Name(s) | Relationship | Marital Status | | Sex | Age | DOB | State | Build | |
|---------|--------------|----------------|---------|-----|-----|-----|-------|--------|--------|
| | | Single | Married | | | | | Height | Weight |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

Section II: Medical History Verification

1 Please list the last time each Proposed Insured was seen by a physician. Provide details as to why medical care was sought, treatment, and current status of condition. Doctor contact information should include name, address, and phone number.

| Proposed Insured | Yes | No | Description of Changes/Additions (Include dates of illness/treatment and medications) | Name/address of attending physician |
|------------------|-----|----|--|-------------------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Section III: Medical History and Related Information Continued...

Within the last ten(10) years has any proposed insured had any indication of, diagnosis of, or treatment for....

Yes No

| | | | |
|----|--|--------------------------|--------------------------|
| 2 | The lungs or respiratory disorder, including hayfever, allergies, desensitization, sinus infections, reactive airway disease, asthma, bronchitis, tuberculosis, pneumonia, emphysema, or chronic lung disease? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 | The heart or circulatory disorder, including high blood pressure, high cholesterol, heart attack, heart murmur, heart valve disease or chest pain, irregular heartbeat, transient ischemic attack, varicose veins, phlebitis, or blood clot? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | An immune disorder, including but not limited to blood or spleen disorder, anemia, lupus, leukemia, purpura, or lymphoma, connective tissue disorder or clotting disorder? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 | A digestive or gastrointestinal disorder including ulcers, gastritis, reflux disorder, Crohn's Disease, ulcerative colitis, cirrhosis, irritable bowel syndrome, hemorrhoids, hernia, or any disorder of the pancreas, liver, rectum or gallbladder? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 | A nervous disorder, including epilepsy, convulsions, seizures, tremors, headaches, migraines, paralysis, or stroke? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 | A mental disorder including emotional problems, eating disorder, attention deficit disorder, hyperactivity, anxiety, autism, depression, sleep disorder, psychiatric treatment or counseling? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 | An endocrine disorder including diabetes, high or low blood sugar, glucose intolerance or any disorder of the thyroid gland, or any other glandular disorder including adrenal or pituitary? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 | A genito-urinary tract disorder, including urinary tract stones, bladder or urinary tract infections, renal reflux, incontinence or blood in the urine? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 | A muscular or skeletal disorder including the bones, joints, back or spine, including manipulation therapy, any muscular or neuromuscular disorder, including arthritis, gout, rheumatism, fibromyalgia or motor skill delay? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11 | Any disorder of the facial bones, upper or lower jaw including temporomandibular joint disease (TMJ)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12 | Cancer in any form, carcinoma in situ, or tumor, polyp, cyst, growth, scars, keloid, hemangiomas, acne, dermatitis, or any kind, skin disorder? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13 | Any disorder of the eyes, ears, nose or throat, cataracts, glaucoma, ear infections, ear tubes, hearing impairment, enlarged tonsils/adnoids, tonsillitis, vertigo, sleep apnea, speech impediment or deviated nasal septum? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14 | Does any person have any fixation/prosthetic devices present including but not limited to plates, screws, pins, implants, shunts, pacemakers, valve replacements, or stents? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15 | Does any proposed insured have a mental or physical impairment or deformity, or a congenital abnormality or developmental delay, disease or trait not previously disclosed? | <input type="checkbox"/> | <input type="checkbox"/> |

Section IV: Medical History and Related Information Continued...

With in the past ten (10) years, have you:

| | | | |
|----|---|--------------------------|--------------------------|
| 16 | Been diagnosed as having AIDS or an AIDS-related condition? | <input type="checkbox"/> | <input type="checkbox"/> |
| 17 | Received a positive result on an HIV test? | <input type="checkbox"/> | <input type="checkbox"/> |

FOR MALE PROPOSED INSURED(S) ONLY:

| | | | |
|----|--|--------------------------|--------------------------|
| 18 | Any disorder or condition of male reproductive organs or prostate, elevated PSA test, infertility, impotence, or a sexually transmitted disease? | <input type="checkbox"/> | <input type="checkbox"/> |
|----|--|--------------------------|--------------------------|

FOR FEMALE PROPOSED INSURED(S) ONLY:

| | | | |
|----|--|--------------------------|--------------------------|
| 19 | Any disorder or condition of the female reproductive organs, abnormal PAP smear, irregular or excessive menstruation, endometriosis, infertility, pregnancy complications including Cesarean section Delivery, cystocele, rectocele, pelvic relaxation, dysmenorrhea, chronic pelvic pain, HPV (human papilloma virus), or a sexually transmitted disease? | <input type="checkbox"/> | <input type="checkbox"/> |
| 20 | Date of last PAP smear? | <input type="checkbox"/> | <input type="checkbox"/> |
| 21 | Have you been instructed to have a repeat PAP smear or any follow-up treatment or tests as a result of your last PAP smear? | <input type="checkbox"/> | <input type="checkbox"/> |
| 22 | Breast disorder, disease, changes, condition lump(s), aspiration(s), calcifications, biopsies, including removal or placement of breast implants or mammoplasty? | <input type="checkbox"/> | <input type="checkbox"/> |

Section V: Medical History and Related Information Continued...

With in the past 5 years, has any proposed insured:

| | | | |
|----|---|--------------------------|--------------------------|
| 23 | Been hospital confined, had surgery, advised to undergo further testing, treatment, or surgery, including cosmetic, or reconstructive surgery? | <input type="checkbox"/> | <input type="checkbox"/> |
| 24 | Had an EKG, MRI, chest x-ray, blood study, contacted or seen a physician, psychologist, chiropractor, counselor, therapist, or any other person providing health care services? | <input type="checkbox"/> | <input type="checkbox"/> |

Within the past 12 months, has any proposed insured experienced or been treated by a physician for:

| | | | |
|----|---|--------------------------|--------------------------|
| 25 | Weight gain or loss of more than 12 pounds? | <input type="checkbox"/> | <input type="checkbox"/> |
|----|---|--------------------------|--------------------------|

Within the last six months:

| | | | |
|----|---|--------------------------|--------------------------|
| 26 | Has any proposed insured taken any prescription medication or now taking prescription medication or receiving treatment of any kind for any condition not listed above? | <input type="checkbox"/> | <input type="checkbox"/> |
|----|---|--------------------------|--------------------------|

Has any proposed insured ever been:

| | | | |
|----|---|--------------------------|--------------------------|
| 27 | Treated or counseled for alcohol or drug use or attended a drug or alcohol support group? | <input type="checkbox"/> | <input type="checkbox"/> |
| 28 | Advised by a physician to seek treatment or discontinue or decrease alcohol or drug consumption? | <input type="checkbox"/> | <input type="checkbox"/> |
| 29 | Under the influence of marijuana, narcotics, barbiturates, amphetamines, hallucinogens or used any other drugs not prescribed by a physician? | <input type="checkbox"/> | <input type="checkbox"/> |

Additional Medical Details Recorded by Interviewer...
(List Question #, Name of Proposed Insured, and details to YES responses.)

SUPPLEMENTAL QUESTIONS

Yes No

Did you review all your answers on the EZ Enrollment Application form prior to submission?

Did you personally complete the information on EZ Enrollment Application form?

Were you advised by the agent or anyone not to fully disclose any information?

Do you understand you are required to be a member of the Association?

Do you understand that dues and fees are required as a part of being a member to the Association?

Do you understand the EZ Enrollment Application is under review with the underwriting department and you have no coverage with SLAICO unless approved by the Company?

If coverage is approved, a contract will be issued based on your signed declaration and only benefits described in the contract will be available. Do you understand and agree?

You will be given ten(10) days to review the material to make sure the benefits provided are the same as what you understood them to be at the time you applied for coverage. Also during this ten(10) day free look period, you may return the certificate for a full refund of premium. Do you understand and agree?

Is there anything related to the questions asked of you that you do not understand?

Additional Comments and Change requests:

DECLARATION FOR EZ PERSONAL HISTORY INTERVIEW:

IT IS DECLARED that statements and answers in the EZ Personal History Interview Application are complete and true to the best knowledge and belief of the undersigned. All questions on the EZ Personal History Interview Application are correctly recorded and it is agreed they will be used to determine the eligibility for coverage under the health insurance plan for which each Proposed Insured is applying. I understand and agree that: (1) "Proposed Insured" means all persons named in Section 1; (2) all statements and answers in this form and any supplements or amendments to it are complete and true; (3) I/we have personal knowledge of the medical history of each proposed insured; (4) any incorrect or incomplete information on the EZ Personal History Interview Application may result in loss of coverage or claim denial; (5) no insurance shall take effect unless the certificate is issued and actually delivered to the Proposed Insured(s) and the first full premium paid during the life time and good health of all Proposed Insured(s). I will notify and provide the Company with any evidence required by it to determine my/our future eligibility under the plan. I also understand and agree that initial coverage under the Group Policy is subject to the Company's underwriting criteria.

ATTENTION PROPOSED INSURED: Before you show your acceptance by signing this Declaration, reread all information carefully to be certain that all information has been properly recorded.

I/we agree that the questions and answers on the EZ Enrollment Application and the EZ Personal History Interview Form are complete and true to the best of my/our knowledge. All recorded personal health history is the basis for the offer of coverage along with the EZ Personal History Interview Form and any attached amendments. It is further agreed that :

1. I/we have reviewed the information provided at the time of the EZ Personal History Interview;
2. the information is complete and recorded correctly; and
3. this information is made a part of the Certificate which evidences coverage under the group plan.

Signed at _____ Date _____ Proposed Insured's Signature _____

Signed at _____ Date _____ Spouse's Signature _____

ATTENTION AGENT: Before you FAX in the *Signed* Declaration, please verify the following has been completed by checking each box below:

| | |
|--------------------------|---|
| <input type="checkbox"/> | I have personally witnessed/verified the reading of the EZ Personal History Interview Form. |
| <input type="checkbox"/> | I have collected any additional premium due (if any). |
| <input type="checkbox"/> | I have explained how to reach SLAICO if the client has any additional questions about their coverage. |

Soliciting Agent (Please print clearly) _____ Agent's Signature _____

Soliciting Agent PC#: _____ Agent's Signature _____

Fax #: _____ E-mail Address (please print clearly): _____

**Please fax completed and signed Declaration to:
1-800-660-7948**

Note to AGENT: *If any health history has changed since completing the EZ Personal History Interview Form or if any health history details are omitted and/or not recorded correctly in the EZ Personal History Interview Form - Contact the Underwriting Department immediately at:
1-866-214-6973*

EZ Personal History Interview Form

Standard Life and Accident Insurance Company ♦Galveston, Texas

Please **Carefully Review** the EZ Personal History Interview Form to determine if answers are true, complete, and correctly recorded.



Certificate #

Contact information:

Standard Life and Accident Insurance Company
 Health Underwriting Division
 P. O. BOX 1991, Galveston, TX 77553
 1-888-790-6055

Section I: Proposed Insured Information

| Name(s) | Relationship | Marital Status | | Sex | Age | DOB | State | Build | |
|---------|--------------|----------------|---------|-----|-----|-----|-------|--------|--------|
| | | Single | Married | | | | | Height | Weight |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

Section II: Medical History Verification

| 1 | | Please list the last time each Proposed Insured was seen by a physician. Provide details as to why medical care was sought, treatment, and current status of condition. Doctor contact information should include name, address, and phone number. | | | | | | | |
|------------------|-----|--|--|-------------------------------------|--|--|--|--|--|
| Proposed Insured | Yes | No | Description of Changes/Additions (Include dates of illness/treatment and medications) | Name/address of attending physician | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

Section III: Medical History and Related Information Continued...

Within the last ten(10) years has any proposed insured had any indication of, diagnosis of, or treatment for....

Yes No

| | | | |
|----|--|--------------------------|--------------------------|
| 2 | The lungs or respiratory disorder, including hayfever, allergies, desensitization, sinus infections, reactive airway disease, asthma, bronchitis, tuberculosis, pneumonia, emphysema, or chronic lung disease? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 | The heart or circulatory disorder, including high blood pressure, high cholesterol, heart attack, heart murmur, heart valve disease or chest pain, irregular heartbeat, transient ischemic attack, varicose veins, phlebitis, or blood clot? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | An immune disorder, including but not limited to blood or spleen disorder, anemia, lupus, leukemia, purpura, or lymphoma, connective tissue disorder or clotting disorder? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 | A digestive or gastrointestinal disorder including ulcers, gastritis, reflux disorder, Crohn's Disease, ulcerative colitis, cirrhosis, irritable bowel syndrome, hemorrhoids, hernia, or any disorder of the pancreas, liver, rectum or gallbladder? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 | A nervous disorder, including epilepsy, convulsions, seizures, tremors, headaches, migraines, paralysis, or stroke? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 | A mental disorder including emotional problems, eating disorder, attention deficit disorder, hyperactivity, anxiety, autism, depression, sleep disorder, psychiatric treatment or counseling? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 | An endocrine disorder including diabetes, high or low blood sugar, glucose intolerance or any disorder of the thyroid gland, or any other glandular disorder including adrenal or pituitary? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 | A genito-urinary tract disorder, including urinary tract stones, bladder or urinary tract infections, renal reflux, incontinence or blood in the urine? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 | A muscular or skeletal disorder including the bones, joints, back or spine, including manipulation therapy, any muscular or neuromuscular disorder, including arthritis, gout, rheumatism, fibromyalgia or motor skill delay? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11 | Any disorder of the facial bones, upper or lower jaw including temporomandibular joint disease (TMJ)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12 | Cancer in any form, carcinoma in situ, or tumor, polyp, cyst, growth, scars, keloid, hemangiomas, acne, dermatitis, or any kind, skin disorder? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13 | Any disorder of the eyes, ears, nose or throat, cataracts, glaucoma, ear infections, ear tubes, hearing impairment, enlarged tonsils/adnoids, tonsillitis, vertigo, sleep apnea, speech impediment or deviated nasal septum? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14 | Does any person have any fixation/prosthetic devices present including but not limited to plates, screws, pins, implants, shunts, pacemakers, valve replacements, or stents? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15 | Does any proposed insured have a mental or physical impairment or deformity, or a congenital abnormality or developmental delay, disease or trait not previously disclosed? | <input type="checkbox"/> | <input type="checkbox"/> |

Section IV: Medical History and Related Information Continued...

With in the past ten (10) years, have you:

| | | | |
|----|---|--------------------------|--------------------------|
| 16 | Been diagnosed as having AIDS or an AIDS-related condition? | <input type="checkbox"/> | <input type="checkbox"/> |
| 17 | Received a positive result on an HIV test? | <input type="checkbox"/> | <input type="checkbox"/> |

FOR MALE PROPOSED INSURED(S) ONLY:

| | | | |
|----|--|--------------------------|--------------------------|
| 18 | Any disorder or condition of male reproductive organs or prostate, elevated PSA test, infertility, impotence, or a sexually transmitted disease? | <input type="checkbox"/> | <input type="checkbox"/> |
|----|--|--------------------------|--------------------------|

FOR FEMALE PROPOSED INSURED(S) ONLY:

| | | | |
|----|--|--------------------------|--------------------------|
| 19 | Any disorder or condition of the female reproductive organs, abnormal PAP smear, irregular or excessive menstruation, endometriosis, infertility, pregnancy complications including Cesarean section Delivery, cystocele, rectocele, pelvic relaxation, dysmenorrhea, chronic pelvic pain, HPV (human papilloma virus), or a sexually transmitted disease? | <input type="checkbox"/> | <input type="checkbox"/> |
| 20 | Date of last PAP smear? | <input type="checkbox"/> | <input type="checkbox"/> |
| 21 | Have you been instructed to have a repeat PAP smear or any follow-up treatment or tests as a result of your last PAP smear? | <input type="checkbox"/> | <input type="checkbox"/> |
| 22 | Breast disorder, disease, changes, condition lump(s), aspiration(s), calcifications, biopsies, including removal or placement of breast implants or mammoplasty? | <input type="checkbox"/> | <input type="checkbox"/> |

Section V: Medical History and Related Information Continued...

With in the past 5 years, has any proposed insured:

| | | | |
|----|---|--------------------------|--------------------------|
| 23 | Been hospital confined, had surgery, advised to undergo further testing, treatment, or surgery, including cosmetic, or reconstructive surgery? | <input type="checkbox"/> | <input type="checkbox"/> |
| 24 | Had an EKG, MRI, chest x-ray, blood study, contacted or seen a physician, psychologist, chiropractor, counselor, therapist, or any other person providing health care services? | <input type="checkbox"/> | <input type="checkbox"/> |

Within the past 12 months, has any proposed insured experienced or been treated by a physician for:

| | | | |
|----|---|--------------------------|--------------------------|
| 25 | Weight gain or loss of more than 12 pounds? | <input type="checkbox"/> | <input type="checkbox"/> |
|----|---|--------------------------|--------------------------|

Within the last six months:

| | | | |
|----|---|--------------------------|--------------------------|
| 26 | Has any proposed insured taken any prescription medication or now taking prescription medication or receiving treatment of any kind for any condition not listed above? | <input type="checkbox"/> | <input type="checkbox"/> |
|----|---|--------------------------|--------------------------|

Has any proposed insured ever been:

| | | | |
|----|---|--------------------------|--------------------------|
| 27 | Treated or counseled for alcohol or drug use or attended a drug or alcohol support group? | <input type="checkbox"/> | <input type="checkbox"/> |
| 28 | Advised by a physician to seek treatment or discontinue or decrease alcohol or drug consumption? | <input type="checkbox"/> | <input type="checkbox"/> |
| 29 | Under the influence of marijuana, narcotics, barbiturates, amphetamines, hallucinogens or used any other drugs not prescribed by a physician? | <input type="checkbox"/> | <input type="checkbox"/> |

Additional Medical Details Recorded by Interviewer...
(List Question #, Name of Proposed Insured, and details to YES responses.)

SUPPLEMENTAL QUESTIONS

Yes No

Did you review all your answers on the EZ Enrollment Application form prior to submission?

Did you personally complete the information on EZ Enrollment Application form?

Were you advised by the agent or anyone not to fully disclose any information?

Do you understand you are required to be a member of the Association?

Do you understand that dues and fees are required as a part of being a member to the Association?

Do you understand the EZ Enrollment Application is under review with the underwriting department and you have no coverage with SLAICO unless approved by the Company?

If coverage is approved, a contract will be issued based on your voice signature and only benefits described in the contract will be available. Do you understand and agree?

You will be given ten(10) days to review the material to make sure the benefits provided are the same as what you understood them to be at the time you applied for coverage. Also during this ten(10) day free look period, you may return the certificate for a full refund of premium. Do you understand and agree?

Is there anything related to the questions asked of you that you do not understand?

Additional Comments and Change requests:

VOICE SIGNATURE CONFIRMATION

You have consented to the use of your voice signature as part of this application.

We accept your voice signature as your electronic signature attesting to your answers.

The answers you have given will be transcribed as a part of the EZ Personal History Interview Form and become a part of our health insurance contract along with the EZ Enrollment Application. These form the basis of your insurability.

You have personal knowledge of the medical history of each proposed insured and that any incorrect or incomplete information provided during the personal history interview and recorded on the EZ Personal History Interview Form may result in loss of coverage or claim denial.

You represent that the answers provided during the interview are true and correct and complete as they relate to each person to be insured.

You will contact the underwriting department immediately if there has been a change in health history or if you find an error or omission in the delivered contract, if approved.

Please note that continued payment of premium will constitute acceptance of this coverage.

Name of Proposed Insured Interviewed: _____

DOB: _____

Last 4 Digits of SSN: _____

Interview completed by: _____ **Date:** _____

Note! *If any health history has changed since completing the EZ Personal History Interview Form or if any health history details are omitted and/or not recorded correctly in the EZ Personal History Interview Form - Contact the Underwriting Department immediately at: **1-800-377-3541***

STANDARD LIFE AND ACCIDENT INSURANCE COMPANY
(Herein referred to as: SLAICO, the Company, We, Our or Us)
ADMINISTRATIVE OFFICE: ONE MOODY PLAZA
GALVESTON TEXAS

MASTER POLICY AMENDMENT ARKANSAS RESIDENTS

DEFINITIONS

The following definitions are revised:

COMPLICATIONS OF PREGNANCY means:

1. conditions, requiring Hospital confinement (when the pregnancy is not terminated), whose diagnosis are distinct from pregnancy, but are adversely affected by pregnancy or are caused by pregnancy, such as (1) acute nephritis; (2) nephrosis; (3) cardiac decompensation;(4) HELLP syndrome; (5) uterine rupture; (6) amniotic fluid embolism; (7) chorioamnionitis; (8) fatty liver in pregnancy; (9) septic abortion; (10) placenta accreta; (11) gestational hypertension; (12) puerperal sepsis; (13) peripartum cardiomyopathy; (14) cholestasis in pregnancy; (15) thrombocytopenia in pregnancy; (16) placenta previa; (17) placental abruption; (18) acute cholecystitis and pancreatitis in pregnancy; (19) postpartum hemorrhage; (20) septic pelvic thrombophlebitis; (21) retained placenta; (22) venous air embolus associated with pregnancy; (23) miscarriage; or (24) an emergency c-section required because of (a) fetal or maternal distress during labor, or (b) severe pre-eclampsia, or (c) arrest of descent or dilatation, or (d) obstruction of the birth canal by fibroids or ovarian tumors, or (e) necessary because of the sudden onset of a medical condition manifesting itself by acute symptoms of sufficient severity that, in the absence of immediate medical attention, will result in placing the life of the mother or fetus in jeopardy. A c-section delivery is not considered to be an emergency c-section if it is merely for the convenience of the patient and/or doctor or solely due to a previous c-section; and
2. Treatment, diagnosis or care for conditions, including the following, when the condition was caused by, necessary because of, or aggravated by the pregnancy: (1) hyperthyroidism, (2) hepatitis B Or C, (3) HIV (4) Human papilloma virus, (5) abnormal PAP, (6) syphilis, (7) chlamydia, (8) herpes, (9) urinary tract infections, (10) thromboembolism, (11) appendicitis, (12) hypothyroidism, (13) pulmonary embolism, (14) sickle cell disease, (15) tuberculosis, (16) migraine headaches, (17) depression, (18) acute myocarditis, (19) asthma, (20) maternal cytomegalovirus, (21) urolithiasis, (22) DVT prophylaxis, (23) ovarian dermoid tumors, (24) biliary atresia and/or cirrhosis, (25) first trimester adnexal mass, (26) hydatidiform mole or (26) ectopic pregnancy.

PRE-EXISTING CONDITIONS means a disease or physical condition of a Covered Person, not otherwise excluded by name or specific description on the date of the Person's loss, which existed prior to the Covered Person's effective date under the Group Policy. Any exclusion or limitation applies only to a disease or physical condition for which medical advice or treatment was received by the Covered Person during the 12 months prior to the effective date of coverage under the Group Policy. In no event will the exclusion or limitation apply to loss incurred after the earlier of:

1. The end of a continuous period of 12 months commencing on or after the effective date of the Covered Person's coverage during all of which the Person received no advice or treatment in connection with such disease or physical condition; or
2. The end of the 2-year period commencing on the effective date of the Covered Person's effective date of coverage under the Group Policy.

MEDICAL SERVICES

Anesthesia Administration is changed to read:

Anesthesia Administration - Reasonable and Customary Charges for the administration of anesthesia by an anesthesiologist to a Covered Person undergoing surgery while Hospital Confined or in a Same Day Surgery Facility. The anesthesiologist must be at the operation solely to provide the anesthesia service.

We will reduce benefits otherwise payable had an anesthesiologist administered anesthesia by [50%] if a nurse anesthetist, operating Doctor, or assistant Surgeon administers the anesthesia, including any incidental fluids, as part of a covered surgical procedure. When both an anesthesiologist and a nurse anesthetist bill for the same operative session, benefits will be limited to the Reasonable and Customary charges otherwise payable had the anesthesiologist been the sole provider of such services.

Coverage includes charges incurred for those for services performed in connection with dental procedures in a Hospital or Ambulatory Surgical Center when the Doctor treating the Covered Person certifies that, because of the patient's age or condition or problem, hospitalization or general anesthesia is required in order to safely and effectively perform the procedures and the Covered Person is: (1) a child under 7 years of age who is determined by two dentists licensed in Arkansas to require, without delay, necessary dental treatment in a Hospital or Ambulatory Surgical Center for a significantly complex dental condition; (2) a person with a diagnosed serious mental or physical condition; or (3) a person with a significant behavioral problem as determined by the Covered Person's Doctor. This benefit does not apply to services performed in connection with temporomandibular joint disorders.

The following MEDICAL SERVICES are deleted:

Colorectal Screening
Diabetes

The following **MEDICAL SERVICES** are added:

ARKANSAS RESIDENT BENEFITS – The following benefits apply only when described services are provided to a Covered Person who is an Arkansas resident. Except as otherwise stated, they are subject to all the terms and conditions of the Group Policy.

Newborn Infants – When the Certificate evidences coverage for persons in addition to You, and You have given Us notice of a newborn as required by Automatic Coverage of Newborn and Adopted Children, coverage will include the Reasonable and Customary Charges incurred for the Medically Necessary care and treatment of a newborn child, while the child is Hospital Confined, as follows: (a) coverage for Sickness or Injury, congenital defects, and premature birth; (b) coverage for tests for hypothyroidism, phenylketonuria, galactosemia, sickle-cell anemia, and all other disorders of metabolism for which screening is performed by or for the State of Arkansas, as well as any testing of newborn infants hereafter mandated by law; and (c) a minimum of 48 hours up to 5 full days of routine nursery care and pediatric charges for a well newborn in a Hospital nursery or until the mother is discharged from the Hospital following the birth of the child, whichever is the lesser period of time.

Speech and Hearing - Reasonable and Customary Charges incurred for necessary care and treatment of loss or impairment of speech or hearing while Hospital Confined. Coverage does not include hearing instruments or devices.

Colorectal Screening - Reasonable and Customary Charges for colorectal cancer examinations and laboratory tests, while Hospital Confined or in an Ambulatory Surgical Center, for: (1) Covered Persons who are 50 years of age or older; (2) Covered Persons who are less than 50 years of age and at a high risk for colorectal cancer; (3) Covered Persons experiencing the following symptoms: bleeding from the rectum or blood in the stool; a change in bowel habits, such as diarrhea, constipation, or narrowing of the stool, that lasts more than 5 days.

The colorectal screening will involve an examination of the entire colon, including the following exams or laboratory tests, or both:

1. An annual fecal immunochemical test in conjunction with a flexible sigmoidoscopy every 5 years;
2. A double-contrast barium enema every 5 years; or
3. A colonoscopy every 10 years; and
4. Any additional medically recognized screening tests for colorectal cancer required by the Director of the Department of Health.

Follow-up screenings are covered as follows:

1. If the initial colonoscopy is normal, follow-up is recommended in 10 years;
2. For Covered Persons with 1 or more neoplastic polyps, adenomatous polyps, assuming that the initial colonoscopy was complete to the cecum and adequate preparation and removal of all visualized polyps follow-up is recommended in 3 years;
3. If single tubular adenoma of less than 1 centimeter (4 for patients with large sessile adenomas greater than 3 centimeters) especially if removed in piecemeal fashion, follow-up is recommended in 6 months or until complete polyp removal is verified by colonoscopy.

Diabetes – Reasonable and Customary Charges for equipment, supplies, medication and a one per lifetime self-management training and patient management, including medical nutrition therapy, for the treatment of insulin-dependent diabetes, insulin-using diabetes, gestational diabetes, and non-insulin-using diabetes, while Hospital Confined. The self-management diabetes training program must be Medically Necessary as determined by a Doctor. Additional training is covered when a Doctor prescribes the additional training as Medically Necessary because of a significant change in the Covered Person's symptoms or conditions.

TMJ – Reasonable and Customary Charges for the treatment of musculoskeletal disorders affecting any bone or joint in the face, neck, or head, including temporomandibular joint disorder and craniomandibular disorder. Treatment includes both surgical and nonsurgical procedures.

This coverage will be provided for Medically Necessary diagnosis and treatment of these conditions whether they are the result of accident, trauma, congenital defect, developmental defect, or pathology. This coverage shall be the same as that provided for any other musculoskeletal disorder in the body and shall be provided whether prescribed or administered by a physician or dentist.

EXCEPTIONS

Number 10 is revised to state as follows:

10. A Pre-Existing Condition as defined in the Group Policy, except as stated under DEFINITIONS and TIME LIMIT ON CERTAIN DEFENSES, PRE-EXISTING CONDITIONS.

AUTOMATIC COVERAGE OF NEWBORN AND ADOPTED CHILDREN is revised as follows:

Newborns: If the Group Policy provides coverage for Covered Persons other than You, the Policy will also provide coverage for newborn children when they live with You from the moment of birth. This coverage is free for the first 90 days.

Adopted Children: If the Group Policy provides coverage for Covered Persons other than You, the Policy will also provide coverage for adopted children and children who are placed for adoption from the date of the filing of a petition for adoption. This coverage for adopted children is free for the first 60 days of the filing of a petition for adoption if You apply for coverage within 60 days after the filing of the petition for adoption. However, the coverage will be free for the first 60 days from the moment of birth if the petition for adoption and application for coverage is filed within 60 days after the birth of the minor.

In order to continue coverage for a newborn or adopted child, You must do the following:

1. Send Us notice of the child within the 90 days after the date of the child's birth or before the premium due date, whichever is later (or, in the case of an adopted child, within the 60 days after the filing of the petition for adoption or birth of child); and
2. Send Us the additional premium for the child within 90 days of the child's date of birth or within 60 days of the date of petition for adoption or birth of the child.

As long as You pay the extra premium, the child will remain a Covered Person, subject to the Termination of Coverage and Loss of Coverage Eligibility provisions of the Group Policy. Coverage for a child that is placed with You for adoption will continue in accordance with the Termination of Coverage and Loss of Coverage Eligibility provisions, unless the placement is disrupted prior to legal adoption and the child is removed from placement.

We do not require an application for the child unless You have notified Us of the child later than the timeframe as required above.

TERMINATION OF COVERAGE

The following paragraph is added:

If coverage under the Group Policy ends and is replaced by a group health insurance plan issued by another insurer or self-funded health care plan, coverage under the Group Policy will continue for any Covered Person who is Hospital Confined on the date coverage under the Group Policy ends. Continuation of such benefits are subject to all terms and conditions the Group Policy, except those relating to termination of benefits. Such benefits will continue until the Hospital Confinement ends or until the maximum benefits available under the Group Policy are paid, whichever occurs first.

LOSS OF ELIGIBILITY

The following sentence is added to the first paragraph:

If a Covered Person's coverage ends under the Group Policy, in accordance with the paragraphs above, such Person may be eligible for Continuation or Conversion. Please see the Conversion and Continuation Privilege.

EXTENSION OF COVERAGE FOR SOME CHILDREN

The entire section is deleted and replaced with the following:

When an unmarried dependent child who is a Covered Person has reached the Limiting Age, coverage may continue if the child is, and remains, incapable of sustaining employment by reason of mental retardation or physical disability and who is chiefly dependent upon the Certificateholder for support and maintenance.

SLAICO may ask the Certificateholder to furnish proof of the incapacity or dependency. SLAICO will bear the cost of obtaining such proof. The Certificateholder is expected to notify SLAICO if the incapacity or dependency is removed or terminated in the future.

The premium rate for the handicapped dependent will remain at the child rate.

CONTINUATION PRIVILEGE

The entire section is revised to state as follows:

If coverage ends under the Group Policy for certain reasons, a Covered Person may be able to continue his coverage.

CONTINUATION:

A Covered Person may continue his coverage under the Group Policy and that of his dependents who are covered under the Group Policy if his coverage would otherwise end because of termination of membership or because of a change in marital status. Such coverage will be continued if the person:

1. Has been continuously covered under the Group Policy for the 3 month period prior to termination of membership or change in marital status; and
2. Is not eligible for Medicare or is not fully covered (i.e., all Pre-Existing Conditions are covered) under any other group medical policy or contract;

Continuation will be allowed under this provision until all Pre-Existing Conditions are covered or would be covered under another group policy or contract or until termination pursuant to this continuation provision or pursuant to any applicable provision of federal law.

To continue coverage, the person must request continuation in writing within 10 working days of termination of membership or change in marital status. Premiums must be paid on a monthly basis in advance in accordance with the terms of the Group Policy.

This continuation will end on the earliest of the following dates:

1. 120 days from the date continuation began;
2. The end of the period for which premiums are paid on a timely basis;
3. The premium due date following the date the person becomes eligible for Medicare;
4. The date maximum benefits available under the Group Policy are paid for such person; or
5. The date of termination of the Group Policy; however, continuation will continue under any replacement policy.

Upon termination of this continuation, the person may have the right of conversion described above. Any person who elects the conversion privilege waives the right to this continuation.

TOTAL DISABILITY: "Total Disability" means a Covered Person's inability, because of Sickness or Injury, to perform the material and substantial duties of his/her occupation.

If a Covered Person suffers from Total Disability at the time of any termination or discontinuance of the Group Policy by SLAICO, regardless of the reason for the termination or discontinuance, SLAICO will provide an extension of benefits for a period of 12 months immediately following the date of termination or discontinuance. Benefits payable will be subject to the Group Policy's regular benefit limits.

EXCEPTIONS

Exception number 11 is changed to read:

Eligible Expenses for a Pre-Existing Condition except as stated under **DEFINITIONS** and **TIME LIMIT ON CERTAIN DEFENSES, PRE-EXISTING CONDITIONS**.

GENERAL PROVISIONS

Under **TIME LIMIT ON CERTAIN DEFENSES**, the following is changed to read:

2. PRE-EXISTING CONDITIONS:

No claim for loss incurred after the earlier of: (a) the end of a continuous period of 12 months commencing on or after the Covered Person's effective date of coverage under the Group Policy, during which the Covered Person has received no medical advice or treatment in connection with such disease or physical condition or (b) the end of the 2-year period commencing on the effective date of the Covered Person's coverage under the Group Policy will be reduced or denied unless:

- (a) The disease or physical condition has been excluded from coverage by name or specific description, and;
- (b) Such exclusion is in effect on the date the loss is incurred.

TIME FOR PAYMENT OF CLAIMS is changed to read:

TIME FOR PAYMENT OF CLAIMS: We will pay or deny each Clean Claim as follows: (1) if the claim is filed electronically, within 30 days after the date We receive the claim; or (2) if the claim is filed on paper, within 45 days after the date we receive the claim. We will notify the claimant of any deficiencies in the claim not less than 30 days after the date We receive the claim. The notice will give an explanation of any additional information required. We will suspend the claim until We receive the requested information. We will reopen and pay or deny the suspended claim within 30 days after We receive the information requested..

If We fail to pay or deny a Clean Claim or to give notice that We need more information to pay a claim, We will pay the claimant for the period beginning on the 61st day after receipt of the Clean Claim and ending on the Clean Claim payment date (this is called the delinquent payment period), calculated as follows: the amount of the Clean Claim payment times 12% per annum times the number of days in the delinquent payment period, divided by 365. We will pay this penalty without any action by the claimant.

A "Clean Claim" means a claim for payment of health care expenses that is submitted on a HCFA 1500 on a UB92 in a format required by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), or on Our standard claim form with all required fields completed in accordance with Our published claim filing requirements. A Clean Claim does not include a claim (1) for payment of expenses incurred during a period of time for which premiums are delinquent; or (2) for which We need additional information in order to resolve the claim.

The following is added:

NOTICE TO CERTIFICATEHOLDERS: We are here to serve the Certificateholder. As our Certificateholder, Your satisfaction is very important to Us. If You have a question about Your Certificate, if You need assistance with a problem, or if You have a claim, You should first contact Your insurance agent or Us at 1-800-899-6520. If You do not have Your agent's name, address, or phone number, please contact Us and We will be able to supply the information.

If We at SLAICO fail to provide You with reasonable and adequate service, You should feel free to contact:

Arkansas Insurance Department
Consumer Services Division
1200 West Third Street
Little Rock, AR 72201-1904
1-800-852-5494

EXTERNAL REVIEW PROCEDURE – In certain cases, the Certificateholder has the right to request an External Review Procedure, as described in this Section.

The following terms are defined:

Adverse Determination means the Company's determination that an admission, availability of care, continued stay or other Medical Service has been reviewed and, based upon the information provided, the requested payment for the service is denied, reduced or terminated, because:

- (a) The requested Health Care service does not meet the Company's requirements for Medical Necessity, or
- (b) The requested Health Care service has been found to be "Experimental/Investigational."

In order to qualify as an "Adverse Determination:"

- (a) The Adverse Determination must be a Final Adverse Determination, except as may be provided herein.
- (b) The Adverse Determination must involve treatment, services, equipment, supplies, or drugs that would require the health benefit plan to expend five hundred dollars (\$500) or more of expenditures.

Adverse Determination does not include the Company's determination to deny a Health Care service based upon:

- (a) An express exclusion in the health benefit plan other than a general exclusion for "Medical Necessity" or "Experimental/Investigational;"
- (b) An express limitation in the health benefit plan with respect to the number of visits, treatments, supplies or services for a covered benefit in a given calendar period or over the lifetime of the Covered Person;
- (c) An express limitation in the health benefit plan with respect to a maximum dollar limitation with respect to a covered benefit in a given calendar period or over the lifetime of the Covered Person;
- (d) The Company's determination that an individual is not eligible to be a Covered Person;
- (e) The Company's determination that treatment, service, or supplies were requested or obtained by a Covered Person through fraud or material misrepresentation.
- (f) The health benefit plan's procedure for determining the Covered Person's access to a Health Care Provider, including but not limited to a network access provision;
- (g) Illegality of services or the means or methods of administering them;
- (h) FDA or other government agency determinations, reports or statements; or
- (i) Licensure, permit or accreditation status of a Health Care Provider.

Authorized Representative means:

- (a) A person to whom a Covered Person has given express written consent to represent the Covered Person in an External Review;
- (b) A person authorized by law to provide substituted consent for a Covered Person; or
- (c) When the Covered Person is unable to provide consent, a family member of the Covered Person or the Covered Person's treating Health Care Professional if a family member is unavailable.

Commissioner means the Arkansas Insurance Commissioner.

Covered Benefits or Benefits means those Health Care services to which a Covered Person is entitled under the terms of a health benefit plan.

Covered Person means You. Covered Person shall also mean the Covered Person's Authorized Representative, as defined in this regulation.

Disclose means to release, transfer or otherwise divulge protected Health Information to any person other than the individual who is the subject of the protected Health Information.

Emergency Medical Condition means medical conditions of a recent onset and severity, including, but not limited to, severe pain that would lead a prudent lay person, possessing an average knowledge of medicine and health, to believe that his or her condition, sickness, or injury is of such a nature that failure to get immediate medical care could result in placing the patient's health in serious jeopardy, serious impairment to bodily functions, or serious dysfunction of any bodily organ or part.

Emergency Services means Health Care items and services furnished or required to evaluate and treat an Emergency Medical Condition.

External Review means a process, independent of all affected parties, to determine if a Health Care service is medically necessary or experimental/ investigational.

Facility means an institution providing Health Care services or a Health Care setting, including but not limited to, hospitals and other licensed inpatient centers, outpatient surgical or treatment centers, skilled nursing centers, residential treatment centers, diagnostic, laboratory and imaging centers, and rehabilitation and other therapeutic health settings.

Final Adverse Determination means an Adverse Determination involving a covered benefit that has been upheld by a health carrier at the completion of the health carrier's internal grievance procedure or Utilization Review procedure. If the health carrier does not have, nor is required by law to have, an internal grievance procedure or Utilization Review procedure, an Adverse Determination shall be considered a Final Adverse Determination.

Health care professional means a physician or other Health Care practitioner licensed, accredited or certified to perform specified health services consistent with state law.

Health Care Provider or Provider means a Health Care Professional or a Facility.

Health Care Services means services for the diagnosis, prevention, treatment, cure or relief of a health condition, illness, injury or disease.

Health Information means information or data, whether oral or recorded in any form or medium, and personal facts or information about events or relationships that relates to:

- (a) The past, present or future physical, mental, or behavioral health or condition of an individual or a member of the individual's family;
- (b) The provision of Health Care services to an individual; or
- (c) Payment for the provision of Health Care services to an individual.

Independent Review Organization means an entity that conducts independent External Reviews of Adverse Determinations and Final Adverse Determinations.

Medical or Scientific Evidence means the following sources:

- (a) Peer-reviewed scientific studies published in or accepted for publication by medical journals that meet nationally recognized requirements for scientific manuscripts and that submit most of their published articles for review by experts who are not part of the editorial staff;
- (b) Peer-reviewed medical literature, including literature relating to therapies reviewed and approved by a qualified institutional review board, biomedical compendia and other medical literature that meet the criteria of the National Institutes of Health's Library of Medicine for indexing in Index Medicus, Excerpta Medicus (EMBASE), Medline and MEDLARS database Health Services Technology Assessment Research (HSTAR);
- (c) Medical journals recognized by the Secretary of Health and Human Services under Section 1861(t)(2) of the federal Social Security Regulation;
- (d) The following standard reference compendia: The American Hospital Formulary Service-Drug; The American Dental Association Accepted Dental Therapeutics; and The United States Pharmacopoeia-Drug Information;
- (e) Findings, studies or research conducted by or under the auspices of federal government agencies and nationally recognized federal research institutes, including: The federal Agency for Healthcare Research and Quality; The National Institutes of Health; The National Cancer Institute; The National Academy of Sciences; The Centers for Medicare and Medicaid Services; Any national board recognized by the National Institutes of Health for the purpose of evaluating the medical value of Health Care services; and Any other Medical or Scientific Evidence that is comparable to the sources listed in Subparagraphs (a) through (e).

Medical or Scientific Evidence shall not include published peer-reviewed literature sponsored to a significant extent by a pharmaceutical manufacturing company or medical device manufacturer.

Medically Necessary or Medical Necessity has the same definition as found under the section of the Certificate titled **DEFINITIONS**.

Person means an individual, a corporation, a partnership, an association, a joint venture, a joint stock company, a trust, an unincorporated organization, a limited liability company, any similar entity or any combination of the foregoing.

Protected Health Information means Health Information that is not subject to disclosure under state and/or federal law.

Retrospective Review means a review of Medical Necessity conducted after services have been provided to a patient, but does not include the review of a claim that is limited to an evaluation of reimbursement levels, veracity of documentation, accuracy of coding or adjudication for payment.

Utilization Review and Utilization Review Procedure mean the system for reviewing the appropriate and efficient allocation of hospital resources and medical services given or proposed to be given to a patient or group of patients.

Requesting an External Review, General Information - At the time of an Adverse Determination or a Final Adverse Determination, the Company will notify the Covered Person and Health Care Professional in writing of the right to request an External Review.

Before filing a request for an External Review, a Covered Person must exhaust the Company's internal grievance procedures (unless the Company waives this requirement). A Covered Person has exhausted the internal grievance procedure when:

- (a) The Covered Person has filed an appeal regarding an Adverse Determination with the Company; and
- (b) The Covered Person has not received a written decision on the appeal from the Company within 30 days following the date the Covered Person filed the appeal. (This 30 day requirement does not apply if the Covered Person requested or agreed to a delay of the 30 day requirement); or
- (c) The Covered Person has received a written decision regarding the appeal and the Company has made a Final Adverse Determination.

Once the Covered Person has received a Final Adverse Determination, the Covered Person has 60 days to request of External Review. The Covered Person must request an External Review in writing.

When requesting an External Review, the Covered Person will be required to authorize the release of any medical records that may be required for review in making the decision on the External Review. the Company will attach the authorization form to the External Review Notice.

A Covered Person has the right to contact the Commissioner for assistance with the External Review process at any time. The Commissioner's contact information is:

Arkansas Insurance Department
1200 West Third Street
Little Rock, AR 72201
(501)371-2600 or 1-800-282-9134
insurance.Consumers@Arkansas.gov

Standard External Review – When the Company receives a request for an External Review, it will assign an Independent Review Organization (IRO) to the External Review.

The IRO will conduct a preliminary review to determine if:

- (1) The request meets External Review requirements;
- (2) The Covered Person has exhausted the Company's internal grievance process (unless the Covered Person is not required to exhaust the grievance process as described in this notice); and
- (3) The Covered Person has provided all information and forms required to process an External Review, including the authorization form that the Company provided at the time of the Adverse or Final Adverse determination.

Within 5 business days, the IRO will review the Request and notify the Covered Person whether the request is complete and whether the IRO has accepted the Request. Within 7 business days after the date of receipt of this IRO notice, the Company will provide to the IRO, the Covered Person, and the Covered Person's treating Health Care Professional the documents and any information considered in making the Adverse Determination or Final Adverse Determination, together with any additional information required.

The IRO notice will include a statement that the Company, the Covered Person and the Covered Person's treating Health Care Professional may submit additional information and supporting documentation in writing to the IRO within 7 business days following the date of receipt of the notice. The IRO will consider this information when conducting the External Review. The IRO shall review all of the information and documents received in writing by the Covered Person, the Covered Person's treating Health Care Professional, and the Company.

If the request is not complete, the assigned IRO will, within 5 business days, inform the Company, the Covered Person, and the Covered Person's treating Health Care Professional what information or materials are needed to make the request complete. The IRO will immediately forward copies of any additional information to the Company.

If the request is not accepted for External Review, the assigned IRO will inform the Covered Person, the Covered Person's treating Health Care Professional and the Company in writing within 5 business days of the reasons for its nonacceptance.

In reaching a decision to accept or reject a matter for External Review, the IRO is not bound by any decisions or conclusions reached during the Company's internal grievance procedure or Utilization Review procedure.

Except in the case of the IRO terminating and reversing the Company's Adverse Determination or Final Adverse Determination because the Company failed to provide documents and information to the IRO within an acceptable time frame, failure by the Company or its Utilization Review organization to provide the documents and information within the time frame required will not delay the conduct of the External Review.

If the Company or its Utilization Review Organization fails to provide the documents and information within the time frame required, the IRO may terminate the External Review and make a decision to reverse the Adverse Determination or Final Adverse Determination.

Upon receipt of the information, if any, required to be forwarded to the IRO, the Company may reconsider its Adverse Determination or Final Adverse Determination that is the subject of the External Review.

Reconsideration by the Company of its Adverse Determination or Final Adverse Determination will not delay or terminate the External Review.

The External Review may only be terminated if the Company decides, upon completion of its reconsideration, to reverse its Adverse Determination or Final Adverse Determination and provide coverage or payment for the Health Care service that is the subject of the Adverse Determination or Final Adverse Determination.

Immediately upon making the decision to reverse its Adverse Determination or Final Adverse Determination, the Company shall notify the Covered Person, the Covered Person's treating Health Care Professional, and the IRO in writing of its decision.

The IRO will terminate the External Review upon receipt of the notice from the Company regarding its reversal.

In addition to the documents and information referred to above, the IRO, to the extent the information or documents are available and the IRO considers them appropriate, shall consider the following in reaching a decision:

- (1) The Covered Person's medical records;
- (2) The treating Health Care Professional's recommendation;
- (3) Consulting reports from appropriate Health Care Professionals and other documents submitted by the health carrier, Covered Person, or the Covered Person's treating Health Care Professional;
- (4) The most appropriate practice guidelines, which may include generally accepted practice guidelines, evidence-based practice guidelines or any other practice guidelines developed by the federal government, national or professional medical societies, boards and associations;
- (5) Any applicable written screening procedures, decision abstracts, clinical protocols and practice guidelines used by a health carrier to determine the necessity and appropriateness of Health Care services;
- (6) If the Adverse Determination involves a denial of coverage based on a determination that the recommended or requested Health Care services is "experimental" or "investigational," the IRO shall also consider whether:
 - (a) The recommended or requested Health Care service or treatment has been approved by the federal Food and Drug Administration for the condition, while realizing that treatments or services are often legitimately used for purposes other than those listed in the FDA approval; or
 - (b) Medical or scientific evidence demonstrates that the expected Benefits of the recommended or requested Health Care service or treatment is more likely than not to be more beneficial to the Covered Person than any available standard Health Care service or treatment and the adverse risks of the recommended or requested Health Care service or treatment would not be substantially increased over those of available standard Health Care services or treatments.

Within 45 calendar days after the date of receipt of the request for an External Review, the IRO shall provide written notice of its decision to uphold or reverse the Adverse Determination or the Final Adverse Determination to the Covered Person, the Covered Person's treating Health Care Professional, and the Company.

The IRO notice will include:

- (a) A general description of the reason for the request for External Review;
- (b) The date the IRO received the assignment from the health carrier to conduct the preliminary review of the External Review request;
- (c) The date the External Review was conducted, if appropriate;
- (d) The date of its decision;
- (e) The principal reason or reasons for its decision;
- (f) The rationale for its decision; and
- (g) References to the evidence or documentation, including the practice guidelines, considered in reaching its decision.

If the Adverse Determination involves a denial of coverage based on a determination that the recommended or requested Health Care services is "experimental" or "investigational," the IRO shall also consider whether:

- (i) A description of the indicators relevant to determining whether there is sufficient evidence to demonstrate that the recommended or requested Health Care service or treatment is more likely than not to be more beneficial to the Covered Person than any available standard Health Care services or treatments and the adverse risks of the recommended or requested Health Care service or treatment would not be substantially increased over those of available standard Health Care services or treatments; and
- (ii) A description and analysis of any Medical or Scientific Evidence considered in reaching the opinion.

Upon receipt of a notice of a decision reversing the Adverse Determination or Final Adverse Determination, the Company will immediately approve the coverage that was the subject of the Adverse Determination or Final Adverse Determination.

The assignment by the Company of an approved IRO to conduct an External Review in accordance with this section shall be fair and impartial. The Company and the IRO shall comply with standards approved by the Commissioner to ensure fairness and impartiality in the assignment by health carriers of approved IRO to conduct External Reviews.

Expedited External Review – A Covered Person may make a request for an Expedited External Review at the time the Covered Person receives an Adverse Determination or a Final Adverse Determination.

The Covered Person may request an expedited External Review of an Adverse Determination if:

- (a) The Covered Person has a medical condition where the timeframe for completion of an expedited review of an appeal set forth in the Company's internal grievance procedure or Utilization Review procedure would seriously jeopardize the life or health of the Covered Person or would jeopardize the Covered Person's ability to regain maximum function; or
- (b) The Adverse Determination involves a denial of coverage based on a determination that the recommended or requested Health Care service or treatment is "experimental" or "investigational," and the Covered Person's treating physician certifies in writing that the recommended or requested Health Care service or treatment would be significantly less effective if not promptly initiated.

Note: A Covered Person may file a request for an expedited External Review at the same time the Covered Person files a request for an expedited review of an appeal under the Company's grievance or utilization review procedure if:

- (a). The Covered Person has a medical condition where the timeframe for completion of an expedited review of an appeal set forth in the Company's internal grievance procedure or utilization review procedure would seriously jeopardize the life or health of the Covered Person or would jeopardize the Covered Person's ability to regain maximum function; or

- (b). The Adverse Determination involves a denial of coverage based on a determination that the recommended or requested health care service or treatment is "experimental" or "investigational," and the Covered Person's treating physician certifies in writing that the recommended or requested health care service or treatment would be significantly less effective if not promptly initiated.

The IRO will determine whether the Covered Person shall be required to complete the Company's expedited internal grievance procedure or Utilization Review procedure before it conducts the expedited External Review. Upon a determination that the Covered Person must first complete the expedited internal grievance review procedure or Utilization Review procedure, the IRO immediately shall notify the Covered Person and the Covered Person's treating Health Care Professional of this determination and that it will not proceed with the expedited External Review until the expedited internal grievance procedure or Utilization Review procedure is completed and the Adverse Determination or Final Adverse Determination is upheld.

The Covered Person may request an expedited External Review of a Final Adverse Determination if:

- (a) The Covered Person has a medical condition where the timeframe for completion of a standard External Review would seriously jeopardize the life or health of the Covered Person, or would jeopardize the Covered Person's ability to regain maximum function; or
- (b) The Final Adverse Determination concerns:
 - (i) An admission, availability of care, continued stay or Health Care service for which the Covered Person received Emergency Services, but has not been discharged from a Facility; or
 - (ii) A denial of coverage based on a determination that the recommended or requested Health Care service or treatment is experimental or investigational, and the Covered Person's treating physician certifies in writing that the recommended or requested Health Care service or treatment that is the subject of the request would be significantly less effective if not promptly initiated.

At the time the Covered Person makes a request for an expedited External Review, the Covered Person or the Covered Person's treating Health Care Professional shall submit additional information and supporting documentation that the IRO will consider when conducting the expedited External Review.

At the time the Company receives a request for an expedited External Review, the Company will immediately assign an IRO to the case.

At the time the Company assigns an IRO to conduct the expedited External Review, the Company shall immediately provide or transmit all documents and information considered in making the Adverse Determination or Final Adverse Determination, as well as any additional information and supporting documentation, to the IRO, the Covered Person, and the Covered Person's treating Health Care Professional via electronically, facsimile or any other available expeditious method.

The IRO will, as expeditiously as the Covered Person's medical condition or circumstances require, but in no event more than 72 hours after the date of receipt of the request for an acceptable expedited External Review:

- (a) Make a decision to uphold or reverse the Adverse Determination or Final Adverse Determination; and
- (b) Notify the Covered Person, the Covered Person's treating Health Care Professional, and the Company of the decision.

If the notice from the IRO was not in writing, within 2 days after the date of providing that notice, the IRO shall:

- (a) Provide a written or electronic media confirmation of the decision to the Covered Person and the Company; and
- (b) Include the information required for a Standard External Review Notice.

In reaching a decision, the IRO is not bound by any decisions or conclusions reached during the health carrier's Utilization Review process or the Company's internal grievance process.

Upon receipt of notice of a decision reversing the Adverse Determination or Final Adverse Determination, the Company will immediately approve the coverage that was the subject of the Adverse Determination or Final Adverse Determination.

An expedited External Review may not be provided for adverse or Final Adverse Determinations involving a Retrospective Review.

Binding Nature of External Review Decision -

- (a) An External Review decision is binding on the Company except to the extent the Company has other remedies available under applicable federal or state law.
- (b) An External Review decision is binding on the Covered Person except to the extent the Covered Person has other remedies available under applicable federal or state law.
- (c) A Covered Person may not file a subsequent request for External Review involving the same Adverse Determination or Final Adverse Determination for which the Covered Person has already received an External Review decision pursuant to this regulation.

Filing Fees –

- (a) Except in the case of a request for an expedited External Review, at the time of filing a request for External Review, the Covered Person shall submit to the IRO a filing fee of \$25 along with the information and documentation to be used by the IRO in conducting the External Review.
- (b) Upon application by the Covered Person, the Commissioner may waive the filing fee upon a showing of undue financial hardship.
- (c) The filing fee shall be refunded to the person who paid the fee if the External Review results in the reversal, in whole or in part, of the Company's Adverse Determination or Final Adverse Determination that was the subject of the External Review.
- (d) the Company against which a request for a standard External Review or an expedited External Review is filed shall pay the cost of the IRO for conducting the External Review.

This Amendment is signed on behalf of the Company.



Secretary

CONSUMER INFORMATION NOTICE

Insurer:

STANDARD LIFE AND ACCIDENT INSURANCE COMPANY
Administrative Office: One Moody Plaza, Galveston, Texas 77550
Phone Number: 1-800-933-5956

Agent:

[Name]
[Address]
[Telephone Number]

If We at Standard Life and Accident Insurance Company fail to provide you with reasonable and adequate service, you should feel free to contact:

ARKANSAS INSURANCE DEPARTMENT

Consumer Services Division

1200 West Third Street
Little Rock, AR 72201-1904
Phone Number: (501) 371-2640 or (800) 852-5494

SERFF Tracking Number: *ANTX-125833329* *State:* *Arkansas*
Filing Company: *Standard Life and Accident Insurance Company* *State Tracking Number:* *42145*
Company Tracking Number: *SLA-C08-C*
TOI: *H15G Group Health - Hospital/Surgical/Medical Sub-TOI:* *H15G.001 Any Size Group*
 Expense
Product Name: *SLA-C08-C (AR)*
Project Name/Number: /

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: ANTX-125833329 State: Arkansas
 Filing Company: Standard Life and Accident Insurance Company State Tracking Number: 42145
 Company Tracking Number: SLA-C08-C
 TOI: H15G Group Health - Hospital/Surgical/Medical Sub-TOI: H15G.001 Any Size Group
 Expense
 Product Name: SLA-C08-C (AR)
 Project Name/Number: /

Rate/Rule Schedule

| Review Status: | Document Name: | Affected Form Numbers: (Separated with commas) | Rate Action: | Rate Action Information: | Attachments |
|-----------------|-----------------------------|---|--------------|--------------------------|--|
| Approved-Closed | Monthly Gross Premium Rates | SLA-C08-C (AR) | New | | SAM Cat08 HSANQ Base plan (Option A) 1-1-09.pdf SAM Cat08 nonHSA Base plan (Option B) 1-1-09.pdf SAM Cat08 HSAQ Base plan (HSA plan)1-1-09.pdf |
| Approved-Closed | Monthly Gross Premium Rates | SLA-ACC608 | New | | SLA-ACC608 1-1-09.pdf |
| Approved-Closed | Monthly Gross Premium Rates | SLA-DIR608 | New | | SLA-DIR608 1-1-09.pdf |
| Approved-Closed | Monthly Gross Premium Rates | SLA-OPD608 (AR) | New | | SLA-OPD608 1-1-09.pdf |
| Approved-Closed | Monthly Gross Premium Rates | SLA-OPRx608 (AR) | New | | SLA-OPRX608 1-1-09.pdf |

STANDARD LIFE AND ACCIDENT INSURANCE COMPANY

MONTHLY GROSS PREMIUM RATES

SLA-C08H (Family Plan)

Rates Effective 1/1/09

TOBACCO USER

100/0 Co-Insurance

\$0 Stop Loss

| Age | 3000 | | 4000 | | 5000 | | 10000 | | Age |
|----------------|------|--------|------|--------|----------------|--------|-------|--------|------|
| | Male | Female | Male | Female | Male | Female | Male | Female | |
| < 23 | 136 | 179 | 124 | 164 | 116 | 154 | 91 | 120 | < 23 |
| 23 | 137 | 186 | 127 | 171 | 117 | 160 | 92 | 124 | 23 |
| 24 | 140 | 193 | 128 | 176 | 120 | 164 | 93 | 129 | 24 |
| 25 | 141 | 199 | 129 | 184 | 121 | 171 | 94 | 133 | 25 |
| 26 | 143 | 207 | 131 | 190 | 122 | 176 | 95 | 138 | 26 |
| 27 | 145 | 213 | 133 | 196 | 123 | 183 | 97 | 143 | 27 |
| 28 | 150 | 217 | 137 | 200 | 128 | 186 | 100 | 146 | 28 |
| 29 | 155 | 223 | 143 | 204 | 133 | 191 | 104 | 148 | 29 |
| 30 | 160 | 228 | 147 | 210 | 137 | 196 | 106 | 153 | 30 |
| 31 | 164 | 235 | 151 | 214 | 141 | 199 | 110 | 155 | 31 |
| 32 | 170 | 239 | 158 | 220 | 146 | 204 | 115 | 160 | 32 |
| 33 | 177 | 250 | 163 | 230 | 151 | 214 | 118 | 168 | 33 |
| 34 | 185 | 262 | 170 | 240 | 159 | 224 | 123 | 175 | 34 |
| 35 | 191 | 274 | 176 | 251 | 163 | 235 | 128 | 184 | 35 |
| 36 | 199 | 286 | 183 | 262 | 170 | 244 | 133 | 190 | 36 |
| 37 | 207 | 296 | 189 | 273 | 176 | 254 | 138 | 198 | 37 |
| 38 | 220 | 308 | 201 | 283 | 187 | 265 | 146 | 207 | 38 |
| 39 | 233 | 320 | 214 | 293 | 199 | 274 | 155 | 214 | 39 |
| 40 | 247 | 331 | 227 | 305 | 212 | 283 | 164 | 222 | 40 |
| 41 | 261 | 343 | 239 | 315 | 223 | 293 | 174 | 228 | 41 |
| 42 | 274 | 354 | 252 | 327 | 236 | 304 | 184 | 237 | 42 |
| 43 | 296 | 367 | 273 | 337 | 254 | 314 | 198 | 246 | 43 |
| 44 | 317 | 381 | 292 | 347 | 273 | 323 | 213 | 254 | 44 |
| 45 | 340 | 392 | 313 | 360 | 291 | 336 | 227 | 262 | 45 |
| 46 | 361 | 406 | 332 | 371 | 309 | 346 | 242 | 270 | 46 |
| 47 | 384 | 419 | 353 | 384 | 329 | 358 | 256 | 279 | 47 |
| 48 | 414 | 439 | 382 | 404 | 355 | 376 | 278 | 293 | 48 |
| 49 | 447 | 460 | 411 | 423 | 383 | 393 | 299 | 308 | 49 |
| 50 | 478 | 481 | 438 | 442 | 409 | 412 | 319 | 321 | 50 |
| 51 | 508 | 503 | 467 | 462 | 436 | 430 | 340 | 336 | 51 |
| 52 | 541 | 523 | 497 | 481 | 462 | 449 | 361 | 351 | 52 |
| 53 | 582 | 550 | 535 | 505 | 499 | 469 | 389 | 367 | 53 |
| 54 | 624 | 575 | 573 | 529 | 534 | 491 | 416 | 384 | 54 |
| 55 | 666 | 600 | 611 | 553 | 570 | 514 | 445 | 401 | 55 |
| 56 | 706 | 627 | 650 | 575 | 605 | 536 | 474 | 419 | 56 |
| 57 | 749 | 652 | 689 | 599 | 641 | 558 | 501 | 436 | 57 |
| 58 | 800 | 690 | 735 | 634 | 685 | 589 | 535 | 461 | 58 |
| 59 | 852 | 727 | 783 | 667 | 730 | 622 | 570 | 485 | 59 |
| 60 | 906 | 762 | 831 | 702 | 774 | 653 | 606 | 509 | 60 |
| 61 | 958 | 799 | 880 | 734 | 820 | 684 | 641 | 535 | 61 |
| 62 | 1010 | 837 | 928 | 769 | 865 | 716 | 675 | 559 | 62 |
| 63 | 1065 | 875 | 980 | 805 | 912 | 749 | 713 | 585 | 63 |
| 64 | 1120 | 914 | 1030 | 841 | 958 | 782 | 749 | 612 | 64 |
| Rate per Child | | | | | Rate per Child | | | | |
| <2 | 58 | 58 | 53 | 53 | 49 | 49 | 39 | 39 | |
| 2-17 | 58 | 58 | 53 | 53 | 49 | 49 | 39 | 39 | |
| 18+ | 91 | 91 | 83 | 83 | 77 | 77 | 62 | 62 | |

*For renewal only

For 2 insureds 10% discount;
 For 3 insureds 5% discount;
 No discount for 4 or more insureds.

STANDARD LIFE AND ACCIDENT INSURANCE COMPANY
MONTHLY GROSS PREMIUM RATES
SLA-C08H (Family Plan)
 Rates Effective 1/1/09
TOBACCO USER - PREFERRED

100/0 Co-Insurance \$0 Stop Loss

| Age | 3000 | | 4000 | | 5000 | | 10000 | | Age |
|----------------|------|--------|------|--------|----------------|--------|-------|--------|------|
| | Male | Female | Male | Female | Male | Female | Male | Female | |
| < 23 | 121 | 159 | 110 | 145 | 103 | 137 | 81 | 106 | < 23 |
| 23 | 122 | 165 | 113 | 152 | 104 | 142 | 82 | 110 | 23 |
| 24 | 124 | 171 | 114 | 156 | 106 | 145 | 82 | 114 | 24 |
| 25 | 125 | 177 | 114 | 163 | 107 | 152 | 83 | 118 | 25 |
| 26 | 127 | 184 | 116 | 169 | 108 | 156 | 84 | 122 | 26 |
| 27 | 129 | 189 | 118 | 174 | 109 | 162 | 86 | 127 | 27 |
| 28 | 133 | 192 | 122 | 177 | 114 | 165 | 89 | 130 | 28 |
| 29 | 137 | 198 | 127 | 181 | 118 | 169 | 92 | 131 | 29 |
| 30 | 142 | 202 | 130 | 186 | 122 | 174 | 94 | 136 | 30 |
| 31 | 145 | 208 | 134 | 190 | 125 | 177 | 98 | 137 | 31 |
| 32 | 151 | 212 | 140 | 195 | 130 | 181 | 102 | 142 | 32 |
| 33 | 157 | 222 | 145 | 204 | 134 | 190 | 105 | 149 | 33 |
| 34 | 164 | 232 | 151 | 213 | 141 | 199 | 109 | 155 | 34 |
| 35 | 169 | 243 | 156 | 223 | 145 | 208 | 114 | 163 | 35 |
| 36 | 177 | 254 | 162 | 232 | 151 | 216 | 118 | 169 | 36 |
| 37 | 184 | 263 | 168 | 242 | 156 | 225 | 122 | 176 | 37 |
| 38 | 195 | 273 | 178 | 251 | 166 | 235 | 130 | 184 | 38 |
| 39 | 207 | 284 | 190 | 260 | 177 | 243 | 137 | 190 | 39 |
| 40 | 219 | 294 | 201 | 271 | 188 | 251 | 145 | 197 | 40 |
| 41 | 232 | 304 | 212 | 279 | 198 | 260 | 154 | 202 | 41 |
| 42 | 243 | 314 | 224 | 290 | 209 | 270 | 163 | 210 | 42 |
| 43 | 263 | 326 | 242 | 299 | 225 | 279 | 176 | 218 | 43 |
| 44 | 281 | 338 | 259 | 308 | 242 | 287 | 189 | 225 | 44 |
| 45 | 302 | 348 | 278 | 319 | 258 | 298 | 201 | 232 | 45 |
| 46 | 320 | 360 | 294 | 329 | 274 | 307 | 215 | 239 | 46 |
| 47 | 341 | 372 | 313 | 341 | 292 | 318 | 227 | 247 | 47 |
| 48 | 367 | 389 | 339 | 358 | 315 | 334 | 247 | 260 | 48 |
| 49 | 396 | 408 | 365 | 375 | 340 | 349 | 265 | 273 | 49 |
| 50 | 424 | 427 | 389 | 392 | 363 | 365 | 283 | 285 | 50 |
| 51 | 451 | 446 | 414 | 410 | 387 | 381 | 302 | 298 | 51 |
| 52 | 480 | 464 | 441 | 427 | 410 | 398 | 320 | 311 | 52 |
| 53 | 516 | 488 | 475 | 448 | 443 | 416 | 345 | 326 | 53 |
| 54 | 553 | 510 | 508 | 469 | 474 | 436 | 369 | 341 | 54 |
| 55 | 591 | 532 | 542 | 491 | 506 | 456 | 395 | 356 | 55 |
| 56 | 626 | 556 | 577 | 510 | 537 | 475 | 420 | 372 | 56 |
| 57 | 664 | 578 | 611 | 531 | 569 | 495 | 444 | 387 | 57 |
| 58 | 710 | 612 | 652 | 562 | 608 | 522 | 475 | 409 | 58 |
| 59 | 756 | 645 | 695 | 592 | 648 | 552 | 506 | 430 | 59 |
| 60 | 804 | 676 | 737 | 623 | 687 | 579 | 538 | 451 | 60 |
| 61 | 850 | 709 | 781 | 651 | 727 | 607 | 569 | 475 | 61 |
| 62 | 896 | 742 | 823 | 682 | 767 | 635 | 599 | 496 | 62 |
| 63 | 945 | 776 | 869 | 714 | 809 | 664 | 632 | 519 | 63 |
| 64 | 993 | 811 | 914 | 746 | 850 | 694 | 664 | 543 | 64 |
| Rate per Child | | | | | Rate per Child | | | | |
| <2 | 58 | 58 | 53 | 53 | 49 | 49 | 39 | 39 | |
| 2-17 | 58 | 58 | 53 | 53 | 49 | 49 | 39 | 39 | |
| 18+ | 91 | 91 | 83 | 83 | 77 | 77 | 62 | 62 | |

*For renewal only

*For 2 insureds 10% discount;
 For 3 insureds 5% discount;
 No discount for 4 or more insureds.*

STANDARD LIFE AND ACCIDENT INSURANCE COMPANY
MONTHLY GROSS PREMIUM RATES
SLA-C08H (Family Plan)
 Rates Effective 1/1/09
 TOBACCO NON-USER

100/0 Co-Insurance \$0 Stop Loss

| Age | 3000 | | 4000 | | 5000 | | 10000 | | Age |
|----------------|------|--------|------|--------|----------------|--------|-------|--------|------|
| | Male | Female | Male | Female | Male | Female | Male | Female | |
| < 23 | 91 | 119 | 83 | 109 | 77 | 103 | 61 | 80 | < 23 |
| 23 | 91 | 124 | 85 | 114 | 78 | 107 | 61 | 83 | 23 |
| 24 | 93 | 129 | 85 | 117 | 80 | 109 | 62 | 86 | 24 |
| 25 | 94 | 133 | 86 | 123 | 81 | 114 | 63 | 89 | 25 |
| 26 | 95 | 138 | 87 | 127 | 81 | 117 | 63 | 92 | 26 |
| 27 | 97 | 142 | 89 | 131 | 82 | 122 | 65 | 95 | 27 |
| 28 | 100 | 145 | 91 | 133 | 85 | 124 | 67 | 97 | 28 |
| 29 | 103 | 149 | 95 | 136 | 89 | 127 | 69 | 99 | 29 |
| 30 | 107 | 152 | 98 | 140 | 91 | 131 | 71 | 102 | 30 |
| 31 | 109 | 157 | 101 | 143 | 94 | 133 | 73 | 103 | 31 |
| 32 | 113 | 159 | 105 | 147 | 97 | 136 | 77 | 107 | 32 |
| 33 | 118 | 167 | 109 | 153 | 101 | 143 | 79 | 112 | 33 |
| 34 | 123 | 175 | 113 | 160 | 106 | 149 | 82 | 117 | 34 |
| 35 | 127 | 183 | 117 | 167 | 109 | 157 | 85 | 123 | 35 |
| 36 | 133 | 191 | 122 | 175 | 113 | 163 | 89 | 127 | 36 |
| 37 | 138 | 197 | 126 | 182 | 117 | 169 | 92 | 132 | 37 |
| 38 | 147 | 205 | 134 | 189 | 125 | 177 | 97 | 138 | 38 |
| 39 | 155 | 213 | 143 | 195 | 133 | 183 | 103 | 143 | 39 |
| 40 | 165 | 221 | 151 | 203 | 141 | 189 | 109 | 148 | 40 |
| 41 | 174 | 229 | 159 | 210 | 149 | 195 | 116 | 152 | 41 |
| 42 | 183 | 236 | 168 | 218 | 157 | 203 | 123 | 158 | 42 |
| 43 | 197 | 245 | 182 | 225 | 169 | 209 | 132 | 164 | 43 |
| 44 | 211 | 254 | 195 | 231 | 182 | 215 | 142 | 169 | 44 |
| 45 | 227 | 261 | 209 | 240 | 194 | 224 | 151 | 175 | 45 |
| 46 | 241 | 271 | 221 | 247 | 206 | 231 | 161 | 180 | 46 |
| 47 | 256 | 279 | 235 | 256 | 219 | 239 | 171 | 186 | 47 |
| 48 | 276 | 293 | 255 | 269 | 237 | 251 | 185 | 195 | 48 |
| 49 | 298 | 307 | 274 | 282 | 255 | 262 | 199 | 205 | 49 |
| 50 | 319 | 321 | 292 | 295 | 273 | 275 | 213 | 214 | 50 |
| 51 | 339 | 336 | 311 | 308 | 291 | 287 | 227 | 224 | 51 |
| 52 | 361 | 349 | 331 | 321 | 308 | 299 | 241 | 234 | 52 |
| 53 | 388 | 367 | 357 | 337 | 333 | 313 | 259 | 245 | 53 |
| 54 | 416 | 384 | 382 | 353 | 356 | 327 | 277 | 256 | 54 |
| 55 | 444 | 400 | 408 | 369 | 380 | 343 | 297 | 267 | 55 |
| 56 | 471 | 418 | 434 | 384 | 404 | 358 | 316 | 279 | 56 |
| 57 | 500 | 435 | 460 | 400 | 428 | 372 | 334 | 291 | 57 |
| 58 | 534 | 460 | 490 | 423 | 457 | 393 | 357 | 307 | 58 |
| 59 | 568 | 485 | 522 | 445 | 487 | 415 | 380 | 323 | 59 |
| 60 | 604 | 508 | 554 | 468 | 516 | 436 | 404 | 340 | 60 |
| 61 | 639 | 533 | 587 | 490 | 547 | 456 | 428 | 357 | 61 |
| 62 | 674 | 558 | 619 | 513 | 577 | 478 | 450 | 373 | 62 |
| 63 | 710 | 584 | 654 | 537 | 608 | 500 | 476 | 390 | 63 |
| 64 | 747 | 610 | 687 | 561 | 639 | 522 | 500 | 408 | 64 |
| Rate per Child | | | | | Rate per Child | | | | |
| <2 | 58 | 58 | 53 | 53 | 49 | 49 | 39 | 39 | |
| 2-17 | 58 | 58 | 53 | 53 | 49 | 49 | 39 | 39 | |
| 18+ | 91 | 91 | 83 | 83 | 77 | 77 | 62 | 62 | |

*For renewal only

*For 2 insureds 10% discount;
 For 3 insureds 5% discount;
 No discount for 4 or more insureds.*

STANDARD LIFE AND ACCIDENT INSURANCE COMPANY
MONTHLY GROSS PREMIUM RATES
SLA-C08H (Family Plan)
 Rates Effective 1/1/09
PREFERRED

100/0 Co-Insurance \$0 Stop Loss

| Age | 3000 | | 4000 | | 5000 | | 10000 | | Age |
|----------------|------|--------|------|--------|----------------|--------|-------|--------|------|
| | Male | Female | Male | Female | Male | Female | Male | Female | |
| < 23 | 77 | 101 | 70 | 93 | 66 | 87 | 52 | 68 | < 23 |
| 23 | 78 | 105 | 72 | 97 | 66 | 91 | 52 | 70 | 23 |
| 24 | 79 | 109 | 73 | 100 | 68 | 93 | 53 | 73 | 24 |
| 25 | 80 | 113 | 73 | 104 | 69 | 97 | 53 | 75 | 25 |
| 26 | 81 | 117 | 74 | 108 | 69 | 100 | 54 | 78 | 26 |
| 27 | 82 | 121 | 75 | 111 | 70 | 104 | 55 | 81 | 27 |
| 28 | 85 | 123 | 78 | 113 | 73 | 105 | 57 | 83 | 28 |
| 29 | 88 | 126 | 81 | 116 | 75 | 108 | 59 | 84 | 29 |
| 30 | 91 | 129 | 83 | 119 | 78 | 111 | 60 | 87 | 30 |
| 31 | 93 | 133 | 86 | 121 | 80 | 113 | 62 | 88 | 31 |
| 32 | 96 | 136 | 90 | 125 | 83 | 116 | 65 | 91 | 32 |
| 33 | 100 | 142 | 92 | 130 | 86 | 121 | 67 | 95 | 33 |
| 34 | 105 | 149 | 96 | 136 | 90 | 127 | 70 | 99 | 34 |
| 35 | 108 | 155 | 100 | 142 | 92 | 133 | 73 | 104 | 35 |
| 36 | 113 | 162 | 104 | 149 | 96 | 138 | 75 | 108 | 36 |
| 37 | 117 | 168 | 107 | 155 | 100 | 144 | 78 | 112 | 37 |
| 38 | 125 | 175 | 114 | 160 | 106 | 150 | 83 | 117 | 38 |
| 39 | 132 | 181 | 121 | 166 | 113 | 155 | 88 | 121 | 39 |
| 40 | 140 | 188 | 129 | 173 | 120 | 160 | 93 | 126 | 40 |
| 41 | 148 | 194 | 136 | 179 | 126 | 166 | 99 | 129 | 41 |
| 42 | 155 | 201 | 143 | 185 | 134 | 172 | 104 | 134 | 42 |
| 43 | 168 | 208 | 155 | 191 | 144 | 178 | 112 | 139 | 43 |
| 44 | 180 | 216 | 166 | 197 | 155 | 183 | 121 | 144 | 44 |
| 45 | 193 | 222 | 177 | 204 | 165 | 191 | 129 | 149 | 45 |
| 46 | 205 | 230 | 188 | 210 | 175 | 196 | 137 | 153 | 46 |
| 47 | 218 | 238 | 200 | 218 | 187 | 203 | 145 | 158 | 47 |
| 48 | 235 | 249 | 217 | 229 | 201 | 213 | 158 | 166 | 48 |
| 49 | 253 | 261 | 233 | 240 | 217 | 223 | 170 | 175 | 49 |
| 50 | 271 | 273 | 248 | 251 | 232 | 234 | 181 | 182 | 50 |
| 51 | 288 | 285 | 265 | 262 | 247 | 244 | 193 | 191 | 51 |
| 52 | 307 | 297 | 282 | 273 | 262 | 255 | 205 | 199 | 52 |
| 53 | 330 | 312 | 303 | 286 | 283 | 266 | 221 | 208 | 53 |
| 54 | 354 | 326 | 325 | 300 | 303 | 278 | 236 | 218 | 54 |
| 55 | 378 | 340 | 346 | 314 | 323 | 291 | 252 | 227 | 55 |
| 56 | 400 | 356 | 369 | 326 | 343 | 304 | 269 | 238 | 56 |
| 57 | 425 | 370 | 391 | 340 | 363 | 316 | 284 | 247 | 57 |
| 58 | 454 | 391 | 417 | 359 | 388 | 334 | 303 | 261 | 58 |
| 59 | 483 | 412 | 444 | 378 | 414 | 353 | 323 | 275 | 59 |
| 60 | 514 | 432 | 471 | 398 | 439 | 370 | 344 | 289 | 60 |
| 61 | 543 | 453 | 499 | 416 | 465 | 388 | 363 | 303 | 61 |
| 62 | 573 | 475 | 526 | 436 | 490 | 406 | 383 | 317 | 62 |
| 63 | 604 | 496 | 556 | 456 | 517 | 425 | 404 | 332 | 63 |
| 64 | 635 | 518 | 584 | 477 | 543 | 443 | 425 | 347 | 64 |
| Rate per Child | | | | | Rate per Child | | | | |
| <2 | 58 | 58 | 53 | 53 | 49 | 49 | 39 | 39 | |
| 2-17 | 58 | 58 | 53 | 53 | 49 | 49 | 39 | 39 | |
| 18+ | 91 | 91 | 83 | 83 | 77 | 77 | 62 | 62 | |

*For renewal only

*For 2 insureds 10% discount;
 For 3 insureds 5% discount;
 No discount for 4 or more insureds.*

STANDARD LIFE AND ACCIDENT INSURANCE COMPANY
MONTHLY GROSS PREMIUM RATES
SLA-C08H (Family Plan)
 Rates Effective 1/1/09
TOBACCO USER

80/20 Co-Insurance \$10,000 Stop Loss

| Age | 3000 | | 4000 | | 5000 | | Age |
|----------------|------|----------------|------|--------|------|--------|------|
| | Male | Female | Male | Female | Male | Female | |
| < 23 | 118 | 156 | 108 | 143 | 101 | 134 | < 23 |
| 23 | 119 | 162 | 110 | 149 | 102 | 139 | 23 |
| 24 | 122 | 168 | 111 | 153 | 104 | 143 | 24 |
| 25 | 123 | 173 | 112 | 160 | 105 | 149 | 25 |
| 26 | 124 | 180 | 114 | 165 | 106 | 153 | 26 |
| 27 | 126 | 185 | 116 | 170 | 107 | 159 | 27 |
| 28 | 130 | 189 | 119 | 174 | 111 | 162 | 28 |
| 29 | 135 | 194 | 124 | 177 | 116 | 166 | 29 |
| 30 | 139 | 198 | 128 | 183 | 119 | 170 | 30 |
| 31 | 143 | 204 | 131 | 186 | 123 | 173 | 31 |
| 32 | 148 | 208 | 137 | 191 | 127 | 177 | 32 |
| 33 | 154 | 217 | 142 | 200 | 131 | 186 | 33 |
| 34 | 161 | 228 | 148 | 209 | 138 | 195 | 34 |
| 35 | 166 | 238 | 153 | 218 | 142 | 204 | 35 |
| 36 | 173 | 249 | 159 | 228 | 148 | 212 | 36 |
| 37 | 180 | 257 | 164 | 237 | 153 | 221 | 37 |
| 38 | 191 | 268 | 175 | 246 | 163 | 230 | 38 |
| 39 | 203 | 278 | 186 | 255 | 173 | 238 | 39 |
| 40 | 215 | 288 | 197 | 265 | 184 | 246 | 40 |
| 41 | 227 | 298 | 208 | 274 | 194 | 255 | 41 |
| 42 | 238 | 308 | 219 | 284 | 205 | 264 | 42 |
| 43 | 257 | 319 | 237 | 293 | 221 | 273 | 43 |
| 44 | 276 | 331 | 254 | 302 | 237 | 281 | 44 |
| 45 | 296 | 341 | 272 | 313 | 253 | 292 | 45 |
| 46 | 314 | 353 | 289 | 323 | 269 | 301 | 46 |
| 47 | 334 | 364 | 307 | 334 | 286 | 311 | 47 |
| 48 | 360 | 382 | 332 | 351 | 309 | 327 | 48 |
| 49 | 389 | 400 | 357 | 368 | 333 | 342 | 49 |
| 50 | 416 | 418 | 381 | 384 | 356 | 358 | 50 |
| 51 | 442 | 437 | 406 | 402 | 379 | 374 | 51 |
| 52 | 470 | 455 | 432 | 418 | 402 | 390 | 52 |
| 53 | 506 | 478 | 465 | 439 | 434 | 408 | 53 |
| 54 | 543 | 500 | 498 | 460 | 464 | 427 | 54 |
| 55 | 579 | 522 | 531 | 481 | 496 | 447 | 55 |
| 56 | 614 | 545 | 565 | 500 | 526 | 466 | 56 |
| 57 | 651 | 567 | 599 | 521 | 557 | 485 | 57 |
| 58 | 696 | 600 | 639 | 551 | 596 | 512 | 58 |
| 59 | 741 | 632 | 681 | 580 | 635 | 541 | 59 |
| 60 | 788 | 663 | 723 | 610 | 673 | 568 | 60 |
| 61 | 833 | 695 | 765 | 638 | 713 | 595 | 61 |
| 62 | 878 | 728 | 807 | 669 | 752 | 623 | 62 |
| 63 | 926 | 761 | 852 | 700 | 793 | 651 | 63 |
| 64 | 974 | 795 | 896 | 731 | 833 | 680 | 64 |
| Rate per Child | | Rate per Child | | | | | |
| <2 | 50 | 50 | 46 | 46 | 43 | 43 | |
| 2-17 | 50 | 50 | 46 | 46 | 43 | 43 | |
| 18+ | 79 | 79 | 72 | 72 | 67 | 67 | |

*For renewal only

*For 2 insureds 10% discount;
 For 3 insureds 5% discount;
 No discount for 4 or more insureds.*

STANDARD LIFE AND ACCIDENT INSURANCE COMPANY
MONTHLY GROSS PREMIUM RATES
SLA-C08H (Family Plan)
 Rates Effective 1/1/09
TOBACCO USER - PREFERRED

80/20 Co-Insurance \$10,000 Stop Loss

| Age | 3000 | | 4000 | | 5000 | | Age |
|--|------|--------|------|--------|------|--------|------|
| | Male | Female | Male | Female | Male | Female | |
| < 23 | 105 | 138 | 96 | 127 | 90 | 119 | < 23 |
| 23 | 106 | 144 | 98 | 132 | 90 | 123 | 23 |
| 24 | 108 | 149 | 98 | 136 | 92 | 127 | 24 |
| 25 | 109 | 153 | 99 | 142 | 93 | 132 | 25 |
| 26 | 110 | 160 | 101 | 146 | 94 | 136 | 26 |
| 27 | 112 | 164 | 103 | 151 | 95 | 141 | 27 |
| 28 | 115 | 168 | 106 | 154 | 98 | 144 | 28 |
| 29 | 120 | 172 | 110 | 157 | 103 | 147 | 29 |
| 30 | 123 | 176 | 114 | 162 | 106 | 151 | 30 |
| 31 | 127 | 181 | 116 | 165 | 109 | 153 | 31 |
| 32 | 131 | 184 | 122 | 169 | 113 | 157 | 32 |
| 33 | 137 | 192 | 126 | 177 | 116 | 165 | 33 |
| 34 | 143 | 202 | 131 | 185 | 122 | 173 | 34 |
| 35 | 147 | 211 | 136 | 193 | 126 | 181 | 35 |
| 36 | 153 | 221 | 141 | 202 | 131 | 188 | 36 |
| 37 | 160 | 228 | 145 | 210 | 136 | 196 | 37 |
| 38 | 169 | 238 | 155 | 218 | 145 | 204 | 38 |
| 39 | 180 | 247 | 165 | 226 | 153 | 211 | 39 |
| 40 | 191 | 255 | 175 | 235 | 163 | 218 | 40 |
| 41 | 201 | 264 | 184 | 243 | 172 | 226 | 41 |
| 42 | 211 | 273 | 194 | 252 | 182 | 234 | 42 |
| 43 | 228 | 283 | 210 | 260 | 196 | 242 | 43 |
| 44 | 245 | 294 | 225 | 268 | 210 | 249 | 44 |
| 45 | 263 | 302 | 241 | 278 | 224 | 259 | 45 |
| 46 | 279 | 313 | 256 | 287 | 239 | 267 | 46 |
| 47 | 296 | 323 | 272 | 296 | 254 | 276 | 47 |
| 48 | 319 | 339 | 294 | 311 | 274 | 290 | 48 |
| 49 | 345 | 355 | 317 | 326 | 295 | 303 | 49 |
| 50 | 369 | 371 | 338 | 341 | 316 | 318 | 50 |
| 51 | 392 | 388 | 360 | 357 | 336 | 332 | 51 |
| 52 | 417 | 404 | 383 | 371 | 357 | 346 | 52 |
| 53 | 449 | 424 | 412 | 389 | 385 | 362 | 53 |
| 54 | 482 | 444 | 442 | 408 | 412 | 379 | 54 |
| 55 | 514 | 463 | 471 | 427 | 440 | 396 | 55 |
| 56 | 545 | 483 | 501 | 444 | 467 | 413 | 56 |
| 57 | 577 | 503 | 531 | 462 | 494 | 430 | 57 |
| 58 | 617 | 532 | 567 | 489 | 529 | 454 | 58 |
| 59 | 657 | 561 | 604 | 514 | 563 | 480 | 59 |
| 60 | 699 | 588 | 641 | 541 | 597 | 504 | 60 |
| 61 | 739 | 616 | 679 | 566 | 632 | 528 | 61 |
| 62 | 779 | 646 | 716 | 593 | 667 | 553 | 62 |
| 63 | 821 | 675 | 756 | 621 | 703 | 577 | 63 |
| 64 | 864 | 705 | 795 | 648 | 739 | 603 | 64 |
| Rate per Child Rate per Child | | | | | | | |
| <2 | 50 | 50 | 46 | 46 | 43 | 43 | |
| 2-17 | 50 | 50 | 46 | 46 | 43 | 43 | |
| 18+ | 79 | 79 | 72 | 72 | 67 | 67 | |
| *For renewal only | | | | | | | |

*For 2 insureds 10% discount;
 For 3 insureds 5% discount;
 No discount for 4 or more insureds.*

STANDARD LIFE AND ACCIDENT INSURANCE COMPANY
MONTHLY GROSS PREMIUM RATES
SLA-C08H (Family Plan)
 Rates Effective 1/1/09
 TOBACCO NON-USER

80/20 Co-Insurance \$10,000 Stop Loss

| Age | 3000 | | 4000 | | 5000 | | Age |
|----------------|------|----------------|------|--------|------|--------|------|
| | Male | Female | Male | Female | Male | Female | |
| < 23 | 79 | 104 | 72 | 95 | 67 | 89 | < 23 |
| 23 | 79 | 108 | 73 | 99 | 68 | 93 | 23 |
| 24 | 81 | 112 | 74 | 102 | 69 | 95 | 24 |
| 25 | 82 | 115 | 75 | 107 | 70 | 99 | 25 |
| 26 | 83 | 120 | 76 | 110 | 71 | 102 | 26 |
| 27 | 84 | 123 | 77 | 113 | 71 | 106 | 27 |
| 28 | 87 | 126 | 79 | 116 | 74 | 108 | 28 |
| 29 | 90 | 129 | 83 | 118 | 77 | 111 | 29 |
| 30 | 93 | 132 | 85 | 122 | 79 | 113 | 30 |
| 31 | 95 | 136 | 87 | 124 | 82 | 115 | 31 |
| 32 | 99 | 139 | 91 | 127 | 85 | 118 | 32 |
| 33 | 103 | 145 | 95 | 133 | 87 | 124 | 33 |
| 34 | 107 | 152 | 99 | 139 | 92 | 130 | 34 |
| 35 | 111 | 159 | 102 | 145 | 95 | 136 | 35 |
| 36 | 115 | 166 | 106 | 152 | 99 | 141 | 36 |
| 37 | 120 | 171 | 109 | 158 | 102 | 147 | 37 |
| 38 | 127 | 179 | 117 | 164 | 109 | 153 | 38 |
| 39 | 135 | 185 | 124 | 170 | 115 | 159 | 39 |
| 40 | 143 | 192 | 131 | 177 | 123 | 164 | 40 |
| 41 | 151 | 199 | 139 | 183 | 129 | 170 | 41 |
| 42 | 159 | 205 | 146 | 189 | 137 | 176 | 42 |
| 43 | 171 | 213 | 158 | 195 | 147 | 182 | 43 |
| 44 | 184 | 221 | 169 | 201 | 158 | 187 | 44 |
| 45 | 197 | 227 | 181 | 209 | 169 | 195 | 45 |
| 46 | 209 | 235 | 193 | 215 | 179 | 201 | 46 |
| 47 | 223 | 243 | 205 | 223 | 191 | 207 | 47 |
| 48 | 240 | 255 | 221 | 234 | 206 | 218 | 48 |
| 49 | 259 | 267 | 238 | 245 | 222 | 228 | 49 |
| 50 | 277 | 279 | 254 | 256 | 237 | 239 | 50 |
| 51 | 295 | 291 | 271 | 268 | 253 | 249 | 51 |
| 52 | 313 | 303 | 288 | 279 | 268 | 260 | 52 |
| 53 | 338 | 319 | 310 | 293 | 289 | 272 | 53 |
| 54 | 362 | 334 | 332 | 307 | 309 | 285 | 54 |
| 55 | 386 | 348 | 354 | 321 | 331 | 298 | 55 |
| 56 | 410 | 364 | 377 | 334 | 351 | 311 | 56 |
| 57 | 434 | 378 | 400 | 348 | 372 | 323 | 57 |
| 58 | 464 | 400 | 426 | 368 | 398 | 342 | 58 |
| 59 | 494 | 422 | 454 | 387 | 424 | 361 | 59 |
| 60 | 526 | 442 | 482 | 407 | 449 | 379 | 60 |
| 61 | 556 | 464 | 510 | 426 | 476 | 397 | 61 |
| 62 | 586 | 486 | 538 | 446 | 502 | 416 | 62 |
| 63 | 618 | 508 | 568 | 467 | 529 | 434 | 63 |
| 64 | 650 | 530 | 598 | 488 | 556 | 454 | 64 |
| Rate per Child | | Rate per Child | | | | | |
| <2 | 50 | 50 | 46 | 46 | 43 | 43 | |
| 2-17 | 50 | 50 | 46 | 46 | 43 | 43 | |
| 18+ | 79 | 79 | 72 | 72 | 67 | 67 | |

*For renewal only

*For 2 insureds 10% discount;
 For 3 insureds 5% discount;
 No discount for 4 or more insureds.*

STANDARD LIFE AND ACCIDENT INSURANCE COMPANY
MONTHLY GROSS PREMIUM RATES
SLA-C08H (Family Plan)
 Rates Effective 1/1/09
PREFERRED

80/20 Co-Insurance \$10,000 Stop Loss

| Age | 3000 | | 4000 | | 5000 | | Age |
|----------------|------|----------------|------|--------|------|--------|------|
| | Male | Female | Male | Female | Male | Female | |
| < 23 | 67 | 88 | 61 | 81 | 57 | 76 | < 23 |
| 23 | 67 | 92 | 62 | 84 | 58 | 79 | 23 |
| 24 | 69 | 95 | 63 | 87 | 59 | 81 | 24 |
| 25 | 70 | 98 | 64 | 91 | 60 | 84 | 25 |
| 26 | 70 | 102 | 65 | 94 | 60 | 87 | 26 |
| 27 | 71 | 105 | 66 | 96 | 61 | 90 | 27 |
| 28 | 74 | 107 | 67 | 99 | 63 | 92 | 28 |
| 29 | 77 | 110 | 70 | 100 | 66 | 94 | 29 |
| 30 | 79 | 112 | 73 | 104 | 67 | 96 | 30 |
| 31 | 81 | 116 | 74 | 105 | 70 | 98 | 31 |
| 32 | 84 | 118 | 78 | 108 | 72 | 100 | 32 |
| 33 | 87 | 123 | 81 | 113 | 74 | 105 | 33 |
| 34 | 91 | 129 | 84 | 119 | 78 | 111 | 34 |
| 35 | 94 | 135 | 87 | 124 | 81 | 116 | 35 |
| 36 | 98 | 141 | 90 | 129 | 84 | 120 | 36 |
| 37 | 102 | 146 | 93 | 134 | 87 | 125 | 37 |
| 38 | 108 | 152 | 99 | 139 | 92 | 130 | 38 |
| 39 | 115 | 158 | 105 | 145 | 98 | 135 | 39 |
| 40 | 122 | 163 | 112 | 150 | 104 | 139 | 40 |
| 41 | 129 | 169 | 118 | 155 | 110 | 145 | 41 |
| 42 | 135 | 175 | 124 | 161 | 116 | 150 | 42 |
| 43 | 146 | 181 | 134 | 166 | 125 | 155 | 43 |
| 44 | 156 | 188 | 144 | 171 | 134 | 159 | 44 |
| 45 | 168 | 193 | 154 | 177 | 143 | 166 | 45 |
| 46 | 178 | 200 | 164 | 183 | 153 | 171 | 46 |
| 47 | 189 | 206 | 174 | 189 | 162 | 176 | 47 |
| 48 | 204 | 217 | 188 | 199 | 175 | 185 | 48 |
| 49 | 221 | 227 | 202 | 209 | 189 | 194 | 49 |
| 50 | 236 | 237 | 216 | 218 | 202 | 203 | 50 |
| 51 | 251 | 248 | 230 | 228 | 215 | 212 | 51 |
| 52 | 266 | 258 | 245 | 237 | 228 | 221 | 52 |
| 53 | 287 | 271 | 264 | 249 | 246 | 231 | 53 |
| 54 | 308 | 284 | 282 | 261 | 263 | 242 | 54 |
| 55 | 328 | 296 | 301 | 273 | 281 | 253 | 55 |
| 56 | 348 | 309 | 320 | 284 | 298 | 264 | 56 |
| 57 | 369 | 321 | 340 | 295 | 316 | 275 | 57 |
| 58 | 395 | 340 | 362 | 312 | 338 | 290 | 58 |
| 59 | 420 | 358 | 386 | 329 | 360 | 307 | 59 |
| 60 | 447 | 376 | 410 | 346 | 382 | 322 | 60 |
| 61 | 472 | 394 | 434 | 362 | 404 | 337 | 61 |
| 62 | 498 | 413 | 458 | 379 | 426 | 353 | 62 |
| 63 | 525 | 431 | 483 | 397 | 450 | 369 | 63 |
| 64 | 552 | 451 | 508 | 414 | 472 | 386 | 64 |
| Rate per Child | | Rate per Child | | | | | |
| <2 | 50 | 50 | 46 | 46 | 43 | 43 | |
| 2-17 | 50 | 50 | 46 | 46 | 43 | 43 | |
| 18+ | 79 | 79 | 72 | 72 | 67 | 67 | |

*For renewal only

For 2 insureds 10% discount;
For 3 insureds 5% discount;
 No discount for 4 or more insureds.

STANDARD LIFE AND ACCIDENT INSURANCE COMPANY
MONTHLY GROSS PREMIUM RATES
SLA-C08H (Family Plan)
 Rates Effective 1/1/09
TOBACCO USER

50/50 Co-Insurance \$5,000 Stop Loss

| Age | 3000 | | 4000 | | 5000 | | Age |
|--|------|--------|------|--------|------|--------|------|
| | Male | Female | Male | Female | Male | Female | |
| < 23 | 109 | 144 | 99 | 132 | 93 | 123 | < 23 |
| 23 | 109 | 149 | 101 | 137 | 94 | 128 | 23 |
| 24 | 112 | 155 | 102 | 141 | 96 | 132 | 24 |
| 25 | 113 | 159 | 103 | 147 | 97 | 137 | 25 |
| 26 | 114 | 166 | 105 | 152 | 98 | 141 | 26 |
| 27 | 116 | 170 | 107 | 156 | 98 | 146 | 27 |
| 28 | 120 | 174 | 109 | 160 | 102 | 149 | 28 |
| 29 | 124 | 178 | 114 | 163 | 107 | 153 | 29 |
| 30 | 128 | 182 | 118 | 168 | 109 | 156 | 30 |
| 31 | 132 | 188 | 121 | 171 | 113 | 159 | 31 |
| 32 | 136 | 191 | 126 | 176 | 117 | 163 | 32 |
| 33 | 142 | 200 | 131 | 184 | 121 | 171 | 33 |
| 34 | 148 | 210 | 136 | 192 | 127 | 179 | 34 |
| 35 | 153 | 219 | 141 | 201 | 131 | 188 | 35 |
| 36 | 159 | 229 | 146 | 210 | 136 | 195 | 36 |
| 37 | 166 | 236 | 151 | 218 | 141 | 203 | 37 |
| 38 | 176 | 247 | 161 | 226 | 150 | 212 | 38 |
| 39 | 187 | 256 | 171 | 235 | 159 | 219 | 39 |
| 40 | 198 | 265 | 181 | 244 | 169 | 226 | 40 |
| 41 | 209 | 274 | 191 | 252 | 178 | 235 | 41 |
| 42 | 219 | 283 | 201 | 261 | 189 | 243 | 42 |
| 43 | 236 | 293 | 218 | 270 | 203 | 251 | 43 |
| 44 | 254 | 305 | 234 | 278 | 218 | 259 | 44 |
| 45 | 272 | 314 | 250 | 288 | 233 | 269 | 45 |
| 46 | 289 | 325 | 266 | 297 | 247 | 277 | 46 |
| 47 | 307 | 335 | 282 | 307 | 263 | 286 | 47 |
| 48 | 331 | 351 | 305 | 323 | 284 | 301 | 48 |
| 49 | 358 | 368 | 328 | 339 | 306 | 315 | 49 |
| 50 | 383 | 385 | 351 | 353 | 328 | 329 | 50 |
| 51 | 407 | 402 | 374 | 370 | 349 | 344 | 51 |
| 52 | 432 | 419 | 397 | 385 | 370 | 359 | 52 |
| 53 | 466 | 440 | 428 | 404 | 399 | 375 | 53 |
| 54 | 500 | 460 | 458 | 423 | 427 | 393 | 54 |
| 55 | 533 | 480 | 489 | 443 | 456 | 411 | 55 |
| 56 | 565 | 501 | 520 | 460 | 484 | 429 | 56 |
| 57 | 599 | 522 | 551 | 479 | 512 | 446 | 57 |
| 58 | 640 | 552 | 588 | 507 | 548 | 471 | 58 |
| 59 | 682 | 581 | 627 | 534 | 584 | 498 | 59 |
| 60 | 725 | 610 | 665 | 561 | 619 | 523 | 60 |
| 61 | 766 | 639 | 704 | 587 | 656 | 547 | 61 |
| 62 | 808 | 670 | 742 | 615 | 692 | 573 | 62 |
| 63 | 852 | 700 | 784 | 644 | 730 | 599 | 63 |
| 64 | 896 | 731 | 824 | 673 | 766 | 626 | 64 |
| Rate per Child Rate per Child | | | | | | | |
| <2 | 46 | 46 | 42 | 42 | 40 | 40 | |
| 2-17 | 46 | 46 | 42 | 42 | 40 | 40 | |
| 18+ | 73 | 73 | 66 | 66 | 62 | 62 | |
| *For renewal only | | | | | | | |

For 2 insureds 10% discount;
For 3 insureds 5% discount;
 No discount for 4 or more insureds.

STANDARD LIFE AND ACCIDENT INSURANCE COMPANY
MONTHLY GROSS PREMIUM RATES
SLA-C08H (Family Plan)
 Rates Effective 1/1/09
TOBACCO USER - PREFERRED

50/50 Co-Insurance \$5,000 Stop Loss

| Age | 3000 | | 4000 | | 5000 | | Age |
|----------------|------|----------------|------|--------|------|--------|------|
| | Male | Female | Male | Female | Male | Female | |
| < 23 | 97 | 128 | 88 | 117 | 82 | 109 | < 23 |
| 23 | 97 | 132 | 90 | 122 | 83 | 114 | 23 |
| 24 | 99 | 137 | 90 | 125 | 85 | 117 | 24 |
| 25 | 100 | 141 | 91 | 130 | 86 | 122 | 25 |
| 26 | 101 | 147 | 93 | 135 | 87 | 125 | 26 |
| 27 | 103 | 151 | 95 | 138 | 87 | 130 | 27 |
| 28 | 106 | 154 | 97 | 142 | 90 | 132 | 28 |
| 29 | 110 | 158 | 101 | 145 | 95 | 136 | 29 |
| 30 | 114 | 161 | 105 | 149 | 97 | 138 | 30 |
| 31 | 117 | 167 | 107 | 152 | 100 | 141 | 31 |
| 32 | 121 | 169 | 112 | 156 | 104 | 145 | 32 |
| 33 | 126 | 177 | 116 | 163 | 107 | 152 | 33 |
| 34 | 131 | 186 | 121 | 170 | 113 | 159 | 34 |
| 35 | 136 | 194 | 125 | 178 | 116 | 167 | 35 |
| 36 | 141 | 203 | 130 | 186 | 121 | 173 | 36 |
| 37 | 147 | 209 | 134 | 193 | 125 | 180 | 37 |
| 38 | 156 | 219 | 143 | 200 | 133 | 188 | 38 |
| 39 | 166 | 227 | 152 | 208 | 141 | 194 | 39 |
| 40 | 176 | 235 | 161 | 216 | 150 | 200 | 40 |
| 41 | 185 | 243 | 169 | 224 | 158 | 208 | 41 |
| 42 | 194 | 251 | 178 | 232 | 168 | 216 | 42 |
| 43 | 209 | 260 | 193 | 239 | 180 | 223 | 43 |
| 44 | 225 | 271 | 208 | 247 | 193 | 230 | 44 |
| 45 | 241 | 279 | 222 | 255 | 207 | 239 | 45 |
| 46 | 256 | 288 | 236 | 263 | 219 | 246 | 46 |
| 47 | 272 | 297 | 250 | 272 | 233 | 254 | 47 |
| 48 | 294 | 311 | 271 | 287 | 252 | 267 | 48 |
| 49 | 318 | 326 | 291 | 301 | 271 | 279 | 49 |
| 50 | 340 | 341 | 311 | 313 | 291 | 292 | 50 |
| 51 | 361 | 357 | 332 | 328 | 310 | 305 | 51 |
| 52 | 383 | 372 | 352 | 341 | 328 | 318 | 52 |
| 53 | 413 | 390 | 380 | 358 | 354 | 333 | 53 |
| 54 | 444 | 408 | 406 | 375 | 379 | 349 | 54 |
| 55 | 473 | 426 | 434 | 393 | 404 | 365 | 55 |
| 56 | 501 | 444 | 461 | 408 | 429 | 381 | 56 |
| 57 | 531 | 463 | 489 | 425 | 454 | 396 | 57 |
| 58 | 568 | 490 | 522 | 450 | 486 | 418 | 58 |
| 59 | 605 | 515 | 556 | 474 | 518 | 442 | 59 |
| 60 | 643 | 541 | 590 | 498 | 549 | 464 | 60 |
| 61 | 679 | 567 | 624 | 521 | 582 | 485 | 61 |
| 62 | 717 | 594 | 658 | 546 | 614 | 508 | 62 |
| 63 | 756 | 621 | 695 | 571 | 648 | 531 | 63 |
| 64 | 795 | 648 | 731 | 597 | 679 | 555 | 64 |
| Rate per Child | | Rate per Child | | | | | |
| <2 | 46 | 46 | 42 | 42 | 40 | 40 | |
| 2-17 | 46 | 46 | 42 | 42 | 40 | 40 | |
| 18+ | 73 | 73 | 66 | 66 | 62 | 62 | |

*For renewal only

*For 2 insureds 10% discount;
 For 3 insureds 5% discount;
 No discount for 4 or more insureds.*

STANDARD LIFE AND ACCIDENT INSURANCE COMPANY
MONTHLY GROSS PREMIUM RATES
SLA-C08H (Family Plan)
 Rates Effective 1/1/09
 TOBACCO NON-USER

50/50 Co-Insurance \$5,000 Stop Loss

| Age | 3000 | | 4000 | | 5000 | | Age |
|----------------|------|----------------|------|--------|------|--------|------|
| | Male | Female | Male | Female | Male | Female | |
| < 23 | 73 | 96 | 66 | 88 | 62 | 82 | < 23 |
| 23 | 73 | 99 | 67 | 91 | 63 | 85 | 23 |
| 24 | 75 | 103 | 68 | 94 | 64 | 88 | 24 |
| 25 | 75 | 106 | 69 | 98 | 65 | 91 | 25 |
| 26 | 76 | 111 | 70 | 101 | 65 | 94 | 26 |
| 27 | 77 | 113 | 71 | 104 | 65 | 97 | 27 |
| 28 | 80 | 116 | 73 | 107 | 68 | 99 | 28 |
| 29 | 83 | 119 | 76 | 109 | 71 | 102 | 29 |
| 30 | 85 | 121 | 79 | 112 | 73 | 104 | 30 |
| 31 | 88 | 125 | 81 | 114 | 75 | 106 | 31 |
| 32 | 91 | 127 | 84 | 117 | 78 | 109 | 32 |
| 33 | 95 | 133 | 87 | 123 | 81 | 114 | 33 |
| 34 | 99 | 140 | 91 | 128 | 85 | 119 | 34 |
| 35 | 102 | 146 | 94 | 134 | 87 | 125 | 35 |
| 36 | 106 | 153 | 97 | 140 | 91 | 130 | 36 |
| 37 | 111 | 157 | 101 | 145 | 94 | 135 | 37 |
| 38 | 117 | 165 | 107 | 151 | 100 | 141 | 38 |
| 39 | 125 | 171 | 114 | 157 | 106 | 146 | 39 |
| 40 | 132 | 177 | 121 | 163 | 113 | 151 | 40 |
| 41 | 139 | 183 | 127 | 168 | 119 | 157 | 41 |
| 42 | 146 | 189 | 134 | 174 | 126 | 162 | 42 |
| 43 | 157 | 195 | 145 | 180 | 135 | 167 | 43 |
| 44 | 169 | 203 | 156 | 185 | 145 | 173 | 44 |
| 45 | 181 | 209 | 167 | 192 | 155 | 179 | 45 |
| 46 | 193 | 217 | 177 | 198 | 165 | 185 | 46 |
| 47 | 205 | 223 | 188 | 205 | 175 | 191 | 47 |
| 48 | 221 | 234 | 203 | 215 | 189 | 201 | 48 |
| 49 | 239 | 245 | 219 | 226 | 204 | 210 | 49 |
| 50 | 255 | 257 | 234 | 235 | 219 | 219 | 50 |
| 51 | 271 | 268 | 249 | 247 | 233 | 229 | 51 |
| 52 | 288 | 279 | 265 | 257 | 247 | 239 | 52 |
| 53 | 311 | 293 | 285 | 269 | 266 | 250 | 53 |
| 54 | 334 | 307 | 305 | 282 | 285 | 262 | 54 |
| 55 | 356 | 320 | 326 | 295 | 304 | 274 | 55 |
| 56 | 377 | 334 | 347 | 307 | 323 | 286 | 56 |
| 57 | 400 | 348 | 368 | 319 | 342 | 297 | 57 |
| 58 | 427 | 368 | 392 | 338 | 366 | 314 | 58 |
| 59 | 455 | 388 | 418 | 356 | 390 | 332 | 59 |
| 60 | 484 | 407 | 444 | 374 | 413 | 349 | 60 |
| 61 | 511 | 426 | 470 | 392 | 438 | 365 | 61 |
| 62 | 539 | 447 | 495 | 410 | 462 | 382 | 62 |
| 63 | 568 | 467 | 523 | 430 | 487 | 400 | 63 |
| 64 | 598 | 488 | 550 | 449 | 511 | 418 | 64 |
| Rate per Child | | Rate per Child | | | | | |
| <2 | 46 | 46 | 42 | 42 | 40 | 40 | |
| 2-17 | 46 | 46 | 42 | 42 | 40 | 40 | |
| 18+ | 73 | 73 | 66 | 66 | 62 | 62 | |

*For renewal only

*For 2 insureds 10% discount;
 For 3 insureds 5% discount;
 No discount for 4 or more insureds.*

STANDARD LIFE AND ACCIDENT INSURANCE COMPANY
MONTHLY GROSS PREMIUM RATES
SLA-C08H (Family Plan)
 Rates Effective 1/1/09
PREFERRED

50/50 Co-Insurance \$5,000 Stop Loss

| Age | 3000 | | 4000 | | 5000 | | Age |
|----------------|------|----------------|------|--------|------|--------|------|
| | Male | Female | Male | Female | Male | Female | |
| < 23 | 62 | 82 | 56 | 75 | 53 | 70 | < 23 |
| 23 | 62 | 84 | 57 | 78 | 53 | 73 | 23 |
| 24 | 64 | 88 | 58 | 80 | 54 | 75 | 24 |
| 25 | 64 | 90 | 58 | 83 | 55 | 78 | 25 |
| 26 | 65 | 94 | 60 | 86 | 56 | 80 | 26 |
| 27 | 66 | 96 | 61 | 88 | 56 | 83 | 27 |
| 28 | 68 | 99 | 62 | 91 | 58 | 84 | 28 |
| 29 | 70 | 101 | 65 | 92 | 61 | 87 | 29 |
| 30 | 73 | 103 | 67 | 95 | 62 | 88 | 30 |
| 31 | 75 | 107 | 69 | 97 | 64 | 90 | 31 |
| 32 | 77 | 108 | 71 | 100 | 66 | 92 | 32 |
| 33 | 81 | 113 | 74 | 104 | 69 | 97 | 33 |
| 34 | 84 | 119 | 77 | 109 | 72 | 101 | 34 |
| 35 | 87 | 124 | 80 | 114 | 74 | 107 | 35 |
| 36 | 90 | 130 | 83 | 119 | 77 | 111 | 36 |
| 37 | 94 | 134 | 86 | 124 | 80 | 115 | 37 |
| 38 | 100 | 140 | 91 | 128 | 85 | 120 | 38 |
| 39 | 106 | 145 | 97 | 133 | 90 | 124 | 39 |
| 40 | 112 | 150 | 103 | 138 | 96 | 128 | 40 |
| 41 | 119 | 155 | 108 | 143 | 101 | 133 | 41 |
| 42 | 124 | 160 | 114 | 148 | 107 | 138 | 42 |
| 43 | 134 | 166 | 124 | 153 | 115 | 142 | 43 |
| 44 | 144 | 173 | 133 | 158 | 124 | 147 | 44 |
| 45 | 154 | 178 | 142 | 163 | 132 | 153 | 45 |
| 46 | 164 | 184 | 151 | 168 | 140 | 157 | 46 |
| 47 | 174 | 190 | 160 | 174 | 149 | 162 | 47 |
| 48 | 188 | 199 | 173 | 183 | 161 | 171 | 48 |
| 49 | 203 | 209 | 186 | 192 | 174 | 179 | 49 |
| 50 | 217 | 218 | 199 | 200 | 186 | 187 | 50 |
| 51 | 231 | 228 | 212 | 210 | 198 | 195 | 51 |
| 52 | 245 | 238 | 225 | 218 | 210 | 204 | 52 |
| 53 | 264 | 249 | 243 | 229 | 226 | 213 | 53 |
| 54 | 284 | 261 | 260 | 240 | 242 | 223 | 54 |
| 55 | 302 | 272 | 277 | 251 | 259 | 233 | 55 |
| 56 | 320 | 284 | 295 | 261 | 274 | 243 | 56 |
| 57 | 340 | 296 | 312 | 272 | 290 | 253 | 57 |
| 58 | 363 | 313 | 333 | 287 | 311 | 267 | 58 |
| 59 | 387 | 329 | 356 | 303 | 331 | 282 | 59 |
| 60 | 411 | 346 | 377 | 318 | 351 | 297 | 60 |
| 61 | 434 | 362 | 399 | 333 | 372 | 310 | 61 |
| 62 | 458 | 380 | 421 | 349 | 392 | 325 | 62 |
| 63 | 483 | 397 | 445 | 365 | 414 | 340 | 63 |
| 64 | 508 | 414 | 467 | 382 | 434 | 355 | 64 |
| Rate per Child | | Rate per Child | | | | | |
| <2 | 46 | 46 | 42 | 42 | 40 | 40 | |
| 2-17 | 46 | 46 | 42 | 42 | 40 | 40 | |
| 18+ | 73 | 73 | 66 | 66 | 62 | 62 | |

*For renewal only

*For 2 insureds 10% discount;
 For 3 insureds 5% discount;
 No discount for 4 or more insureds.*

This document was created with Win2PDF available at <http://www.win2pdf.com>.
The unregistered version of Win2PDF is for evaluation or non-commercial use only.
This page will not be added after purchasing Win2PDF.

STANDARD LIFE AND ACCIDENT INSURANCE COMPANY
 MONTHLY GROSS PREMIUM RATES
SLA-C08
 Rates Effective 1/1/09

OPTIONAL COVERAGES & INFORMATION:

| | |
|---------------------------------|------|
| 2 Million Per condition maximum | 4.00 |
|---------------------------------|------|

Accident Expense Benefit Rider

Annual Gross Premiums

| Benefit | Deductible | Individual | Family |
|---------|------------|------------|--------|
| 500 | 100 | 5 | 10 |
| 1000 | 250 | 8 | 16 |
| 1500 | 250 | 10 | 20 |
| 2500 | 500 | 10 | 20 |

Rate Factors for Medical Expense Policy

Insureds Over the Age of 64

Rider Form ANL-MEDDUP-1

Multiply Age 64 premium rate by:

| Attained Age | Insured Medicare Coverage Status | | |
|--------------|----------------------------------|-------------|-------------|
| | Part A & B | Part A Only | No Medicare |
| 65-69 | 0.46 | 0.86 | 1.55 |
| 70-74 | 0.62 | 1.16 | 2.07 |
| 75-79 | 0.83 | 1.55 | 2.77 |
| 80 + | 1.16 | 2.17 | 3.9 |

Mode Factors

| | |
|---------------|----|
| List Bill | 1 |
| Monthly (PAC) | 1 |
| Quarterly | 3 |
| Semi-Annual | 6 |
| Annual | 12 |

STANDARD LIFE AND ACCIDENT INSURANCE COMPANY

MONTHLY GROSS PREMIUM RATES

SLA-C08

Rates Effective 1/1/09

TOBACCO USER

100/0 Co-Insurance

\$0 Stop Loss

| Age | 750 | | 1500 | | 2000 | | 2500 | | 5000 | | 10000 | | 15000 | | 20000 | | 25000 | | Age |
|------|------|--------|------|--------|------|--------|------|--------|------|--------|-------|--------|-------|--------|-------|--------|-------|--------|------|
| | Male | Female | Male | Female | Male | Female | Male | Female | Male | Female | |
| < 23 | 155 | 207 | 136 | 179 | 124 | 164 | 116 | 154 | 91 | 120 | 69 | 91 | 56 | 76 | 45 | 58 | 40 | 53 | < 23 |
| 23 | 158 | 214 | 137 | 186 | 127 | 171 | 117 | 160 | 92 | 124 | 69 | 94 | 58 | 78 | 45 | 62 | 41 | 54 | 23 |
| 24 | 160 | 221 | 140 | 193 | 128 | 176 | 120 | 164 | 93 | 129 | 70 | 97 | 58 | 81 | 45 | 64 | 41 | 56 | 24 |
| 25 | 162 | 228 | 141 | 199 | 129 | 184 | 121 | 171 | 94 | 133 | 71 | 101 | 61 | 85 | 47 | 66 | 41 | 58 | 25 |
| 26 | 163 | 237 | 143 | 207 | 131 | 190 | 122 | 176 | 95 | 138 | 71 | 105 | 61 | 89 | 47 | 68 | 43 | 62 | 26 |
| 27 | 167 | 244 | 145 | 213 | 133 | 196 | 123 | 183 | 97 | 143 | 74 | 107 | 62 | 91 | 48 | 70 | 43 | 63 | 27 |
| 28 | 171 | 250 | 150 | 217 | 137 | 200 | 128 | 186 | 100 | 146 | 76 | 110 | 64 | 92 | 49 | 71 | 44 | 66 | 28 |
| 29 | 177 | 256 | 155 | 223 | 143 | 204 | 133 | 191 | 104 | 148 | 78 | 114 | 66 | 94 | 51 | 74 | 47 | 67 | 29 |
| 30 | 184 | 262 | 160 | 228 | 147 | 210 | 137 | 196 | 106 | 153 | 81 | 116 | 68 | 97 | 53 | 76 | 48 | 68 | 30 |
| 31 | 190 | 267 | 164 | 235 | 151 | 214 | 141 | 199 | 110 | 155 | 83 | 118 | 70 | 98 | 54 | 77 | 49 | 69 | 31 |
| 32 | 196 | 274 | 170 | 239 | 158 | 220 | 146 | 204 | 115 | 160 | 87 | 121 | 71 | 101 | 55 | 78 | 51 | 70 | 32 |
| 33 | 202 | 288 | 177 | 250 | 163 | 230 | 151 | 214 | 118 | 168 | 91 | 127 | 75 | 106 | 58 | 82 | 53 | 75 | 33 |
| 34 | 212 | 300 | 185 | 262 | 170 | 240 | 159 | 224 | 123 | 175 | 93 | 133 | 78 | 110 | 62 | 87 | 54 | 77 | 34 |
| 35 | 220 | 314 | 191 | 274 | 176 | 251 | 163 | 235 | 128 | 184 | 97 | 138 | 81 | 116 | 63 | 91 | 56 | 81 | 35 |
| 36 | 227 | 328 | 199 | 286 | 183 | 262 | 170 | 244 | 133 | 190 | 101 | 145 | 83 | 121 | 66 | 94 | 58 | 85 | 36 |
| 37 | 236 | 340 | 207 | 296 | 189 | 273 | 176 | 254 | 138 | 198 | 104 | 150 | 87 | 124 | 68 | 98 | 62 | 89 | 37 |
| 38 | 251 | 354 | 220 | 308 | 201 | 283 | 187 | 265 | 146 | 207 | 112 | 155 | 93 | 130 | 71 | 101 | 66 | 92 | 38 |
| 39 | 267 | 367 | 233 | 320 | 214 | 293 | 199 | 274 | 155 | 214 | 118 | 162 | 98 | 136 | 77 | 105 | 69 | 94 | 39 |
| 40 | 283 | 381 | 247 | 331 | 227 | 305 | 212 | 283 | 164 | 222 | 124 | 168 | 105 | 140 | 81 | 109 | 74 | 98 | 40 |
| 41 | 299 | 392 | 261 | 343 | 239 | 315 | 223 | 293 | 174 | 228 | 131 | 173 | 110 | 145 | 85 | 114 | 77 | 101 | 41 |
| 42 | 315 | 406 | 274 | 354 | 252 | 327 | 236 | 304 | 184 | 237 | 138 | 179 | 116 | 150 | 91 | 117 | 81 | 105 | 42 |
| 43 | 339 | 420 | 296 | 367 | 273 | 337 | 254 | 314 | 198 | 246 | 150 | 186 | 124 | 155 | 97 | 121 | 89 | 109 | 43 |
| 44 | 363 | 435 | 317 | 381 | 292 | 347 | 273 | 323 | 213 | 254 | 161 | 193 | 135 | 161 | 105 | 124 | 94 | 114 | 44 |
| 45 | 389 | 450 | 340 | 392 | 313 | 360 | 291 | 336 | 227 | 262 | 171 | 198 | 144 | 167 | 112 | 129 | 101 | 116 | 45 |
| 46 | 414 | 463 | 361 | 406 | 332 | 371 | 309 | 346 | 242 | 270 | 184 | 204 | 153 | 171 | 120 | 133 | 107 | 120 | 46 |
| 47 | 439 | 480 | 384 | 419 | 353 | 384 | 329 | 358 | 256 | 279 | 194 | 212 | 162 | 176 | 127 | 137 | 115 | 123 | 47 |
| 48 | 476 | 504 | 414 | 439 | 382 | 404 | 355 | 376 | 278 | 293 | 210 | 222 | 175 | 186 | 137 | 145 | 122 | 130 | 48 |
| 49 | 512 | 528 | 447 | 460 | 411 | 423 | 383 | 393 | 299 | 308 | 225 | 233 | 189 | 194 | 146 | 151 | 131 | 137 | 49 |
| 50 | 547 | 552 | 478 | 481 | 438 | 442 | 409 | 412 | 319 | 321 | 242 | 243 | 201 | 202 | 158 | 159 | 141 | 143 | 50 |
| 51 | 583 | 576 | 508 | 503 | 467 | 462 | 436 | 430 | 340 | 336 | 258 | 254 | 215 | 213 | 168 | 164 | 150 | 148 | 51 |
| 52 | 620 | 600 | 541 | 523 | 497 | 481 | 462 | 449 | 361 | 351 | 274 | 265 | 228 | 222 | 177 | 173 | 160 | 155 | 52 |
| 53 | 667 | 629 | 582 | 550 | 535 | 505 | 499 | 469 | 389 | 367 | 294 | 278 | 246 | 233 | 191 | 182 | 173 | 162 | 53 |
| 54 | 715 | 659 | 624 | 575 | 573 | 529 | 534 | 491 | 416 | 384 | 316 | 291 | 263 | 243 | 204 | 189 | 185 | 170 | 54 |
| 55 | 762 | 689 | 666 | 600 | 611 | 553 | 570 | 514 | 445 | 401 | 336 | 305 | 282 | 254 | 220 | 198 | 197 | 177 | 55 |
| 56 | 811 | 718 | 706 | 627 | 650 | 575 | 605 | 536 | 474 | 419 | 358 | 317 | 299 | 265 | 233 | 207 | 210 | 186 | 56 |
| 57 | 859 | 748 | 749 | 652 | 689 | 599 | 641 | 558 | 501 | 436 | 380 | 330 | 316 | 275 | 246 | 214 | 222 | 193 | 57 |
| 58 | 918 | 789 | 800 | 690 | 735 | 634 | 685 | 589 | 535 | 461 | 406 | 347 | 339 | 291 | 263 | 227 | 238 | 204 | 58 |
| 59 | 979 | 831 | 852 | 727 | 783 | 667 | 730 | 622 | 570 | 485 | 432 | 367 | 360 | 307 | 281 | 239 | 252 | 215 | 59 |
| 60 | 1037 | 874 | 906 | 762 | 831 | 702 | 774 | 653 | 606 | 509 | 459 | 385 | 383 | 322 | 297 | 251 | 268 | 225 | 60 |
| 61 | 1097 | 917 | 958 | 799 | 880 | 734 | 820 | 684 | 641 | 535 | 485 | 406 | 406 | 337 | 315 | 263 | 283 | 237 | 61 |
| 62 | 1157 | 959 | 1010 | 837 | 928 | 769 | 865 | 716 | 675 | 559 | 512 | 424 | 427 | 354 | 332 | 275 | 299 | 248 | 62 |
| 63 | 1221 | 1004 | 1065 | 875 | 980 | 805 | 912 | 749 | 713 | 585 | 539 | 442 | 451 | 370 | 351 | 289 | 315 | 260 | 63 |
| 64 | 1285 | 1047 | 1120 | 914 | 1030 | 841 | 958 | 782 | 749 | 612 | 568 | 461 | 475 | 388 | 369 | 302 | 331 | 269 | 64 |

| Rate per Child | | | | | | | | | | | | | | | | | | Rate per Child | |
|----------------|-----|-----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----------------|--|
| <2 | 67 | 67 | 58 | 58 | 53 | 53 | 49 | 49 | 39 | 39 | 29 | 29 | 24 | 24 | 18 | 18 | 17 | 17 | |
| 2-17 | 67 | 67 | 58 | 58 | 53 | 53 | 49 | 49 | 39 | 39 | 29 | 29 | 24 | 24 | 18 | 18 | 17 | 17 | |
| 18+ | 104 | 104 | 91 | 91 | 83 | 83 | 77 | 77 | 62 | 62 | 45 | 45 | 39 | 39 | 29 | 29 | 26 | 26 | |

*For renewal only

STANDARD LIFE AND ACCIDENT INSURANCE COMPANY
MONTHLY GROSS PREMIUM RATES
SLA-C08
Rates Effective 1/1/09
TOBACCO USER - PREFERRED

100/0 Co-Insurance

\$0 Stop Loss

| Age | 750 | | 1500 | | 2000 | | 2500 | | 5000 | | 10000 | | 15000 | | 20000 | | 25000 | | Age |
|------|------|--------|------|--------|------|--------|------|--------|------|--------|-------|--------|-------|--------|-------|--------|-------|--------|------|
| | Male | Female | Male | Female | Male | Female | Male | Female | Male | Female | |
| < 23 | 137 | 184 | 121 | 159 | 110 | 145 | 103 | 137 | 81 | 106 | 61 | 81 | 50 | 67 | 40 | 51 | 35 | 47 | < 23 |
| 23 | 140 | 190 | 122 | 165 | 113 | 152 | 104 | 142 | 82 | 110 | 61 | 83 | 51 | 69 | 40 | 55 | 36 | 48 | 23 |
| 24 | 142 | 196 | 124 | 171 | 114 | 156 | 106 | 145 | 82 | 114 | 62 | 86 | 51 | 72 | 40 | 57 | 36 | 50 | 24 |
| 25 | 144 | 202 | 125 | 177 | 114 | 163 | 107 | 152 | 83 | 118 | 63 | 90 | 54 | 75 | 42 | 59 | 36 | 51 | 25 |
| 26 | 145 | 210 | 127 | 184 | 116 | 169 | 108 | 156 | 84 | 122 | 63 | 93 | 54 | 79 | 42 | 60 | 38 | 55 | 26 |
| 27 | 148 | 216 | 129 | 189 | 118 | 174 | 109 | 162 | 86 | 127 | 66 | 95 | 55 | 81 | 43 | 62 | 38 | 56 | 27 |
| 28 | 152 | 222 | 133 | 192 | 122 | 177 | 114 | 165 | 89 | 130 | 67 | 98 | 57 | 82 | 43 | 63 | 39 | 59 | 28 |
| 29 | 157 | 227 | 137 | 198 | 127 | 181 | 118 | 169 | 92 | 131 | 69 | 101 | 59 | 83 | 45 | 66 | 42 | 59 | 29 |
| 30 | 163 | 232 | 142 | 202 | 130 | 186 | 122 | 174 | 94 | 136 | 72 | 103 | 60 | 86 | 47 | 67 | 43 | 60 | 30 |
| 31 | 169 | 237 | 145 | 208 | 134 | 190 | 125 | 177 | 98 | 137 | 74 | 105 | 62 | 87 | 48 | 68 | 43 | 61 | 31 |
| 32 | 174 | 243 | 151 | 212 | 140 | 195 | 130 | 181 | 102 | 142 | 77 | 107 | 63 | 90 | 49 | 69 | 45 | 62 | 32 |
| 33 | 179 | 255 | 157 | 222 | 145 | 204 | 134 | 190 | 105 | 149 | 81 | 113 | 67 | 94 | 51 | 73 | 47 | 67 | 33 |
| 34 | 188 | 266 | 164 | 232 | 151 | 213 | 141 | 199 | 109 | 155 | 82 | 118 | 69 | 98 | 55 | 77 | 48 | 68 | 34 |
| 35 | 195 | 279 | 169 | 243 | 156 | 223 | 145 | 208 | 114 | 163 | 86 | 122 | 72 | 103 | 56 | 81 | 50 | 72 | 35 |
| 36 | 201 | 291 | 177 | 254 | 162 | 232 | 151 | 216 | 118 | 169 | 90 | 129 | 74 | 107 | 59 | 83 | 51 | 75 | 36 |
| 37 | 209 | 302 | 184 | 263 | 168 | 242 | 156 | 225 | 122 | 176 | 92 | 133 | 77 | 110 | 60 | 87 | 55 | 79 | 37 |
| 38 | 223 | 314 | 195 | 273 | 178 | 251 | 166 | 235 | 130 | 184 | 99 | 137 | 82 | 115 | 63 | 90 | 59 | 82 | 38 |
| 39 | 237 | 326 | 207 | 284 | 190 | 260 | 177 | 243 | 137 | 190 | 105 | 144 | 87 | 121 | 68 | 93 | 61 | 83 | 39 |
| 40 | 251 | 338 | 219 | 294 | 201 | 271 | 188 | 251 | 145 | 197 | 110 | 149 | 93 | 124 | 72 | 97 | 66 | 87 | 40 |
| 41 | 265 | 348 | 232 | 304 | 212 | 279 | 198 | 260 | 154 | 202 | 116 | 153 | 98 | 129 | 75 | 101 | 68 | 90 | 41 |
| 42 | 279 | 360 | 243 | 314 | 224 | 290 | 209 | 270 | 163 | 210 | 122 | 159 | 103 | 133 | 81 | 104 | 72 | 93 | 42 |
| 43 | 301 | 373 | 263 | 326 | 242 | 299 | 225 | 279 | 176 | 218 | 133 | 165 | 110 | 137 | 86 | 107 | 79 | 97 | 43 |
| 44 | 322 | 386 | 281 | 338 | 259 | 308 | 242 | 287 | 189 | 225 | 143 | 171 | 120 | 143 | 93 | 110 | 83 | 101 | 44 |
| 45 | 345 | 399 | 302 | 348 | 278 | 319 | 258 | 298 | 201 | 232 | 152 | 176 | 128 | 148 | 99 | 114 | 90 | 103 | 45 |
| 46 | 367 | 411 | 320 | 360 | 294 | 329 | 274 | 307 | 215 | 239 | 163 | 181 | 136 | 152 | 106 | 118 | 95 | 106 | 46 |
| 47 | 389 | 426 | 341 | 372 | 313 | 341 | 292 | 318 | 227 | 247 | 172 | 188 | 144 | 156 | 113 | 122 | 102 | 109 | 47 |
| 48 | 422 | 447 | 367 | 389 | 339 | 358 | 315 | 334 | 247 | 260 | 186 | 197 | 155 | 165 | 122 | 129 | 108 | 115 | 48 |
| 49 | 454 | 468 | 396 | 408 | 365 | 375 | 340 | 349 | 265 | 273 | 200 | 207 | 168 | 172 | 130 | 134 | 116 | 122 | 49 |
| 50 | 485 | 490 | 424 | 427 | 389 | 392 | 363 | 365 | 283 | 285 | 215 | 216 | 178 | 179 | 140 | 141 | 125 | 127 | 50 |
| 51 | 517 | 511 | 451 | 446 | 414 | 410 | 387 | 381 | 302 | 298 | 229 | 225 | 191 | 189 | 149 | 145 | 133 | 131 | 51 |
| 52 | 550 | 532 | 480 | 464 | 441 | 427 | 410 | 398 | 320 | 311 | 243 | 235 | 202 | 197 | 157 | 153 | 142 | 137 | 52 |
| 53 | 592 | 558 | 516 | 488 | 475 | 448 | 443 | 416 | 345 | 326 | 261 | 247 | 218 | 207 | 169 | 161 | 153 | 144 | 53 |
| 54 | 634 | 585 | 553 | 510 | 508 | 469 | 474 | 436 | 369 | 341 | 280 | 258 | 233 | 216 | 181 | 168 | 164 | 151 | 54 |
| 55 | 676 | 611 | 591 | 532 | 542 | 491 | 506 | 456 | 395 | 356 | 298 | 271 | 250 | 225 | 195 | 176 | 175 | 157 | 55 |
| 56 | 719 | 637 | 626 | 556 | 577 | 510 | 537 | 475 | 420 | 372 | 318 | 281 | 265 | 235 | 207 | 184 | 186 | 165 | 56 |
| 57 | 762 | 663 | 664 | 578 | 611 | 531 | 569 | 495 | 444 | 387 | 337 | 293 | 280 | 244 | 218 | 190 | 197 | 171 | 57 |
| 58 | 814 | 700 | 710 | 612 | 652 | 562 | 608 | 522 | 475 | 409 | 360 | 308 | 301 | 258 | 233 | 201 | 211 | 181 | 58 |
| 59 | 868 | 737 | 756 | 645 | 695 | 592 | 648 | 552 | 506 | 430 | 383 | 326 | 319 | 272 | 249 | 212 | 224 | 191 | 59 |
| 60 | 920 | 775 | 804 | 676 | 737 | 623 | 687 | 579 | 538 | 451 | 407 | 341 | 340 | 286 | 263 | 223 | 238 | 200 | 60 |
| 61 | 973 | 813 | 850 | 709 | 781 | 651 | 727 | 607 | 569 | 475 | 430 | 360 | 360 | 299 | 279 | 233 | 251 | 210 | 61 |
| 62 | 1026 | 851 | 896 | 742 | 823 | 682 | 767 | 635 | 599 | 496 | 454 | 376 | 379 | 314 | 294 | 244 | 265 | 220 | 62 |
| 63 | 1083 | 891 | 945 | 776 | 869 | 714 | 809 | 664 | 632 | 519 | 478 | 392 | 400 | 328 | 311 | 256 | 279 | 231 | 63 |
| 64 | 1140 | 929 | 993 | 811 | 914 | 746 | 850 | 694 | 664 | 543 | 504 | 409 | 421 | 344 | 327 | 268 | 294 | 239 | 64 |

| Rate per Child | | | | | | | | | | | | | | | | | | Rate per Child | |
|----------------|-----|-----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----------------|--|
| <2 | 67 | 67 | 58 | 58 | 53 | 53 | 49 | 49 | 39 | 39 | 29 | 29 | 24 | 24 | 18 | 18 | 17 | 17 | |
| 2-17 | 67 | 67 | 58 | 58 | 53 | 53 | 49 | 49 | 39 | 39 | 29 | 29 | 24 | 24 | 18 | 18 | 17 | 17 | |
| 18+ | 104 | 104 | 91 | 91 | 83 | 83 | 77 | 77 | 62 | 62 | 45 | 45 | 39 | 39 | 29 | 29 | 26 | 26 | |

*For renewal only

STANDARD LIFE AND ACCIDENT INSURANCE COMPANY
MONTHLY GROSS PREMIUM RATES
SLA-C08
 Rates Effective 1/1/09
 TOBACCO NON-USER

100/0 Co-Insurance

\$0 Stop Loss

| Age | 750 | | 1500 | | 2000 | | 2500 | | 5000 | | 10000 | | 15000 | | 20000 | | 25000 | | Age |
|------|------|--------|------|--------|------|--------|------|--------|------|--------|-------|--------|-------|--------|-------|--------|-------|--------|------|
| | Male | Female | Male | Female | Male | Female | Male | Female | Male | Female | |
| < 23 | 103 | 138 | 91 | 119 | 83 | 109 | 77 | 103 | 61 | 80 | 46 | 61 | 37 | 51 | 30 | 39 | 27 | 35 | < 23 |
| 23 | 105 | 143 | 91 | 124 | 85 | 114 | 78 | 107 | 61 | 83 | 46 | 63 | 39 | 52 | 30 | 41 | 27 | 36 | 23 |
| 24 | 107 | 147 | 93 | 129 | 85 | 117 | 80 | 109 | 62 | 86 | 47 | 65 | 39 | 54 | 30 | 43 | 27 | 37 | 24 |
| 25 | 108 | 152 | 94 | 133 | 86 | 123 | 81 | 114 | 63 | 89 | 47 | 67 | 41 | 57 | 31 | 44 | 27 | 39 | 25 |
| 26 | 109 | 158 | 95 | 138 | 87 | 127 | 81 | 117 | 63 | 92 | 47 | 70 | 41 | 59 | 31 | 45 | 29 | 41 | 26 |
| 27 | 111 | 163 | 97 | 142 | 89 | 131 | 82 | 122 | 65 | 95 | 49 | 71 | 41 | 61 | 32 | 47 | 29 | 42 | 27 |
| 28 | 114 | 167 | 100 | 145 | 91 | 133 | 85 | 124 | 67 | 97 | 51 | 73 | 43 | 61 | 33 | 47 | 29 | 44 | 28 |
| 29 | 118 | 171 | 103 | 149 | 95 | 136 | 89 | 127 | 69 | 99 | 52 | 76 | 44 | 63 | 34 | 49 | 31 | 45 | 29 |
| 30 | 123 | 175 | 107 | 152 | 98 | 140 | 91 | 131 | 71 | 102 | 54 | 77 | 45 | 65 | 35 | 51 | 32 | 45 | 30 |
| 31 | 127 | 178 | 109 | 157 | 101 | 143 | 94 | 133 | 73 | 103 | 55 | 79 | 47 | 65 | 36 | 51 | 33 | 46 | 31 |
| 32 | 131 | 183 | 113 | 159 | 105 | 147 | 97 | 136 | 77 | 107 | 58 | 81 | 47 | 67 | 37 | 52 | 34 | 47 | 32 |
| 33 | 135 | 192 | 118 | 167 | 109 | 153 | 101 | 143 | 79 | 112 | 61 | 85 | 50 | 71 | 39 | 55 | 35 | 50 | 33 |
| 34 | 141 | 200 | 123 | 175 | 113 | 160 | 106 | 149 | 82 | 117 | 62 | 89 | 52 | 73 | 41 | 58 | 36 | 51 | 34 |
| 35 | 147 | 209 | 127 | 183 | 117 | 167 | 109 | 157 | 85 | 123 | 65 | 92 | 54 | 77 | 42 | 61 | 37 | 54 | 35 |
| 36 | 151 | 219 | 133 | 191 | 122 | 175 | 113 | 163 | 89 | 127 | 67 | 97 | 55 | 81 | 44 | 63 | 39 | 57 | 36 |
| 37 | 157 | 227 | 138 | 197 | 126 | 182 | 117 | 169 | 92 | 132 | 69 | 100 | 58 | 83 | 45 | 65 | 41 | 59 | 37 |
| 38 | 167 | 236 | 147 | 205 | 134 | 189 | 125 | 177 | 97 | 138 | 75 | 103 | 62 | 87 | 47 | 67 | 44 | 61 | 38 |
| 39 | 178 | 245 | 155 | 213 | 143 | 195 | 133 | 183 | 103 | 143 | 79 | 108 | 65 | 91 | 51 | 70 | 46 | 63 | 39 |
| 40 | 189 | 254 | 165 | 221 | 151 | 203 | 141 | 189 | 109 | 148 | 83 | 112 | 70 | 93 | 54 | 73 | 49 | 65 | 40 |
| 41 | 199 | 261 | 174 | 229 | 159 | 210 | 149 | 195 | 116 | 152 | 87 | 115 | 73 | 97 | 57 | 76 | 51 | 67 | 41 |
| 42 | 210 | 271 | 183 | 236 | 168 | 218 | 157 | 203 | 123 | 158 | 92 | 119 | 77 | 100 | 61 | 78 | 54 | 70 | 42 |
| 43 | 226 | 280 | 197 | 245 | 182 | 225 | 169 | 209 | 132 | 164 | 100 | 124 | 83 | 103 | 65 | 81 | 59 | 73 | 43 |
| 44 | 242 | 290 | 211 | 254 | 195 | 231 | 182 | 215 | 142 | 169 | 107 | 129 | 90 | 107 | 70 | 83 | 63 | 76 | 44 |
| 45 | 259 | 300 | 227 | 261 | 209 | 240 | 194 | 224 | 151 | 175 | 114 | 132 | 96 | 111 | 75 | 86 | 67 | 77 | 45 |
| 46 | 276 | 309 | 241 | 271 | 221 | 247 | 206 | 231 | 161 | 180 | 123 | 136 | 102 | 114 | 80 | 89 | 71 | 80 | 46 |
| 47 | 293 | 320 | 256 | 279 | 235 | 256 | 219 | 239 | 171 | 186 | 129 | 141 | 108 | 117 | 85 | 91 | 77 | 82 | 47 |
| 48 | 317 | 336 | 276 | 293 | 255 | 269 | 237 | 251 | 185 | 195 | 140 | 148 | 117 | 124 | 91 | 97 | 81 | 87 | 48 |
| 49 | 342 | 352 | 298 | 307 | 274 | 282 | 255 | 262 | 199 | 205 | 150 | 155 | 126 | 129 | 97 | 101 | 87 | 91 | 49 |
| 50 | 365 | 368 | 319 | 321 | 292 | 295 | 273 | 275 | 213 | 214 | 161 | 162 | 134 | 135 | 105 | 106 | 94 | 95 | 50 |
| 51 | 389 | 384 | 339 | 336 | 311 | 308 | 291 | 287 | 227 | 224 | 172 | 169 | 143 | 142 | 112 | 109 | 100 | 99 | 51 |
| 52 | 414 | 400 | 361 | 349 | 331 | 321 | 308 | 299 | 241 | 234 | 183 | 177 | 152 | 148 | 118 | 115 | 107 | 103 | 52 |
| 53 | 445 | 420 | 388 | 367 | 357 | 337 | 333 | 313 | 259 | 245 | 196 | 185 | 164 | 155 | 127 | 121 | 115 | 108 | 53 |
| 54 | 477 | 440 | 416 | 384 | 382 | 353 | 356 | 327 | 277 | 256 | 211 | 194 | 175 | 162 | 136 | 126 | 123 | 113 | 54 |
| 55 | 508 | 460 | 444 | 400 | 408 | 369 | 380 | 343 | 297 | 267 | 224 | 203 | 188 | 169 | 147 | 132 | 131 | 118 | 55 |
| 56 | 541 | 479 | 471 | 418 | 434 | 384 | 404 | 358 | 316 | 279 | 239 | 211 | 199 | 177 | 155 | 138 | 140 | 124 | 56 |
| 57 | 573 | 499 | 500 | 435 | 460 | 400 | 428 | 372 | 334 | 291 | 253 | 220 | 211 | 183 | 164 | 143 | 148 | 129 | 57 |
| 58 | 612 | 526 | 534 | 460 | 490 | 423 | 457 | 393 | 357 | 307 | 271 | 231 | 226 | 194 | 175 | 151 | 159 | 136 | 58 |
| 59 | 653 | 554 | 568 | 485 | 522 | 445 | 487 | 415 | 380 | 323 | 288 | 245 | 240 | 205 | 187 | 159 | 168 | 143 | 59 |
| 60 | 692 | 583 | 604 | 508 | 554 | 468 | 516 | 436 | 404 | 340 | 306 | 257 | 255 | 215 | 198 | 167 | 179 | 150 | 60 |
| 61 | 732 | 612 | 639 | 533 | 587 | 490 | 547 | 456 | 428 | 357 | 323 | 271 | 271 | 225 | 210 | 175 | 189 | 158 | 61 |
| 62 | 772 | 640 | 674 | 558 | 619 | 513 | 577 | 478 | 450 | 373 | 342 | 283 | 285 | 236 | 221 | 183 | 199 | 165 | 62 |
| 63 | 814 | 670 | 710 | 584 | 654 | 537 | 608 | 500 | 476 | 390 | 360 | 295 | 301 | 247 | 234 | 193 | 210 | 173 | 63 |
| 64 | 857 | 698 | 747 | 610 | 687 | 561 | 639 | 522 | 500 | 408 | 379 | 307 | 317 | 259 | 246 | 201 | 221 | 179 | 64 |

| Rate per Child | | | | | | | | | | | | | | | | | | | Rate per Child | |
|----------------|-----|-----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----------------|--|
| <2 | 67 | 67 | 58 | 58 | 53 | 53 | 49 | 49 | 39 | 39 | 29 | 29 | 24 | 24 | 18 | 18 | 17 | 17 | | |
| 2-17 | 67 | 67 | 58 | 58 | 53 | 53 | 49 | 49 | 39 | 39 | 29 | 29 | 24 | 24 | 18 | 18 | 17 | 17 | | |
| 18+ | 104 | 104 | 91 | 91 | 83 | 83 | 77 | 77 | 62 | 62 | 45 | 45 | 39 | 39 | 29 | 29 | 26 | 26 | | |

*For renewal only

STANDARD LIFE AND ACCIDENT INSURANCE COMPANY
MONTHLY GROSS PREMIUM RATES
SLA-C08
Rates Effective 1/1/09
PREFERRED

100/0 Co-Insurance

\$0 Stop Loss

| Age | 750 | | 1500 | | 2000 | | 2500 | | 5000 | | 10000 | | 15000 | | 20000 | | 25000 | | Age |
|------|------|--------|------|--------|------|--------|------|--------|------|--------|-------|--------|-------|--------|-------|--------|-------|--------|------|
| | Male | Female | Male | Female | Male | Female | Male | Female | Male | Female | |
| < 23 | 88 | 117 | 77 | 101 | 70 | 93 | 66 | 87 | 52 | 68 | 39 | 52 | 32 | 43 | 26 | 33 | 23 | 30 | < 23 |
| 23 | 90 | 121 | 78 | 105 | 72 | 97 | 66 | 91 | 52 | 70 | 39 | 53 | 33 | 44 | 26 | 35 | 23 | 31 | 23 |
| 24 | 91 | 125 | 79 | 109 | 73 | 100 | 68 | 93 | 53 | 73 | 40 | 55 | 33 | 46 | 26 | 36 | 23 | 32 | 24 |
| 25 | 92 | 129 | 80 | 113 | 73 | 104 | 69 | 97 | 53 | 75 | 40 | 57 | 35 | 48 | 27 | 37 | 23 | 33 | 25 |
| 26 | 92 | 134 | 81 | 117 | 74 | 108 | 69 | 100 | 54 | 78 | 40 | 60 | 35 | 50 | 27 | 39 | 24 | 35 | 26 |
| 27 | 95 | 138 | 82 | 121 | 75 | 111 | 70 | 104 | 55 | 81 | 42 | 61 | 35 | 52 | 27 | 40 | 24 | 36 | 27 |
| 28 | 97 | 142 | 85 | 123 | 78 | 113 | 73 | 105 | 57 | 83 | 43 | 62 | 36 | 52 | 28 | 40 | 25 | 37 | 28 |
| 29 | 100 | 145 | 88 | 126 | 81 | 116 | 75 | 108 | 59 | 84 | 44 | 65 | 37 | 53 | 29 | 42 | 27 | 38 | 29 |
| 30 | 104 | 149 | 91 | 129 | 83 | 119 | 78 | 111 | 60 | 87 | 46 | 66 | 39 | 55 | 30 | 43 | 27 | 39 | 30 |
| 31 | 108 | 151 | 93 | 133 | 86 | 121 | 80 | 113 | 62 | 88 | 47 | 67 | 40 | 56 | 31 | 44 | 28 | 39 | 31 |
| 32 | 111 | 155 | 96 | 136 | 90 | 125 | 83 | 116 | 65 | 91 | 49 | 69 | 40 | 57 | 31 | 44 | 29 | 40 | 32 |
| 33 | 115 | 163 | 100 | 142 | 92 | 130 | 86 | 121 | 67 | 95 | 52 | 72 | 43 | 60 | 33 | 46 | 30 | 43 | 33 |
| 34 | 120 | 170 | 105 | 149 | 96 | 136 | 90 | 127 | 70 | 99 | 53 | 75 | 44 | 62 | 35 | 49 | 31 | 44 | 34 |
| 35 | 125 | 178 | 108 | 155 | 100 | 142 | 92 | 133 | 73 | 104 | 55 | 78 | 46 | 66 | 36 | 52 | 32 | 46 | 35 |
| 36 | 129 | 186 | 113 | 162 | 104 | 149 | 96 | 138 | 75 | 108 | 57 | 82 | 47 | 69 | 37 | 53 | 33 | 48 | 36 |
| 37 | 134 | 193 | 117 | 168 | 107 | 155 | 100 | 144 | 78 | 112 | 59 | 85 | 49 | 70 | 39 | 56 | 35 | 50 | 37 |
| 38 | 142 | 201 | 125 | 175 | 114 | 160 | 106 | 150 | 83 | 117 | 64 | 88 | 53 | 74 | 40 | 57 | 37 | 52 | 38 |
| 39 | 151 | 208 | 132 | 181 | 121 | 166 | 113 | 155 | 88 | 121 | 67 | 92 | 56 | 77 | 44 | 60 | 39 | 53 | 39 |
| 40 | 160 | 216 | 140 | 188 | 129 | 173 | 120 | 160 | 93 | 126 | 70 | 95 | 60 | 79 | 46 | 62 | 42 | 56 | 40 |
| 41 | 170 | 222 | 148 | 194 | 136 | 179 | 126 | 166 | 99 | 129 | 74 | 98 | 62 | 82 | 48 | 65 | 44 | 57 | 41 |
| 42 | 179 | 230 | 155 | 201 | 143 | 185 | 134 | 172 | 104 | 134 | 78 | 101 | 66 | 85 | 52 | 66 | 46 | 60 | 42 |
| 43 | 192 | 238 | 168 | 208 | 155 | 191 | 144 | 178 | 112 | 139 | 85 | 105 | 70 | 88 | 55 | 69 | 50 | 62 | 43 |
| 44 | 206 | 247 | 180 | 216 | 166 | 197 | 155 | 183 | 121 | 144 | 91 | 109 | 77 | 91 | 60 | 70 | 53 | 65 | 44 |
| 45 | 221 | 255 | 193 | 222 | 177 | 204 | 165 | 191 | 129 | 149 | 97 | 112 | 82 | 95 | 64 | 73 | 57 | 66 | 45 |
| 46 | 235 | 263 | 205 | 230 | 188 | 210 | 175 | 196 | 137 | 153 | 104 | 116 | 87 | 97 | 68 | 75 | 61 | 68 | 46 |
| 47 | 249 | 272 | 218 | 238 | 200 | 218 | 187 | 203 | 145 | 158 | 110 | 120 | 92 | 100 | 72 | 78 | 65 | 70 | 47 |
| 48 | 270 | 286 | 235 | 249 | 217 | 229 | 201 | 213 | 158 | 166 | 119 | 126 | 99 | 105 | 78 | 82 | 69 | 74 | 48 |
| 49 | 290 | 299 | 253 | 261 | 233 | 240 | 217 | 223 | 170 | 175 | 128 | 132 | 107 | 110 | 83 | 86 | 74 | 78 | 49 |
| 50 | 310 | 313 | 271 | 273 | 248 | 251 | 232 | 234 | 181 | 182 | 137 | 138 | 114 | 115 | 90 | 90 | 80 | 81 | 50 |
| 51 | 331 | 327 | 288 | 285 | 265 | 262 | 247 | 244 | 193 | 191 | 146 | 144 | 122 | 121 | 95 | 93 | 85 | 84 | 51 |
| 52 | 352 | 340 | 307 | 297 | 282 | 273 | 262 | 255 | 205 | 199 | 155 | 150 | 129 | 126 | 100 | 98 | 91 | 88 | 52 |
| 53 | 378 | 357 | 330 | 312 | 303 | 286 | 283 | 266 | 221 | 208 | 167 | 158 | 139 | 132 | 108 | 103 | 98 | 92 | 53 |
| 54 | 405 | 374 | 354 | 326 | 325 | 300 | 303 | 278 | 236 | 218 | 179 | 165 | 149 | 138 | 116 | 107 | 105 | 96 | 54 |
| 55 | 432 | 391 | 378 | 340 | 346 | 314 | 323 | 291 | 252 | 227 | 191 | 173 | 160 | 144 | 125 | 112 | 112 | 100 | 55 |
| 56 | 460 | 407 | 400 | 356 | 369 | 326 | 343 | 304 | 269 | 238 | 203 | 180 | 170 | 150 | 132 | 117 | 119 | 105 | 56 |
| 57 | 487 | 424 | 425 | 370 | 391 | 340 | 363 | 316 | 284 | 247 | 215 | 187 | 179 | 156 | 139 | 121 | 126 | 109 | 57 |
| 58 | 521 | 447 | 454 | 391 | 417 | 359 | 388 | 334 | 303 | 261 | 230 | 197 | 192 | 165 | 149 | 129 | 135 | 116 | 58 |
| 59 | 555 | 471 | 483 | 412 | 444 | 378 | 414 | 353 | 323 | 275 | 245 | 208 | 204 | 174 | 159 | 136 | 143 | 122 | 59 |
| 60 | 588 | 496 | 514 | 432 | 471 | 398 | 439 | 370 | 344 | 289 | 260 | 218 | 217 | 183 | 168 | 142 | 152 | 128 | 60 |
| 61 | 622 | 520 | 543 | 453 | 499 | 416 | 465 | 388 | 363 | 303 | 275 | 230 | 230 | 191 | 179 | 149 | 160 | 134 | 61 |
| 62 | 656 | 544 | 573 | 475 | 526 | 436 | 490 | 406 | 383 | 317 | 290 | 240 | 242 | 201 | 188 | 156 | 170 | 141 | 62 |
| 63 | 692 | 569 | 604 | 496 | 556 | 456 | 517 | 425 | 404 | 332 | 306 | 251 | 256 | 210 | 199 | 164 | 179 | 147 | 63 |
| 64 | 729 | 594 | 635 | 518 | 584 | 477 | 543 | 443 | 425 | 347 | 322 | 261 | 269 | 220 | 209 | 171 | 188 | 153 | 64 |

| Rate per Child | | | | | | | | | | | | | | | | | | | Rate per Child | |
|----------------|-----|-----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----------------|--|
| <2 | 67 | 67 | 58 | 58 | 53 | 53 | 49 | 49 | 39 | 39 | 29 | 29 | 24 | 24 | 18 | 18 | 17 | 17 | | |
| 2-17 | 67 | 67 | 58 | 58 | 53 | 53 | 49 | 49 | 39 | 39 | 29 | 29 | 24 | 24 | 18 | 18 | 17 | 17 | | |
| 18+ | 104 | 104 | 91 | 91 | 83 | 83 | 77 | 77 | 62 | 62 | 45 | 45 | 39 | 39 | 29 | 29 | 26 | 26 | | |

*For renewal only

STANDARD LIFE AND ACCIDENT INSURANCE COMPANY
MONTHLY GROSS PREMIUM RATES
SLA-C08
 Rates Effective 1/1/09
 TOBACCO USER

80/20 Co-Insurance

\$5,000 Stop Loss

| Age | 750 | | 1500 | | 2000 | | 2500 | | 5000 | | 10000 | | 15000 | | 20000 | | 25000 | | Age |
|------|------|--------|------|--------|------|--------|------|--------|------|--------|-------|--------|-------|--------|-------|--------|-------|--------|------|
| | Male | Female | Male | Female | Male | Female | Male | Female | Male | Female | |
| < 23 | 142 | 189 | 124 | 164 | 113 | 150 | 106 | 141 | 83 | 109 | 63 | 83 | 51 | 69 | 41 | 53 | 37 | 48 | < 23 |
| 23 | 144 | 195 | 125 | 170 | 116 | 156 | 107 | 146 | 84 | 113 | 63 | 86 | 53 | 71 | 41 | 57 | 38 | 49 | 23 |
| 24 | 146 | 202 | 128 | 176 | 117 | 161 | 109 | 150 | 85 | 118 | 64 | 88 | 53 | 74 | 41 | 59 | 38 | 51 | 24 |
| 25 | 148 | 208 | 129 | 182 | 118 | 168 | 110 | 156 | 86 | 122 | 65 | 92 | 56 | 78 | 43 | 60 | 38 | 53 | 25 |
| 26 | 149 | 216 | 130 | 189 | 120 | 173 | 111 | 161 | 87 | 126 | 65 | 96 | 56 | 81 | 43 | 62 | 39 | 57 | 26 |
| 27 | 152 | 223 | 132 | 194 | 122 | 179 | 112 | 167 | 88 | 130 | 67 | 98 | 57 | 83 | 44 | 64 | 39 | 58 | 27 |
| 28 | 156 | 228 | 137 | 198 | 125 | 183 | 117 | 170 | 91 | 133 | 69 | 101 | 59 | 84 | 45 | 65 | 40 | 60 | 28 |
| 29 | 162 | 234 | 142 | 204 | 130 | 186 | 122 | 174 | 95 | 135 | 71 | 104 | 60 | 86 | 46 | 67 | 43 | 61 | 29 |
| 30 | 168 | 239 | 146 | 208 | 134 | 192 | 125 | 179 | 97 | 140 | 74 | 106 | 62 | 88 | 48 | 69 | 44 | 62 | 30 |
| 31 | 173 | 244 | 150 | 214 | 138 | 195 | 129 | 182 | 101 | 142 | 76 | 108 | 64 | 89 | 49 | 70 | 45 | 63 | 31 |
| 32 | 179 | 250 | 155 | 218 | 144 | 201 | 133 | 186 | 105 | 146 | 80 | 110 | 65 | 92 | 50 | 71 | 46 | 64 | 32 |
| 33 | 185 | 263 | 162 | 228 | 149 | 210 | 138 | 195 | 108 | 153 | 83 | 116 | 68 | 97 | 53 | 75 | 48 | 68 | 33 |
| 34 | 193 | 274 | 169 | 239 | 155 | 219 | 145 | 205 | 112 | 160 | 85 | 122 | 71 | 101 | 57 | 80 | 49 | 70 | 34 |
| 35 | 201 | 287 | 174 | 250 | 161 | 229 | 149 | 214 | 117 | 168 | 88 | 126 | 74 | 106 | 58 | 83 | 51 | 74 | 35 |
| 36 | 207 | 299 | 182 | 261 | 167 | 239 | 155 | 223 | 122 | 173 | 92 | 132 | 76 | 110 | 60 | 86 | 53 | 78 | 36 |
| 37 | 215 | 311 | 189 | 270 | 172 | 249 | 161 | 232 | 126 | 181 | 95 | 137 | 80 | 113 | 62 | 89 | 57 | 81 | 37 |
| 38 | 229 | 323 | 201 | 281 | 184 | 258 | 171 | 242 | 133 | 189 | 102 | 142 | 85 | 119 | 65 | 92 | 60 | 84 | 38 |
| 39 | 244 | 335 | 213 | 292 | 195 | 268 | 182 | 250 | 142 | 195 | 108 | 148 | 89 | 124 | 70 | 96 | 63 | 86 | 39 |
| 40 | 258 | 348 | 226 | 302 | 207 | 278 | 193 | 258 | 150 | 203 | 113 | 153 | 96 | 128 | 74 | 100 | 67 | 89 | 40 |
| 41 | 273 | 358 | 238 | 313 | 218 | 288 | 204 | 268 | 159 | 208 | 120 | 158 | 101 | 132 | 78 | 104 | 70 | 92 | 41 |
| 42 | 288 | 371 | 250 | 323 | 230 | 298 | 215 | 277 | 168 | 216 | 126 | 164 | 106 | 137 | 83 | 107 | 74 | 96 | 42 |
| 43 | 310 | 383 | 270 | 335 | 249 | 308 | 232 | 287 | 181 | 225 | 137 | 170 | 113 | 142 | 88 | 110 | 81 | 100 | 43 |
| 44 | 332 | 397 | 290 | 348 | 267 | 317 | 249 | 295 | 194 | 232 | 147 | 176 | 123 | 147 | 96 | 113 | 86 | 104 | 44 |
| 45 | 355 | 411 | 311 | 358 | 286 | 329 | 266 | 307 | 207 | 239 | 156 | 181 | 131 | 152 | 102 | 118 | 92 | 106 | 45 |
| 46 | 378 | 423 | 330 | 371 | 303 | 339 | 282 | 316 | 221 | 247 | 168 | 186 | 140 | 156 | 109 | 122 | 98 | 109 | 46 |
| 47 | 401 | 438 | 351 | 382 | 322 | 351 | 300 | 327 | 234 | 255 | 177 | 193 | 148 | 161 | 116 | 125 | 105 | 112 | 47 |
| 48 | 435 | 460 | 378 | 401 | 349 | 369 | 324 | 343 | 254 | 268 | 192 | 203 | 160 | 170 | 125 | 132 | 111 | 119 | 48 |
| 49 | 467 | 482 | 408 | 420 | 375 | 386 | 350 | 359 | 273 | 281 | 206 | 213 | 172 | 177 | 133 | 138 | 120 | 125 | 49 |
| 50 | 500 | 504 | 437 | 439 | 400 | 403 | 374 | 376 | 291 | 293 | 221 | 222 | 184 | 185 | 144 | 145 | 129 | 130 | 50 |
| 51 | 532 | 526 | 464 | 459 | 426 | 422 | 398 | 393 | 311 | 307 | 235 | 232 | 196 | 194 | 153 | 150 | 137 | 135 | 51 |
| 52 | 566 | 548 | 494 | 478 | 454 | 439 | 422 | 410 | 330 | 320 | 250 | 242 | 208 | 203 | 162 | 158 | 146 | 142 | 52 |
| 53 | 609 | 574 | 531 | 502 | 488 | 461 | 456 | 428 | 355 | 335 | 269 | 254 | 225 | 213 | 174 | 166 | 158 | 148 | 53 |
| 54 | 653 | 602 | 570 | 525 | 523 | 483 | 487 | 448 | 380 | 351 | 289 | 266 | 240 | 222 | 186 | 172 | 169 | 155 | 54 |
| 55 | 696 | 629 | 608 | 548 | 558 | 505 | 521 | 469 | 406 | 366 | 307 | 278 | 257 | 232 | 201 | 181 | 180 | 162 | 55 |
| 56 | 740 | 655 | 645 | 572 | 593 | 525 | 552 | 489 | 433 | 382 | 327 | 290 | 273 | 242 | 213 | 189 | 192 | 170 | 56 |
| 57 | 784 | 683 | 684 | 595 | 629 | 547 | 585 | 509 | 458 | 398 | 347 | 301 | 289 | 251 | 225 | 195 | 203 | 176 | 57 |
| 58 | 838 | 720 | 731 | 630 | 671 | 579 | 626 | 538 | 488 | 421 | 371 | 317 | 310 | 266 | 240 | 207 | 217 | 186 | 58 |
| 59 | 894 | 759 | 778 | 664 | 715 | 609 | 667 | 568 | 521 | 443 | 395 | 335 | 329 | 280 | 256 | 218 | 230 | 196 | 59 |
| 60 | 947 | 798 | 827 | 696 | 759 | 641 | 707 | 596 | 553 | 465 | 419 | 352 | 350 | 294 | 271 | 229 | 245 | 206 | 60 |
| 61 | 1002 | 837 | 875 | 730 | 803 | 670 | 749 | 625 | 585 | 488 | 443 | 371 | 371 | 308 | 288 | 240 | 258 | 216 | 61 |
| 62 | 1056 | 876 | 922 | 764 | 847 | 702 | 790 | 654 | 616 | 510 | 467 | 387 | 390 | 323 | 303 | 251 | 273 | 227 | 62 |
| 63 | 1115 | 917 | 972 | 799 | 895 | 735 | 833 | 684 | 651 | 534 | 492 | 403 | 412 | 338 | 320 | 264 | 288 | 237 | 63 |
| 64 | 1173 | 956 | 1023 | 835 | 941 | 768 | 875 | 714 | 684 | 559 | 519 | 421 | 434 | 354 | 337 | 276 | 302 | 246 | 64 |

| Rate per Child | | | | | | | | | | | | | | | | | | Rate per Child | |
|----------------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----------------|--|
| <2 | 61 | 61 | 53 | 53 | 48 | 48 | 45 | 45 | 36 | 36 | 26 | 26 | 22 | 22 | 17 | 17 | 16 | 16 | |
| 2-17 | 61 | 61 | 53 | 53 | 48 | 48 | 45 | 45 | 36 | 36 | 26 | 26 | 22 | 22 | 17 | 17 | 16 | 16 | |
| 18+ | 95 | 95 | 83 | 83 | 76 | 76 | 70 | 70 | 57 | 57 | 41 | 41 | 36 | 36 | 26 | 26 | 24 | 24 | |

*For renewal only

STANDARD LIFE AND ACCIDENT INSURANCE COMPANY
MONTHLY GROSS PREMIUM RATES
SLA-C08
 Rates Effective 1/1/09
TOBACCO USER - PREFERRED

80/20 Co-Insurance

\$5,000 Stop Loss

| Age | 750 | | 1500 | | 2000 | | 2500 | | 5000 | | 10000 | | 15000 | | 20000 | | 25000 | | Age |
|------|------|--------|------|--------|------|--------|------|--------|------|--------|-------|--------|-------|--------|-------|--------|-------|--------|------|
| | Male | Female | Male | Female | Male | Female | Male | Female | Male | Female | |
| < 23 | 126 | 168 | 110 | 145 | 100 | 133 | 94 | 125 | 74 | 97 | 56 | 74 | 45 | 61 | 36 | 47 | 33 | 43 | < 23 |
| 23 | 128 | 173 | 111 | 151 | 103 | 138 | 95 | 130 | 75 | 100 | 56 | 76 | 47 | 63 | 36 | 51 | 34 | 43 | 23 |
| 24 | 130 | 179 | 114 | 156 | 104 | 143 | 97 | 133 | 75 | 105 | 57 | 78 | 47 | 66 | 36 | 52 | 34 | 45 | 24 |
| 25 | 131 | 184 | 114 | 161 | 105 | 149 | 98 | 138 | 76 | 108 | 58 | 82 | 50 | 69 | 38 | 53 | 34 | 47 | 25 |
| 26 | 132 | 192 | 115 | 168 | 106 | 153 | 98 | 143 | 77 | 112 | 58 | 85 | 50 | 72 | 38 | 55 | 35 | 51 | 26 |
| 27 | 135 | 198 | 117 | 172 | 108 | 159 | 99 | 148 | 78 | 115 | 59 | 87 | 51 | 74 | 39 | 57 | 35 | 51 | 27 |
| 28 | 138 | 202 | 122 | 176 | 111 | 162 | 104 | 151 | 81 | 118 | 61 | 90 | 52 | 75 | 40 | 58 | 35 | 53 | 28 |
| 29 | 144 | 208 | 126 | 181 | 115 | 165 | 108 | 154 | 84 | 120 | 63 | 92 | 53 | 76 | 41 | 59 | 38 | 54 | 29 |
| 30 | 149 | 212 | 130 | 184 | 119 | 170 | 111 | 159 | 86 | 124 | 66 | 94 | 55 | 78 | 43 | 61 | 39 | 55 | 30 |
| 31 | 153 | 216 | 133 | 190 | 122 | 173 | 114 | 161 | 90 | 126 | 67 | 96 | 57 | 79 | 43 | 62 | 40 | 56 | 31 |
| 32 | 159 | 222 | 137 | 193 | 128 | 178 | 118 | 165 | 93 | 130 | 71 | 98 | 58 | 82 | 44 | 63 | 41 | 57 | 32 |
| 33 | 164 | 233 | 144 | 202 | 132 | 186 | 122 | 173 | 96 | 136 | 74 | 103 | 60 | 86 | 47 | 67 | 43 | 60 | 33 |
| 34 | 171 | 243 | 150 | 212 | 137 | 194 | 129 | 182 | 99 | 142 | 75 | 108 | 63 | 90 | 51 | 71 | 43 | 62 | 34 |
| 35 | 178 | 255 | 154 | 222 | 143 | 203 | 132 | 190 | 104 | 149 | 78 | 112 | 66 | 94 | 51 | 74 | 45 | 66 | 35 |
| 36 | 184 | 265 | 161 | 232 | 148 | 212 | 137 | 198 | 108 | 153 | 82 | 117 | 67 | 98 | 53 | 76 | 47 | 69 | 36 |
| 37 | 191 | 276 | 168 | 239 | 153 | 221 | 143 | 206 | 112 | 161 | 84 | 122 | 71 | 100 | 55 | 79 | 51 | 72 | 37 |
| 38 | 203 | 287 | 178 | 249 | 163 | 229 | 152 | 215 | 118 | 168 | 90 | 126 | 75 | 106 | 58 | 82 | 53 | 75 | 38 |
| 39 | 216 | 297 | 189 | 259 | 173 | 238 | 161 | 222 | 126 | 173 | 96 | 131 | 79 | 110 | 62 | 85 | 56 | 76 | 39 |
| 40 | 229 | 309 | 200 | 268 | 184 | 247 | 171 | 229 | 133 | 180 | 100 | 136 | 85 | 114 | 66 | 89 | 59 | 79 | 40 |
| 41 | 242 | 318 | 211 | 278 | 193 | 255 | 181 | 238 | 141 | 184 | 106 | 140 | 90 | 117 | 69 | 92 | 62 | 82 | 41 |
| 42 | 255 | 329 | 222 | 287 | 204 | 264 | 191 | 246 | 149 | 192 | 112 | 145 | 94 | 122 | 74 | 95 | 66 | 85 | 42 |
| 43 | 275 | 340 | 239 | 297 | 221 | 273 | 206 | 255 | 161 | 200 | 122 | 151 | 100 | 126 | 78 | 98 | 72 | 89 | 43 |
| 44 | 294 | 352 | 257 | 309 | 237 | 281 | 221 | 262 | 172 | 206 | 130 | 156 | 109 | 130 | 85 | 100 | 76 | 92 | 44 |
| 45 | 315 | 365 | 276 | 318 | 254 | 292 | 236 | 272 | 184 | 212 | 138 | 161 | 116 | 135 | 90 | 105 | 82 | 94 | 45 |
| 46 | 335 | 375 | 293 | 329 | 269 | 301 | 250 | 280 | 196 | 219 | 149 | 165 | 124 | 138 | 97 | 108 | 87 | 97 | 46 |
| 47 | 356 | 389 | 311 | 339 | 286 | 311 | 266 | 290 | 208 | 226 | 157 | 171 | 131 | 143 | 103 | 111 | 93 | 99 | 47 |
| 48 | 386 | 408 | 335 | 356 | 310 | 327 | 287 | 304 | 225 | 238 | 170 | 180 | 142 | 151 | 111 | 117 | 98 | 106 | 48 |
| 49 | 414 | 428 | 362 | 373 | 333 | 342 | 310 | 318 | 242 | 249 | 183 | 189 | 153 | 157 | 118 | 122 | 106 | 111 | 49 |
| 50 | 444 | 447 | 388 | 389 | 355 | 357 | 332 | 334 | 258 | 260 | 196 | 197 | 163 | 164 | 128 | 129 | 114 | 115 | 50 |
| 51 | 472 | 467 | 412 | 407 | 378 | 374 | 353 | 349 | 276 | 272 | 208 | 206 | 174 | 172 | 136 | 133 | 122 | 120 | 51 |
| 52 | 502 | 486 | 438 | 424 | 403 | 389 | 374 | 364 | 293 | 284 | 222 | 215 | 184 | 180 | 144 | 140 | 130 | 126 | 52 |
| 53 | 540 | 509 | 471 | 445 | 433 | 409 | 404 | 380 | 315 | 297 | 239 | 225 | 200 | 189 | 154 | 147 | 140 | 131 | 53 |
| 54 | 579 | 534 | 506 | 466 | 464 | 428 | 432 | 397 | 337 | 311 | 256 | 236 | 213 | 197 | 165 | 153 | 150 | 137 | 54 |
| 55 | 617 | 558 | 539 | 486 | 495 | 448 | 462 | 416 | 360 | 325 | 272 | 247 | 228 | 206 | 178 | 161 | 160 | 144 | 55 |
| 56 | 656 | 581 | 572 | 507 | 526 | 466 | 490 | 434 | 384 | 339 | 290 | 257 | 242 | 215 | 189 | 168 | 170 | 151 | 56 |
| 57 | 695 | 606 | 607 | 528 | 558 | 485 | 519 | 451 | 406 | 353 | 308 | 267 | 256 | 223 | 200 | 173 | 180 | 156 | 57 |
| 58 | 743 | 639 | 648 | 559 | 595 | 514 | 555 | 477 | 433 | 373 | 329 | 281 | 275 | 236 | 213 | 184 | 192 | 165 | 58 |
| 59 | 793 | 673 | 690 | 589 | 634 | 540 | 592 | 504 | 462 | 393 | 350 | 297 | 292 | 248 | 227 | 193 | 204 | 174 | 59 |
| 60 | 840 | 708 | 734 | 617 | 673 | 569 | 627 | 529 | 491 | 412 | 372 | 312 | 310 | 261 | 240 | 203 | 217 | 183 | 60 |
| 61 | 889 | 742 | 776 | 648 | 712 | 594 | 664 | 554 | 519 | 433 | 393 | 329 | 329 | 273 | 255 | 213 | 229 | 192 | 61 |
| 62 | 937 | 777 | 818 | 678 | 751 | 623 | 701 | 580 | 546 | 452 | 414 | 343 | 346 | 287 | 269 | 223 | 242 | 201 | 62 |
| 63 | 989 | 813 | 862 | 709 | 794 | 652 | 739 | 607 | 577 | 474 | 436 | 357 | 365 | 300 | 284 | 234 | 255 | 210 | 63 |
| 64 | 1040 | 848 | 907 | 741 | 835 | 681 | 776 | 633 | 607 | 496 | 460 | 373 | 385 | 314 | 299 | 245 | 268 | 218 | 64 |

| Rate per Child | | | | | | | | | | | | | | | | | | Rate per Child | |
|----------------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----------------|--|
| <2 | 61 | 61 | 53 | 53 | 48 | 48 | 45 | 45 | 36 | 36 | 26 | 26 | 22 | 22 | 17 | 17 | 16 | 16 | |
| 2-17 | 61 | 61 | 53 | 53 | 48 | 48 | 45 | 45 | 36 | 36 | 26 | 26 | 22 | 22 | 17 | 17 | 16 | 16 | |
| 18+ | 95 | 95 | 83 | 83 | 76 | 76 | 70 | 70 | 57 | 57 | 41 | 41 | 36 | 36 | 26 | 26 | 24 | 24 | |

*For renewal only

STANDARD LIFE AND ACCIDENT INSURANCE COMPANY
MONTHLY GROSS PREMIUM RATES
SLA-C08
 Rates Effective 1/1/09
 TOBACCO NON-USER

80/20 Co-Insurance

\$5,000 Stop Loss

| Age | 750 | | 1500 | | 2000 | | 2500 | | 5000 | | 10000 | | 15000 | | 20000 | | 25000 | | Age | |
|----------------|------|--------|------|--------|------|--------|------|--------|------|--------|-------|--------|-------|--------|-------|--------|-------|--------|----------------|--|
| | Male | Female | Male | Female | Male | Female | Male | Female | Male | Female | | |
| < 23 | 95 | 126 | 83 | 109 | 75 | 100 | 71 | 94 | 55 | 73 | 42 | 55 | 34 | 46 | 27 | 35 | 25 | 32 | < 23 | |
| 23 | 96 | 130 | 83 | 113 | 77 | 104 | 71 | 97 | 56 | 75 | 42 | 57 | 35 | 47 | 27 | 38 | 25 | 33 | 23 | |
| 24 | 97 | 135 | 85 | 117 | 78 | 107 | 73 | 100 | 57 | 79 | 43 | 59 | 35 | 49 | 27 | 39 | 25 | 34 | 24 | |
| 25 | 99 | 139 | 86 | 121 | 79 | 112 | 73 | 104 | 57 | 81 | 43 | 61 | 37 | 52 | 29 | 40 | 25 | 35 | 25 | |
| 26 | 99 | 144 | 87 | 126 | 80 | 115 | 74 | 107 | 58 | 84 | 43 | 64 | 37 | 54 | 29 | 41 | 26 | 38 | 26 | |
| 27 | 101 | 149 | 88 | 129 | 81 | 119 | 75 | 111 | 59 | 87 | 45 | 65 | 38 | 55 | 29 | 43 | 26 | 39 | 27 | |
| 28 | 104 | 152 | 91 | 132 | 83 | 122 | 78 | 113 | 61 | 89 | 46 | 67 | 39 | 56 | 30 | 43 | 27 | 40 | 28 | |
| 29 | 108 | 156 | 95 | 136 | 87 | 124 | 81 | 116 | 63 | 90 | 47 | 69 | 40 | 57 | 31 | 45 | 29 | 41 | 29 | |
| 30 | 112 | 159 | 97 | 139 | 89 | 128 | 83 | 119 | 65 | 93 | 49 | 71 | 41 | 59 | 32 | 46 | 29 | 41 | 30 | |
| 31 | 115 | 163 | 100 | 143 | 92 | 130 | 86 | 121 | 67 | 95 | 51 | 72 | 43 | 59 | 33 | 47 | 30 | 42 | 31 | |
| 32 | 119 | 167 | 103 | 145 | 96 | 134 | 89 | 124 | 70 | 97 | 53 | 73 | 43 | 61 | 33 | 47 | 31 | 43 | 32 | |
| 33 | 123 | 175 | 108 | 152 | 99 | 140 | 92 | 130 | 72 | 102 | 55 | 77 | 45 | 65 | 35 | 50 | 32 | 45 | 33 | |
| 34 | 129 | 183 | 113 | 159 | 103 | 146 | 97 | 137 | 75 | 107 | 57 | 81 | 47 | 67 | 38 | 53 | 33 | 47 | 34 | |
| 35 | 134 | 191 | 116 | 167 | 107 | 153 | 99 | 143 | 78 | 112 | 59 | 84 | 49 | 71 | 39 | 55 | 34 | 49 | 35 | |
| 36 | 138 | 199 | 121 | 174 | 111 | 159 | 103 | 149 | 81 | 115 | 61 | 88 | 51 | 73 | 40 | 57 | 35 | 52 | 36 | |
| 37 | 143 | 207 | 126 | 180 | 115 | 166 | 107 | 155 | 84 | 121 | 63 | 91 | 53 | 75 | 41 | 59 | 38 | 54 | 37 | |
| 38 | 153 | 215 | 134 | 187 | 123 | 172 | 114 | 161 | 89 | 126 | 68 | 95 | 57 | 79 | 43 | 61 | 40 | 56 | 38 | |
| 39 | 163 | 223 | 142 | 195 | 130 | 179 | 121 | 167 | 95 | 130 | 72 | 99 | 59 | 83 | 47 | 64 | 42 | 57 | 39 | |
| 40 | 172 | 232 | 151 | 201 | 138 | 185 | 129 | 172 | 100 | 135 | 75 | 102 | 64 | 85 | 49 | 67 | 45 | 59 | 40 | |
| 41 | 182 | 239 | 159 | 209 | 145 | 192 | 136 | 179 | 106 | 139 | 80 | 105 | 67 | 88 | 52 | 69 | 47 | 61 | 41 | |
| 42 | 192 | 247 | 167 | 215 | 153 | 199 | 143 | 185 | 112 | 144 | 84 | 109 | 71 | 91 | 55 | 71 | 49 | 64 | 42 | |
| 43 | 207 | 255 | 180 | 223 | 166 | 205 | 155 | 191 | 121 | 150 | 91 | 113 | 75 | 95 | 59 | 73 | 54 | 67 | 43 | |
| 44 | 221 | 265 | 193 | 232 | 178 | 211 | 166 | 197 | 129 | 155 | 98 | 117 | 82 | 98 | 64 | 75 | 57 | 69 | 44 | |
| 45 | 237 | 274 | 207 | 239 | 191 | 219 | 177 | 205 | 138 | 159 | 104 | 121 | 87 | 101 | 68 | 79 | 61 | 71 | 45 | |
| 46 | 252 | 282 | 220 | 247 | 202 | 226 | 188 | 211 | 147 | 165 | 112 | 124 | 93 | 104 | 73 | 81 | 65 | 73 | 46 | |
| 47 | 267 | 292 | 234 | 255 | 215 | 234 | 200 | 218 | 156 | 170 | 118 | 129 | 99 | 107 | 77 | 83 | 70 | 75 | 47 | |
| 48 | 290 | 307 | 252 | 267 | 233 | 246 | 216 | 229 | 169 | 179 | 128 | 135 | 107 | 113 | 83 | 88 | 74 | 79 | 48 | |
| 49 | 311 | 321 | 272 | 280 | 250 | 257 | 233 | 239 | 182 | 187 | 137 | 142 | 115 | 118 | 89 | 92 | 80 | 83 | 49 | |
| 50 | 334 | 336 | 291 | 293 | 267 | 269 | 249 | 251 | 194 | 195 | 147 | 148 | 123 | 123 | 96 | 97 | 86 | 87 | 50 | |
| 51 | 355 | 351 | 309 | 306 | 284 | 281 | 265 | 262 | 207 | 205 | 157 | 155 | 131 | 129 | 102 | 100 | 91 | 90 | 51 | |
| 52 | 378 | 366 | 329 | 319 | 303 | 293 | 281 | 273 | 220 | 213 | 167 | 161 | 139 | 135 | 108 | 105 | 97 | 95 | 52 | |
| 53 | 406 | 383 | 354 | 335 | 325 | 307 | 304 | 285 | 237 | 223 | 179 | 169 | 150 | 142 | 116 | 111 | 105 | 99 | 53 | |
| 54 | 436 | 402 | 380 | 350 | 349 | 322 | 325 | 299 | 253 | 234 | 193 | 177 | 160 | 148 | 124 | 115 | 113 | 103 | 54 | |
| 55 | 464 | 420 | 406 | 366 | 372 | 337 | 348 | 313 | 271 | 244 | 205 | 185 | 171 | 155 | 134 | 121 | 120 | 108 | 55 | |
| 56 | 494 | 437 | 430 | 382 | 396 | 350 | 368 | 326 | 289 | 255 | 218 | 193 | 182 | 161 | 142 | 126 | 128 | 113 | 56 | |
| 57 | 523 | 456 | 456 | 397 | 420 | 365 | 390 | 340 | 305 | 265 | 231 | 201 | 193 | 167 | 150 | 130 | 135 | 117 | 57 | |
| 58 | 559 | 480 | 488 | 420 | 448 | 386 | 418 | 359 | 325 | 281 | 247 | 211 | 207 | 177 | 160 | 138 | 145 | 124 | 58 | |
| 59 | 596 | 506 | 519 | 443 | 477 | 406 | 445 | 379 | 348 | 295 | 263 | 223 | 219 | 187 | 171 | 145 | 153 | 131 | 59 | |
| 60 | 632 | 532 | 552 | 464 | 506 | 428 | 472 | 398 | 369 | 310 | 279 | 235 | 233 | 196 | 181 | 153 | 163 | 137 | 60 | |
| 61 | 668 | 558 | 584 | 487 | 536 | 447 | 500 | 417 | 390 | 325 | 295 | 247 | 247 | 205 | 192 | 160 | 172 | 144 | 61 | |
| 62 | 704 | 584 | 615 | 510 | 565 | 468 | 527 | 436 | 411 | 340 | 311 | 258 | 260 | 215 | 202 | 167 | 182 | 151 | 62 | |
| 63 | 744 | 612 | 648 | 533 | 597 | 490 | 556 | 456 | 434 | 356 | 328 | 269 | 275 | 225 | 213 | 176 | 192 | 158 | 63 | |
| 64 | 782 | 638 | 682 | 557 | 628 | 512 | 584 | 476 | 456 | 373 | 346 | 281 | 289 | 236 | 225 | 184 | 201 | 164 | 64 | |
| Rate per Child | | | | | | | | | | | | | | | | | | | Rate per Child | |
| <2 | 61 | 61 | 53 | 53 | 48 | 48 | 45 | 45 | 36 | 36 | 26 | 26 | 22 | 22 | 17 | 17 | 16 | 16 | | |
| 2-17 | 61 | 61 | 53 | 53 | 48 | 48 | 45 | 45 | 36 | 36 | 26 | 26 | 22 | 22 | 17 | 17 | 16 | 16 | | |
| 18+ | 95 | 95 | 83 | 83 | 76 | 76 | 70 | 70 | 57 | 57 | 41 | 41 | 36 | 36 | 26 | 26 | 24 | 24 | | |

*For renewal only

STANDARD LIFE AND ACCIDENT INSURANCE COMPANY
MONTHLY GROSS PREMIUM RATES
SLA-C08
Rates Effective 1/1/09
PREFERRED

80/20 Co-Insurance

\$5,000 Stop Loss

| Age | 750 | | 1500 | | 2000 | | 2500 | | 5000 | | 10000 | | 15000 | | 20000 | | 25000 | | Age |
|------|------|--------|------|--------|------|--------|------|--------|------|--------|-------|--------|-------|--------|-------|--------|-------|--------|------|
| | Male | Female | Male | Female | Male | Female | Male | Female | Male | Female | |
| < 23 | 81 | 107 | 70 | 93 | 64 | 85 | 60 | 80 | 47 | 62 | 36 | 47 | 29 | 39 | 23 | 30 | 21 | 27 | < 23 |
| 23 | 82 | 111 | 71 | 96 | 66 | 88 | 61 | 83 | 48 | 64 | 36 | 49 | 30 | 40 | 23 | 32 | 22 | 28 | 23 |
| 24 | 83 | 115 | 73 | 100 | 66 | 91 | 62 | 85 | 48 | 67 | 36 | 50 | 30 | 42 | 23 | 33 | 22 | 29 | 24 |
| 25 | 84 | 118 | 73 | 103 | 67 | 95 | 62 | 88 | 49 | 69 | 37 | 52 | 32 | 44 | 24 | 34 | 22 | 30 | 25 |
| 26 | 84 | 122 | 74 | 107 | 68 | 98 | 63 | 91 | 49 | 71 | 37 | 54 | 32 | 46 | 24 | 35 | 22 | 32 | 26 |
| 27 | 86 | 126 | 75 | 110 | 69 | 101 | 64 | 95 | 50 | 74 | 38 | 56 | 32 | 47 | 25 | 36 | 22 | 33 | 27 |
| 28 | 88 | 129 | 78 | 112 | 71 | 104 | 66 | 96 | 52 | 75 | 39 | 57 | 33 | 48 | 26 | 37 | 23 | 34 | 28 |
| 29 | 92 | 133 | 81 | 116 | 74 | 105 | 69 | 99 | 54 | 77 | 40 | 59 | 34 | 49 | 26 | 38 | 24 | 35 | 29 |
| 30 | 95 | 136 | 83 | 118 | 76 | 109 | 71 | 101 | 55 | 79 | 42 | 60 | 35 | 50 | 27 | 39 | 25 | 35 | 30 |
| 31 | 98 | 138 | 85 | 121 | 78 | 111 | 73 | 103 | 57 | 81 | 43 | 61 | 36 | 50 | 28 | 40 | 26 | 36 | 31 |
| 32 | 101 | 142 | 88 | 124 | 82 | 114 | 75 | 105 | 60 | 83 | 45 | 62 | 37 | 52 | 28 | 40 | 26 | 36 | 32 |
| 33 | 105 | 149 | 92 | 129 | 84 | 119 | 78 | 111 | 61 | 87 | 47 | 66 | 39 | 55 | 30 | 43 | 27 | 39 | 33 |
| 34 | 109 | 155 | 96 | 136 | 88 | 124 | 82 | 116 | 64 | 91 | 48 | 69 | 40 | 57 | 32 | 45 | 28 | 40 | 34 |
| 35 | 114 | 163 | 99 | 142 | 91 | 130 | 84 | 121 | 66 | 95 | 50 | 71 | 42 | 60 | 33 | 47 | 29 | 42 | 35 |
| 36 | 117 | 170 | 103 | 148 | 95 | 136 | 88 | 126 | 69 | 98 | 52 | 75 | 43 | 62 | 34 | 49 | 30 | 44 | 36 |
| 37 | 122 | 176 | 107 | 153 | 98 | 141 | 91 | 132 | 71 | 103 | 54 | 78 | 45 | 64 | 35 | 50 | 32 | 46 | 37 |
| 38 | 130 | 183 | 114 | 159 | 104 | 146 | 97 | 137 | 75 | 107 | 58 | 81 | 48 | 67 | 37 | 52 | 34 | 48 | 38 |
| 39 | 138 | 190 | 121 | 166 | 111 | 152 | 103 | 142 | 81 | 111 | 61 | 84 | 50 | 70 | 40 | 54 | 36 | 49 | 39 |
| 40 | 146 | 197 | 128 | 171 | 117 | 158 | 109 | 146 | 85 | 115 | 64 | 87 | 54 | 73 | 42 | 57 | 38 | 50 | 40 |
| 41 | 155 | 203 | 135 | 177 | 124 | 163 | 116 | 152 | 90 | 118 | 68 | 90 | 57 | 75 | 44 | 59 | 40 | 52 | 41 |
| 42 | 163 | 210 | 142 | 183 | 130 | 169 | 122 | 157 | 95 | 122 | 71 | 93 | 60 | 78 | 47 | 61 | 42 | 54 | 42 |
| 43 | 176 | 217 | 153 | 190 | 141 | 175 | 132 | 163 | 103 | 128 | 78 | 96 | 64 | 81 | 50 | 62 | 46 | 57 | 43 |
| 44 | 188 | 225 | 164 | 197 | 151 | 180 | 141 | 167 | 110 | 132 | 83 | 100 | 70 | 83 | 54 | 64 | 49 | 59 | 44 |
| 45 | 201 | 233 | 176 | 203 | 162 | 187 | 151 | 174 | 117 | 136 | 88 | 103 | 74 | 86 | 58 | 67 | 52 | 60 | 45 |
| 46 | 214 | 240 | 187 | 210 | 172 | 192 | 160 | 179 | 125 | 140 | 95 | 105 | 79 | 88 | 62 | 69 | 56 | 62 | 46 |
| 47 | 227 | 248 | 199 | 217 | 183 | 199 | 170 | 185 | 133 | 145 | 100 | 109 | 84 | 91 | 66 | 71 | 60 | 64 | 47 |
| 48 | 247 | 261 | 214 | 227 | 198 | 209 | 184 | 194 | 144 | 152 | 109 | 115 | 91 | 96 | 71 | 75 | 63 | 67 | 48 |
| 49 | 265 | 273 | 231 | 238 | 213 | 219 | 198 | 204 | 155 | 159 | 117 | 121 | 98 | 100 | 75 | 78 | 68 | 71 | 49 |
| 50 | 284 | 286 | 248 | 249 | 227 | 229 | 212 | 213 | 165 | 166 | 125 | 126 | 104 | 105 | 82 | 82 | 73 | 74 | 50 |
| 51 | 302 | 298 | 263 | 260 | 242 | 239 | 226 | 223 | 176 | 174 | 133 | 132 | 111 | 110 | 87 | 85 | 78 | 77 | 51 |
| 52 | 321 | 311 | 280 | 271 | 257 | 249 | 239 | 232 | 187 | 181 | 142 | 137 | 118 | 115 | 92 | 90 | 83 | 81 | 52 |
| 53 | 345 | 325 | 301 | 285 | 277 | 261 | 259 | 243 | 201 | 190 | 153 | 144 | 128 | 121 | 99 | 94 | 90 | 84 | 53 |
| 54 | 370 | 341 | 323 | 298 | 297 | 274 | 276 | 254 | 215 | 199 | 164 | 151 | 136 | 126 | 105 | 98 | 96 | 88 | 54 |
| 55 | 395 | 357 | 345 | 311 | 316 | 286 | 295 | 266 | 230 | 208 | 174 | 158 | 146 | 132 | 114 | 103 | 102 | 92 | 55 |
| 56 | 420 | 371 | 366 | 324 | 336 | 298 | 313 | 277 | 246 | 217 | 185 | 164 | 155 | 137 | 121 | 107 | 109 | 96 | 56 |
| 57 | 445 | 387 | 388 | 337 | 357 | 310 | 332 | 289 | 260 | 226 | 197 | 171 | 164 | 142 | 128 | 111 | 115 | 100 | 57 |
| 58 | 475 | 408 | 414 | 357 | 380 | 328 | 355 | 305 | 277 | 239 | 210 | 180 | 176 | 151 | 136 | 117 | 123 | 105 | 58 |
| 59 | 507 | 430 | 441 | 376 | 405 | 345 | 378 | 322 | 295 | 251 | 224 | 190 | 187 | 159 | 145 | 124 | 130 | 111 | 59 |
| 60 | 537 | 452 | 469 | 395 | 430 | 363 | 401 | 338 | 314 | 264 | 238 | 200 | 198 | 167 | 154 | 130 | 139 | 117 | 60 |
| 61 | 568 | 475 | 496 | 414 | 455 | 380 | 425 | 354 | 332 | 277 | 251 | 210 | 210 | 175 | 163 | 136 | 146 | 122 | 61 |
| 62 | 599 | 497 | 523 | 433 | 480 | 398 | 448 | 371 | 349 | 289 | 265 | 219 | 221 | 183 | 172 | 142 | 155 | 129 | 62 |
| 63 | 632 | 520 | 551 | 453 | 507 | 417 | 472 | 388 | 369 | 303 | 279 | 229 | 234 | 192 | 181 | 150 | 163 | 134 | 63 |
| 64 | 665 | 542 | 580 | 473 | 534 | 435 | 496 | 405 | 388 | 317 | 294 | 239 | 246 | 201 | 191 | 156 | 171 | 139 | 64 |

| Rate per Child | | | | | | | | | | | | | | | | | | Rate per Child | |
|----------------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----------------|--|
| <2 | 61 | 61 | 53 | 53 | 48 | 48 | 45 | 45 | 36 | 36 | 26 | 26 | 22 | 22 | 17 | 17 | 16 | 16 | |
| 2-17 | 61 | 61 | 53 | 53 | 48 | 48 | 45 | 45 | 36 | 36 | 26 | 26 | 22 | 22 | 17 | 17 | 16 | 16 | |
| 18+ | 95 | 95 | 83 | 83 | 76 | 76 | 70 | 70 | 57 | 57 | 41 | 41 | 36 | 36 | 26 | 26 | 24 | 24 | |

*For renewal only

STANDARD LIFE AND ACCIDENT INSURANCE COMPANY
MONTHLY GROSS PREMIUM RATES
SLA-C08
Rates Effective 1/1/09
TOBACCO USER

80/20 Co-Insurance

\$10,000 Stop Loss

| Age | 750 | | 1500 | | 2000 | | 2500 | | 5000 | | 10000 | | 15000 | | 20000 | | 25000 | | Age |
|------|------|--------|------|--------|------|--------|------|--------|------|--------|-------|--------|-------|--------|-------|--------|-------|--------|------|
| | Male | Female | Male | Female | Male | Female | Male | Female | Male | Female | |
| < 23 | 135 | 180 | 118 | 156 | 108 | 143 | 101 | 134 | 79 | 104 | 60 | 79 | 49 | 66 | 39 | 50 | 35 | 46 | < 23 |
| 23 | 137 | 186 | 119 | 162 | 110 | 149 | 102 | 139 | 80 | 108 | 60 | 82 | 50 | 68 | 39 | 54 | 36 | 47 | 23 |
| 24 | 139 | 192 | 122 | 168 | 111 | 153 | 104 | 143 | 81 | 112 | 61 | 84 | 50 | 70 | 39 | 56 | 36 | 49 | 24 |
| 25 | 141 | 198 | 123 | 173 | 112 | 160 | 105 | 149 | 82 | 116 | 62 | 88 | 53 | 74 | 41 | 57 | 36 | 50 | 25 |
| 26 | 142 | 206 | 124 | 180 | 114 | 165 | 106 | 153 | 83 | 120 | 62 | 91 | 53 | 77 | 41 | 59 | 37 | 54 | 26 |
| 27 | 145 | 212 | 126 | 185 | 116 | 170 | 107 | 159 | 84 | 124 | 64 | 93 | 54 | 79 | 42 | 61 | 37 | 55 | 27 |
| 28 | 149 | 217 | 130 | 189 | 119 | 174 | 111 | 162 | 87 | 127 | 66 | 96 | 56 | 80 | 43 | 62 | 38 | 57 | 28 |
| 29 | 154 | 223 | 135 | 194 | 124 | 177 | 116 | 166 | 90 | 129 | 68 | 99 | 57 | 82 | 44 | 64 | 41 | 58 | 29 |
| 30 | 160 | 228 | 139 | 198 | 128 | 183 | 119 | 170 | 92 | 133 | 70 | 101 | 59 | 84 | 46 | 66 | 42 | 59 | 30 |
| 31 | 165 | 232 | 143 | 204 | 131 | 186 | 123 | 173 | 96 | 135 | 72 | 103 | 61 | 85 | 47 | 67 | 43 | 60 | 31 |
| 32 | 170 | 238 | 148 | 208 | 137 | 191 | 127 | 177 | 100 | 139 | 76 | 105 | 62 | 88 | 48 | 68 | 44 | 61 | 32 |
| 33 | 176 | 250 | 154 | 217 | 142 | 200 | 131 | 186 | 103 | 146 | 79 | 110 | 65 | 92 | 50 | 71 | 46 | 65 | 33 |
| 34 | 184 | 261 | 161 | 228 | 148 | 209 | 138 | 195 | 107 | 152 | 81 | 116 | 68 | 96 | 54 | 76 | 47 | 67 | 34 |
| 35 | 191 | 273 | 166 | 238 | 153 | 218 | 142 | 204 | 111 | 160 | 84 | 120 | 70 | 101 | 55 | 79 | 49 | 70 | 35 |
| 36 | 197 | 285 | 173 | 249 | 159 | 228 | 148 | 212 | 116 | 165 | 88 | 126 | 72 | 105 | 57 | 82 | 50 | 74 | 36 |
| 37 | 205 | 296 | 180 | 257 | 164 | 237 | 153 | 221 | 120 | 172 | 90 | 130 | 76 | 108 | 59 | 85 | 54 | 77 | 37 |
| 38 | 218 | 308 | 191 | 268 | 175 | 246 | 163 | 230 | 127 | 180 | 97 | 135 | 81 | 113 | 62 | 88 | 57 | 80 | 38 |
| 39 | 232 | 319 | 203 | 278 | 186 | 255 | 173 | 238 | 135 | 186 | 103 | 141 | 85 | 118 | 67 | 91 | 60 | 82 | 39 |
| 40 | 246 | 331 | 215 | 288 | 197 | 265 | 184 | 246 | 143 | 193 | 108 | 146 | 91 | 122 | 70 | 95 | 64 | 85 | 40 |
| 41 | 260 | 341 | 227 | 298 | 208 | 274 | 194 | 255 | 151 | 198 | 114 | 150 | 96 | 126 | 74 | 99 | 67 | 88 | 41 |
| 42 | 274 | 353 | 238 | 308 | 219 | 284 | 205 | 264 | 160 | 206 | 120 | 156 | 101 | 130 | 79 | 102 | 70 | 91 | 42 |
| 43 | 295 | 365 | 257 | 319 | 237 | 293 | 221 | 273 | 172 | 214 | 130 | 162 | 108 | 135 | 84 | 105 | 77 | 95 | 43 |
| 44 | 316 | 378 | 276 | 331 | 254 | 302 | 237 | 281 | 185 | 221 | 140 | 168 | 117 | 140 | 91 | 108 | 82 | 99 | 44 |
| 45 | 338 | 391 | 296 | 341 | 272 | 313 | 253 | 292 | 197 | 228 | 149 | 172 | 125 | 145 | 97 | 112 | 88 | 101 | 45 |
| 46 | 360 | 403 | 314 | 353 | 289 | 323 | 269 | 301 | 210 | 235 | 160 | 177 | 133 | 149 | 104 | 116 | 93 | 104 | 46 |
| 47 | 382 | 417 | 334 | 364 | 307 | 334 | 286 | 311 | 223 | 243 | 169 | 184 | 141 | 153 | 110 | 119 | 100 | 107 | 47 |
| 48 | 414 | 438 | 360 | 382 | 332 | 351 | 309 | 327 | 242 | 255 | 183 | 193 | 152 | 162 | 119 | 126 | 106 | 113 | 48 |
| 49 | 445 | 459 | 389 | 400 | 357 | 368 | 333 | 342 | 260 | 268 | 196 | 203 | 164 | 169 | 127 | 131 | 114 | 119 | 49 |
| 50 | 476 | 480 | 416 | 418 | 381 | 384 | 356 | 358 | 277 | 279 | 210 | 211 | 175 | 176 | 137 | 138 | 123 | 124 | 50 |
| 51 | 507 | 501 | 442 | 437 | 406 | 402 | 379 | 374 | 296 | 292 | 224 | 221 | 187 | 185 | 146 | 143 | 130 | 129 | 51 |
| 52 | 539 | 522 | 470 | 455 | 432 | 418 | 402 | 390 | 314 | 305 | 238 | 230 | 198 | 193 | 154 | 150 | 139 | 135 | 52 |
| 53 | 580 | 547 | 506 | 478 | 465 | 439 | 434 | 408 | 338 | 319 | 256 | 242 | 214 | 203 | 166 | 158 | 150 | 141 | 53 |
| 54 | 622 | 573 | 543 | 500 | 498 | 460 | 464 | 427 | 362 | 334 | 275 | 253 | 229 | 211 | 177 | 164 | 161 | 148 | 54 |
| 55 | 663 | 599 | 579 | 522 | 531 | 481 | 496 | 447 | 387 | 349 | 292 | 265 | 245 | 221 | 191 | 172 | 171 | 154 | 55 |
| 56 | 705 | 624 | 614 | 545 | 565 | 500 | 526 | 466 | 412 | 364 | 311 | 276 | 260 | 230 | 203 | 180 | 183 | 162 | 56 |
| 57 | 747 | 650 | 651 | 567 | 599 | 521 | 557 | 485 | 436 | 379 | 330 | 287 | 275 | 239 | 214 | 186 | 193 | 168 | 57 |
| 58 | 798 | 686 | 696 | 600 | 639 | 551 | 596 | 512 | 465 | 401 | 353 | 302 | 295 | 253 | 229 | 197 | 207 | 177 | 58 |
| 59 | 851 | 723 | 741 | 632 | 681 | 580 | 635 | 541 | 496 | 422 | 376 | 319 | 313 | 267 | 244 | 208 | 219 | 187 | 59 |
| 60 | 902 | 760 | 788 | 663 | 723 | 610 | 673 | 568 | 527 | 443 | 399 | 335 | 333 | 280 | 258 | 218 | 233 | 196 | 60 |
| 61 | 954 | 797 | 833 | 695 | 765 | 638 | 713 | 595 | 557 | 465 | 422 | 353 | 353 | 293 | 274 | 229 | 246 | 206 | 61 |
| 62 | 1006 | 834 | 878 | 728 | 807 | 669 | 752 | 623 | 587 | 486 | 445 | 369 | 371 | 308 | 289 | 239 | 260 | 216 | 62 |
| 63 | 1062 | 873 | 926 | 761 | 852 | 700 | 793 | 651 | 620 | 509 | 469 | 384 | 392 | 322 | 305 | 251 | 274 | 226 | 63 |
| 64 | 1117 | 910 | 974 | 795 | 896 | 731 | 833 | 680 | 651 | 532 | 494 | 401 | 413 | 337 | 321 | 263 | 288 | 234 | 64 |

| Rate per Child | | | | | | | | | | | | | | | | | | Rate per Child | |
|----------------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----------------|--|
| <2 | 58 | 58 | 50 | 50 | 46 | 46 | 43 | 43 | 34 | 34 | 25 | 25 | 21 | 21 | 16 | 16 | 15 | 15 | |
| 2-17 | 58 | 58 | 50 | 50 | 46 | 46 | 43 | 43 | 34 | 34 | 25 | 25 | 21 | 21 | 16 | 16 | 15 | 15 | |
| 18+ | 90 | 90 | 79 | 79 | 72 | 72 | 67 | 67 | 54 | 54 | 39 | 39 | 34 | 34 | 25 | 25 | 23 | 23 | |

*For renewal only

STANDARD LIFE AND ACCIDENT INSURANCE COMPANY
MONTHLY GROSS PREMIUM RATES
SLA-C08
Rates Effective 1/1/09
TOBACCO USER - PREFERRED

80/20 Co-Insurance

\$10,000 Stop Loss

| Age | 750 | | 1500 | | 2000 | | 2500 | | 5000 | | 10000 | | 15000 | | 20000 | | 25000 | | Age |
|------|------|--------|------|--------|------|--------|------|--------|------|--------|-------|--------|-------|--------|-------|--------|-------|--------|------|
| | Male | Female | Male | Female | Male | Female | Male | Female | Male | Female | |
| < 23 | 120 | 160 | 105 | 138 | 96 | 127 | 90 | 119 | 70 | 92 | 53 | 70 | 43 | 59 | 35 | 44 | 31 | 41 | < 23 |
| 23 | 122 | 165 | 106 | 144 | 98 | 132 | 90 | 123 | 71 | 96 | 53 | 73 | 44 | 60 | 35 | 48 | 32 | 42 | 23 |
| 24 | 123 | 170 | 108 | 149 | 98 | 136 | 92 | 127 | 72 | 99 | 54 | 75 | 44 | 62 | 35 | 50 | 32 | 43 | 24 |
| 25 | 125 | 176 | 109 | 153 | 99 | 142 | 93 | 132 | 73 | 103 | 55 | 78 | 47 | 66 | 36 | 51 | 32 | 44 | 25 |
| 26 | 126 | 183 | 110 | 160 | 101 | 146 | 94 | 136 | 74 | 106 | 55 | 81 | 47 | 68 | 36 | 52 | 33 | 48 | 26 |
| 27 | 129 | 188 | 112 | 164 | 103 | 151 | 95 | 141 | 75 | 110 | 57 | 82 | 48 | 70 | 37 | 54 | 33 | 49 | 27 |
| 28 | 132 | 192 | 115 | 168 | 106 | 154 | 98 | 144 | 77 | 113 | 59 | 85 | 50 | 71 | 38 | 55 | 34 | 51 | 28 |
| 29 | 137 | 198 | 120 | 172 | 110 | 157 | 103 | 147 | 80 | 114 | 60 | 88 | 51 | 73 | 39 | 57 | 36 | 51 | 29 |
| 30 | 142 | 202 | 123 | 176 | 114 | 162 | 106 | 151 | 82 | 118 | 62 | 90 | 52 | 75 | 41 | 59 | 37 | 52 | 30 |
| 31 | 146 | 206 | 127 | 181 | 116 | 165 | 109 | 153 | 85 | 120 | 64 | 91 | 54 | 75 | 42 | 59 | 38 | 53 | 31 |
| 32 | 151 | 211 | 131 | 184 | 122 | 169 | 113 | 157 | 89 | 123 | 67 | 93 | 55 | 78 | 43 | 60 | 39 | 54 | 32 |
| 33 | 156 | 222 | 137 | 192 | 126 | 177 | 116 | 165 | 91 | 130 | 70 | 98 | 58 | 82 | 44 | 63 | 41 | 58 | 33 |
| 34 | 163 | 232 | 143 | 202 | 131 | 185 | 122 | 173 | 95 | 135 | 72 | 103 | 60 | 85 | 48 | 67 | 42 | 59 | 34 |
| 35 | 169 | 242 | 147 | 211 | 136 | 193 | 126 | 181 | 98 | 142 | 75 | 106 | 62 | 90 | 49 | 70 | 43 | 62 | 35 |
| 36 | 175 | 253 | 153 | 221 | 141 | 202 | 131 | 188 | 103 | 146 | 78 | 112 | 64 | 93 | 51 | 73 | 44 | 66 | 36 |
| 37 | 182 | 263 | 160 | 228 | 145 | 210 | 136 | 196 | 106 | 153 | 80 | 115 | 67 | 96 | 52 | 75 | 48 | 68 | 37 |
| 38 | 193 | 273 | 169 | 238 | 155 | 218 | 145 | 204 | 113 | 160 | 86 | 120 | 72 | 100 | 55 | 78 | 51 | 71 | 38 |
| 39 | 206 | 283 | 180 | 247 | 165 | 226 | 153 | 211 | 120 | 165 | 91 | 125 | 75 | 105 | 59 | 81 | 53 | 73 | 39 |
| 40 | 218 | 294 | 191 | 255 | 175 | 235 | 163 | 218 | 127 | 171 | 96 | 130 | 81 | 108 | 62 | 84 | 57 | 75 | 40 |
| 41 | 231 | 302 | 201 | 264 | 184 | 243 | 172 | 226 | 134 | 176 | 101 | 133 | 85 | 112 | 66 | 88 | 59 | 78 | 41 |
| 42 | 243 | 313 | 211 | 273 | 194 | 252 | 182 | 234 | 142 | 183 | 106 | 138 | 90 | 115 | 70 | 90 | 62 | 81 | 42 |
| 43 | 262 | 324 | 228 | 283 | 210 | 260 | 196 | 242 | 153 | 190 | 115 | 144 | 96 | 120 | 75 | 93 | 68 | 84 | 43 |
| 44 | 280 | 335 | 245 | 294 | 225 | 268 | 210 | 249 | 164 | 196 | 124 | 149 | 104 | 124 | 81 | 96 | 73 | 88 | 44 |
| 45 | 300 | 347 | 263 | 302 | 241 | 278 | 224 | 259 | 175 | 202 | 132 | 153 | 111 | 129 | 86 | 99 | 78 | 90 | 45 |
| 46 | 319 | 357 | 279 | 313 | 256 | 287 | 239 | 267 | 186 | 208 | 142 | 157 | 118 | 132 | 92 | 103 | 82 | 92 | 46 |
| 47 | 339 | 370 | 296 | 323 | 272 | 296 | 254 | 276 | 198 | 216 | 150 | 163 | 125 | 136 | 98 | 106 | 89 | 95 | 47 |
| 48 | 367 | 389 | 319 | 339 | 294 | 311 | 274 | 290 | 215 | 226 | 162 | 171 | 135 | 144 | 106 | 112 | 94 | 100 | 48 |
| 49 | 395 | 407 | 345 | 355 | 317 | 326 | 295 | 303 | 231 | 238 | 174 | 180 | 145 | 150 | 113 | 116 | 101 | 106 | 49 |
| 50 | 422 | 426 | 369 | 371 | 338 | 341 | 316 | 318 | 246 | 247 | 186 | 187 | 155 | 156 | 122 | 122 | 109 | 110 | 50 |
| 51 | 450 | 444 | 392 | 388 | 360 | 357 | 336 | 332 | 263 | 259 | 199 | 196 | 166 | 164 | 130 | 127 | 115 | 114 | 51 |
| 52 | 478 | 463 | 417 | 404 | 383 | 371 | 357 | 346 | 279 | 271 | 211 | 204 | 176 | 171 | 137 | 133 | 123 | 120 | 52 |
| 53 | 514 | 485 | 449 | 424 | 412 | 389 | 385 | 362 | 300 | 283 | 227 | 215 | 190 | 180 | 147 | 140 | 133 | 125 | 53 |
| 54 | 552 | 508 | 482 | 444 | 442 | 408 | 412 | 379 | 321 | 296 | 244 | 224 | 203 | 187 | 157 | 145 | 143 | 131 | 54 |
| 55 | 588 | 531 | 514 | 463 | 471 | 427 | 440 | 396 | 343 | 310 | 259 | 235 | 217 | 196 | 169 | 153 | 152 | 137 | 55 |
| 56 | 625 | 553 | 545 | 483 | 501 | 444 | 467 | 413 | 365 | 323 | 276 | 245 | 231 | 204 | 180 | 160 | 162 | 144 | 56 |
| 57 | 663 | 577 | 577 | 503 | 531 | 462 | 494 | 430 | 387 | 336 | 293 | 255 | 244 | 212 | 190 | 165 | 171 | 149 | 57 |
| 58 | 708 | 608 | 617 | 532 | 567 | 489 | 529 | 454 | 412 | 356 | 313 | 268 | 262 | 224 | 203 | 175 | 184 | 157 | 58 |
| 59 | 755 | 641 | 657 | 561 | 604 | 514 | 563 | 480 | 440 | 374 | 334 | 283 | 278 | 237 | 216 | 184 | 194 | 166 | 59 |
| 60 | 800 | 674 | 699 | 588 | 641 | 541 | 597 | 504 | 467 | 393 | 354 | 297 | 295 | 248 | 229 | 193 | 207 | 174 | 60 |
| 61 | 846 | 707 | 739 | 616 | 679 | 566 | 632 | 528 | 494 | 412 | 374 | 313 | 313 | 260 | 243 | 203 | 218 | 183 | 61 |
| 62 | 892 | 740 | 779 | 646 | 716 | 593 | 667 | 553 | 521 | 431 | 395 | 327 | 329 | 273 | 256 | 212 | 231 | 192 | 62 |
| 63 | 942 | 774 | 821 | 675 | 756 | 621 | 703 | 577 | 550 | 451 | 416 | 341 | 348 | 286 | 271 | 223 | 243 | 200 | 63 |
| 64 | 991 | 807 | 864 | 705 | 795 | 648 | 739 | 603 | 577 | 472 | 438 | 356 | 366 | 299 | 285 | 233 | 255 | 208 | 64 |

| Rate per Child | | | | | | | | | | | | | | | | | | Rate per Child | |
|----------------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----------------|--|
| <2 | 58 | 58 | 50 | 50 | 46 | 46 | 43 | 43 | 34 | 34 | 25 | 25 | 21 | 21 | 16 | 16 | 15 | 15 | |
| 2-17 | 58 | 58 | 50 | 50 | 46 | 46 | 43 | 43 | 34 | 34 | 25 | 25 | 21 | 21 | 16 | 16 | 15 | 15 | |
| 18+ | 90 | 90 | 79 | 79 | 72 | 72 | 67 | 67 | 54 | 54 | 39 | 39 | 34 | 34 | 25 | 25 | 23 | 23 | |

*For renewal only

STANDARD LIFE AND ACCIDENT INSURANCE COMPANY
MONTHLY GROSS PREMIUM RATES
SLA-C08
Rates Effective 1/1/09
TOBACCO NON-USER

80/20 Co-Insurance

\$10,000 Stop Loss

| Age | 750 | | 1500 | | 2000 | | 2500 | | 5000 | | 10000 | | 15000 | | 20000 | | 25000 | | Age | |
|----------------|------|--------|------|--------|------|--------|------|--------|------|--------|-------|--------|-------|--------|-------|--------|-------|--------|----------------|--|
| | Male | Female | Male | Female | Male | Female | Male | Female | Male | Female | | |
| < 23 | 90 | 120 | 79 | 104 | 72 | 95 | 67 | 89 | 53 | 69 | 40 | 53 | 33 | 44 | 26 | 33 | 23 | 31 | < 23 | |
| 23 | 91 | 124 | 79 | 108 | 73 | 99 | 68 | 93 | 53 | 72 | 40 | 55 | 33 | 45 | 26 | 36 | 24 | 31 | 23 | |
| 24 | 93 | 128 | 81 | 112 | 74 | 102 | 69 | 95 | 54 | 75 | 41 | 56 | 33 | 47 | 26 | 37 | 24 | 33 | 24 | |
| 25 | 94 | 132 | 82 | 115 | 75 | 107 | 70 | 99 | 55 | 77 | 41 | 59 | 35 | 49 | 27 | 38 | 24 | 33 | 25 | |
| 26 | 95 | 137 | 83 | 120 | 76 | 110 | 71 | 102 | 55 | 80 | 41 | 61 | 35 | 51 | 27 | 39 | 25 | 36 | 26 | |
| 27 | 97 | 141 | 84 | 123 | 77 | 113 | 71 | 106 | 56 | 83 | 43 | 62 | 36 | 53 | 28 | 41 | 25 | 37 | 27 | |
| 28 | 99 | 145 | 87 | 126 | 79 | 116 | 74 | 108 | 58 | 85 | 44 | 64 | 37 | 53 | 29 | 41 | 25 | 38 | 28 | |
| 29 | 103 | 149 | 90 | 129 | 83 | 118 | 77 | 111 | 60 | 86 | 45 | 66 | 38 | 55 | 29 | 43 | 27 | 39 | 29 | |
| 30 | 107 | 152 | 93 | 132 | 85 | 122 | 79 | 113 | 61 | 89 | 47 | 67 | 39 | 56 | 31 | 44 | 28 | 39 | 30 | |
| 31 | 110 | 155 | 95 | 136 | 87 | 124 | 82 | 115 | 64 | 90 | 48 | 69 | 41 | 57 | 31 | 45 | 29 | 40 | 31 | |
| 32 | 113 | 159 | 99 | 139 | 91 | 127 | 85 | 118 | 67 | 93 | 51 | 70 | 41 | 59 | 32 | 45 | 29 | 41 | 32 | |
| 33 | 117 | 167 | 103 | 145 | 95 | 133 | 87 | 124 | 69 | 97 | 53 | 73 | 43 | 61 | 33 | 47 | 31 | 43 | 33 | |
| 34 | 123 | 174 | 107 | 152 | 99 | 139 | 92 | 130 | 71 | 101 | 54 | 77 | 45 | 64 | 36 | 51 | 31 | 45 | 34 | |
| 35 | 127 | 182 | 111 | 159 | 102 | 145 | 95 | 136 | 74 | 107 | 56 | 80 | 47 | 67 | 37 | 53 | 33 | 47 | 35 | |
| 36 | 131 | 190 | 115 | 166 | 106 | 152 | 99 | 141 | 77 | 110 | 59 | 84 | 48 | 70 | 38 | 55 | 33 | 49 | 36 | |
| 37 | 137 | 197 | 120 | 171 | 109 | 158 | 102 | 147 | 80 | 115 | 60 | 87 | 51 | 72 | 39 | 57 | 36 | 51 | 37 | |
| 38 | 145 | 205 | 127 | 179 | 117 | 164 | 109 | 153 | 85 | 120 | 65 | 90 | 54 | 75 | 41 | 59 | 38 | 53 | 38 | |
| 39 | 155 | 213 | 135 | 185 | 124 | 170 | 115 | 159 | 90 | 124 | 69 | 94 | 57 | 79 | 45 | 61 | 40 | 55 | 39 | |
| 40 | 164 | 221 | 143 | 192 | 131 | 177 | 123 | 164 | 95 | 129 | 72 | 97 | 61 | 81 | 47 | 63 | 43 | 57 | 40 | |
| 41 | 173 | 227 | 151 | 199 | 139 | 183 | 129 | 170 | 101 | 132 | 76 | 100 | 64 | 84 | 49 | 66 | 45 | 59 | 41 | |
| 42 | 183 | 235 | 159 | 205 | 146 | 189 | 137 | 176 | 107 | 137 | 80 | 104 | 67 | 87 | 53 | 68 | 47 | 61 | 42 | |
| 43 | 197 | 243 | 171 | 213 | 158 | 195 | 147 | 182 | 115 | 143 | 87 | 108 | 72 | 90 | 56 | 70 | 51 | 63 | 43 | |
| 44 | 211 | 252 | 184 | 221 | 169 | 201 | 158 | 187 | 123 | 147 | 93 | 112 | 78 | 93 | 61 | 72 | 55 | 66 | 44 | |
| 45 | 225 | 261 | 197 | 227 | 181 | 209 | 169 | 195 | 131 | 152 | 99 | 115 | 83 | 97 | 65 | 75 | 59 | 67 | 45 | |
| 46 | 240 | 269 | 209 | 235 | 193 | 215 | 179 | 201 | 140 | 157 | 107 | 118 | 89 | 99 | 69 | 77 | 62 | 69 | 46 | |
| 47 | 255 | 278 | 223 | 243 | 205 | 223 | 191 | 207 | 149 | 162 | 113 | 123 | 94 | 102 | 73 | 79 | 67 | 71 | 47 | |
| 48 | 276 | 292 | 240 | 255 | 221 | 234 | 206 | 218 | 161 | 170 | 122 | 129 | 101 | 108 | 79 | 84 | 71 | 75 | 48 | |
| 49 | 297 | 306 | 259 | 267 | 238 | 245 | 222 | 228 | 173 | 179 | 131 | 135 | 109 | 113 | 85 | 87 | 76 | 79 | 49 | |
| 50 | 317 | 320 | 277 | 279 | 254 | 256 | 237 | 239 | 185 | 186 | 140 | 141 | 117 | 117 | 91 | 92 | 82 | 83 | 50 | |
| 51 | 338 | 334 | 295 | 291 | 271 | 268 | 253 | 249 | 197 | 195 | 149 | 147 | 125 | 123 | 97 | 95 | 87 | 86 | 51 | |
| 52 | 360 | 348 | 313 | 303 | 288 | 279 | 268 | 260 | 209 | 203 | 159 | 153 | 132 | 129 | 103 | 100 | 93 | 90 | 52 | |
| 53 | 387 | 365 | 338 | 319 | 310 | 293 | 289 | 272 | 225 | 213 | 171 | 161 | 143 | 135 | 111 | 105 | 100 | 94 | 53 | |
| 54 | 415 | 382 | 362 | 334 | 332 | 307 | 309 | 285 | 241 | 223 | 183 | 169 | 153 | 141 | 118 | 109 | 107 | 99 | 54 | |
| 55 | 442 | 400 | 386 | 348 | 354 | 321 | 331 | 298 | 258 | 233 | 195 | 177 | 163 | 147 | 127 | 115 | 114 | 103 | 55 | |
| 56 | 470 | 416 | 410 | 364 | 377 | 334 | 351 | 311 | 275 | 243 | 207 | 184 | 173 | 153 | 135 | 120 | 122 | 108 | 56 | |
| 57 | 498 | 434 | 434 | 378 | 400 | 348 | 372 | 323 | 291 | 253 | 220 | 191 | 183 | 159 | 143 | 124 | 129 | 112 | 57 | |
| 58 | 532 | 458 | 464 | 400 | 426 | 368 | 398 | 342 | 310 | 267 | 235 | 201 | 197 | 169 | 153 | 131 | 138 | 118 | 58 | |
| 59 | 568 | 482 | 494 | 422 | 454 | 387 | 424 | 361 | 331 | 281 | 251 | 213 | 209 | 178 | 163 | 139 | 146 | 125 | 59 | |
| 60 | 602 | 507 | 526 | 442 | 482 | 407 | 449 | 379 | 352 | 295 | 266 | 223 | 222 | 187 | 172 | 145 | 155 | 131 | 60 | |
| 61 | 636 | 532 | 556 | 464 | 510 | 426 | 476 | 397 | 372 | 310 | 281 | 235 | 235 | 195 | 183 | 153 | 164 | 137 | 61 | |
| 62 | 671 | 556 | 586 | 486 | 538 | 446 | 502 | 416 | 392 | 324 | 297 | 246 | 247 | 205 | 193 | 159 | 173 | 144 | 62 | |
| 63 | 708 | 582 | 618 | 508 | 568 | 467 | 529 | 434 | 414 | 340 | 313 | 256 | 261 | 215 | 203 | 167 | 183 | 151 | 63 | |
| 64 | 745 | 607 | 650 | 530 | 598 | 488 | 556 | 454 | 434 | 355 | 329 | 267 | 275 | 225 | 214 | 175 | 192 | 156 | 64 | |
| Rate per Child | | | | | | | | | | | | | | | | | | | Rate per Child | |
| <2 | 58 | 58 | 50 | 50 | 46 | 46 | 43 | 43 | 34 | 34 | 25 | 25 | 21 | 21 | 16 | 16 | 15 | 15 | | |
| 2-17 | 58 | 58 | 50 | 50 | 46 | 46 | 43 | 43 | 34 | 34 | 25 | 25 | 21 | 21 | 16 | 16 | 15 | 15 | | |
| 18+ | 90 | 90 | 79 | 79 | 72 | 72 | 67 | 67 | 54 | 54 | 39 | 39 | 34 | 34 | 25 | 25 | 23 | 23 | | |

*For renewal only

STANDARD LIFE AND ACCIDENT INSURANCE COMPANY
MONTHLY GROSS PREMIUM RATES
SLA-C08
Rates Effective 1/1/09
PREFERRED

80/20 Co-Insurance

\$10,000 Stop Loss

| Age | 750 | | 1500 | | 2000 | | 2500 | | 5000 | | 10000 | | 15000 | | 20000 | | 25000 | | Age | |
|----------------|------|--------|------|--------|------|--------|------|--------|------|--------|-------|--------|-------|--------|-------|--------|-------|--------|----------------|--|
| | Male | Female | Male | Female | Male | Female | Male | Female | Male | Female | | |
| < 23 | 77 | 102 | 67 | 88 | 61 | 81 | 57 | 76 | 45 | 59 | 34 | 45 | 28 | 37 | 22 | 28 | 20 | 26 | < 23 | |
| 23 | 78 | 105 | 67 | 92 | 62 | 84 | 58 | 79 | 45 | 61 | 34 | 46 | 28 | 39 | 22 | 31 | 20 | 27 | 23 | |
| 24 | 79 | 109 | 69 | 95 | 63 | 87 | 59 | 81 | 46 | 64 | 35 | 48 | 28 | 40 | 22 | 32 | 20 | 28 | 24 | |
| 25 | 80 | 112 | 70 | 98 | 64 | 91 | 60 | 84 | 46 | 66 | 35 | 50 | 30 | 42 | 23 | 32 | 20 | 28 | 25 | |
| 26 | 81 | 117 | 70 | 102 | 65 | 94 | 60 | 87 | 47 | 68 | 35 | 52 | 30 | 44 | 23 | 33 | 21 | 31 | 26 | |
| 27 | 82 | 120 | 71 | 105 | 66 | 96 | 61 | 90 | 48 | 70 | 36 | 53 | 31 | 45 | 24 | 35 | 21 | 31 | 27 | |
| 28 | 84 | 123 | 74 | 107 | 67 | 99 | 63 | 92 | 49 | 72 | 37 | 54 | 32 | 45 | 24 | 35 | 22 | 32 | 28 | |
| 29 | 87 | 126 | 77 | 110 | 70 | 100 | 66 | 94 | 51 | 73 | 39 | 56 | 32 | 46 | 25 | 36 | 23 | 33 | 29 | |
| 30 | 91 | 129 | 79 | 112 | 73 | 104 | 67 | 96 | 52 | 75 | 40 | 57 | 33 | 48 | 26 | 37 | 24 | 33 | 30 | |
| 31 | 94 | 132 | 81 | 116 | 74 | 105 | 70 | 98 | 54 | 77 | 41 | 58 | 35 | 48 | 27 | 38 | 24 | 34 | 31 | |
| 32 | 96 | 135 | 84 | 118 | 78 | 108 | 72 | 100 | 57 | 79 | 43 | 60 | 35 | 50 | 27 | 39 | 25 | 35 | 32 | |
| 33 | 100 | 142 | 87 | 123 | 81 | 113 | 74 | 105 | 58 | 83 | 45 | 62 | 37 | 52 | 28 | 40 | 26 | 37 | 33 | |
| 34 | 104 | 148 | 91 | 129 | 84 | 119 | 78 | 111 | 61 | 86 | 46 | 66 | 39 | 54 | 31 | 43 | 27 | 38 | 34 | |
| 35 | 108 | 155 | 94 | 135 | 87 | 124 | 81 | 116 | 63 | 91 | 48 | 68 | 40 | 57 | 31 | 45 | 28 | 40 | 35 | |
| 36 | 112 | 162 | 98 | 141 | 90 | 129 | 84 | 120 | 66 | 94 | 50 | 71 | 41 | 60 | 32 | 46 | 28 | 42 | 36 | |
| 37 | 116 | 168 | 102 | 146 | 93 | 134 | 87 | 125 | 68 | 98 | 51 | 74 | 43 | 61 | 33 | 48 | 31 | 44 | 37 | |
| 38 | 124 | 175 | 108 | 152 | 99 | 139 | 92 | 130 | 72 | 102 | 55 | 77 | 46 | 64 | 35 | 50 | 32 | 45 | 38 | |
| 39 | 132 | 181 | 115 | 158 | 105 | 145 | 98 | 135 | 77 | 105 | 58 | 80 | 48 | 67 | 38 | 52 | 34 | 46 | 39 | |
| 40 | 139 | 188 | 122 | 163 | 112 | 150 | 104 | 139 | 81 | 109 | 61 | 83 | 52 | 69 | 40 | 54 | 36 | 48 | 40 | |
| 41 | 147 | 193 | 129 | 169 | 118 | 155 | 110 | 145 | 86 | 112 | 65 | 85 | 54 | 71 | 42 | 56 | 38 | 50 | 41 | |
| 42 | 155 | 200 | 135 | 175 | 124 | 161 | 116 | 150 | 91 | 117 | 68 | 88 | 57 | 74 | 45 | 58 | 40 | 52 | 42 | |
| 43 | 167 | 207 | 146 | 181 | 134 | 166 | 125 | 155 | 98 | 121 | 74 | 92 | 61 | 77 | 48 | 60 | 44 | 54 | 43 | |
| 44 | 179 | 214 | 156 | 188 | 144 | 171 | 134 | 159 | 105 | 125 | 79 | 95 | 66 | 79 | 52 | 61 | 46 | 56 | 44 | |
| 45 | 192 | 222 | 168 | 193 | 154 | 177 | 143 | 166 | 112 | 129 | 84 | 98 | 71 | 82 | 55 | 64 | 50 | 57 | 45 | |
| 46 | 204 | 229 | 178 | 200 | 164 | 183 | 153 | 171 | 119 | 133 | 91 | 100 | 75 | 84 | 59 | 66 | 53 | 59 | 46 | |
| 47 | 217 | 236 | 189 | 206 | 174 | 189 | 162 | 176 | 126 | 138 | 96 | 104 | 80 | 87 | 62 | 67 | 57 | 61 | 47 | |
| 48 | 235 | 248 | 204 | 217 | 188 | 199 | 175 | 185 | 137 | 145 | 104 | 109 | 86 | 92 | 67 | 71 | 60 | 64 | 48 | |
| 49 | 252 | 260 | 221 | 227 | 202 | 209 | 189 | 194 | 147 | 152 | 111 | 115 | 93 | 96 | 72 | 74 | 65 | 67 | 49 | |
| 50 | 270 | 272 | 236 | 237 | 216 | 218 | 202 | 203 | 157 | 158 | 119 | 120 | 99 | 100 | 78 | 78 | 70 | 70 | 50 | |
| 51 | 287 | 284 | 251 | 248 | 230 | 228 | 215 | 212 | 168 | 166 | 127 | 125 | 106 | 105 | 83 | 81 | 74 | 73 | 51 | |
| 52 | 306 | 296 | 266 | 258 | 245 | 237 | 228 | 221 | 178 | 173 | 135 | 130 | 112 | 109 | 87 | 85 | 79 | 77 | 52 | |
| 53 | 329 | 310 | 287 | 271 | 264 | 249 | 246 | 231 | 192 | 181 | 145 | 137 | 121 | 115 | 94 | 90 | 85 | 80 | 53 | |
| 54 | 353 | 325 | 308 | 284 | 282 | 261 | 263 | 242 | 205 | 189 | 156 | 143 | 130 | 120 | 100 | 93 | 91 | 84 | 54 | |
| 55 | 376 | 340 | 328 | 296 | 301 | 273 | 281 | 253 | 219 | 198 | 166 | 150 | 139 | 125 | 108 | 98 | 97 | 87 | 55 | |
| 56 | 400 | 354 | 348 | 309 | 320 | 284 | 298 | 264 | 234 | 206 | 176 | 156 | 147 | 130 | 115 | 102 | 104 | 92 | 56 | |
| 57 | 424 | 369 | 369 | 321 | 340 | 295 | 316 | 275 | 247 | 215 | 187 | 163 | 156 | 136 | 121 | 105 | 109 | 95 | 57 | |
| 58 | 452 | 389 | 395 | 340 | 362 | 312 | 338 | 290 | 264 | 227 | 200 | 171 | 167 | 143 | 130 | 112 | 117 | 100 | 58 | |
| 59 | 483 | 410 | 420 | 358 | 386 | 329 | 360 | 307 | 281 | 239 | 213 | 181 | 177 | 151 | 138 | 118 | 124 | 106 | 59 | |
| 60 | 511 | 431 | 447 | 376 | 410 | 346 | 382 | 322 | 299 | 251 | 226 | 190 | 189 | 159 | 146 | 124 | 132 | 111 | 60 | |
| 61 | 541 | 452 | 472 | 394 | 434 | 362 | 404 | 337 | 316 | 264 | 239 | 200 | 200 | 166 | 155 | 130 | 139 | 117 | 61 | |
| 62 | 570 | 473 | 498 | 413 | 458 | 379 | 426 | 353 | 333 | 276 | 252 | 209 | 210 | 175 | 164 | 136 | 147 | 122 | 62 | |
| 63 | 602 | 495 | 525 | 431 | 483 | 397 | 450 | 369 | 352 | 289 | 266 | 218 | 222 | 183 | 173 | 142 | 155 | 128 | 63 | |
| 64 | 633 | 516 | 552 | 451 | 508 | 414 | 472 | 386 | 369 | 302 | 280 | 227 | 234 | 191 | 182 | 149 | 163 | 133 | 64 | |
| Rate per Child | | | | | | | | | | | | | | | | | | | Rate per Child | |
| <2 | 58 | 58 | 50 | 50 | 46 | 46 | 43 | 43 | 34 | 34 | 25 | 25 | 21 | 21 | 16 | 16 | 15 | 15 | | |
| 2-17 | 58 | 58 | 50 | 50 | 46 | 46 | 43 | 43 | 34 | 34 | 25 | 25 | 21 | 21 | 16 | 16 | 15 | 15 | | |
| 18+ | 90 | 90 | 79 | 79 | 72 | 72 | 67 | 67 | 54 | 54 | 39 | 39 | 34 | 34 | 25 | 25 | 23 | 23 | | |

*For renewal only

STANDARD LIFE AND ACCIDENT INSURANCE COMPANY
MONTHLY GROSS PREMIUM RATES
SLA-C08
Rates Effective 1/1/09
TOBACCO USER

50/50 Co-Insurance

\$5,000 Stop Loss

| Age | 750 | | 1500 | | 2000 | | 2500 | | 5000 | | 10000 | | 15000 | | 20000 | | 25000 | | Age |
|------|------|--------|------|--------|------|--------|------|--------|------|--------|-------|--------|-------|--------|-------|--------|-------|--------|------|
| | Male | Female | Male | Female | Male | Female | Male | Female | Male | Female | |
| < 23 | 124 | 166 | 109 | 144 | 99 | 132 | 93 | 123 | 73 | 96 | 55 | 73 | 45 | 61 | 36 | 46 | 32 | 42 | < 23 |
| 23 | 126 | 171 | 109 | 149 | 101 | 137 | 94 | 128 | 74 | 99 | 55 | 75 | 46 | 63 | 36 | 50 | 33 | 43 | 23 |
| 24 | 128 | 177 | 112 | 155 | 102 | 141 | 96 | 132 | 75 | 103 | 56 | 77 | 46 | 64 | 36 | 52 | 33 | 45 | 24 |
| 25 | 130 | 182 | 113 | 159 | 103 | 147 | 97 | 137 | 75 | 107 | 57 | 81 | 49 | 68 | 38 | 52 | 33 | 46 | 25 |
| 26 | 131 | 190 | 114 | 166 | 105 | 152 | 98 | 141 | 76 | 110 | 57 | 84 | 49 | 71 | 38 | 54 | 34 | 50 | 26 |
| 27 | 133 | 195 | 116 | 170 | 107 | 156 | 98 | 146 | 77 | 114 | 59 | 86 | 50 | 73 | 39 | 56 | 34 | 51 | 27 |
| 28 | 137 | 200 | 120 | 174 | 109 | 160 | 102 | 149 | 80 | 117 | 61 | 88 | 52 | 74 | 40 | 57 | 35 | 52 | 28 |
| 29 | 142 | 205 | 124 | 178 | 114 | 163 | 107 | 153 | 83 | 119 | 63 | 91 | 52 | 75 | 40 | 59 | 38 | 53 | 29 |
| 30 | 147 | 210 | 128 | 182 | 118 | 168 | 109 | 156 | 85 | 122 | 64 | 93 | 54 | 77 | 42 | 61 | 39 | 54 | 30 |
| 31 | 152 | 213 | 132 | 188 | 121 | 171 | 113 | 159 | 88 | 124 | 66 | 95 | 56 | 78 | 43 | 62 | 40 | 55 | 31 |
| 32 | 156 | 219 | 136 | 191 | 126 | 176 | 117 | 163 | 92 | 128 | 70 | 97 | 57 | 81 | 44 | 63 | 40 | 56 | 32 |
| 33 | 162 | 230 | 142 | 200 | 131 | 184 | 121 | 171 | 95 | 134 | 73 | 101 | 60 | 85 | 46 | 65 | 42 | 60 | 33 |
| 34 | 169 | 240 | 148 | 210 | 136 | 192 | 127 | 179 | 98 | 140 | 75 | 107 | 63 | 88 | 50 | 70 | 43 | 62 | 34 |
| 35 | 176 | 251 | 153 | 219 | 141 | 201 | 131 | 188 | 102 | 147 | 77 | 110 | 64 | 93 | 51 | 73 | 45 | 64 | 35 |
| 36 | 181 | 262 | 159 | 229 | 146 | 210 | 136 | 195 | 107 | 152 | 81 | 116 | 66 | 97 | 52 | 75 | 46 | 68 | 36 |
| 37 | 189 | 272 | 166 | 236 | 151 | 218 | 141 | 203 | 110 | 158 | 83 | 120 | 70 | 99 | 54 | 78 | 50 | 71 | 37 |
| 38 | 201 | 283 | 176 | 247 | 161 | 226 | 150 | 212 | 117 | 166 | 89 | 124 | 75 | 104 | 57 | 81 | 52 | 74 | 38 |
| 39 | 213 | 293 | 187 | 256 | 171 | 235 | 159 | 219 | 124 | 171 | 95 | 130 | 78 | 109 | 62 | 84 | 55 | 75 | 39 |
| 40 | 226 | 305 | 198 | 265 | 181 | 244 | 169 | 226 | 132 | 178 | 99 | 134 | 84 | 112 | 64 | 87 | 59 | 78 | 40 |
| 41 | 239 | 314 | 209 | 274 | 191 | 252 | 178 | 235 | 139 | 182 | 105 | 138 | 88 | 116 | 68 | 91 | 62 | 81 | 41 |
| 42 | 252 | 325 | 219 | 283 | 201 | 261 | 189 | 243 | 147 | 190 | 110 | 144 | 93 | 120 | 73 | 94 | 64 | 84 | 42 |
| 43 | 271 | 336 | 236 | 293 | 218 | 270 | 203 | 251 | 158 | 197 | 120 | 149 | 99 | 124 | 77 | 97 | 71 | 87 | 43 |
| 44 | 291 | 348 | 254 | 305 | 234 | 278 | 218 | 259 | 170 | 203 | 129 | 155 | 108 | 129 | 84 | 99 | 75 | 91 | 44 |
| 45 | 311 | 360 | 272 | 314 | 250 | 288 | 233 | 269 | 181 | 210 | 137 | 158 | 115 | 133 | 89 | 103 | 81 | 93 | 45 |
| 46 | 331 | 371 | 289 | 325 | 266 | 297 | 247 | 277 | 193 | 216 | 147 | 163 | 122 | 137 | 96 | 107 | 86 | 96 | 46 |
| 47 | 351 | 384 | 307 | 335 | 282 | 307 | 263 | 286 | 205 | 224 | 155 | 169 | 130 | 141 | 101 | 109 | 92 | 98 | 47 |
| 48 | 381 | 403 | 331 | 351 | 305 | 323 | 284 | 301 | 223 | 235 | 168 | 178 | 140 | 149 | 109 | 116 | 98 | 104 | 48 |
| 49 | 409 | 422 | 358 | 368 | 328 | 339 | 306 | 315 | 239 | 247 | 180 | 187 | 151 | 155 | 117 | 121 | 105 | 109 | 49 |
| 50 | 438 | 442 | 383 | 385 | 351 | 353 | 328 | 329 | 255 | 257 | 193 | 194 | 161 | 162 | 126 | 127 | 113 | 114 | 50 |
| 51 | 466 | 461 | 407 | 402 | 374 | 370 | 349 | 344 | 272 | 269 | 206 | 203 | 172 | 170 | 134 | 132 | 120 | 119 | 51 |
| 52 | 496 | 480 | 432 | 419 | 397 | 385 | 370 | 359 | 289 | 281 | 219 | 212 | 182 | 178 | 142 | 138 | 128 | 124 | 52 |
| 53 | 534 | 503 | 466 | 440 | 428 | 404 | 399 | 375 | 311 | 293 | 236 | 223 | 197 | 187 | 153 | 145 | 138 | 130 | 53 |
| 54 | 572 | 527 | 500 | 460 | 458 | 423 | 427 | 393 | 333 | 307 | 253 | 233 | 211 | 194 | 163 | 151 | 148 | 136 | 54 |
| 55 | 610 | 551 | 533 | 480 | 489 | 443 | 456 | 411 | 356 | 321 | 269 | 244 | 225 | 203 | 176 | 158 | 157 | 142 | 55 |
| 56 | 649 | 574 | 565 | 501 | 520 | 460 | 484 | 429 | 379 | 335 | 286 | 254 | 239 | 212 | 187 | 166 | 168 | 149 | 56 |
| 57 | 687 | 598 | 599 | 522 | 551 | 479 | 512 | 446 | 401 | 349 | 304 | 264 | 253 | 220 | 197 | 171 | 178 | 155 | 57 |
| 58 | 734 | 631 | 640 | 552 | 588 | 507 | 548 | 471 | 428 | 369 | 325 | 278 | 271 | 233 | 211 | 181 | 190 | 163 | 58 |
| 59 | 783 | 665 | 682 | 581 | 627 | 534 | 584 | 498 | 456 | 388 | 346 | 293 | 288 | 246 | 224 | 191 | 201 | 172 | 59 |
| 60 | 830 | 699 | 725 | 610 | 665 | 561 | 619 | 523 | 485 | 408 | 367 | 308 | 306 | 258 | 237 | 201 | 214 | 180 | 60 |
| 61 | 878 | 733 | 766 | 639 | 704 | 587 | 656 | 547 | 512 | 428 | 388 | 325 | 325 | 270 | 252 | 211 | 226 | 190 | 61 |
| 62 | 926 | 767 | 808 | 670 | 742 | 615 | 692 | 573 | 540 | 447 | 409 | 339 | 341 | 283 | 266 | 220 | 239 | 199 | 62 |
| 63 | 977 | 803 | 852 | 700 | 784 | 644 | 730 | 599 | 570 | 468 | 431 | 353 | 361 | 296 | 281 | 231 | 252 | 208 | 63 |
| 64 | 1028 | 837 | 896 | 731 | 824 | 673 | 766 | 626 | 599 | 489 | 454 | 369 | 380 | 310 | 295 | 242 | 265 | 215 | 64 |

| Rate per Child | | | | | | | | | | | | | | | | | | | Rate per Child | |
|----------------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----------------|--|
| <2 | 53 | 53 | 46 | 46 | 42 | 42 | 40 | 40 | 31 | 31 | 23 | 23 | 19 | 19 | 15 | 15 | 14 | 14 | | |
| 2-17 | 53 | 53 | 46 | 46 | 42 | 42 | 40 | 40 | 31 | 31 | 23 | 23 | 19 | 19 | 15 | 15 | 14 | 14 | | |
| 18+ | 83 | 83 | 73 | 73 | 66 | 66 | 62 | 62 | 50 | 50 | 36 | 36 | 31 | 31 | 23 | 23 | 21 | 21 | | |

*For renewal only

STANDARD LIFE AND ACCIDENT INSURANCE COMPANY
MONTHLY GROSS PREMIUM RATES
SLA-C08
Rates Effective 1/1/09
TOBACCO USER - PREFERRED

50/50 Co-Insurance

\$5,000 Stop Loss

| Age | 750 | | 1500 | | 2000 | | 2500 | | 5000 | | 10000 | | 15000 | | 20000 | | 25000 | | Age |
|------|------|--------|------|--------|------|--------|------|--------|------|--------|-------|--------|-------|--------|-------|--------|-------|--------|------|
| | Male | Female | Male | Female | Male | Female | Male | Female | Male | Female | |
| < 23 | 110 | 147 | 97 | 128 | 88 | 117 | 82 | 109 | 65 | 85 | 49 | 65 | 40 | 54 | 32 | 41 | 28 | 37 | < 23 |
| 23 | 112 | 152 | 97 | 132 | 90 | 122 | 83 | 114 | 66 | 88 | 49 | 67 | 41 | 56 | 32 | 44 | 29 | 38 | 23 |
| 24 | 114 | 157 | 99 | 137 | 90 | 125 | 85 | 117 | 67 | 91 | 50 | 68 | 41 | 57 | 32 | 46 | 29 | 40 | 24 |
| 25 | 115 | 161 | 100 | 141 | 91 | 130 | 86 | 122 | 67 | 95 | 51 | 72 | 43 | 60 | 34 | 46 | 29 | 41 | 25 |
| 26 | 116 | 169 | 101 | 147 | 93 | 135 | 87 | 125 | 67 | 98 | 51 | 75 | 43 | 63 | 34 | 48 | 30 | 44 | 26 |
| 27 | 118 | 173 | 103 | 151 | 95 | 138 | 87 | 130 | 68 | 101 | 52 | 76 | 44 | 65 | 35 | 50 | 30 | 45 | 27 |
| 28 | 122 | 177 | 106 | 154 | 97 | 142 | 90 | 132 | 71 | 104 | 54 | 78 | 46 | 66 | 35 | 51 | 31 | 46 | 28 |
| 29 | 126 | 182 | 110 | 158 | 101 | 145 | 95 | 136 | 74 | 106 | 56 | 81 | 46 | 67 | 35 | 52 | 34 | 47 | 29 |
| 30 | 130 | 186 | 114 | 161 | 105 | 149 | 97 | 138 | 75 | 108 | 57 | 82 | 48 | 68 | 37 | 54 | 35 | 48 | 30 |
| 31 | 135 | 189 | 117 | 167 | 107 | 152 | 100 | 141 | 78 | 110 | 59 | 84 | 50 | 69 | 38 | 55 | 35 | 49 | 31 |
| 32 | 138 | 194 | 121 | 169 | 112 | 156 | 104 | 145 | 82 | 114 | 62 | 86 | 51 | 72 | 39 | 56 | 35 | 50 | 32 |
| 33 | 144 | 204 | 126 | 177 | 116 | 163 | 107 | 152 | 84 | 119 | 65 | 90 | 53 | 75 | 41 | 58 | 37 | 53 | 33 |
| 34 | 150 | 213 | 131 | 186 | 121 | 170 | 113 | 159 | 87 | 124 | 67 | 95 | 56 | 78 | 44 | 62 | 38 | 55 | 34 |
| 35 | 156 | 223 | 136 | 194 | 125 | 178 | 116 | 167 | 90 | 130 | 68 | 98 | 57 | 82 | 45 | 65 | 40 | 57 | 35 |
| 36 | 161 | 232 | 141 | 203 | 130 | 186 | 121 | 173 | 95 | 135 | 72 | 103 | 59 | 86 | 46 | 67 | 41 | 60 | 36 |
| 37 | 168 | 241 | 147 | 209 | 134 | 193 | 125 | 180 | 98 | 140 | 74 | 106 | 62 | 88 | 48 | 69 | 44 | 63 | 37 |
| 38 | 178 | 251 | 156 | 219 | 143 | 200 | 133 | 188 | 104 | 147 | 79 | 110 | 67 | 92 | 51 | 72 | 46 | 66 | 38 |
| 39 | 189 | 260 | 166 | 227 | 152 | 208 | 141 | 194 | 110 | 152 | 84 | 115 | 69 | 97 | 55 | 75 | 49 | 67 | 39 |
| 40 | 200 | 271 | 176 | 235 | 161 | 216 | 150 | 200 | 117 | 158 | 88 | 119 | 75 | 99 | 57 | 77 | 52 | 69 | 40 |
| 41 | 212 | 279 | 185 | 243 | 169 | 224 | 158 | 208 | 123 | 161 | 93 | 122 | 78 | 103 | 60 | 81 | 55 | 72 | 41 |
| 42 | 224 | 288 | 194 | 251 | 178 | 232 | 168 | 216 | 130 | 169 | 98 | 128 | 82 | 106 | 65 | 83 | 57 | 75 | 42 |
| 43 | 240 | 298 | 209 | 260 | 193 | 239 | 180 | 223 | 140 | 175 | 106 | 132 | 88 | 110 | 68 | 86 | 63 | 77 | 43 |
| 44 | 258 | 309 | 225 | 271 | 208 | 247 | 193 | 230 | 151 | 180 | 114 | 137 | 96 | 114 | 75 | 88 | 67 | 81 | 44 |
| 45 | 276 | 319 | 241 | 279 | 222 | 255 | 207 | 239 | 161 | 186 | 122 | 140 | 102 | 118 | 79 | 91 | 72 | 82 | 45 |
| 46 | 294 | 329 | 256 | 288 | 236 | 263 | 219 | 246 | 171 | 192 | 130 | 145 | 108 | 122 | 85 | 95 | 76 | 85 | 46 |
| 47 | 311 | 341 | 272 | 297 | 250 | 272 | 233 | 254 | 182 | 199 | 137 | 150 | 115 | 125 | 90 | 97 | 82 | 87 | 47 |
| 48 | 338 | 357 | 294 | 311 | 271 | 287 | 252 | 267 | 198 | 208 | 149 | 158 | 124 | 132 | 97 | 103 | 87 | 92 | 48 |
| 49 | 363 | 374 | 318 | 326 | 291 | 301 | 271 | 279 | 212 | 219 | 160 | 166 | 134 | 137 | 104 | 107 | 93 | 97 | 49 |
| 50 | 389 | 392 | 340 | 341 | 311 | 313 | 291 | 292 | 226 | 228 | 171 | 172 | 143 | 144 | 112 | 113 | 100 | 101 | 50 |
| 51 | 413 | 409 | 361 | 357 | 332 | 328 | 310 | 305 | 241 | 239 | 183 | 180 | 153 | 151 | 119 | 117 | 106 | 106 | 51 |
| 52 | 440 | 426 | 383 | 372 | 352 | 341 | 328 | 318 | 256 | 249 | 194 | 188 | 161 | 158 | 126 | 122 | 114 | 110 | 52 |
| 53 | 474 | 446 | 413 | 390 | 380 | 358 | 354 | 333 | 276 | 260 | 209 | 198 | 175 | 166 | 136 | 129 | 122 | 115 | 53 |
| 54 | 507 | 467 | 444 | 408 | 406 | 375 | 379 | 349 | 295 | 272 | 224 | 207 | 187 | 172 | 145 | 134 | 131 | 121 | 54 |
| 55 | 541 | 489 | 473 | 426 | 434 | 393 | 404 | 365 | 316 | 285 | 239 | 216 | 200 | 180 | 156 | 140 | 139 | 126 | 55 |
| 56 | 576 | 509 | 501 | 444 | 461 | 408 | 429 | 381 | 336 | 297 | 254 | 225 | 212 | 188 | 166 | 147 | 149 | 132 | 56 |
| 57 | 609 | 530 | 531 | 463 | 489 | 425 | 454 | 396 | 356 | 310 | 270 | 234 | 224 | 195 | 175 | 152 | 158 | 137 | 57 |
| 58 | 651 | 560 | 568 | 490 | 522 | 450 | 486 | 418 | 380 | 327 | 288 | 247 | 240 | 207 | 187 | 161 | 169 | 145 | 58 |
| 59 | 695 | 590 | 605 | 515 | 556 | 474 | 518 | 442 | 404 | 344 | 307 | 260 | 255 | 218 | 199 | 169 | 178 | 153 | 59 |
| 60 | 736 | 620 | 643 | 541 | 590 | 498 | 549 | 464 | 430 | 362 | 326 | 273 | 271 | 229 | 210 | 178 | 190 | 160 | 60 |
| 61 | 779 | 650 | 679 | 567 | 624 | 521 | 582 | 485 | 454 | 380 | 344 | 288 | 288 | 239 | 224 | 187 | 200 | 169 | 61 |
| 62 | 821 | 680 | 717 | 594 | 658 | 546 | 614 | 508 | 479 | 396 | 363 | 301 | 302 | 251 | 236 | 195 | 212 | 177 | 62 |
| 63 | 867 | 712 | 756 | 621 | 695 | 571 | 648 | 531 | 506 | 415 | 382 | 313 | 320 | 263 | 249 | 205 | 224 | 184 | 63 |
| 64 | 912 | 742 | 795 | 648 | 731 | 597 | 679 | 555 | 531 | 434 | 403 | 327 | 337 | 275 | 262 | 215 | 235 | 191 | 64 |

| Rate per Child | | | | | | | | | | | | | | | | | | | Rate per Child | |
|----------------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----------------|--|
| <2 | 53 | 53 | 46 | 46 | 42 | 42 | 40 | 40 | 31 | 31 | 23 | 23 | 19 | 19 | 15 | 15 | 14 | 14 | | |
| 2-17 | 53 | 53 | 46 | 46 | 42 | 42 | 40 | 40 | 31 | 31 | 23 | 23 | 19 | 19 | 15 | 15 | 14 | 14 | | |
| 18+ | 83 | 83 | 73 | 73 | 66 | 66 | 62 | 62 | 50 | 50 | 36 | 36 | 31 | 31 | 23 | 23 | 21 | 21 | | |

*For renewal only

STANDARD LIFE AND ACCIDENT INSURANCE COMPANY
MONTHLY GROSS PREMIUM RATES
SLA-C08
 Rates Effective 1/1/09
 TOBACCO NON-USER

50/50 Co-Insurance

\$5,000 Stop Loss

| Age | 750 | | 1500 | | 2000 | | 2500 | | 5000 | | 10000 | | 15000 | | 20000 | | 25000 | | Age |
|------|------|--------|------|--------|------|--------|------|--------|------|--------|-------|--------|-------|--------|-------|--------|-------|--------|------|
| | Male | Female | Male | Female | Male | Female | Male | Female | Male | Female | |
| < 23 | 83 | 111 | 73 | 96 | 66 | 88 | 62 | 82 | 49 | 64 | 37 | 49 | 30 | 41 | 24 | 31 | 21 | 28 | < 23 |
| 23 | 84 | 114 | 73 | 99 | 67 | 91 | 63 | 85 | 49 | 66 | 37 | 50 | 31 | 42 | 24 | 33 | 22 | 29 | 23 |
| 24 | 85 | 118 | 75 | 103 | 68 | 94 | 64 | 88 | 50 | 69 | 37 | 51 | 31 | 43 | 24 | 35 | 22 | 30 | 24 |
| 25 | 87 | 121 | 75 | 106 | 69 | 98 | 65 | 91 | 50 | 71 | 38 | 54 | 33 | 45 | 25 | 35 | 22 | 31 | 25 |
| 26 | 87 | 127 | 76 | 111 | 70 | 101 | 65 | 94 | 51 | 73 | 38 | 56 | 33 | 47 | 25 | 36 | 23 | 33 | 26 |
| 27 | 89 | 130 | 77 | 113 | 71 | 104 | 65 | 97 | 51 | 76 | 39 | 57 | 33 | 49 | 26 | 37 | 23 | 34 | 27 |
| 28 | 91 | 133 | 80 | 116 | 73 | 107 | 68 | 99 | 53 | 78 | 41 | 59 | 35 | 49 | 27 | 38 | 23 | 35 | 28 |
| 29 | 95 | 137 | 83 | 119 | 76 | 109 | 71 | 102 | 55 | 79 | 42 | 61 | 35 | 50 | 27 | 39 | 25 | 35 | 29 |
| 30 | 98 | 140 | 85 | 121 | 79 | 112 | 73 | 104 | 57 | 81 | 43 | 62 | 36 | 51 | 28 | 41 | 26 | 36 | 30 |
| 31 | 101 | 142 | 88 | 125 | 81 | 114 | 75 | 106 | 59 | 83 | 44 | 63 | 37 | 52 | 29 | 41 | 27 | 37 | 31 |
| 32 | 104 | 146 | 91 | 127 | 84 | 117 | 78 | 109 | 61 | 85 | 47 | 65 | 38 | 54 | 29 | 42 | 27 | 37 | 32 |
| 33 | 108 | 153 | 95 | 133 | 87 | 123 | 81 | 114 | 63 | 89 | 49 | 67 | 40 | 57 | 31 | 43 | 28 | 40 | 33 |
| 34 | 113 | 160 | 99 | 140 | 91 | 128 | 85 | 119 | 65 | 93 | 50 | 71 | 42 | 59 | 33 | 47 | 29 | 41 | 34 |
| 35 | 117 | 167 | 102 | 146 | 94 | 134 | 87 | 125 | 68 | 98 | 51 | 73 | 43 | 62 | 34 | 49 | 30 | 43 | 35 |
| 36 | 121 | 175 | 106 | 153 | 97 | 140 | 91 | 130 | 71 | 101 | 54 | 77 | 44 | 65 | 35 | 50 | 31 | 45 | 36 |
| 37 | 126 | 181 | 111 | 157 | 101 | 145 | 94 | 135 | 73 | 105 | 55 | 80 | 47 | 66 | 36 | 52 | 33 | 47 | 37 |
| 38 | 134 | 189 | 117 | 165 | 107 | 151 | 100 | 141 | 78 | 111 | 59 | 83 | 50 | 69 | 38 | 54 | 35 | 49 | 38 |
| 39 | 142 | 195 | 125 | 171 | 114 | 157 | 106 | 146 | 83 | 114 | 63 | 87 | 52 | 73 | 41 | 56 | 37 | 50 | 39 |
| 40 | 151 | 203 | 132 | 177 | 121 | 163 | 113 | 151 | 88 | 119 | 66 | 89 | 56 | 75 | 43 | 58 | 39 | 52 | 40 |
| 41 | 159 | 209 | 139 | 183 | 127 | 168 | 119 | 157 | 93 | 121 | 70 | 92 | 59 | 77 | 45 | 61 | 41 | 54 | 41 |
| 42 | 168 | 217 | 146 | 189 | 134 | 174 | 126 | 162 | 98 | 127 | 73 | 96 | 62 | 80 | 49 | 63 | 43 | 56 | 42 |
| 43 | 181 | 224 | 157 | 195 | 145 | 180 | 135 | 167 | 105 | 131 | 80 | 99 | 66 | 83 | 51 | 65 | 47 | 58 | 43 |
| 44 | 194 | 232 | 169 | 203 | 156 | 185 | 145 | 173 | 113 | 135 | 86 | 103 | 72 | 86 | 56 | 66 | 50 | 61 | 44 |
| 45 | 207 | 240 | 181 | 209 | 167 | 192 | 155 | 179 | 121 | 140 | 91 | 105 | 77 | 89 | 59 | 69 | 54 | 62 | 45 |
| 46 | 221 | 247 | 193 | 217 | 177 | 198 | 165 | 185 | 129 | 144 | 98 | 109 | 81 | 91 | 64 | 71 | 57 | 64 | 46 |
| 47 | 234 | 256 | 205 | 223 | 188 | 205 | 175 | 191 | 137 | 149 | 103 | 113 | 87 | 94 | 67 | 73 | 61 | 65 | 47 |
| 48 | 254 | 269 | 221 | 234 | 203 | 215 | 189 | 201 | 149 | 157 | 112 | 119 | 93 | 99 | 73 | 77 | 65 | 69 | 48 |
| 49 | 273 | 281 | 239 | 245 | 219 | 226 | 204 | 210 | 159 | 165 | 120 | 125 | 101 | 103 | 78 | 81 | 70 | 73 | 49 |
| 50 | 292 | 295 | 255 | 257 | 234 | 235 | 219 | 219 | 170 | 171 | 129 | 129 | 107 | 108 | 84 | 85 | 75 | 76 | 50 |
| 51 | 311 | 307 | 271 | 268 | 249 | 247 | 233 | 229 | 181 | 179 | 137 | 135 | 115 | 113 | 89 | 88 | 80 | 79 | 51 |
| 52 | 331 | 320 | 288 | 279 | 265 | 257 | 247 | 239 | 193 | 187 | 146 | 141 | 121 | 119 | 95 | 92 | 85 | 83 | 52 |
| 53 | 356 | 336 | 311 | 293 | 285 | 269 | 266 | 250 | 207 | 195 | 157 | 149 | 131 | 125 | 102 | 97 | 92 | 87 | 53 |
| 54 | 382 | 352 | 334 | 307 | 305 | 282 | 285 | 262 | 222 | 205 | 169 | 155 | 141 | 129 | 109 | 101 | 99 | 91 | 54 |
| 55 | 407 | 368 | 356 | 320 | 326 | 295 | 304 | 274 | 237 | 214 | 179 | 163 | 150 | 135 | 117 | 105 | 105 | 95 | 55 |
| 56 | 433 | 383 | 377 | 334 | 347 | 307 | 323 | 286 | 253 | 223 | 191 | 169 | 159 | 141 | 125 | 111 | 112 | 99 | 56 |
| 57 | 458 | 399 | 400 | 348 | 368 | 319 | 342 | 297 | 267 | 233 | 203 | 176 | 169 | 147 | 131 | 114 | 119 | 103 | 57 |
| 58 | 490 | 421 | 427 | 368 | 392 | 338 | 366 | 314 | 285 | 246 | 217 | 185 | 181 | 155 | 141 | 121 | 127 | 109 | 58 |
| 59 | 522 | 444 | 455 | 388 | 418 | 356 | 390 | 332 | 304 | 259 | 231 | 195 | 192 | 164 | 149 | 127 | 134 | 115 | 59 |
| 60 | 554 | 466 | 484 | 407 | 444 | 374 | 413 | 349 | 323 | 272 | 245 | 205 | 204 | 172 | 158 | 134 | 143 | 120 | 60 |
| 61 | 586 | 489 | 511 | 426 | 470 | 392 | 438 | 365 | 342 | 285 | 259 | 217 | 217 | 180 | 168 | 141 | 151 | 127 | 61 |
| 62 | 618 | 512 | 539 | 447 | 495 | 410 | 462 | 382 | 360 | 298 | 273 | 226 | 227 | 189 | 177 | 147 | 159 | 133 | 62 |
| 63 | 652 | 536 | 568 | 467 | 523 | 430 | 487 | 400 | 380 | 312 | 287 | 235 | 241 | 197 | 187 | 154 | 168 | 139 | 63 |
| 64 | 686 | 558 | 598 | 488 | 550 | 449 | 511 | 418 | 400 | 326 | 303 | 246 | 253 | 207 | 197 | 161 | 177 | 143 | 64 |

| Rate per Child | | | | | | | | | | | | | | | | | | Rate per Child | |
|----------------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----------------|--|
| <2 | 53 | 53 | 46 | 46 | 42 | 42 | 40 | 40 | 31 | 31 | 23 | 23 | 19 | 19 | 15 | 15 | 14 | 14 | |
| 2-17 | 53 | 53 | 46 | 46 | 42 | 42 | 40 | 40 | 31 | 31 | 23 | 23 | 19 | 19 | 15 | 15 | 14 | 14 | |
| 18+ | 83 | 83 | 73 | 73 | 66 | 66 | 62 | 62 | 50 | 50 | 36 | 36 | 31 | 31 | 23 | 23 | 21 | 21 | |

*For renewal only

STANDARD LIFE AND ACCIDENT INSURANCE COMPANY
MONTHLY GROSS PREMIUM RATES
SLA-C08
Rates Effective 1/1/09
PREFERRED

50/50 Co-Insurance

\$5,000 Stop Loss

| Age | 750 | | 1500 | | 2000 | | 2500 | | 5000 | | 10000 | | 15000 | | 20000 | | 25000 | | Age |
|------|------|--------|------|--------|------|--------|------|--------|------|--------|-------|--------|-------|--------|-------|--------|-------|--------|------|
| | Male | Female | Male | Female | Male | Female | Male | Female | Male | Female | |
| < 23 | 70 | 94 | 62 | 82 | 56 | 75 | 53 | 70 | 41 | 54 | 31 | 41 | 26 | 35 | 20 | 26 | 18 | 24 | < 23 |
| 23 | 71 | 97 | 62 | 84 | 57 | 78 | 53 | 73 | 42 | 56 | 31 | 43 | 26 | 36 | 20 | 28 | 19 | 24 | 23 |
| 24 | 73 | 100 | 64 | 88 | 58 | 80 | 54 | 75 | 43 | 58 | 32 | 44 | 26 | 36 | 20 | 29 | 19 | 26 | 24 |
| 25 | 74 | 103 | 64 | 90 | 58 | 83 | 55 | 78 | 43 | 61 | 32 | 46 | 28 | 39 | 22 | 29 | 19 | 26 | 25 |
| 26 | 74 | 108 | 65 | 94 | 60 | 86 | 56 | 80 | 43 | 62 | 32 | 48 | 28 | 40 | 22 | 31 | 19 | 28 | 26 |
| 27 | 75 | 111 | 66 | 96 | 61 | 88 | 56 | 83 | 44 | 65 | 33 | 49 | 28 | 41 | 22 | 32 | 19 | 29 | 27 |
| 28 | 78 | 113 | 68 | 99 | 62 | 91 | 58 | 84 | 45 | 66 | 35 | 50 | 29 | 42 | 23 | 32 | 20 | 29 | 28 |
| 29 | 81 | 116 | 70 | 101 | 65 | 92 | 61 | 87 | 47 | 67 | 36 | 52 | 29 | 43 | 23 | 33 | 22 | 30 | 29 |
| 30 | 83 | 119 | 73 | 103 | 67 | 95 | 62 | 88 | 48 | 69 | 36 | 53 | 31 | 44 | 24 | 35 | 22 | 31 | 30 |
| 31 | 86 | 121 | 75 | 107 | 69 | 97 | 64 | 90 | 50 | 70 | 37 | 54 | 32 | 44 | 24 | 35 | 23 | 31 | 31 |
| 32 | 88 | 124 | 77 | 108 | 71 | 100 | 66 | 92 | 52 | 73 | 40 | 55 | 32 | 46 | 25 | 36 | 23 | 32 | 32 |
| 33 | 92 | 130 | 81 | 113 | 74 | 104 | 69 | 97 | 54 | 76 | 41 | 57 | 34 | 48 | 26 | 37 | 24 | 34 | 33 |
| 34 | 96 | 136 | 84 | 119 | 77 | 109 | 72 | 101 | 56 | 79 | 43 | 61 | 36 | 50 | 28 | 40 | 24 | 35 | 34 |
| 35 | 100 | 142 | 87 | 124 | 80 | 114 | 74 | 107 | 58 | 83 | 44 | 62 | 36 | 53 | 29 | 41 | 26 | 36 | 35 |
| 36 | 103 | 149 | 90 | 130 | 83 | 119 | 77 | 111 | 61 | 86 | 46 | 66 | 37 | 55 | 29 | 43 | 26 | 39 | 36 |
| 37 | 107 | 154 | 94 | 134 | 86 | 124 | 80 | 115 | 62 | 90 | 47 | 68 | 40 | 56 | 31 | 44 | 28 | 40 | 37 |
| 38 | 114 | 160 | 100 | 140 | 91 | 128 | 85 | 120 | 66 | 94 | 50 | 70 | 43 | 59 | 32 | 46 | 29 | 42 | 38 |
| 39 | 121 | 166 | 106 | 145 | 97 | 133 | 90 | 124 | 70 | 97 | 54 | 74 | 44 | 62 | 35 | 48 | 31 | 43 | 39 |
| 40 | 128 | 173 | 112 | 150 | 103 | 138 | 96 | 128 | 75 | 101 | 56 | 76 | 48 | 64 | 36 | 49 | 33 | 44 | 40 |
| 41 | 136 | 178 | 119 | 155 | 108 | 143 | 101 | 133 | 79 | 103 | 60 | 78 | 50 | 66 | 39 | 52 | 35 | 46 | 41 |
| 42 | 143 | 184 | 124 | 160 | 114 | 148 | 107 | 138 | 83 | 108 | 62 | 82 | 53 | 68 | 41 | 53 | 36 | 48 | 42 |
| 43 | 154 | 191 | 134 | 166 | 124 | 153 | 115 | 142 | 90 | 112 | 68 | 84 | 56 | 70 | 44 | 55 | 40 | 49 | 43 |
| 44 | 165 | 197 | 144 | 173 | 133 | 158 | 124 | 147 | 96 | 115 | 73 | 88 | 61 | 73 | 48 | 56 | 43 | 52 | 44 |
| 45 | 176 | 204 | 154 | 178 | 142 | 163 | 132 | 153 | 103 | 119 | 78 | 90 | 65 | 75 | 50 | 58 | 46 | 53 | 45 |
| 46 | 188 | 210 | 164 | 184 | 151 | 168 | 140 | 157 | 109 | 122 | 83 | 92 | 69 | 78 | 54 | 61 | 49 | 54 | 46 |
| 47 | 199 | 218 | 174 | 190 | 160 | 174 | 149 | 162 | 116 | 127 | 88 | 96 | 74 | 80 | 57 | 62 | 52 | 56 | 47 |
| 48 | 216 | 229 | 188 | 199 | 173 | 183 | 161 | 171 | 126 | 133 | 95 | 101 | 79 | 84 | 62 | 66 | 56 | 59 | 48 |
| 49 | 232 | 239 | 203 | 209 | 186 | 192 | 174 | 179 | 136 | 140 | 102 | 106 | 86 | 88 | 66 | 69 | 60 | 62 | 49 |
| 50 | 248 | 251 | 217 | 218 | 199 | 200 | 186 | 187 | 145 | 146 | 109 | 110 | 91 | 92 | 71 | 72 | 64 | 65 | 50 |
| 51 | 264 | 261 | 231 | 228 | 212 | 210 | 198 | 195 | 154 | 153 | 117 | 115 | 98 | 96 | 76 | 75 | 68 | 67 | 51 |
| 52 | 281 | 272 | 245 | 238 | 225 | 218 | 210 | 204 | 164 | 159 | 124 | 120 | 103 | 101 | 81 | 78 | 73 | 70 | 52 |
| 53 | 303 | 285 | 264 | 249 | 243 | 229 | 226 | 213 | 176 | 166 | 134 | 126 | 112 | 106 | 87 | 82 | 78 | 74 | 53 |
| 54 | 324 | 299 | 284 | 261 | 260 | 240 | 242 | 223 | 189 | 174 | 143 | 132 | 120 | 110 | 92 | 86 | 84 | 77 | 54 |
| 55 | 346 | 312 | 302 | 272 | 277 | 251 | 259 | 233 | 202 | 182 | 153 | 138 | 128 | 115 | 100 | 90 | 89 | 81 | 55 |
| 56 | 368 | 325 | 320 | 284 | 295 | 261 | 274 | 243 | 215 | 190 | 162 | 144 | 136 | 120 | 106 | 94 | 95 | 84 | 56 |
| 57 | 390 | 339 | 340 | 296 | 312 | 272 | 290 | 253 | 227 | 198 | 172 | 150 | 143 | 125 | 112 | 97 | 101 | 88 | 57 |
| 58 | 416 | 358 | 363 | 313 | 333 | 287 | 311 | 267 | 243 | 209 | 184 | 158 | 154 | 132 | 120 | 103 | 108 | 92 | 58 |
| 59 | 444 | 377 | 387 | 329 | 356 | 303 | 331 | 282 | 259 | 220 | 196 | 166 | 163 | 139 | 127 | 108 | 114 | 98 | 59 |
| 60 | 471 | 396 | 411 | 346 | 377 | 318 | 351 | 297 | 275 | 231 | 208 | 175 | 174 | 146 | 134 | 114 | 121 | 102 | 60 |
| 61 | 498 | 416 | 434 | 362 | 399 | 333 | 372 | 310 | 290 | 243 | 220 | 184 | 184 | 153 | 143 | 120 | 128 | 108 | 61 |
| 62 | 525 | 435 | 458 | 380 | 421 | 349 | 392 | 325 | 306 | 253 | 232 | 192 | 193 | 160 | 151 | 125 | 136 | 113 | 62 |
| 63 | 554 | 455 | 483 | 397 | 445 | 365 | 414 | 340 | 323 | 265 | 244 | 200 | 205 | 168 | 159 | 131 | 143 | 118 | 63 |
| 64 | 583 | 475 | 508 | 414 | 467 | 382 | 434 | 355 | 340 | 277 | 257 | 209 | 215 | 176 | 167 | 137 | 150 | 122 | 64 |

| Rate per Child | | | | | | | | | | | | | | | | | | Rate per Child | |
|----------------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----------------|--|
| <2 | 53 | 53 | 46 | 46 | 42 | 42 | 40 | 40 | 31 | 31 | 23 | 23 | 19 | 19 | 15 | 15 | 14 | 14 | |
| 2-17 | 53 | 53 | 46 | 46 | 42 | 42 | 40 | 40 | 31 | 31 | 23 | 23 | 19 | 19 | 15 | 15 | 14 | 14 | |
| 18+ | 83 | 83 | 73 | 73 | 66 | 66 | 62 | 62 | 50 | 50 | 36 | 36 | 31 | 31 | 23 | 23 | 21 | 21 | |

*For renewal only

STANDARD LIFE AND ACCIDENT INSURANCE COMPANY
MONTHLY GROSS PREMIUM RATES
SLA-C08
Rates Effective 1/1/09
TOBACCO USER

50/50 Co-Insurance

\$10,000 Stop Loss

| Age | 750 | | 1500 | | 2000 | | 2500 | | 5000 | | 10000 | | 15000 | | 20000 | | 25000 | | Age |
|------|------|--------|------|--------|------|--------|------|--------|------|--------|-------|--------|-------|--------|-------|--------|-------|--------|------|
| | Male | Female | Male | Female | Male | Female | Male | Female | Male | Female | |
| < 23 | 113 | 151 | 99 | 131 | 91 | 120 | 85 | 113 | 66 | 87 | 50 | 66 | 41 | 55 | 33 | 42 | 29 | 39 | < 23 |
| 23 | 115 | 156 | 100 | 136 | 92 | 125 | 86 | 117 | 67 | 91 | 50 | 69 | 42 | 57 | 33 | 45 | 30 | 39 | 23 |
| 24 | 117 | 161 | 102 | 141 | 93 | 129 | 87 | 120 | 68 | 94 | 51 | 71 | 42 | 59 | 33 | 47 | 30 | 41 | 24 |
| 25 | 118 | 166 | 103 | 145 | 94 | 134 | 88 | 125 | 69 | 97 | 52 | 74 | 45 | 62 | 34 | 48 | 30 | 42 | 25 |
| 26 | 119 | 173 | 104 | 151 | 96 | 139 | 89 | 129 | 70 | 101 | 52 | 76 | 45 | 65 | 34 | 50 | 31 | 45 | 26 |
| 27 | 122 | 178 | 106 | 155 | 97 | 143 | 90 | 134 | 71 | 104 | 54 | 78 | 45 | 66 | 35 | 51 | 31 | 46 | 27 |
| 28 | 125 | 182 | 109 | 159 | 100 | 146 | 93 | 136 | 73 | 107 | 55 | 81 | 47 | 67 | 36 | 52 | 32 | 48 | 28 |
| 29 | 129 | 187 | 113 | 163 | 104 | 149 | 97 | 139 | 76 | 108 | 57 | 83 | 48 | 69 | 37 | 54 | 34 | 49 | 29 |
| 30 | 134 | 192 | 117 | 166 | 108 | 154 | 100 | 143 | 77 | 112 | 59 | 85 | 50 | 71 | 39 | 55 | 35 | 50 | 30 |
| 31 | 139 | 195 | 120 | 171 | 110 | 156 | 103 | 145 | 81 | 113 | 60 | 87 | 51 | 71 | 39 | 56 | 36 | 50 | 31 |
| 32 | 143 | 200 | 124 | 175 | 115 | 160 | 107 | 149 | 84 | 117 | 64 | 88 | 52 | 74 | 40 | 57 | 37 | 51 | 32 |
| 33 | 148 | 210 | 129 | 182 | 119 | 168 | 110 | 156 | 87 | 123 | 66 | 92 | 55 | 77 | 42 | 60 | 39 | 55 | 33 |
| 34 | 155 | 219 | 135 | 192 | 124 | 176 | 116 | 164 | 90 | 128 | 68 | 97 | 57 | 81 | 45 | 64 | 39 | 56 | 34 |
| 35 | 160 | 229 | 139 | 200 | 129 | 183 | 119 | 171 | 93 | 134 | 71 | 101 | 59 | 85 | 46 | 66 | 41 | 59 | 35 |
| 36 | 165 | 239 | 145 | 209 | 134 | 192 | 124 | 178 | 97 | 139 | 74 | 106 | 60 | 88 | 48 | 69 | 42 | 62 | 36 |
| 37 | 172 | 249 | 151 | 216 | 138 | 199 | 129 | 186 | 101 | 144 | 76 | 109 | 64 | 91 | 50 | 71 | 45 | 65 | 37 |
| 38 | 183 | 259 | 160 | 225 | 147 | 207 | 137 | 193 | 107 | 151 | 81 | 113 | 68 | 95 | 52 | 74 | 48 | 67 | 38 |
| 39 | 195 | 268 | 171 | 234 | 156 | 214 | 145 | 200 | 113 | 156 | 87 | 118 | 71 | 99 | 56 | 76 | 50 | 69 | 39 |
| 40 | 207 | 278 | 181 | 242 | 165 | 223 | 155 | 207 | 120 | 162 | 91 | 123 | 76 | 102 | 59 | 80 | 54 | 71 | 40 |
| 41 | 218 | 286 | 191 | 250 | 175 | 230 | 163 | 214 | 127 | 166 | 96 | 126 | 81 | 106 | 62 | 83 | 56 | 74 | 41 |
| 42 | 230 | 297 | 200 | 259 | 184 | 239 | 172 | 222 | 134 | 173 | 101 | 131 | 85 | 109 | 66 | 86 | 59 | 76 | 42 |
| 43 | 248 | 307 | 216 | 268 | 199 | 246 | 186 | 229 | 144 | 180 | 109 | 136 | 91 | 113 | 71 | 88 | 65 | 80 | 43 |
| 44 | 265 | 318 | 232 | 278 | 213 | 254 | 199 | 236 | 155 | 186 | 118 | 141 | 98 | 118 | 76 | 91 | 69 | 83 | 44 |
| 45 | 284 | 328 | 249 | 286 | 228 | 263 | 213 | 245 | 165 | 192 | 125 | 144 | 105 | 122 | 81 | 94 | 74 | 85 | 45 |
| 46 | 302 | 339 | 264 | 297 | 243 | 271 | 226 | 253 | 176 | 197 | 134 | 149 | 112 | 125 | 87 | 97 | 78 | 87 | 46 |
| 47 | 321 | 350 | 281 | 306 | 258 | 281 | 240 | 261 | 187 | 204 | 142 | 155 | 118 | 129 | 92 | 100 | 84 | 90 | 47 |
| 48 | 348 | 368 | 302 | 321 | 279 | 295 | 260 | 275 | 203 | 214 | 154 | 162 | 128 | 136 | 100 | 106 | 89 | 95 | 48 |
| 49 | 374 | 386 | 327 | 336 | 300 | 309 | 280 | 287 | 218 | 225 | 165 | 171 | 138 | 142 | 107 | 110 | 96 | 100 | 49 |
| 50 | 400 | 403 | 349 | 351 | 320 | 323 | 299 | 301 | 233 | 234 | 176 | 177 | 147 | 148 | 115 | 116 | 103 | 104 | 50 |
| 51 | 426 | 421 | 371 | 367 | 341 | 338 | 318 | 314 | 249 | 245 | 188 | 186 | 157 | 155 | 123 | 120 | 109 | 108 | 51 |
| 52 | 453 | 438 | 395 | 382 | 363 | 351 | 338 | 328 | 264 | 256 | 200 | 193 | 166 | 162 | 129 | 126 | 117 | 113 | 52 |
| 53 | 487 | 459 | 425 | 402 | 391 | 369 | 365 | 343 | 284 | 268 | 215 | 203 | 180 | 171 | 139 | 133 | 126 | 118 | 53 |
| 54 | 522 | 481 | 456 | 420 | 418 | 386 | 390 | 359 | 304 | 281 | 231 | 213 | 192 | 177 | 149 | 138 | 135 | 124 | 54 |
| 55 | 557 | 503 | 486 | 438 | 446 | 404 | 417 | 375 | 325 | 293 | 245 | 223 | 206 | 186 | 160 | 144 | 144 | 129 | 55 |
| 56 | 592 | 524 | 516 | 458 | 475 | 420 | 442 | 391 | 346 | 306 | 261 | 232 | 218 | 193 | 171 | 151 | 154 | 136 | 56 |
| 57 | 627 | 546 | 547 | 476 | 503 | 438 | 468 | 407 | 366 | 318 | 277 | 241 | 231 | 201 | 180 | 156 | 162 | 141 | 57 |
| 58 | 670 | 576 | 585 | 504 | 537 | 463 | 501 | 430 | 391 | 337 | 297 | 254 | 248 | 213 | 192 | 165 | 174 | 149 | 58 |
| 59 | 715 | 607 | 622 | 531 | 572 | 487 | 533 | 454 | 417 | 354 | 316 | 268 | 263 | 224 | 205 | 175 | 184 | 157 | 59 |
| 60 | 758 | 638 | 662 | 557 | 607 | 512 | 565 | 477 | 443 | 372 | 335 | 281 | 280 | 235 | 217 | 183 | 196 | 165 | 60 |
| 61 | 801 | 669 | 700 | 584 | 643 | 536 | 599 | 500 | 468 | 391 | 354 | 297 | 297 | 246 | 230 | 192 | 207 | 173 | 61 |
| 62 | 845 | 701 | 738 | 612 | 678 | 562 | 632 | 523 | 493 | 408 | 374 | 310 | 312 | 259 | 243 | 201 | 218 | 181 | 62 |
| 63 | 892 | 733 | 778 | 639 | 716 | 588 | 666 | 547 | 521 | 428 | 394 | 323 | 329 | 270 | 256 | 211 | 230 | 190 | 63 |
| 64 | 938 | 764 | 818 | 668 | 753 | 614 | 700 | 571 | 547 | 447 | 415 | 337 | 347 | 283 | 270 | 221 | 242 | 197 | 64 |

| Rate per Child | | | | | | | | | | | | | | | | | | Rate per Child | |
|----------------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----------------|--|
| <2 | 49 | 49 | 42 | 42 | 39 | 39 | 36 | 36 | 29 | 29 | 21 | 21 | 18 | 18 | 13 | 13 | 13 | 13 | |
| 2-17 | 49 | 49 | 42 | 42 | 39 | 39 | 36 | 36 | 29 | 29 | 21 | 21 | 18 | 18 | 13 | 13 | 13 | 13 | |
| 18+ | 76 | 76 | 66 | 66 | 60 | 60 | 56 | 56 | 45 | 45 | 33 | 33 | 29 | 29 | 21 | 21 | 19 | 19 | |

*For renewal only

STANDARD LIFE AND ACCIDENT INSURANCE COMPANY
MONTHLY GROSS PREMIUM RATES
SLA-C08
Rates Effective 1/1/09
TOBACCO USER - PREFERRED

50/50 Co-Insurance

\$10,000 Stop Loss

| Age | 750 | | 1500 | | 2000 | | 2500 | | 5000 | | 10000 | | 15000 | | 20000 | | 25000 | | Age |
|------|------|--------|------|--------|------|--------|------|--------|------|--------|-------|--------|-------|--------|-------|--------|-------|--------|------|
| | Male | Female | Male | Female | Male | Female | Male | Female | Male | Female | |
| < 23 | 100 | 134 | 88 | 116 | 81 | 106 | 75 | 100 | 59 | 77 | 44 | 59 | 36 | 49 | 29 | 37 | 26 | 35 | < 23 |
| 23 | 102 | 138 | 89 | 121 | 82 | 111 | 76 | 104 | 59 | 81 | 44 | 61 | 37 | 51 | 29 | 40 | 27 | 35 | 23 |
| 24 | 104 | 143 | 90 | 125 | 82 | 114 | 77 | 106 | 60 | 83 | 45 | 63 | 37 | 52 | 29 | 42 | 27 | 36 | 24 |
| 25 | 105 | 147 | 91 | 129 | 83 | 119 | 78 | 111 | 61 | 86 | 46 | 66 | 40 | 55 | 30 | 43 | 27 | 37 | 25 |
| 26 | 106 | 153 | 92 | 134 | 85 | 123 | 79 | 114 | 62 | 90 | 46 | 67 | 40 | 58 | 30 | 44 | 27 | 40 | 26 |
| 27 | 108 | 158 | 94 | 137 | 86 | 127 | 80 | 119 | 63 | 92 | 48 | 69 | 40 | 59 | 31 | 45 | 27 | 41 | 27 |
| 28 | 111 | 161 | 97 | 141 | 89 | 130 | 82 | 121 | 65 | 95 | 49 | 72 | 42 | 59 | 32 | 46 | 28 | 43 | 28 |
| 29 | 114 | 166 | 100 | 145 | 92 | 132 | 86 | 123 | 67 | 96 | 51 | 74 | 43 | 61 | 33 | 48 | 30 | 43 | 29 |
| 30 | 119 | 170 | 104 | 147 | 96 | 137 | 89 | 127 | 68 | 99 | 52 | 75 | 44 | 63 | 35 | 49 | 31 | 44 | 30 |
| 31 | 123 | 173 | 106 | 152 | 98 | 138 | 91 | 129 | 72 | 100 | 53 | 77 | 45 | 63 | 35 | 50 | 32 | 44 | 31 |
| 32 | 127 | 177 | 110 | 155 | 102 | 142 | 95 | 132 | 75 | 104 | 57 | 78 | 46 | 66 | 35 | 51 | 33 | 45 | 32 |
| 33 | 131 | 186 | 114 | 161 | 106 | 149 | 98 | 138 | 77 | 109 | 59 | 82 | 49 | 68 | 37 | 53 | 35 | 49 | 33 |
| 34 | 137 | 194 | 120 | 170 | 110 | 156 | 103 | 145 | 80 | 114 | 60 | 86 | 51 | 72 | 40 | 57 | 35 | 50 | 34 |
| 35 | 142 | 203 | 123 | 177 | 114 | 162 | 106 | 152 | 82 | 119 | 63 | 90 | 52 | 75 | 41 | 59 | 36 | 52 | 35 |
| 36 | 146 | 212 | 129 | 185 | 119 | 170 | 110 | 158 | 86 | 123 | 66 | 94 | 53 | 78 | 43 | 61 | 37 | 55 | 36 |
| 37 | 153 | 221 | 134 | 192 | 122 | 177 | 114 | 165 | 90 | 128 | 67 | 97 | 57 | 81 | 44 | 63 | 40 | 58 | 37 |
| 38 | 162 | 230 | 142 | 200 | 130 | 184 | 122 | 171 | 95 | 134 | 72 | 100 | 60 | 84 | 46 | 66 | 43 | 59 | 38 |
| 39 | 173 | 238 | 152 | 208 | 138 | 190 | 129 | 177 | 100 | 138 | 77 | 105 | 63 | 88 | 50 | 67 | 44 | 61 | 39 |
| 40 | 184 | 247 | 161 | 215 | 146 | 198 | 137 | 184 | 106 | 144 | 81 | 109 | 67 | 90 | 52 | 71 | 48 | 63 | 40 |
| 41 | 193 | 254 | 169 | 222 | 155 | 204 | 145 | 190 | 113 | 147 | 85 | 112 | 72 | 94 | 55 | 74 | 50 | 66 | 41 |
| 42 | 204 | 263 | 177 | 230 | 163 | 212 | 153 | 197 | 119 | 153 | 90 | 116 | 75 | 97 | 59 | 76 | 52 | 67 | 42 |
| 43 | 220 | 272 | 192 | 238 | 177 | 218 | 165 | 203 | 128 | 160 | 97 | 121 | 81 | 100 | 63 | 78 | 58 | 71 | 43 |
| 44 | 235 | 282 | 206 | 247 | 189 | 225 | 177 | 209 | 137 | 165 | 105 | 125 | 87 | 105 | 67 | 81 | 61 | 74 | 44 |
| 45 | 252 | 291 | 221 | 254 | 202 | 233 | 189 | 217 | 146 | 170 | 111 | 128 | 93 | 108 | 72 | 83 | 66 | 75 | 45 |
| 46 | 268 | 301 | 234 | 263 | 216 | 240 | 200 | 224 | 156 | 175 | 119 | 132 | 99 | 111 | 77 | 86 | 69 | 77 | 46 |
| 47 | 285 | 310 | 249 | 271 | 229 | 249 | 213 | 232 | 166 | 181 | 126 | 137 | 105 | 114 | 82 | 89 | 75 | 80 | 47 |
| 48 | 309 | 326 | 268 | 285 | 247 | 262 | 231 | 244 | 180 | 190 | 137 | 144 | 114 | 121 | 89 | 94 | 79 | 84 | 48 |
| 49 | 332 | 342 | 290 | 298 | 266 | 274 | 248 | 255 | 193 | 200 | 146 | 152 | 122 | 126 | 95 | 98 | 85 | 89 | 49 |
| 50 | 355 | 357 | 310 | 311 | 284 | 287 | 265 | 267 | 207 | 208 | 156 | 157 | 130 | 131 | 102 | 103 | 91 | 92 | 50 |
| 51 | 378 | 373 | 329 | 326 | 302 | 300 | 282 | 279 | 221 | 217 | 167 | 165 | 139 | 137 | 109 | 106 | 97 | 96 | 51 |
| 52 | 402 | 389 | 350 | 339 | 322 | 311 | 300 | 291 | 234 | 227 | 177 | 171 | 147 | 144 | 114 | 112 | 104 | 100 | 52 |
| 53 | 432 | 407 | 377 | 357 | 347 | 327 | 324 | 304 | 252 | 238 | 191 | 180 | 160 | 152 | 123 | 118 | 112 | 105 | 53 |
| 54 | 463 | 427 | 404 | 373 | 371 | 342 | 346 | 318 | 270 | 249 | 205 | 189 | 170 | 157 | 132 | 122 | 120 | 110 | 54 |
| 55 | 494 | 446 | 431 | 389 | 396 | 358 | 370 | 333 | 288 | 260 | 217 | 198 | 183 | 165 | 142 | 128 | 128 | 114 | 55 |
| 56 | 525 | 465 | 458 | 406 | 421 | 373 | 392 | 347 | 307 | 271 | 232 | 206 | 193 | 171 | 152 | 134 | 137 | 121 | 56 |
| 57 | 556 | 484 | 485 | 422 | 446 | 389 | 415 | 361 | 325 | 282 | 246 | 214 | 205 | 178 | 160 | 138 | 144 | 125 | 57 |
| 58 | 594 | 511 | 519 | 447 | 476 | 411 | 444 | 381 | 347 | 299 | 263 | 225 | 220 | 189 | 170 | 146 | 154 | 132 | 58 |
| 59 | 634 | 538 | 552 | 471 | 507 | 432 | 473 | 403 | 370 | 314 | 280 | 238 | 233 | 199 | 182 | 155 | 163 | 139 | 59 |
| 60 | 672 | 566 | 587 | 494 | 538 | 454 | 501 | 423 | 393 | 330 | 297 | 249 | 248 | 208 | 192 | 162 | 174 | 146 | 60 |
| 61 | 710 | 593 | 621 | 518 | 570 | 475 | 531 | 444 | 415 | 347 | 314 | 263 | 263 | 218 | 204 | 170 | 184 | 153 | 61 |
| 62 | 750 | 622 | 655 | 543 | 601 | 498 | 561 | 464 | 437 | 362 | 332 | 275 | 277 | 230 | 216 | 178 | 193 | 161 | 62 |
| 63 | 791 | 650 | 690 | 567 | 635 | 522 | 591 | 485 | 462 | 380 | 349 | 287 | 292 | 239 | 227 | 187 | 204 | 169 | 63 |
| 64 | 832 | 678 | 726 | 593 | 668 | 545 | 621 | 506 | 485 | 396 | 368 | 299 | 308 | 251 | 239 | 196 | 215 | 175 | 64 |

| Rate per Child | | | | | | | | | | | | | | | | | | Rate per Child | |
|----------------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----------------|--|
| <2 | 49 | 49 | 42 | 42 | 39 | 39 | 36 | 36 | 29 | 29 | 21 | 21 | 18 | 18 | 13 | 13 | 13 | 13 | |
| 2-17 | 49 | 49 | 42 | 42 | 39 | 39 | 36 | 36 | 29 | 29 | 21 | 21 | 18 | 18 | 13 | 13 | 13 | 13 | |
| 18+ | 76 | 76 | 66 | 66 | 60 | 60 | 56 | 56 | 45 | 45 | 33 | 33 | 29 | 29 | 21 | 21 | 19 | 19 | |

*For renewal only

STANDARD LIFE AND ACCIDENT INSURANCE COMPANY
MONTHLY GROSS PREMIUM RATES
SLA-C08
 Rates Effective 1/1/09
 TOBACCO NON-USER

50/50 Co-Insurance

\$10,000 Stop Loss

| Age | 750 | | 1500 | | 2000 | | 2500 | | 5000 | | 10000 | | 15000 | | 20000 | | 25000 | | Age |
|------|------|--------|------|--------|------|--------|------|--------|------|--------|-------|--------|-------|--------|-------|--------|-------|--------|------|
| | Male | Female | Male | Female | Male | Female | Male | Female | Male | Female | |
| < 23 | 75 | 101 | 66 | 87 | 61 | 80 | 57 | 75 | 44 | 58 | 33 | 44 | 27 | 37 | 22 | 28 | 19 | 26 | < 23 |
| 23 | 77 | 104 | 67 | 91 | 61 | 83 | 57 | 78 | 45 | 61 | 33 | 46 | 28 | 38 | 22 | 30 | 20 | 26 | 23 |
| 24 | 78 | 107 | 68 | 94 | 62 | 86 | 58 | 80 | 45 | 63 | 34 | 47 | 28 | 39 | 22 | 31 | 20 | 27 | 24 |
| 25 | 79 | 111 | 69 | 97 | 63 | 89 | 59 | 83 | 46 | 65 | 35 | 49 | 30 | 41 | 23 | 32 | 20 | 28 | 25 |
| 26 | 79 | 115 | 69 | 101 | 64 | 93 | 59 | 86 | 47 | 67 | 35 | 51 | 30 | 43 | 23 | 33 | 21 | 30 | 26 |
| 27 | 81 | 119 | 71 | 103 | 65 | 95 | 60 | 89 | 47 | 69 | 36 | 52 | 30 | 44 | 23 | 34 | 21 | 31 | 27 |
| 28 | 83 | 121 | 73 | 106 | 67 | 97 | 62 | 91 | 49 | 71 | 37 | 54 | 31 | 45 | 24 | 35 | 21 | 32 | 28 |
| 29 | 86 | 125 | 75 | 109 | 69 | 99 | 65 | 93 | 51 | 72 | 38 | 55 | 32 | 46 | 25 | 36 | 23 | 33 | 29 |
| 30 | 89 | 128 | 78 | 111 | 72 | 103 | 67 | 95 | 51 | 75 | 39 | 57 | 33 | 47 | 26 | 37 | 23 | 33 | 30 |
| 31 | 93 | 130 | 80 | 114 | 73 | 104 | 69 | 97 | 54 | 75 | 40 | 58 | 34 | 47 | 26 | 37 | 24 | 33 | 31 |
| 32 | 95 | 133 | 83 | 117 | 77 | 107 | 71 | 99 | 56 | 78 | 43 | 59 | 35 | 49 | 27 | 38 | 25 | 34 | 32 |
| 33 | 99 | 140 | 86 | 121 | 79 | 112 | 73 | 104 | 58 | 82 | 44 | 61 | 37 | 51 | 28 | 40 | 26 | 37 | 33 |
| 34 | 103 | 146 | 90 | 128 | 83 | 117 | 77 | 109 | 60 | 85 | 45 | 65 | 38 | 54 | 30 | 43 | 26 | 37 | 34 |
| 35 | 107 | 153 | 93 | 133 | 86 | 122 | 79 | 114 | 62 | 89 | 47 | 67 | 39 | 57 | 31 | 44 | 27 | 39 | 35 |
| 36 | 110 | 159 | 97 | 139 | 89 | 128 | 83 | 119 | 65 | 93 | 49 | 71 | 40 | 59 | 32 | 46 | 28 | 41 | 36 |
| 37 | 115 | 166 | 101 | 144 | 92 | 133 | 86 | 124 | 67 | 96 | 51 | 73 | 43 | 61 | 33 | 47 | 30 | 43 | 37 |
| 38 | 122 | 173 | 107 | 150 | 98 | 138 | 91 | 129 | 71 | 101 | 54 | 75 | 45 | 63 | 35 | 49 | 32 | 45 | 38 |
| 39 | 130 | 179 | 114 | 156 | 104 | 143 | 97 | 133 | 75 | 104 | 58 | 79 | 47 | 66 | 37 | 51 | 33 | 46 | 39 |
| 40 | 138 | 185 | 121 | 161 | 110 | 149 | 103 | 138 | 80 | 108 | 61 | 82 | 51 | 68 | 39 | 53 | 36 | 47 | 40 |
| 41 | 145 | 191 | 127 | 167 | 117 | 153 | 109 | 143 | 85 | 111 | 64 | 84 | 54 | 71 | 41 | 55 | 37 | 49 | 41 |
| 42 | 153 | 198 | 133 | 173 | 123 | 159 | 115 | 148 | 89 | 115 | 67 | 87 | 57 | 73 | 44 | 57 | 39 | 51 | 42 |
| 43 | 165 | 205 | 144 | 179 | 133 | 164 | 124 | 153 | 96 | 120 | 73 | 91 | 61 | 75 | 47 | 59 | 43 | 53 | 43 |
| 44 | 177 | 212 | 155 | 185 | 142 | 169 | 133 | 157 | 103 | 124 | 79 | 94 | 65 | 79 | 51 | 61 | 46 | 55 | 44 |
| 45 | 189 | 219 | 166 | 191 | 152 | 175 | 142 | 163 | 110 | 128 | 83 | 96 | 70 | 81 | 54 | 63 | 49 | 57 | 45 |
| 46 | 201 | 226 | 176 | 198 | 162 | 181 | 151 | 169 | 117 | 131 | 89 | 99 | 75 | 83 | 58 | 65 | 52 | 58 | 46 |
| 47 | 214 | 233 | 187 | 204 | 172 | 187 | 160 | 174 | 125 | 136 | 95 | 103 | 79 | 86 | 61 | 67 | 56 | 60 | 47 |
| 48 | 232 | 245 | 201 | 214 | 186 | 197 | 173 | 183 | 135 | 143 | 103 | 108 | 85 | 91 | 67 | 71 | 59 | 63 | 48 |
| 49 | 249 | 257 | 218 | 224 | 200 | 206 | 187 | 191 | 145 | 150 | 110 | 114 | 92 | 95 | 71 | 73 | 64 | 67 | 49 |
| 50 | 267 | 269 | 233 | 234 | 213 | 215 | 199 | 201 | 155 | 156 | 117 | 118 | 98 | 99 | 77 | 77 | 69 | 69 | 50 |
| 51 | 284 | 281 | 247 | 245 | 227 | 225 | 212 | 209 | 166 | 163 | 125 | 124 | 105 | 103 | 82 | 80 | 73 | 72 | 51 |
| 52 | 302 | 292 | 263 | 255 | 242 | 234 | 225 | 219 | 176 | 171 | 133 | 129 | 111 | 108 | 86 | 84 | 78 | 75 | 52 |
| 53 | 325 | 306 | 283 | 268 | 261 | 246 | 243 | 229 | 189 | 179 | 143 | 135 | 120 | 114 | 93 | 89 | 84 | 79 | 53 |
| 54 | 348 | 321 | 304 | 280 | 279 | 257 | 260 | 239 | 203 | 187 | 154 | 142 | 128 | 118 | 99 | 92 | 90 | 83 | 54 |
| 55 | 372 | 336 | 324 | 292 | 297 | 269 | 278 | 250 | 217 | 195 | 163 | 149 | 137 | 124 | 107 | 96 | 96 | 86 | 55 |
| 56 | 395 | 350 | 344 | 305 | 317 | 280 | 295 | 261 | 231 | 204 | 174 | 155 | 145 | 129 | 114 | 101 | 103 | 91 | 56 |
| 57 | 418 | 364 | 365 | 317 | 336 | 292 | 312 | 271 | 244 | 212 | 185 | 161 | 154 | 134 | 120 | 104 | 108 | 94 | 57 |
| 58 | 447 | 384 | 390 | 336 | 358 | 309 | 334 | 287 | 261 | 225 | 198 | 169 | 165 | 142 | 128 | 110 | 116 | 99 | 58 |
| 59 | 477 | 405 | 415 | 354 | 382 | 325 | 356 | 303 | 278 | 236 | 211 | 179 | 175 | 149 | 137 | 117 | 123 | 105 | 59 |
| 60 | 506 | 426 | 442 | 372 | 405 | 342 | 377 | 318 | 295 | 248 | 223 | 187 | 187 | 157 | 145 | 122 | 131 | 110 | 60 |
| 61 | 534 | 446 | 467 | 390 | 429 | 358 | 400 | 334 | 312 | 261 | 236 | 198 | 198 | 164 | 153 | 128 | 138 | 115 | 61 |
| 62 | 564 | 468 | 492 | 408 | 452 | 375 | 422 | 349 | 329 | 272 | 249 | 207 | 208 | 173 | 162 | 134 | 145 | 121 | 62 |
| 63 | 595 | 489 | 519 | 426 | 478 | 392 | 444 | 365 | 348 | 285 | 263 | 215 | 219 | 180 | 171 | 141 | 153 | 127 | 63 |
| 64 | 626 | 510 | 546 | 446 | 502 | 410 | 467 | 381 | 365 | 298 | 277 | 225 | 231 | 189 | 180 | 147 | 161 | 131 | 64 |

| Rate per Child | | | | | | | | | | | | | | | | | | Rate per Child | |
|----------------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----------------|--|
| <2 | 49 | 49 | 42 | 42 | 39 | 39 | 36 | 36 | 29 | 29 | 21 | 21 | 18 | 18 | 13 | 13 | 13 | 13 | |
| 2-17 | 49 | 49 | 42 | 42 | 39 | 39 | 36 | 36 | 29 | 29 | 21 | 21 | 18 | 18 | 13 | 13 | 13 | 13 | |
| 18+ | 76 | 76 | 66 | 66 | 60 | 60 | 56 | 56 | 45 | 45 | 33 | 33 | 29 | 29 | 21 | 21 | 19 | 19 | |

*For renewal only

STANDARD LIFE AND ACCIDENT INSURANCE COMPANY
MONTHLY GROSS PREMIUM RATES
SLA-C08
Rates Effective 1/1/09
PREFERRED

50/50 Co-Insurance

\$10,000 Stop Loss

| Age | 750 | | 1500 | | 2000 | | 2500 | | 5000 | | 10000 | | 15000 | | 20000 | | 25000 | | Age |
|------|------|--------|------|--------|------|--------|------|--------|------|--------|-------|--------|-------|--------|-------|--------|-------|--------|------|
| | Male | Female | Male | Female | Male | Female | Male | Female | Male | Female | |
| < 23 | 64 | 86 | 56 | 74 | 52 | 68 | 48 | 64 | 37 | 49 | 28 | 37 | 23 | 31 | 19 | 24 | 16 | 22 | < 23 |
| 23 | 65 | 88 | 57 | 77 | 52 | 71 | 49 | 66 | 38 | 52 | 28 | 39 | 24 | 32 | 19 | 26 | 17 | 22 | 23 |
| 24 | 66 | 91 | 58 | 80 | 53 | 73 | 49 | 68 | 39 | 53 | 29 | 40 | 24 | 33 | 19 | 27 | 17 | 23 | 24 |
| 25 | 67 | 94 | 58 | 82 | 53 | 76 | 50 | 71 | 39 | 55 | 29 | 42 | 26 | 35 | 19 | 27 | 17 | 24 | 25 |
| 26 | 67 | 98 | 59 | 86 | 54 | 79 | 50 | 73 | 40 | 57 | 29 | 43 | 26 | 37 | 19 | 28 | 18 | 26 | 26 |
| 27 | 69 | 101 | 60 | 88 | 55 | 81 | 51 | 76 | 40 | 59 | 31 | 44 | 26 | 37 | 20 | 29 | 18 | 26 | 27 |
| 28 | 71 | 103 | 62 | 90 | 57 | 83 | 53 | 77 | 41 | 61 | 31 | 46 | 27 | 38 | 20 | 29 | 18 | 27 | 28 |
| 29 | 73 | 106 | 64 | 92 | 59 | 84 | 55 | 79 | 43 | 61 | 32 | 47 | 27 | 39 | 21 | 31 | 19 | 28 | 29 |
| 30 | 76 | 109 | 66 | 94 | 61 | 87 | 57 | 81 | 44 | 64 | 33 | 48 | 28 | 40 | 22 | 31 | 20 | 28 | 30 |
| 31 | 79 | 111 | 68 | 97 | 62 | 88 | 58 | 82 | 46 | 64 | 34 | 49 | 29 | 40 | 22 | 32 | 20 | 28 | 31 |
| 32 | 81 | 113 | 70 | 99 | 65 | 91 | 61 | 84 | 48 | 66 | 36 | 50 | 29 | 42 | 23 | 32 | 21 | 29 | 32 |
| 33 | 84 | 119 | 73 | 103 | 67 | 95 | 62 | 88 | 49 | 70 | 37 | 52 | 31 | 44 | 24 | 34 | 22 | 31 | 33 |
| 34 | 88 | 124 | 77 | 109 | 70 | 100 | 66 | 93 | 51 | 73 | 39 | 55 | 32 | 46 | 26 | 36 | 22 | 32 | 34 |
| 35 | 91 | 130 | 79 | 113 | 73 | 104 | 67 | 97 | 53 | 76 | 40 | 57 | 33 | 48 | 26 | 37 | 23 | 33 | 35 |
| 36 | 94 | 136 | 82 | 119 | 76 | 109 | 70 | 101 | 55 | 79 | 42 | 60 | 34 | 50 | 27 | 39 | 24 | 35 | 36 |
| 37 | 98 | 141 | 86 | 122 | 78 | 113 | 73 | 105 | 57 | 82 | 43 | 62 | 36 | 52 | 28 | 40 | 26 | 37 | 37 |
| 38 | 104 | 147 | 91 | 128 | 83 | 117 | 78 | 109 | 61 | 86 | 46 | 64 | 39 | 54 | 29 | 42 | 27 | 38 | 38 |
| 39 | 111 | 152 | 97 | 133 | 88 | 121 | 82 | 113 | 64 | 88 | 49 | 67 | 40 | 56 | 32 | 43 | 28 | 39 | 39 |
| 40 | 117 | 158 | 103 | 137 | 94 | 126 | 88 | 117 | 68 | 92 | 52 | 70 | 43 | 58 | 33 | 45 | 31 | 40 | 40 |
| 41 | 124 | 162 | 108 | 142 | 99 | 130 | 92 | 121 | 72 | 94 | 54 | 71 | 46 | 60 | 35 | 47 | 32 | 42 | 41 |
| 42 | 130 | 168 | 113 | 147 | 104 | 136 | 98 | 126 | 76 | 98 | 57 | 74 | 48 | 62 | 37 | 49 | 33 | 43 | 42 |
| 43 | 141 | 174 | 122 | 152 | 113 | 139 | 105 | 130 | 82 | 102 | 62 | 77 | 52 | 64 | 40 | 50 | 37 | 45 | 43 |
| 44 | 150 | 180 | 132 | 158 | 121 | 144 | 113 | 134 | 88 | 105 | 67 | 80 | 56 | 67 | 43 | 52 | 39 | 47 | 44 |
| 45 | 161 | 186 | 141 | 162 | 129 | 149 | 121 | 139 | 94 | 109 | 71 | 82 | 60 | 69 | 46 | 53 | 42 | 48 | 45 |
| 46 | 171 | 192 | 150 | 168 | 138 | 154 | 128 | 143 | 100 | 112 | 76 | 84 | 64 | 71 | 49 | 55 | 44 | 49 | 46 |
| 47 | 182 | 198 | 159 | 174 | 146 | 159 | 136 | 148 | 106 | 116 | 81 | 88 | 67 | 73 | 52 | 57 | 48 | 51 | 47 |
| 48 | 197 | 209 | 171 | 182 | 158 | 167 | 147 | 156 | 115 | 121 | 87 | 92 | 73 | 77 | 57 | 60 | 50 | 54 | 48 |
| 49 | 212 | 219 | 185 | 191 | 170 | 175 | 159 | 163 | 124 | 128 | 94 | 97 | 78 | 81 | 61 | 62 | 54 | 57 | 49 |
| 50 | 227 | 229 | 198 | 199 | 181 | 183 | 170 | 171 | 132 | 133 | 100 | 100 | 83 | 84 | 65 | 66 | 58 | 59 | 50 |
| 51 | 242 | 239 | 210 | 208 | 193 | 192 | 180 | 178 | 141 | 139 | 107 | 105 | 89 | 88 | 70 | 68 | 62 | 61 | 51 |
| 52 | 257 | 248 | 224 | 217 | 206 | 199 | 192 | 186 | 150 | 145 | 113 | 109 | 94 | 92 | 73 | 71 | 66 | 64 | 52 |
| 53 | 276 | 260 | 241 | 228 | 222 | 209 | 207 | 194 | 161 | 152 | 122 | 115 | 102 | 97 | 79 | 75 | 71 | 67 | 53 |
| 54 | 296 | 273 | 259 | 238 | 237 | 219 | 221 | 204 | 172 | 159 | 131 | 121 | 109 | 100 | 84 | 78 | 77 | 70 | 54 |
| 55 | 316 | 285 | 276 | 248 | 253 | 229 | 236 | 213 | 184 | 166 | 139 | 126 | 117 | 105 | 91 | 82 | 82 | 73 | 55 |
| 56 | 336 | 297 | 293 | 260 | 269 | 238 | 251 | 222 | 196 | 174 | 148 | 132 | 124 | 109 | 97 | 86 | 87 | 77 | 56 |
| 57 | 356 | 310 | 310 | 270 | 285 | 248 | 265 | 231 | 208 | 180 | 157 | 137 | 131 | 114 | 102 | 88 | 92 | 80 | 57 |
| 58 | 380 | 327 | 332 | 286 | 304 | 263 | 284 | 244 | 222 | 191 | 168 | 144 | 141 | 121 | 109 | 94 | 99 | 84 | 58 |
| 59 | 405 | 344 | 353 | 301 | 324 | 276 | 302 | 257 | 236 | 201 | 179 | 152 | 149 | 127 | 116 | 99 | 104 | 89 | 59 |
| 60 | 430 | 362 | 375 | 316 | 344 | 290 | 320 | 270 | 251 | 211 | 190 | 159 | 159 | 133 | 123 | 104 | 111 | 94 | 60 |
| 61 | 454 | 379 | 397 | 331 | 365 | 304 | 340 | 284 | 265 | 222 | 201 | 168 | 168 | 139 | 130 | 109 | 117 | 98 | 61 |
| 62 | 479 | 397 | 418 | 347 | 384 | 319 | 358 | 297 | 280 | 231 | 212 | 176 | 177 | 147 | 138 | 114 | 124 | 103 | 62 |
| 63 | 506 | 416 | 441 | 362 | 406 | 333 | 378 | 310 | 295 | 243 | 223 | 183 | 187 | 153 | 145 | 120 | 130 | 108 | 63 |
| 64 | 532 | 433 | 464 | 379 | 427 | 348 | 397 | 324 | 310 | 253 | 235 | 191 | 197 | 160 | 153 | 125 | 137 | 112 | 64 |

| Rate per Child | | | | | | | | | | | | | | | | | | Rate per Child | |
|----------------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----------------|--|
| <2 | 49 | 49 | 42 | 42 | 39 | 39 | 36 | 36 | 29 | 29 | 21 | 21 | 18 | 18 | 13 | 13 | 13 | 13 | |
| 2-17 | 49 | 49 | 42 | 42 | 39 | 39 | 36 | 36 | 29 | 29 | 21 | 21 | 18 | 18 | 13 | 13 | 13 | 13 | |
| 18+ | 76 | 76 | 66 | 66 | 60 | 60 | 56 | 56 | 45 | 45 | 33 | 33 | 29 | 29 | 21 | 21 | 19 | 19 | |

*For renewal only

This document was created with Win2PDF available at <http://www.win2pdf.com>.
The unregistered version of Win2PDF is for evaluation or non-commercial use only.
This page will not be added after purchasing Win2PDF.

STANDARD LIFE AND ACCIDENT INSURANCE COMPANY
 MONTHLY GROSS PREMIUM RATES
SLA-C08
 Rates Effective 1/1/09

OPTIONAL COVERAGES & INFORMATION:

| | |
|---------------------------------|------|
| 2 Million Per condition maximum | 4.00 |
|---------------------------------|------|

Accident Expense Benefit Rider

Annual Gross Premiums

| Benefit | Deductible | Individual | Family |
|---------|------------|------------|--------|
| 500 | 100 | 5 | 10 |
| 1000 | 250 | 8 | 16 |
| 1500 | 250 | 10 | 20 |
| 2500 | 500 | 10 | 20 |

Rate Factors for Medical Expense Policy

Insureds Over the Age of 64

Rider Form ANL-MEDDUP-1

Multiply Age 64 premium rate by:

| Attained Age | Insured Medicare Coverage Status | | |
|--------------|----------------------------------|-------------|-------------|
| | Part A & B | Part A Only | No Medicare |
| 65-69 | 0.46 | 0.86 | 1.55 |
| 70-74 | 0.62 | 1.16 | 2.07 |
| 75-79 | 0.83 | 1.55 | 2.77 |
| 80 + | 1.16 | 2.17 | 3.9 |

Mode Factors

| | |
|---------------|----|
| List Bill | 1 |
| Monthly (PAC) | 1 |
| Quarterly | 3 |
| Semi-Annual | 6 |
| Annual | 12 |

STANDARD LIFE AND ACCIDENT INSURANCE COMPANY

MONTHLY GROSS PREMIUM RATES

SLA-C08H

Rates Effective 1/1/09

TOBACCO USER

100/0 Co-Insurance

\$0 Stop Loss

| Age | 1500 | | 2000 | | 2500 | | 5000 | | Age |
|----------------|------|--------|------|--------|------|--------|------|--------|------|
| | Male | Female | Male | Female | Male | Female | Male | Female | |
| < 23 | 136 | 179 | 124 | 164 | 116 | 154 | 91 | 120 | < 23 |
| 23 | 137 | 186 | 127 | 171 | 117 | 160 | 92 | 124 | 23 |
| 24 | 140 | 193 | 128 | 176 | 120 | 164 | 93 | 129 | 24 |
| 25 | 141 | 199 | 129 | 184 | 121 | 171 | 94 | 133 | 25 |
| 26 | 143 | 207 | 131 | 190 | 122 | 176 | 95 | 138 | 26 |
| 27 | 145 | 213 | 133 | 196 | 123 | 183 | 97 | 143 | 27 |
| 28 | 150 | 217 | 137 | 200 | 128 | 186 | 100 | 146 | 28 |
| 29 | 155 | 223 | 143 | 204 | 133 | 191 | 104 | 148 | 29 |
| 30 | 160 | 228 | 147 | 210 | 137 | 196 | 106 | 153 | 30 |
| 31 | 164 | 235 | 151 | 214 | 141 | 199 | 110 | 155 | 31 |
| 32 | 170 | 239 | 158 | 220 | 146 | 204 | 115 | 160 | 32 |
| 33 | 177 | 250 | 163 | 230 | 151 | 214 | 118 | 168 | 33 |
| 34 | 185 | 262 | 170 | 240 | 159 | 224 | 123 | 175 | 34 |
| 35 | 191 | 274 | 176 | 251 | 163 | 235 | 128 | 184 | 35 |
| 36 | 199 | 286 | 183 | 262 | 170 | 244 | 133 | 190 | 36 |
| 37 | 207 | 296 | 189 | 273 | 176 | 254 | 138 | 198 | 37 |
| 38 | 220 | 308 | 201 | 283 | 187 | 265 | 146 | 207 | 38 |
| 39 | 233 | 320 | 214 | 293 | 199 | 274 | 155 | 214 | 39 |
| 40 | 247 | 331 | 227 | 305 | 212 | 283 | 164 | 222 | 40 |
| 41 | 261 | 343 | 239 | 315 | 223 | 293 | 174 | 228 | 41 |
| 42 | 274 | 354 | 252 | 327 | 236 | 304 | 184 | 237 | 42 |
| 43 | 296 | 367 | 273 | 337 | 254 | 314 | 198 | 246 | 43 |
| 44 | 317 | 381 | 292 | 347 | 273 | 323 | 213 | 254 | 44 |
| 45 | 340 | 392 | 313 | 360 | 291 | 336 | 227 | 262 | 45 |
| 46 | 361 | 406 | 332 | 371 | 309 | 346 | 242 | 270 | 46 |
| 47 | 384 | 419 | 353 | 384 | 329 | 358 | 256 | 279 | 47 |
| 48 | 414 | 439 | 382 | 404 | 355 | 376 | 278 | 293 | 48 |
| 49 | 447 | 460 | 411 | 423 | 383 | 393 | 299 | 308 | 49 |
| 50 | 478 | 481 | 438 | 442 | 409 | 412 | 319 | 321 | 50 |
| 51 | 508 | 503 | 467 | 462 | 436 | 430 | 340 | 336 | 51 |
| 52 | 541 | 523 | 497 | 481 | 462 | 449 | 361 | 351 | 52 |
| 53 | 582 | 550 | 535 | 505 | 499 | 469 | 389 | 367 | 53 |
| 54 | 624 | 575 | 573 | 529 | 534 | 491 | 416 | 384 | 54 |
| 55 | 666 | 600 | 611 | 553 | 570 | 514 | 445 | 401 | 55 |
| 56 | 706 | 627 | 650 | 575 | 605 | 536 | 474 | 419 | 56 |
| 57 | 749 | 652 | 689 | 599 | 641 | 558 | 501 | 436 | 57 |
| 58 | 800 | 690 | 735 | 634 | 685 | 589 | 535 | 461 | 58 |
| 59 | 852 | 727 | 783 | 667 | 730 | 622 | 570 | 485 | 59 |
| 60 | 906 | 762 | 831 | 702 | 774 | 653 | 606 | 509 | 60 |
| 61 | 958 | 799 | 880 | 734 | 820 | 684 | 641 | 535 | 61 |
| 62 | 1010 | 837 | 928 | 769 | 865 | 716 | 675 | 559 | 62 |
| 63 | 1065 | 875 | 980 | 805 | 912 | 749 | 713 | 585 | 63 |
| 64 | 1120 | 914 | 1030 | 841 | 958 | 782 | 749 | 612 | 64 |
| Rate per Child | | | | | | | | | |
| <2 | 58 | 58 | 53 | 53 | 49 | 49 | 39 | 39 | |
| 2-17 | 58 | 58 | 53 | 53 | 49 | 49 | 39 | 39 | |
| 18+ | 91 | 91 | 83 | 83 | 77 | 77 | 62 | 62 | |

*For renewal only

For 2 or more insureds, deductible and stop-loss amounts are doubled.

For 2 insureds 10% discount;

For 3 insureds 5% discount;

No discount for 4 or more insureds.

STANDARD LIFE AND ACCIDENT INSURANCE COMPANY
MONTHLY GROSS PREMIUM RATES
SLA-C08H

Rates Effective 1/1/09

TOBACCO USER - PREFERRED

100/0 Co-Insurance

\$0 Stop Loss

| Age | 1500 | | 2000 | | 2500 | | 5000 | | Age |
|----------------|------|--------|------|--------|----------------|--------|------|--------|------|
| | Male | Female | Male | Female | Male | Female | Male | Female | |
| < 23 | 121 | 159 | 110 | 145 | 103 | 137 | 81 | 106 | < 23 |
| 23 | 122 | 165 | 113 | 152 | 104 | 142 | 82 | 110 | 23 |
| 24 | 124 | 171 | 114 | 156 | 106 | 145 | 82 | 114 | 24 |
| 25 | 125 | 177 | 114 | 163 | 107 | 152 | 83 | 118 | 25 |
| 26 | 127 | 184 | 116 | 169 | 108 | 156 | 84 | 122 | 26 |
| 27 | 129 | 189 | 118 | 174 | 109 | 162 | 86 | 127 | 27 |
| 28 | 133 | 192 | 122 | 177 | 114 | 165 | 89 | 130 | 28 |
| 29 | 137 | 198 | 127 | 181 | 118 | 169 | 92 | 131 | 29 |
| 30 | 142 | 202 | 130 | 186 | 122 | 174 | 94 | 136 | 30 |
| 31 | 145 | 208 | 134 | 190 | 125 | 177 | 98 | 137 | 31 |
| 32 | 151 | 212 | 140 | 195 | 130 | 181 | 102 | 142 | 32 |
| 33 | 157 | 222 | 145 | 204 | 134 | 190 | 105 | 149 | 33 |
| 34 | 164 | 232 | 151 | 213 | 141 | 199 | 109 | 155 | 34 |
| 35 | 169 | 243 | 156 | 223 | 145 | 208 | 114 | 163 | 35 |
| 36 | 177 | 254 | 162 | 232 | 151 | 216 | 118 | 169 | 36 |
| 37 | 184 | 263 | 168 | 242 | 156 | 225 | 122 | 176 | 37 |
| 38 | 195 | 273 | 178 | 251 | 166 | 235 | 130 | 184 | 38 |
| 39 | 207 | 284 | 190 | 260 | 177 | 243 | 137 | 190 | 39 |
| 40 | 219 | 294 | 201 | 271 | 188 | 251 | 145 | 197 | 40 |
| 41 | 232 | 304 | 212 | 279 | 198 | 260 | 154 | 202 | 41 |
| 42 | 243 | 314 | 224 | 290 | 209 | 270 | 163 | 210 | 42 |
| 43 | 263 | 326 | 242 | 299 | 225 | 279 | 176 | 218 | 43 |
| 44 | 281 | 338 | 259 | 308 | 242 | 287 | 189 | 225 | 44 |
| 45 | 302 | 348 | 278 | 319 | 258 | 298 | 201 | 232 | 45 |
| 46 | 320 | 360 | 294 | 329 | 274 | 307 | 215 | 239 | 46 |
| 47 | 341 | 372 | 313 | 341 | 292 | 318 | 227 | 247 | 47 |
| 48 | 367 | 389 | 339 | 358 | 315 | 334 | 247 | 260 | 48 |
| 49 | 396 | 408 | 365 | 375 | 340 | 349 | 265 | 273 | 49 |
| 50 | 424 | 427 | 389 | 392 | 363 | 365 | 283 | 285 | 50 |
| 51 | 451 | 446 | 414 | 410 | 387 | 381 | 302 | 298 | 51 |
| 52 | 480 | 464 | 441 | 427 | 410 | 398 | 320 | 311 | 52 |
| 53 | 516 | 488 | 475 | 448 | 443 | 416 | 345 | 326 | 53 |
| 54 | 553 | 510 | 508 | 469 | 474 | 436 | 369 | 341 | 54 |
| 55 | 591 | 532 | 542 | 491 | 506 | 456 | 395 | 356 | 55 |
| 56 | 626 | 556 | 577 | 510 | 537 | 475 | 420 | 372 | 56 |
| 57 | 664 | 578 | 611 | 531 | 569 | 495 | 444 | 387 | 57 |
| 58 | 710 | 612 | 652 | 562 | 608 | 522 | 475 | 409 | 58 |
| 59 | 756 | 645 | 695 | 592 | 648 | 552 | 506 | 430 | 59 |
| 60 | 804 | 676 | 737 | 623 | 687 | 579 | 538 | 451 | 60 |
| 61 | 850 | 709 | 781 | 651 | 727 | 607 | 569 | 475 | 61 |
| 62 | 896 | 742 | 823 | 682 | 767 | 635 | 599 | 496 | 62 |
| 63 | 945 | 776 | 869 | 714 | 809 | 664 | 632 | 519 | 63 |
| 64 | 993 | 811 | 914 | 746 | 850 | 694 | 664 | 543 | 64 |
| Rate per Child | | | | | Rate per Child | | | | |
| <2 | 58 | 58 | 53 | 53 | 49 | 49 | 39 | 39 | |
| 2-17 | 58 | 58 | 53 | 53 | 49 | 49 | 39 | 39 | |
| 18+ | 91 | 91 | 83 | 83 | 77 | 77 | 62 | 62 | |

*For renewal only

For 2 or more insureds, deductible and stop-loss amounts are doubled.

For 2 insureds 10% discount;

For 3 insureds 5% discount;

No discount for 4 or more insureds.

STANDARD LIFE AND ACCIDENT INSURANCE COMPANY
MONTHLY GROSS PREMIUM RATES
SLA-C08H
 Rates Effective 1/1/09
 TOBACCO NON-USER

100/0 Co-Insurance \$0 Stop Loss

| Age | 1500 | | 2000 | | 2500 | | 5000 | | Age |
|----------------|------|--------|------|--------|----------------|--------|------|--------|------|
| | Male | Female | Male | Female | Male | Female | Male | Female | |
| < 23 | 91 | 119 | 83 | 109 | 77 | 103 | 61 | 80 | < 23 |
| 23 | 91 | 124 | 85 | 114 | 78 | 107 | 61 | 83 | 23 |
| 24 | 93 | 129 | 85 | 117 | 80 | 109 | 62 | 86 | 24 |
| 25 | 94 | 133 | 86 | 123 | 81 | 114 | 63 | 89 | 25 |
| 26 | 95 | 138 | 87 | 127 | 81 | 117 | 63 | 92 | 26 |
| 27 | 97 | 142 | 89 | 131 | 82 | 122 | 65 | 95 | 27 |
| 28 | 100 | 145 | 91 | 133 | 85 | 124 | 67 | 97 | 28 |
| 29 | 103 | 149 | 95 | 136 | 89 | 127 | 69 | 99 | 29 |
| 30 | 107 | 152 | 98 | 140 | 91 | 131 | 71 | 102 | 30 |
| 31 | 109 | 157 | 101 | 143 | 94 | 133 | 73 | 103 | 31 |
| 32 | 113 | 159 | 105 | 147 | 97 | 136 | 77 | 107 | 32 |
| 33 | 118 | 167 | 109 | 153 | 101 | 143 | 79 | 112 | 33 |
| 34 | 123 | 175 | 113 | 160 | 106 | 149 | 82 | 117 | 34 |
| 35 | 127 | 183 | 117 | 167 | 109 | 157 | 85 | 123 | 35 |
| 36 | 133 | 191 | 122 | 175 | 113 | 163 | 89 | 127 | 36 |
| 37 | 138 | 197 | 126 | 182 | 117 | 169 | 92 | 132 | 37 |
| 38 | 147 | 205 | 134 | 189 | 125 | 177 | 97 | 138 | 38 |
| 39 | 155 | 213 | 143 | 195 | 133 | 183 | 103 | 143 | 39 |
| 40 | 165 | 221 | 151 | 203 | 141 | 189 | 109 | 148 | 40 |
| 41 | 174 | 229 | 159 | 210 | 149 | 195 | 116 | 152 | 41 |
| 42 | 183 | 236 | 168 | 218 | 157 | 203 | 123 | 158 | 42 |
| 43 | 197 | 245 | 182 | 225 | 169 | 209 | 132 | 164 | 43 |
| 44 | 211 | 254 | 195 | 231 | 182 | 215 | 142 | 169 | 44 |
| 45 | 227 | 261 | 209 | 240 | 194 | 224 | 151 | 175 | 45 |
| 46 | 241 | 271 | 221 | 247 | 206 | 231 | 161 | 180 | 46 |
| 47 | 256 | 279 | 235 | 256 | 219 | 239 | 171 | 186 | 47 |
| 48 | 276 | 293 | 255 | 269 | 237 | 251 | 185 | 195 | 48 |
| 49 | 298 | 307 | 274 | 282 | 255 | 262 | 199 | 205 | 49 |
| 50 | 319 | 321 | 292 | 295 | 273 | 275 | 213 | 214 | 50 |
| 51 | 339 | 336 | 311 | 308 | 291 | 287 | 227 | 224 | 51 |
| 52 | 361 | 349 | 331 | 321 | 308 | 299 | 241 | 234 | 52 |
| 53 | 388 | 367 | 357 | 337 | 333 | 313 | 259 | 245 | 53 |
| 54 | 416 | 384 | 382 | 353 | 356 | 327 | 277 | 256 | 54 |
| 55 | 444 | 400 | 408 | 369 | 380 | 343 | 297 | 267 | 55 |
| 56 | 471 | 418 | 434 | 384 | 404 | 358 | 316 | 279 | 56 |
| 57 | 500 | 435 | 460 | 400 | 428 | 372 | 334 | 291 | 57 |
| 58 | 534 | 460 | 490 | 423 | 457 | 393 | 357 | 307 | 58 |
| 59 | 568 | 485 | 522 | 445 | 487 | 415 | 380 | 323 | 59 |
| 60 | 604 | 508 | 554 | 468 | 516 | 436 | 404 | 340 | 60 |
| 61 | 639 | 533 | 587 | 490 | 547 | 456 | 428 | 357 | 61 |
| 62 | 674 | 558 | 619 | 513 | 577 | 478 | 450 | 373 | 62 |
| 63 | 710 | 584 | 654 | 537 | 608 | 500 | 476 | 390 | 63 |
| 64 | 747 | 610 | 687 | 561 | 639 | 522 | 500 | 408 | 64 |
| Rate per Child | | | | | Rate per Child | | | | |
| <2 | 58 | 58 | 53 | 53 | 49 | 49 | 39 | 39 | |
| 2-17 | 58 | 58 | 53 | 53 | 49 | 49 | 39 | 39 | |
| 18+ | 91 | 91 | 83 | 83 | 77 | 77 | 62 | 62 | |

*For renewal only

For 2 or more insureds, deductible and stop-loss amounts are doubled.
For 2 insureds 10% discount;
For 3 insureds 5% discount;
No discount for 4 or more insureds.

STANDARD LIFE AND ACCIDENT INSURANCE COMPANY
MONTHLY GROSS PREMIUM RATES
SLA-C08H
Rates Effective 1/1/09
PREFERRED

100/0 Co-Insurance \$0 Stop Loss

| Age | 1500 | | 2000 | | 2500 | | 5000 | | Age |
|----------------|------|--------|------|--------|----------------|--------|------|--------|------|
| | Male | Female | Male | Female | Male | Female | Male | Female | |
| < 23 | 77 | 101 | 70 | 93 | 66 | 87 | 52 | 68 | < 23 |
| 23 | 78 | 105 | 72 | 97 | 66 | 91 | 52 | 70 | 23 |
| 24 | 79 | 109 | 73 | 100 | 68 | 93 | 53 | 73 | 24 |
| 25 | 80 | 113 | 73 | 104 | 69 | 97 | 53 | 75 | 25 |
| 26 | 81 | 117 | 74 | 108 | 69 | 100 | 54 | 78 | 26 |
| 27 | 82 | 121 | 75 | 111 | 70 | 104 | 55 | 81 | 27 |
| 28 | 85 | 123 | 78 | 113 | 73 | 105 | 57 | 83 | 28 |
| 29 | 88 | 126 | 81 | 116 | 75 | 108 | 59 | 84 | 29 |
| 30 | 91 | 129 | 83 | 119 | 78 | 111 | 60 | 87 | 30 |
| 31 | 93 | 133 | 86 | 121 | 80 | 113 | 62 | 88 | 31 |
| 32 | 96 | 136 | 90 | 125 | 83 | 116 | 65 | 91 | 32 |
| 33 | 100 | 142 | 92 | 130 | 86 | 121 | 67 | 95 | 33 |
| 34 | 105 | 149 | 96 | 136 | 90 | 127 | 70 | 99 | 34 |
| 35 | 108 | 155 | 100 | 142 | 92 | 133 | 73 | 104 | 35 |
| 36 | 113 | 162 | 104 | 149 | 96 | 138 | 75 | 108 | 36 |
| 37 | 117 | 168 | 107 | 155 | 100 | 144 | 78 | 112 | 37 |
| 38 | 125 | 175 | 114 | 160 | 106 | 150 | 83 | 117 | 38 |
| 39 | 132 | 181 | 121 | 166 | 113 | 155 | 88 | 121 | 39 |
| 40 | 140 | 188 | 129 | 173 | 120 | 160 | 93 | 126 | 40 |
| 41 | 148 | 194 | 136 | 179 | 126 | 166 | 99 | 129 | 41 |
| 42 | 155 | 201 | 143 | 185 | 134 | 172 | 104 | 134 | 42 |
| 43 | 168 | 208 | 155 | 191 | 144 | 178 | 112 | 139 | 43 |
| 44 | 180 | 216 | 166 | 197 | 155 | 183 | 121 | 144 | 44 |
| 45 | 193 | 222 | 177 | 204 | 165 | 191 | 129 | 149 | 45 |
| 46 | 205 | 230 | 188 | 210 | 175 | 196 | 137 | 153 | 46 |
| 47 | 218 | 238 | 200 | 218 | 187 | 203 | 145 | 158 | 47 |
| 48 | 235 | 249 | 217 | 229 | 201 | 213 | 158 | 166 | 48 |
| 49 | 253 | 261 | 233 | 240 | 217 | 223 | 170 | 175 | 49 |
| 50 | 271 | 273 | 248 | 251 | 232 | 234 | 181 | 182 | 50 |
| 51 | 288 | 285 | 265 | 262 | 247 | 244 | 193 | 191 | 51 |
| 52 | 307 | 297 | 282 | 273 | 262 | 255 | 205 | 199 | 52 |
| 53 | 330 | 312 | 303 | 286 | 283 | 266 | 221 | 208 | 53 |
| 54 | 354 | 326 | 325 | 300 | 303 | 278 | 236 | 218 | 54 |
| 55 | 378 | 340 | 346 | 314 | 323 | 291 | 252 | 227 | 55 |
| 56 | 400 | 356 | 369 | 326 | 343 | 304 | 269 | 238 | 56 |
| 57 | 425 | 370 | 391 | 340 | 363 | 316 | 284 | 247 | 57 |
| 58 | 454 | 391 | 417 | 359 | 388 | 334 | 303 | 261 | 58 |
| 59 | 483 | 412 | 444 | 378 | 414 | 353 | 323 | 275 | 59 |
| 60 | 514 | 432 | 471 | 398 | 439 | 370 | 344 | 289 | 60 |
| 61 | 543 | 453 | 499 | 416 | 465 | 388 | 363 | 303 | 61 |
| 62 | 573 | 475 | 526 | 436 | 490 | 406 | 383 | 317 | 62 |
| 63 | 604 | 496 | 556 | 456 | 517 | 425 | 404 | 332 | 63 |
| 64 | 635 | 518 | 584 | 477 | 543 | 443 | 425 | 347 | 64 |
| Rate per Child | | | | | Rate per Child | | | | |
| <2 | 58 | 58 | 53 | 53 | 49 | 49 | 39 | 39 | |
| 2-17 | 58 | 58 | 53 | 53 | 49 | 49 | 39 | 39 | |
| 18+ | 91 | 91 | 83 | 83 | 77 | 77 | 62 | 62 | |

*For renewal only

For 2 or more insureds, deductible and stop-loss amounts are doubled.

For 2 insureds 10% discount;

For 3 insureds 5% discount;

No discount for 4 or more insureds.

STANDARD LIFE AND ACCIDENT INSURANCE COMPANY
MONTHLY GROSS PREMIUM RATES
SLA-C08H
 Rates Effective 1/1/09
TOBACCO USER

80/20 Co-Insurance \$10,000 Stop Loss

| Age | 1500 | | 2000 | | 2500 | | Age |
|----------------|------|--------|------|----------------|------|--------|------|
| | Male | Female | Male | Female | Male | Female | |
| < 23 | 118 | 156 | 108 | 143 | 101 | 134 | < 23 |
| 23 | 119 | 162 | 110 | 149 | 102 | 139 | 23 |
| 24 | 122 | 168 | 111 | 153 | 104 | 143 | 24 |
| 25 | 123 | 173 | 112 | 160 | 105 | 149 | 25 |
| 26 | 124 | 180 | 114 | 165 | 106 | 153 | 26 |
| 27 | 126 | 185 | 116 | 170 | 107 | 159 | 27 |
| 28 | 130 | 189 | 119 | 174 | 111 | 162 | 28 |
| 29 | 135 | 194 | 124 | 177 | 116 | 166 | 29 |
| 30 | 139 | 198 | 128 | 183 | 119 | 170 | 30 |
| 31 | 143 | 204 | 131 | 186 | 123 | 173 | 31 |
| 32 | 148 | 208 | 137 | 191 | 127 | 177 | 32 |
| 33 | 154 | 217 | 142 | 200 | 131 | 186 | 33 |
| 34 | 161 | 228 | 148 | 209 | 138 | 195 | 34 |
| 35 | 166 | 238 | 153 | 218 | 142 | 204 | 35 |
| 36 | 173 | 249 | 159 | 228 | 148 | 212 | 36 |
| 37 | 180 | 257 | 164 | 237 | 153 | 221 | 37 |
| 38 | 191 | 268 | 175 | 246 | 163 | 230 | 38 |
| 39 | 203 | 278 | 186 | 255 | 173 | 238 | 39 |
| 40 | 215 | 288 | 197 | 265 | 184 | 246 | 40 |
| 41 | 227 | 298 | 208 | 274 | 194 | 255 | 41 |
| 42 | 238 | 308 | 219 | 284 | 205 | 264 | 42 |
| 43 | 257 | 319 | 237 | 293 | 221 | 273 | 43 |
| 44 | 276 | 331 | 254 | 302 | 237 | 281 | 44 |
| 45 | 296 | 341 | 272 | 313 | 253 | 292 | 45 |
| 46 | 314 | 353 | 289 | 323 | 269 | 301 | 46 |
| 47 | 334 | 364 | 307 | 334 | 286 | 311 | 47 |
| 48 | 360 | 382 | 332 | 351 | 309 | 327 | 48 |
| 49 | 389 | 400 | 357 | 368 | 333 | 342 | 49 |
| 50 | 416 | 418 | 381 | 384 | 356 | 358 | 50 |
| 51 | 442 | 437 | 406 | 402 | 379 | 374 | 51 |
| 52 | 470 | 455 | 432 | 418 | 402 | 390 | 52 |
| 53 | 506 | 478 | 465 | 439 | 434 | 408 | 53 |
| 54 | 543 | 500 | 498 | 460 | 464 | 427 | 54 |
| 55 | 579 | 522 | 531 | 481 | 496 | 447 | 55 |
| 56 | 614 | 545 | 565 | 500 | 526 | 466 | 56 |
| 57 | 651 | 567 | 599 | 521 | 557 | 485 | 57 |
| 58 | 696 | 600 | 639 | 551 | 596 | 512 | 58 |
| 59 | 741 | 632 | 681 | 580 | 635 | 541 | 59 |
| 60 | 788 | 663 | 723 | 610 | 673 | 568 | 60 |
| 61 | 833 | 695 | 765 | 638 | 713 | 595 | 61 |
| 62 | 878 | 728 | 807 | 669 | 752 | 623 | 62 |
| 63 | 926 | 761 | 852 | 700 | 793 | 651 | 63 |
| 64 | 974 | 795 | 896 | 731 | 833 | 680 | 64 |
| Rate per Child | | | | Rate per Child | | | |
| <2 | 50 | 50 | 46 | 46 | 43 | 43 | |
| 2-17 | 50 | 50 | 46 | 46 | 43 | 43 | |
| 18+ | 79 | 79 | 72 | 72 | 67 | 67 | |

*For renewal only

For 2 or more insureds, deductible and stop-loss amounts are doubled.

For 2 insureds 10% discount;

For 3 insureds 5% discount;

No discount for 4 or more insureds.

STANDARD LIFE AND ACCIDENT INSURANCE COMPANY
MONTHLY GROSS PREMIUM RATES
SLA-C08H

Rates Effective 1/1/09

TOBACCO USER - PREFERRED

80/20 Co-Insurance

\$10,000 Stop Loss

| Age | 1500 | | 2000 | | 2500 | | Age |
|----------------|------|----------------|------|--------|------|--------|------|
| | Male | Female | Male | Female | Male | Female | |
| < 23 | 105 | 138 | 96 | 127 | 90 | 119 | < 23 |
| 23 | 106 | 144 | 98 | 132 | 90 | 123 | 23 |
| 24 | 108 | 149 | 98 | 136 | 92 | 127 | 24 |
| 25 | 109 | 153 | 99 | 142 | 93 | 132 | 25 |
| 26 | 110 | 160 | 101 | 146 | 94 | 136 | 26 |
| 27 | 112 | 164 | 103 | 151 | 95 | 141 | 27 |
| 28 | 115 | 168 | 106 | 154 | 98 | 144 | 28 |
| 29 | 120 | 172 | 110 | 157 | 103 | 147 | 29 |
| 30 | 123 | 176 | 114 | 162 | 106 | 151 | 30 |
| 31 | 127 | 181 | 116 | 165 | 109 | 153 | 31 |
| 32 | 131 | 184 | 122 | 169 | 113 | 157 | 32 |
| 33 | 137 | 192 | 126 | 177 | 116 | 165 | 33 |
| 34 | 143 | 202 | 131 | 185 | 122 | 173 | 34 |
| 35 | 147 | 211 | 136 | 193 | 126 | 181 | 35 |
| 36 | 153 | 221 | 141 | 202 | 131 | 188 | 36 |
| 37 | 160 | 228 | 145 | 210 | 136 | 196 | 37 |
| 38 | 169 | 238 | 155 | 218 | 145 | 204 | 38 |
| 39 | 180 | 247 | 165 | 226 | 153 | 211 | 39 |
| 40 | 191 | 255 | 175 | 235 | 163 | 218 | 40 |
| 41 | 201 | 264 | 184 | 243 | 172 | 226 | 41 |
| 42 | 211 | 273 | 194 | 252 | 182 | 234 | 42 |
| 43 | 228 | 283 | 210 | 260 | 196 | 242 | 43 |
| 44 | 245 | 294 | 225 | 268 | 210 | 249 | 44 |
| 45 | 263 | 302 | 241 | 278 | 224 | 259 | 45 |
| 46 | 279 | 313 | 256 | 287 | 239 | 267 | 46 |
| 47 | 296 | 323 | 272 | 296 | 254 | 276 | 47 |
| 48 | 319 | 339 | 294 | 311 | 274 | 290 | 48 |
| 49 | 345 | 355 | 317 | 326 | 295 | 303 | 49 |
| 50 | 369 | 371 | 338 | 341 | 316 | 318 | 50 |
| 51 | 392 | 388 | 360 | 357 | 336 | 332 | 51 |
| 52 | 417 | 404 | 383 | 371 | 357 | 346 | 52 |
| 53 | 449 | 424 | 412 | 389 | 385 | 362 | 53 |
| 54 | 482 | 444 | 442 | 408 | 412 | 379 | 54 |
| 55 | 514 | 463 | 471 | 427 | 440 | 396 | 55 |
| 56 | 545 | 483 | 501 | 444 | 467 | 413 | 56 |
| 57 | 577 | 503 | 531 | 462 | 494 | 430 | 57 |
| 58 | 617 | 532 | 567 | 489 | 529 | 454 | 58 |
| 59 | 657 | 561 | 604 | 514 | 563 | 480 | 59 |
| 60 | 699 | 588 | 641 | 541 | 597 | 504 | 60 |
| 61 | 739 | 616 | 679 | 566 | 632 | 528 | 61 |
| 62 | 779 | 646 | 716 | 593 | 667 | 553 | 62 |
| 63 | 821 | 675 | 756 | 621 | 703 | 577 | 63 |
| 64 | 864 | 705 | 795 | 648 | 739 | 603 | 64 |
| Rate per Child | | Rate per Child | | | | | |
| <2 | 50 | 50 | 46 | 46 | 43 | 43 | |
| 2-17 | 50 | 50 | 46 | 46 | 43 | 43 | |
| 18+ | 79 | 79 | 72 | 72 | 67 | 67 | |

*For renewal only

For 2 or more insureds, deductible and stop-loss amounts are doubled.

For 2 insureds 10% discount;

For 3 insureds 5% discount;

No discount for 4 or more insureds.

STANDARD LIFE AND ACCIDENT INSURANCE COMPANY
MONTHLY GROSS PREMIUM RATES
SLA-C08H
 Rates Effective 1/1/09
 TOBACCO NON-USER

80/20 Co-Insurance \$10,000 Stop Loss

| Age | 1500 | | 2000 | | 2500 | | Age |
|----------------|------|--------|------|----------------|------|--------|------|
| | Male | Female | Male | Female | Male | Female | |
| < 23 | 79 | 104 | 72 | 95 | 67 | 89 | < 23 |
| 23 | 79 | 108 | 73 | 99 | 68 | 93 | 23 |
| 24 | 81 | 112 | 74 | 102 | 69 | 95 | 24 |
| 25 | 82 | 115 | 75 | 107 | 70 | 99 | 25 |
| 26 | 83 | 120 | 76 | 110 | 71 | 102 | 26 |
| 27 | 84 | 123 | 77 | 113 | 71 | 106 | 27 |
| 28 | 87 | 126 | 79 | 116 | 74 | 108 | 28 |
| 29 | 90 | 129 | 83 | 118 | 77 | 111 | 29 |
| 30 | 93 | 132 | 85 | 122 | 79 | 113 | 30 |
| 31 | 95 | 136 | 87 | 124 | 82 | 115 | 31 |
| 32 | 99 | 139 | 91 | 127 | 85 | 118 | 32 |
| 33 | 103 | 145 | 95 | 133 | 87 | 124 | 33 |
| 34 | 107 | 152 | 99 | 139 | 92 | 130 | 34 |
| 35 | 111 | 159 | 102 | 145 | 95 | 136 | 35 |
| 36 | 115 | 166 | 106 | 152 | 99 | 141 | 36 |
| 37 | 120 | 171 | 109 | 158 | 102 | 147 | 37 |
| 38 | 127 | 179 | 117 | 164 | 109 | 153 | 38 |
| 39 | 135 | 185 | 124 | 170 | 115 | 159 | 39 |
| 40 | 143 | 192 | 131 | 177 | 123 | 164 | 40 |
| 41 | 151 | 199 | 139 | 183 | 129 | 170 | 41 |
| 42 | 159 | 205 | 146 | 189 | 137 | 176 | 42 |
| 43 | 171 | 213 | 158 | 195 | 147 | 182 | 43 |
| 44 | 184 | 221 | 169 | 201 | 158 | 187 | 44 |
| 45 | 197 | 227 | 181 | 209 | 169 | 195 | 45 |
| 46 | 209 | 235 | 193 | 215 | 179 | 201 | 46 |
| 47 | 223 | 243 | 205 | 223 | 191 | 207 | 47 |
| 48 | 240 | 255 | 221 | 234 | 206 | 218 | 48 |
| 49 | 259 | 267 | 238 | 245 | 222 | 228 | 49 |
| 50 | 277 | 279 | 254 | 256 | 237 | 239 | 50 |
| 51 | 295 | 291 | 271 | 268 | 253 | 249 | 51 |
| 52 | 313 | 303 | 288 | 279 | 268 | 260 | 52 |
| 53 | 338 | 319 | 310 | 293 | 289 | 272 | 53 |
| 54 | 362 | 334 | 332 | 307 | 309 | 285 | 54 |
| 55 | 386 | 348 | 354 | 321 | 331 | 298 | 55 |
| 56 | 410 | 364 | 377 | 334 | 351 | 311 | 56 |
| 57 | 434 | 378 | 400 | 348 | 372 | 323 | 57 |
| 58 | 464 | 400 | 426 | 368 | 398 | 342 | 58 |
| 59 | 494 | 422 | 454 | 387 | 424 | 361 | 59 |
| 60 | 526 | 442 | 482 | 407 | 449 | 379 | 60 |
| 61 | 556 | 464 | 510 | 426 | 476 | 397 | 61 |
| 62 | 586 | 486 | 538 | 446 | 502 | 416 | 62 |
| 63 | 618 | 508 | 568 | 467 | 529 | 434 | 63 |
| 64 | 650 | 530 | 598 | 488 | 556 | 454 | 64 |
| Rate per Child | | | | Rate per Child | | | |
| <2 | 50 | 50 | 46 | 46 | 43 | 43 | |
| 2-17 | 50 | 50 | 46 | 46 | 43 | 43 | |
| 18+ | 79 | 79 | 72 | 72 | 67 | 67 | |

*For renewal only

For 2 or more insureds, deductible and stop-loss amounts are doubled.

For 2 insureds 10% discount;

For 3 insureds 5% discount;

No discount for 4 or more insureds.

STANDARD LIFE AND ACCIDENT INSURANCE COMPANY
MONTHLY GROSS PREMIUM RATES
SLA-C08H
Rates Effective 1/1/09
PREFERRED

80/20 Co-Insurance \$10,000 Stop Loss

| Age | 1500 | | 2000 | | 2500 | | Age |
|--|------|--------|------|--------|------|--------|------|
| | Male | Female | Male | Female | Male | Female | |
| < 23 | 67 | 88 | 61 | 81 | 57 | 76 | < 23 |
| 23 | 67 | 92 | 62 | 84 | 58 | 79 | 23 |
| 24 | 69 | 95 | 63 | 87 | 59 | 81 | 24 |
| 25 | 70 | 98 | 64 | 91 | 60 | 84 | 25 |
| 26 | 70 | 102 | 65 | 94 | 60 | 87 | 26 |
| 27 | 71 | 105 | 66 | 96 | 61 | 90 | 27 |
| 28 | 74 | 107 | 67 | 99 | 63 | 92 | 28 |
| 29 | 77 | 110 | 70 | 100 | 66 | 94 | 29 |
| 30 | 79 | 112 | 73 | 104 | 67 | 96 | 30 |
| 31 | 81 | 116 | 74 | 105 | 70 | 98 | 31 |
| 32 | 84 | 118 | 78 | 108 | 72 | 100 | 32 |
| 33 | 87 | 123 | 81 | 113 | 74 | 105 | 33 |
| 34 | 91 | 129 | 84 | 119 | 78 | 111 | 34 |
| 35 | 94 | 135 | 87 | 124 | 81 | 116 | 35 |
| 36 | 98 | 141 | 90 | 129 | 84 | 120 | 36 |
| 37 | 102 | 146 | 93 | 134 | 87 | 125 | 37 |
| 38 | 108 | 152 | 99 | 139 | 92 | 130 | 38 |
| 39 | 115 | 158 | 105 | 145 | 98 | 135 | 39 |
| 40 | 122 | 163 | 112 | 150 | 104 | 139 | 40 |
| 41 | 129 | 169 | 118 | 155 | 110 | 145 | 41 |
| 42 | 135 | 175 | 124 | 161 | 116 | 150 | 42 |
| 43 | 146 | 181 | 134 | 166 | 125 | 155 | 43 |
| 44 | 156 | 188 | 144 | 171 | 134 | 159 | 44 |
| 45 | 168 | 193 | 154 | 177 | 143 | 166 | 45 |
| 46 | 178 | 200 | 164 | 183 | 153 | 171 | 46 |
| 47 | 189 | 206 | 174 | 189 | 162 | 176 | 47 |
| 48 | 204 | 217 | 188 | 199 | 175 | 185 | 48 |
| 49 | 221 | 227 | 202 | 209 | 189 | 194 | 49 |
| 50 | 236 | 237 | 216 | 218 | 202 | 203 | 50 |
| 51 | 251 | 248 | 230 | 228 | 215 | 212 | 51 |
| 52 | 266 | 258 | 245 | 237 | 228 | 221 | 52 |
| 53 | 287 | 271 | 264 | 249 | 246 | 231 | 53 |
| 54 | 308 | 284 | 282 | 261 | 263 | 242 | 54 |
| 55 | 328 | 296 | 301 | 273 | 281 | 253 | 55 |
| 56 | 348 | 309 | 320 | 284 | 298 | 264 | 56 |
| 57 | 369 | 321 | 340 | 295 | 316 | 275 | 57 |
| 58 | 395 | 340 | 362 | 312 | 338 | 290 | 58 |
| 59 | 420 | 358 | 386 | 329 | 360 | 307 | 59 |
| 60 | 447 | 376 | 410 | 346 | 382 | 322 | 60 |
| 61 | 472 | 394 | 434 | 362 | 404 | 337 | 61 |
| 62 | 498 | 413 | 458 | 379 | 426 | 353 | 62 |
| 63 | 525 | 431 | 483 | 397 | 450 | 369 | 63 |
| 64 | 552 | 451 | 508 | 414 | 472 | 386 | 64 |
| Rate per Child Rate per Child | | | | | | | |
| <2 | 50 | 50 | 46 | 46 | 43 | 43 | |
| 2-17 | 50 | 50 | 46 | 46 | 43 | 43 | |
| 18+ | 79 | 79 | 72 | 72 | 67 | 67 | |
| *For renewal only | | | | | | | |

For 2 or more insureds, deductible and stop-loss amounts are doubled.

For 2 insureds 10% discount;

For 3 insureds 5% discount;

No discount for 4 or more insureds.

STANDARD LIFE AND ACCIDENT INSURANCE COMPANY
MONTHLY GROSS PREMIUM RATES
SLA-C08H
 Rates Effective 1/1/09
TOBACCO USER

50/50 Co-Insurance \$5,000 Stop Loss

| Age | 1500 | | 2000 | | 2500 | | Age |
|----------------|------|--------|------|----------------|------|--------|------|
| | Male | Female | Male | Female | Male | Female | |
| < 23 | 109 | 144 | 99 | 132 | 93 | 123 | < 23 |
| 23 | 109 | 149 | 101 | 137 | 94 | 128 | 23 |
| 24 | 112 | 155 | 102 | 141 | 96 | 132 | 24 |
| 25 | 113 | 159 | 103 | 147 | 97 | 137 | 25 |
| 26 | 114 | 166 | 105 | 152 | 98 | 141 | 26 |
| 27 | 116 | 170 | 107 | 156 | 98 | 146 | 27 |
| 28 | 120 | 174 | 109 | 160 | 102 | 149 | 28 |
| 29 | 124 | 178 | 114 | 163 | 107 | 153 | 29 |
| 30 | 128 | 182 | 118 | 168 | 109 | 156 | 30 |
| 31 | 132 | 188 | 121 | 171 | 113 | 159 | 31 |
| 32 | 136 | 191 | 126 | 176 | 117 | 163 | 32 |
| 33 | 142 | 200 | 131 | 184 | 121 | 171 | 33 |
| 34 | 148 | 210 | 136 | 192 | 127 | 179 | 34 |
| 35 | 153 | 219 | 141 | 201 | 131 | 188 | 35 |
| 36 | 159 | 229 | 146 | 210 | 136 | 195 | 36 |
| 37 | 166 | 236 | 151 | 218 | 141 | 203 | 37 |
| 38 | 176 | 247 | 161 | 226 | 150 | 212 | 38 |
| 39 | 187 | 256 | 171 | 235 | 159 | 219 | 39 |
| 40 | 198 | 265 | 181 | 244 | 169 | 226 | 40 |
| 41 | 209 | 274 | 191 | 252 | 178 | 235 | 41 |
| 42 | 219 | 283 | 201 | 261 | 189 | 243 | 42 |
| 43 | 236 | 293 | 218 | 270 | 203 | 251 | 43 |
| 44 | 254 | 305 | 234 | 278 | 218 | 259 | 44 |
| 45 | 272 | 314 | 250 | 288 | 233 | 269 | 45 |
| 46 | 289 | 325 | 266 | 297 | 247 | 277 | 46 |
| 47 | 307 | 335 | 282 | 307 | 263 | 286 | 47 |
| 48 | 331 | 351 | 305 | 323 | 284 | 301 | 48 |
| 49 | 358 | 368 | 328 | 339 | 306 | 315 | 49 |
| 50 | 383 | 385 | 351 | 353 | 328 | 329 | 50 |
| 51 | 407 | 402 | 374 | 370 | 349 | 344 | 51 |
| 52 | 432 | 419 | 397 | 385 | 370 | 359 | 52 |
| 53 | 466 | 440 | 428 | 404 | 399 | 375 | 53 |
| 54 | 500 | 460 | 458 | 423 | 427 | 393 | 54 |
| 55 | 533 | 480 | 489 | 443 | 456 | 411 | 55 |
| 56 | 565 | 501 | 520 | 460 | 484 | 429 | 56 |
| 57 | 599 | 522 | 551 | 479 | 512 | 446 | 57 |
| 58 | 640 | 552 | 588 | 507 | 548 | 471 | 58 |
| 59 | 682 | 581 | 627 | 534 | 584 | 498 | 59 |
| 60 | 725 | 610 | 665 | 561 | 619 | 523 | 60 |
| 61 | 766 | 639 | 704 | 587 | 656 | 547 | 61 |
| 62 | 808 | 670 | 742 | 615 | 692 | 573 | 62 |
| 63 | 852 | 700 | 784 | 644 | 730 | 599 | 63 |
| 64 | 896 | 731 | 824 | 673 | 766 | 626 | 64 |
| Rate per Child | | | | Rate per Child | | | |
| <2 | 46 | 46 | 42 | 42 | 40 | 40 | |
| 2-17 | 46 | 46 | 42 | 42 | 40 | 40 | |
| 18+ | 73 | 73 | 66 | 66 | 62 | 62 | |

*For renewal only

For 2 or more insureds, deductible and stop-loss amounts are doubled.

For 2 insureds 10% discount;

For 3 insureds 5% discount;

No discount for 4 or more insureds.

STANDARD LIFE AND ACCIDENT INSURANCE COMPANY
MONTHLY GROSS PREMIUM RATES
SLA-C08H

Rates Effective 1/1/09

TOBACCO USER - PREFERRED

50/50 Co-Insurance

\$5,000 Stop Loss

| Age | 1500 | | 2000 | | 2500 | | Age |
|----------------|------|----------------|------|--------|------|--------|------|
| | Male | Female | Male | Female | Male | Female | |
| < 23 | 97 | 128 | 88 | 117 | 82 | 109 | < 23 |
| 23 | 97 | 132 | 90 | 122 | 83 | 114 | 23 |
| 24 | 99 | 137 | 90 | 125 | 85 | 117 | 24 |
| 25 | 100 | 141 | 91 | 130 | 86 | 122 | 25 |
| 26 | 101 | 147 | 93 | 135 | 87 | 125 | 26 |
| 27 | 103 | 151 | 95 | 138 | 87 | 130 | 27 |
| 28 | 106 | 154 | 97 | 142 | 90 | 132 | 28 |
| 29 | 110 | 158 | 101 | 145 | 95 | 136 | 29 |
| 30 | 114 | 161 | 105 | 149 | 97 | 138 | 30 |
| 31 | 117 | 167 | 107 | 152 | 100 | 141 | 31 |
| 32 | 121 | 169 | 112 | 156 | 104 | 145 | 32 |
| 33 | 126 | 177 | 116 | 163 | 107 | 152 | 33 |
| 34 | 131 | 186 | 121 | 170 | 113 | 159 | 34 |
| 35 | 136 | 194 | 125 | 178 | 116 | 167 | 35 |
| 36 | 141 | 203 | 130 | 186 | 121 | 173 | 36 |
| 37 | 147 | 209 | 134 | 193 | 125 | 180 | 37 |
| 38 | 156 | 219 | 143 | 200 | 133 | 188 | 38 |
| 39 | 166 | 227 | 152 | 208 | 141 | 194 | 39 |
| 40 | 176 | 235 | 161 | 216 | 150 | 200 | 40 |
| 41 | 185 | 243 | 169 | 224 | 158 | 208 | 41 |
| 42 | 194 | 251 | 178 | 232 | 168 | 216 | 42 |
| 43 | 209 | 260 | 193 | 239 | 180 | 223 | 43 |
| 44 | 225 | 271 | 208 | 247 | 193 | 230 | 44 |
| 45 | 241 | 279 | 222 | 255 | 207 | 239 | 45 |
| 46 | 256 | 288 | 236 | 263 | 219 | 246 | 46 |
| 47 | 272 | 297 | 250 | 272 | 233 | 254 | 47 |
| 48 | 294 | 311 | 271 | 287 | 252 | 267 | 48 |
| 49 | 318 | 326 | 291 | 301 | 271 | 279 | 49 |
| 50 | 340 | 341 | 311 | 313 | 291 | 292 | 50 |
| 51 | 361 | 357 | 332 | 328 | 310 | 305 | 51 |
| 52 | 383 | 372 | 352 | 341 | 328 | 318 | 52 |
| 53 | 413 | 390 | 380 | 358 | 354 | 333 | 53 |
| 54 | 444 | 408 | 406 | 375 | 379 | 349 | 54 |
| 55 | 473 | 426 | 434 | 393 | 404 | 365 | 55 |
| 56 | 501 | 444 | 461 | 408 | 429 | 381 | 56 |
| 57 | 531 | 463 | 489 | 425 | 454 | 396 | 57 |
| 58 | 568 | 490 | 522 | 450 | 486 | 418 | 58 |
| 59 | 605 | 515 | 556 | 474 | 518 | 442 | 59 |
| 60 | 643 | 541 | 590 | 498 | 549 | 464 | 60 |
| 61 | 679 | 567 | 624 | 521 | 582 | 485 | 61 |
| 62 | 717 | 594 | 658 | 546 | 614 | 508 | 62 |
| 63 | 756 | 621 | 695 | 571 | 648 | 531 | 63 |
| 64 | 795 | 648 | 731 | 597 | 679 | 555 | 64 |
| Rate per Child | | Rate per Child | | | | | |
| <2 | 46 | 46 | 42 | 42 | 40 | 40 | |
| 2-17 | 46 | 46 | 42 | 42 | 40 | 40 | |
| 18+ | 73 | 73 | 66 | 66 | 62 | 62 | |

*For renewal only

For 2 or more insureds, deductible and stop-loss amounts are doubled.

For 2 insureds 10% discount;

For 3 insureds 5% discount;

No discount for 4 or more insureds.

STANDARD LIFE AND ACCIDENT INSURANCE COMPANY
MONTHLY GROSS PREMIUM RATES
SLA-C08H
 Rates Effective 1/1/09
 TOBACCO NON-USER

50/50 Co-Insurance \$5,000 Stop Loss

| Age | 1500 | | 2000 | | 2500 | | Age |
|----------------|------|--------|------|----------------|------|--------|------|
| | Male | Female | Male | Female | Male | Female | |
| < 23 | 73 | 96 | 66 | 88 | 62 | 82 | < 23 |
| 23 | 73 | 99 | 67 | 91 | 63 | 85 | 23 |
| 24 | 75 | 103 | 68 | 94 | 64 | 88 | 24 |
| 25 | 75 | 106 | 69 | 98 | 65 | 91 | 25 |
| 26 | 76 | 111 | 70 | 101 | 65 | 94 | 26 |
| 27 | 77 | 113 | 71 | 104 | 65 | 97 | 27 |
| 28 | 80 | 116 | 73 | 107 | 68 | 99 | 28 |
| 29 | 83 | 119 | 76 | 109 | 71 | 102 | 29 |
| 30 | 85 | 121 | 79 | 112 | 73 | 104 | 30 |
| 31 | 88 | 125 | 81 | 114 | 75 | 106 | 31 |
| 32 | 91 | 127 | 84 | 117 | 78 | 109 | 32 |
| 33 | 95 | 133 | 87 | 123 | 81 | 114 | 33 |
| 34 | 99 | 140 | 91 | 128 | 85 | 119 | 34 |
| 35 | 102 | 146 | 94 | 134 | 87 | 125 | 35 |
| 36 | 106 | 153 | 97 | 140 | 91 | 130 | 36 |
| 37 | 111 | 157 | 101 | 145 | 94 | 135 | 37 |
| 38 | 117 | 165 | 107 | 151 | 100 | 141 | 38 |
| 39 | 125 | 171 | 114 | 157 | 106 | 146 | 39 |
| 40 | 132 | 177 | 121 | 163 | 113 | 151 | 40 |
| 41 | 139 | 183 | 127 | 168 | 119 | 157 | 41 |
| 42 | 146 | 189 | 134 | 174 | 126 | 162 | 42 |
| 43 | 157 | 195 | 145 | 180 | 135 | 167 | 43 |
| 44 | 169 | 203 | 156 | 185 | 145 | 173 | 44 |
| 45 | 181 | 209 | 167 | 192 | 155 | 179 | 45 |
| 46 | 193 | 217 | 177 | 198 | 165 | 185 | 46 |
| 47 | 205 | 223 | 188 | 205 | 175 | 191 | 47 |
| 48 | 221 | 234 | 203 | 215 | 189 | 201 | 48 |
| 49 | 239 | 245 | 219 | 226 | 204 | 210 | 49 |
| 50 | 255 | 257 | 234 | 235 | 219 | 219 | 50 |
| 51 | 271 | 268 | 249 | 247 | 233 | 229 | 51 |
| 52 | 288 | 279 | 265 | 257 | 247 | 239 | 52 |
| 53 | 311 | 293 | 285 | 269 | 266 | 250 | 53 |
| 54 | 334 | 307 | 305 | 282 | 285 | 262 | 54 |
| 55 | 356 | 320 | 326 | 295 | 304 | 274 | 55 |
| 56 | 377 | 334 | 347 | 307 | 323 | 286 | 56 |
| 57 | 400 | 348 | 368 | 319 | 342 | 297 | 57 |
| 58 | 427 | 368 | 392 | 338 | 366 | 314 | 58 |
| 59 | 455 | 388 | 418 | 356 | 390 | 332 | 59 |
| 60 | 484 | 407 | 444 | 374 | 413 | 349 | 60 |
| 61 | 511 | 426 | 470 | 392 | 438 | 365 | 61 |
| 62 | 539 | 447 | 495 | 410 | 462 | 382 | 62 |
| 63 | 568 | 467 | 523 | 430 | 487 | 400 | 63 |
| 64 | 598 | 488 | 550 | 449 | 511 | 418 | 64 |
| Rate per Child | | | | Rate per Child | | | |
| <2 | 46 | 46 | 42 | 42 | 40 | 40 | |
| 2-17 | 46 | 46 | 42 | 42 | 40 | 40 | |
| 18+ | 73 | 73 | 66 | 66 | 62 | 62 | |

*For renewal only

For 2 or more insureds, deductible and stop-loss amounts are doubled.

For 2 insureds 10% discount;

For 3 insureds 5% discount;

No discount for 4 or more insureds.

STANDARD LIFE AND ACCIDENT INSURANCE COMPANY
MONTHLY GROSS PREMIUM RATES
SLA-C08H
Rates Effective 1/1/09
PREFERRED

50/50 Co-Insurance \$5,000 Stop Loss

| Age | 1500 | | 2000 | | 2500 | | Age |
|-------------------|------|----------------|------|--------|------|--------|------|
| | Male | Female | Male | Female | Male | Female | |
| < 23 | 62 | 82 | 56 | 75 | 53 | 70 | < 23 |
| 23 | 62 | 84 | 57 | 78 | 53 | 73 | 23 |
| 24 | 64 | 88 | 58 | 80 | 54 | 75 | 24 |
| 25 | 64 | 90 | 58 | 83 | 55 | 78 | 25 |
| 26 | 65 | 94 | 60 | 86 | 56 | 80 | 26 |
| 27 | 66 | 96 | 61 | 88 | 56 | 83 | 27 |
| 28 | 68 | 99 | 62 | 91 | 58 | 84 | 28 |
| 29 | 70 | 101 | 65 | 92 | 61 | 87 | 29 |
| 30 | 73 | 103 | 67 | 95 | 62 | 88 | 30 |
| 31 | 75 | 107 | 69 | 97 | 64 | 90 | 31 |
| 32 | 77 | 108 | 71 | 100 | 66 | 92 | 32 |
| 33 | 81 | 113 | 74 | 104 | 69 | 97 | 33 |
| 34 | 84 | 119 | 77 | 109 | 72 | 101 | 34 |
| 35 | 87 | 124 | 80 | 114 | 74 | 107 | 35 |
| 36 | 90 | 130 | 83 | 119 | 77 | 111 | 36 |
| 37 | 94 | 134 | 86 | 124 | 80 | 115 | 37 |
| 38 | 100 | 140 | 91 | 128 | 85 | 120 | 38 |
| 39 | 106 | 145 | 97 | 133 | 90 | 124 | 39 |
| 40 | 112 | 150 | 103 | 138 | 96 | 128 | 40 |
| 41 | 119 | 155 | 108 | 143 | 101 | 133 | 41 |
| 42 | 124 | 160 | 114 | 148 | 107 | 138 | 42 |
| 43 | 134 | 166 | 124 | 153 | 115 | 142 | 43 |
| 44 | 144 | 173 | 133 | 158 | 124 | 147 | 44 |
| 45 | 154 | 178 | 142 | 163 | 132 | 153 | 45 |
| 46 | 164 | 184 | 151 | 168 | 140 | 157 | 46 |
| 47 | 174 | 190 | 160 | 174 | 149 | 162 | 47 |
| 48 | 188 | 199 | 173 | 183 | 161 | 171 | 48 |
| 49 | 203 | 209 | 186 | 192 | 174 | 179 | 49 |
| 50 | 217 | 218 | 199 | 200 | 186 | 187 | 50 |
| 51 | 231 | 228 | 212 | 210 | 198 | 195 | 51 |
| 52 | 245 | 238 | 225 | 218 | 210 | 204 | 52 |
| 53 | 264 | 249 | 243 | 229 | 226 | 213 | 53 |
| 54 | 284 | 261 | 260 | 240 | 242 | 223 | 54 |
| 55 | 302 | 272 | 277 | 251 | 259 | 233 | 55 |
| 56 | 320 | 284 | 295 | 261 | 274 | 243 | 56 |
| 57 | 340 | 296 | 312 | 272 | 290 | 253 | 57 |
| 58 | 363 | 313 | 333 | 287 | 311 | 267 | 58 |
| 59 | 387 | 329 | 356 | 303 | 331 | 282 | 59 |
| 60 | 411 | 346 | 377 | 318 | 351 | 297 | 60 |
| 61 | 434 | 362 | 399 | 333 | 372 | 310 | 61 |
| 62 | 458 | 380 | 421 | 349 | 392 | 325 | 62 |
| 63 | 483 | 397 | 445 | 365 | 414 | 340 | 63 |
| 64 | 508 | 414 | 467 | 382 | 434 | 355 | 64 |
| Rate per Child | | Rate per Child | | | | | |
| <2 | 46 | 46 | 42 | 42 | 40 | 40 | |
| 2-17 | 46 | 46 | 42 | 42 | 40 | 40 | |
| 18+ | 73 | 73 | 66 | 66 | 62 | 62 | |
| *For renewal only | | | | | | | |

For 2 or more insureds, deductible and stop-loss amounts are doubled.

For 2 insureds 10% discount;

For 3 insureds 5% discount;

No discount for 4 or more insureds.

This document was created with Win2PDF available at <http://www.win2pdf.com>.
The unregistered version of Win2PDF is for evaluation or non-commercial use only.
This page will not be added after purchasing Win2PDF.

STANDARD LIFE AND ACCIDENT INSURANCE COMPANY
 MONTHLY GROSS PREMIUM RATES
SLA-C08
 Rates Effective 1/1/09

OPTIONAL COVERAGES & INFORMATION:

| | |
|---------------------------------|------|
| 2 Million Per condition maximum | 4.00 |
|---------------------------------|------|

Accident Expense Benefit Rider

Annual Gross Premiums

| Benefit | Deductible | Individual | Family |
|---------|------------|------------|--------|
| 500 | 100 | 5 | 10 |
| 1000 | 250 | 8 | 16 |
| 1500 | 250 | 10 | 20 |
| 2500 | 500 | 10 | 20 |

Rate Factors for Medical Expense Policy

Insureds Over the Age of 64

Rider Form ANL-MEDDUP-1

Multiply Age 64 premium rate by:

| Attained Age | Insured Medicare Coverage Status | | |
|--------------|----------------------------------|-------------|-------------|
| | Part A & B | Part A Only | No Medicare |
| 65-69 | 0.46 | 0.86 | 1.55 |
| 70-74 | 0.62 | 1.16 | 2.07 |
| 75-79 | 0.83 | 1.55 | 2.77 |
| 80 + | 1.16 | 2.17 | 3.9 |

Mode Factors

| | |
|---------------|----|
| List Bill | 1 |
| Monthly (PAC) | 1 |
| Quarterly | 3 |
| Semi-Annual | 6 |
| Annual | 12 |

STANDARD LIFE AND ACCIDENT INSURANCE COMPANY
 MONTHLY GROSS PREMIUM RATES
SLA-C08
 Rates Effective 1/1/09

OPTIONAL COVERAGES & INFORMATION:

| | |
|---------------------------------|------|
| 2 Million Per condition maximum | 4.00 |
|---------------------------------|------|

Accident Expense Benefit Rider

Monthly Gross Premiums

| Benefit | Deductible | Individual | Family |
|---------|------------|------------|--------|
| 500 | 100 | 5 | 10 |
| 1000 | 250 | 8 | 16 |
| 1500 | 250 | 10 | 20 |
| 2500 | 500 | 10 | 20 |

Rate Factors for Medical Expense Policy

Insureds Over the Age of 64

Rider Form ANL-MEDDUP-1

Multiply Age 64 premium rate by:

| Attained Age | Insured Medicare Coverage Status | | |
|--------------|----------------------------------|-------------|-------------|
| | Part A & B | Part A Only | No Medicare |
| 65-69 | 0.46 | 0.86 | 1.55 |
| 70-74 | 0.62 | 1.16 | 2.07 |
| 75-79 | 0.83 | 1.55 | 2.77 |
| 80 + | 1.16 | 2.17 | 3.9 |

Mode Factors

| | |
|---------------|----|
| List Bill | 1 |
| Monthly (PAC) | 1 |
| Quarterly | 3 |
| Semi-Annual | 6 |
| Annual | 12 |

STANDARD LIFE AND ACCIDENT INSURANCE COMPANY
MONTHLY GROSS PREMIUM RATES
Diagnostic Testing Rider
 \$25k Annual Maximum -- 80/20 Coins
 Rates Effective 1/1/09
 Tobacco User

| Age | 750 | | 1000 | | 1500 | | Age |
|----------------|-------|---------|-------|---------|-------|---------|------|
| | Males | Females | Males | Females | Males | Females | |
| < 23 | 11 | 15 | 8 | 12 | 6 | 8 | < 23 |
| 23 | 11 | 15 | 8 | 12 | 6 | 8 | 23 |
| 24 | 11 | 16 | 8 | 13 | 6 | 8 | 24 |
| 25 | 11 | 16 | 8 | 13 | 6 | 8 | 25 |
| 26 | 11 | 16 | 8 | 13 | 6 | 9 | 26 |
| 27 | 11 | 18 | 8 | 13 | 6 | 9 | 27 |
| 28 | 11 | 18 | 8 | 14 | 6 | 9 | 28 |
| 29 | 11 | 18 | 8 | 14 | 6 | 9 | 29 |
| 30 | 12 | 18 | 9 | 14 | 6 | 9 | 30 |
| 31 | 12 | 18 | 9 | 14 | 6 | 9 | 31 |
| 32 | 12 | 19 | 9 | 14 | 6 | 9 | 32 |
| 33 | 12 | 19 | 9 | 15 | 6 | 11 | 33 |
| 34 | 12 | 20 | 9 | 15 | 7 | 11 | 34 |
| 35 | 13 | 20 | 9 | 15 | 7 | 11 | 35 |
| 36 | 13 | 20 | 9 | 15 | 7 | 11 | 36 |
| 37 | 13 | 21 | 11 | 16 | 7 | 11 | 37 |
| 38 | 13 | 21 | 11 | 16 | 7 | 12 | 38 |
| 39 | 14 | 22 | 11 | 18 | 7 | 12 | 39 |
| 40 | 14 | 23 | 12 | 18 | 8 | 12 | 40 |
| 41 | 15 | 23 | 12 | 19 | 8 | 13 | 41 |
| 42 | 15 | 24 | 13 | 19 | 8 | 13 | 42 |
| 43 | 16 | 25 | 13 | 20 | 8 | 14 | 43 |
| 44 | 18 | 25 | 13 | 20 | 9 | 14 | 44 |
| 45 | 18 | 26 | 14 | 21 | 9 | 14 | 45 |
| 46 | 19 | 27 | 15 | 22 | 11 | 15 | 46 |
| 47 | 20 | 27 | 15 | 22 | 11 | 15 | 47 |
| 48 | 21 | 29 | 16 | 23 | 11 | 16 | 48 |
| 49 | 21 | 32 | 16 | 24 | 12 | 16 | 49 |
| 50 | 22 | 33 | 18 | 25 | 12 | 18 | 50 |
| 51 | 23 | 34 | 19 | 25 | 13 | 18 | 51 |
| 52 | 24 | 35 | 20 | 26 | 13 | 19 | 52 |
| 53 | 25 | 36 | 20 | 27 | 14 | 19 | 53 |
| 54 | 27 | 36 | 22 | 29 | 15 | 20 | 54 |
| 55 | 29 | 37 | 23 | 29 | 15 | 20 | 55 |
| 56 | 30 | 38 | 24 | 30 | 16 | 21 | 56 |
| 57 | 33 | 39 | 25 | 30 | 18 | 21 | 57 |
| 58 | 34 | 41 | 26 | 32 | 18 | 21 | 58 |
| 59 | 35 | 42 | 27 | 33 | 19 | 22 | 59 |
| 60 | 37 | 43 | 29 | 34 | 20 | 22 | 60 |
| 61 | 38 | 43 | 30 | 34 | 21 | 23 | 61 |
| 62 | 39 | 44 | 32 | 35 | 21 | 23 | 62 |
| 63 | 42 | 45 | 33 | 36 | 22 | 24 | 63 |
| 64* | 43 | 46 | 34 | 37 | 23 | 24 | 64* |
| Rate per Child | | | | | | | |
| <2 | 6 | 6 | 4 | 4 | 2 | 2 | <2 |
| 2-18 | 6 | 6 | 4 | 4 | 2 | 2 | 2-18 |
| 18+ | 7 | 7 | 6 | 6 | 3 | 3 | 18+ |

* For Renewal only

STANDARD LIFE AND ACCIDENT INSURANCE COMPANY
MONTHLY GROSS PREMIUM RATES
Diagnostic Testing Rider
 \$25k Annual Maximum -- 80/20 Coins
 Rates Effective 1/1/09
 Tobacco User - Preferred

| Age | 750 | | 1000 | | 1500 | | Age |
|----------------|-------|---------|-------|---------|-------|---------|------|
| | Males | Females | Males | Females | Males | Females | |
| < 23 | 10 | 13 | 7 | 11 | 5 | 7 | < 23 |
| 23 | 10 | 13 | 7 | 11 | 5 | 7 | 23 |
| 24 | 10 | 14 | 7 | 12 | 5 | 7 | 24 |
| 25 | 10 | 14 | 7 | 12 | 5 | 7 | 25 |
| 26 | 10 | 14 | 7 | 12 | 5 | 8 | 26 |
| 27 | 10 | 16 | 7 | 12 | 5 | 8 | 27 |
| 28 | 10 | 16 | 7 | 12 | 5 | 8 | 28 |
| 29 | 10 | 16 | 7 | 12 | 5 | 8 | 29 |
| 30 | 11 | 16 | 8 | 12 | 5 | 8 | 30 |
| 31 | 11 | 16 | 8 | 12 | 5 | 8 | 31 |
| 32 | 11 | 17 | 8 | 12 | 5 | 8 | 32 |
| 33 | 11 | 17 | 8 | 13 | 5 | 10 | 33 |
| 34 | 11 | 18 | 8 | 13 | 6 | 10 | 34 |
| 35 | 12 | 18 | 8 | 13 | 6 | 10 | 35 |
| 36 | 12 | 18 | 8 | 13 | 6 | 10 | 36 |
| 37 | 12 | 19 | 10 | 14 | 6 | 10 | 37 |
| 38 | 12 | 19 | 10 | 14 | 6 | 11 | 38 |
| 39 | 12 | 20 | 10 | 16 | 6 | 11 | 39 |
| 40 | 12 | 20 | 11 | 16 | 7 | 11 | 40 |
| 41 | 13 | 20 | 11 | 17 | 7 | 12 | 41 |
| 42 | 13 | 21 | 12 | 17 | 7 | 12 | 42 |
| 43 | 14 | 22 | 12 | 18 | 7 | 12 | 43 |
| 44 | 16 | 22 | 12 | 18 | 8 | 12 | 44 |
| 45 | 16 | 23 | 12 | 19 | 8 | 12 | 45 |
| 46 | 17 | 24 | 13 | 20 | 10 | 13 | 46 |
| 47 | 18 | 24 | 13 | 20 | 10 | 13 | 47 |
| 48 | 19 | 26 | 14 | 20 | 10 | 14 | 48 |
| 49 | 19 | 28 | 14 | 21 | 11 | 14 | 49 |
| 50 | 20 | 29 | 16 | 22 | 11 | 16 | 50 |
| 51 | 20 | 30 | 17 | 22 | 12 | 16 | 51 |
| 52 | 21 | 31 | 18 | 23 | 12 | 17 | 52 |
| 53 | 22 | 32 | 18 | 24 | 12 | 17 | 53 |
| 54 | 24 | 32 | 20 | 26 | 13 | 18 | 54 |
| 55 | 26 | 33 | 20 | 26 | 13 | 18 | 55 |
| 56 | 27 | 34 | 21 | 27 | 14 | 19 | 56 |
| 57 | 29 | 35 | 22 | 27 | 16 | 19 | 57 |
| 58 | 30 | 36 | 23 | 28 | 16 | 19 | 58 |
| 59 | 31 | 37 | 24 | 29 | 17 | 20 | 59 |
| 60 | 33 | 38 | 26 | 30 | 18 | 20 | 60 |
| 61 | 34 | 38 | 27 | 30 | 19 | 20 | 61 |
| 62 | 35 | 39 | 28 | 31 | 19 | 20 | 62 |
| 63 | 37 | 40 | 29 | 32 | 20 | 21 | 63 |
| 64* | 38 | 41 | 30 | 33 | 20 | 21 | 64* |
| Rate per Child | | | | | | | |
| <2 | 6 | 6 | 4 | 4 | 2 | 2 | <2 |
| 2-18 | 6 | 6 | 4 | 4 | 2 | 2 | 2-18 |
| 18+ | 7 | 7 | 6 | 6 | 3 | 3 | 18+ |

* For Renewal only

STANDARD LIFE AND ACCIDENT INSURANCE COMPANY
MONTHLY GROSS PREMIUM RATES
Diagnostic Testing Rider
 \$25k Annual Maximum -- 80/20 Coins
 Rates Effective 1/1/09
 Non Tobacco User

| Age | 750 | | 1000 | | 1500 | | Age |
|----------------|-------|---------|-------|---------|-------|---------|------|
| | Males | Females | Males | Females | Males | Females | |
| < 23 | 7 | 10 | 5 | 8 | 4 | 5 | < 23 |
| 23 | 7 | 10 | 5 | 8 | 4 | 5 | 23 |
| 24 | 7 | 11 | 5 | 9 | 4 | 5 | 24 |
| 25 | 7 | 11 | 5 | 9 | 4 | 5 | 25 |
| 26 | 7 | 11 | 5 | 9 | 4 | 6 | 26 |
| 27 | 7 | 12 | 5 | 9 | 4 | 6 | 27 |
| 28 | 7 | 12 | 5 | 9 | 4 | 6 | 28 |
| 29 | 7 | 12 | 5 | 9 | 4 | 6 | 29 |
| 30 | 8 | 12 | 6 | 9 | 4 | 6 | 30 |
| 31 | 8 | 12 | 6 | 9 | 4 | 6 | 31 |
| 32 | 8 | 13 | 6 | 9 | 4 | 6 | 32 |
| 33 | 8 | 13 | 6 | 10 | 4 | 7 | 33 |
| 34 | 8 | 13 | 6 | 10 | 5 | 7 | 34 |
| 35 | 9 | 13 | 6 | 10 | 5 | 7 | 35 |
| 36 | 9 | 13 | 6 | 10 | 5 | 7 | 36 |
| 37 | 9 | 14 | 7 | 11 | 5 | 7 | 37 |
| 38 | 9 | 14 | 7 | 11 | 5 | 8 | 38 |
| 39 | 9 | 15 | 7 | 12 | 5 | 8 | 39 |
| 40 | 9 | 15 | 8 | 12 | 5 | 8 | 40 |
| 41 | 10 | 15 | 8 | 13 | 5 | 9 | 41 |
| 42 | 10 | 16 | 9 | 13 | 5 | 9 | 42 |
| 43 | 11 | 17 | 9 | 13 | 5 | 9 | 43 |
| 44 | 12 | 17 | 9 | 13 | 6 | 9 | 44 |
| 45 | 12 | 17 | 9 | 14 | 6 | 9 | 45 |
| 46 | 13 | 18 | 10 | 15 | 7 | 10 | 46 |
| 47 | 13 | 18 | 10 | 15 | 7 | 10 | 47 |
| 48 | 14 | 19 | 11 | 15 | 7 | 11 | 48 |
| 49 | 14 | 21 | 11 | 16 | 8 | 11 | 49 |
| 50 | 15 | 22 | 12 | 17 | 8 | 12 | 50 |
| 51 | 15 | 23 | 13 | 17 | 9 | 12 | 51 |
| 52 | 16 | 23 | 13 | 17 | 9 | 13 | 52 |
| 53 | 17 | 24 | 13 | 18 | 9 | 13 | 53 |
| 54 | 18 | 24 | 15 | 19 | 10 | 13 | 54 |
| 55 | 19 | 25 | 15 | 19 | 10 | 13 | 55 |
| 56 | 20 | 25 | 16 | 20 | 11 | 14 | 56 |
| 57 | 22 | 26 | 17 | 20 | 12 | 14 | 57 |
| 58 | 23 | 27 | 17 | 21 | 12 | 14 | 58 |
| 59 | 23 | 28 | 18 | 22 | 13 | 15 | 59 |
| 60 | 25 | 29 | 19 | 23 | 13 | 15 | 60 |
| 61 | 25 | 29 | 20 | 23 | 14 | 15 | 61 |
| 62 | 26 | 29 | 21 | 23 | 14 | 15 | 62 |
| 63 | 28 | 30 | 22 | 24 | 15 | 16 | 63 |
| 64* | 29 | 31 | 23 | 25 | 15 | 16 | 64* |
| Rate per Child | | | | | | | |
| <2 | 6 | 6 | 4 | 4 | 2 | 2 | <2 |
| 2-18 | 6 | 6 | 4 | 4 | 2 | 2 | 2-18 |
| 18+ | 7 | 7 | 6 | 6 | 3 | 3 | 18+ |

* For Renewal only

STANDARD LIFE AND ACCIDENT INSURANCE COMPANY
MONTHLY GROSS PREMIUM RATES
Diagnostic Testing Rider
 \$25k Annual Maximum -- 80/20 Coins
 Rates Effective 1/1/09
 Preferred

| Age | 750 | | 1000 | | 1500 | | Age |
|----------------|-------|---------|-------|---------|-------|---------|------|
| | Males | Females | Males | Females | Males | Females | |
| < 23 | 6 | 9 | 5 | 7 | 3 | 5 | < 23 |
| 23 | 6 | 9 | 5 | 7 | 3 | 5 | 23 |
| 24 | 6 | 9 | 5 | 7 | 3 | 5 | 24 |
| 25 | 6 | 9 | 5 | 7 | 3 | 5 | 25 |
| 26 | 6 | 9 | 5 | 7 | 3 | 5 | 26 |
| 27 | 6 | 10 | 5 | 7 | 3 | 5 | 27 |
| 28 | 6 | 10 | 5 | 8 | 3 | 5 | 28 |
| 29 | 6 | 10 | 5 | 8 | 3 | 5 | 29 |
| 30 | 7 | 10 | 5 | 8 | 3 | 5 | 30 |
| 31 | 7 | 10 | 5 | 8 | 3 | 5 | 31 |
| 32 | 7 | 11 | 5 | 8 | 3 | 5 | 32 |
| 33 | 7 | 11 | 5 | 9 | 3 | 6 | 33 |
| 34 | 7 | 11 | 5 | 9 | 4 | 6 | 34 |
| 35 | 7 | 11 | 5 | 9 | 4 | 6 | 35 |
| 36 | 7 | 11 | 5 | 9 | 4 | 6 | 36 |
| 37 | 7 | 12 | 6 | 9 | 4 | 6 | 37 |
| 38 | 7 | 12 | 6 | 9 | 4 | 7 | 38 |
| 39 | 8 | 12 | 6 | 10 | 4 | 7 | 39 |
| 40 | 8 | 13 | 7 | 10 | 5 | 7 | 40 |
| 41 | 9 | 13 | 7 | 11 | 5 | 7 | 41 |
| 42 | 9 | 14 | 7 | 11 | 5 | 7 | 42 |
| 43 | 9 | 14 | 7 | 11 | 5 | 8 | 43 |
| 44 | 10 | 14 | 7 | 11 | 5 | 8 | 44 |
| 45 | 10 | 15 | 8 | 12 | 5 | 8 | 45 |
| 46 | 11 | 15 | 9 | 12 | 6 | 9 | 46 |
| 47 | 11 | 15 | 9 | 12 | 6 | 9 | 47 |
| 48 | 12 | 16 | 9 | 13 | 6 | 9 | 48 |
| 49 | 12 | 18 | 9 | 14 | 7 | 9 | 49 |
| 50 | 12 | 19 | 10 | 14 | 7 | 10 | 50 |
| 51 | 13 | 19 | 11 | 14 | 7 | 10 | 51 |
| 52 | 14 | 20 | 11 | 15 | 7 | 11 | 52 |
| 53 | 14 | 20 | 11 | 15 | 8 | 11 | 53 |
| 54 | 15 | 20 | 12 | 16 | 9 | 11 | 54 |
| 55 | 16 | 21 | 13 | 16 | 9 | 11 | 55 |
| 56 | 17 | 22 | 14 | 17 | 9 | 12 | 56 |
| 57 | 19 | 22 | 14 | 17 | 10 | 12 | 57 |
| 58 | 19 | 23 | 15 | 18 | 10 | 12 | 58 |
| 59 | 20 | 24 | 15 | 19 | 11 | 12 | 59 |
| 60 | 21 | 24 | 16 | 19 | 11 | 12 | 60 |
| 61 | 22 | 24 | 17 | 19 | 12 | 13 | 61 |
| 62 | 22 | 25 | 18 | 20 | 12 | 13 | 62 |
| 63 | 24 | 26 | 19 | 20 | 12 | 14 | 63 |
| 64* | 24 | 26 | 19 | 21 | 13 | 14 | 64* |
| Rate per Child | | | | | | | |
| <2 | 6 | 6 | 4 | 4 | 2 | 2 | <2 |
| 2-18 | 6 | 6 | 4 | 4 | 2 | 2 | 2-18 |
| 18+ | 7 | 7 | 6 | 6 | 3 | 3 | 18+ |

* For Renewal only

STANDARD LIFE AND ACCIDENT INSURANCE COMPANY
MONTHLY GROSS PREMIUM RATES
Outpatient Doctor Rider
 \$25k Annual Maximum -- 80/20 Coins
 Rates Effective 1/1/09
 Tobacco User

| Age | 750 | | 1000 | | 1500 | | Age |
|----------------|-------|---------|-------|---------|-------|---------|------|
| | Males | Females | Males | Females | Males | Females | |
| < 23 | 67 | 101 | 53 | 79 | 36 | 54 | < 23 |
| 23 | 67 | 103 | 54 | 81 | 36 | 56 | 23 |
| 24 | 68 | 105 | 54 | 82 | 36 | 57 | 24 |
| 25 | 68 | 107 | 54 | 84 | 37 | 58 | 25 |
| 26 | 69 | 110 | 55 | 87 | 37 | 59 | 26 |
| 27 | 69 | 113 | 55 | 88 | 37 | 60 | 27 |
| 28 | 71 | 114 | 56 | 90 | 38 | 61 | 28 |
| 29 | 72 | 116 | 57 | 91 | 39 | 62 | 29 |
| 30 | 76 | 118 | 58 | 92 | 39 | 62 | 30 |
| 31 | 77 | 119 | 60 | 93 | 41 | 64 | 31 |
| 32 | 78 | 122 | 61 | 95 | 42 | 65 | 32 |
| 33 | 79 | 124 | 62 | 97 | 43 | 66 | 33 |
| 34 | 81 | 127 | 62 | 100 | 43 | 68 | 34 |
| 35 | 82 | 130 | 64 | 102 | 44 | 69 | 35 |
| 36 | 83 | 133 | 65 | 104 | 44 | 70 | 36 |
| 37 | 84 | 137 | 66 | 106 | 45 | 72 | 37 |
| 38 | 88 | 141 | 69 | 111 | 47 | 76 | 38 |
| 39 | 92 | 146 | 71 | 114 | 48 | 78 | 39 |
| 40 | 96 | 151 | 76 | 118 | 50 | 81 | 40 |
| 41 | 100 | 156 | 78 | 123 | 54 | 83 | 41 |
| 42 | 104 | 162 | 81 | 126 | 56 | 85 | 42 |
| 43 | 108 | 166 | 84 | 130 | 58 | 89 | 43 |
| 44 | 113 | 172 | 89 | 134 | 60 | 91 | 44 |
| 45 | 119 | 176 | 92 | 139 | 64 | 95 | 45 |
| 46 | 124 | 183 | 97 | 143 | 66 | 97 | 46 |
| 47 | 128 | 188 | 101 | 147 | 68 | 101 | 47 |
| 48 | 135 | 196 | 106 | 153 | 71 | 105 | 48 |
| 49 | 142 | 205 | 111 | 161 | 77 | 108 | 49 |
| 50 | 149 | 212 | 117 | 166 | 80 | 113 | 50 |
| 51 | 156 | 222 | 122 | 173 | 83 | 118 | 51 |
| 52 | 163 | 230 | 127 | 181 | 87 | 123 | 52 |
| 53 | 172 | 235 | 135 | 185 | 92 | 126 | 53 |
| 54 | 183 | 242 | 143 | 189 | 97 | 129 | 54 |
| 55 | 193 | 247 | 150 | 194 | 103 | 131 | 55 |
| 56 | 203 | 253 | 159 | 198 | 107 | 135 | 56 |
| 57 | 212 | 260 | 166 | 204 | 113 | 139 | 57 |
| 58 | 223 | 267 | 174 | 209 | 119 | 142 | 58 |
| 59 | 233 | 274 | 183 | 215 | 125 | 146 | 59 |
| 60 | 244 | 280 | 191 | 219 | 130 | 150 | 60 |
| 61 | 255 | 289 | 200 | 226 | 137 | 153 | 61 |
| 62 | 266 | 296 | 208 | 231 | 142 | 159 | 62 |
| 63 | 277 | 302 | 216 | 237 | 148 | 162 | 63 |
| 64* | 288 | 311 | 226 | 243 | 153 | 165 | 64* |
| Rate per Child | | | | | | | |
| <2 | 36 | 36 | 27 | 27 | 19 | 19 | <2 |
| 2-18 | 36 | 36 | 27 | 27 | 19 | 19 | 2-18 |
| 18+ | 45 | 45 | 35 | 35 | 24 | 24 | 18+ |

* For Renewal only

STANDARD LIFE AND ACCIDENT INSURANCE COMPANY
MONTHLY GROSS PREMIUM RATES
Outpatient Doctor Rider
 \$25k Annual Maximum -- 80/20 Coins
 Rates Effective 1/1/09
 Tobacco User - Preferred

| Age | 750 | | 1000 | | 1500 | | Age |
|----------------|-------|---------|-------|---------|-------|---------|------|
| | Males | Females | Males | Females | Males | Females | |
| < 23 | 59 | 90 | 47 | 70 | 32 | 48 | < 23 |
| 23 | 59 | 91 | 48 | 72 | 32 | 50 | 23 |
| 24 | 60 | 93 | 48 | 73 | 32 | 51 | 24 |
| 25 | 60 | 95 | 48 | 75 | 33 | 51 | 25 |
| 26 | 61 | 98 | 49 | 77 | 33 | 52 | 26 |
| 27 | 61 | 100 | 49 | 78 | 33 | 53 | 27 |
| 28 | 63 | 101 | 50 | 80 | 34 | 54 | 28 |
| 29 | 64 | 103 | 51 | 81 | 35 | 55 | 29 |
| 30 | 67 | 105 | 51 | 82 | 35 | 55 | 30 |
| 31 | 68 | 106 | 53 | 82 | 36 | 57 | 31 |
| 32 | 69 | 108 | 54 | 84 | 37 | 58 | 32 |
| 33 | 70 | 110 | 55 | 86 | 38 | 59 | 33 |
| 34 | 72 | 113 | 55 | 89 | 38 | 60 | 34 |
| 35 | 73 | 115 | 57 | 90 | 39 | 61 | 35 |
| 36 | 74 | 118 | 58 | 92 | 39 | 62 | 36 |
| 37 | 75 | 122 | 59 | 94 | 40 | 64 | 37 |
| 38 | 78 | 125 | 61 | 98 | 42 | 67 | 38 |
| 39 | 82 | 130 | 63 | 101 | 43 | 69 | 39 |
| 40 | 85 | 134 | 67 | 105 | 44 | 72 | 40 |
| 41 | 89 | 138 | 69 | 109 | 48 | 74 | 41 |
| 42 | 92 | 144 | 72 | 112 | 50 | 75 | 42 |
| 43 | 96 | 147 | 75 | 115 | 51 | 79 | 43 |
| 44 | 100 | 153 | 79 | 119 | 53 | 81 | 44 |
| 45 | 106 | 156 | 82 | 123 | 57 | 84 | 45 |
| 46 | 110 | 162 | 86 | 127 | 59 | 86 | 46 |
| 47 | 114 | 167 | 90 | 130 | 60 | 90 | 47 |
| 48 | 120 | 174 | 94 | 136 | 63 | 93 | 48 |
| 49 | 126 | 182 | 98 | 143 | 68 | 96 | 49 |
| 50 | 132 | 188 | 104 | 147 | 71 | 100 | 50 |
| 51 | 138 | 197 | 108 | 153 | 74 | 105 | 51 |
| 52 | 145 | 204 | 113 | 161 | 77 | 109 | 52 |
| 53 | 153 | 208 | 120 | 164 | 82 | 112 | 53 |
| 54 | 162 | 215 | 127 | 168 | 86 | 114 | 54 |
| 55 | 171 | 219 | 133 | 172 | 91 | 116 | 55 |
| 56 | 180 | 224 | 141 | 176 | 95 | 120 | 56 |
| 57 | 188 | 231 | 147 | 181 | 100 | 123 | 57 |
| 58 | 198 | 237 | 154 | 185 | 106 | 126 | 58 |
| 59 | 207 | 243 | 162 | 191 | 111 | 130 | 59 |
| 60 | 216 | 248 | 169 | 194 | 115 | 133 | 60 |
| 61 | 226 | 256 | 177 | 200 | 122 | 136 | 61 |
| 62 | 236 | 263 | 184 | 205 | 126 | 141 | 62 |
| 63 | 246 | 268 | 192 | 210 | 131 | 144 | 63 |
| 64* | 255 | 276 | 200 | 216 | 136 | 146 | 64* |
| Rate per Child | | | | | | | |
| <2 | 36 | 36 | 27 | 27 | 19 | 19 | <2 |
| 2-18 | 36 | 36 | 27 | 27 | 19 | 19 | 2-18 |
| 18+ | 45 | 45 | 35 | 35 | 24 | 24 | 18+ |

* For Renewal only

STANDARD LIFE AND ACCIDENT INSURANCE COMPANY
MONTHLY GROSS PREMIUM RATES
Outpatient Doctor Rider
 \$25k Annual Maximum -- 80/20 Coins
 Rates Effective 1/1/09
 Non Tobacco User

| Age | 750 | | 1000 | | 1500 | | Age |
|----------------|-------|---------|-------|---------|-------|---------|------|
| | Males | Females | Males | Females | Males | Females | |
| < 23 | 45 | 67 | 35 | 53 | 24 | 36 | < 23 |
| 23 | 45 | 69 | 36 | 54 | 24 | 37 | 23 |
| 24 | 45 | 70 | 36 | 55 | 24 | 38 | 24 |
| 25 | 45 | 71 | 36 | 56 | 25 | 39 | 25 |
| 26 | 46 | 73 | 37 | 58 | 25 | 39 | 26 |
| 27 | 46 | 75 | 37 | 59 | 25 | 40 | 27 |
| 28 | 47 | 76 | 37 | 60 | 25 | 41 | 28 |
| 29 | 48 | 77 | 38 | 61 | 26 | 41 | 29 |
| 30 | 51 | 79 | 39 | 61 | 26 | 41 | 30 |
| 31 | 51 | 79 | 40 | 62 | 27 | 43 | 31 |
| 32 | 52 | 81 | 41 | 63 | 28 | 43 | 32 |
| 33 | 53 | 83 | 41 | 65 | 29 | 44 | 33 |
| 34 | 54 | 85 | 41 | 67 | 29 | 45 | 34 |
| 35 | 55 | 87 | 43 | 68 | 29 | 46 | 35 |
| 36 | 55 | 89 | 43 | 69 | 29 | 47 | 36 |
| 37 | 56 | 91 | 44 | 71 | 30 | 48 | 37 |
| 38 | 59 | 94 | 46 | 74 | 31 | 51 | 38 |
| 39 | 61 | 97 | 47 | 76 | 32 | 52 | 39 |
| 40 | 64 | 101 | 51 | 79 | 33 | 54 | 40 |
| 41 | 67 | 104 | 52 | 82 | 36 | 55 | 41 |
| 42 | 69 | 108 | 54 | 84 | 37 | 57 | 42 |
| 43 | 72 | 111 | 56 | 87 | 39 | 59 | 43 |
| 44 | 75 | 115 | 59 | 89 | 40 | 61 | 44 |
| 45 | 79 | 117 | 61 | 93 | 43 | 63 | 45 |
| 46 | 83 | 122 | 65 | 95 | 44 | 65 | 46 |
| 47 | 85 | 125 | 67 | 98 | 45 | 67 | 47 |
| 48 | 90 | 131 | 71 | 102 | 47 | 70 | 48 |
| 49 | 95 | 137 | 74 | 107 | 51 | 72 | 49 |
| 50 | 99 | 141 | 78 | 111 | 53 | 75 | 50 |
| 51 | 104 | 148 | 81 | 115 | 55 | 79 | 51 |
| 52 | 109 | 153 | 85 | 121 | 58 | 82 | 52 |
| 53 | 115 | 157 | 90 | 123 | 61 | 84 | 53 |
| 54 | 122 | 161 | 95 | 126 | 65 | 86 | 54 |
| 55 | 129 | 165 | 100 | 129 | 69 | 87 | 55 |
| 56 | 135 | 169 | 106 | 132 | 71 | 90 | 56 |
| 57 | 141 | 173 | 111 | 136 | 75 | 93 | 57 |
| 58 | 149 | 178 | 116 | 139 | 79 | 95 | 58 |
| 59 | 155 | 183 | 122 | 143 | 83 | 97 | 59 |
| 60 | 163 | 187 | 127 | 146 | 87 | 100 | 60 |
| 61 | 170 | 193 | 133 | 151 | 91 | 102 | 61 |
| 62 | 177 | 197 | 139 | 154 | 95 | 106 | 62 |
| 63 | 185 | 201 | 144 | 158 | 99 | 108 | 63 |
| 64* | 192 | 207 | 151 | 162 | 102 | 110 | 64* |
| Rate per Child | | | | | | | |
| <2 | 36 | 36 | 27 | 27 | 19 | 19 | <2 |
| 2-18 | 36 | 36 | 27 | 27 | 19 | 19 | 2-18 |
| 18+ | 45 | 45 | 35 | 35 | 24 | 24 | 18+ |

* For Renewal only

STANDARD LIFE AND ACCIDENT INSURANCE COMPANY
MONTHLY GROSS PREMIUM RATES
Outpatient Doctor Rider
 \$25k Annual Maximum -- 80/20 Coins
 Rates Effective 1/1/09
 Preferred

| Age | 750 | | 1000 | | 1500 | | Age |
|----------------|-------|---------|-------|---------|-------|---------|------|
| | Males | Females | Males | Females | Males | Females | |
| < 23 | 38 | 57 | 30 | 45 | 20 | 31 | < 23 |
| 23 | 38 | 58 | 31 | 46 | 20 | 32 | 23 |
| 24 | 39 | 60 | 31 | 46 | 20 | 32 | 24 |
| 25 | 39 | 61 | 31 | 48 | 21 | 33 | 25 |
| 26 | 39 | 62 | 31 | 49 | 21 | 33 | 26 |
| 27 | 39 | 64 | 31 | 50 | 21 | 34 | 27 |
| 28 | 40 | 65 | 32 | 51 | 22 | 35 | 28 |
| 29 | 41 | 66 | 32 | 52 | 22 | 35 | 29 |
| 30 | 43 | 67 | 33 | 52 | 22 | 35 | 30 |
| 31 | 44 | 67 | 34 | 53 | 23 | 36 | 31 |
| 32 | 44 | 69 | 35 | 54 | 24 | 37 | 32 |
| 33 | 45 | 70 | 35 | 55 | 24 | 37 | 33 |
| 34 | 46 | 72 | 35 | 57 | 24 | 39 | 34 |
| 35 | 46 | 74 | 36 | 58 | 25 | 39 | 35 |
| 36 | 47 | 75 | 37 | 59 | 25 | 40 | 36 |
| 37 | 48 | 78 | 37 | 60 | 26 | 41 | 37 |
| 38 | 50 | 80 | 39 | 63 | 27 | 43 | 38 |
| 39 | 52 | 83 | 40 | 65 | 27 | 44 | 39 |
| 40 | 54 | 86 | 43 | 67 | 28 | 46 | 40 |
| 41 | 57 | 88 | 44 | 70 | 31 | 47 | 41 |
| 42 | 59 | 92 | 46 | 71 | 32 | 48 | 42 |
| 43 | 61 | 94 | 48 | 74 | 33 | 50 | 43 |
| 44 | 64 | 98 | 50 | 76 | 34 | 52 | 44 |
| 45 | 67 | 100 | 52 | 79 | 36 | 54 | 45 |
| 46 | 70 | 104 | 55 | 81 | 37 | 55 | 46 |
| 47 | 73 | 107 | 57 | 83 | 39 | 57 | 47 |
| 48 | 77 | 111 | 60 | 87 | 40 | 60 | 48 |
| 49 | 81 | 116 | 63 | 91 | 44 | 61 | 49 |
| 50 | 84 | 120 | 66 | 94 | 45 | 64 | 50 |
| 51 | 88 | 126 | 69 | 98 | 47 | 67 | 51 |
| 52 | 92 | 130 | 72 | 103 | 49 | 70 | 52 |
| 53 | 98 | 133 | 77 | 105 | 52 | 71 | 53 |
| 54 | 104 | 137 | 81 | 107 | 55 | 73 | 54 |
| 55 | 109 | 140 | 85 | 110 | 58 | 74 | 55 |
| 56 | 115 | 143 | 90 | 112 | 61 | 77 | 56 |
| 57 | 120 | 147 | 94 | 116 | 64 | 79 | 57 |
| 58 | 126 | 151 | 99 | 119 | 67 | 81 | 58 |
| 59 | 132 | 155 | 104 | 122 | 71 | 83 | 59 |
| 60 | 138 | 159 | 108 | 124 | 74 | 85 | 60 |
| 61 | 145 | 164 | 113 | 128 | 78 | 87 | 61 |
| 62 | 151 | 168 | 118 | 131 | 81 | 90 | 62 |
| 63 | 157 | 171 | 122 | 134 | 84 | 92 | 63 |
| 64* | 163 | 176 | 128 | 138 | 87 | 94 | 64* |
| Rate per Child | | | | | | | |
| <2 | 36 | 36 | 27 | 27 | 19 | 19 | <2 |
| 2-18 | 36 | 36 | 27 | 27 | 19 | 19 | 2-18 |
| 18+ | 45 | 45 | 35 | 35 | 24 | 24 | 18+ |

* For Renewal only

STANDARD LIFE AND ACCIDENT INSURANCE COMPANY
MONTHLY GROSS PREMIUM RATES
Outpatient Doctor Rider
 \$100k Annual Maximum -- 80/20 Coins
 Rates Effective 1/1/09
 Tobacco User

| Age | 750 | | 1000 | | 1500 | | Age |
|----------------|-------|---------|-------|---------|-------|---------|------|
| | Males | Females | Males | Females | Males | Females | |
| < 23 | 101 | 150 | 79 | 118 | 54 | 81 | < 23 |
| 23 | 102 | 154 | 80 | 122 | 55 | 82 | 23 |
| 24 | 102 | 159 | 80 | 124 | 55 | 84 | 24 |
| 25 | 103 | 162 | 81 | 127 | 56 | 87 | 25 |
| 26 | 104 | 165 | 81 | 129 | 56 | 88 | 26 |
| 27 | 104 | 169 | 82 | 133 | 56 | 90 | 27 |
| 28 | 107 | 172 | 83 | 134 | 57 | 91 | 28 |
| 29 | 110 | 174 | 85 | 137 | 59 | 92 | 29 |
| 30 | 112 | 176 | 88 | 139 | 60 | 95 | 30 |
| 31 | 114 | 180 | 89 | 140 | 61 | 96 | 31 |
| 32 | 117 | 182 | 91 | 142 | 62 | 97 | 32 |
| 33 | 119 | 186 | 92 | 146 | 64 | 100 | 33 |
| 34 | 120 | 191 | 95 | 149 | 65 | 102 | 34 |
| 35 | 123 | 195 | 96 | 152 | 66 | 104 | 35 |
| 36 | 125 | 200 | 97 | 156 | 66 | 106 | 36 |
| 37 | 126 | 204 | 100 | 160 | 67 | 108 | 37 |
| 38 | 131 | 211 | 104 | 165 | 70 | 113 | 38 |
| 39 | 138 | 219 | 107 | 171 | 74 | 117 | 39 |
| 40 | 143 | 227 | 112 | 177 | 77 | 122 | 40 |
| 41 | 149 | 234 | 117 | 184 | 80 | 125 | 41 |
| 42 | 154 | 242 | 122 | 189 | 83 | 129 | 42 |
| 43 | 163 | 250 | 127 | 195 | 87 | 133 | 43 |
| 44 | 170 | 257 | 133 | 203 | 91 | 138 | 44 |
| 45 | 177 | 266 | 139 | 208 | 95 | 142 | 45 |
| 46 | 185 | 274 | 146 | 214 | 100 | 146 | 46 |
| 47 | 193 | 281 | 151 | 221 | 103 | 150 | 47 |
| 48 | 204 | 295 | 160 | 230 | 108 | 158 | 48 |
| 49 | 214 | 308 | 168 | 240 | 113 | 164 | 49 |
| 50 | 223 | 320 | 174 | 250 | 119 | 170 | 50 |
| 51 | 233 | 332 | 183 | 260 | 125 | 176 | 51 |
| 52 | 244 | 344 | 191 | 270 | 129 | 184 | 52 |
| 53 | 258 | 354 | 203 | 277 | 138 | 188 | 53 |
| 54 | 274 | 362 | 214 | 285 | 146 | 193 | 54 |
| 55 | 289 | 371 | 226 | 291 | 153 | 197 | 55 |
| 56 | 303 | 380 | 238 | 298 | 162 | 204 | 56 |
| 57 | 319 | 390 | 250 | 305 | 170 | 208 | 57 |
| 58 | 335 | 400 | 263 | 313 | 180 | 214 | 58 |
| 59 | 350 | 412 | 274 | 321 | 187 | 219 | 59 |
| 60 | 366 | 422 | 287 | 331 | 195 | 226 | 60 |
| 61 | 382 | 432 | 299 | 338 | 205 | 231 | 61 |
| 62 | 399 | 443 | 312 | 347 | 212 | 237 | 62 |
| 63 | 415 | 455 | 324 | 356 | 222 | 243 | 63 |
| 64* | 432 | 465 | 338 | 365 | 230 | 249 | 64* |
| Rate per Child | | | | | | | |
| <2 | 54 | 54 | 42 | 42 | 29 | 29 | <2 |
| 2-18 | 54 | 54 | 42 | 42 | 29 | 29 | 2-18 |
| 18+ | 67 | 67 | 53 | 53 | 36 | 36 | 18+ |

* For Renewal only

STANDARD LIFE AND ACCIDENT INSURANCE COMPANY
MONTHLY GROSS PREMIUM RATES
Outpatient Doctor Rider
\$100k Annual Maximum -- 80/20 Coins
Rates Effective 1/1/09
Tobacco User - Preferred

| Age | 750 | | 1000 | | 1500 | | Age |
|----------------|-------|---------|-------|---------|-------|---------|------|
| | Males | Females | Males | Females | Males | Females | |
| < 23 | 90 | 133 | 70 | 105 | 48 | 72 | < 23 |
| 23 | 90 | 137 | 71 | 108 | 49 | 73 | 23 |
| 24 | 90 | 141 | 71 | 110 | 49 | 75 | 24 |
| 25 | 91 | 144 | 72 | 113 | 50 | 77 | 25 |
| 26 | 92 | 146 | 72 | 114 | 50 | 78 | 26 |
| 27 | 92 | 150 | 73 | 118 | 50 | 80 | 27 |
| 28 | 95 | 153 | 74 | 119 | 51 | 81 | 28 |
| 29 | 98 | 154 | 75 | 122 | 52 | 82 | 29 |
| 30 | 99 | 156 | 78 | 123 | 53 | 84 | 30 |
| 31 | 101 | 160 | 79 | 124 | 54 | 85 | 31 |
| 32 | 104 | 161 | 81 | 126 | 55 | 86 | 32 |
| 33 | 106 | 165 | 82 | 130 | 57 | 89 | 33 |
| 34 | 106 | 169 | 84 | 132 | 58 | 90 | 34 |
| 35 | 109 | 173 | 85 | 135 | 59 | 92 | 35 |
| 36 | 111 | 177 | 86 | 138 | 59 | 94 | 36 |
| 37 | 112 | 181 | 89 | 142 | 59 | 96 | 37 |
| 38 | 116 | 187 | 92 | 146 | 62 | 100 | 38 |
| 39 | 122 | 194 | 95 | 152 | 66 | 104 | 39 |
| 40 | 127 | 201 | 99 | 157 | 68 | 108 | 40 |
| 41 | 132 | 208 | 104 | 163 | 71 | 111 | 41 |
| 42 | 137 | 215 | 108 | 168 | 74 | 114 | 42 |
| 43 | 145 | 222 | 113 | 173 | 77 | 118 | 43 |
| 44 | 151 | 228 | 118 | 180 | 81 | 122 | 44 |
| 45 | 157 | 236 | 123 | 184 | 84 | 126 | 45 |
| 46 | 164 | 243 | 130 | 190 | 89 | 130 | 46 |
| 47 | 171 | 249 | 134 | 196 | 91 | 133 | 47 |
| 48 | 181 | 262 | 142 | 204 | 96 | 140 | 48 |
| 49 | 190 | 273 | 149 | 213 | 100 | 145 | 49 |
| 50 | 198 | 284 | 154 | 222 | 106 | 151 | 50 |
| 51 | 207 | 294 | 162 | 231 | 111 | 156 | 51 |
| 52 | 216 | 305 | 169 | 239 | 114 | 163 | 52 |
| 53 | 229 | 314 | 180 | 246 | 122 | 167 | 53 |
| 54 | 243 | 321 | 190 | 253 | 130 | 171 | 54 |
| 55 | 256 | 329 | 200 | 258 | 136 | 175 | 55 |
| 56 | 269 | 337 | 211 | 264 | 144 | 181 | 56 |
| 57 | 283 | 346 | 222 | 271 | 151 | 184 | 57 |
| 58 | 297 | 355 | 233 | 278 | 160 | 190 | 58 |
| 59 | 310 | 365 | 243 | 285 | 166 | 194 | 59 |
| 60 | 325 | 374 | 255 | 294 | 173 | 200 | 60 |
| 61 | 339 | 383 | 265 | 300 | 182 | 205 | 61 |
| 62 | 354 | 393 | 277 | 308 | 188 | 210 | 62 |
| 63 | 368 | 404 | 287 | 316 | 197 | 216 | 63 |
| 64* | 383 | 412 | 300 | 324 | 204 | 221 | 64* |
| Rate per Child | | | | | | | |
| <2 | 54 | 54 | 42 | 42 | 29 | 29 | <2 |
| 2-18 | 54 | 54 | 42 | 42 | 29 | 29 | 2-18 |
| 18+ | 67 | 67 | 53 | 53 | 36 | 36 | 18+ |

* For Renewal only

STANDARD LIFE AND ACCIDENT INSURANCE COMPANY
MONTHLY GROSS PREMIUM RATES
Outpatient Doctor Rider
\$100k Annual Maximum -- 80/20 Coins
Rates Effective 1/1/09
Non Tobacco User

| Age | 750 | | 1000 | | 1500 | | Age |
|----------------|-------|---------|-------|---------|-------|---------|------|
| | Males | Females | Males | Females | Males | Females | |
| < 23 | 67 | 100 | 53 | 79 | 36 | 54 | < 23 |
| 23 | 68 | 103 | 53 | 81 | 37 | 55 | 23 |
| 24 | 68 | 106 | 53 | 83 | 37 | 56 | 24 |
| 25 | 69 | 108 | 54 | 85 | 37 | 58 | 25 |
| 26 | 69 | 110 | 54 | 86 | 37 | 59 | 26 |
| 27 | 69 | 113 | 55 | 89 | 37 | 60 | 27 |
| 28 | 71 | 115 | 55 | 89 | 38 | 61 | 28 |
| 29 | 73 | 116 | 57 | 91 | 39 | 61 | 29 |
| 30 | 75 | 117 | 59 | 93 | 40 | 63 | 30 |
| 31 | 76 | 120 | 59 | 93 | 41 | 64 | 31 |
| 32 | 78 | 121 | 61 | 95 | 41 | 65 | 32 |
| 33 | 79 | 124 | 61 | 97 | 43 | 67 | 33 |
| 34 | 80 | 127 | 63 | 99 | 43 | 68 | 34 |
| 35 | 82 | 130 | 64 | 101 | 44 | 69 | 35 |
| 36 | 83 | 133 | 65 | 104 | 44 | 71 | 36 |
| 37 | 84 | 136 | 67 | 107 | 45 | 72 | 37 |
| 38 | 87 | 141 | 69 | 110 | 47 | 75 | 38 |
| 39 | 92 | 146 | 71 | 114 | 49 | 78 | 39 |
| 40 | 95 | 151 | 75 | 118 | 51 | 81 | 40 |
| 41 | 99 | 156 | 78 | 123 | 53 | 83 | 41 |
| 42 | 103 | 161 | 81 | 126 | 55 | 86 | 42 |
| 43 | 109 | 167 | 85 | 130 | 58 | 89 | 43 |
| 44 | 113 | 171 | 89 | 135 | 61 | 92 | 44 |
| 45 | 118 | 177 | 93 | 139 | 63 | 95 | 45 |
| 46 | 123 | 183 | 97 | 143 | 67 | 97 | 46 |
| 47 | 129 | 187 | 101 | 147 | 69 | 100 | 47 |
| 48 | 136 | 197 | 107 | 153 | 72 | 105 | 48 |
| 49 | 143 | 205 | 112 | 160 | 75 | 109 | 49 |
| 50 | 149 | 213 | 116 | 167 | 79 | 113 | 50 |
| 51 | 155 | 221 | 122 | 173 | 83 | 117 | 51 |
| 52 | 163 | 229 | 127 | 180 | 86 | 123 | 52 |
| 53 | 172 | 236 | 135 | 185 | 92 | 125 | 53 |
| 54 | 183 | 241 | 143 | 190 | 97 | 129 | 54 |
| 55 | 193 | 247 | 151 | 194 | 102 | 131 | 55 |
| 56 | 202 | 253 | 159 | 199 | 108 | 136 | 56 |
| 57 | 213 | 260 | 167 | 203 | 113 | 139 | 57 |
| 58 | 223 | 267 | 175 | 209 | 120 | 143 | 58 |
| 59 | 233 | 275 | 183 | 214 | 125 | 146 | 59 |
| 60 | 244 | 281 | 191 | 221 | 130 | 151 | 60 |
| 61 | 255 | 288 | 199 | 225 | 137 | 154 | 61 |
| 62 | 266 | 295 | 208 | 231 | 141 | 158 | 62 |
| 63 | 277 | 303 | 216 | 237 | 148 | 162 | 63 |
| 64* | 288 | 310 | 225 | 243 | 153 | 166 | 64* |
| Rate per Child | | | | | | | |
| <2 | 54 | 54 | 42 | 42 | 29 | 29 | <2 |
| 2-18 | 54 | 54 | 42 | 42 | 29 | 29 | 2-18 |
| 18+ | 67 | 67 | 53 | 53 | 36 | 36 | 18+ |

* For Renewal only

STANDARD LIFE AND ACCIDENT INSURANCE COMPANY
MONTHLY GROSS PREMIUM RATES
Outpatient Doctor Rider
 \$100k Annual Maximum -- 80/20 Coins
 Rates Effective 1/1/09
 Preferred

| Age | 750 | | 1000 | | 1500 | | Age |
|----------------|-------|---------|-------|---------|-------|---------|------|
| | Males | Females | Males | Females | Males | Females | |
| < 23 | 57 | 85 | 45 | 67 | 31 | 46 | < 23 |
| 23 | 58 | 87 | 45 | 69 | 31 | 46 | 23 |
| 24 | 58 | 90 | 45 | 70 | 31 | 48 | 24 |
| 25 | 58 | 92 | 46 | 72 | 32 | 49 | 25 |
| 26 | 59 | 94 | 46 | 73 | 32 | 50 | 26 |
| 27 | 59 | 96 | 46 | 75 | 32 | 51 | 27 |
| 28 | 61 | 98 | 47 | 76 | 32 | 52 | 28 |
| 29 | 62 | 99 | 48 | 78 | 33 | 52 | 29 |
| 30 | 64 | 100 | 50 | 79 | 34 | 54 | 30 |
| 31 | 65 | 102 | 50 | 79 | 35 | 54 | 31 |
| 32 | 66 | 103 | 52 | 81 | 35 | 55 | 32 |
| 33 | 67 | 105 | 52 | 83 | 36 | 57 | 33 |
| 34 | 68 | 108 | 54 | 84 | 37 | 58 | 34 |
| 35 | 70 | 111 | 54 | 86 | 37 | 59 | 35 |
| 36 | 71 | 113 | 55 | 88 | 37 | 60 | 36 |
| 37 | 71 | 116 | 57 | 91 | 38 | 61 | 37 |
| 38 | 74 | 120 | 59 | 94 | 40 | 64 | 38 |
| 39 | 78 | 124 | 61 | 97 | 42 | 66 | 39 |
| 40 | 81 | 129 | 64 | 100 | 44 | 69 | 40 |
| 41 | 84 | 133 | 66 | 104 | 45 | 71 | 41 |
| 42 | 87 | 137 | 69 | 107 | 47 | 73 | 42 |
| 43 | 92 | 142 | 72 | 111 | 49 | 75 | 43 |
| 44 | 96 | 146 | 75 | 115 | 52 | 78 | 44 |
| 45 | 100 | 151 | 79 | 118 | 54 | 81 | 45 |
| 46 | 105 | 155 | 83 | 121 | 57 | 83 | 46 |
| 47 | 109 | 159 | 86 | 125 | 58 | 85 | 47 |
| 48 | 116 | 167 | 91 | 130 | 61 | 90 | 48 |
| 49 | 121 | 175 | 95 | 136 | 64 | 93 | 49 |
| 50 | 126 | 181 | 99 | 142 | 67 | 96 | 50 |
| 51 | 132 | 188 | 104 | 147 | 71 | 100 | 51 |
| 52 | 138 | 195 | 108 | 153 | 73 | 104 | 52 |
| 53 | 146 | 201 | 115 | 157 | 78 | 107 | 53 |
| 54 | 155 | 205 | 121 | 162 | 83 | 109 | 54 |
| 55 | 164 | 210 | 128 | 165 | 87 | 112 | 55 |
| 56 | 172 | 215 | 135 | 169 | 92 | 116 | 56 |
| 57 | 181 | 221 | 142 | 173 | 96 | 118 | 57 |
| 58 | 190 | 227 | 149 | 177 | 102 | 121 | 58 |
| 59 | 198 | 234 | 155 | 182 | 106 | 124 | 59 |
| 60 | 208 | 239 | 163 | 188 | 111 | 128 | 60 |
| 61 | 217 | 245 | 170 | 192 | 116 | 131 | 61 |
| 62 | 226 | 251 | 177 | 197 | 120 | 134 | 62 |
| 63 | 235 | 258 | 184 | 202 | 126 | 138 | 63 |
| 64* | 245 | 264 | 192 | 207 | 130 | 141 | 64* |
| Rate per Child | | | | | | | |
| <2 | 54 | 54 | 42 | 42 | 29 | 29 | <2 |
| 2-18 | 54 | 54 | 42 | 42 | 29 | 29 | 2-18 |
| 18+ | 67 | 67 | 53 | 53 | 36 | 36 | 18+ |

* For Renewal only

STANDARD LIFE AND ACCIDENT INSURANCE COMPANY
MONTHLY GROSS PREMIUM RATES
Outpatient Prescription Drug Rider
 Rates Effective 1/1/09
 \$500 Deductible

| Age | Tobacco User | | Tob. User Pref. | | Tobacco Non-User | | Preferred | | Age |
|--------------------|--------------|--------|-----------------|--------|------------------|--------|-----------|--------|------|
| | Male | Female | Male | Female | Male | Female | Male | Female | |
| < 23 | 10 | 18 | 9 | 16 | 7 | 12 | 6 | 10 | < 23 |
| 23 | 12 | 19 | 11 | 17 | 8 | 13 | 7 | 11 | 23 |
| 24 | 12 | 19 | 11 | 17 | 8 | 13 | 7 | 11 | 24 |
| 25 | 12 | 21 | 11 | 19 | 8 | 14 | 7 | 12 | 25 |
| 26 | 12 | 21 | 11 | 19 | 8 | 14 | 7 | 12 | 26 |
| 27 | 12 | 23 | 11 | 20 | 8 | 15 | 7 | 13 | 27 |
| 28 | 14 | 23 | 12 | 20 | 9 | 15 | 8 | 13 | 28 |
| 29 | 14 | 24 | 12 | 21 | 9 | 16 | 8 | 14 | 29 |
| 30 | 14 | 26 | 12 | 23 | 9 | 17 | 8 | 15 | 30 |
| 31 | 15 | 26 | 13 | 23 | 10 | 17 | 9 | 15 | 31 |
| 32 | 15 | 26 | 13 | 23 | 10 | 17 | 9 | 15 | 32 |
| 33 | 17 | 27 | 15 | 24 | 11 | 18 | 10 | 15 | 33 |
| 34 | 17 | 28 | 15 | 25 | 11 | 19 | 10 | 16 | 34 |
| 35 | 17 | 30 | 15 | 27 | 11 | 20 | 10 | 17 | 35 |
| 36 | 17 | 30 | 15 | 27 | 11 | 20 | 10 | 17 | 36 |
| 37 | 18 | 32 | 16 | 28 | 12 | 21 | 10 | 18 | 37 |
| 38 | 18 | 33 | 16 | 29 | 12 | 22 | 10 | 19 | 38 |
| 39 | 19 | 35 | 17 | 31 | 13 | 23 | 11 | 20 | 39 |
| 40 | 21 | 35 | 19 | 31 | 14 | 23 | 12 | 20 | 40 |
| 41 | 21 | 35 | 19 | 31 | 14 | 23 | 12 | 20 | 41 |
| 42 | 21 | 36 | 19 | 32 | 14 | 24 | 12 | 20 | 42 |
| 43 | 24 | 37 | 21 | 33 | 16 | 25 | 14 | 21 | 43 |
| 44 | 26 | 39 | 23 | 35 | 17 | 26 | 15 | 22 | 44 |
| 45 | 26 | 39 | 23 | 35 | 17 | 26 | 15 | 22 | 45 |
| 46 | 27 | 41 | 24 | 36 | 18 | 27 | 15 | 23 | 46 |
| 47 | 28 | 41 | 25 | 36 | 19 | 27 | 16 | 23 | 47 |
| 48 | 30 | 44 | 27 | 39 | 20 | 29 | 17 | 25 | 48 |
| 49 | 33 | 44 | 29 | 39 | 22 | 29 | 19 | 25 | 49 |
| 50 | 35 | 45 | 31 | 40 | 23 | 30 | 20 | 26 | 50 |
| 51 | 36 | 46 | 32 | 41 | 24 | 31 | 20 | 26 | 51 |
| 52 | 39 | 48 | 35 | 43 | 26 | 32 | 22 | 27 | 52 |
| 53 | 42 | 50 | 37 | 44 | 28 | 33 | 24 | 28 | 53 |
| 54 | 45 | 53 | 40 | 47 | 30 | 35 | 26 | 30 | 54 |
| 55 | 48 | 54 | 43 | 48 | 32 | 36 | 27 | 31 | 55 |
| 56 | 53 | 57 | 47 | 51 | 35 | 38 | 30 | 32 | 56 |
| 57 | 55 | 59 | 49 | 52 | 37 | 39 | 31 | 33 | 57 |
| 58 | 59 | 62 | 52 | 55 | 39 | 41 | 33 | 35 | 58 |
| 59 | 63 | 63 | 56 | 56 | 42 | 42 | 36 | 36 | 59 |
| 60 | 68 | 66 | 60 | 59 | 45 | 44 | 39 | 37 | 60 |
| 61 | 72 | 68 | 64 | 60 | 48 | 45 | 41 | 39 | 61 |
| 62 | 75 | 71 | 67 | 63 | 50 | 47 | 43 | 40 | 62 |
| 63 | 80 | 72 | 71 | 64 | 53 | 48 | 45 | 41 | 63 |
| 64* | 84 | 73 | 75 | 65 | 56 | 49 | 48 | 41 | 64* |
| Rate per Child | 9 | | 9 | | 9 | | 9 | | |
| * For Renewal only | | | | | | | | | |

STANDARD LIFE AND ACCIDENT INSURANCE COMPANY
MONTHLY GROSS PREMIUM RATES
Outpatient Prescription Drug Rider
 Rates Effective 1/1/09
 \$1000 Deductible

| Age | Tobacco User | | Tob. User Pref. | | Tobacco Non-User | | Preferred | | Age |
|--------------------|--------------|--------|-----------------|--------|------------------|--------|-----------|--------|------|
| | Male | Female | Male | Female | Male | Female | Male | Female | |
| < 23 | 8 | 14 | 7 | 12 | 5 | 9 | 5 | 8 | < 23 |
| 23 | 8 | 14 | 7 | 12 | 5 | 9 | 5 | 8 | 23 |
| 24 | 8 | 15 | 7 | 13 | 5 | 10 | 5 | 9 | 24 |
| 25 | 9 | 17 | 8 | 15 | 6 | 11 | 5 | 10 | 25 |
| 26 | 9 | 17 | 8 | 15 | 6 | 11 | 5 | 10 | 26 |
| 27 | 9 | 17 | 8 | 15 | 6 | 11 | 5 | 10 | 27 |
| 28 | 10 | 17 | 9 | 15 | 7 | 11 | 6 | 10 | 28 |
| 29 | 10 | 18 | 9 | 16 | 7 | 12 | 6 | 10 | 29 |
| 30 | 10 | 18 | 9 | 16 | 7 | 12 | 6 | 10 | 30 |
| 31 | 10 | 18 | 9 | 16 | 7 | 12 | 6 | 10 | 31 |
| 32 | 10 | 19 | 9 | 17 | 7 | 13 | 6 | 11 | 32 |
| 33 | 12 | 21 | 11 | 19 | 8 | 14 | 7 | 12 | 33 |
| 34 | 12 | 21 | 11 | 19 | 8 | 14 | 7 | 12 | 34 |
| 35 | 12 | 21 | 11 | 19 | 8 | 14 | 7 | 12 | 35 |
| 36 | 12 | 23 | 11 | 20 | 8 | 15 | 7 | 13 | 36 |
| 37 | 14 | 24 | 12 | 21 | 9 | 16 | 8 | 14 | 37 |
| 38 | 14 | 24 | 12 | 21 | 9 | 16 | 8 | 14 | 38 |
| 39 | 15 | 26 | 13 | 23 | 10 | 17 | 9 | 15 | 39 |
| 40 | 15 | 26 | 13 | 23 | 10 | 17 | 9 | 15 | 40 |
| 41 | 17 | 26 | 15 | 23 | 11 | 17 | 10 | 15 | 41 |
| 42 | 17 | 27 | 15 | 24 | 11 | 18 | 10 | 15 | 42 |
| 43 | 17 | 27 | 15 | 24 | 11 | 18 | 10 | 15 | 43 |
| 44 | 18 | 28 | 16 | 25 | 12 | 19 | 10 | 16 | 44 |
| 45 | 19 | 28 | 17 | 25 | 13 | 19 | 11 | 16 | 45 |
| 46 | 21 | 30 | 19 | 27 | 14 | 20 | 12 | 17 | 46 |
| 47 | 21 | 30 | 19 | 27 | 14 | 20 | 12 | 17 | 47 |
| 48 | 23 | 32 | 20 | 28 | 15 | 21 | 13 | 18 | 48 |
| 49 | 24 | 33 | 21 | 29 | 16 | 22 | 14 | 19 | 49 |
| 50 | 26 | 33 | 23 | 29 | 17 | 22 | 15 | 19 | 50 |
| 51 | 27 | 35 | 24 | 31 | 18 | 23 | 15 | 20 | 51 |
| 52 | 28 | 35 | 25 | 31 | 19 | 23 | 16 | 20 | 52 |
| 53 | 30 | 36 | 27 | 32 | 20 | 24 | 17 | 20 | 53 |
| 54 | 35 | 39 | 31 | 35 | 23 | 26 | 20 | 22 | 54 |
| 55 | 36 | 39 | 32 | 35 | 24 | 26 | 20 | 22 | 55 |
| 56 | 39 | 42 | 35 | 37 | 26 | 28 | 22 | 24 | 56 |
| 57 | 41 | 44 | 36 | 39 | 27 | 29 | 23 | 25 | 57 |
| 58 | 44 | 45 | 39 | 40 | 29 | 30 | 25 | 26 | 58 |
| 59 | 46 | 46 | 41 | 41 | 31 | 31 | 26 | 26 | 59 |
| 60 | 50 | 48 | 44 | 43 | 33 | 32 | 28 | 27 | 60 |
| 61 | 53 | 50 | 47 | 44 | 35 | 33 | 30 | 28 | 61 |
| 62 | 55 | 53 | 49 | 47 | 37 | 35 | 31 | 30 | 62 |
| 63 | 59 | 53 | 52 | 47 | 39 | 35 | 33 | 30 | 63 |
| 64* | 62 | 53 | 55 | 47 | 41 | 35 | 35 | 30 | 64* |
| Rate per Child | | | | | | | | | |
| | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 |
| * For Renewal only | | | | | | | | | |

SERFF Tracking Number: ANTX-125833329 State: Arkansas
 Filing Company: Standard Life and Accident Insurance Company State Tracking Number: 42145
 Company Tracking Number: SLA-C08-C
 TOI: H15G Group Health - Hospital/Surgical/Medical Sub-TOI: H15G.001 Any Size Group
 Expense
 Product Name: SLA-C08-C (AR)
 Project Name/Number: /

Supporting Document Schedules

Satisfied -Name: Certification/Notice **Review Status:** Approved-Closed 05/15/2009
Comments:
 certification
Attachment:
 COMPLIANCE CERTIFICATION.pdf

Bypassed -Name: Application **Review Status:** Approved-Closed 05/15/2009
Bypass Reason: Applications are attached under the FORM SCHEDULE tab
Comments:

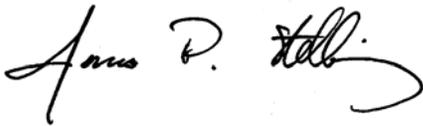
Satisfied -Name: NCAA Documents **Review Status:** Approved-Closed 05/15/2009
Comments:
 Association bylaws and articles of incorporation
Attachment:
 assoc doc.pdf

Satisfied -Name: Master Policy **Review Status:** Approved-Closed 05/15/2009
Comments:
 Master Policy is issued to the NCAA, the association, which is the Policyholder. Attached for informational purposes
Attachment:
 SLA-C08-P AUG 23.pdf

COMPLIANCE CERTIFICATION

We, Standard Life and Accident Insurance Company, certify that we are in compliance with the following:

- 019 Rule and Regulation 19 - Unfair Sex Discrimination in the Sale of Insurance
- 049 Rule and Regulation 49 - Life and Health Insurance Guaranty Association Notices –The notice is contained in all certificates issued to citizens of the state of Arkansas
- Minimum standards. All forms submitted in this filing achieve a minimum score of forty (40) on the Flesch reading ease test
- 23-79-138. Information to accompany policies – form SLA-CIN (AR) is contained in all certificates issued to residents of the state of Arkansas

A handwritten signature in black ink, appearing to read "James P. Stelling". The signature is written in a cursive style with a large, sweeping flourish at the end.

James P. Stelling
Vice President

Dated: April 13, 2009

The attached documents will show that the National Consumer's Advantage Association was originally formed in 1993 with the name of American Business Association. The documents will show that the name was legally changed to National Consumer's Advantage Association in 1999.

STATE OF MISSOURI



Judith K. Moriarty
SECRETARY OF STATE

CORPORATION DIVISION

CERTIFICATE OF INCORPORATION

GENERAL NOT FOR PROFIT

WHEREAS, DUPLICATE ORIGINALS OF ARTICLES OF INCORPORATION OF
AMERICAN BUSINESS ASSOCIATION

HAVE BEEN RECEIVED AND FILED IN THE OFFICE OF THE SECRETARY OF
STATE, WHICH ARTICLES, IN ALL RESPECTS, COMPLY WITH THE
REQUIREMENTS OF GENERAL NOT FOR PROFIT CORPORATION LAW;

NOW, THEREFORE, I, JUDITH K. MORIARTY, SECRETARY OF STATE OF THE
STATE OF MISSOURI, BY VIRTUE OF THE AUTHORITY VESTED IN ME BY
LAW, DO HEREBY CERTIFY AND DECLARE THIS ENTITY A BODY CORPORATE,
DULY ORGANIZED THIS DATE AND THAT IT IS ENTITLED TO ALL RIGHTS
AND PRIVILEGES GRANTED CORPORATIONS ORGANIZED UNDER THE
GENERAL NOT FOR PROFIT CORPORATION LAW.

IN TESTIMONY WHEREOF, I HAVE SET MY
HAND AND IMPRINTED THE GREAT SEAL OF
THE STATE OF MISSOURI, ON THIS, THE
5TH DAY OF MAY, 1993.



Judith K. Moriarty
Secretary of State

\$10.00



ROY D. BLUNT, Secretary of State
CORPORATION DIVISION

Articles of Incorporation
of a
General Not For Profit Corporation
Filing Fee \$10.00

FILED AND CERTIFICATE OF
INCORPORATION ISSUED

ROY D. BLUNT
SECRETARY OF STATE
OFFICE OF MISSOURI
CORPORATION DIVISION
JEFFERSON CITY, MO 65102

MAY 05 1993

Judith K. Murphy

I, the undersigned,

(Not less than three)

| Type or Print Name | Number | Street | City | State | Zip |
|-------------------------|--------|-------------------|----------------|-------|-------|
| Mark K. Fletcher | 273 | Brightfield Drive | Ballwin | MO | 63120 |
| William A. Warmann, Jr. | 32 | Green #4 Drive | St. Charles | MO | 63303 |
| Maren K. Boeker | 13 | Bordeaux Place | Lake St. Louis | MO | 63367 |

I, the undersigned, natural persons of the age of eighteen years or more and citizens of the United States, for the purpose of forming a corporation under the "General Not For Profit Corporation Law" of the State of Missouri, do hereby adopt the following Articles of Incorporation:

The name of the corporation is: AMERICAN BUSINESS ASSOCIATION

The period of duration of the corporation is: perpetual
(Please state "perpetual" or a definite number of years)

The address of its initial Registered Office in the State of Missouri is: 1302 Clarkson/Clayton Center
suite 202 Ellisville 63011 and
(City) (Zip)

The name of its initial Registered Agent at said Address is: Mark K. Fletcher

The first Board of Directors shall be (3) Three in number, their names and addresses being as follows:
(At least three required)

| Type or Print Name | Number | Street | City | State | Zip |
|-------------------------|--------|-------------------|--------------|-------|-------|
| Mark K. Fletcher | 273 | Brightfield Drive | Ballwin | MO | 63120 |
| William A. Warmann, Jr. | 32 | Green #4 Drive | St. Charles | MO | 63303 |
| Dale D. Turvey | 16601 | Rehrsgrove Drive | Chesterfield | MO | 63005 |

The purpose or purposes for which the corporation is organized are:

"SEE ATTACHED"



(OVER)

5. The purpose or purposes for which the corporation is organized are:

- A. To conduct polls among its members on matters of importance to American Businessman; to collect, compile and disseminate business and financial information through the news media, to its members and the general public;
- B. To carry on educational programs among its members and the general public relating to matters of vital interest to the business community.

To organize individual businessmen and concerned citizens into an association with the objective that their voices may be heard effectively in local, state and national affairs affecting the business community.

- C. To seek and support the availability of services and other benefits for members which represent greater value to those members than would be available to them individually.
- D. To conduct and engage in all lawful activities under the Missouri not-for-profit corporation act.

FILED AND CERTIFICATE OF
INCORPORATION ISSUED

MAY 05 1993

Judith K. Murphy

STATE OF MISSOURI



Rebecca McDowell Cook
Secretary of State

CORPORATION DIVISION
CERTIFICATE OF AMENDMENT
OF A
MISSOURI NONPROFIT CORPORATION

WHEREAS,

NATIONAL CONSUMER'S ADVANTAGE ASSOCIATION

FORMERLY,

AMERICAN BUSINESS ASSOCIATION

A CORPORATION ORGANIZED UNDER THE MISSOURI NONPROFIT CORPORATION LAW HAS DELIVERED TO ME DUPLICATE ORIGINALS OF ARTICLES OF AMENDMENT OF ITS ARTICLES OF INCORPORATION AND HAS IN ALL RESPECTS COMPLIED WITH REQUIREMENTS OF LAW GOVERNING THE AMENDMENT OF ARTICLES OF INCORPORATION UNDER THE MISSOURI NONPROFIT CORPORATION LAW, AND THAT THE ARTICLES OF INCORPORATION OF SAID CORPORATION ARE AMENDED IN ACCORDANCE THEREWITH.

IN TESTIMONY WHEREOF, I HAVE SET MY HAND AND IMPRINTED THE GREAT SEAL OF THE STATE OF MISSOURI, ON THIS, THE 16TH DAY OF MARCH, 1999.

Rebecca McDowell Cook
Secretary of State



\$10.00



State of Missouri

Rebecca McDowell Cook, Secretary of State

P. O. Box 778, Jefferson City, MO 65102

Corporation Division
FILED AND CERTIFICATE
ISSUED

Articles of Amendment for a Nonprofit Corporation

MAR 16 1999

(Submit in duplicate with filing fee of \$10.00)

Rebecca McDowell Cook
SECRETARY OF STATE

The undersigned corporation, for the purpose amending its articles of incorporation, articles of amendment:

(1) The name of corporation is: AMERICAN BUSINESS ASSOCIATION

(2) The text of the amendment(s) and the date(s) of adoption are as follows:

ARTICLE I OF THE ARTICLES OF INCORPORATION
ARE AMENDED TO READ AS FOLLOWS: as of 3-1-99.

THE NAME OF THE CORPORATION IS: NATIONAL CONSUMER'S ADVANTAGE
ASSOCIATION

(3) If approval of members was not required, and the amendment(s) was approved by a sufficient vote of the board of directors or incorporators, check here and skip to number (5):

(4) If approval by members was required, check here and provide the following information: _____

A. Number of memberships outstanding: _____

B. Complete either i or ii.

i. Number of votes for and against the amendment(s) by class was:

| Class: | Number entitled to vote: | Number voting for: | Number voting against: |
|--------|--------------------------|--------------------|------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

ii. Number of undisputed votes cast for the amendment(s) was sufficient for approval, and was:

| Class: | Number voting undisputed: |
|--------|---------------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

The number of votes cast in favor of the amendment(s) by each class was sufficient for approval by that class.

(5) If approval of the amendment(s) by some person(s) other than the members, the board or the incorporators was required pursuant to section 355.606, check here to indicate that approval was obtained:

In affirmation of the facts stated above,

Alan Becker
(Authorized signature of officer or chairman of the board)

Secretary
(Title)

3/2/99
(Date of signature)

(2) Article V of the Articles of Incorporation are amended to read as follows:

The purpose or purposes for which the corporation is organized are:

- A. To conduct surveys among members and the public at large concerning Value of consumer items and comparative buying habits.
- B. To initiate and conduct educational programs intended to provide Members and the public with information designed to enhance consumer awareness.
- C. To seek and support the availability of services and other benefits for Members that provide greater value to the membership than would be Available to individuals independent of membership.
- D. To conduct and engage in all other lawful activities permitted under the Missouri not-for-profit corporation act.

FILED AND CERTIFICATE
ISSUED

MAR 16 1999

Rebecca McDowell Cook
SECRETARY OF STATE

STATE OF

NEBRASKA



United States of America, }
State of Nebraska } ss.

Department of State
Lincoln, Nebraska

I, John A. Gale, Secretary of State of Nebraska do hereby certify;

**the attached is a true and correct copy of Articles of Amendment to
the Articles of Incorporation of**

NATIONAL CONSUMERS ADVANTAGE ASSOCIATION

**with registered office located in LINCOLN, Nebraska, as filed in this
office on June 12, 2003.**

In Testimony Whereof,

**I have hereunto set my hand and
affixed the Great Seal of the State
of Nebraska on June 12, in the year
of our Lord, two thousand three.**



John A. Gale
SECRETARY OF STATE



**NON-PROFIT ARTICLES OF AMENDMENT TO THE
ARTICLES OF INCORPORATION
OF
NATIONAL CONSUMERS ADVANTAGE ASSOCIATION**

**To: State of Nebraska
Mr. John A. Gale, Secretary of State
Room 1305 State Capitol, PO Box 94608
Lincoln, NE 68509**

Pursuant to the provisions of the state of Nebraska non-profit Corporation Act, the undersigned adopts the following Amendment to the Articles of Incorporation:

1. The name of the corporation is: National Consumers Advantage Association
2. ARTICLE SIX (6) is amended to indicate the purpose of the Association:
The purpose or purposes for which the corporation is organized are:
 - A. To conduct surveys among members and the public at large concerning value of consumer items and comparative buying habits.
 - B. To initiate and conduct educational programs intended to provide members and the public with information designed to enhance consumer awareness.
 - C. To seek and support the availability of services and other benefits for members that provide greater value to the membership than would be available to individuals independent of membership.
 - D. To conduct and engage in all other lawful activities permitted under the Nebraska Nonprofit Corporation Act.
3. The date of the amendment's adoption is as follows: 5-27-2003
4. The amendment was adopted by the incorporators and member action was not required.

Signature

Karen Boeker, Incorporator

NOTICE OF AMENDMENT

NOTICE is hereby given that the Articles of Incorporation of National Consumers Advantage Association were amended effective 5-27-2003.

The amendment changed Article 6 to indicate the purpose of the Corporation.

Date: 6/6/03

National Consumers Advantage Association



Karen Boeker, Incorporator

STATE OF

NEBRASKA



United States of America,
State of Nebraska } ss.

Department of State
Lincoln, Nebraska

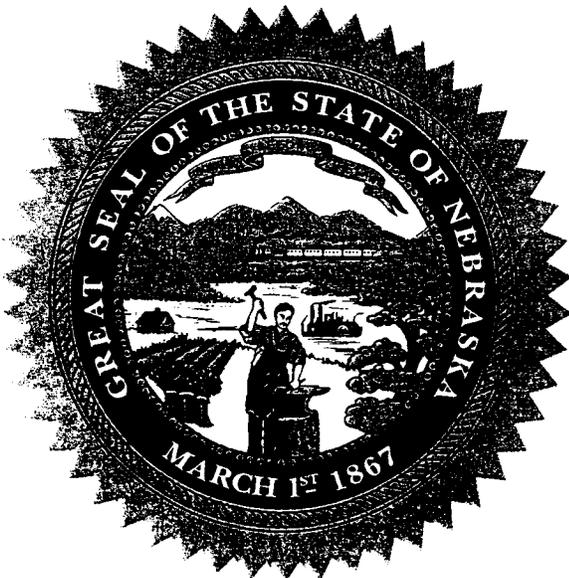
I, John A. Gale, Secretary of State of Nebraska do hereby certify;

NATIONAL CONSUMERS ADVANTAGE ASSOCIATION

was duly incorporated under the laws of this state on May 27, 2003 and do further certify that no biennial fees assessed are unpaid and no biennial reports are delinquent; articles of dissolution have not been filed and said corporation is in existence as of the date of this certificate.

In Testimony Whereof,

I have hereunto set my hand and affixed the Great Seal of the State of Nebraska on June 12, in the year of our Lord, two thousand three.



John A. Gale
SECRETARY OF STATE

**NON-PROFIT ARTICLES OF INCORPORATION
OF
NATIONAL CONSUMERS ADVANTAGE ASSOCIATION**

**To: State of Nebraska
Mr. John A. Gale, Secretary of State
Room 1305 State Capitol, PO Box 94608
Lincoln, NE 68509**

Pursuant to the provisions of the state of Nebraska non-profit Corporation Act, the undersigned adopts the following Articles of Incorporation:

ARTICLE ONE

The name of the corporation is: National Consumers Advantage Association.

ARTICLE TWO

The corporation is a mutual benefit corporation.

ARTICLE THREE

The street address of the corporation's initial registered office is: 301 South 13th Street, Suite 500, Lincoln, Nebraska 68508. The name of its initial registered agent at that office is: C T CORPORATION SYSTEM.

ARTICLE FOUR

The name and street address of each incorporator is:

Karen Boeker 13 Bordeaux Place, Lake St. Louis, MO 63367
Bernard Federko 2944 Devonsbrook Drive, Chesterfield, MO 63005

ARTICLE FIVE

The corporation does have members.

ARTICLE SIX

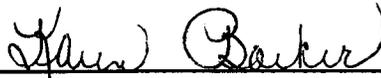
Other provisions permitted or required by law: Upon dissolution, the assets would be distributed to another mutual benefit corporation.

Date: 5/15/03



Signature

Printed Name: Bernard Federko



Signature

Printed Name: Karen Boeker

JOHN A. GALE
Secretary of State

May 27, 2003

JODY DEBUS
Deputy Manager

NCAA MEMBER SERVICES
ATTN: BARBARA
SUITE 301
1819 CLARKSON RD.
CHERSTERFIELD, MO 68509

ACKNOWLEDGEMENT OF FILING

The attached documents were filed with the Nebraska Secretary of State's Office, Corporation Division. A label has been affixed to each filing signifying the filing stamp for the Nebraska Secretary of State's Office, Corporation Division. This filing label indicates the date and time of the filing and also references a document number that can be used to reference this filing in the future.

ACKNOWLEDGEMENT OF FILING FEES RECEIVED

| Action/Service | Company/Entity Name | Fee Received |
|--------------------|--|--------------|
| Articles Perpetual | NATIONAL CONSUMERS ADVANTAGE ASSOCIATION | 10.00 |
| Per Page Charge | NATIONAL CONSUMERS ADVANTAGE ASSOCIATION | 10.00 |
| | Total Fees Received | \$20.00 |

JEFF
Filing Officer

BY-LAWS
OF
NATIONAL CONSUMER'S ADVANTAGE ASSOCIATION
INDEX

| | <u>Page</u> |
|---|-------------|
| Article I Purposes | 1 |
| Article II Offices | 1 |
| Article III Members | 1 |
| Section 1 Classes of Members | 1 |
| Section 2 Voting Rights. | 2 |
| Section 3 Termination of Membership | 2 |
| Section 4 Resignation. | 2 |
| Section 5 Reinstatements | 2 |
| Section 6 Transfer of Membership | 2 |
| Article IV Meetings of Members | 2 |
| Section 1 Annual Meetings | 2 |
| Section 2 Special Meeting | 2 |
| Section 3 Place of Meeting | 3 |
| Section 4 Notice of Meetings | 3 |
| Section 5 Quorum | 3 |
| Section 6 Manner of Acting | 3 |
| Section 7 Informal Action by Members | 3 |
| Section 8 Parliamentary Procedures | 4 |
| Section 9 Voting | 4 |
| Section 10 Matters Reserved to Membership Vote . | 4 |
| Article V Board of Directors | 5 |
| Section 1 General Powers | 5 |
| Section 2 Number, Tenure and Qualifications . . | 5 |
| Section 3 Regular Meetings | 5 |
| Section 4 Special Meetings | 5 |
| Section 5 Notice | 5 |
| Section 6 Quorum | 6 |
| Section 7 Manner of Acting | 6 |
| Section 8 Vacancies | 6 |
| Section 9 Compensation | 6 |
| Section 10 Telephonic Participation in Meetings . | 6 |
| Section 11 Action by Written Consent | 7 |

| | | |
|--------------|---|----|
| Article VI | Officers | 7 |
| Section 1 | Officers | 7 |
| Section 2 | Election and Term of Office | 7 |
| Section 3 | Removal | 8 |
| Section 4 | Vacancies | 8 |
| Section 5 | President | 8 |
| Section 6 | Vice President | 8 |
| Section 7 | Treasurer | 8 |
| Section 8 | Secretary | 8 |
| Article VII | Committees | 9 |
| Section 1 | Committees of Directors | 9 |
| Section 2 | Other Committees | 9 |
| Section 3 | Vacancies | 10 |
| Section 4 | Quorum | 10 |
| Section 5 | Rules | 10 |
| Article VIII | Contracts, Checks, Deposits & Funds | 10 |
| Section 1 | Contracts | 10 |
| Section 2 | Checks, Drafts, Etc. | 10 |
| Section 3 | Deposits | 11 |
| Section 4 | Gifts | 11 |
| Section 5 | Loans | 11 |
| Article IX | Certificates of Membership | 11 |
| Section 1 | Certificates of Membership | 11 |
| Section 2 | Issuance of Certificates | 11 |
| Article X | Books and Records | 12 |
| Article XI | Dues and Initiation Fee | 12 |
| Section 1 | Annual Dues | 12 |
| Section 2 | Payment of Dues | 12 |
| Section 3 | Default & Termination of Membership | 12 |
| Section 4 | Initiation Fee | 12 |
| Article XII | Fiscal Year | 13 |
| Article XIII | Seal | 13 |
| Article XIV | Waiver of Notice | 13 |

| | | |
|--------------|--------------------------------|----|
| Article XV | Amendment of By-Laws | 14 |
| Article XVI | Indemnification | 14 |
| Article XVII | Dissolution | 14 |

BY-LAWS
OF
NATIONAL CONSUMERS' S ADVANTAGE ASSOCIATION

ARTICLE I
PURPOSES

The purpose of NATIONAL CONSUMER'S ADVANTAGE ASSOCIATION ("association") shall be as that stated in the Certificate of Incorporation, as well as any powers as are now or may hereafter be granted by the General Not-For-Profit Law of the State of Missouri.

ARTICLE II
OFFICES

The Association shall have and continuously maintain in this state a registered office and a registered agent, and the registered office of the association shall be identical with that of its registered agent. The Association may have other offices within or without the State of Missouri as the Board of Directors may from time to time determine.

ARTICLE III
MEMBERS

Section 1. Classes of Members. The Association shall have three (3) classes of members. The designation of such classes and qualifications of the members of such classes shall be as follows:

1. Individual membership: The individual is entitled to participate in all benefit programs offered by the Association.

2. Family membership: The member and his spouse are entitled to participate in all benefit programs offered by the Association.

3. Limited membership: The member who is interested in only certain designated benefit programs offered by the Association.

Section 2. Voting Rights. Each member of classes 1 and 2 shall be entitled to one vote on each matter submitted to a vote of the members by the Board of Directors. Voting may be in person or by proxy; provided that no proxy may be used for voting purposes unless the original of the proxy is filed with the Secretary of the Association at least seven (7) days before the meeting at which it is to be used.

Section 3. Termination of Membership. Any member who shall be in default in the payment of dues for the period fixed in Article XI of the By-Laws is automatically ineligible for membership and loses all privileges and rights of the Association, subject to the discretion of the Board of Directors to extend such time period for the payment of dues.

Section 4. Resignation. Any member may resign by filing a written resignation with the Secretary, but such resignation shall not entitle such member to any refund of dues and the member shall immediately lose all privileges and rights of the Association.

Section 5. Reinstatement. Upon written reapplication a former member may be reinstated to membership in the Association.

Section 6. Transfer of Membership. Membership in the Association is not transferable or assignable.

ARTICLE IV MEETINGS OF MEMBERS

Section 1. Annual Meeting. An annual meeting of the members of the Association shall be held for the purpose of electing Directors and the transaction of any other business as may come before the meeting. The date of the annual meeting shall be determined by the Board of Directors.

Section 2. Special Meeting. Special meetings of the members, for any purpose or purposes, unless otherwise prescribed by law,

may be called by the President and shall be called by the Secretary at the direction of a majority of the Board of Directors, or at the request in writing of members representing at least one hundred (100) votes entitled to be cast at such meeting.

Section 3. Place of Meeting. The Board of Directors may designate any place, within or without the State of Missouri as the place of meeting for any annual meeting. The President or the Board of Directors may designate any place within or without the State of Missouri as the place of the meeting for any special meeting. If no designation is made, the place of meeting shall be the registered office of the Association.

Section 4. Notice of Meetings. Written or printed notice stating the place, day and hour of any regular or special meeting of the Association members shall be delivered, either personally or by mail, to each member, not less than seven (7) or more than forty (40) days before the date of such meeting, by or at the direction of the President, or Secretary, or the Board of Directors or person calling the meeting. In the case of special meetings, the purpose for which the meeting is called shall be stated in the notice. If mailed, the notice of meeting shall be deemed delivered when deposited in the United States mail addressed to the member at this address as it appears on the records of the Association, with postage thereon paid. Notice of meetings may be included in any publication that is distributed to the member.

Section 5. Quorum. There shall be no minimum number of members necessary to be present at any regular meeting or special meeting, in order to constitute a quorum. Those members present shall therefore constitute a quorum.

Section 6. Manner of Acting. The act of a majority of the members present at any regular or special meeting shall constitute the act of the members.

Section 7. Informal Action by Members. Upon approval by the directors, any action required to be taken at a meeting of the members of the Association or any other action which may be taken at a meeting, may be taken without a meeting if consents in

writing, setting forth the action so taken, shall be signed by a majority of the members with respect to the subject matter thereof.

Section 8. Parliamentary Procedures. Parliamentary Procedure for all meetings of members, directors, and committees shall be conducted in accordance with the latest revised edition of Robert's Rules of Order, unless otherwise inconsistent with these By-Laws.

Section 9. Voting. At all meetings of the members, each member of records shall be entitled to one (1) vote. A vote may be cast either orally or in writing in person or by proxy. A "member of record" is a person who is a member in good standing of the Association as of the close of business on a date, selected by the Board of Directors, not less than forty (40) days nor more than fifty (50) days before the date of the meeting (the "record date").

When a quorum is present at any meeting, the vote of the holders of a majority of members present shall decide any questions brought before such meeting, unless the questions are ones upon which, by express provision of law or of the Association's Articles of Incorporation, a different vote is required, in which case such express provision shall govern and control the decision of such question.

Section 10. Matters Reserved to Membership Vote. The following matters shall be authorized only upon a vote "thereon" by the members at a meeting called to consider such matter:

1. An amendment to the Association's Articles of Incorporation;
2. The election of the Board of Directors; and
3. Any other matter which the Board of Directors, in their sole discretion, by resolution shall commit to a vote of the members.

ARTICLE V
BOARD OF DIRECTORS

Section 1. General Powers. The affairs of the Association shall be managed by its Board of Directors.

Section 2. Number, Tenure and Qualifications. The number of directors shall be no fewer than three (3) and no more than twenty-five (25) and may be changed from time to time by resolution of the Board of Directors. The Board of Directors shall appoint a committee to nominate successor directors. The directors shall be elected at an annual meeting of the members, except as provided in Section 8 of this Article, and each director elected shall hold office until his successor is elected and qualified or until his earlier death, resignation or removal. Directors shall be residents of the United States of America but need not be members.

Section 3. Regular Meetings. A regular annual meeting of the Board of Directors shall be held each year immediately after the annual meeting of the members of the Association for the purpose of electing officers and for the transaction of such other business as may come before the meeting. The regular annual meeting of directors shall be held without other notice than these By-Laws. The Board of Directors may provide by resolution the time and place, within or without the State of Missouri for the holding of additional regular meetings of the Board of Directors.

Section 4. Special Meetings. Special meetings of the Board of Directors may be called by or at the request of the President or any two (2) directors. All special meetings shall be held at the registered office of the Association unless otherwise agreed upon by a majority of the Board of Directors in attendance at the meeting.

Section 5. Notice. Notice of any special meeting of the Board of Directors and the business to be transacted shall be given at least five (5) days previously thereto by written notice delivered personally or sent by mail to each director at his address shown on the records of the Association. If notice be given by mail, such notice shall be deemed to be delivered when deposited in the United States mail addressed to the director. Any director may waive notice of any meeting. The attendance of a director at any meeting shall constitute a waiver of notice of such meeting, except where a

director attends a meeting for the express purpose of objecting to the transaction of any business because the meeting is not lawfully called or convened. The purpose of any special meeting of the Board of Directors shall be specified in the notice of such meeting.

Section 6. Quorum. A majority of the Board of Directors shall constitute a quorum for the transaction of business at any meeting of the Board of Directors provided that if less than a majority of the directors are present at said meeting, a majority of the directors present may adjourn the meeting from time to time without further notice.

Section 7. Manner of Acting. The act of a majority of the directors present at a meeting at which a quorum is present shall be the act of the Board of Directors, except where otherwise provided by law or these By-Laws.

Section 8. Vacancies. Vacancies created by the death, resignation, or removal of a director may be filled by a majority vote of the directors then in office though less than a quorum, and each director so chosen shall hold office until his successor is elected and qualified or until his earlier death, resignation or removal. A director may be removed at any time, with or without cause, by a vote of a majority of the remaining directors. If there are not directors in office, then an election of directors may be held in the manner provided by law. Newly created directorships shall be filled by election at an annual meeting or special meeting called for that purpose.

Section 9. Compensation. Directors as such shall not receive any stated salaries for their services, but by resolution of the Board of Directors, a fixed sum and expenses of attendance, if any, may be allowed for attendance at each meeting of the Board of Directors. Nothing herein contained shall be construed to preclude any director from serving the Association in any other capacity and receiving compensation therefor upon approval by the Board.

Section 10. Telephonic Participation in Meeting. The members of the Board of Directors, or of any committee designated by the Board of Directors, may participate in a meeting of the Board of Directors or committee by means of conference telephone or

similar communications equipment whereby all persons participating in the meeting can hear each other, and participation in a meeting in this manner shall constitute presence in person at the meeting.

Section 11. Action by Written Consent. Any action which is required to be or may be taken at a meeting of the directors, or of any committee of the directors, may be taken without a meeting if consents in writing, setting forth the action so taken are signed by all of the members of the Board of Directors or of the committee as the case may be. The consents shall have the same force and effect as a unanimous vote at a meeting duly held. The Secretary shall file the consents with the minutes of the meetings of the Board of Directors or of the committee as the case may be.

ARTICLE VI OFFICERS

Section 1. Officers. The Officers of the Association shall be a President, one or more Vice Presidents (the number thereof to be determined by the Board of Directors), a Treasurer, a Secretary or combination thereof, and such other officers as may be elected in accordance with the provisions of this article. The Board of Directors may elect or appoint other officers, including one or more Assistant Secretaries and one or more Assistant Treasurers, as it shall deem desirable, such officers to have the authority and perform the duties prescribed, from time to time, by the Board of Directors. Any two or more offices may be held by the same person, except the offices of President and Secretary.

Section 2. Election and Term of Office. The Officers of the Association shall be elected annually by the Board of Directors at the regular annual meeting of the Board of Directors. If the election of Officers shall not be held at such meeting, such election shall be held as soon thereafter as convenient. Vacancies may be filled or new officers created and filled at any meeting of the Board of Directors. Each Officer shall hold office until his successor shall have been duly elected and shall have qualified.

Section 3. Removal. Any Officer or Agent elected or appointed by the Board of Directors may be removed by the Board of Directors

whenever in its judgment the best interests of the Association would be served thereby.

Section 4. Vacancies. A vacancy in any office because of death, resignation, removal, disqualification or otherwise, may be filled by the Board of Directors for the unexpired portion of the term.

Section 5. President. The President of the Association shall be the principal executive officer of the Association. He shall supervise and conduct the affairs of the Association in such manner as will best accomplish the purposes set forth in the Articles of Incorporation of the Association. He shall preside at all meetings of the Association members and the Board of Directors. He shall countersign all checks together with the Treasurer.

Section 6. Vice President. In the absence of the President, or in the event of his inability or refusal to act, the Vice President shall perform the duties of the President, and when so acting, shall have all the powers of and be subject to all the restrictions upon the President. The Vice President shall perform such other duties as from time to time may be assigned to him by the President or by the Board of Directors.

Section 7. Treasurer. The Treasurer or Assistant Treasurer shall have charge and custody of and be responsible for all funds and securities of the Association; receive and give receipts for monies received by the Association from any source whatsoever, and deposit all such monies in the name of the Association in such banks, trust companies or other depositories as shall be selected in accordance with the provisions of Article VIII of these By-Laws.

Section 8. Secretary. The Secretary or Assistant Secretary of the Association shall keep the minutes of the meetings of the members and of the Board of Directors in one or more books provided for that purpose; see that all notices are duly given in accordance with the provisions of these By-Laws or as required by law; be custodian of the corporate records of the Association; see that the seal of the Association, if any, is affixed to all documents, the execution of which on behalf of the Association under its seal, if any, is duly authorized in accordance with the provisions of these By-Laws; keep a register of the post office address of each member

which shall be furnished to the Secretary or Assistant Secretary by such member; and in general perform all duties incident to the office of Secretary and such other duties as from time to time may be assigned to the Secretary or Assistant Secretary by the President or by the Board of Directors.

ARTICLE VII
COMMITTEES

Section 1. Committees of Directors. The Board of Directors, by resolution adopted by the majority of the directors in office, may designate one or more committees, each of which shall consist of two (2) or more directors, which committees, to the extent provided in said resolution, shall have and exercise the authority of the Board of Directors in the management of the Association; but the designation of such committees and the delegation thereto of authority shall not operate to relieve the Board of Directors, or any individual director, of any responsibility imposed upon it or him by law. The President shall be an ex-officio member of all committees of directors.

Section 2. Other Committees. Other committees not having and exercising the authority of the Board of Directors in the management of the Association may be designated by a resolution adopted by a majority of the directors present at a meeting at which a quorum is present. Except as otherwise provided in such resolution, members of each such committee shall be members of the Association, and the President of the Association shall appoint the members thereof. Any member thereof may be removed by the person or persons authorized to appoint such member whenever in their judgment the best interests of the Association will be served by such removal. One member of each committee shall be a director.

Section 3 Vacancies. Vacancies in the membership of any committee may be filled by appointments made in the same manner as provided in the case of original appointments.

Section 4. Quorum. Unless provided in the resolution of the Board of Directors designating a committee, a majority of the whole

committee shall constitute a quorum and the act of a majority of the members present at a meeting at which a quorum is present shall be the act of the committee.

Section 5. Rules. Each committee may adopt rules for its own government not inconsistent with these By-Laws or with rules adopted by the Board of Directors.

ARTICLE VIII CONTRACTS, CHECKS, DEPOSITS, AND FUNDS

Section 1. Contracts. The Board of Directors may authorize the officers or agents of the Association to enter into contracts or to execute and deliver documents in the name of and on behalf of the Association. Such authority shall be confined to specific instances. Such contracts may be for any purpose deemed by the Board of Directors to be appropriate, including the contracting with a third party for any or all administrative and other services and functions necessary for the Association to achieve its purpose.

Section 2. Checks, Drafts, Etc. All checks, drafts, or other orders for payment of money, notes or other evidences of indebtedness issued in the name of the Association shall be signed by such officer or officers, agent or agents of the Association and in such manner as shall from time to time be determined by the resolution of the Board of Directors. In the absence of such determination by the Board of Directors, such instruments shall be signed by the Treasurer or an Assistant Treasurer and countersigned by the President or Vice President of the Association.

Section 3. Deposits. All funds coming into possession of the Association shall be deposited from time to time to the credit of the Association in such banks, trust companies, or other depositories as the Board of Directors may select.

Section 4. Gifts. The Board of Directors may accept on behalf of the Association any contributions, gifts, bequests, or device

for the general purpose or for any special purpose of the Association.

Section 5. Loans. The Association may, upon authorization of the Board of Directors, from time to time accept or negotiate loans of financial assistance to be repaid at such time as the Association is reasonably able to repay.

ARTICLE IX
CERTIFICATES OF MEMBERSHIP

Section 1. Certificates of Membership. The Board of Directors may provide for the issuance of certificates evidencing membership in the Association which shall be in such form as may be determined by the Board. Such certificates shall be signed by the President or Vice President and shall be sealed with the seal of the Association, if any. The name and address of each member and the date of issuance of the certificate shall be entered on the records of the Association. If any certificate shall become lost, mutilated or destroyed, a new certificate may be issued therefor upon such terms and conditions as the Board of Directors may determine.

Section 2. Issuance of Certificates. When a member has applied for and is eligible for membership and has paid any initiation fee and dues that may then be required, a certificate of membership shall be issued and delivered to him by the Secretary, if the Board of Directors shall have provided for the issuance of certificates of membership under the provisions of Section 1 of this article.

ARTICLE X
BOOKS AND RECORDS

The Association shall keep correct and complete books and records of accounts and shall also keep minutes of the proceedings

of its members, Board of Directors and committees having any of the authority of the Board of Directors, and shall keep at the registered or principal office a record giving the names and addresses of the members entitled to vote. All books and records of the Association may be inspected by any member, or his agent or attorney for any purpose at any reasonable time.

ARTICLE XI
DUES AND INITIATION FEE

Section 1. Annual Dues. The Board of Directors may determine from time to time the amount of annual dues payable to the Association by members of each class.

Section 2. Payment of Dues. Dues shall be payable in advance.

Section 3. Default and Termination of Membership. When any member of any class shall be in default in the payment of dues for a period of one month from the beginning of the period from which such dues became payable, such member shall be automatically dropped from membership unless the Board of Directors, in its discretion, extends the time for payment of dues.

Section 4. Initiation Fee. Each member may be required to pay, in addition to applicable dues, the amount of any initiation fee designated by the Board of Directors as a prerequisite to membership. The Board of Directors may provide that the initiation fee is waived for members who are part of a group where the sponsor pays a stated initiation fee on behalf of all group members.

ARTICLE XII
FISCAL YEAR

The fiscal year of the Association shall begin the first day of January and end on the last day of December in each year.

ARTICLE XIII

SEAL

The Board of Directors may provide a corporate seal which shall be in the form of a circle and shall have inscribed thereon the name of the corporation and the words "Corporate Seal".

ARTICLE XIV

WAIVER OF NOTICE

Whenever any notice is required to be given under the provisions of the General Not-For-Profit Corporation Law of Missouri under the provisions of the Articles of Incorporation or the By-Laws of the Association, a waiver thereof in writing signed by the person or persons entitled to such notice, whether before or after the time stated therein, shall be deemed equivalent to the giving of such notice.

ARTICLE XV

AMENDMENT OF BY-LAWS

These By-Laws may be altered, amended or repealed and new By-Laws may be adopted by a two-thirds (2/3) majority of the directors present at any regular meeting or any special meeting, provided that at least seven (7) days' written notice is given of intention to alter, amend or repeal or to adopt new By-Laws at such meeting.

ARTICLE XVI
INDEMNIFICATION

The Association shall provide for indemnification by the Association of any and all of its directors or officers or former directors or officers against expenses actually and necessarily incurred by them in connection with the defense of any action, suit, or proceeding, in which they or any of them are made parties, or a party, by reason of having been directors or officers of the Association, except in relation to matters as to which such director or officer or former director or officer shall be adjudged in such action, suit, or proceeding to be liable for gross negligence or misconduct in the performance of duty and to such matters as shall be settled by agreement predicated on the existence of such liability for gross negligence or misconduct.

ARTICLE XVII
DISSOLUTION

The Association shall use its funds only to accomplish the objectives and purposes specified in these By-Laws, and no part of said funds shall inure, or be distributed, to the members of the Association. On dissolution of the Association any funds remaining shall be distributed to one or more regularly organized and qualified charitable, educational, scientific, or philanthropic organizations to be selected by the Board of Directors.

STANDARD LIFE AND ACCIDENT INSURANCE COMPANY

A Stock Life Insurance Company
**ADMINISTRATIVE OFFICE: ONE MOODY PLAZA
GALVESTON, TEXAS 77550**

GROUP CATASTROPHIC HOSPITAL INSURANCE POLICY

We pay benefits in accordance with all the terms and conditions of this Policy for Medical Service charges that are described in the section called "Medical Services" and incurred by a Covered Person as the result of the Medically Necessary treatment of:

INJURY that occurs after his/her Certificate Date; or

SICKNESS that begins after his/her Certificate Date.

The Certificate is not the contract of insurance, however it provides evidence of coverage under this Policy. **READ IT CAREFULLY.**

IMPORTANT NOTICE CONCERNING STATEMENTS IN EACH CERTIFICATEHOLDER'S ENROLLMENT APPLICATION - Each Certificateholder should read his/her Enrollment Application and all documents attached to his/her Certificate. **Omissions or misstatements in the Enrollment Application or any attached documents may cause Us to deny an otherwise valid claim or rescind coverage.** Carefully check all documents. The Certificateholder must advise Our Underwriting Department in writing within 10 days of receipt of the Certificate if he/she determines that any information or medical history is incomplete, incorrect, or has changed since the date of his/her Enrollment Application.

A Certificateholder's Enrollment Application and all attached documents are part of this Policy. We provide coverage described in this Policy on the basis that all of the answers to the questions and all the material information contained in the documents are correct and complete. No agent or employee, except an officer of the Company, has the authority to waive any of the requirements in the documents or waive any of the provisions of this Policy.

We do not provide coverage until we have approved Your Enrollment Application and Your Initial Premium has been paid. The Initial Premium pays for the Initial Term of coverage. The Initial Term of coverage begins at 12:01 A.M., local time, at Your residence on Your Certificate Date. Coverage is continued in accordance with all of the provisions of this Policy.

10 DAY RIGHT TO EXAMINE THE CERTIFICATE – The Certificateholder may return the Certificate to Us for any reason within 10 days after they receive it. The Certificateholder may bring it in person or mail it to Us. At the time the Certificateholder returns the Certificate, coverage under this Policy is void from the beginning. We will refund any premium paid.

PREMIUMS ARE SUBJECT TO CHANGE - Please refer to the section titled **PREMIUMS**.

THIS POLICY – The Certificateholder may review this Policy during usual business hours at the Group Policyholder's office.



SECRETARY



PRESIDENT

THIS POLICY PROVIDES COVERAGE FOR CATASTROPHIC HOSPITAL EXPENSES DESCRIBED IN THIS POLICY AND THE CERTIFICATE. WHEN SELECTED, A PREFERRED PROVIDER COMPONENT IS INCLUDED WITH THIS COVERAGE.

GROUP POLICY SCHEDULE

REMARKS - SEE ANY ATTACHED FORMS

NOTICE –

BENEFIT OPTION – A

DEDUCTIBLE AMOUNT – (\$750, \$1,500, \$2,000, \$2,500, \$5,000, \$10,000, \$15,000, \$20,000, \$25,000) per Covered Person

RATE OF PAYMENT – (100%, 80%, 50%)

STOP-LOSS AMOUNT - (\$5,000, \$10,000)

MAXIMUM POLICY BENEFIT FOR EACH

INJURY OR SICKNESS PER COVERED PERSON -- \$1,000,000 (\$2,000,000)

CRITICAL ILLNESS BENEFIT PER COVERED PERSON - \$5,000

CASH CONFINEMENT BENEFIT - \$100 PER DAY

REFER TO MEDICAL SERVICES FOR A DESCRIPTION OF EXPENSES COVERED BY THE POLICY.

REFER TO EXCEPTIONS FOR A DESCRIPTION OF EXPENSES THAT ARE NOT COVERED BY THE POLICY.

GROUP POLICY NUMBER:

GROUP POLICY DATE:

GROUP POLICYHOLDER:

STATE OF ISSUE:

GROUP POLICY SCHEDULE

REMARKS - SEE ANY ATTACHED FORMS

NOTICE –

BENEFIT OPTION – A

DEDUCTIBLE AMOUNT – (\$750, \$1,500, \$2,000, \$2,500, \$5,000, \$10,000, \$15,000, \$20,000, \$25,000) per Covered Person

RATE OF PAYMENT –

IN-NETWORK - (100%, 80%, 50%)

OUT-OF-NETWORK - (100% IN-NETWORK, 80% OF THE FIRST \$5,000, 100% THEREAFTER)

(80% IN-NETWORK (60% OUT-OF-NETWORK) UP TO THE STOP LOSS AMOUNT,
100% THEREAFETER)

(50% IN-NETWORK (30% OUT-OF-NETWORK) UP TO THE STOP LOSS AMOUNT,
100% THEREAFTER)

STOP-LOSS AMOUNT - (\$5,000, \$10,000)

MAXIMUM POLICY BENEFIT FOR EACH

INJURY OR SICKNESS PER COVERED PERSON -- \$1,000,000 (\$2,000,000)

CRITICAL ILLNESS BENEFIT PER COVERED PERSON - \$5,000

CASH CONFINEMENT BENEFIT - \$100 PER DAY

REFER TO MEDICAL SERVICES FOR A DESCRIPTION OF EXPENSES COVERED BY THE POLICY.

REFER TO EXCEPTIONS FOR A DESCRIPTION OF EXPENSES THAT ARE NOT COVERED BY THE POLICY.

GROUP POLICY NUMBER:

GROUP POLICY DATE:

GROUP POLICYHOLDER:

STATE OF ISSUE:

GROUP POLICY SCHEDULE

REMARKS - SEE ANY ATTACHED FORMS

NOTICE –

BENEFIT OPTION – B

RATE OF PAYMENT – (100%)

DEDUCTIBLE AMOUNT – (\$3,000, \$4,000, \$5,000, \$10,000)

UNPAID MEDICAL SERVICE

CHARGE MAXIMUM - (\$3,000, \$4,000, \$5,000, \$10,000) INCLUDES DEDUCTIBLE

RATE OF PAYMENT – (80%)

DEDUCTIBLE AMOUNT – (\$3,000, \$4,000, \$5,000, \$10,000)

UNPAID MEDICAL SERVICE

CHARGE MAXIMUM - (\$7,000, \$8,000, \$9,000, \$14,000) INCLUDES DEDUCTIBLE

RATE OF PAYMENT – (50%)

DEDUCTIBLE AMOUNT – (\$3,000, \$4,000, \$5,000, \$10,000)

UNPAID MEDICAL SERVICE

CHARGE MAXIMUM - (\$8,000, \$9,000, \$10,000, \$15,000) INCLUDES DEDUCTIBLE

MAXIMUM POLICY BENEFIT FOR EACH

INJURY OR SICKNESS PER COVERED PERSON -- \$1,000,000 (\$2,000,000)

CRITICAL ILLNESS BENEFIT PER COVERED PERSON - \$5,000

CASH CONFINEMENT BENEFIT - \$100 PER DAY

REFER TO MEDICAL SERVICES FOR A DESCRIPTION OF EXPENSES COVERED BY THE POLICY.
REFER TO EXCEPTIONS FOR A DESCRIPTION OF EXPENSES THAT ARE NOT COVERED BY THE POLICY.

GROUP POLICY NUMBER:

GROUP POLICY DATE:

GROUP POLICYHOLDER:

STATE OF ISSUE:

GROUP POLICY SCHEDULE

REMARKS - SEE ANY ATTACHED FORMS

NOTICE – OUT-OF-NETWORK PENALTY – COVERAGE UNDER THIS POLICY INCLUDES A PPO COMPONENT. THE CERTIFICATEHOLDER IS ENCOURAGED TO USE AN IN-NETWORK PROVIDER TO RECEIVE THE MAXIMUM AMOUNT PAYABLE FOR ELIGIBLE MEDICAL SERVICE CHARGES. USE OF AN OUT-OF-NETWORK PROVIDER RESULTS IN A 20% REDUCTION OF ANY OTHERWISE ELIGIBLE MEDICAL SERVICE CHARGE THAT WE DO NOT PAY DUE TO A COVERED PERSON'S VOLUNTARY USE OF AN OUT-OF-NETWORK PROVIDER.

BENEFIT OPTION – B

RATE OF PAYMENT – (100%)
DEDUCTIBLE AMOUNT – (\$3,000, \$4,000, \$5,000, \$10,000)
UNPAID MEDICAL SERVICE CHARGE MAXIMUM - (\$3,000, \$4,000, \$5,000, \$10,000) INCLUDES DEDUCTIBLE

RATE OF PAYMENT – (80%)
DEDUCTIBLE AMOUNT – (\$3,000, \$4,000, \$5,000, \$10,000)
UNPAID MEDICAL SERVICE CHARGE MAXIMUM - (\$7,000, \$8,000, \$9,000, \$14,000) INCLUDES DEDUCTIBLE

RATE OF PAYMENT – (50%)
DEDUCTIBLE AMOUNT – (\$3,000, \$4,000, \$5,000, \$10,000)
UNPAID MEDICAL SERVICE CHARGE MAXIMUM - (\$8,000, \$9,000, \$10,000, \$15,000) INCLUDES DEDUCTIBLE

MAXIMUM POLICY BENEFIT FOR EACH INJURY OR SICKNESS PER COVERED PERSON -- \$1,000,000 (\$2,000,000)
CRITICAL ILLNESS BENEFIT PER COVERED PERSON - \$5,000
CASH CONFINEMENT BENEFIT - \$100 PER DAY

REFER TO MEDICAL SERVICES FOR A DESCRIPTION OF EXPENSES COVERED BY THE POLICY.
REFER TO EXCEPTIONS FOR A DESCRIPTION OF EXPENSES THAT ARE NOT COVERED BY THE POLICY.

GROUP POLICY NUMBER:
GROUP POLICY DATE:
GROUP POLICYHOLDER:
STATE OF ISSUE:

GROUP POLICY SCHEDULE

REMARKS - SEE ANY ATTACHED FORMS

NOTICE – THE PLAN DEDUCTIBLE AND UNPAID MEDICAL SERVICES MAXIMUM WILL CHANGE IN ACCORDANCE WITH FEDERAL REQUIREMENTS.

COVERAGE – (INDIVIDUAL/ FAMILY)

BENEFIT OPTION – NOT APPLICABLE

RATE OF PAYMENT – (100%)

DEDUCTIBLE AMOUNT – **INDIVIDUAL** - (\$1,500, \$2,000, \$2,500, \$5,000)
FAMILY - (\$3,000, \$4,000, \$5,000, \$10,000)

UNPAID MEDICAL SERVICE

CHARGE MAXIMUM - **INDIVIDUAL** - (\$1,500, \$2,000, \$2,500, \$5,000) INCLUDES DEDUCTIBLE
FAMILY - (\$3,000, \$4,000, \$5,000, \$10,000) INCLUDES DEDUCTIBLE

RATE OF PAYMENT – (80%)

DEDUCTIBLE AMOUNT – **INDIVIDUAL** - (\$1,500, \$2,000, \$2,500)
FAMILY - (\$3,000, \$4,000, \$5,000)

UNPAID MEDICAL SERVICE

CHARGE MAXIMUM - **INDIVIDUAL** - (\$3,500, \$4,000, \$4,500) INCLUDES DEDUCTIBLE
FAMILY - (\$7,000, \$8,000, \$9,000) INCLUDES DEDUCTIBLE

RATE OF PAYMENT – (50%)

DEDUCTIBLE AMOUNT – **INDIVIDUAL** - (\$1,500, \$2,000, \$2,500)
FAMILY - (\$3,000, \$4,000, \$5,000)

UNPAID MEDICAL SERVICE

CHARGE MAXIMUM - **INDIVIDUAL** - (\$4,000, \$4,500, \$5,000) INCLUDES DEDUCTIBLE
FAMILY - (\$8,000, \$9,000, \$10,000) INCLUDES DEDUCTIBLE

MAXIMUM POLICY BENEFIT FOR EACH

INJURY OR SICKNESS PER COVERED PERSON -- \$1,000,000 (\$2,000,000)

CRITICAL ILLNESS BENEFIT PER COVERED PERSON - NOT APPLICABLE

CASH CONFINEMENT BENEFIT - NOT APPLICABLE

REFER TO MEDICAL SERVICES FOR A DESCRIPTION OF EXPENSES COVERED BY THE POLICY.
REFER TO EXCEPTIONS FOR A DESCRIPTION OF EXPENSES THAT ARE NOT COVERED BY THE POLICY.

GROUP POLICY NUMBER:

GROUP POLICY DATE:

GROUP POLICYHOLDER:

STATE OF ISSUE:

GROUP POLICY SCHEDULE

REMARKS - SEE ANY ATTACHED FORMS

NOTICE – THE PLAN DEDUCTIBLE AND UNPAID MEDICAL SERVICES MAXIMUM WILL CHANGE IN ACCORDANCE WITH FEDERAL REQUIREMENTS.

OUT-OF-NETWORK PENALTY – COVERAGE UNDER THIS POLICY INCLUDES A PPO COMPONENT. THE CERTIFICATEHOLDER IS ENCOURAGED TO USE AN IN-NETWORK PROVIDER TO RECEIVE THE MAXIMUM AMOUNT PAYABLE FOR ELIGIBLE MEDICAL SERVICE CHARGES. USE OF AN OUT-OF-NETWORK PROVIDER RESULTS IN A 20% REDUCTION OF ANY OTHERWISE ELIGIBLE MEDICAL SERVICE CHARGE THAT WE DO NOT PAY DUE TO A COVERED PERSON'S VOLUNTARY USE OF AN OUT-OF-NETWORK PROVIDER.

COVERAGE – (INDIVIDUAL/ FAMILY)
BENEFIT OPTION – NOT APPLICABLE
RATE OF PAYMENT – (100%)

DEDUCTIBLE AMOUNT – **INDIVIDUAL** - (\$1,500, \$2,000, \$2,500, \$5,000)
FAMILY - (\$3,000, \$4,000, \$5,000, \$10,000)
UNPAID MEDICAL SERVICE CHARGE MAXIMUM - **INDIVIDUAL** - (\$1,500, \$2,000, \$2,500, \$5,000) INCLUDES DEDUCTIBLE
FAMILY - (\$3,000, \$4,000, \$5,000, \$10,000) INCLUDES DEDUCTIBLE

RATE OF PAYMENT – (80%)
DEDUCTIBLE AMOUNT – **INDIVIDUAL** - (\$1,500, \$2,000, \$2,500)
FAMILY - (\$3,000, \$4,000, \$5,000)
UNPAID MEDICAL SERVICE CHARGE MAXIMUM - **INDIVIDUAL** - (\$3,500, \$4,000, \$4,500) INCLUDES DEDUCTIBLE
FAMILY - (\$7,000, \$8,000, \$9,000) INCLUDES DEDUCTIBLE

RATE OF PAYMENT – (50%)
DEDUCTIBLE AMOUNT – **INDIVIDUAL** - (\$1,500, \$2,000, \$2,500)
FAMILY - (\$3,000, \$4,000, \$5,000)
UNPAID MEDICAL SERVICE CHARGE MAXIMUM - **INDIVIDUAL** - (\$4,000, \$4,500, \$5,000) INCLUDES DEDUCTIBLE
FAMILY - (\$8,000, \$9,000, \$10,000) INCLUDES DEDUCTIBLE

MAXIMUM POLICY BENEFIT FOR EACH INJURY OR SICKNESS PER COVERED PERSON -- \$1,000,000 (\$2,000,000)
CRITICAL ILLNESS BENEFIT PER COVERED PERSON - NOT APPLICABLE
CASH CONFINEMENT BENEFIT - NOT APPLICABLE

REFER TO MEDICAL SERVICES FOR A DESCRIPTION OF EXPENSES COVERED BY THE POLICY.
REFER TO EXCEPTIONS FOR A DESCRIPTION OF EXPENSES THAT ARE NOT COVERED BY THE POLICY.

GROUP POLICY NUMBER:
GROUP POLICY DATE:
GROUP POLICYHOLDER:
STATE OF ISSUE:

TABLE OF CONTENTS

PREMIUMS.....3

DEFINITIONS3

BENEFITS7

MEDICAL SERVICES8

EXCEPTIONS10

AUTOMATIC COVERAGE OF NEWBORN AND ADOPTED CHILDREN12

TERMINATION OF COVERAGE12

LOSS OF ELIGIBILITY13

EXTENSION OF COVERAGE FOR SOME CHILDREN14

CONTINUATION PRIVILEGE14

CONVERSION PRIVILEGE.....15

COORDINATION OF BENEFITS16

GENERAL PROVISIONS20

PREMIUMS

Premiums are due on the first day of each term that follows the Initial Term. This is called the Premium Due Date. The required premium will depend on the Certificateholder's premium class. We determine the premium class on each Premium Due Date. We will NOT CHANGE the Certificateholder's premium prior to the first anniversary of his/her Certificate Date, unless:

1. Coverage changes; or
2. Residence changes.

After the first anniversary of the Certificateholder's coverage, We will change premiums:

1. Annually, based on attained age;
2. When the Certificateholder moves to a different rating zone; or
3. Anytime, and from time to time, that We decide to change rates for persons in the Certificateholder's or a Covered Person's class.

Changes will apply to premiums due on or after the effective date of the change. The new rates will apply on a class basis as determined by Us. We will give the Certificateholder 30 days notice before any premium change.

DEFINITIONS

AMBULANCE means a motor vehicle, helicopter, or fixed wing aircraft specially equipped to transport Sick and Injured people. A common carrier is not an Ambulance.

CALENDAR YEAR means the twelve-month period that begins January 1 and ends December 31, each year.

CERTIFICATE means the written description of coverage provided to the Certificateholder as evidence of coverage under this Policy.

CERTIFICATE DATE means the date, shown in the Certificate Schedule, when coverage begins for the Covered Persons originally covered under this Policy. We use the Certificate Date to determine the anniversary dates of coverage under this Policy. It also refers, separately, to the date We add a Covered Person to this Policy or when any change in coverage occurs.

CERTIFICATEHOLDER means the Applicant named in the Enrollment Application, any successor thereof, or, in the case of the death of the Association Member, any person thereafter named to assume ownership privileges under this Policy. Such person, regardless of title, has exclusive ownership privileges under this Policy. These privileges include, but are not limited to, his/her right to change coverage under this Policy for themselves or any Covered Person.

CLOSE RELATIVE means the Certificateholder or anyone related to him by blood, marriage, or adoption; or a court appointed representative.

COMPLICATIONS OF PREGNANCY means either of these two general types of conditions:

1. **TYPE I CONDITIONS:** The pregnancy does not end. The cause of the complication is distinct from the pregnancy. Examples include acute nephritis, nephrosis, and cardiac decompensation. There may be other similar conditions as well.
2. **TYPE II CONDITIONS:** The pregnancy ends. Any of the following may occur: delivery by Medically Necessary Cesarean section, ending of ectopic pregnancy, or spontaneous ending of pregnancy that takes place when a live birth is not possible.

THE FOLLOWING CONDITIONS ARE NOT COMPLICATIONS OF PREGNANCY: false labor; pre-term or premature labor; occasional spotting; prescribed rest while pregnant; morning sickness; hyperemesis gravidarum; or pre-eclampsia. There may be other conditions that relate to a difficult pregnancy that a Doctor can manage. We will not consider such a condition as a Complication of Pregnancy.

COVERED PERSON means each person named as a Covered Person on the Certificate Schedule whose coverage under the Group Policy has not terminated.

CRITICAL ILLNESS means Cancer (other than skin cancer, but including melanoma), Stroke (CVA) or Heart Attack (Acute Myocardial Infarction) first diagnosed for a Covered Person more than 10 days after his/her Certificate Date.

DOCTOR means a person, other than the Certificateholder or a Close Relative, who is duly licensed to provide the type of medical treatment for which benefits are provided under this Policy, and acting within the scope of that license.

EMERGENCY means a medical condition of recent onset and sufficient severity to cause a prudent person to believe that without immediate medical attention the condition may result in:

1. Placing the patient's health in serious jeopardy;
2. Serious impairment to bodily functions;
3. Serious dysfunction of any bodily organ or part;
4. Serious disfigurement; or
5. In the case of a pregnant woman, serious jeopardy to the health of the fetus.

EXPERIMENTAL OR INVESTIGATIONAL MEDICINE means any of the following (generally, individually or collectively, called Regimen) that, when used to treat a Covered Person's specific Injury or Sickness, are experimental, investigational or oriented toward research:

1. Equipment;
2. Drugs or dosages;
3. Devices, services, supplies, tests or medical treatment or procedures; or
4. All related treatment and procedures.

We consider a Regimen as **EXPERIMENTAL OR INVESTIGATIONAL MEDICINE** if:

1. The U.S. Food and Drug Administration (FDA) has not given final approval to the Regimen for the lawful marketing for the treatment of the specific Injury or Sickness; or
2. The American Medical Association (AMA) has not approved or endorsed the Regimen for the treatment of the specific Injury or Sickness; or
3. The National Institutes of Health (NIH) or its affiliated institutes have not approved or endorsed the Regimen for the treatment of the specific Injury or Sickness; or
4. The Regimen is:
 - a) Currently used or will be used or studied in proposed or ongoing clinical research or clinical trials as evidenced by the Informed Consent or investigational protocol; or
 - b) Part of a proposed or ongoing phase I, II or III clinical trial; or
 - c) Subject of proposed or ongoing research or studies to determine its dosage, safety, toxicity, efficacy, or its efficacy as compared to other means of treatment or diagnosis; or
5. The opinion of medical or scientific experts indicates that further studies, research or clinical trials are necessary to determine the Regimen's dosage, safety, toxicity, efficacy or its efficacy as compared to other means of treatment or diagnosis. The opinion of medical or scientific experts is as reflected in:
 - a) Published reports or articles in medical or scientific literature; or
 - b) Written protocol(s) used by the treating facility or other facilities studying the same or substantially similar Drugs, devices, services, supplies, tests, treatments, or procedures; or
 - c) The Informed Consent used by the treating facility or other facilities studying the same or substantially similar Drugs, devices, services, supplies, tests, treatments, or procedures.

We will not exclude a drug for the treatment of cancer because the FDA has not approved the drug for the treatment of the specific type of cancer for which a Doctor has prescribed the drug. However, standard reference compendia or medical literature must recognize the drug for treatment of that specific type of cancer. We will not cover a drug:

1. That the FDA has not approved; or
2. The FDA has contraindicated its use.

HOME HEALTH CARE PLAN means that a licensed Home Health Care Agency provides care and treatment for an Injury or Sickness at a Covered Person's residence. A Doctor must set up and approve a plan in writing.

HOSPICE means an alternative way of caring for terminally ill individuals provided by an entity licensed to provide hospice care for terminally ill individuals and his/her Immediate Families.

HOSPITAL means a facility that:

1. Is licensed as a Hospital in the jurisdiction where it operates; and
2. Provides medical and surgical services for the treatment of Injury or Sickness under the supervision of a Doctor.

The term "Hospital" does not include:

1. A convalescent, nursing, rest or rehabilitative facility; a home for the aged; a special ward, floor or other accommodation for convalescent, skilled nursing, rehabilitation, ambulatory or extended care purposes, including the separate section of a building that houses an acute care facility; hotel units, residential annexes, nurse administered units in or associated with a Hospital; or a psychiatric/substance abuse facility.
2. Any military or veteran's Hospital, soldier's home or any Hospital contracted for or operated by the Federal Government or any agencies thereof for the treatment of members or former members of the Armed Forces, unless the Covered Person is legally required to pay for services in the absence of coverage under the Group Policy.

HOSPITAL CONFINED means that a Covered Person is admitted to a Hospital as an overnight resident bed patient. "Hospital Confined" does not include a Covered Person's treatment in a Same Day Surgery facility, Emergency room, or an observation room.

INJURY (Injured) means accidental bodily injury sustained by the Covered Person, which is the direct cause of loss, independent of disease, bodily infirmity, or any other cause which occurs while coverage under this Policy is in force.

INTENSIVE CARE UNIT, CORONARY CARE UNIT OR NEONATAL INTENSIVE CARE UNIT means that part of a Hospital specifically designed as an intensive care unit that is permanently equipped and staffed to provide more extensive care for critically ill or Injured patients than is available in other Hospital rooms or wards. Services provided include close observation by trained and qualified personnel whose duties are primarily confined to the part of the Hospital for which an additional charge is made.

LIMITING AGE for the Certificateholder's children is attained age 26. This is the Certificateholder's coverage anniversary next following the child's 26th birthday.

MEDICALLY NECESSARY means a service or supply necessary and appropriate for the diagnosis or treatment of an Injury or Sickness based upon current generally accepted medical practices. The fact that a Doctor may prescribe, order, recommend, or approve a service or supply does not, of itself, make the service or supply Medically Necessary. A service or supply is not Medically Necessary if:

1. It is provided only as a convenience to the Covered Person or provider;
2. It is not appropriate treatment for the Covered Person's diagnosis or symptoms;
3. It exceeds (in scope, duration, or intensity) that level of care that is needed to provide safe, adequate, and appropriate diagnosis or treatment; or
4. It is Experimental or Investigational Medicine.

MEDICARE means a United States government program set up to provide health care benefits. Medicare includes:

1. The program under Title XVIII of Social Security with any later changes; or
2. Similar programs meant to pay for health care.

MEDICINES OR DRUGS means any medication or medicinal substance that the U.S. Food and Drug Administration has approved for use. The Medicines or Drugs must be used in the Hospital.

MENTAL DISORDER means a disease or disorder, regardless of its cause, that affects the mind or behavior. Categories of mental disorders include mood disorders, anxiety disorders, psychotic disorders, eating disorders, developmental disorders, personality disorders, and other generally accepted disorders of a similar type.

NURSE means any of these:

1. Licensed Registered Nurse (R.N.);
2. Licensed Practical Nurse (L.P.N.);
3. Licensed Vocational Nurse (L.V.N.); or
4. Nurse Practitioner.

"Nurse" does not include a Covered Person or any Close Relative.

ORGAN TRANSPLANT means the placement of tissue or an organ from a live or cadaver donor in a Covered Person. This includes tissue, organ, or cells harvested and returned to the same person, where such tissue or organ is somewhat independent from all other parts of the human body and performs a special or unique function. The source of the tissue, organ, or cells may be from another person. An Organ Transplant does not include the placement of a mechanical or man-made device or substance when the device or substance:

1. Is intended to serve as a substitute for the tissue or organ; or
2. Aids in the performance of the tissue or organ.

An Organ Transplant does not include the grafting of solid tissue or organ such as bone or skin.

PREEXISTING CONDITION means a condition not otherwise excluded by name or specific description: (1) for which medical advice, testing, care, treatment or medication was given or was recommended by, or received from, a Doctor within 12 months before the Certificate Date; or (2) that would have caused a reasonably prudent person to seek medical diagnosis or treatment within 12 months before the Certificate Date. The Company does not cover Pre-Existing Conditions for the first 12 months of coverage.

REASONABLE AND CUSTOMARY CHARGES means the dollar amount charged that is the lesser of:

1. The actual dollar amount charged;
2. The dollar amount usually charged for the service by the provider who furnishes it; or
3. The prevailing dollar amount charge made for a service in a geographical area made by a facility or person.

SAME DAY SURGERY FACILITY means a licensed medical facility or a part of a Hospital:

1. With an organized staff of Doctors;
2. That is permanently equipped and operated primarily for the purpose of performing surgical procedures;
3. That does not provide accommodations for overnight stays; and
4. That provides continuous Doctor services and nursing services whenever a patient is in the facility.

The term "Same Day Surgery Facility" does not include a:

1. Hospital Emergency room;
2. Trauma center; or
3. Doctor's office or Clinic.

SICKNESS means a Covered Person's illness, disease, or condition that begins after the Certificate Date and while the Covered Person has coverage under this Policy. Sickness also includes an illness, disease or condition that begins before the Certificate Date if it is shown on the Enrollment Application and We have not excluded it from coverage by name or specific description. Sickness includes any complications or recurrences that relate to such Sickness while this Policy's coverage in effect for the Covered Person.

US, WE, OUR or THE COMPANY means STANDARD LIFE AND ACCIDENT INSURANCE COMPANY (SLAICO).

YOU or YOUR means the Certificateholder.

BENEFITS

WHAT WE PAY – Benefits are payable under this Policy in accordance with Benefit Option A or Benefit Option B, each described below. Each Certificateholder's selected Benefit Option is shown in the Certificateholder's Certificate Schedule. The Benefit Option in effect on January 1st of each year will remain in effect for the remainder of the same Calendar Year. Benefits will not be paid under more than one benefit option during a Calendar Year. All benefits payable under this Policy are subject to this Policy's Maximum Policy Benefit for each Injury or Sickness per Covered Person. A Covered Person's selected Deductible Amount, Rate of Payment, and Stop Loss Amount are each shown in his/her Certificate Schedule.

BENEFIT OPTION A - Benefits are payable under this Policy after a Covered Person incurs charges during a Calendar Year for Medical Services in excess of his/her Deductible Amount. Benefits will be paid at the Rate of Payment. If Your selected Rate of Payment is less than 100%, once charges for Medical Services exceed the Stop-Loss Amount shown in the Certificate Schedule during a Calendar Year, the Rate of Payment for the remainder of the Calendar Year is 100%.

BENEFIT OPTION B - Benefits are payable under this Policy after combined charges for Medical Services incurred by one or more Covered Persons during a Calendar Year exceed the Deductible Amount. Benefits will be paid at the Rate of Payment. If Your selected Rate of Payment is less than 100%, once combined charges for Medical Services incurred by one or more Covered Persons during a Calendar Year exceed the Unpaid Medical Service Charge Maximum shown in the Certificateholder's Certificate Schedule, the Rate of Payment for the remainder of the Calendar Year is 100%. In the event coverage under this Benefit Option B is provided for only one Covered Person, the Deductible Amount shown in Your Certificate Schedule will be reduced by 50%.

POLICY MAXIMUM FOR EACH INJURY OR SICKNESS is shown in each Certificateholder's Certificate Schedule. This Maximum applies to each Covered Person.

THE FOLLOWING PROVISIONS DO NOT APPLY IF BENEFIT OPTION B IS IN EFFECT.

FAMILY DEDUCTIBLE MAXIMUM – Once three family members have met their respective Deductible Amounts in a Calendar Year, no further Deductible Amount will be required for the remainder of the Calendar Year.

COMMON ACCIDENT DEDUCTIBLE – If two or more Covered Persons incur Medical Service charges from Injuries sustained in a single accident, We will apply the lesser of:

1. The Deductible Amount;
2. The remainder of each Covered Person's respective Deductible Amount; or
3. The remainder of the Family Deductible Maximum.

VANISHING DEDUCTIBLE AMOUNT – **This provision does not apply to a Deductible Amount in excess of \$15,000.** If coverage under the Group Policy is in effect for a complete Calendar Year and We do not pay any benefits on behalf of any Covered Person, We will reduce the Deductible Amount for the following Calendar Year by 25%. However, We will give no further reductions after the Deductible Amount is reduced to zero. If We pay benefits on behalf of any Covered Person during a Calendar Year, the Deductible Amount for all Covered Persons for the next Calendar Year is the amount shown on the Certificate Schedule. We will extend this provision to any Covered Person added during a Calendar Year during which the Cash Deductible Amount has been reduced.

MEDICAL SERVICES

WE PAY BENEFITS FOR REASONABLE AND CUSTOMARY CHARGES INCURRED FOR THE FOLLOWING MEDICAL SERVICES AT THE APPLICABLE RATE OF PAYMENT. Benefits payable for Medical Services are subject to all terms, limits, and conditions of this Policy.

An expense is "incurred" on the date a provider renders the service or furnishes the supplies.

The following are Medical Services under this Policy:

Professional Ambulance Service (air or ground) – Reasonable and Customary Charges for transportation to the nearest Hospital qualified to provide for the Covered Person's Medically Necessary Emergency treatment.

Hospital Stay - The Hospital charge for each day a Covered Person is Hospital Confined. Such charge will include those for:

1. Semi-private room confinement, excluding any separate charges such as room, nursing services, maintenance, utilities and similar items;
2. Intensive Care Unit, Burn Unit, Coronary Care Unit and Neonatal Intensive Care Unit confinement, up to three times the Hospital's average semi-private room rate; and
3. Medically Necessary miscellaneous services and supplies used for the treatment of the Hospital Confined Covered Person .

Services **DO NOT** include: charges for take-home medicines or drugs, personal or convenience items, or items that are not intended primarily for use while Hospital Confined.

Doctor Visits - Reasonable and Customary Charges for the Covered Person's Doctors' (other than the surgeon) visits when Hospital Confined. For purposes of this provision, a Doctor's consultation is a visit.

Surgery - Reasonable and Customary Charges made by an operating surgeon. If two or more surgeries are performed through the same incision, We will pay the one providing the greatest benefit under the Group Policy. We will also pay [50%] of the benefits otherwise payable for the other surgeries performed through separate incisions during the same operative session. Charges must be incurred while a Covered Person is Hospital Confined or in a Same Day Surgery Facility.

Same Day Surgery Facility - Reasonable and Customary Charges for services provided for a Covered Person by a Same Day Surgery Facility on the day surgery is performed.

If a Covered Person is retained in the Same Day Surgery Facility for more than 18 hours, charges for use of such facility will be limited to the average semi-private room rate consistent with Reasonable and Customary Charges for Hospitals in the area where the Same Day Surgery Facility is located.

Assistant Surgeon - Actual charges for services provided during a surgical procedure by an Assistant Surgeon, up to 25% of the Reasonable and Customary Charge of the primary surgeon. Charges must be incurred while a Covered Person is Hospital Confined or in a Same Day Surgery Facility.

Second Surgical Opinion - Reasonable and Customary Charges for a Doctor providing a second surgical opinion regarding the recommendation for surgery. If the initial and second surgical opinions conflict, We will pay benefits for a third surgical opinion. The Deductible Amount does not apply to a second or third opinion.

Anesthesia Administration - Reasonable and Customary Charges for the administration of anesthesia by an anesthesiologist to a Covered Person undergoing surgery while Hospital Confined or in a Same Day Surgery Facility. The anesthesiologist must be at the operation solely to provide the anesthesia service.

We will reduce benefits otherwise payable had an anesthesiologist administered anesthesia by [50%] if a nurse anesthetist, operating Doctor, or assistant Surgeon administers the anesthesia, including any incidental fluids, as part of a covered surgical procedure. When both an anesthesiologist and a nurse anesthetist bill for the same operative session, benefits will be limited to the Reasonable and Customary charges otherwise payable had the anesthesiologist been the sole provider of such services.

Charges include the administration of general anesthesia and Hospital charges for dental care are only provided to the following Covered Persons: (1) a child under the age of eight (8); (2) a person who is developmentally disabled; or (3) a person who has a medical or behavioral condition that requires hospitalization or general anesthesia when dental care is provided. Services may be performed in a participating Hospital, Same Day Surgery Facility, or Doctor's office.

Breast Reconstruction - Reasonable and Customary Charges for the following services and supplies incident to mastectomy:

1. Reconstruction of the affected breast;
2. Reconstruction of the other breast to produce a symmetrical appearance; and
3. Prostheses and physical complications of all stages of mastectomy, including lymphedemas.

Benefits under this coverage will be subject to all the terms and conditions of this Policy, except any Exception relating to cosmetic surgery.

Pathology - Reasonable and Customary Charges for pathology services while the Covered Person is Hospital Confined or in a Same Day Surgery Facility. Professional services relating to automated pathology tests are not covered.

Radiology - Reasonable and Customary Charges for radiology services provided for a Covered Person while Hospital Confined or in a Same Day Surgery Facility.

Chemotherapy – Reasonable and Customary Charges for chemotherapy.

Physiotherapy - Reasonable and Customary Charges for physical, speech, occupational, or inhalation therapy. Such therapy must be provided by a Hospital based therapy facility and must result from a Covered Person's treatment in a Hospital or Same Day Surgery Facility.

Radiation Therapy – Reasonable and Customary Charges for radiation therapy.

Home Health Care - Reasonable and Customary Charges for Home Health Care, up to [\$7,500] per Calendar Year when a Covered Person receives Home Health Care. The Home Health Care must:

1. Begin within 7 days of a prior Hospital Stay of at least 3 days;
2. Be provided in lieu of a Hospital Stay;
3. Be for services related to the treatment of the same Sickness or Injury for which the Covered Person was Hospital Confined; and
4. Be administered under a Home Health Care Plan.

Hospice Care Benefit - Reasonable and Customary Charges for Hospice Care provided by a licensed Hospice agency. We will not pay benefits under this provision and under another benefit provision of this Policy. We only pay benefits for Hospice Care when the Covered Person's Doctor certifies that the Covered Person's life expectancy is less than six months.

Colorectal Screening – Reasonable and Customary Charges for screening and laboratory tests for colorectal cancer for any nonsymptomatic person fifty years of age and older while Hospital Confined or in a Same Day Surgery Facility. Screening includes one screening fecal occult blood test annually and a flexible sigmoidoscopy every five years, a colonoscopy every ten years, or a barium enema every five to ten years, or any combination, or the most reliable, medically recognized screening test available. The screenings selected shall be as deemed appropriate by a health care provider and the patient.

Childhood Immunizations – Reasonable and Customary Charges for childhood immunizations, provided for children under the age of six while Hospital Confined. Immunizations are not subject to any Deductible Amount.

Diabetes – Reasonable and Customary Charges for equipment, supplies, medication and self-management training and patient management, including medical nutrition therapy, for the treatment of insulin-dependent diabetes, insulin-using diabetes, gestational diabetes, and non-insulin-using diabetes, while Hospital Confined.

Diabetes self-management education must be deemed Medically Necessary by a Doctor. Eligible charges are limited to \$500 in a two-year period.

Foreign Emergency Treatment

We will pay for benefits for Medical Services resulting from charges for Emergency treatment that a Covered Person receives in a foreign country. Benefits payable will be the lesser of: (1) the actual charges for the services; or (2) the benefit for Medical Services that We would have paid if the Covered Person had received the Emergency treatment in the location where the Covered Person resides.

Critical Illness Benefit - When a Covered Person is first Hospital Confined for treatment of a diagnosed Critical Illness; We will pay the Critical Illness Benefit Amount shown in his/her Certificate Schedule. This benefit is payable only once for each Covered Person. In the event a Covered Person dies as the result of a Critical Illness without being Hospital Confined, ½ the Critical Illness Benefit will be paid to the Beneficiary named in the Enrollment Application on the basis of post-mortem Critical Illness diagnosis. Benefits payable under this provision may not be assigned.

Cash Confinement Benefit – Beginning on the third calendar day of a Covered Person's Hospital confinement for treatment of an Injury or Sickness for which benefits are otherwise provided under this Policy, we will pay the Cash Confinement Benefit shown in his/her Certificate Schedule for each day the Covered Person remains Hospital confined. A Covered Person's Hospital confinement beginning within three calendar days of his/her Hospital discharge will be considered a continuation of his/her previous Hospital confinement for purposes of this provision. Benefits payable under this provision may not be assigned.

Complications of Pregnancy

If a Covered Person has Complications of Pregnancy while covered under this Policy, Medical Services incurred for treatment of such Complications of Pregnancy will be considered for payment as if they had resulted from Sickness. If an expense does not result solely from the treatment of the Complications of Pregnancy, then it will be deemed due to normal pregnancy and not covered under this Policy.

Organ Transplant Donor Charges - We will pay donor benefits for covered Organ Transplants:

1. Up to [\$15,000] in Medical Services; if
2. The Certificateholder or a Covered Person is legally responsible for the charges.

| |
|-------------------|
| EXCEPTIONS |
|-------------------|

WE DO NOT COVER AN INJURY OR SICKNESS THAT IS EXCLUDED BY NAME OR DESCRIPTION.

THIS POLICY DOES NOT PROVIDE COVERAGE FOR LOSS CAUSED BY, CONTRIBUTED TO, OR RESULTING FROM ANY OF THE FOLLOWING EXCEPTIONS.

1. Injury or Sickness if the loss is covered under these or similar laws:
worker's compensation,
employer's liability, or
occupational disease laws.
2. Injury or Sickness that results from war or an act of war, whether war is declared or not.
3. Care or supplies that a Covered Person receives in a Hospital or other facility that a government agency runs; however, We will not apply this Exception if:
 - (a) The Covered Person receives a charge that he has to pay by law, and
 - (b) The Hospital or facility would have made the charge even if no insurance existed.
4. The diagnosis and/or treatment of the adenoids, tonsils, gallbladder, reproductive organs, and hernia for the first six months of coverage; however, if We have excluded any one of these conditions by rider, We do not pay any benefit for the condition, regardless of when the treatment takes place; or if such condition is a Preexisting Condition, any benefit consideration will be in accordance with the Preexisting Conditions provision; however, this Exception does not apply to a HIPAA Eligible Individual.

5. Procedures or treatments that are Experimental or Investigational Medicine.
6. Pregnancy and childbirth, except for Complications of Pregnancy.
7. Mental Disorders.
8. Cosmetic surgery or reconstructive surgery, including breast reduction and surgery to repair, replace, or remove breast implants; however, this Exception does not apply when surgery is required:
 - a) To correct damage for a covered Injury or Sickness;
 - b) To repair a birth defect of a child born to the Certificateholder and continuously covered under this Policy from its birth; or
 - c) For reconstructive surgery following a covered mastectomy.
9. Dental Treatment, unless due to Injury to a Covered Person's natural teeth.
10. A Pre-Existing Condition as defined in this Policy.
11. Any attempt at suicide, while sane.
12. An intentionally self-inflicted Injury, while sane.
13. A Covered Person's commission of or attempt to commit a felony or being engaged in an illegal occupation.
14. A Covered Person being intoxicated, unless such intoxication is the result of a prescription drug taken as prescribed by a Doctor.
15. A Covered Person with a blood alcohol concentration equal to or in excess of .08 gms/dl operating any motor vehicle, including any off-road vehicle, or watercraft.
16. Any procedure for refractive correction, eye refraction or the purchase or fitting of vision or hearing aids, Cochlear Implants and related devices.
17. Weight reduction or treatment of obesity, including exogenous, endogenous, or morbid obesity.
18. Mandibular or maxillofacial surgery to correct growth defects and jaw disproportions or malocclusions; increase vertical dimension; or reconstruct occlusion after one year from a child's date of birth or a child's date of adoption, except where such surgery is for the repair of a congenital anomaly or birth defect of a child born to the Certificateholder or a child that he/she adopts if the child is continuously covered from birth, adoption, or placement for adoption. This Exception does not apply to the treatment of temporomandibular joint disorder or craniomandibular disorder.
19. Treatment provided outside the United States of America, its possessions and territories, except as otherwise provided under Foreign Emergency Treatment.
20. Diagnosis or treatment (including surgery) of sexual dysfunction disorder or inadequacy; or transsexual surgery.
21. Sclerotherapy for veins of the extremities or laser surgery to minimize veins.
22. Routine newborn care.
23. Care in a nursing home or custodial institution; domiciliary care or rest cures.
24. Charges for Medical Services that the Certificateholder or a Covered Person is not legally obligated to pay.
25. Any charges for or relating to: artificial insemination; in-vitro fertilization or any other diagnosis or treatment for the control, promotion, or enhancement of fertility; treatment for impotency; sterilization or reversal of prior sterilization; abortion, unless the life of the mother would be endangered if the fetus were carried to term; or therapeutic abortion.

26. Drugs and supplies provided for home use.

27. TREATMENT OF ALCOHOLISM OR DRUG USE.

28. False labor; pre-term or premature labor; occasional spotting; prescribed rest while pregnant; morning sickness; hyperemesis gravidarum; or pre-eclampsia. There may be other conditions that relate to a difficult pregnancy that a Doctor can manage.

AUTOMATIC COVERAGE OF NEWBORN AND ADOPTED CHILDREN

A child born to or adopted by the Certificateholder will become a Covered Person under this Policy. For a child born to the Certificateholder, coverage begins on the date of birth. For a child adopted by the Certificateholder, coverage begins: (a) from the date of birth if a petition for adoption is filed within 30 days of the birth of such child; or (b) from the date of placement for the purpose of adoption if a petition for adoption is filed within 30 days of placement of the child. This coverage will be free, without action by the Certificateholder, but it will last only through the 31st day following the child's date of birth or date of adoption, as described under situation (a) or (b) above, whichever is applicable. The term "placement" means in the physical custody of the adoptive parent.

To continue the child as a Covered Person, the Certificateholder must:

1. Notify SLAICO in writing of the child's birth or date of adoption as described in (a) or (b), above; and
2. Pay the extra premium for the child no later than 62 days following the child's date of birth or date of adoption, as described in (a) or (b), above.

As long as the Certificateholder pays the extra premium, the child will remain a Covered Person, subject to the Termination of Coverage and Loss of Coverage Eligibility provisions of this Policy. Coverage for a child that is placed with the Certificateholder for adoption will continue in accordance with the Termination of Coverage and Loss of Coverage Eligibility provisions, unless the placement is disrupted prior to legal adoption and the child is removed from placement.

We do not require an application for the child unless the Certificateholder has notified Us of the child later than the 31 days as required above.

TERMINATION OF COVERAGE

We can terminate coverage under this Policy as of any premium due date under any of the following conditions:

1. The Certificateholder has failed to pay premiums or contributions in accordance with the terms of this Policy, or We have not received timely premium payments;
2. The Certificateholder or a Covered Person has performed an act or practice that constitutes fraud with respect to activities under this Policy;
3. The Certificateholder no longer resides, lives, or works in the PPO service area or in an area where We have authority to do business. We will only apply this provision if We end coverage uniformly and without regard to any health status related factor of a Covered Person; or
4. We are ceasing to offer coverage in the medical expense market in accordance with applicable state law;

Notice of termination will be provided in accordance with state law.

Subject to the conditions listed above, We cannot refuse to renew coverage:

1. Just because of a change in a Covered Person's health or the type of work the Covered Person performs; or
2. Just because of the claims filed by or on behalf of a Covered Person, unless the claims are fraudulent.

LOSS OF ELIGIBILITY

Eligibility for continuation of coverage under this Policy by a Covered Person ends on the date of the month that coincides with the date of the month shown on the Certificate Schedule and occurs on such date next following the date of the event that causes such termination.

RULES FOR ALL COVERED PERSONS - Coverage will end:

1. If this Policy is terminated in accordance with the section titled TERMINATION OF COVERAGE; or
2. If the Certificateholder fails to pay the required premium within the Grace Period.

RULES FOR ADULT COVERED PERSONS - Coverage will end:

1. For the Certificateholder's spouse if there is a divorce;
2. If a mentally or physically disabled Covered Person marries or becomes capable of self-support. (See the section titled ELIGIBILITY FOR COVERAGE - Extension of Coverage for Some Children); or
3. If the Certificateholder's spouse is not a Covered Person at the time of his/her death, We will end coverage for all Covered Persons.

If a married Certificateholder dies and his/her spouse is a Covered Person, the spouse will become the Certificateholder.

RULES FOR CHILD COVERED PERSONS - Coverage will end for a child when:

1. The child is no longer a dependent of the Certificateholder;
2. The child gets married;
3. The child attains the Limiting Age, except for the extension allowed by the section titled EXTENSION OF COVERAGE FOR SOME CHILDREN; or
4. Neither the Certificateholder nor his/her spouse remains covered under this Policy.

PREMIUM – We will adjust premiums if required under Our rules as of the date coverage ends for a Covered Person. This will occur on a date consistent with the date coverage ends, as described above.

EXTENSION OF COVERAGE FOR SOME CHILDREN

When a dependent child who is a Covered Person has reached the Limiting Age, coverage may continue if the child is, and remains, incapable of self-sustaining employment, by reason of mental or physical handicap, and is chiefly dependent upon the Certificateholder for support and maintenance. The child will continue as a Covered Person if:

1. The Certificateholder sends written proof of the child's incapacity no later than 31 days after the premium due date which coincides with or next follows the child's attainment of the Limiting Age;
2. The Certificateholder furnishes, upon request, proof of the child's incapacity and dependency during the two years following the child's attainment of Limiting Age;
3. The Certificateholder furnishes proof of the child's incapacity and dependency once a year after the two-year period described in 2 above; and
4. The Certificateholder pays the premium for the child. This will be on the same basis as that for an adult of like age and sex. Extension of coverage will not continue for any child named in the Enrollment Application whose disabling condition existed prior to the Certificate Date of such child's coverage and was not disclosed in the Enrollment Application.

CONTINUATION PRIVILEGE

If the Certificateholder dies or his/her marriage dissolves, his/her spouse and children, if they are Covered Persons at the time of the event, have continuation rights described in this provision. However, continuation shall not be available for any person covered under this Policy who is or could be covered by Medicare, nor to any person who is or could be covered by any other insured or uninsured arrangement which provides hospital, surgical or major medical coverage for individuals in a group and under which the person was not covered immediately prior to such termination.

The spouse must request continuation in writing and make the first premium payment within thirty-one (31) days of the date coverage would otherwise terminate.

Continuation of coverage for any Covered Person shall terminate upon failure to request continuation and pay the first premium payment within 31 days or, if earlier, at the first to occur of the following:

1. The date nine (9) months after the date his/her coverage under this Policy would have terminated in the absence of Continuation;
2. The end of the period for which premium was paid when the timely payment of the next required premium has not been made; or
3. The date his/her coverage under this Policy is terminated; however if this condition applies and the terminated coverage is replaced by similar coverage under another group policy, then:
 - a. They shall have the right to become covered under the new group policy for the balance of the period that he would have remained covered under the prior group policy in accordance with the conditions of this provision;
 - b. The minimum level of benefits to be provided by the new group policy shall be the applicable level of benefits of the prior group policy reduced by any benefits payable under that prior group policy; and
 - c. The prior group policy shall continue to provide benefits to the extent of its accrued liabilities and extensions of benefits as if the replacement had not occurred.

The right to a conversion policy will commence upon termination of continued coverage.

TOTAL DISABILITY: "Total Disability" means a Covered Person's inability, because of Sickness or Injury, to perform the material and substantial duties of his/her occupation.

If a Covered Person suffers from Total Disability at the time of any termination or discontinuance of the Group Policy by SLAICO, regardless of the reason for the termination or discontinuance, SLAICO will provide an extension of benefits for a period of 12 months immediately following the date of termination or discontinuance. Benefits payable will be subject to the Group Policy's regular benefit limits.

CONVERSION PRIVILEGE

If coverage under this Policy has been terminated, Covered Persons are entitled to have a conversion policy issued by SLAICO, without evidence of insurability, subject to the following terms and conditions:

1. A conversion policy is not available to a Covered Person if termination of his insurance under this Policy occurs:
 - a) Because he failed to make timely payment of any required premium; or
 - b) Because this Policy terminated and the insurance was replaced by similar coverage under another group policy within thirty-one (31) days of the date of termination.
2. Written application and the first premium payment for the conversion policy shall be made to SLAICO not later than thirty-one (31) days after such termination.

The premium for the conversion policy shall be determined in accordance with SLAICO's table of premium rates applicable to the age and class of risk of each person to be covered under that policy and to the type and amount of insurance provided.

The conversion policy shall cover the Covered Persons on the date his/her coverage terminates under this Policy. At the option of SLAICO, a separate conversion policy may be issued to cover any dependent. SLAICO shall not be required to issue a conversion policy covering any person if such person is or could be covered by Medicare. Furthermore, SLAICO shall not be required to issue a conversion policy covering any person if:

1. Such person is or could be covered for similar benefits under an individual policy; such person is or could be covered for similar benefits under any arrangement of coverage for individual in a group, whether insured or uninsured; or similar benefits are provided for or available to such person by reason of any state or federal law; and
2. The benefits under sources described in paragraph (1) above for such person, or benefits provided or available under sources described in paragraph (1) above for such person, together with the conversion policy's benefits would result in overinsurance according to SLAICO's standards for overinsurance.

The conversion policy will not exclude, as a Pre-Existing Condition, any condition covered by this Policy; provided, however, that the conversion policy may provide for a reduction of its hospital, surgical, or medical benefits by the amount of any such benefits payable under this Policy after the individual's insurance terminates.

COORDINATION OF BENEFITS

The Coordination of Benefits (COB) provision applies when a Covered Person has health care coverage under more than one Plan. Plan is defined below.

The order of benefit determination rules govern the order in which each Plan will pay a claim for benefits. The Plan that pays first is called the Primary plan. The Primary plan must pay benefits in accordance with its policy terms without regard to the possibility that another Plan may cover some expenses. The Plan that pays after the Primary plan is the Secondary plan. The Secondary plan may reduce the benefits it pays so that payments from all Plans does not exceed 100% of the total Allowable expense.

DEFINITIONS

A. A **Plan** is any of the following that provides benefits or services for medical or dental care or treatment. If separate contracts are used to provide coordinated coverage for members of a group, the separate contracts are considered parts of the same plan and there is no COB among those separate contracts:

(1) **Plan** includes: Group and insurance contracts and subscriber contracts; uninsured arrangements of group or group-type coverage; group coverage through closed panel plans; group-type contracts; the medical care components of long-term care contracts, such as skilled nursing care; the medical benefits coverage in automobile "no fault" and traditional automobile "fault" type contracts; and Medicare or other governmental benefits, as permitted by law.

(2) **Plan** does not include: hospital indemnity coverage benefits or other fixed indemnity coverage; accident only coverage; specified disease or specified accident coverage; other limited benefit health coverage; school accident-type coverages that cover students for accidents only, including athletic injuries, either on a 24 hour basis or on a "to and from school" basis; benefits provided in long-term care insurance policies for non-medical services, for example, personal care, adult day care, homemaker services, assistance with activities of daily living, respite care and custodial care or for contracts that pay a fixed daily benefit without regard to expenses incurred or the receipt of services; Medicare supplement policies; a state plan under Medicaid; a governmental plan, which, by law, provides benefits that are in excess of those of any private insurance plan or other non-governmental plan; and individual health insurance contracts.

Each contract for coverage under (1) or (2) is a separate Plan. If a Plan has two parts and COB rules apply only to one of the two, each of the parts is treated as a separate Plan.

B. "**This Plan**" means, in a COB provision, the part of the contract providing the health care benefits to which the COB provision applies and which may be reduced because of the benefits of other plans. Any other part of the contract providing health care benefits is separate from this plan. A contract may apply one COB provision to certain benefits, such as dental benefits, coordinating only with similar benefits, and may apply another COB provision to coordinate other benefits.

C. The order of benefit determination rules determine whether This plan is a Primary plan or Secondary plan when the Covered Person has health care coverage under more than one Plan.

When This Plan is primary, it determines payment for its benefits first before those of any other Plan without considering any other Plan's benefits. When This Plan is secondary, it determines its benefits after those of another Plan and may reduce the benefits it pays so that all Plan benefits do not exceed 100% of the total Allowable expense.

D. Allowable expense is a health care expense, including deductibles, coinsurance and copayments, that is covered at least in part by any Plan covering the Covered Person. When a Plan provides benefits in the form of services, the reasonable cash value of each service will be considered an Allowable expense and a benefit paid. An expense that is not covered by any Plan covering the Covered Person is not an Allowable expense. In addition, any expense that a provider by law or in accordance with a contractual agreement is prohibited from charging a covered Covered Person is not an Allowable expense.

The following are examples of expenses that are not Allowable expenses:

- (1) The difference between the cost of a semi-private hospital room and a private hospital room is not an Allowable expense, unless one of the Plans provides coverage for private hospital room expenses.
- (2) If a Covered Person is covered by 2 or more Plans that compute their benefit payments on the basis of usual and customary fees or relative value schedule reimbursement methodology or other similar reimbursement methodology, any amount in excess of the highest reimbursement amount for a specific benefit is not an Allowable expense.
- (3) If a Covered Person is covered by 2 or more Plans that provide benefits or services on the basis of negotiated fees, an amount in excess of the highest of the negotiated fees is not an Allowable expense.
- (4) If a Covered Person is covered by one Plan that calculates its benefits or services on the basis of usual and customary fees or relative value schedule reimbursement methodology or other similar reimbursement methodology and another Plan that provides its benefits or services on the basis of negotiated fees, the Primary plan's payment arrangement shall be the Allowable expense for all Plans. However, if the provider has contracted with the Secondary plan to provide the benefit or service for a specific negotiated fee or payment amount that is different than the Primary plan's payment arrangement and if the provider's contract permits, the negotiated fee or payment shall be the Allowable expense used by the Secondary plan to determine its benefits.
- (5) The amount of any benefit reduction by the Primary plan because a Covered Person has failed to comply with the Plan provisions is not an Allowable expense. Examples of these types of plan provisions include second surgical opinions, precertification of admissions, and preferred provider arrangements.

E. Closed panel plan is a Plan that provides health care benefits to Covered Persons primarily in the form of services through a panel of providers that have contracted with or are employed by the Plan, and that excludes coverage for services provided by other providers, except in cases of emergency or referral by a panel member.

F. Custodial parent is the parent awarded custody by a court decree or, in the absence of a court decree, is the parent with whom the child resides more than one half of the calendar year excluding any temporary visitation.

ORDER OF BENEFIT DETERMINATION RULES

When a Covered Person is covered by two or more Plans, the rules for determining the order of benefit payments are as follows:

A. The Primary plan pays or provides its benefits according to its terms of coverage and without regard to the benefits of under any other Plan.

B. (1) Except as provided in Paragraph (2), a Plan that does not contain a coordination of benefits provision that is consistent with this regulation is always primary unless the provisions of both Plans state that the complying plan is primary.

(2) Coverage that is obtained by virtue of membership in a group that is designed to supplement a part of a basic package of benefits and provides that this supplementary coverage shall be excess to any other parts of the Plan provided by the contract holder. Examples of these types of situations are major medical coverages that are superimposed over base plan hospital and surgical benefits, and insurance type coverages that are written in connection with a Closed panel plan to provide out-of-network benefits.

C. A Plan may consider the benefits paid or provided by another Plan in calculating payment of its benefits only when it is secondary to that other Plan.

D. Each Plan determines its order of benefits using the first of the following rules that apply:

(1) Non-Dependent or Dependent. The Plan that covers the Covered Person other than as a dependent, for example as an employee, member, policyholder, subscriber or retiree is the Primary plan and the Plan that covers the Covered Person as a dependent is the Secondary plan. However, if the Covered Person is a Medicare beneficiary and, as a result of federal law, Medicare is secondary to the Plan covering the Covered Person as a dependent; and primary to the Plan covering the Covered Person as other than a dependent (e.g. a retired employee); then the order of benefits between the two Plans is reversed so that the Plan covering the Covered Person as an employee, member, policyholder, subscriber or retiree is the Secondary plan and the other Plan is the Primary plan.

(2) Dependent Child Covered Under More Than One Plan. Unless there is a court decree stating otherwise, when a dependent child is covered by more than one Plan the order of benefits is determined as follows:

(a) For a dependent child whose parents are married or are living together, whether or not they have ever been married:

- (i.) The Plan of the parent whose birthday falls earlier in the calendar year is the Primary plan; or
- (ii.) If both parents have the same birthday, the Plan that has covered the parent the longest is the Primary plan.

(b) For a dependent child whose parents are divorced or separated or not living together, whether or not they have ever been married:

- (i.) If a court decree states that one of the parents is responsible for the dependent child's health care expenses or health care coverage and the Plan of that parent has actual knowledge of those terms, that Plan is primary. This rule applies to plan years commencing after the Plan is given notice of the court decree;
- (ii.) If a court decree states that both parents are responsible for the dependent child's health care expenses or health care coverage, the provisions of Subparagraph (a) above shall determine the order of benefits;
- (iii.) If a court decree states that the parents have joint custody without specifying that one parent has responsibility for the health care expenses or health care coverage of the dependent child, the provisions of Subparagraph (a) above shall determine the order of benefits; or
- (iv.) If there is no court decree allocating responsibility for the dependent child's health care expenses or health care coverage, the order of benefits for the child are as follows:
 - 1. The Plan covering the Custodial parent;
 - 2. The Plan covering the spouse of the Custodial parent;
 - 3. The Plan covering the non-custodial parent; and then
 - 4. The Plan covering the spouse of the non-custodial parent.

(c) For a dependent child covered under more than one Plan of individuals who are the parents of the child, the provisions of Subparagraph (a) or (b) above shall determine the order of benefits as if those individuals were the parents of the child.

(3) Active Employee or Retired or Laid-off Employee. The Plan that covers a Covered Person as an active employee, that is, an employee who is neither laid off nor retired, is the Primary plan. The Plan covering that same Covered Person as a retired or laid-off employee is the Secondary plan. The same would hold true if a Covered Person is a dependent of an active employee and that same Covered Person is a dependent of a retired or laid-off employee. If the other Plan does not have this rule, and as a result, the Plans do not agree on the order of benefits, this rule is ignored. This rule does not apply if the rule labeled D(1) can determine the order of benefits.

(4) COBRA or State Continuation Coverage. If a Covered Person whose coverage is provided pursuant to COBRA or under a right of continuation provided by state or other federal law is covered under another Plan, the Plan covering the Covered Person as an employee, member, subscriber or retiree or covering the Covered Person as a dependent of an employee, member, subscriber or retiree is the Primary plan and the COBRA or state or other federal continuation coverage is the Secondary plan. If the other Plan does not have this rule, and as a result, the Plans do not agree on the order of benefits, this rule is ignored. This rule does not apply if the rule labeled D(1) can determine the order of benefits.

(5) Longer or Shorter Length of Coverage. The Plan that covered the Covered Person as an employee, member, policyholder, subscriber or retiree longer is the Primary plan and the Plan that covered the Covered Person the shorter period of time is the Secondary plan.

(6) If the preceding rules do not determine the order of benefits, the Allowable expenses shall be shared equally between the Plans meeting the definition of Plan. In addition, This plan will not pay more than it would have paid had it been the Primary plan.

EFFECT ON THE BENEFITS OF THIS PLAN

A. When This plan is secondary, it may reduce its benefits so that the total benefits paid or provided by all Plans during a plan year are not more than the total Allowable expenses. In determining the amount to be paid for any claim, the Secondary plan will calculate the benefits it would have paid in the absence of other health care coverage and apply that calculated amount to any Allowable expense under its Plan that is unpaid by the Primary plan. The Secondary plan may then reduce its payment by the amount so that, when combined with the amount paid by the Primary plan, the total benefits paid or provided by all Plans for the claim do not exceed the total Allowable expense for that claim. In addition, the Secondary plan shall credit to its plan deductible any amounts it would have credited to its deductible in the absence of other health care coverage.

B. If a Covered Person is enrolled in two or more Closed panel plans and if, for any reason, including the provision of service by a non-panel provider, benefits are not payable by one Closed panel plan, COB shall not apply between that Plan and other Closed panel plans.

RIGHT TO RECEIVE AND RELEASE NEEDED INFORMATION

Certain facts about health care coverage and services are needed to apply these COB rules and to determine benefits payable under This plan and other Plans. SLAICO may get the facts it needs from or give them to other organizations or Covered Persons for the purpose of applying these rules and determining benefits payable under This plan and other Plans covering the Covered Person claiming benefits. SLAICO need not tell, or get the consent of, any person to do this. Each Covered Person claiming benefits under This plan must give SLAICO any facts it needs to apply those rules and determine benefits payable.

FACILITY OF PAYMENT

A payment made under another Plan may include an amount that should have been paid under This plan. If it does, SLAICO may pay that amount to the organization that made that payment. That amount will then be treated as though it were a benefit paid under This plan. SLAICO will not have to pay that amount again. The term "payment made" includes providing benefits in the form of services, in which case "payment made" means the reasonable cash value of the benefits provided in the form of services.

RIGHT OF RECOVERY

If the amount of the payments made by SLAICO is more than it should have paid under this COB provision, it may recover the excess from one or more of the Covered Persons it has paid or for whom it has paid; or any other person or organization that may be responsible for the benefits or services provided for the Covered Person. The "amount of the payments made" includes the reasonable cash value of any benefits provided in the form of services.

GENERAL PROVISIONS

ENTIRE CONTRACT -- The Entire Contract will consist of:

1. This Policy;
2. The Application of the Group Policyholder, which will be attached to this Policy;
3. Any Enrollment Applications and attached papers for the proposed Covered Persons; and
4. Any riders, endorsements or amendments issued with or added to this Policy or any Certificate which is a part of this Policy.

We will deem all the statements provided in the Enrollment Application and attached supplements, except fraudulent statements, as representations and not warranties.

TIME LIMIT ON CERTAIN DEFENSES --

1. MISSTATEMENTS IN THE ENROLLMENT APPLICATION --

We may only use fraudulent misstatements in the Enrollment Application to void coverage under this Policy or to deny any claim for loss incurred more than 24 months after the Covered Person's Certificate Date.

2. PRE-EXISTING CONDITIONS --

No claim for loss incurred by a Covered Person after 12 months from his/her Certificate Date will be reduced or denied because a Sickness or Injury, not excluded by name or specific description before the date of loss, existed within 12 months before his/her Certificate Date.

REINSTATEMENT -- Coverage terminates if the Certificateholder does not pay a periodic premium payment before the end of the Grace Period. Our later acceptance of premium, (or one of our authorized agent's acceptance of premium) without requiring an application for reinstatement, reinstates coverage under this Policy.

We will require an application for reinstatement. We will subject all representations made in this application to all of the provisions of this Policy. If We approve the application for reinstatement, We will reinstate coverage as of the approval date of the reinstatement Enrollment Application. If We do not approve the reinstatement and do not notify the Certificateholder in writing of the disapproval, We must reinstate coverage. The reinstatement will take place on the 45th day following the date of Our receipt of the application for reinstatement.

The reinstated plan only covers loss resulting from:

1. Injury that occurs after reinstatement; and
2. Sickness that begins ten days or more after the Covered Person's date of reinstatement.

In all other respects, the Covered Person's rights and Our rights will remain the same, except as stated in any application attached to the reinstated coverage.

We will apply any premiums that We accept for reinstatement to a period for which the Certificateholder has not paid premiums. We will not apply any premium to any period more than 60 days before the reinstatement date.

WE WILL NOT CONSIDER A REQUEST FOR REINSTATEMENT THAT THE CERTIFICATEHOLDER MAKES MORE THAN 180 DAYS AFTER HIS/HER COVERAGE UNDER THIS POLICY HAS TERMINATED.

GRACE PERIOD -- There is a 31 day grace period for the payment of any premium. If a renewal premium is not paid on or before its due date, it may be paid during the following 31 days. If We do not receive the payment during this Grace Period, We will terminate coverage. Termination will be effective as of the end of the period for which premium was paid. The Grace Period does not apply if the Company has provided a notice of intent to terminate this Policy.

NOTICE OF CLAIMS -- A claimant must give notice of claim within 30 days after a covered loss starts or as soon as reasonably possible. The claimant must give the notice to Us at Our ADMINISTRATIVE OFFICE in Galveston, Texas. The notice must include the claimant's name and his/her Certificate Number.

CLAIM FORMS -- When We receive notice of claim, We will send the claimant forms for filing Proof of Loss. If We do not mail the claimant these forms within 15 days of Our receipt of his/her request, the claimant will have met the Proof of Loss requirement. However, the claimant must still give Us a written statement of the nature and extent of the loss within the time limit stated in the Proof of Loss section.

PROOFS OF LOSS -- The claimant must give written Proof of Loss to the ADMINISTRATIVE OFFICE in Galveston, Texas within 90 days after such loss. If it was not reasonably possible for the claimant to give the Proof of Loss in the time required, We will not reduce or deny the claim as long as the claimant gives proof as soon as reasonably possible. In any event, the claimant must give proof no later than 1 year from the time specified, unless the claimant was legally incapacitated.

TIME FOR PAYMENT OF CLAIMS -- All benefits payable under this Policy will be paid immediately upon receipt of Proof of Loss.

PAYMENT OF CLAIMS -- We will pay Policy benefits to the Certificateholder. If the Certificateholder has assigned benefits, We will pay the benefits to the respective assignee. If the Certificateholder has died, We will pay any unpaid benefits to his/her estate. We may pay benefits up to [\$1,000] to someone related to the Certificateholder by blood or marriage or to any other person We deem entitled to the benefits if:

1. A court has deemed the Certificateholder incompetent; or
2. The Certificateholder has died and his/her estate is not able to execute a valid release.

NO ASSUMPTION OF LIABILITY -- Our payment of any claim does not mean We have assumed liability for future payments for the same condition or any related condition once:

1. We determine that no Medical Service charges exist; or
2. We determine that Our payment was erroneous or inappropriate.

PHYSICAL EXAMINATIONS -- We have the right to have any Covered Person examined as often as reasonably required while a claim is pending for that person. We will pay for the requested physical examination.

LEGAL ACTIONS -- No legal action may be brought to recover on this Policy within 60 days after a claimant gives written Proof of Loss. No legal action may be brought after 3 years from the time this Policy requires written proof of loss.

LIMITATION OF LIABILITY -- The Certificateholder agrees that Our maximum liability under this Policy and related matters is limited to:

1. Policy benefits otherwise payable;
2. The Certificateholder's reasonable attorneys fees, if any; and
3. Any statutory penalties that may be imposed.

TERMINATION OF THIS POLICY -- SLAICO or the Group Policyholder may terminate this Policy, as described under **TERMINATION OF COVERAGE**, provided written notice is provided 31 days in advance to the other party.

MISSTATEMENTS OF AGE -- If a Covered Person has misstated his age, the benefits will be those the premium paid would have purchased if the correct age had been disclosed. However, if on the Certificate Date, We would not have granted coverage because of the Covered Person's correct age, We are only liable for the return of any premiums paid on account of such person.

CONFORMITY WITH STATE STATUTES -- Any provision of this Policy which, on the Certificate Date, is in conflict with the laws of the state in which the Certificateholder resides on that date is amended to conform to the minimum requirements of the laws of the state.

ILLEGAL OCCUPATION -- We will not be liable for any loss that results from a Covered Person engaging in an illegal occupation or committing or attempting to commit a felony.

ASSIGNMENT -- No assignment of interest under this Policy will be binding upon SLAICO unless and until We receive the original or a duplicate of the assignment at Our ADMINISTRATIVE OFFICE in Galveston, Texas. Any assignment will be subject to any right of offset that We may be entitled to assert. We are not responsible for the validity or sufficiency of any assignment. If We pay the assignor, We are not liable for payment to the assignee.

AUTHORITY, AMENDMENT, AND ALTERATION -- Neither SLAICO nor the Group Policyholder may modify any terms of this Policy except by a written agreement signed by one of Our officers. Neither SLAICO nor the Group Policyholder may waive any forfeiture under this Policy except by a written agreement signed by one of Our officers. SLAICO may not delegate the authority for the purposes of this provision. SLAICO may amend or change this Policy at any time, subject to the laws of the jurisdiction in which We delivered this Policy. In this case, We may amend or change this Policy by written agreement between the Group Policyholder and Us and without the consent of the Covered Persons or his/her beneficiaries, if any. No agent has the authority to waive an answer to any question in the application, determine insurability, make or alter any contract or waive any of SLAICO's other rights or requirements. No change in this Policy will be valid unless evidenced by endorsement on this Policy or by a signed amendment to this Policy.

ELECTRONIC ACCOUNT DEBIT AUTHORIZATION -- If the Certificateholder has chosen Electronic Account Debit as his method of payment, he agrees that:

1. We are authorized to debit the Certificateholder's named account for required payments;
2. The account debit will be made electronically without the signature of any officer or employee of SLAICO;
3. We will not provide a receipt for any account debit;
4. SLAICO will not incur any liability because of dishonor of the account debit;
5. Upon refusal of the financial institution to honor any attempted debit of the named account, We will cease to debit the Certificateholder's account. We will send the Certificateholder written notice requesting payment in full of the required premium. Upon the Certificateholder's payment of the required premium, We will again begin to debit the Certificateholder's account. However, if the Certificateholder does not pay the required premium, the Certificateholder's coverage will lapse in accordance with the Grace Period provision; and
6. Except as provided in (4) above, the authorization remains effective unless either party ends the authorization. Before ending the authorization, a party must provide the other party at least 30 days advance written notice. We are not liable for amounts debited from the Certificateholder's account prior to Our receipt of written notification to end coverage.

DIRECT PAYMENT TO PUBLIC HOSPITALS AND CLINICS -- Benefits to a Covered Person shall be paid, with or without an assignment from the Covered Person, to public Hospitals or clinics for services and supplies provided to the Covered Person if a proper claim is submitted by the public Hospital or clinic. No benefits shall be paid under this provision to the public Hospital or clinic if such benefits have been paid to the Covered Person prior to receipt of the claim by SLAICO. Payment to the public Hospital or clinic of benefits pursuant to this provision shall discharge SLAICO from all liability to the Covered Person to the extent of the benefits so paid. Nothing in this provision shall be construed to require payment of benefits for the same services or supplies to both the Covered Person and the public Hospital or clinic.

**STANDARD LIFE AND ACCIDENT INSURANCE COMPANY
ADMINISTRATIVE OFFICE: ONE MOODY PLAZA
GALVESTON, TEXAS**

GROUP CATASTROPHIC HOSPITAL INSURANCE POLICY

THIS POLICY PROVIDES COVERAGE FOR HOSPITAL EXPENSES DESCRIBED IN THIS POLICY AND THE CERTIFICATE. WHEN SELECTED, A PREFERRED PROVIDER COMPONENT IS INCLUDED WITH THIS COVERAGE.

SERFF Tracking Number: ANTX-125833329 State: Arkansas
 Filing Company: Standard Life and Accident Insurance Company State Tracking Number: 42145
 Company Tracking Number: SLA-C08-C
 TOI: H15G Group Health - Hospital/Surgical/Medical Sub-TOI: H15G.001 Any Size Group
 Expense
 Product Name: SLA-C08-C (AR)
 Project Name/Number: /

Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

| Original Date: | Schedule | Document Name | Replaced Date | Attach Document |
|------------------|----------|-----------------------------|---------------|---------------------------------------|
| No original date | Form | Certificate | 04/14/2009 | SLA-C08-C AR.pdf |
| No original date | Form | Master Policy Amendment | 04/14/2009 | MASTER POLICY AMENDMENT.pdf |
| No original date | Form | Consumer Information Notice | 04/14/2009 | CONSUMER INFORMATION NOTICE.pdf |

STANDARD LIFE AND ACCIDENT INSURANCE COMPANY

A Stock Life Insurance Company
**ADMINISTRATIVE OFFICE: ONE MOODY PLAZA
GALVESTON, TEXAS 77550**

GROUP CATASTROPHIC HOSPITAL INSURANCE CERTIFICATE

We pay benefits in accordance with all the terms and conditions of the Group Policy for Medical Service charges that are described in the section called "Medical Services" and incurred by a Covered Person as the result of the Medically Necessary treatment of:

INJURY that occurs after his/her Certificate Date; or

SICKNESS that begins after his/her Certificate Date.

This Certificate is not the contract of insurance, however it provides evidence of coverage under the Group Policy.
READ IT CAREFULLY.

IMPORTANT NOTICE CONCERNING STATEMENTS IN EACH CERTIFICATEHOLDER'S ENROLLMENT APPLICATION - Each Certificateholder should read his/her Enrollment Application and all documents attached to this Certificate. **Omissions or misstatements in the Enrollment Application or any attached documents may cause Us to deny an otherwise valid claim or rescind coverage.** Carefully check all documents. You must advise Our Underwriting Department in writing within 10 days of receipt of this Certificate if You determine that any information or medical history is incomplete, incorrect, or has changed since the date of Your Enrollment Application.

A Certificateholder's Enrollment Application and all attached documents are part of the Group Policy. We provide coverage described in the Group Policy on the basis that all of the answers to the questions and all the material information contained in the documents are correct and complete. No agent or employee, except an officer of the Company, has the authority to waive any of the requirements in the documents or waive any of the provisions of the Group Policy.

We do not provide coverage until we have approved Your Enrollment Application and Your Initial Premium has been paid. The Initial Premium pays for the Initial Term of coverage. The Initial Term of coverage begins at 12:01 A.M., local time, at Your residence on Your Certificate Date. Coverage is continued in accordance with all of the provisions of the Group Policy.

10 DAY RIGHT TO EXAMINE THIS CERTIFICATE – You may return this Certificate to Us for any reason within 10 days after You receive it. You may bring it in person or mail it to Us. At the time You return this Certificate, coverage under the Group Policy is void from the beginning. We will refund any premium paid.

PREMIUMS ARE SUBJECT TO CHANGE - Please refer to the section titled **PREMIUMS**.

THE GROUP POLICY – You may review the Group Policy during usual business hours at the Group Policyholder's office.



SECRETARY



PRESIDENT

THE GROUP POLICY PROVIDES COVERAGE FOR CATASTROPHIC HOSPITAL EXPENSES DESCRIBED IN THE GROUP POLICY AND THIS CERTIFICATE. WHEN SELECTED, A PREFERRED PROVIDER COMPONENT IS INCLUDED WITH THIS COVERAGE.

CERTIFICATE SCHEDULE

REMARKS - SEE ANY ATTACHED FORMS

NOTICE –

BENEFIT OPTION – A

DEDUCTIBLE AMOUNT – (\$750, \$1,500, \$2,000, \$2,500, \$5,000, \$10,000, \$15,000, \$20,000, \$25,000) per Covered Person

RATE OF PAYMENT – (100%, 80%, 50%)

STOP-LOSS AMOUNT - (\$5,000, \$10,000)

MAXIMUM POLICY BENEFIT FOR EACH

INJURY OR SICKNESS PER COVERED PERSON -- \$1,000,000 (\$2,000,000)

CRITICAL ILLNESS BENEFIT PER COVERED PERSON - \$5,000

CASH CONFINEMENT BENEFIT - \$100 PER DAY

REFER TO MEDICAL SERVICES FOR A DESCRIPTION OF EXPENSES COVERED BY THE POLICY.

REFER TO EXCEPTIONS FOR A DESCRIPTION OF EXPENSES THAT ARE NOT COVERED BY THE POLICY.

CERTIFICATE NUMBER:

CERTIFICATE DATE:

| COVERED PERSONS: | RELATIONSHIP | AGE | DATE OF BIRTH |
|-------------------------|---------------------|------------|----------------------|
|-------------------------|---------------------|------------|----------------------|

GROUP POLICY NUMBER:

GROUP POLICYHOLDER:

STATE OF ISSUE:

CERTIFICATE SCHEDULE

REMARKS - SEE ANY ATTACHED FORMS

NOTICE –

BENEFIT OPTION – A

DEDUCTIBLE AMOUNT – (\$750, \$1,500, \$2,000, \$2,500, \$5,000, \$10,000, \$15,000, \$20,000, \$25,000) per Covered Person

RATE OF PAYMENT –

IN-NETWORK - (100%, 80%, 50%)

OUT-OF-NETWORK: (100% IN-NETWORK, 80% OF THE FIRST \$5,000, 100% THEREAFTER)

(80% IN-NETWORK (60% OUT-OF-NETWORK) UP TO THE STOP LOSS AMOUNT, 100% THEREAFETER)

(50% IN-NETWORK (30% OUT-OF-NETWORK) UP TO THE STOP LOSS AMOUNT, 100% THEREAFTER)

STOP-LOSS AMOUNT - (\$5,000, \$10,000)

MAXIMUM POLICY BENEFIT FOR EACH

INJURY OR SICKNESS PER COVERED PERSON -- \$1,000,000 (\$2,000,000)

CRITICAL ILLNESS BENEFIT PER COVERED PERSON - \$5,000

CASH CONFINEMENT BENEFIT - \$100 PER DAY

REFER TO MEDICAL SERVICES FOR A DESCRIPTION OF EXPENSES COVERED BY THE POLICY.
REFER TO EXCEPTIONS FOR A DESCRIPTION OF EXPENSES THAT ARE NOT COVERED BY THE POLICY.

CERTIFICATE NUMBER:

CERTIFICATE DATE:

| COVERED PERSONS: | RELATIONSHIP | AGE | DATE OF BIRTH |
|-------------------------|---------------------|------------|----------------------|
|-------------------------|---------------------|------------|----------------------|

GROUP POLICY NUMBER:

GROUP POLICYHOLDER:

STATE OF ISSUE:

CERTIFICATE SCHEDULE

REMARKS - SEE ANY ATTACHED FORMS

NOTICE –

BENEFIT OPTION – B

RATE OF PAYMENT – (100%)

DEDUCTIBLE AMOUNT – (\$3,000, \$4,000, \$5,000, \$10,000)

UNPAID MEDICAL SERVICE

CHARGE MAXIMUM - (\$3,000, \$4,000, \$5,000, \$10,000) INCLUDES DEDUCTIBLE

RATE OF PAYMENT – (80%)

DEDUCTIBLE AMOUNT – (\$3,000, \$4,000, \$5,000, \$10,000)

UNPAID MEDICAL SERVICE

CHARGE MAXIMUM - (\$7,000, \$8,000, \$9,000, \$14,000) INCLUDES DEDUCTIBLE

RATE OF PAYMENT – (50%)

DEDUCTIBLE AMOUNT – (\$3,000, \$4,000, \$5,000, \$10,000)

UNPAID MEDICAL SERVICE

CHARGE MAXIMUM - (\$8,000, \$9,000, \$10,000, \$15,000) INCLUDES DEDUCTIBLE

MAXIMUM POLICY BENEFIT FOR EACH

INJURY OR SICKNESS PER COVERED PERSON -- \$1,000,000 (\$2,000,000)

CRITICAL ILLNESS BENEFIT PER COVERED PERSON - \$5,000

CASH CONFINEMENT BENEFIT - \$100 PER DAY

REFER TO MEDICAL SERVICES FOR A DESCRIPTION OF EXPENSES COVERED BY THE POLICY.
REFER TO EXCEPTIONS FOR A DESCRIPTION OF EXPENSES THAT ARE NOT COVERED BY THE POLICY.

CERTIFICATE NUMBER:

CERTIFICATE DATE:

| COVERED PERSONS: | RELATIONSHIP | AGE | DATE OF BIRTH |
|-------------------------|---------------------|------------|----------------------|
|-------------------------|---------------------|------------|----------------------|

GROUP POLICY NUMBER:

GROUP POLICYHOLDER:

STATE OF ISSUE:

CERTIFICATE SCHEDULE

REMARKS - SEE ANY ATTACHED FORMS

NOTICE – OUT-OF-NETWORK PENALTY – COVERAGE UNDER THIS POLICY INCLUDES A PPO COMPONENT. THE CERTIFICATEHOLDER IS ENCOURAGED TO USE AN IN-NETWORK PROVIDER TO RECEIVE THE MAXIMUM AMOUNT PAYABLE FOR ELIGIBLE MEDICAL SERVICE CHARGES. USE OF AN OUT-OF-NETWORK PROVIDER RESULTS IN A 20% REDUCTION OF ANY OTHERWISE ELIGIBLE MEDICAL SERVICE CHARGE THAT WE DO NOT PAY DUE TO A COVERED PERSON'S VOLUNTARY USE OF AN OUT-OF-NETWORK PROVIDER.

BENEFIT OPTION – B

RATE OF PAYMENT – (100%)
DEDUCTIBLE AMOUNT – (\$3,000, \$4,000, \$5,000, \$10,000)
UNPAID MEDICAL SERVICE CHARGE MAXIMUM - (\$3,000, \$4,000, \$5,000, \$10,000) INCLUDES DEDUCTIBLE

RATE OF PAYMENT – (80%)
DEDUCTIBLE AMOUNT – (\$3,000, \$4,000, \$5,000, \$10,000)
UNPAID MEDICAL SERVICE CHARGE MAXIMUM - (\$7,000, \$8,000, \$9,000, \$14,000) INCLUDES DEDUCTIBLE

RATE OF PAYMENT – (50%)
DEDUCTIBLE AMOUNT – (\$3,000, \$4,000, \$5,000, \$10,000)
UNPAID MEDICAL SERVICE CHARGE MAXIMUM - (\$8,000, \$9,000, \$10,000, \$15,000) INCLUDES DEDUCTIBLE

MAXIMUM POLICY BENEFIT FOR EACH INJURY OR SICKNESS PER COVERED PERSON -- \$1,000,000 (\$2,000,000)
CRITICAL ILLNESS BENEFIT PER COVERED PERSON - \$5,000
CASH CONFINEMENT BENEFIT - \$100 PER DAY

REFER TO MEDICAL SERVICES FOR A DESCRIPTION OF EXPENSES COVERED BY THE POLICY.
REFER TO EXCEPTIONS FOR A DESCRIPTION OF EXPENSES THAT ARE NOT COVERED BY THE POLICY.

CERTIFICATE NUMBER:

CERTIFICATE DATE:

| COVERED PERSONS: | RELATIONSHIP | AGE | DATE OF BIRTH |
|-------------------------|---------------------|------------|----------------------|
|-------------------------|---------------------|------------|----------------------|

GROUP POLICY NUMBER:

GROUP POLICYHOLDER:

STATE OF ISSUE:

CERTIFICATE SCHEDULE

REMARKS - SEE ANY ATTACHED FORMS

NOTICE – THE PLAN DEDUCTIBLE AND UNPAID MEDICAL SERVICES MAXIMUM WILL CHANGE IN ACCORDANCE WITH FEDERAL REQUIREMENTS.

COVERAGE – (INDIVIDUAL/ FAMILY)

BENEFIT OPTION – NOT APPLICABLE

RATE OF PAYMENT – (100%)

DEDUCTIBLE AMOUNT – **INDIVIDUAL** - (\$1,500, \$2,000, \$2,500, \$5,000)
FAMILY - (\$3,000, \$4,000, \$5,000, \$10,000)

UNPAID MEDICAL SERVICE

CHARGE MAXIMUM - **INDIVIDUAL** - (\$1,500, \$2,000, \$2,500, \$5,000) INCLUDES DEDUCTIBLE
FAMILY - (\$3,000, \$4,000, \$5,000, \$10,000) INCLUDES DEDUCTIBLE

RATE OF PAYMENT – (80%)

DEDUCTIBLE AMOUNT – **INDIVIDUAL** - (\$1,500, \$2,000, \$2,500)
FAMILY - (\$3,000, \$4,000, \$5,000)

UNPAID MEDICAL SERVICE

CHARGE MAXIMUM - **INDIVIDUAL** - (\$3,500, \$4,000, \$4,500) INCLUDES DEDUCTIBLE
FAMILY - (\$7,000, \$8,000, \$9,000) INCLUDES DEDUCTIBLE

RATE OF PAYMENT – (50%)

DEDUCTIBLE AMOUNT – **INDIVIDUAL** - (\$1,500, \$2,000, \$2,500)
FAMILY - (\$3,000, \$4,000, \$5,000)

UNPAID MEDICAL SERVICE

CHARGE MAXIMUM - **INDIVIDUAL** - (\$4,000, \$4,500, \$5,000) INCLUDES DEDUCTIBLE
FAMILY - (\$8,000, \$9,000, \$10,000) INCLUDES DEDUCTIBLE

MAXIMUM POLICY BENEFIT FOR EACH

INJURY OR SICKNESS PER COVERED PERSON -- \$1,000,000 (\$2,000,000)

CRITICAL ILLNESS BENEFIT PER COVERED PERSON - NOT APPLICABLE

CASH CONFINEMENT BENEFIT - NOT APPLICABLE

REFER TO MEDICAL SERVICES FOR A DESCRIPTION OF EXPENSES COVERED BY THE POLICY.
REFER TO EXCEPTIONS FOR A DESCRIPTION OF EXPENSES THAT ARE NOT COVERED BY THE POLICY.

CERTIFICATE NUMBER:

CERTIFICATE DATE:

| COVERED PERSONS: | RELATIONSHIP | AGE | DATE OF BIRTH |
|-------------------------|---------------------|------------|----------------------|
|-------------------------|---------------------|------------|----------------------|

GROUP POLICY NUMBER:

GROUP POLICYHOLDER:

STATE OF ISSUE:

CERTIFICATE SCHEDULE

REMARKS - SEE ANY ATTACHED FORMS

NOTICE – THE PLAN DEDUCTIBLE AND UNPAID MEDICAL SERVICES MAXIMUM WILL CHANGE IN ACCORDANCE WITH FEDERAL REQUIREMENTS.

OUT-OF-NETWORK PENALTY – COVERAGE UNDER THIS POLICY INCLUDES A PPO COMPONENT. THE CERTIFICATEHOLDER IS ENCOURAGED TO USE AN IN-NETWORK PROVIDER TO RECEIVE THE MAXIMUM AMOUNT PAYABLE FOR ELIGIBLE MEDICAL SERVICE CHARGES. USE OF AN OUT-OF-NETWORK PROVIDER RESULTS IN A 20% REDUCTION OF ANY OTHERWISE ELIGIBLE MEDICAL SERVICE CHARGE THAT WE DO NOT PAY DUE TO A COVERED PERSON'S VOLUNTARY USE OF AN OUT-OF-NETWORK PROVIDER.

COVERAGE – (INDIVIDUAL/ FAMILY)

BENEFIT OPTION – NOT APPLICABLE

RATE OF PAYMENT – (100%)

DEDUCTIBLE AMOUNT – **INDIVIDUAL** - (\$1,500, \$2,000, \$2,500, \$5,000)
FAMILY - (\$3,000, \$4,000, \$5,000, \$10,000)

UNPAID MEDICAL SERVICE CHARGE MAXIMUM - **INDIVIDUAL** - (\$1,500, \$2,000, \$2,500, \$5,000) INCLUDES DEDUCTIBLE
FAMILY - (\$3,000, \$4,000, \$5,000, \$10,000) INCLUDES DEDUCTIBLE

RATE OF PAYMENT – (80%)

DEDUCTIBLE AMOUNT – **INDIVIDUAL** - (\$1,500, \$2,000, \$2,500)
FAMILY - (\$3,000, \$4,000, \$5,000)

UNPAID MEDICAL SERVICE CHARGE MAXIMUM - **INDIVIDUAL** - (\$3,500, \$4,000, \$4,500) INCLUDES DEDUCTIBLE
FAMILY - (\$7,000, \$8,000, \$9,000) INCLUDES DEDUCTIBLE

RATE OF PAYMENT – (50%)

DEDUCTIBLE AMOUNT – **INDIVIDUAL** - (\$1,500, \$2,000, \$2,500)
FAMILY - (\$3,000, \$4,000, \$5,000)

UNPAID MEDICAL SERVICE CHARGE MAXIMUM - **INDIVIDUAL** - (\$4,000, \$4,500, \$5,000) INCLUDES DEDUCTIBLE
FAMILY - (\$8,000, \$9,000, \$10,000) INCLUDES DEDUCTIBLE

MAXIMUM POLICY BENEFIT FOR EACH

INJURY OR SICKNESS PER COVERED PERSON -- \$1,000,000 (\$2,000,000)

CRITICAL ILLNESS BENEFIT PER COVERED PERSON - NOT APPLICABLE

CASH CONFINEMENT BENEFIT - NOT APPLICABLE

REFER TO MEDICAL SERVICES FOR A DESCRIPTION OF EXPENSES COVERED BY THE POLICY.
REFER TO EXCEPTIONS FOR A DESCRIPTION OF EXPENSES THAT ARE NOT COVERED BY THE POLICY.

CERTIFICATE NUMBER:

CERTIFICATE DATE:

COVERED PERSONS: **RELATIONSHIP** **AGE** **DATE OF BIRTH**

GROUP POLICY NUMBER:

GROUP POLICYHOLDER:

STATE OF ISSUE:

TABLE OF CONTENTS

| TITLE | PAGE NUMBER |
|--|-------------|
| PREMIUMS | 3 |
| DEFINITIONS | 4 |
| BENEFITS | 8 |
| MEDICAL SERVICES | 9 |
| EXCEPTIONS | 13 |
| AUTOMATIC COVERAGE OF NEWBORN AND ADOPTED CHILDREN | 15 |
| TERMINATION OF COVERAGE | 16 |
| LOSS OF ELIGIBILITY | 17 |
| EXTENSION OF COVERAGE FOR SOME CHILDREN | 18 |
| CONTINUATION PRIVILEGE | 19 |
| CONVERSION PRIVILEGE | 20 |
| COORDINATION OF BENEFITS | 21 |
| GENERAL PROVISIONS | 25 |

PREMIUMS

Premiums are due on the first day of each term that follows the Initial Term. This is called the Premium Due Date. The required premium will depend on Your premium class. We determine the premium class on each Premium Due Date. We will NOT CHANGE Your premium prior to the first anniversary of Your Certificate Date, unless:

1. Coverage changes; or
2. Residence changes.

After the first anniversary of Your coverage, We will change premiums:

1. Annually, based on attained age;
2. When You move to a different rating zone; or
3. Anytime, and from time to time, that We decide to change rates for persons in Your or a Covered Person's class.

Changes will apply to premiums due on or after the effective date of the change. The new rates will apply on a class basis as determined by Us. We will give You 30 days notice before any premium change.

DEFINITIONS

AMBULANCE means a motor vehicle, helicopter, or fixed wing aircraft specially equipped to transport Sick and Injured people. A common carrier is not an Ambulance.

CALENDAR YEAR means the twelve-month period that begins January 1 and ends December 31, each year.

CERTIFICATE means the written description of coverage provided to You as evidence of coverage under the Group Policy.

CERTIFICATE DATE means the date, shown in the Certificate Schedule, when coverage begins for the Covered Persons originally covered under the Group Policy. We use the Certificate Date to determine the anniversary dates of coverage under the Group Policy. It also refers, separately, to the date We add a Covered Person to the Group Policy or when any change in coverage occurs.

CERTIFICATEHOLDER means the Applicant named in the Enrollment Application, any successor thereof, or, in the case of the death of the Association Member, any person thereafter named to assume ownership privileges under the Group Policy. Such person, regardless of title, has exclusive ownership privileges under the Group Policy. These privileges include, but are not limited to, his/her right to change coverage under the Group Policy for themselves or any Covered Person.

CLOSE RELATIVE means You or anyone related to You by blood, marriage, or adoption; or a court appointed representative.

COMPLICATIONS OF PREGNANCY means :

0. conditions, requiring Hospital confinement (when the pregnancy is not terminated), whose diagnosis are distinct from pregnancy, but are adversely affected by pregnancy or are caused by pregnancy, such as (1) acute nephritis; (2) nephrosis; (3) cardiac decompensation;(4) HELLP syndrome; (5) uterine rupture; (6) amniotic fluid embolism; (7) chorioamnionitis; (8) fatty liver in pregnancy; (9) septic abortion; (10) placenta accreta; (11) gestational hypertension; (12) puerperal sepsis; (13) peripartum cardiomyopathy; (14) cholestasis in pregnancy; (15) thrombocytopenia in pregnancy; (16) placenta previa; (17) placental abruption; (18) acute cholecystitis and pancreatitis in pregnancy; (19) postpartum hemorrhage; (20) septic pelvic thrombophlebitis; (21) retained placenta; (22) venous air embolus associated with pregnancy; (23) miscarriage; or (24) an emergency c-section required because of (a) fetal or maternal distress during labor, or (b) severe pre-eclampsia, or (c) arrest of descent or dilatation, or (d) obstruction of the birth canal by fibroids or ovarian tumors, or (e) necessary because of the sudden onset of a medical condition manifesting itself by acute symptoms of sufficient severity that, in the absence of immediate medical attention, will result in placing the life of the mother or fetus in jeopardy. A c-section delivery is not considered to be an emergency c-section if it is merely for the convenience of the patient and/or doctor or solely due to a previous c-section; and
0. Treatment, diagnosis or care for conditions, including the following, when the condition was caused by, necessary because of, or aggravated by the pregnancy: (1) hyperthyroidism, (2) hepatitis B or C, (3) HIV (4) Human papilloma virus, (5) abnormal PAP, (6) syphilis, (7) chlamydia, (8) herpes, (9) urinary tract infections, (10) thromboembolism, (11) appendicitis, (12) hypothyroidism, (13) pulmonary embolism, (14) sickle cell disease, (15) tuberculosis, (16) migraine headaches, (17) depression, (18) acute myocarditis, (19) asthma, (20) maternal cytomegalovirus, (21) urolithiasis, (22) DVT prophylaxis, (23) ovarian dermoid tumors, (24) biliary atresia and/or cirrhosis, (25) first trimester adnexal mass, (25) hydatidiform mole or (26) ectopic pregnancy.

COVERED PERSON means each person named as a Covered Person on the Certificate Schedule whose coverage under the Group Policy has not terminated.

CRITICAL ILLNESS means Cancer (other than skin cancer, but including melanoma), Stroke (CVA) or Heart Attack (Acute Myocardial Infarction) first diagnosed for a Covered Person more than 10 days after his/her Certificate Date.

DOCTOR means a person, other than You or a Close Relative, who is duly licensed to provide the type of medical treatment for which benefits are provided under the Group Policy, and acting within the scope of that license.

EMERGENCY means a medical condition of recent onset and sufficient severity to cause a prudent person to believe that without immediate medical attention the condition may result in:

1. Placing the patient's health in serious jeopardy;
2. Serious impairment to bodily functions;
3. Serious dysfunction of any bodily organ or part;
4. Serious disfigurement; or
5. In the case of a pregnant woman, serious jeopardy to the health of the fetus.

EXPERIMENTAL OR INVESTIGATIONAL MEDICINE means any of the following (generally, individually or collectively, called Regimen) that, when used to treat a Covered Person's specific Injury or Sickness, are experimental, investigational or oriented toward research:

1. Equipment;
2. Drugs or dosages;
3. Devices, services, supplies, tests or medical treatment or procedures; or
4. All related treatment and procedures.

We consider a Regimen as **EXPERIMENTAL OR INVESTIGATIONAL MEDICINE** if:

1. The U.S. Food and Drug Administration (FDA) has not given final approval to the Regimen for the lawful marketing for the treatment of the specific Injury or Sickness; or
2. The American Medical Association (AMA) has not approved or endorsed the Regimen for the treatment of the specific Injury or Sickness; or
3. The National Institutes of Health (NIH) or its affiliated institutes have not approved or endorsed the Regimen for the treatment of the specific Injury or Sickness; or
4. The Regimen is:
 - a) Currently used or will be used or studied in proposed or ongoing clinical research or clinical trials as evidenced by the Informed Consent or investigational protocol; or
 - b) Part of a proposed or ongoing phase I, II or III clinical trial; or
 - c) Subject of proposed or ongoing research or studies to determine its dosage, safety, toxicity, efficacy, or its efficacy as compared to other means of treatment or diagnosis; or
5. The opinion of medical or scientific experts indicates that further studies, research or clinical trials are necessary to determine the Regimen's dosage, safety, toxicity, efficacy or its efficacy as compared to other means of treatment of diagnosis. The opinion of medical or scientific experts is as reflected in:
 - a) Published reports or articles in medical or scientific literature; or
 - b) Written protocol(s) used by the treating facility or other facilities studying the same or substantially similar Drugs, devices, services, supplies, tests, treatments, or procedures; or
 - c) The Informed Consent used by the treating facility or other facilities studying the same or substantially similar Drugs, devices, services, supplies, tests, treatments, or procedures.

We will not exclude a drug for the treatment of cancer because the FDA has not approved the drug for the treatment of the specific type of cancer for which a Doctor has prescribed the drug. However, standard reference compendia or medical literature must recognize the drug for treatment of that specific type of cancer. We will not cover a drug:

1. That the FDA has not approved; or
2. The FDA has contraindicated its use.

HOME HEALTH CARE PLAN means that a licensed Home Health Care Agency provides care and treatment for an Injury or Sickness at a Covered Person's residence. A Doctor must set up and approve a plan in writing.

HOSPICE means an alternative way of caring for terminally ill individuals provided by an entity licensed to provide hospice care for terminally ill individuals and his/her Immediate Families.

HOSPITAL means a facility that:

1. Is licensed as a Hospital in the jurisdiction where it operates; and

2. Provides medical and surgical services for the treatment of Injury or Sickness under the supervision of a Doctor.

The term "Hospital" does not include:

1. A convalescent, nursing, rest or rehabilitative facility; a home for the aged; a special ward, floor or other accommodation for convalescent, skilled nursing, rehabilitation, ambulatory or extended care purposes, including the separate section of a building that houses an acute care facility; hotel units, residential annexes, nurse administered units in or associated with a Hospital; or a psychiatric/substance abuse facility.
2. Any military or veteran's Hospital, soldier's home or any Hospital contracted for or operated by the Federal Government or any agencies thereof for the treatment of members or former members of the Armed Forces, unless the Covered Person is legally required to pay for services in the absence of coverage under the Group Policy.

HOSPITAL CONFINED means that a Covered Person is admitted to a Hospital as an overnight resident bed patient. "Hospital Confined" does not include a Covered Person's treatment in a Same Day Surgery facility, Emergency room, or an observation room.

INJURY (Injured) means accidental bodily injury sustained by the Covered Person, which is the direct cause of loss, independent of disease, bodily infirmity, or any other cause which occurs while coverage under the Group Policy is in force.

INTENSIVE CARE UNIT, CORONARY CARE UNIT OR NEONATAL INTENSIVE CARE UNIT means that part of a Hospital specifically designed as an intensive care unit that is permanently equipped and staffed to provide more extensive care for critically ill or Injured patients than is available in other Hospital rooms or wards. Services provided include close observation by trained and qualified personnel whose duties are primarily confined to the part of the Hospital for which an additional charge is made.

LIMITING AGE for Your children is attained age 26. This is Your coverage anniversary next following the child's 26th birthday.

MEDICALLY NECESSARY means a service or supply necessary and appropriate for the diagnosis or treatment of an Injury or Sickness based upon current generally accepted medical practices. The fact that a Doctor may prescribe, order, recommend, or approve a service or supply does not, of itself, make the service or supply Medically Necessary. A service or supply is not Medically Necessary if:

1. It is provided only as a convenience to the Covered Person or provider;
2. It is not appropriate treatment for the Covered Person's diagnosis or symptoms;
3. It exceeds (in scope, duration, or intensity) that level of care that is needed to provide safe, adequate, and appropriate diagnosis or treatment; or
4. It is Experimental or Investigational Medicine.

MEDICARE means a United States government program set up to provide health care benefits. Medicare includes:

1. The program under Title XVIII of Social Security with any later changes; or
2. Similar programs meant to pay for health care.

MEDICINES OR DRUGS means any medication or medicinal substance that the U.S. Food and Drug Administration has approved for use. The Medicines or Drugs must be used in the Hospital.

MENTAL DISORDER means a disease or disorder, regardless of its cause, that affects the mind or behavior. Categories of mental disorders include mood disorders, anxiety disorders, psychotic disorders, eating disorders, developmental disorders, personality disorders, and other generally accepted disorders of a similar type.

NURSE means any of these:

1. Licensed Registered Nurse (R.N.);
2. Licensed Practical Nurse (L.P.N.);
3. Licensed Vocational Nurse (L.V.N.); or
4. Nurse Practitioner.

"Nurse" does not include a Covered Person or any Close Relative.

ORGAN TRANSPLANT means the placement of tissue or an organ from a live or cadaver donor in a Covered Person. This includes tissue, organ, or cells harvested and returned to the same person, where such tissue or organ is somewhat independent from all other parts of the human body and performs a special or unique function. The source of the tissue, organ, or cells may be from another person. An Organ Transplant does not include the placement of a mechanical or man-made device or substance when the device or substance:

1. Is intended to serve as a substitute for the tissue or organ; or
2. Aids in the performance of the tissue or organ.

An Organ Transplant does not include the grafting of solid tissue or organ such as bone or skin.

PREEXISTING CONDITION means a disease or physical condition of a Covered Person, not otherwise excluded by name or specific description on the date of the Person's loss, which existed prior to the Covered Person's effective date under the Group Policy. Any exclusion or limitation applies only to a disease or physical condition for which medical advice or treatment was received by the Covered Person during the 12 months prior to the effective date of coverage under the Group Policy. In no event will the exclusion or limitation apply to loss incurred after the earlier of:

1. The end of a continuous period of 12 months commencing on or after the effective date of the Covered Person's coverage during all of which the Person received no advice or treatment in connection with such disease or physical condition; or
2. The end of the 2-year period commencing on the effective date of the Covered Person's effective date of coverage under the Group Policy.

REASONABLE AND CUSTOMARY CHARGES means the dollar amount charged that is the lesser of:

1. The actual dollar amount charged;
2. The dollar amount usually charged for the service by the provider who furnishes it; or
3. The prevailing dollar amount charge made for a service in a geographical area made by a facility or person.

SAME DAY SURGERY FACILITY means a licensed medical facility or a part of a Hospital:

1. With an organized staff of Doctors;
2. That is permanently equipped and operated primarily for the purpose of performing surgical procedures;
3. That does not provide accommodations for overnight stays; and
4. That provides continuous Doctor services and nursing services whenever a patient is in the facility.

The term "Same Day Surgery Facility" does not include a:

1. Hospital Emergency room;
2. Trauma center; or
3. Doctor's office or Clinic.

SICKNESS means a Covered Person's illness, disease, or condition that begins after the Certificate Date and while the Covered Person has coverage under the Group Policy. Sickness also includes an illness, disease or condition that begins before the Certificate Date if it is shown on the Enrollment Application and We have not excluded it from coverage by name or specific description. Sickness includes any complications or recurrences that relate to such Sickness while the Group Policy's coverage in effect for the Covered Person.

US, WE, OUR or THE COMPANY means STANDARD LIFE AND ACCIDENT INSURANCE COMPANY (SLAICO).

YOU or YOUR means the Certificateholder.

BENEFITS

WHAT WE PAY – Benefits are payable under the Group Policy in accordance with Benefit Option A or Benefit Option B, each described below. Each Certificateholder's selected Benefit Option is shown in Your Certificate Schedule. The Benefit Option in effect on January 1st of each year will remain in effect for the remainder of the same Calendar Year. Benefits will not be paid under more than one benefit option during a Calendar Year. All benefits payable under the Group Policy are subject to the Group Policy's Maximum Policy Benefit for each Injury or Sickness per Covered Person. A Covered Person's selected Deductible Amount, Rate of Payment, and Stop Loss Amount are each shown in his/her Certificate Schedule.

BENEFIT OPTION A - Benefits are payable under the Group Policy after a Covered Person incurs charges during a Calendar Year for Medical Services in excess of his/her Deductible Amount. Benefits will be paid at the Rate of Payment. If Your selected Rate of Payment is less than 100%, once charges for Medical Services exceed the Stop-Loss Amount shown in the Certificate Schedule during a Calendar Year, the Rate of Payment for the remainder of the Calendar Year is 100%.

BENEFIT OPTION B - Benefits are payable under the Group Policy after combined charges for Medical Services incurred by one or more Covered Persons during a Calendar Year exceed the Deductible Amount. Benefits will be paid at the Rate of Payment. If Your selected Rate of Payment is less than 100%, once combined charges for Medical Services incurred by one or more Covered Persons during a Calendar Year exceed the Unpaid Medical Service Charge Maximum shown in Your Certificate Schedule, the Rate of Payment for the remainder of the Calendar Year is 100%. In the event coverage under this Benefit Option B is provided for only one Covered Person, the Deductible Amount shown in Your Certificate Schedule will be reduced by 50%.

POLICY MAXIMUM FOR EACH INJURY OR SICKNESS is shown in each Certificateholder's Certificate Schedule. This Maximum applies to each Covered Person.

THE FOLLOWING PROVISIONS DO NOT APPLY IF BENEFIT OPTION B IS IN EFFECT.

FAMILY DEDUCTIBLE MAXIMUM – Once three family members have met their respective Deductible Amounts in a Calendar Year, no further Deductible Amount will be required for the remainder of the Calendar Year.

COMMON ACCIDENT DEDUCTIBLE – If two or more Covered Persons incur Medical Service charges from Injuries sustained in a single accident, We will apply the lesser of:

1. The Deductible Amount;
2. The remainder of each Covered Person's respective Deductible Amount; or
3. The remainder of the Family Deductible Maximum.

VANISHING DEDUCTIBLE AMOUNT – **This provision does not apply to a Deductible Amount in excess of \$15,000.** If coverage under the Group Policy is in effect for a complete Calendar Year and We do not pay any benefits on behalf of any Covered Person, We will reduce the Cash Deductible Amount for the following Calendar Year by 25%. However, We will give no further reductions after the Cash Deductible Amount is reduced to zero. If We pay benefits on behalf of any Covered Person during a Calendar Year, the Cash Deductible Amount for all Covered Persons for the next Calendar Year is the amount shown on the Certificate Schedule. We will extend this provision to any Covered Person added during a Calendar Year during which the Cash Deductible Amount has been reduced.

MEDICAL SERVICES

WE PAY BENEFITS FOR REASONABLE AND CUSTOMARY CHARGES INCURRED FOR THE FOLLOWING MEDICAL SERVICES AT THE APPLICABLE RATE OF PAYMENT. Benefits payable for Medical Services are subject to all terms, limits, and conditions of the Group Policy.

An expense is "incurred" on the date a provider renders the service or furnishes the supplies.

The following are Medical Services under the Group Policy:

Professional Ambulance Service (air or ground) – Reasonable and Customary Charges for transportation to the nearest Hospital qualified to provide for the Covered Person's Medically Necessary Emergency treatment.

Hospital Stay - The Hospital charge for each day a Covered Person is Hospital Confined. Such charge will include those for:

1. Semi-private room confinement, excluding any separate charges such as room, nursing services, maintenance, utilities and similar items;
2. Intensive Care Unit, Burn Unit, Coronary Care Unit and Neonatal Intensive Care Unit confinement, up to three times the Hospital's average semi-private room rate; and
3. Medically Necessary miscellaneous services and supplies used for the treatment of the Hospital Confined Covered Person .

Services **DO NOT** include: charges for take-home medicines or drugs, personal or convenience items, or items that are not intended primarily for use while Hospital Confined.

Doctor Visits - Reasonable and Customary Charges for the Covered Person's Doctors' (other than the surgeon) visits when Hospital Confined. For purposes of this provision, a Doctor's consultation is a visit.

Surgery - Reasonable and Customary Charges made by an operating surgeon. If two or more surgeries are performed through the same incision, We will pay the one providing the greatest benefit under the Group Policy. We will also pay [50%] of the benefits otherwise payable for the other surgeries performed through separate incisions during the same operative session. Charges must be incurred while a Covered Person is Hospital Confined or in a Same Day Surgery Facility.

Same Day Surgery Facility - Reasonable and Customary Charges for services provided for a Covered Person by a Same Day Surgery Facility on the day surgery is performed.

If a Covered Person is retained in the Same Day Surgery Facility for more than 18 hours, charges for use of such facility will be limited to the average semi-private room rate consistent with Reasonable and Customary Charges for Hospitals in the area where the Same Day Surgery Facility is located.

Assistant Surgeon - Actual charges for services provided during a surgical procedure by an Assistant Surgeon, up to 25% of the Reasonable and Customary Charge of the primary surgeon. Charges must be incurred while a Covered Person is Hospital Confined or in a Same Day Surgery Facility.

Second Surgical Opinion - Reasonable and Customary Charges for a Doctor providing a second surgical opinion regarding the recommendation for surgery. If the initial and second surgical opinions conflict, We will pay benefits for a third surgical opinion. The Deductible Amount does not apply to a second or third opinion.

Anesthesia Administration - Reasonable and Customary Charges for the administration of anesthesia by an anesthesiologist to a Covered Person undergoing surgery while Hospital Confined or in a Same Day Surgery Facility. The anesthesiologist must be at the operation solely to provide the anesthesia service.

We will reduce benefits otherwise payable had an anesthesiologist administered anesthesia by [50%] if a nurse anesthetist, operating Doctor, or assistant Surgeon administers the anesthesia, including any incidental fluids, as part of a covered surgical procedure. When both an anesthesiologist and a nurse anesthetist bill for the same operative session, benefits will be limited to the Reasonable and Customary charges otherwise payable had the anesthesiologist been the sole provider of such services.

Coverage includes charges incurred for those for services performed in connection with dental procedures in a Hospital or Ambulatory Surgical Center when the Doctor treating the Covered Person certifies that, because of the patient's age or condition or problem, hospitalization or general anesthesia is required in order to safely and effectively perform the procedures and the Covered Person is: (1) a child under 7 years of age who is determined by two dentists licensed in Arkansas to require, without delay, necessary dental treatment in a Hospital or Ambulatory Surgical Center for a significantly complex dental condition; (2) a person with a diagnosed serious mental or physical condition; or (3) a person with a significant behavioral problem as determined by the Covered Person's Doctor. This benefit does not apply to services performed in connection with temporomandibular joint disorders.

Breast Reconstruction - Reasonable and Customary Charges for the following services and supplies incident to mastectomy:

1. Reconstruction of the affected breast;
2. Reconstruction of the other breast to produce a symmetrical appearance; and
3. Prostheses and physical complications of all stages of mastectomy, including lymphedemas.

Benefits under this coverage will be subject to all the terms and conditions of the Group Policy, except any Exception relating to cosmetic surgery.

Pathology - Reasonable and Customary Charges for pathology services while the Covered Person is Hospital Confined or in a Same Day Surgery Facility. Professional services relating to automated pathology tests are not covered.

Radiology - Reasonable and Customary Charges for radiology services provided for a Covered Person while Hospital Confined or in a Same Day Surgery Facility.

Chemotherapy – Reasonable and Customary Charges for chemotherapy.

Physiotherapy - Reasonable and Customary Charges for physical, speech, occupational, or inhalation therapy. Such therapy must be provided by a Hospital based therapy facility and must result from a Covered Person's treatment in a Hospital or Same Day Surgery Facility.

Radiation Therapy – Reasonable and Customary Charges for radiation therapy.

Home Health Care - Reasonable and Customary Charges for Home Health Care, up to [\$7,500] per Calendar Year when a Covered Person receives Home Health Care. The Home Health Care must:

1. Begin within 7 days of a prior Hospital Stay of at least 3 days;
2. Be provided in lieu of a Hospital Stay;
3. Be for services related to the treatment of the same Sickness or Injury for which the Covered Person was Hospital Confined; and
4. Be administered under a Home Health Care Plan.

Hospice Care Benefit - Reasonable and Customary Charges for Hospice Care provided by a licensed Hospice agency. We will not pay benefits under this provision and under another benefit provision of the Group Policy. We only pay benefits for Hospice Care when the Covered Person's Doctor certifies that the Covered Person's life expectancy is less than six months.

Childhood Immunizations – Reasonable and Customary Charges for childhood immunizations, provided for children under the age of six while Hospital Confined. Immunizations are not subject to any Deductible Amount.

Foreign Emergency Treatment

We will pay for benefits for Medical Services resulting from charges for Emergency treatment that a Covered Person receives in a foreign country. Benefits payable will be the lesser of: (1) the actual charges for the services; or (2) the benefit for Medical Services that We would have paid if the Covered Person had received the Emergency treatment in the location where the Covered Person resides.

Critical Illness Benefit - When a Covered Person is first Hospital Confined for treatment of a diagnosed Critical Illness; We will pay the Critical Illness Benefit Amount shown in his/her Certificate Schedule. This benefit is payable only once for each Covered Person. In the event a Covered Person dies as the result of a Critical Illness without being Hospital Confined, ½ the Critical Illness Benefit will be paid to the Beneficiary named in the Enrollment

Application on the basis of post-mortem Critical Illness diagnosis. Benefits payable under this provision may not be assigned.

Cash Confinement Benefit – Beginning on the third calendar day of a Covered Person's Hospital confinement for treatment of an Injury or Sickness for which benefits are otherwise provided under the Group Policy, we will pay the Cash Confinement Benefit shown in his/her Certificate Schedule for each day the Covered Person remains Hospital confined. A Covered Person's Hospital confinement beginning within three calendar days of his/her Hospital discharge will be considered a continuation of his/her previous Hospital confinement for purposes of this provision. Benefits payable under this provision may not be assigned.

Complications of Pregnancy

If a Covered Person has Complications of Pregnancy while covered under the Group Policy, Medical Services incurred for treatment of such Complications of Pregnancy will be considered for payment as if they had resulted from Sickness. If an expense does not result solely from the treatment of the Complications of Pregnancy, then it will be deemed due to normal pregnancy and not covered under the Group Policy.

Organ Transplant Donor Charges - We will pay donor benefits for covered Organ Transplants:

1. Up to [\$15,000] in Medical Services; if
2. You or a Covered Person is legally responsible for the charges.

ARKANSAS RESIDENT BENEFITS – The following benefits apply only when described services are provided to a Covered Person who is an Arkansas resident. Except as otherwise stated, they are subject to all the terms and conditions of the Group Policy.

Newborn Infants – When the Certificate evidences coverage for persons in addition to You, and You have given Us notice of a newborn as required by Automatic Coverage of Newborn and Adopted Children, coverage will include the Reasonable and Customary Charges incurred for the Medically Necessary care and treatment of a newborn child, while the child is Hospital Confined, as follows: (a) coverage for Sickness or Injury, congenital defects, and premature birth; (b) coverage for tests for hypothyroidism, phenylketonuria, galactosemia, sickle-cell anemia, and all other disorders of metabolism for which screening is performed by or for the State of Arkansas, as well as any testing of newborn infants hereafter mandated by law; and (c) a minimum of 48 hours up to 5 full days of routine nursery care and pediatric charges for a well newborn in a Hospital nursery or until the mother is discharged from the Hospital following the birth of the child, whichever is the lesser period of time.

Speech and Hearing - Reasonable and Customary Charges incurred for necessary care and treatment of loss or impairment of speech or hearing while Hospital Confined. Coverage does not include hearing instruments or devices.

Colorectal Screening - Reasonable and Customary Charges for colorectal cancer examinations and laboratory tests, while Hospital Confined or in an Ambulatory Surgical Center, for: (1) Covered Persons who are 50 years of age or older; (2) Covered Persons who are less than 50 years of age and at a high risk for colorectal cancer; (3) Covered Persons experiencing the following symptoms: bleeding from the rectum or blood in the stool; a change in bowel habits, such as diarrhea, constipation, or narrowing of the stool, that lasts more than 5 days.

The colorectal screening will involve an examination of the entire colon, including the following exams or laboratory tests, or both:

1. An annual fecal immunochemical test in conjunction with a flexible sigmoidoscopy every 5 years;
2. A double-contrast barium enema every 5 years; or
3. A colonoscopy every 10 years; and
4. Any additional medically recognized screening tests for colorectal cancer required by the Director of the Department of Health.

Follow-up screenings are covered as follows:

1. If the initial colonoscopy is normal, follow-up is recommended in 10 years;
2. For Covered Persons with 1 or more neoplastic polyps, adenomatous polyps, assuming that the initial colonoscopy was complete to the cecum and adequate preparation and removal of all visualized polyps follow-up is recommended in 3 years;

3. If single tubular adenoma of less than 1 centimeter (4 for patients with large sessile adenomas greater than 3 centimeters) especially if removed in piecemeal fashion, follow-up is recommended in 6 months or until complete polyp removal is verified by colonoscopy.

Diabetes – Reasonable and Customary Charges for equipment, supplies, medication and a one per lifetime self-management training and patient management, including medical nutrition therapy, for the treatment of insulin-dependent diabetes, insulin-using diabetes, gestational diabetes, and non-insulin-using diabetes, while Hospital Confined. The self-management diabetes training program must be Medically Necessary as determined by a Doctor. Additional training is covered when a Doctor prescribes the additional training as Medically Necessary because of a significant change in the Covered Person's symptoms or conditions.

EXCEPTIONS

WE DO NOT COVER AN INJURY OR SICKNESS THAT IS EXCLUDED BY NAME OR DESCRIPTION.

THE GROUP POLICY DOES NOT PROVIDE COVERAGE FOR LOSS CAUSED BY, CONTRIBUTED TO, OR RESULTING FROM ANY OF THE FOLLOWING EXCEPTIONS.

1. Injury or Sickness if the loss is covered under these or similar laws:
 - worker's compensation,
 - employer's liability, or
 - occupational disease laws.
2. Injury or Sickness that results from war or an act of war, whether war is declared or not.
3. Care or supplies that a Covered Person receives in a Hospital or other facility that a government agency runs; however, We will not apply this Exception if:
 - (a) The Covered Person receives a charge that he has to pay by law, and
 - (b) The Hospital or facility would have made the charge even if no insurance existed.
4. The diagnosis and/or treatment of the adenoids, tonsils, gallbladder, reproductive organs, and hernia for the first six months of coverage; however, if We have excluded any one of these conditions by rider, We do not pay any benefit for the condition, regardless of when the treatment takes place; or if such condition is a Preexisting Condition, any benefit consideration will be in accordance with the Preexisting Conditions provision; however, this Exception does not apply to a HIPAA Eligible Individual.
5. Procedures or treatments that are Experimental or Investigational Medicine.
6. Pregnancy and childbirth, except for Complications of Pregnancy.
7. Mental Disorders.
8. Cosmetic surgery or reconstructive surgery, including breast reduction and surgery to repair, replace, or remove breast implants; however, this Exception does not apply when surgery is required:
 - a) To correct damage for a covered Injury or Sickness;
 - b) To repair a birth defect of a child born to You and continuously covered under the Group Policy from its birth; or
 - c) For reconstructive surgery following a covered mastectomy.
9. Dental Treatment, unless due to Injury to a Covered Person's natural teeth.
10. A Pre-Existing Condition as defined in the Group Policy except as stated under DEFINITIONS and TIME LIMIT ON CERTAIN DEFENSES, PRE-EXISTING CONDITIONS.
11. Any attempt at suicide, while sane.
12. An intentionally self-inflicted Injury, while sane.
13. A Covered Person's commission of or attempt to commit a felony or being engaged in an illegal occupation.
14. A Covered Person being intoxicated, unless such intoxication is the result of a prescription drug taken as prescribed by a Doctor.
15. A Covered Person with a blood alcohol concentration equal to or in excess of .08 gms/dl operating any motor vehicle, including any off-road vehicle, or watercraft.
16. Any procedure for refractive correction, eye refraction or the purchase or fitting of vision or hearing aids, Cochlear Implants and related devices.

17. Weight reduction or treatment of obesity, including exogenous, endogenous, or morbid obesity.
18. Mandibular or maxillofacial surgery to correct growth defects and jaw disproportions or malocclusions; increase vertical dimension; or reconstruct occlusion after one year from a child's date of birth or a child's date of adoption, except where such surgery is for the repair of a congenital anomaly or birth defect of a child born to You or a child that he/she adopts if the child is continuously covered from birth, adoption, or placement for adoption. This Exception does not apply to the treatment of temporomandibular joint disorder or craniomandibular disorder.
19. Treatment provided outside the United States of America, its possessions and territories, except as otherwise provided under Foreign Emergency Treatment.
20. Diagnosis or treatment (including surgery) of sexual dysfunction disorder or inadequacy; or transsexual surgery.
21. Sclerotherapy for veins of the extremities or laser surgery to minimize veins.
22. Routine newborn care.
23. Care in a nursing home or custodial institution; domiciliary care or rest cures.
24. Charges for Medical Services that You or a Covered Person is not legally obligated to pay.
25. Any charges for or relating to: artificial insemination; in-vitro fertilization or any other diagnosis or treatment for the control, promotion, or enhancement of fertility; treatment for impotency; sterilization or reversal of prior sterilization; abortion, unless the life of the mother would be endangered if the fetus were carried to term; or therapeutic abortion.
26. Drugs and supplies provided for home use.
27. **TREATMENT OF ALCOHOLISM OR DRUG USE.**
28. False labor; pre-term or premature labor; occasional spotting; prescribed rest while pregnant; morning sickness; hyperemesis gravidarum; or pre-eclampsia. There may be other conditions that relate to a difficult pregnancy that a Doctor can manage.

AUTOMATIC COVERAGE OF NEWBORN AND ADOPTED CHILDREN

Newborns: If the Group Policy provides coverage for Covered Persons other than You, the Policy will also provide coverage for newborn children when they live with You from the moment of birth. This coverage is free for the first 90 days.

Adopted Children: If the Group Policy provides coverage for Covered Persons other than You, the Policy will also provide coverage for adopted children and children who are placed for adoption from the date of the filing of a petition for adoption. This coverage for adopted children is free for the first 60 days of the filing of a petition for adoption if You apply for coverage within 60 days after the filing of the petition for adoption. However, the coverage will be free for the first 60 days from the moment of birth if the petition for adoption and application for coverage is filed within 60 days after the birth of the minor.

In order to continue coverage for a newborn or adopted child, You must do the following:

0. Send Us notice of the child within the 90 days after the date of the child's birth or before the premium due date, whichever is later (or, in the case of an adopted child, within the 60 days after the filing of the petition for adoption or birth of child); and
0. Send Us the additional premium for the child within 90 days of the child's date of birth or within 60 days of the date of petition for adoption or birth of the child.

As long as You pay the extra premium, the child will remain a Covered Person, subject to the Termination of Coverage and Loss of Coverage Eligibility provisions of the Group Policy. Coverage for a child that is placed with You for adoption will continue in accordance with the Termination of Coverage and Loss of Coverage Eligibility provisions, unless the placement is disrupted prior to legal adoption and the child is removed from placement.

We do not require an application for the child unless You have notified Us of the child later than the timeframe as required above.

TERMINATION OF COVERAGE

We can terminate coverage under the Group Policy as of any premium due date under any of the following conditions:

1. You have failed to pay premiums or contributions in accordance with the terms of the Group Policy, or We have not received timely premium payments;
2. You or a Covered Person has performed an act or practice that constitutes fraud with respect to activities under the Group Policy;
3. You no longer reside, live, or work in the PPO service area or in an area where We have authority to do business. We will only apply this provision if We end coverage uniformly and without regard to any health status related factor of a Covered Person; or
4. We are ceasing to offer coverage in the medical expense market in accordance with applicable state law;

Notice of termination will be provided in accordance with state law.

If coverage under the Group Policy ends and is replaced by a group health insurance plan issued by another insurer or self-funded health care plan, coverage under the Group Policy will continue for any Covered Person who is Hospital Confined on the date coverage under the Group Policy ends. Continuation of such benefits are subject to all terms and conditions the Group Policy, except those relating to termination of benefits. Such benefits will continue until the Hospital Confinement ends or until the maximum benefits available under the Group Policy are paid, whichever occurs first.

Subject to the conditions listed above, We cannot refuse to renew coverage:

1. Just because of a change in a Covered Person's health or the type of work the Covered Person performs; or
2. Just because of the claims filed by or on behalf of a Covered Person, unless the claims are fraudulent.

LOSS OF ELIGIBILITY

Eligibility for continuation of coverage under the Group Policy by a Covered Person ends on the date of the month that coincides with the date of the month shown on the Certificate Schedule and occurs on such date next following the date of the event that causes such termination. If a Covered Person's coverage ends under the Group Policy, in accordance with the paragraphs above, such Person may be eligible for Continuation or Conversion. Please see the Conversion and Continuation Privilege.

RULES FOR ALL COVERED PERSONS - Coverage will end:

1. If the Group Policy is terminated in accordance with the section titled TERMINATION OF COVERAGE; or
2. If You fail to pay the required premium within the Grace Period.

RULES FOR ADULT COVERED PERSONS - Coverage will end:

1. For Your spouse if there is a divorce;
2. If a mentally or physically disabled Covered Person marries or becomes capable of self-support. (See the section titled ELIGIBILITY FOR COVERAGE - Extension of Coverage for Some Children); or
3. If Your spouse is not a Covered Person at the time of his/her death, We will end coverage for all Covered Persons.

If a married Certificateholder dies and his/her spouse is a Covered Person, the spouse will become the Certificateholder.

RULES FOR CHILD COVERED PERSONS - Coverage will end for a child when:

1. The child is no longer a dependent of You;
2. The child gets married;
3. The child attains the Limiting Age, except for the extension allowed by the section titled EXTENSION OF COVERAGE FOR SOME CHILDREN; or
4. Neither You nor Your spouse remains covered under the Group Policy.

PREMIUM – We will adjust premiums if required under Our rules as of the date coverage ends for a Covered Person. This will occur on a date consistent with the date coverage ends, as described above.

EXTENSION OF COVERAGE FOR SOME CHILDREN

When a dependent child who is a Covered Person has reached the Limiting Age, coverage may continue if the child is, and remains, incapable of self-sustaining employment, by reason of mental or physical handicap, and is chiefly dependent upon You for support and maintenance. The child will continue as a Covered Person if:

1. You send written proof of the child's incapacity no later than 31 days after the premium due date which coincides with or next follows the child's attainment of the Limiting Age;
2. You furnish, upon request, proof of the child's incapacity and dependency during the two years following the child's attainment of Limiting Age;
3. You furnish proof of the child's incapacity and dependency once a year after the two-year period described in 2 above; and
4. You pay the premium for the child. This will be on the same basis as that for an adult of like age and sex. Extension of coverage will not continue for any child named in the Enrollment Application whose disabling condition existed prior to the Certificate Date of such child's coverage and was not disclosed in the Enrollment Application.

CONTINUATION PRIVILEGE

If coverage ends under the Group Policy for certain reasons, a Covered Person may be able to continue his coverage.

CONTINUATION:

A Covered Person may continue his coverage under the Group Policy and that of his dependents who are covered under the Group Policy if his coverage would otherwise end because of termination of membership or because of a change in marital status. Such coverage will be continued if the person:

2. Has been continuously covered under the Group Policy for the 3 month period prior to termination of membership or change in marital status; and
2. Is not eligible for Medicare or is not fully covered (i.e., all Pre-Existing Conditions are covered) under any other group medical policy or contract;

Continuation will be allowed under this provision until all Pre-Existing Conditions are covered or would be covered under another group policy or contract or until termination pursuant to this continuation provision or pursuant to any applicable provision of federal law.

To continue coverage, the person must request continuation in writing within 10 working days of termination of membership or change in marital status. Premiums must be paid on a monthly basis in advance in accordance with the terms of the Group Policy.

This continuation will end on the earliest of the following dates:

2. 120 days from the date continuation began;
2. The end of the period for which premiums are paid on a timely basis;
2. The premium due date following the date the person becomes eligible for Medicare;
2. The date maximum benefits available under the Group Policy are paid for such person; or
2. The date of termination of the Group Policy; however, continuation will continue under any replacement policy.

Upon termination of this continuation, the person may have the right of conversion described above. Any person who elects the conversion privilege waives the right to this continuation.

TOTAL DISABILITY: "Total Disability" means a Covered Person's inability, because of Sickness or Injury, to perform the material and substantial duties of his/her occupation.

If a Covered Person suffers from Total Disability at the time of any termination or discontinuance of the Group Policy by SLAICO, regardless of the reason for the termination or discontinuance, SLAICO will provide an extension of benefits for a period of 12 months immediately following the date of termination or discontinuance. Benefits payable will be subject to the Group Policy's regular benefit limits.

CONVERSION PRIVILEGE

If coverage under the Group Policy has been terminated, Covered Persons are entitled to have a conversion policy issued by SLAICO, without evidence of insurability, subject to the following terms and conditions:

1. A conversion policy is not available to a Covered Person if termination of his insurance under the Group Policy occurs:
 - a) Because he failed to make timely payment of any required premium; or
 - b) Because the Group Policy terminated and the insurance was replaced by similar coverage under another group policy within thirty-one (31) days of the date of termination.
2. Written application and the first premium payment for the conversion policy shall be made to SLAICO not later than thirty-one (31) days after such termination.

The premium for the conversion policy shall be determined in accordance with SLAICO's table of premium rates applicable to the age and class of risk of each person to be covered under that policy and to the type and amount of insurance provided.

The conversion policy shall cover the Covered Persons on the date his/her coverage terminates under the Group Policy. At the option of SLAICO, a separate conversion policy may be issued to cover any dependent. SLAICO shall not be required to issue a conversion policy covering any person if such person is or could be covered by Medicare. Furthermore, SLAICO shall not be required to issue a conversion policy covering any person if:

1. Such person is or could be covered for similar benefits under an individual policy; such person is or could be covered for similar benefits under any arrangement of coverage for individual in a group, whether insured or uninsured; or similar benefits are provided for or available to such person by reason of any state or federal law; and
2. The benefits under sources described in paragraph (1) above for such person, or benefits provided or available under sources described in paragraph (1) above for such person, together with the conversion policy's benefits would result in overinsurance according to SLAICO's standards for overinsurance.

The conversion policy will not exclude, as a Pre-Existing Condition, any condition covered by the Group Policy; provided, however, that the conversion policy may provide for a reduction of its hospital, surgical, or medical benefits by the amount of any such benefits payable under the Group Policy after the individual's insurance terminates.

COORDINATION OF BENEFITS

The Coordination of Benefits (COB) provision applies when a Covered Person has health care coverage under more than one Plan. Plan is defined below.

The order of benefit determination rules govern the order in which each Plan will pay a claim for benefits. The Plan that pays first is called the Primary plan. The Primary plan must pay benefits in accordance with its policy terms without regard to the possibility that another Plan may cover some expenses. The Plan that pays after the Primary plan is the Secondary plan. The Secondary plan may reduce the benefits it pays so that payments from all Plans does not exceed 100% of the total Allowable expense.

DEFINITIONS

A. A **Plan** is any of the following that provides benefits or services for medical or dental care or treatment. If separate contracts are used to provide coordinated coverage for members of a group, the separate contracts are considered parts of the same plan and there is no COB among those separate contracts:

(1) **Plan** includes: Group and insurance contracts and subscriber contracts; uninsured arrangements of group or group-type coverage; group coverage through closed panel plans; group-type contracts; the medical care components of long-term care contracts, such as skilled nursing care; the medical benefits coverage in automobile "no fault" and traditional automobile "fault" type contracts; and Medicare or other governmental benefits, as permitted by law.

(2) **Plan** does not include: hospital indemnity coverage benefits or other fixed indemnity coverage; accident only coverage; specified disease or specified accident coverage; other limited benefit health coverage; school accident-type coverages that cover students for accidents only, including athletic injuries, either on a 24 hour basis or on a "to and from school" basis; benefits provided in long-term care insurance policies for non-medical services, for example, personal care, adult day care, homemaker services, assistance with activities of daily living, respite care and custodial care or for contracts that pay a fixed daily benefit without regard to expenses incurred or the receipt of services; Medicare supplement policies; a state plan under Medicaid; a governmental plan, which, by law, provides benefits that are in excess of those of any private insurance plan or other non-governmental plan; and individual health insurance contracts.

Each contract for coverage under (1) or (2) is a separate Plan. If a Plan has two parts and COB rules apply only to one of the two, each of the parts is treated as a separate Plan.

B. "This Plan" means, in a COB provision, the part of the contract providing the health care benefits to which the COB provision applies and which may be reduced because of the benefits of other plans. Any other part of the contract providing health care benefits is separate from this plan. A contract may apply one COB provision to certain benefits, such as dental benefits, coordinating only with similar benefits, and may apply another COB provision to coordinate other benefits.

C. The order of benefit determination rules determine whether This plan is a Primary plan or Secondary plan when the Covered Person has health care coverage under more than one Plan.

When This Plan is primary, it determines payment for its benefits first before those of any other Plan without considering any other Plan's benefits. When This Plan is secondary, it determines its benefits after those of another Plan and may reduce the benefits it pays so that all Plan benefits do not exceed 100% of the total Allowable expense.

D. Allowable expense is a health care expense, including deductibles, coinsurance and copayments, that is covered at least in part by any Plan covering the Covered Person. When a Plan provides benefits in the form of services, the reasonable cash value of each service will be considered an Allowable expense and a benefit paid. An expense that is not covered by any Plan covering the Covered Person is not an Allowable expense. In addition, any expense that a provider by law or in accordance with a contractual agreement is prohibited from charging a covered Covered Person is not an Allowable expense.

The following are examples of expenses that are not Allowable expenses:

(1) The difference between the cost of a semi-private hospital room and a private hospital room is not an Allowable expense, unless one of the Plans provides coverage for private hospital room expenses.

(2) If a Covered Person is covered by 2 or more Plans that compute their benefit payments on the basis of usual and customary fees or relative value schedule reimbursement methodology or other similar reimbursement methodology, any amount in excess of the highest reimbursement amount for a specific benefit is not an Allowable expense.

(3) If a Covered Person is covered by 2 or more Plans that provide benefits or services on the basis of negotiated fees, an amount in excess of the highest of the negotiated fees is not an Allowable expense.

(4) If a Covered Person is covered by one Plan that calculates its benefits or services on the basis of usual and customary fees or relative value schedule reimbursement methodology or other similar reimbursement methodology and another Plan that provides its benefits or services on the basis of negotiated fees, the Primary plan's payment arrangement shall be the Allowable expense for all Plans. However, if the provider has contracted with the Secondary plan to provide the benefit or service for a specific negotiated fee or payment amount that is different than the Primary plan's payment arrangement and if the provider's contract permits, the negotiated fee or payment shall be the Allowable expense used by the Secondary plan to determine its benefits.

(5) The amount of any benefit reduction by the Primary plan because a Covered Person has failed to comply with the Plan provisions is not an Allowable expense. Examples of these types of plan provisions include second surgical opinions, precertification of admissions, and preferred provider arrangements.

E. Closed panel plan is a Plan that provides health care benefits to Covered Persons primarily in the form of services through a panel of providers that have contracted with or are employed by the Plan, and that excludes coverage for services provided by other providers, except in cases of emergency or referral by a panel member.

F. Custodial parent is the parent awarded custody by a court decree or, in the absence of a court decree, is the parent with whom the child resides more than one half of the calendar year excluding any temporary visitation.

ORDER OF BENEFIT DETERMINATION RULES

When a Covered Person is covered by two or more Plans, the rules for determining the order of benefit payments are as follows:

A. The Primary plan pays or provides its benefits according to its terms of coverage and without regard to the benefits of under any other Plan.

B. (1) Except as provided in Paragraph (2), a Plan that does not contain a coordination of benefits provision that is consistent with this regulation is always primary unless the provisions of both Plans state that the complying plan is primary.

(2) Coverage that is obtained by virtue of membership in a group that is designed to supplement a part of a basic package of benefits and provides that this supplementary coverage shall be excess to any other parts of the Plan provided by the contract holder. Examples of these types of situations are major medical coverages that are superimposed over base plan hospital and surgical benefits, and insurance type coverages that are written in connection with a Closed panel plan to provide out-of-network benefits.

C. A Plan may consider the benefits paid or provided by another Plan in calculating payment of its benefits only when it is secondary to that other Plan.

D. Each Plan determines its order of benefits using the first of the following rules that apply:

(1) Non-Dependent or Dependent. The Plan that covers the Covered Person other than as a dependent, for example as an employee, member, policyholder, subscriber or retiree is the Primary plan and the Plan that covers the Covered Person as a dependent is the Secondary plan. However, if the Covered Person is a Medicare

beneficiary and, as a result of federal law, Medicare is secondary to the Plan covering the Covered Person as a dependent; and primary to the Plan covering the Covered Person as other than a dependent (e.g. a retired employee); then the order of benefits between the two Plans is reversed so that the Plan covering the Covered Person as an employee, member, policyholder, subscriber or retiree is the Secondary plan and the other Plan is the Primary plan.

(2) **Dependent Child Covered Under More Than One Plan.** Unless there is a court decree stating otherwise, when a dependent child is covered by more than one Plan the order of benefits is determined as follows:

(a) For a dependent child whose parents are married or are living together, whether or not they have ever been married:

- (i.) The Plan of the parent whose birthday falls earlier in the calendar year is the Primary plan; or
- (ii.) If both parents have the same birthday, the Plan that has covered the parent the longest is the Primary plan.

(b) For a dependent child whose parents are divorced or separated or not living together, whether or not they have ever been married:

- (i.) If a court decree states that one of the parents is responsible for the dependent child's health care expenses or health care coverage and the Plan of that parent has actual knowledge of those terms, that Plan is primary. This rule applies to plan years commencing after the Plan is given notice of the court decree;
- (ii.) If a court decree states that both parents are responsible for the dependent child's health care expenses or health care coverage, the provisions of Subparagraph (a) above shall determine the order of benefits;
- (iii.) If a court decree states that the parents have joint custody without specifying that one parent has responsibility for the health care expenses or health care coverage of the dependent child, the provisions of Subparagraph (a) above shall determine the order of benefits; or
- (iv.) If there is no court decree allocating responsibility for the dependent child's health care expenses or health care coverage, the order of benefits for the child are as follows:
 - 1. The Plan covering the Custodial parent;
 - 2. The Plan covering the spouse of the Custodial parent;
 - 3. The Plan covering the non-custodial parent; and then
 - 4. The Plan covering the spouse of the non-custodial parent.

(c) For a dependent child covered under more than one Plan of individuals who are the parents of the child, the provisions of Subparagraph (a) or (b) above shall determine the order of benefits as if those individuals were the parents of the child.

(3) **Active Employee or Retired or Laid-off Employee.** The Plan that covers a Covered Person as an active employee, that is, an employee who is neither laid off nor retired, is the Primary plan. The Plan covering that same Covered Person as a retired or laid-off employee is the Secondary plan. The same would hold true if a Covered Person is a dependent of an active employee and that same Covered Person is a dependent of a retired or laid-off employee. If the other Plan does not have this rule, and as a result, the Plans do not agree on the order of benefits, this rule is ignored. This rule does not apply if the rule labeled D(1) can determine the order of benefits.

(4) **COBRA or State Continuation Coverage.** If a Covered Person whose coverage is provided pursuant to COBRA or under a right of continuation provided by state or other federal law is covered under another Plan, the Plan covering the Covered Person as an employee, member, subscriber or retiree or covering the Covered Person as a dependent of an employee, member, subscriber or retiree is the Primary plan and the COBRA or state or other federal continuation coverage is the Secondary plan. If the other Plan does not have this rule, and as a result, the Plans do not agree on the order of benefits, this rule is ignored. This rule does not apply if the rule labeled D(1) can determine the order of benefits.

(5) **Longer or Shorter Length of Coverage.** The Plan that covered the Covered Person as an employee, member, policyholder, subscriber or retiree longer is the Primary plan and the Plan that covered the Covered Person the shorter period of time is the Secondary plan.

(6) If the preceding rules do not determine the order of benefits, the Allowable expenses shall be shared equally between the Plans meeting the definition of Plan. In addition, This plan will not pay more than it would have paid had it been the Primary plan.

EFFECT ON THE BENEFITS OF THIS PLAN

A. When This plan is secondary, it may reduce its benefits so that the total benefits paid or provided by all Plans during a plan year are not more than the total Allowable expenses. In determining the amount to be paid for any claim, the Secondary plan will calculate the benefits it would have paid in the absence of other health care coverage and apply that calculated amount to any Allowable expense under its Plan that is unpaid by the Primary plan. The Secondary plan may then reduce its payment by the amount so that, when combined with the amount paid by the Primary plan, the total benefits paid or provided by all Plans for the claim do not exceed the total Allowable expense for that claim. In addition, the Secondary plan shall credit to its plan deductible any amounts it would have credited to its deductible in the absence of other health care coverage.

B. If a Covered Person is enrolled in two or more Closed panel plans and if, for any reason, including the provision of service by a non-panel provider, benefits are not payable by one Closed panel plan, COB shall not apply between that Plan and other Closed panel plans.

RIGHT TO RECEIVE AND RELEASE NEEDED INFORMATION

Certain facts about health care coverage and services are needed to apply these COB rules and to determine benefits payable under This plan and other Plans. SLAICO may get the facts it needs from or give them to other organizations or Covered Persons for the purpose of applying these rules and determining benefits payable under This plan and other Plans covering the Covered Person claiming benefits. SLAICO need not tell, or get the consent of, any person to do this. Each Covered Person claiming benefits under This plan must give SLAICO any facts it needs to apply those rules and determine benefits payable.

FACILITY OF PAYMENT

A payment made under another Plan may include an amount that should have been paid under This plan. If it does, SLAICO may pay that amount to the organization that made that payment. That amount will then be treated as though it were a benefit paid under This plan. SLAICO will not have to pay that amount again. The term "payment made" includes providing benefits in the form of services, in which case "payment made" means the reasonable cash value of the benefits provided in the form of services.

RIGHT OF RECOVERY

If the amount of the payments made by SLAICO is more than it should have paid under this COB provision, it may recover the excess from one or more of the Covered Persons it has paid or for whom it has paid; or any other person or organization that may be responsible for the benefits or services provided for the Covered Person. The "amount of the payments made" includes the reasonable cash value of any benefits provided in the form of services.

GENERAL PROVISIONS

ENTIRE CONTRACT -- The Entire Contract will consist of:

1. The Group Policy;
2. The Application of the Group Policyholder, which will be attached to the Group Policy;
3. Any Enrollment Applications and attached papers for the proposed Covered Persons; and
4. Any riders, endorsements or amendments issued with or added to the Group Policy or any Certificate which is a part of the Group Policy.

We will deem all the statements provided in the Enrollment Application and attached supplements, except fraudulent statements, as representations and not warranties.

TIME LIMIT ON CERTAIN DEFENSES --

1. MISSTATEMENTS IN THE ENROLLMENT APPLICATION --

We may only use fraudulent misstatements in the Enrollment Application to void coverage under the Group Policy or to deny any claim for loss incurred more than 24 months after the Covered Person's Certificate Date.

2. PRE-EXISTING CONDITIONS --

No claim for loss incurred after the earlier of: (a) the end of a continuous period of 12 months commencing on or after the Covered Person's effective date of coverage under the Group Policy, during which the Covered Person has received no medical advice or treatment in connection with such disease or physical condition or (b) the end of the 2-year period commencing on the effective date of the Covered Person's coverage under the Group Policy will be reduced or denied unless:

- (d) The disease or physical condition has been excluded from coverage by name or specific description, and;
- (d) Such exclusion is in effect on the date the loss is incurred.

REINSTATEMENT -- Coverage terminates if You do not pay a periodic premium payment before the end of the Grace Period. Our later acceptance of premium, (or one of our authorized agent's acceptance of premium) without requiring an application for reinstatement, reinstates coverage under the Group Policy.

We will require an application for reinstatement. We will subject all representations made in this application to all of the provisions of the Group Policy. If We approve the application for reinstatement, We will reinstate coverage as of the approval date of the reinstatement Enrollment Application. If We do not approve the reinstatement and do not notify You in writing of the disapproval, We must reinstate coverage. The reinstatement will take place on the 45th day following the date of Our receipt of the application for reinstatement.

The reinstated plan only covers loss resulting from:

1. Injury that occurs after reinstatement; and
2. Sickness that begins ten days or more after the Covered Person's date of reinstatement.

In all other respects, the Covered Person's rights and Our rights will remain the same, except as stated in any application attached to the reinstated coverage.

We will apply any premiums that We accept for reinstatement to a period for which You have not paid premiums. We will not apply any premium to any period more than 60 days before the reinstatement date.

WE WILL NOT CONSIDER A REQUEST FOR REINSTATEMENT THAT YOU MAKE MORE THAN 180 DAYS AFTER YOUR COVERAGE UNDER THE GROUP POLICY HAS TERMINATED.

GRACE PERIOD -- There is a 31 day grace period for the payment of any premium. If a renewal premium is not paid on or before its due date, it may be paid during the following 31 days. If We do not receive the payment during this Grace Period, We will terminate coverage. Termination will be effective as of the end of the period for which premium was paid. The Grace Period does not apply if the Company has provided a notice of intent to terminate the Group Policy.

NOTICE OF CLAIMS -- A claimant must give notice of claim within 30 days after a covered loss starts or as soon as reasonably possible. The claimant must give the notice to Us at Our Administrative Office in Galveston, Texas. The notice must include the claimant's name and his/her Certificate Number.

CLAIM FORMS -- When We receive notice of claim, We will send the claimant forms for filing Proof of Loss. If We do not mail the claimant these forms within 15 days of Our receipt of his/her request, the claimant will have met the Proof of Loss requirement. However, the claimant must still give Us a written statement of the nature and extent of the loss within the time limit stated in the Proof of Loss section.

PROOFS OF LOSS -- The claimant must give written Proof of Loss to the Administrative Office in Galveston, Texas within 90 days after such loss. If it was not reasonably possible for the claimant to give the Proof of Loss in the time required, We will not reduce or deny the claim as long as the claimant gives proof as soon as reasonably possible. In any event, the claimant must give proof no later than 1 year from the time specified, unless the claimant was legally incapacitated.

TIME FOR PAYMENT OF CLAIMS -- All benefits payable under the Group Policy will be paid immediately upon receipt of Proof of Loss.

We will pay or deny each Clean Claim as follows: (1) if the claim is filed electronically, within 30 days after the date We receive the claim; or (2) if the claim is filed on paper, within 45 days after the date we receive the claim. We will notify the claimant of any deficiencies in the claim not less than 30 days after the date We receive the claim. The notice will give an explanation of any additional information required. We will suspend the claim until We receive the requested information. We will reopen and pay or deny the suspended claim within 30 days after We receive the information requested..

If We fail to pay or deny a Clean Claim or to give notice that We need more information to pay a claim, We will pay the claimant for the period beginning on the 61st day after receipt of the Clean Claim and ending on the Clean Claim payment date (this is called the delinquent payment period), calculated as follows: the amount of the Clean Claim payment times 12% per annum times the number of days in the delinquent payment period, divided by 365. We will pay this penalty without any action by the claimant.

A "Clean Claim" means a claim for payment of health care expenses that is submitted on a HCFA 1500 on a UB92 in a format required by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), or on Our standard claim form with all required fields completed in accordance with Our published claim filing requirements. A Clean Claim does not include a claim (1) for payment of expenses incurred during a period of time for which premiums are delinquent; or (2) for which We need additional information in order to resolve the claim.

PAYMENT OF CLAIMS -- We will pay Group Policy benefits to You. If You have assigned benefits, We will pay the benefits to the respective assignee. If You have died, We will pay any unpaid benefits to Your estate. We may pay benefits up to [\$1,000] to someone related to You by blood or marriage or to any other person We deem entitled to the benefits if:

1. A court has deemed You incompetent; or
2. You have died and Your estate is not able to execute a valid release.

NO ASSUMPTION OF LIABILITY -- Our payment of any claim does not mean We have assumed liability for future payments for the same condition or any related condition once:

1. We determine that no Medical Service charges exist; or
2. We determine that Our payment was erroneous or inappropriate.

PHYSICAL EXAMINATIONS -- We have the right to have any Covered Person examined as often as reasonably required while a claim is pending for that person. We will pay for the requested physical examination.

LEGAL ACTIONS -- No legal action may be brought to recover on the Group Policy within 60 days after a claimant gives written Proof of Loss. No legal action may be brought after 3 years from the time the Group Policy requires written proof of loss.

LIMITATION OF LIABILITY -- You agree that Our maximum liability under the Group Policy and related matters is limited to:

1. Group Policy benefits otherwise payable;
2. Your reasonable attorneys fees, if any; and
3. Any statutory penalties that may be imposed.

TERMINATION OF THE GROUP POLICY -- SLAICO or the Group Policyholder may terminate the Group Policy, as described under **TERMINATION OF COVERAGE**, provided written notice is provided 31 days in advance to the other party.

MISSTATEMENTS OF AGE -- If a Covered Person has misstated his age, the benefits will be those the premium paid would have purchased if the correct age had been disclosed. However, if on the Certificate Date, We would not have granted coverage because of the Covered Person's correct age, We are only liable for the return of any premiums paid on account of such person.

CONFORMITY WITH STATE STATUTES -- Any provision of the Group Policy which, on the Certificate Date, is in conflict with the laws of the state in which You reside on that date is amended to conform to the minimum requirements of the laws of the state.

ILLEGAL OCCUPATION -- We will not be liable for any loss that results from a Covered Person engaging in an illegal occupation or committing or attempting to commit a felony.

ASSIGNMENT -- No assignment of interest under the Group Policy will be binding upon SLAICO unless and until We receive the original or a duplicate of the assignment at Our Administrative Office in Galveston, Texas. Any assignment will be subject to any right of offset that We may be entitled to assert. We are not responsible for the validity or sufficiency of any assignment. If We pay the assignor, We are not liable for payment to the assignee.

AUTHORITY, AMENDMENT, AND ALTERATION -- Neither SLAICO nor the Group Policyholder may modify any terms of the Group Policy except by a written agreement signed by one of Our officers. Neither SLAICO nor the Group Policyholder may waive any forfeiture under the Group Policy except by a written agreement signed by one of Our officers. SLAICO may not delegate the authority for the purposes of this provision. SLAICO may amend or change the Group Policy at any time, subject to the laws of the jurisdiction in which We delivered the Group Policy. In this case, We may amend or change the Group Policy by written agreement between the Group Policyholder and Us and without the consent of the Covered Persons or his/her beneficiaries, if any. No agent has the authority to waive an answer to any question in the application, determine insurability, make or alter any contract or waive any of SLAICO's other rights or requirements. No change in the Group Policy will be valid unless evidenced by endorsement on the Group Policy or by a signed amendment to the Group Policy.

ELECTRONIC ACCOUNT DEBIT AUTHORIZATION -- If You have chosen Electronic Account Debit as Your method of payment, You agree that:

1. We are authorized to debit Your named account for required payments;
2. The account debit will be made electronically without the signature of any officer or employee of SLAICO;
3. We will not provide a receipt for any account debit;
4. SLAICO will not incur any liability because of dishonor of the account debit;
5. Upon refusal of the financial institution to honor any attempted debit of the named account, We will cease to debit Your account. We will send You written notice requesting payment in full of the required premium. Upon Your payment of the required premium, We will again begin to debit Your account. However, if You do not pay the required premium, Your coverage will lapse in accordance with the Grace Period provision; and
6. Except as provided in (4) above, the authorization remains effective unless either party ends the authorization. Before ending the authorization, a party must provide the other party at least 30 days advance written notice. We are not liable for amounts debited from Your account prior to Our receipt of written notification to end coverage.

DIRECT PAYMENT TO PUBLIC HOSPITALS AND CLINICS -- Benefits to a Covered Person shall be paid, with or without an assignment from the Covered Person, to public Hospitals or clinics for services and supplies provided to the Covered Person if a proper claim is submitted by the public Hospital or clinic. No benefits shall be paid under this provision to the public Hospital or clinic if such benefits have been paid to the Covered Person prior to receipt of the claim by SLAICO. Payment to the public Hospital or clinic of benefits pursuant to this provision shall discharge SLAICO from all liability to the Covered Person to the extent of the benefits so paid. Nothing in this provision shall be construed to require payment of benefits for the same services or supplies to both the Covered Person and the public Hospital or clinic.

NOTICE TO CERTIFICATEHOLDERS: We are here to serve the Certificateholder. As our Certificateholder, Your satisfaction is very important to Us. If You have a question about Your Certificate, if You need assistance with a problem, or if You have a claim, You should first contact Your insurance agent or Us at 1-800-899-6520. If You do not have Your agent's name, address, or phone number, please contact Us and We will be able to supply the information.

If We at SLAICO fail to provide You with reasonable and adequate service, You should feel free to contact:

Arkansas Insurance Department
Consumer Services Division
1200 West Third Street
Little Rock, AR 72201-1904
1-800-852-5494

EXTERNAL REVIEW PROCEDURE – In certain cases, the Certificateholder has the right to request an External Review Procedure, as described in this Section.

The following terms are defined:

Adverse Determination means the Company's determination that an admission, availability of care, continued stay or other Medical Service has been reviewed and, based upon the information provided, the requested payment for the service is denied, reduced or terminated, because:

- (a) The requested Health Care service does not meet the Company's requirements for Medical Necessity, or
- (b) The requested Health Care service has been found to be "Experimental/Investigational."

In order to qualify as an "Adverse Determination:"

- (a) The Adverse Determination must be a Final Adverse Determination, except as may be provided herein.
- (b) The Adverse Determination must involve treatment, services, equipment, supplies, or drugs that would require the health benefit plan to expend five hundred dollars (\$500) or more of expenditures.

Adverse Determination does not include the Company's determination to deny a Health Care service based upon:

- (a) An express exclusion in the health benefit plan other than a general exclusion for "Medical Necessity" or "Experimental/Investigational;"
- (b) An express limitation in the health benefit plan with respect to the number of visits, treatments, supplies or services for a covered benefit in a given calendar period or over the lifetime of the Covered Person;
- (c) An express limitation in the health benefit plan with respect to a maximum dollar limitation with respect to a covered benefit in a given calendar period or over the lifetime of the Covered Person;
- (d) the Company's determination that an individual is not eligible to be a Covered Person;
- (e) the Company's determination that treatment, service, or supplies were requested or obtained by a Covered Person through fraud or material misrepresentation.
- (f) The health benefit plan's procedure for determining the Covered Person's access to a Health Care Provider, including but not limited to a network access provision;
- (g) Illegality of services or the means or methods of administering them;
- (h) FDA or other government agency determinations, reports or statements; or
- (i) Licensure, permit or accreditation status of a Health Care Provider.

Authorized Representative means:

- (a) A person to whom a Covered Person has given express written consent to represent the Covered Person in an External Review;
- (b) A person authorized by law to provide substituted consent for a Covered Person; or
- (c) When the Covered Person is unable to provide consent, a family member of the Covered Person or the Covered Person's treating Health Care Professional if a family member is unavailable.

Commissioner means the Arkansas Insurance Commissioner.

Covered Benefits or Benefits means those Health Care services to which a Covered Person is entitled under the terms of a health benefit plan.

Covered Person means You. Covered Person shall also mean the Covered Person's Authorized Representative, as defined in this regulation.

Disclose means to release, transfer or otherwise divulge protected Health Information to any person other than the individual who is the subject of the protected Health Information.

Emergency Medical Condition means medical conditions of a recent onset and severity, including, but not limited to, severe pain that would lead a prudent lay person, possessing an average knowledge of medicine and health, to believe that his or her condition, sickness, or injury is of such a nature that failure to get immediate medical care could result in placing the patient's health in serious jeopardy, serious impairment to bodily functions, or serious dysfunction of any bodily organ or part.

Emergency Services means Health Care items and services furnished or required to evaluate and treat an Emergency Medical Condition.

External Review means a process, independent of all affected parties, to determine if a Health Care service is medically necessary or experimental/ investigational.

Facility means an institution providing Health Care services or a Health Care setting, including but not limited to, hospitals and other licensed inpatient centers, outpatient surgical or treatment centers, skilled nursing centers, residential treatment centers, diagnostic, laboratory and imaging centers, and rehabilitation and other therapeutic health settings.

Final Adverse Determination means an Adverse Determination involving a covered benefit that has been upheld by a health carrier at the completion of the health carrier's internal grievance procedure or Utilization Review procedure. If the health carrier does not have, nor is required by law to have, an internal grievance procedure or Utilization Review procedure, an Adverse Determination shall be considered a Final Adverse Determination.

Health care professional means a physician or other Health Care practitioner licensed, accredited or certified to perform specified health services consistent with state law.

Health Care Provider or Provider means a Health Care Professional or a Facility.

Health Care Services means services for the diagnosis, prevention, treatment, cure or relief of a health condition, illness, injury or disease.

Health Information means information or data, whether oral or recorded in any form or medium, and personal facts or information about events or relationships that relates to:

- (a) The past, present or future physical, mental, or behavioral health or condition of an individual or a member of the individual's family;
- (b) The provision of Health Care services to an individual; or
- (c) Payment for the provision of Health Care services to an individual.

Independent Review Organization means an entity that conducts independent External Reviews of Adverse Determinations and Final Adverse Determinations.

Medical or Scientific Evidence means the following sources:

- (a) Peer-reviewed scientific studies published in or accepted for publication by medical journals that meet nationally recognized requirements for scientific manuscripts and that submit most of their published articles for review by experts who are not part of the editorial staff;
- (b) Peer-reviewed medical literature, including literature relating to therapies reviewed and approved by a qualified institutional review board, biomedical compendia and other medical literature that meet the criteria of the National Institutes of Health's Library of Medicine for indexing in Index Medicus, Excerpta Medica (EMBASE), Medline and MEDLARS database Health Services Technology Assessment Research (HSTAR);
- (c) Medical journals recognized by the Secretary of Health and Human Services under Section 1861(t)(2) of the federal Social Security Regulation;
- (d) The following standard reference compendia: The American Hospital Formulary Service-Drug; The American Dental Association Accepted Dental Therapeutics; and The United States Pharmacopoeia-Drug Information;
- (e) Findings, studies or research conducted by or under the auspices of federal government agencies and nationally recognized federal research institutes, including: The federal Agency for Healthcare Research and Quality; The National Institutes of Health; The National Cancer Institute; The National Academy of Sciences; The Centers for Medicare and Medicaid Services; Any national board recognized by the National Institutes of Health for the purpose of evaluating the medical value of Health Care services; and Any other Medical or Scientific Evidence that is comparable to the sources listed in Subparagraphs (a) through (e).

Medical or Scientific Evidence shall not include published peer-reviewed literature sponsored to a significant extent by a pharmaceutical manufacturing company or medical device manufacturer.

Medically Necessary or Medical Necessity has the same definition as found under the section of the Certificate titled **DEFINITIONS**.

Person means an individual, a corporation, a partnership, an association, a joint venture, a joint stock company, a trust, an unincorporated organization, a limited liability company, any similar entity or any combination of the foregoing.

Protected Health Information means Health Information that is not subject to disclosure under state and/or federal law.

Retrospective Review means a review of Medical Necessity conducted after services have been provided to a patient, but does not include the review of a claim that is limited to an evaluation of reimbursement levels, veracity of documentation, accuracy of coding or adjudication for payment.

Utilization Review and Utilization Review Procedure mean the system for reviewing the appropriate and efficient allocation of hospital resources and medical services given or proposed to be given to a patient or group of patients.

Requesting an External Review, General Information - At the time of an Adverse Determination or a Final Adverse Determination, the Company will notify the Covered Person and Health Care Professional in writing of the right to request an External Review.

Before filing a request for an External Review, a Covered Person must exhaust the Company's internal grievance procedures (unless the Company waives this requirement). A Covered Person has exhausted the internal grievance procedure when:

- (a) The Covered Person has filed an appeal regarding an Adverse Determination with the Company; and
- (b) The Covered Person has not received a written decision on the appeal from the Company within 30 days following the date the Covered Person filed the appeal. (This 30 day requirement does not apply if the Covered Person requested or agreed to a delay of the 30 day requirement); or
- (c) The Covered Person has received a written decision regarding the appeal and the Company has made a Final Adverse Determination.

Once the Covered Person has received a Final Adverse Determination, the Covered Person has 60 days to request of External Review. The Covered Person must request an External Review in writing.

When requesting an External Review, the Covered Person will be required to authorize the release of any medical records that may be required for review in making the decision on the External Review. the Company will attach the authorization form to the External Review Notice.

A Covered Person has the right to contact the Commissioner for assistance with the External Review process at any time. The Commissioner's contact information is:

Arkansas Insurance Department
1200 West Third Street
Little Rock, AR 72201
(501)371-2600 or 1-800-282-9134
insurance.Consumers@Arkansas.gov

Standard External Review – When the Company receives a request for an External Review, it will assign an Independent Review Organization (IRO) to the External Review.

The IRO will conduct a preliminary review to determine if:

- (1) The request meets External Review requirements;
- (2) The Covered Person has exhausted the Company's internal grievance process (unless the Covered Person is not required to exhaust the grievance process as described in this notice); and
- (3) The Covered Person has provided all information and forms required to process an External Review, including the authorization form that the Company provided at the time of the Adverse or Final Adverse determination.

Within 5 business days, the IRO will review the Request and notify the Covered Person whether the request is complete and whether the IRO has accepted the Request. Within 7 business days after the date of receipt of this IRO notice, the Company will provide to the IRO, the Covered Person, and the Covered Person's treating Health Care Professional the documents and any information considered in making the Adverse Determination or Final Adverse Determination, together with any additional information required.

The IRO notice will include a statement that the Company, the Covered Person and the Covered Person's treating Health Care Professional may submit additional information and supporting documentation in writing to the IRO within 7 business days following the date of receipt of the notice. The IRO will consider this information when conducting the External Review. The IRO shall review all of the information and documents received in writing by the Covered Person, the Covered Person's treating Health Care Professional, and the Company.

If the request is not complete, the assigned IRO will, within 5 business days, inform the Company, the Covered Person, and the Covered Person's treating Health Care Professional what information or materials are needed to make the request complete. The IRO will immediately forward copies of any additional information to the Company.

If the request is not accepted for External Review, the assigned IRO will inform the Covered Person, the Covered Person's treating Health Care Professional and the Company in writing within 5 business days of the reasons for its nonacceptance.

In reaching a decision to accept or reject a matter for External Review, the IRO is not bound by any decisions or conclusions reached during the Company's internal grievance procedure or Utilization Review procedure.

Except in the case of the IRO terminating and reversing the Company's Adverse Determination or Final Adverse Determination because the Company failed to provide documents and information to the IRO within an acceptable time frame, failure by the Company or its Utilization Review organization to provide the documents and information within the time frame required will not delay the conduct of the External Review.

If the Company or its Utilization Review Organization fails to provide the documents and information within the time frame required, the IRO may terminate the External Review and make a decision to reverse the Adverse Determination or Final Adverse Determination.

Upon receipt of the information, if any, required to be forwarded to the IRO, the Company may reconsider its Adverse Determination or Final Adverse Determination that is the subject of the External Review.

Reconsideration by the Company of its Adverse Determination or Final Adverse Determination will not delay or terminate the External Review.

The External Review may only be terminated if the Company decides, upon completion of its reconsideration, to reverse its Adverse Determination or Final Adverse Determination and provide coverage or payment for the Health Care service that is the subject of the Adverse Determination or Final Adverse Determination.

Immediately upon making the decision to reverse its Adverse Determination or Final Adverse Determination, the Company shall notify the Covered Person, the Covered Person's treating Health Care Professional, and the IRO in writing of its decision.

The IRO will terminate the External Review upon receipt of the notice from the Company regarding its reversal.

In addition to the documents and information referred to above, the IRO, to the extent the information or documents are available and the IRO considers them appropriate, shall consider the following in reaching a decision:

- (1) The Covered Person's medical records;
- (2) The treating Health Care Professional's recommendation;
- (3) Consulting reports from appropriate Health Care Professionals and other documents submitted by the health carrier, Covered Person, or the Covered Person's treating Health Care Professional;
- (4) The most appropriate practice guidelines, which may include generally accepted practice guidelines, evidence-based practice guidelines or any other practice guidelines developed by the federal government, national or professional medical societies, boards and associations;
- (5) Any applicable written screening procedures, decision abstracts, clinical protocols and practice guidelines used by a health carrier to determine the necessity and appropriateness of Health Care services;
- (6) If the Adverse Determination involves a denial of coverage based on a determination that the recommended or requested Health Care services is "experimental" or "investigational," the IRO shall also consider whether:
 - (a) The recommended or requested Health Care service or treatment has been approved by the federal Food and Drug Administration for the condition, while realizing that treatments or services are often legitimately used for purposes other than those listed in the FDA approval; or
 - (b) Medical or scientific evidence demonstrates that the expected Benefits of the recommended or requested Health Care service or treatment is more likely than not to be more beneficial to the Covered Person than any available standard Health Care service or treatment and the adverse risks of the recommended or requested Health Care service or treatment would not be substantially increased over those of available standard Health Care services or treatments.

Within 45 calendar days after the date of receipt of the request for an External Review, the IRO shall provide written notice of its decision to uphold or reverse the Adverse Determination or the Final Adverse Determination to the Covered Person, the Covered Person's treating Health Care Professional, and the Company.

The IRO notice will include:

- (a) A general description of the reason for the request for External Review;
- (b) The date the IRO received the assignment from the health carrier to conduct the preliminary review of the External Review request;
- (c) The date the External Review was conducted, if appropriate;
- (d) The date of its decision;
- (e) The principal reason or reasons for its decision;
- (f) The rationale for its decision; and
- (g) References to the evidence or documentation, including the practice guidelines, considered in reaching its decision.

If the Adverse Determination involves a denial of coverage based on a determination that the recommended or requested Health Care services is "experimental" or "investigational," the IRO shall also consider whether:

- (i) A description of the indicators relevant to determining whether there is sufficient evidence to demonstrate that the recommended or requested Health Care service or treatment is more likely than not to be more beneficial to the Covered Person than any available standard Health Care services or treatments and the adverse risks of the recommended or requested Health Care service or treatment would not be substantially increased over those of available standard Health Care services or treatments; and
- (ii) A description and analysis of any Medical or Scientific Evidence considered in reaching the opinion.

Upon receipt of a notice of a decision reversing the Adverse Determination or Final Adverse Determination, the Company will immediately approve the coverage that was the subject of the Adverse Determination or Final Adverse Determination.

The assignment by the Company of an approved IRO to conduct an External Review in accordance with this section shall be fair and impartial. The Company and the IRO shall comply with standards approved by the Commissioner to ensure fairness and impartiality in the assignment by health carriers of approved IRO to conduct External Reviews.

Expedited External Review – A Covered Person may make a request for an Expedited External Review at the time the Covered Person receives an Adverse Determination or a Final Adverse Determination.

The Covered Person may request an expedited External Review of an Adverse Determination if:

- (a) The Covered Person has a medical condition where the timeframe for completion of an expedited review of an appeal set forth in the Company's internal grievance procedure or Utilization Review procedure would seriously jeopardize the life or health of the Covered Person or would jeopardize the Covered Person's ability to regain maximum function; or
- (b) The Adverse Determination involves a denial of coverage based on a determination that the recommended or requested Health Care service or treatment is "experimental" or "investigational," and the Covered Person's treating physician certifies in writing that the recommended or requested Health Care service or treatment would be significantly less effective if not promptly initiated.

Note: A Covered Person may file a request for an expedited External Review at the same time the Covered Person files a request for an expedited review of an appeal under the Company's grievance or utilization review procedure if:

- (a) The Covered Person has a medical condition where the timeframe for completion of an expedited review of an appeal set forth in the Company's internal grievance procedure or utilization review procedure would seriously jeopardize the life or health of the Covered Person or would jeopardize the Covered Person's ability to regain maximum function; or
- (b) The Adverse Determination involves a denial of coverage based on a determination that the recommended or requested health care service or treatment is "experimental" or "investigational," and the Covered Person's treating physician certifies in writing that the recommended or requested health care service or treatment would be significantly less effective if not promptly initiated.

The IRO will determine whether the Covered Person shall be required to complete the Company's expedited internal grievance procedure or Utilization Review procedure before it conducts the expedited External Review. Upon a determination that the Covered Person must first complete the expedited internal grievance review procedure or Utilization Review procedure, the IRO immediately shall notify the Covered Person and the Covered Person's treating Health Care Professional of this determination and that it will not proceed with the expedited External Review until the expedited internal grievance procedure or Utilization Review procedure is completed and the Adverse Determination or Final Adverse Determination is upheld.

The Covered Person may request an expedited External Review of a Final Adverse Determination if:

- (a) The Covered Person has a medical condition where the timeframe for completion of a standard External Review would seriously jeopardize the life or health of the Covered Person, or would jeopardize the Covered Person's ability to regain maximum function; or
- (b) The Final Adverse Determination concerns:
 - (i) An admission, availability of care, continued stay or Health Care service for which the Covered Person received Emergency Services, but has not been discharged from a Facility; or
 - (i) A denial of coverage based on a determination that the recommended or requested Health Care service or treatment is experimental or investigational, and the Covered Person's treating physician certifies in writing

that the recommended or requested Health Care service or treatment that is the subject of the request would be significantly less effective if not promptly initiated.

At the time the Covered Person makes a request for an expedited External Review, the Covered Person or the Covered Person's treating Health Care Professional shall submit additional information and supporting documentation that the IRO will consider when conducting the expedited External Review.

At the time the Company receives a request for an expedited External Review, the Company will immediately assign an IRO to the case.

At the time the Company assigns an IRO to conduct the expedited External Review, the Company shall immediately provide or transmit all documents and information considered in making the Adverse Determination or Final Adverse Determination, as well as any additional information and supporting documentation, to the IRO, the Covered Person, and the Covered Person's treating Health Care Professional via electronically, facsimile or any other available expeditious method.

The IRO will, as expeditiously as the Covered Person's medical condition or circumstances require, but in no event more than 72 hours after the date of receipt of the request for an acceptable expedited External Review:

- (a) Make a decision to uphold or reverse the Adverse Determination or Final Adverse Determination; and
- (b) Notify the Covered Person, the Covered Person's treating Health Care Professional, and the Company of the decision.

If the notice from the IRO was not in writing, within 2 days after the date of providing that notice, the IRO shall:

- (a) Provide a written or electronic media confirmation of the decision to the Covered Person and the Company; and
- (b) Include the information required for a Standard External Review Notice.

In reaching a decision, the IRO is not bound by any decisions or conclusions reached during the health carrier's Utilization Review process or the Company's internal grievance process.

Upon receipt of notice of a decision reversing the Adverse Determination or Final Adverse Determination, the Company will immediately approve the coverage that was the subject of the Adverse Determination or Final Adverse Determination.

An expedited External Review may not be provided for adverse or Final Adverse Determinations involving a Retrospective Review.

Binding Nature of External Review Decision -

- (a) An External Review decision is binding on the Company except to the extent the Company has other remedies available under applicable federal or state law.
- (b) An External Review decision is binding on the Covered Person except to the extent the Covered Person has other remedies available under applicable federal or state law.
- (c) A Covered Person may not file a subsequent request for External Review involving the same Adverse Determination or Final Adverse Determination for which the Covered Person has already received an External Review decision pursuant to this regulation.

Filing Fees –

- (a) Except in the case of a request for an expedited External Review, at the time of filing a request for External Review, the Covered Person shall submit to the IRO a filing fee of \$25 along with the information and documentation to be used by the IRO in conducting the External Review.
- (b) Upon application by the Covered Person, the Commissioner may waive the filing fee upon a showing of undue financial hardship.
- (c) The filing fee shall be refunded to the person who paid the fee if the External Review results in the reversal, in whole or in part, of the Company's Adverse Determination or Final Adverse Determination that was the subject of the External Review.
- (d) the Company against which a request for a standard External Review or an expedited External Review is filed shall pay the cost of the IRO for conducting the External Review.

**STANDARD LIFE AND ACCIDENT INSURANCE COMPANY
ADMINISTRATIVE OFFICE: ONE MOODY PLAZA
GALVESTON, TEXAS**

GROUP CATASTROPHIC HOSPITAL INSURANCE POLICY

THE GROUP POLICY PROVIDES COVERAGE FOR HOSPITAL EXPENSES DESCRIBED IN THE GROUP POLICY AND THIS CERTIFICATE. WHEN SELECTED, A PREFERRED PROVIDER COMPONENT IS INCLUDED WITH THIS COVERAGE.

STANDARD LIFE AND ACCIDENT INSURANCE COMPANY
(Herein referred to as: SLAICO, the Company, We, Our or Us)
ADMINISTRATIVE OFFICE: ONE MOODY PLAZA
GALVESTON TEXAS

MASTER POLICY AMENDMENT ARKANSAS RESIDENTS

DEFINITIONS

The following definitions are revised:

COMPLICATIONS OF PREGNANCY means:

1. conditions, requiring Hospital confinement (when the pregnancy is not terminated), whose diagnosis are distinct from pregnancy, but are adversely affected by pregnancy or are caused by pregnancy, such as (1) acute nephritis; (2) nephrosis; (3) cardiac decompensation;(4) HELLP syndrome; (5) uterine rupture; (6) amniotic fluid embolism; (7) chorioamnionitis; (8) fatty liver in pregnancy; (9) septic abortion; (10) placenta accreta; (11) gestational hypertension; (12) puerperal sepsis; (13) peripartum cardiomyopathy; (14) cholestasis in pregnancy; (15) thrombocytopenia in pregnancy; (16) placenta previa; (17) placental abruption; (18) acute cholecystitis and pancreatitis in pregnancy; (19) postpartum hemorrhage; (20) septic pelvic thrombophlebitis; (21) retained placenta; (22) venous air embolus associated with pregnancy; (23) miscarriage; or (24) an emergency c-section required because of (a) fetal or maternal distress during labor, or (b) severe pre-eclampsia, or (c) arrest of descent or dilatation, or (d) obstruction of the birth canal by fibroids or ovarian tumors, or (e) necessary because of the sudden onset of a medical condition manifesting itself by acute symptoms of sufficient severity that, in the absence of immediate medical attention, will result in placing the life of the mother or fetus in jeopardy. A c-section delivery is not considered to be an emergency c-section if it is merely for the convenience of the patient and/or doctor or solely due to a previous c-section; and
2. Treatment, diagnosis or care for conditions, including the following, when the condition was caused by, necessary because of, or aggravated by the pregnancy: (1) hyperthyroidism, (2) hepatitis B Or C, (3) HIV (4) Human papilloma virus, (5) abnormal PAP, (6) syphilis, (7) chlamydia, (8) herpes, (9) urinary tract infections, (10) thromboembolism, (11) appendicitis, (12) hypothyroidism, (13) pulmonary embolism, (14) sickle cell disease, (15) tuberculosis, (16) migraine headaches, (17) depression, (18) acute myocarditis, (19) asthma, (20) maternal cytomegalovirus, (21) urolithiasis, (22) DVT prophylaxis, (23) ovarian dermoid tumors, (24) biliary atresia and/or cirrhosis, (25) first trimester adnexal mass, (26) hydatidiform mole or (26) ectopic pregnancy.

PRE-EXISTING CONDITIONS means a disease or physical condition of a Covered Person, not otherwise excluded by name or specific description on the date of the Person's loss, which existed prior to the Covered Person's effective date under the Group Policy. Any exclusion or limitation applies only to a disease or physical condition for which medical advice or treatment was received by the Covered Person during the 12 months prior to the effective date of coverage under the Group Policy. In no event will the exclusion or limitation apply to loss incurred after the earlier of:

1. The end of a continuous period of 12 months commencing on or after the effective date of the Covered Person's coverage during all of which the Person received no advice or treatment in connection with such disease or physical condition; or
2. The end of the 2-year period commencing on the effective date of the Covered Person's effective date of coverage under the Group Policy.

MEDICAL SERVICES

Anesthesia Administration is changed to read:

Anesthesia Administration - Reasonable and Customary Charges for the administration of anesthesia by an anesthesiologist to a Covered Person undergoing surgery while Hospital Confined or in a Same Day Surgery Facility. The anesthesiologist must be at the operation solely to provide the anesthesia service.

We will reduce benefits otherwise payable had an anesthesiologist administered anesthesia by [50%] if a nurse anesthetist, operating Doctor, or assistant Surgeon administers the anesthesia, including any incidental fluids, as part of a covered surgical procedure. When both an anesthesiologist and a nurse anesthetist bill for the same operative session, benefits will be limited to the Reasonable and Customary charges otherwise payable had the anesthesiologist been the sole provider of such services.

Coverage includes charges incurred for those for services performed in connection with dental procedures in a Hospital or Ambulatory Surgical Center when the Doctor treating the Covered Person certifies that, because of the patient's age or condition or problem, hospitalization or general anesthesia is required in order to safely and effectively perform the procedures and the Covered Person is: (1) a child under 7 years of age who is determined by two dentists licensed in Arkansas to require, without delay, necessary dental treatment in a Hospital or Ambulatory Surgical Center for a significantly complex dental condition; (2) a person with a diagnosed serious mental or physical condition; or (3) a person with a significant behavioral problem as determined by the Covered Person's Doctor. This benefit does not apply to services performed in connection with temporomandibular joint disorders.

The following is added to **MEDICAL SERVICES**:

ARKANSAS RESIDENT BENEFITS – The following benefits apply only when described services are provided to a Covered Person who is an Arkansas resident. Except as otherwise stated, they are subject to all the terms and conditions of the Group Policy.

Newborn Infants – When the Certificate evidences coverage for persons in addition to You, and You have given Us notice of a newborn as required by Automatic Coverage of Newborn and Adopted Children, coverage will include the Reasonable and Customary Charges incurred for the Medically Necessary care and treatment of a newborn child, while the child is Hospital Confined, as follows: (a) coverage for Sickness or Injury, congenital defects, and premature birth; (b) coverage for tests for hypothyroidism, phenylketonuria, galactosemia, sickle-cell anemia, and all other disorders of metabolism for which screening is performed by or for the State of Arkansas, as well as any testing of newborn infants hereafter mandated by law; and (c) a minimum of 48 hours up to 5 full days of routine nursery care and pediatric charges for a well newborn in a Hospital nursery or until the mother is discharged from the Hospital following the birth of the child, whichever is the lesser period of time.

Speech and Hearing - Reasonable and Customary Charges incurred for necessary care and treatment of loss or impairment of speech or hearing while Hospital Confined. Coverage does not include hearing instruments or devices.

Colorectal Screening - Reasonable and Customary Charges for colorectal cancer examinations and laboratory tests, while Hospital Confined or in an Ambulatory Surgical Center, for: (1) Covered Persons who are 50 years of age or older; (2) Covered Persons who are less than 50 years of age and at a high risk for colorectal cancer; (3) Covered Persons experiencing the following symptoms: bleeding from the rectum or blood in the stool; a change in bowel habits, such as diarrhea, constipation, or narrowing of the stool, that lasts more than 5 days.

The colorectal screening will involve an examination of the entire colon, including the following exams or laboratory tests, or both:

1. An annual fecal immunochemical test in conjunction with a flexible sigmoidoscopy every 5 years;
2. A double-contrast barium enema every 5 years; or
3. A colonoscopy every 10 years; and
4. Any additional medically recognized screening tests for colorectal cancer required by the Director of the Department of Health.

Follow-up screenings are covered as follows:

1. If the initial colonoscopy is normal, follow-up is recommended in 10 years;

2. For Covered Persons with 1 or more neoplastic polyps, adenomatous polyps, assuming that the initial colonoscopy was complete to the cecum and adequate preparation and removal of all visualized polyps follow-up is recommended in 3 years;
3. If single tubular adenoma of less than 1 centimeter (4 for patients with large sessile adenomas greater than 3 centimeters) especially if removed in piecemeal fashion, follow-up is recommended in 6 months or until complete polyp removal is verified by colonoscopy.

Diabetes – Reasonable and Customary Charges for equipment, supplies, medication and a one per lifetime self-management training and patient management, including medical nutrition therapy, for the treatment of insulin-dependent diabetes, insulin-using diabetes, gestational diabetes, and non-insulin-using diabetes, while Hospital Confined. The self-management diabetes training program must be Medically Necessary as determined by a Doctor. Additional training is covered when a Doctor prescribes the additional training as Medically Necessary because of a significant change in the Covered Person's symptoms or conditions.

EXCEPTIONS

Number 10 is revised to state as follows:

10. A Pre-Existing Condition as defined in the Group Policy, except as stated under DEFINITIONS and TIME LIMIT ON CERTAIN DEFENSES, PRE-EXISTING CONDITIONS.

AUTOMATIC COVERAGE OF NEWBORN AND ADOPTED CHILDREN is revised as follows:

Newborns: If the Group Policy provides coverage for Covered Persons other than You, the Policy will also provide coverage for newborn children when they live with You from the moment of birth. This coverage is free for the first 90 days.

Adopted Children: If the Group Policy provides coverage for Covered Persons other than You, the Policy will also provide coverage for adopted children and children who are placed for adoption from the date of the filing of a petition for adoption. This coverage for adopted children is free for the first 60 days of the filing of a petition for adoption if You apply for coverage within 60 days after the filing of the petition for adoption. However, the coverage will be free for the first 60 days from the moment of birth if the petition for adoption and application for coverage is filed within 60 days after the birth of the minor.

In order to continue coverage for a newborn or adopted child, You must do the following:

1. Send Us notice of the child within the 90 days after the date of the child's birth or before the premium due date, whichever is later (or, in the case of an adopted child, within the 60 days after the filing of the petition for adoption or birth of child); and
2. Send Us the additional premium for the child within 90 days of the child's date of birth or within 60 days of the date of petition for adoption or birth of the child.

As long as You pay the extra premium, the child will remain a Covered Person, subject to the Termination of Coverage and Loss of Coverage Eligibility provisions of the Group Policy. Coverage for a child that is placed with You for adoption will continue in accordance with the Termination of Coverage and Loss of Coverage Eligibility provisions, unless the placement is disrupted prior to legal adoption and the child is removed from placement.

We do not require an application for the child unless You have notified Us of the child later than the timeframe as required above.

TERMINATION OF COVERAGE

The following paragraph is added:

If coverage under the Group Policy ends and is replaced by a group health insurance plan issued by another insurer or self-funded health care plan, coverage under the Group Policy will continue for any Covered Person who is Hospital Confined on the date coverage under the Group Policy ends. Continuation of such benefits are subject to all terms and conditions the Group Policy, except those relating to termination of benefits. Such benefits will continue until the Hospital Confinement ends or until the maximum benefits available under the Group Policy are paid, whichever occurs first.

LOSS OF ELIGIBILITY

The following sentence is added to the first paragraph:

If a Covered Person's coverage ends under the Group Policy, in accordance with the paragraphs above, such Person may be eligible for Continuation or Conversion. Please see the Conversion and Continuation Privilege.

CONTINUATION PRIVILEGE

The entire section is revised to state as follows:

If coverage ends under the Group Policy for certain reasons, a Covered Person may be able to continue his coverage.

CONTINUATION:

A Covered Person may continue his coverage under the Group Policy and that of his dependents who are covered under the Group Policy if his coverage would otherwise end because of termination of membership or because of a change in marital status. Such coverage will be continued if the person:

1. Has been continuously covered under the Group Policy for the 3 month period prior to termination of membership or change in marital status; and
2. Is not eligible for Medicare or is not fully covered (i.e., all Pre-Existing Conditions are covered) under any other group medical policy or contract;

Continuation will be allowed under this provision until all Pre-Existing Conditions are covered or would be covered under another group policy or contract or until termination pursuant to this continuation provision or pursuant to any applicable provision of federal law.

To continue coverage, the person must request continuation in writing within 10 working days of termination of membership or change in marital status. Premiums must be paid on a monthly basis in advance in accordance with the terms of the Group Policy.

This continuation will end on the earliest of the following dates:

1. 120 days from the date continuation began;
2. The end of the period for which premiums are paid on a timely basis;
3. The premium due date following the date the person becomes eligible for Medicare;
4. The date maximum benefits available under the Group Policy are paid for such person; or
5. The date of termination of the Group Policy; however, continuation will continue under any replacement policy.

Upon termination of this continuation, the person may have the right of conversion described above. Any person who elects the conversion privilege waives the right to this continuation.

TOTAL DISABILITY: "Total Disability" means a Covered Person's inability, because of Sickness or Injury, to perform the material and substantial duties of his/her occupation.

If a Covered Person suffers from Total Disability at the time of any termination or discontinuance of the Group Policy by SLAICO, regardless of the reason for the termination or discontinuance, SLAICO will provide an extension of benefits for a period of 12 months immediately following the date of termination or discontinuance. Benefits payable will be subject to the Group Policy's regular benefit limits.

EXCEPTIONS

Exception number 11 is changed to read:

Eligible Expenses for a Pre-Existing Condition except as stated under **DEFINITIONS** and **TIME LIMIT ON CERTAIN DEFENSES, PRE-EXISTING CONDITIONS**.

GENERAL PROVISIONS

Under **TIME LIMIT ON CERTAIN DEFENSES**, the following is changed to read:

2. PRE-EXISTING CONDITIONS:

No claim for loss incurred after the earlier of: (a) the end of a continuous period of 12 months commencing on or after the Covered Person's effective date of coverage under the Group Policy, during which the Covered Person has received no medical advice or treatment in connection with such disease or physical condition or (b) the end of the 2-year period commencing on the effective date of the Covered Person's coverage under the Group Policy will be reduced or denied unless:

- (a) The disease or physical condition has been excluded from coverage by name or specific description, and;
- (b) Such exclusion is in effect on the date the loss is incurred.

TIME FOR PAYMENT OF CLAIMS is changed to read:

TIME FOR PAYMENT OF CLAIMS: We will pay or deny each Clean Claim as follows: (1) if the claim is filed electronically, within 30 days after the date We receive the claim; or (2) if the claim is filed on paper, within 45 days after the date we receive the claim. We will notify the claimant of any deficiencies in the claim not less than 30 days after the date We receive the claim. The notice will give an explanation of any additional information required. We will suspend the claim until We receive the requested information. We will reopen and pay or deny the suspended claim within 30 days after We receive the information requested..

If We fail to pay or deny a Clean Claim or to give notice that We need more information to pay a claim, We will pay the claimant for the period beginning on the 61st day after receipt of the Clean Claim and ending on the Clean Claim payment date (this is called the delinquent payment period), calculated as follows: the amount of the Clean Claim payment times 12% per annum times the number of days in the delinquent payment period, divided by 365. We will pay this penalty without any action by the claimant.

A "Clean Claim" means a claim for payment of health care expenses that is submitted on a HCFA 1500 on a UB92 in a format required by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), or on Our standard claim form with all required fields completed in accordance with Our published claim filing requirements. A Clean Claim does not include a claim (1) for payment of expenses incurred during a period of time for which premiums are delinquent; or (2) for which We need additional information in order to resolve the claim.

The following is added:

NOTICE TO CERTIFICATEHOLDERS: We are here to serve the Certificateholder. As our Certificateholder, Your satisfaction is very important to Us. If You have a question about Your Certificate, if You need assistance with a problem, or if You have a claim, You should first contact Your insurance agent or Us at 1-800-899-6520. If You do not have Your agent's name, address, or phone number, please contact Us and We will be able to supply the information.

If We at SLAICO fail to provide You with reasonable and adequate service, You should feel free to contact:

Arkansas Insurance Department
Consumer Services Division
1200 West Third Street
Little Rock, AR 72201-1904
1-800-852-5494

EXTERNAL REVIEW PROCEDURE – In certain cases, the Certificateholder has the right to request an External Review Procedure, as described in this Section.

The following terms are defined:

Adverse Determination means the Company's determination that an admission, availability of care, continued stay or other Medical Service has been reviewed and, based upon the information provided, the requested payment for the service is denied, reduced or terminated, because:

- (a) The requested Health Care service does not meet the Company's requirements for Medical Necessity, or

(b) The requested Health Care service has been found to be "Experimental/Investigational."

In order to qualify as an "Adverse Determination:"

- (a) The Adverse Determination must be a Final Adverse Determination, except as may be provided herein.
- (b) The Adverse Determination must involve treatment, services, equipment, supplies, or drugs that would require the health benefit plan to expend five hundred dollars (\$500) or more of expenditures.

Adverse Determination does not include the Company's determination to deny a Health Care service based upon:

- (a) An express exclusion in the health benefit plan other than a general exclusion for "Medical Necessity" or "Experimental/Investigational;"
- (b) An express limitation in the health benefit plan with respect to the number of visits, treatments, supplies or services for a covered benefit in a given calendar period or over the lifetime of the Covered Person;
- (c) An express limitation in the health benefit plan with respect to a maximum dollar limitation with respect to a covered benefit in a given calendar period or over the lifetime of the Covered Person;
- (d) The Company's determination that an individual is not eligible to be a Covered Person;
- (e) The Company's determination that treatment, service, or supplies were requested or obtained by a Covered Person through fraud or material misrepresentation.
- (f) The health benefit plan's procedure for determining the Covered Person's access to a Health Care Provider, including but not limited to a network access provision;
- (g) Illegality of services or the means or methods of administering them;
- (h) FDA or other government agency determinations, reports or statements; or
- (i) Licensure, permit or accreditation status of a Health Care Provider.

Authorized Representative means:

- (a) A person to whom a Covered Person has given express written consent to represent the Covered Person in an External Review;
- (b) A person authorized by law to provide substituted consent for a Covered Person; or
- (c) When the Covered Person is unable to provide consent, a family member of the Covered Person or the Covered Person's treating Health Care Professional if a family member is unavailable.

Commissioner means the Arkansas Insurance Commissioner.

Covered Benefits or Benefits means those Health Care services to which a Covered Person is entitled under the terms of a health benefit plan.

Covered Person means You. Covered Person shall also mean the Covered Person's Authorized Representative, as defined in this regulation.

Disclose means to release, transfer or otherwise divulge protected Health Information to any person other than the individual who is the subject of the protected Health Information.

Emergency Medical Condition means medical conditions of a recent onset and severity, including, but not limited to, severe pain that would lead a prudent lay person, possessing an average knowledge of medicine and health, to believe that his or her condition, sickness, or injury is of such a nature that failure to get immediate medical care could result in placing the patient's health in serious jeopardy, serious impairment to bodily functions, or serious dysfunction of any bodily organ or part.

Emergency Services means Health Care items and services furnished or required to evaluate and treat an Emergency Medical Condition.

External Review means a process, independent of all affected parties, to determine if a Health Care service is medically necessary or experimental/ investigational.

Facility means an institution providing Health Care services or a Health Care setting, including but not limited to, hospitals and other licensed inpatient centers, outpatient surgical or treatment centers, skilled nursing centers, residential treatment centers, diagnostic, laboratory and imaging centers, and rehabilitation and other therapeutic health settings.

Final Adverse Determination means an Adverse Determination involving a covered benefit that has been upheld by a health carrier at the completion of the health carrier's internal grievance procedure or Utilization Review procedure. If the health carrier does not have, nor is required by law to have, an internal grievance procedure or Utilization Review procedure, an Adverse Determination shall be considered a Final Adverse Determination.

Health care professional means a physician or other Health Care practitioner licensed, accredited or certified to perform specified health services consistent with state law.

Health Care Provider or Provider means a Health Care Professional or a Facility.

Health Care Services means services for the diagnosis, prevention, treatment, cure or relief of a health condition, illness, injury or disease.

Health Information means information or data, whether oral or recorded in any form or medium, and personal facts or information about events or relationships that relates to:

- (a) The past, present or future physical, mental, or behavioral health or condition of an individual or a member of the individual's family;
- (b) The provision of Health Care services to an individual; or
- (c) Payment for the provision of Health Care services to an individual.

Independent Review Organization means an entity that conducts independent External Reviews of Adverse Determinations and Final Adverse Determinations.

Medical or Scientific Evidence means the following sources:

- (a) Peer-reviewed scientific studies published in or accepted for publication by medical journals that meet nationally recognized requirements for scientific manuscripts and that submit most of their published articles for review by experts who are not part of the editorial staff;
- (b) Peer-reviewed medical literature, including literature relating to therapies reviewed and approved by a qualified institutional review board, biomedical compendia and other medical literature that meet the criteria of the National Institutes of Health's Library of Medicine for indexing in Index Medicus, Excerpta Medicus (EMBASE), Medline and MEDLARS database Health Services Technology Assessment Research (HSTAR);
- (c) Medical journals recognized by the Secretary of Health and Human Services under Section 1861(t)(2) of the federal Social Security Regulation;
- (d) The following standard reference compendia: The American Hospital Formulary Service-Drug; The American Dental Association Accepted Dental Therapeutics; and The United States Pharmacopoeia-Drug Information;
- (e) Findings, studies or research conducted by or under the auspices of federal government agencies and nationally recognized federal research institutes, including: The federal Agency for Healthcare Research and Quality; The National Institutes of Health; The National Cancer Institute; The National Academy of Sciences; The Centers for Medicare and Medicaid Services; Any national board recognized by the National Institutes of Health for the purpose of evaluating the medical value of Health Care services; and Any other Medical or Scientific Evidence that is comparable to the sources listed in Subparagraphs (a) through (e).

Medical or Scientific Evidence shall not include published peer-reviewed literature sponsored to a significant extent by a pharmaceutical manufacturing company or medical device manufacturer.

Medically Necessary or Medical Necessity has the same definition as found under the section of the Certificate titled **DEFINITIONS**.

Person means an individual, a corporation, a partnership, an association, a joint venture, a joint stock company, a trust, an unincorporated organization, a limited liability company, any similar entity or any combination of the foregoing.

Protected Health Information means Health Information that is not subject to disclosure under state and/or federal law.

Retrospective Review means a review of Medical Necessity conducted after services have been provided to a patient, but does not include the review of a claim that is limited to an evaluation of reimbursement levels, veracity of documentation, accuracy of coding or adjudication for payment.

Utilization Review and Utilization Review Procedure mean the system for reviewing the appropriate and efficient allocation of hospital resources and medical services given or proposed to be given to a patient or group of patients.

Requesting an External Review, General Information - At the time of an Adverse Determination or a Final Adverse Determination, the Company will notify the Covered Person and Health Care Professional in writing of the right to request an External Review.

Before filing a request for an External Review, a Covered Person must exhaust the Company's internal grievance procedures (unless the Company waives this requirement). A Covered Person has exhausted the internal grievance procedure when:

- (a) The Covered Person has filed an appeal regarding an Adverse Determination with the Company; and
- (b) The Covered Person has not received a written decision on the appeal from the Company within 30 days following the date the Covered Person filed the appeal. (This 30 day requirement does not apply if the Covered Person requested or agreed to a delay of the 30 day requirement); or
- (c) The Covered Person has received a written decision regarding the appeal and the Company has made a Final Adverse Determination.

Once the Covered Person has received a Final Adverse Determination, the Covered Person has 60 days to request of External Review. The Covered Person must request an External Review in writing.

When requesting an External Review, the Covered Person will be required to authorize the release of any medical records that may be required for review in making the decision on the External Review. the Company will attach the authorization form to the External Review Notice.

A Covered Person has the right to contact the Commissioner for assistance with the External Review process at any time. The Commissioner's contact information is:

Arkansas Insurance Department
1200 West Third Street
Little Rock, AR 72201
(501)371-2600 or 1-800-282-9134
insurance.Consumers@Arkansas.gov

Standard External Review – When the Company receives a request for an External Review, it will assign an Independent Review Organization (IRO) to the External Review.

The IRO will conduct a preliminary review to determine if:

- (1) The request meets External Review requirements;
- (2) The Covered Person has exhausted the Company's internal grievance process (unless the Covered Person is not required to exhaust the grievance process as described in this notice); and
- (3) The Covered Person has provided all information and forms required to process an External Review, including the authorization form that the Company provided at the time of the Adverse or Final Adverse determination.

Within 5 business days, the IRO will review the Request and notify the Covered Person whether the request is complete and whether the IRO has accepted the Request. Within 7 business days after the date of receipt of this IRO notice, the Company will provide to the IRO, the Covered Person, and the Covered Person's treating Health Care Professional the documents and any information considered in making the Adverse Determination or Final Adverse Determination, together with any additional information required.

The IRO notice will include a statement that the Company, the Covered Person and the Covered Person's treating Health Care Professional may submit additional information and supporting documentation in writing to the IRO within 7 business days following the date of receipt of the notice. The IRO will consider this information when conducting the External Review. The IRO shall review all of the information and documents received in writing by the Covered Person, the Covered Person's treating Health Care Professional, and the Company.

If the request is not complete, the assigned IRO will, within 5 business days, inform the Company, the Covered Person, and the Covered Person's treating Health Care Professional what information or materials are needed to make the request complete. The IRO will immediately forward copies of any additional information to the Company.

If the request is not accepted for External Review, the assigned IRO will inform the Covered Person, the Covered Person's treating Health Care Professional and the Company in writing within 5 business days of the reasons for its nonacceptance.

In reaching a decision to accept or reject a matter for External Review, the IRO is not bound by any decisions or conclusions reached during the Company's internal grievance procedure or Utilization Review procedure.

Except in the case of the IRO terminating and reversing the Company's Adverse Determination or Final Adverse Determination because the Company failed to provide documents and information to the IRO within an acceptable time frame, failure by the Company or its Utilization Review organization to provide the documents and information within the time frame required will not delay the conduct of the External Review.

If the Company or its Utilization Review Organization fails to provide the documents and information within the time frame required, the IRO may terminate the External Review and make a decision to reverse the Adverse Determination or Final Adverse Determination.

Upon receipt of the information, if any, required to be forwarded to the IRO, the Company may reconsider its Adverse Determination or Final Adverse Determination that is the subject of the External Review.

Reconsideration by the Company of its Adverse Determination or Final Adverse Determination will not delay or terminate the External Review.

The External Review may only be terminated if the Company decides, upon completion of its reconsideration, to reverse its Adverse Determination or Final Adverse Determination and provide coverage or payment for the Health Care service that is the subject of the Adverse Determination or Final Adverse Determination.

Immediately upon making the decision to reverse its Adverse Determination or Final Adverse Determination, the Company shall notify the Covered Person, the Covered Person's treating Health Care Professional, and the IRO in writing of its decision.

The IRO will terminate the External Review upon receipt of the notice from the Company regarding its reversal.

In addition to the documents and information referred to above, the IRO, to the extent the information or documents are available and the IRO considers them appropriate, shall consider the following in reaching a decision:

- (1) The Covered Person's medical records;
- (2) The treating Health Care Professional's recommendation;
- (3) Consulting reports from appropriate Health Care Professionals and other documents submitted by the health carrier, Covered Person, or the Covered Person's treating Health Care Professional;
- (4) The most appropriate practice guidelines, which may include generally accepted practice guidelines, evidence-based practice guidelines or any other practice guidelines developed by the federal government, national or professional medical societies, boards and associations;
- (5) Any applicable written screening procedures, decision abstracts, clinical protocols and practice guidelines used by a health carrier to determine the necessity and appropriateness of Health Care services;
- (6) If the Adverse Determination involves a denial of coverage based on a determination that the recommended or requested Health Care services is "experimental" or "investigational," the IRO shall also consider whether:
 - (a) The recommended or requested Health Care service or treatment has been approved by the federal Food and Drug Administration for the condition, while realizing that treatments or services are often legitimately used for purposes other than those listed in the FDA approval; or
 - (b) Medical or scientific evidence demonstrates that the expected Benefits of the recommended or requested Health Care service or treatment is more likely than not to be more beneficial to the Covered Person than any available standard Health Care service or treatment and the adverse risks of the recommended or requested Health Care service or treatment would not be substantially increased over those of available standard Health Care services or treatments.

Within 45 calendar days after the date of receipt of the request for an External Review, the IRO shall provide written notice of its decision to uphold or reverse the Adverse Determination or the Final Adverse Determination to the Covered Person, the Covered Person's treating Health Care Professional, and the Company.

The IRO notice will include:

- (a) A general description of the reason for the request for External Review;

- (b) The date the IRO received the assignment from the health carrier to conduct the preliminary review of the External Review request;
- (c) The date the External Review was conducted, if appropriate;
- (d) The date of its decision;
- (e) The principal reason or reasons for its decision;
- (f) The rationale for its decision; and
- (g) References to the evidence or documentation, including the practice guidelines, considered in reaching its decision.

If the Adverse Determination involves a denial of coverage based on a determination that the recommended or requested Health Care services is "experimental" or "investigational," the IRO shall also consider whether:

- (i) A description of the indicators relevant to determining whether there is sufficient evidence to demonstrate that the recommended or requested Health Care service or treatment is more likely than not to be more beneficial to the Covered Person than any available standard Health Care services or treatments and the adverse risks of the recommended or requested Health Care service or treatment would not be substantially increased over those of available standard Health Care services or treatments; and
- (ii) A description and analysis of any Medical or Scientific Evidence considered in reaching the opinion.

Upon receipt of a notice of a decision reversing the Adverse Determination or Final Adverse Determination, the Company will immediately approve the coverage that was the subject of the Adverse Determination or Final Adverse Determination.

The assignment by the Company of an approved IRO to conduct an External Review in accordance with this section shall be fair and impartial. The Company and the IRO shall comply with standards approved by the Commissioner to ensure fairness and impartiality in the assignment by health carriers of approved IRO to conduct External Reviews.

Expedited External Review – A Covered Person may make a request for an Expedited External Review at the time the Covered Person receives an Adverse Determination or a Final Adverse Determination.

The Covered Person may request an expedited External Review of an Adverse Determination if:

- (a) The Covered Person has a medical condition where the timeframe for completion of an expedited review of an appeal set forth in the Company's internal grievance procedure or Utilization Review procedure would seriously jeopardize the life or health of the Covered Person or would jeopardize the Covered Person's ability to regain maximum function; or
- (b) The Adverse Determination involves a denial of coverage based on a determination that the recommended or requested Health Care service or treatment is "experimental" or "investigational," and the Covered Person's treating physician certifies in writing that the recommended or requested Health Care service or treatment would be significantly less effective if not promptly initiated.

Note: A Covered Person may file a request for an expedited External Review at the same time the Covered Person files a request for an expedited review of an appeal under the Company's grievance or utilization review procedure if:

- (a). The Covered Person has a medical condition where the timeframe for completion of an expedited review of an appeal set forth in the Company's internal grievance procedure or utilization review procedure would seriously jeopardize the life or health of the Covered Person or would jeopardize the Covered Person's ability to regain maximum function; or
- (b). The Adverse Determination involves a denial of coverage based on a determination that the recommended or requested health care service or treatment is "experimental" or "investigational," and the Covered Person's treating physician certifies in writing that the recommended or requested health care service or treatment would be significantly less effective if not promptly initiated.

The IRO will determine whether the Covered Person shall be required to complete the Company's expedited internal grievance procedure or Utilization Review procedure before it conducts the expedited External Review. Upon a determination that the Covered Person must first complete the expedited internal grievance review procedure or

Utilization Review procedure, the IRO immediately shall notify the Covered Person and the Covered Person's treating Health Care Professional of this determination and that it will not proceed with the expedited External Review until the expedited internal grievance procedure or Utilization Review procedure is completed and the Adverse Determination or Final Adverse Determination is upheld.

The Covered Person may request an expedited External Review of a Final Adverse Determination if:

- (a) The Covered Person has a medical condition where the timeframe for completion of a standard External Review would seriously jeopardize the life or health of the Covered Person, or would jeopardize the Covered Person's ability to regain maximum function; or
- (b) The Final Adverse Determination concerns:
 - (i) An admission, availability of care, continued stay or Health Care service for which the Covered Person received Emergency Services, but has not been discharged from a Facility; or
 - (ii) A denial of coverage based on a determination that the recommended or requested Health Care service or treatment is experimental or investigational, and the Covered Person's treating physician certifies in writing that the recommended or requested Health Care service or treatment that is the subject of the request would be significantly less effective if not promptly initiated.

At the time the Covered Person makes a request for an expedited External Review, the Covered Person or the Covered Person's treating Health Care Professional shall submit additional information and supporting documentation that the IRO will consider when conducting the expedited External Review.

At the time the Company receives a request for an expedited External Review, the Company will immediately assign an IRO to the case.

At the time the Company assigns an IRO to conduct the expedited External Review, the Company shall immediately provide or transmit all documents and information considered in making the Adverse Determination or Final Adverse Determination, as well as any additional information and supporting documentation, to the IRO, the Covered Person, and the Covered Person's treating Health Care Professional via electronically, facsimile or any other available expeditious method.

The IRO will, as expeditiously as the Covered Person's medical condition or circumstances require, but in no event more than 72 hours after the date of receipt of the request for an acceptable expedited External Review:

- (a) Make a decision to uphold or reverse the Adverse Determination or Final Adverse Determination; and
- (b) Notify the Covered Person, the Covered Person's treating Health Care Professional, and the Company of the decision.

If the notice from the IRO was not in writing, within 2 days after the date of providing that notice, the IRO shall:

- (a) Provide a written or electronic media confirmation of the decision to the Covered Person and the Company; and
- (b) Include the information required for a Standard External Review Notice.

In reaching a decision, the IRO is not bound by any decisions or conclusions reached during the health carrier's Utilization Review process or the Company's internal grievance process.

Upon receipt of notice of a decision reversing the Adverse Determination or Final Adverse Determination, the Company will immediately approve the coverage that was the subject of the Adverse Determination or Final Adverse Determination.

An expedited External Review may not be provided for adverse or Final Adverse Determinations involving a Retrospective Review.

Binding Nature of External Review Decision -

- (a) An External Review decision is binding on the Company except to the extent the Company has other remedies available under applicable federal or state law.
- (b) An External Review decision is binding on the Covered Person except to the extent the Covered Person has other remedies available under applicable federal or state law.

- (c) A Covered Person may not file a subsequent request for External Review involving the same Adverse Determination or Final Adverse Determination for which the Covered Person has already received an External Review decision pursuant to this regulation.

Filing Fees –

- (a) Except in the case of a request for an expedited External Review, at the time of filing a request for External Review, the Covered Person shall submit to the IRO a filing fee of \$25 along with the information and documentation to be used by the IRO in conducting the External Review.
- (b) Upon application by the Covered Person, the Commissioner may waive the filing fee upon a showing of undue financial hardship.
- (c) The filing fee shall be refunded to the person who paid the fee if the External Review results in the reversal, in whole or in part, of the Company's Adverse Determination or Final Adverse Determination that was the subject of the External Review.
- (d) the Company against which a request for a standard External Review or an expedited External Review is filed shall pay the cost of the IRO for conducting the External Review.

This Amendment is signed on behalf of the Company.



Secretary

CONSUMER INFORMATION NOTICE

The following information is being provided in the event you need to contact the Department of Insurance or the insurer, Standard Life and Accident Insurance Company, regarding your enclosed Certificate.

ARKANSAS INSURANCE DEPARTMENT

1200 West Third Street

Little Rock, AR 72201-1904

Phone Number: 1(800) 852-5494 or(501)371-2640

Email address: insurance.Consumers@Arkansas.gov

STANDARD LIFE AND ACCIDENT INSURANCE COMPANY

One Moody Plaza

Galveston, Texas 77550

Phone Number: 1-800-933-5956