

SERFF Tracking Number: AMLC-126198137 State: Arkansas
 Filing Company: Liberty National Life Insurance Company State Tracking Number: 43483
 Company Tracking Number: ARLERHP
 TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
 Product Name: Retiree Health Plan
 Project Name/Number: Retiree Health Plan/ARLERHP

Filing at a Glance

Company: Liberty National Life Insurance Company

Product Name: Retiree Health Plan

SERFF Tr Num: AMLC-126198137 State: Arkansas

TOI: H21 Health - Other

SERFF Status: Closed-Approved-
 Closed State Tr Num: 43483

Sub-TOI: H21.000 Health - Other

Co Tr Num: ARLERHP

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Rosalind Minor

Author: Sandra Grubbs

Disposition Date: 09/29/2009

Date Submitted: 09/13/2009

Disposition Status: Approved-
 Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Retiree Health Plan

Status of Filing in Domicile: Authorized

Project Number: ARLERHP

Date Approved in Domicile: 07/01/2009

Requested Filing Mode:

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small and Large

Overall Rate Impact:

Group Market Type: Employer, Association,
 Trust, Other

Filing Status Changed: 09/29/2009

Explanation for Other Group Market Type:
 Unions

Deemer Date:

State Status Changed: 09/29/2009

Submitted By: Sandra Grubbs

Created By: Sandra Grubbs

Corresponding Filing Tracking Number:
 ARLERHP

Filing Description:

This Filing does not contain any unusual or possibly controversial items from normal company or industry standards. Nebraska, our state of domicile, approved this product on 07/01/09.

The policy form will be issued on an in-state or out-of-state basis to statutorily eligible groups including employer groups, labor unions, associations, and non-discretionary trusts formed by such groups

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These forms will be used to underwrite health insurance benefits specifically designed for various Employer Groups, Unions, Trusts and Associations. The benefit package is experience rated and will be fully negotiated with each group sponsor. We intend to develop rates on a group by group basis. The group policy will be issued to each individual group.

This plan pays benefits as a secondary payor for services covered by Medicare. Please note that although this coverage is designed to coordinate with Medicare benefits, it is not Medicare Supplement insurance. Ins Code §23-79-402(b) of Chapter 79, provides an exception to the Medicare Supplement requirements for “a policy of one or more employers . . . for employees or former employees . . .”

The forms comply with your state’s requirements for group health insurance, including applicable mandated benefits. You will note that some applicable mandated benefits, for example mammograms, are not set forth separately in the forms. This is because as a covered Medicare benefit, mammograms would be paid as any other covered Medicare service under this Plan. If any state-required mandated benefits are not covered by Medicare, those benefits will be set forth separately in the policy, and the plan will be the primary payor for such benefits. Please refer to the attached certification which certifies compliance with state-mandated benefits.

Company and Contact

Filing Contact Information

Sandra Grubbs, Project Manager sgrubbs@torchmarkcorp.com
 3700 S. Stonebridge Drive 972-569-3712 [Phone]
 McKinney, TX 75070 972-569-3728 [FAX]

Filing Company Information

Liberty National Life Insurance Company CoCode: 65331 State of Domicile: Nebraska
 2001 Third Avenue South Group Code: 290 Company Type: Life and Health
 Birmingham, AL 35233 Group Name: Liberty National Life State ID Number:
 (800) 288-2722 ext. 2912[Phone] FEIN Number: 63-0124600

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: Nebraska, out state of domicile, does not have a filing fee.

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50.00 per filing.
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Liberty National Life Insurance Company	\$50.00	09/13/2009	30516978

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	09/29/2009	09/29/2009

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	09/24/2009	09/24/2009	Sandra Grubbs	09/28/2009	09/28/2009

SERFF Tracking Number: *AMLC-126198137* *State:* *Arkansas*
Filing Company: *Liberty National Life Insurance Company* *State Tracking Number:* *43483*
Company Tracking Number: *ARLERHP*
TOI: *H21 Health - Other* *Sub-TOI:* *H21.000 Health - Other*
Product Name: *Retiree Health Plan*
Project Name/Number: *Retiree Health Plan/ARLERHP*

Disposition

Disposition Date: 09/29/2009

Implementation Date:

Status: Approved-Closed

Comment:

This submission is being approved with the understanding that this product will not be marketed to an association group and any reference within this filing to an association group is removed as per your remarks of 9/28/09.

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	Certification of Mandated Benefits Compliance	Approved-Closed	Yes
Form	Master Policy	Approved-Closed	Yes
Form	Master Application	Approved-Closed	Yes
Form	Certificate	Approved-Closed	Yes
Form	Certificate	Approved-Closed	Yes
Form	Preventive Medical Care Benefit	Approved-Closed	Yes
Form	At-Home Recovery Benefit	Approved-Closed	Yes
Form	Ben. For Skilled Nursing Facility Stays	Approved-Closed	Yes
Form	Ben. For Skilled Nursing Facility Stays	Approved-Closed	Yes
Form	Medicare Part A Deductible Benefit	Approved-Closed	Yes
Form	Medicare Part A Deductible Benefit	Approved-Closed	Yes
Form	Medicare Part B Deductible Benefit	Approved-Closed	Yes
Form	Emergency Foreign Travel Benefit	Approved-Closed	Yes
Form	Annual High Deductible	Approved-Closed	Yes
Form	80% Excess Expense Benefit	Approved-Closed	Yes
Form	100% Excess Expense Benefit	Approved-Closed	Yes
Form	Copay - Medicare Part B Deductible Benefit	Approved-Closed	Yes
Form	After Out Of Pocket Limitation Benefit	Approved-Closed	Yes
Form	Deductible Rider	Approved-Closed	Yes
Form	Deductible Rider	Approved-Closed	Yes
Form	Deductible Rider	Approved-Closed	Yes
Form	Deductible Rider	Approved-Closed	Yes
Form	Deductible Rider	Approved-Closed	Yes
Form	Coinsurance Rider	Approved-Closed	Yes
Form	Coinsurance Rider	Approved-Closed	Yes
Form	Coinsurance Rider	Approved-Closed	Yes
Form	Coinsurance Rider	Approved-Closed	Yes
Form	Coinsurance Rider	Approved-Closed	Yes
Form	Deductible/Coinsurance Rider	Approved-Closed	Yes

<i>SERFF Tracking Number:</i>	<i>AMLC-126198137</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>Retiree Health Plan</i>		
<i>Project Name/Number:</i>	<i>Retiree Health Plan/ARLERHP</i>		
Form	Deductible/Coinsurance Rider	Approved-Closed	Yes
Form	Deductible/Coinsurance Rider	Approved-Closed	Yes

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Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 09/24/2009

Submitted Date 09/24/2009

Respond By Date

Dear Sandra Grubbs,

This will acknowledge receipt of the captioned filing.

Objection 1

- Certificate, ARLERHPC (Form)

Comment:

The General Instructions tab explains that the forms will be used to underwrite health insurance benefits specifically designed for various Employer Groups, Unions, Trusts and Associations.

ACA 23-79-402(2)(b) states that the subchapter shall not apply to a policy of one (1) or more employers or labor organizations, or of the trustees of a fund established by one (1) or more employers or labor organizations, or combination thereof, for employees or former employees or a combination thereof, or for members or former members, or a combination thereof, of the labor organizations.

The cite outlined above does not mention associations and only trusts that are employer trusts.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

Response Letter

Response Letter Status Submitted to State

Response Letter Date 09/28/2009

Submitted Date 09/28/2009

Dear Rosalind Minor,

Comments:

Thank you for your review of our submission

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Response 1

Comments: ACA 23-79-402(2)(b) also includes trust that are Union Trust.

At this time, we want to remove any reference that we will market to an association.

Related Objection 1

Applies To:

- Certificate, ARLERHPC (Form)

Comment:

The General Instructions tab explains that the forms will be used to underwrite health insurance benefits specifically designed for various Employer Groups, Unions, Trusts and Associations.

ACA 23-79-402(2)(b) states that the subchapter shall not apply to a policy of one (1) or more employers or labor organizations, or of the trustees of a fund established by one (1) or more employers or labor organizations, or combination thereof, for employees or former employees or a combination thereof, or for members or former members, or a combination thereof, of the labor organizations.

The cite outlined above does not mention associations and only trusts that are employer trusts.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

With this additional information, we hope to receive your approval soon.

Sincerely,
Sandra Grubbs

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Form Schedule

Lead Form Number: LERHP

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved- Closed 09/29/2009	ARLERHP	Policy/Cont ract/Fratern al Certificate	Master Policy	Initial		60.000	ARLERHPP.p df
Approved- Closed 09/29/2009	ARLEGRU AP	Application/ Enrollment Form	Master Application	Initial		0.000	ARLEGRUAP spec.pdf
Approved- Closed 09/29/2009	ARLERHP C	Certificate	Certificate	Initial		57.000	ARLERHPC.p df
Approved- Closed 09/29/2009	ARLERHP KLC	Certificate	Certificate	Initial		57.000	ARLERHPKL C.pdf
Approved- Closed 09/29/2009	ARLPMCB	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Preventive Medical Care Benefit	Initial		49.000	ARLPMCB.pd f
Approved- Closed 09/29/2009	ARLAHRB	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	At-Home Recovery Benefit	Initial		52.000	ARLAHRB.pd f
Approved- Closed 09/29/2009	ARLSNFS	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Ben. For Skilled Nursing Facility Stays	Initial		65.000	ARLSNFS.pdf

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<i>Product Name:</i>	<i>Retiree Health Plan</i>		
<i>Project Name/Number:</i>	<i>Retiree Health Plan/ARLERHP</i>		
	Endorseme nt or Rider		
Approved- Closed 09/29/2009	ARLMPBD G1 Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Deductible Rider Initial	58.000 ARLMPBDG1 .pdf
Approved- Closed 09/29/2009	ARLMPBD G8 Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Deductible Rider Initial	58.000 ARLMPBDG8 .pdf
Approved- Closed 09/29/2009	ARLMPBC C Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Coinsurance Rider Initial	56.000 ARLMPBCC. pdf
Approved- Closed 09/29/2009	ARLMPBC F1 Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Coinsurance Rider Initial	58.000 ARLMPBCF1. pdf
Approved- Closed 09/29/2009	ARLMPBC F8 Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Coinsurance Rider Initial	58.000 ARLMPBCF8. pdf
Approved- Closed 09/29/2009	ARLMPBC G1 Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Coinsurance Rider Initial	58.000 ARLMPBCG1 .pdf

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Approved- Closed 09/29/2009	ARLMPBC G8	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Coinsurance Rider Initial	58.000	ARLMPBCG8 .pdf
Approved- Closed 09/29/2009	ARLMPBD CC	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Deductible/Coinsuran ce Rider Initial	56.000	ARLMPBDCC .pdf
Approved- Closed 09/29/2009	ARLMPBD CF1	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Deductible/Coinsuran ce Rider Initial	58.000	ARLMPBDCF 1.pdf
Approved- Closed 09/29/2009	ARLMPBD CF8	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Deductible/Coinsuran ce Rider Initial	58.000	ARLMPBDCF 8.pdf

LIBERTY NATIONAL LIFE INSURANCE COMPANY
P. O. BOX 8080, MCKINNEY, TEXAS 75070 (972) 529-5085
A Legal Reserve Stock Company * Administrative Offices: McKinney, Texas

Group Policyholder: [ABC Corporation]

Group Policy Number: [1234]

Effective Date of the Group Policy: [June 15, 2009]

State of Issue: [Arkansas]

This Group Policy contains the terms under which the Liberty National Life Insurance Company agrees to insure certain Group members and pay benefits in consideration for the application and payment of the premium. The Group Policy takes effect on the Effective Date of the Group Policy shown above. It continues as long as the required premiums are paid, except as described in the Payment of Premiums Provision.

The Insurance Company and the Group Policyholder have agreed to all of the terms of this Group Policy.

Signed by officers of the Liberty National Life Insurance Company at McKinney, Texas.

Sandy McPherson
SPECIMEN

Secretary

[Signature]
SPECIMEN

President

GROUP INSURANCE POLICY
NON-PARTICIPATING

PREMIUMS

PAYMENT OF PREMIUMS

The first premium is due on the Effective Date of the Group Policy. Each following premium payment is due monthly unless we agree with the Group Policyholder on some other method of payment. We may also agree with the Group Policyholder to change the amount of premium payment and its effective date of change. Premium payments should be sent to Our Administrative Office. Premiums will be considered paid on the date We receive the payment at Our Administrative Office or other designated location.

Premium is due on the first day of each month. A grace period of 31 days is allowed for the late payment of each premium after the first premium. If the Group Policyholder has not given Us written notice that the Group Policy is to be terminated prior to the premium date, the grace period for payment will begin. If the premium is paid by the end of the grace period, the Group Policy will remain in force. If the premium is not paid by the end of the grace period, the Group Policy automatically terminates effective as of the last day of the month for which the last premium payment was received. Any claims incurred after the last day of the month for which premium was received are the responsibility of the Group Policyholder.

[Premiums withheld from Insured's shall not cause coverage for such Insured's to be or remain in effect, if premiums are not paid on time, as provided above. The Group Policyholder, in collecting these premiums, is acting for the Insured's and not for the Insurer.

The Group Policy premiums are to be paid to Us by the Group Policyholder. However, they may be paid to Us by any other person according to a Mutual agreement among the other person, the Group Policyholder and Us.]

[PREMIUM STATEMENT

A premium statement will be prepared in accordance with the billing method We arrange with the Group Policyholder. This premium statement will show the premium due. It will also reflect any pro rata premium charges and credits resulting from changes in the number of insured persons and changes in the amounts of insurance that took place during the period following the last premium statement. In the event that notice of termination of an insured person, or a decrease in coverage, is received by Us more than one month after the termination or decrease, retroactive premium credit will be limited to one month's premium.]

[CALCULATION OF PREMIUMS

The total monthly premium due is determined by multiplying the number of Insured's on a premium due date by the premium rate in effect on that date for that plan and adding any late charge.]

CHANGE IN PREMIUMS

We reserve the right to make a special adjustment to Our rates if, in Our opinion, Our liability has been altered because of a change in state or federal law, a revision to the Group Policy requested by the Group Policyholder, or a substantive change in the composition of the group. Any such change in rates will take effect on the effective date of the change in the law, the change in benefits, or the change in the composition of the group. A rate adjustment made for any of the reasons stated above will supersede any rate guarantee, if any, previously agreed to.

TERMINATION FOR THE GROUP POLICY

TERM OF POLICY AND RENEWAL PRIVILEGE

The Group Policy begins on the Effective Date of the Group Policy. It will continue for as long as premiums are paid or until it is terminated. Notice to terminate the Group Policy can come from either the Group Policyholder or from Us. The Group Policyholder may terminate any or all of the insurance by giving us written notice. It will terminate on the later of:

1. the date requested in the termination notice; or
2. the date we receive the notice.

The Insurer may cancel the Group Policy at any time by giving written notice to the Group Policyholder of the date the Group Policy is to be canceled. The notice will be delivered or mailed to the Group Policyholder at the address shown on the Insurer's records in accordance with applicable state regulations.

REQUIRED DATA

The Group Policyholder will provide the Insurer with all data needed to carry out the terms of the Group Policy, including, but not limited to: (1) details of persons who become insured; (2) changes in the amount of Insurance; (3) termination of Insurance; and (4) any other information the Insurer may reasonably require. The relevant records of the Group Policyholder may be inspected by the Insurer at any time.

CERTIFICATE PROVISIONS MADE A PART OF THE GROUP POLICY

The remainder of the Group Policy consists of the provisions shown in the Certificate(s) issued to Insured's under the Group Policy. These provisions, described in general below, are made a part of the Group Policy.

Amendments, if any, changing the provisions of the Certificate are also made a part of the Group Policy.

The attached Riders, if any, making available additional benefits to Insured Persons are also made a part of the Group Policy. The additional benefits will be provided to such Insured Persons if a Certificate Rider for such coverage is attached to their Certificate.

Certificate Face Page
Table of Contents
Definitions
Eligibility and Effective Dates
Benefit Provisions
Termination Provisions

LIBERTY NATIONAL LIFE INSURANCE COMPANY
P. O. BOX 8080, MCKINNEY, TEXAS 75070 (972) 529-5085
A Legal Reserve Stock Company * Administrative Offices: McKinney, Texas

APPLICATION

1. a. Group Policy Number: [1234]
b. Policyholder: [ABC Corporation]
2. Group Effective Date: [June 15, 2009]
3. Eligible Member of the Group: [Members of ABC Corporation]
4. Eligible Dependents: [The spouse or surviving spouse of a Group Member,] [the spouse of an active employee of the Policyholder,] [the spouse of an early retiree of the Policyholder,] [the widow or widower of a Group Member whose rights are continued under the Policyholder's retirement plan,] or [the divorced spouse of a Group Member whose rights are continued under the Policyholder's retirement plan].

The Applicant hereby applies for Group Insurance and understands and agrees that insurance applied for shall not become effective until the application for Group Insurance is approved by Liberty National Life Insurance Company at its Administrative Office.

This application, as it may be amended, will become a part of the Group Policy if issued.

FOR THE POLICYHOLDER:

Signed by _____ Title _____
Signed at _____ Date _____

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

ARLEGRUAP

NOTICE TO BUYER: This Certificate may not cover all of your medical expenses.
RETIREE HEALTH PLAN
BENEFIT PLAN [A]

COMPANY CANNOT CANCEL CERTIFICATE (EXCEPT FOR NON-PAYMENT OF PREMIUM) UNLESS ALL CERTIFICATES UNDER THE RETIREE HEALTH PLAN ARE TERMINATED IN ACCORDANCE WITH THE TERMINATION PROVISIONS. COMPANY MAY CHANGE PREMIUM RATES BY CLASS AND AS MEDICARE BENEFITS CHANGE AS PROVIDED IN THE RENEWAL PROVISION.

LIBERTY NATIONAL LIFE INSURANCE COMPANY
P. O. BOX 8080, MCKINNEY, TEXAS 75070 (972) 529-5085
A Legal Reserve Stock Company * Administrative Offices: McKinney, Texas

The Insurer has issued Retiree Health Plan No. [1234] to: [ABC Corporation] who shall be called the "Policyholder".

This Certificate establishes that You are insured for the benefits summarized in this Certificate, subject to all the terms of the Group Policy.

This Certificate describes the benefits, important provisions, exclusions and limitations of Your coverage. Insurance under the Group Policy is effective only if You become and remain insured. READ YOUR CERTIFICATE CAREFULLY. The Group Policy may at any time be amended or discontinued by agreement between the Insurer and the Policyholder without your consent. Any such change will become effective on the effective date of the endorsement to the Group Policy. The Group Policy, unless stated otherwise in this Certificate, is governed by the laws of the State of issue.

30 DAY RIGHT TO EXAMINE CERTIFICATE

If You are not satisfied with this Certificate for any reason, return it to Our Administrative Offices or to Our designee within 30 days after You receive it. Any premium You paid will be refunded. The Certificate will be void from the beginning. It will be as if no Certificate had been issued.

RENEWAL PROVISION

The benefits described by this Certificate will change automatically to coincide with any applicable changes in the deductible and/or Coinsurance amounts, which you are required to pay under Medicare. The renewal premiums for this Certificate may change on the renewal date following the effective date of any such applicable change. Any such premium change will be based on the actuarial computations, which We then use to determine the renewal premium.

[Until you are age 81, your premiums will be adjusted on each certificate anniversary solely because of your age change. Your premiums may also be adjusted due to unanticipated increasing health care costs for all certificates in your class.]

We reserve the right to make a special adjustment to Our rates if, in Our opinion, Our liability has been altered because of a change in state or federal law, a revision to the Group Policy requested by the Policyholder, or a substantive change in the composition of the Policyholder. Any such change in rates will take effect on the effective date of the change in the law, the change in benefits, or the change in the composition of the Policyholder. The benefits described by this Certificate will change automatically to coincide with any applicable changes in the deductible and/or Coinsurance amounts, which you are required to pay under Medicare.

CERTIFICATE SCHEDULE

INSURED	CERTIFICATE NUMBER	CERTIFICATE DATE	INITIAL TERM EXPIRES ON	[INITIAL PREMIUM
John Doe	0000000	06-15-09	07-15-09	0]

[See Page 2 for a Description of Additional Benefits, attached to this Certificate].

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30 Day Right to Examine Certificate.....	1	Definitions.....	3
Renewal Provision.....	1	Certificate Provisions	4
[Pre-Existing Conditions Limitations Provision].....	2	Certificate Provisions - Claims	5
Insuring Clause	2	Conversion Privilege	5
Extended Benefit Provision.....	2	Benefits	6
Persons Eligible for Coverage	2	Limitations and Exclusions.....	6
Enrollment and Effective Date of Individual Insurance	2		

[PRE-EXISTING CONDITIONS LIMITATIONS PROVISION

Loss due to a Pre-Existing Condition is not covered unless the loss is incurred more than 60 days after the Certificate effective date.

If You have a Pre-Existing Condition and qualify for open enrollment and have had a continuous period of creditable coverage for at least 3 months, We cannot exclude coverage based on the Pre-Existing Condition. If the period of creditable coverage is less than 3 months, We will give credit for the amount of time of creditable coverage You have had towards the Pre-Existing Condition exclusion period.

If You are an Eligible Person who applied to enroll under this Retiree Health Plan Certificate not later than 63 days after the date of the termination or disenrollment, and who submitted evidence of the date of termination or disenrollment with the enrollment form, the Pre-Existing Conditions Limitations Provision will not apply.]

THE INSURING CLAUSE

The Insurer insures You against specified losses incurred by You. Benefits stated in this Certificate, subject to all its provisions, limitations and exclusions, will be paid for the losses which are incurred while Your Individual Insurance under the Group Policy is in force.

EXTENDED BENEFIT PROVISION

Termination of the Certificate shall be without prejudice to any continuous loss which commenced while the coverage was in force, but the extension of benefits beyond the period during which the coverage was in force may be conditioned upon the continuous total disability of the Insured, limited to the duration of the Group Policy benefit period, if any, or payment of the maximum benefits. Receipt of Medicare Part D benefits will not be considered in determining a continuous loss.

[PERSONS ELIGIBLE FOR COVERAGE

To be eligible for coverage under the Group Policy, You must:

1. be a member of the Group to which the Group Policy was issued [or the Eligible Dependent];
2. be eligible for Medicare;
3. be enrolled in both Medicare Parts A and B at all times while Your Individual Insurance is in effect;
4. have no Medicare Supplement coverage; and
5. [be age 65 or older;]]

ENROLLMENT AND EFFECTIVE DATE OF INDIVIDUAL INSURANCE

ENROLLMENT

You may enroll [either] when you first become eligible for coverage under the Group Policy [or during any open Enrollment Period].

EFFECTIVE DATE OF INDIVIDUAL INSURANCE

The effective date of Individual Insurance for You shall be the Certificate effective date shown on the Certificate Schedule and Your identification card. [It shall be determined as follows:]

1. [If You enroll on or before the date You are eligible to do so, coverage is effective on the first day of the month coinciding with or next following the date You become eligible.]
2. [If You enroll within 31 days after the date You are eligible to do so, coverage is effective on the first day of the month coinciding with or next following the date You enroll.]
3. [If this coverage is being offered to You and You do not enroll when You first become eligible for coverage under the Group Policy, You must wait until the next Open Enrollment Period to enroll.]

Request for Change in Insured's Coverage:

If you request a change in Your coverage, the change will become effective upon Our agreement to the change provided that the required additional premium, if any, is paid.

If the request increases coverage, Our acceptance of the request will be subject to evidence of insurability.

DEFINITIONS

Where used in this Certificate:

BENEFIT PERIOD means the unit of time used in the Medicare program to measure use of services and availability of services under Medicare Part A hospital insurance.

CALENDAR YEAR means the period beginning on each January 1 and ending on the following December 31.

COINSURANCE AMOUNTS means the portion of Medicare approved expense You are obligated to pay but not including the Medicare Part A inpatient hospital deductible or Part B Calendar Year deductible.

CONTINUOUS PERIOD OF CREDITABLE COVERAGE means the period during which an individual was covered by creditable coverage, if during the period of the coverage the individual had no breaks in coverage greater than sixty-three (63) days.

CREDITABLE COVERAGE means coverage of an individual provided by any of the following:

1. A group health plan;
2. Health insurance coverage;
3. Part A or Part B of Title XVIII of the Social Security Act (Medicare);
4. Title XIX of the Social Security Act (Medicaid), other than coverage consisting solely of benefits under Section 1928;
5. Chapter 55 of Title 10 United States Code (CHAMPUS);
6. A medical care program of the Indian Health Service or of a tribal organization;
7. A state health benefits risk pool;
8. A health plan offered under Chapter 89 of Title 5 United States Code (Federal Employees Health Benefits Program);
9. A public health plan as defined in federal regulation; and
10. A health benefit plan under Section 5(e) of the Peace Corps Act (22 United States Code 2504(e)).

[ELIGIBLE DEPENDENT means [the spouse or surviving spouse of a Group Member,] [the spouse of an active employee of the Policyholder,] [the spouse of an early retiree of the Policyholder,] [the widow or widower of a Group Member whose rights are continued under the Policyholder's retirement plan,] or [the divorced spouse of a Group Member whose rights are continued under the Policyholder's retirement plan].]

HOSPITAL means a lawfully operated hospital which has been accredited by the Joint Commission on Accreditation of Hospitals.

HOSPITAL STAY means one day or more of confinement within a hospital, as a resident patient under the care of a Physician, due to Injury or Sickness.

INDIVIDUAL INSURANCE means Your coverage under the Group Policy as evidenced by this Certificate.

INJURY means accidental bodily injury, which is sustained while this Certificate is in force and includes all injuries resulting from one accident.

MEDICARE means the Health Insurance for the Aged Act, Title XVIII of the Social Security Amendments of 1965, as then constituted or later amended.

MEDICARE ADVANTAGE PLAN means a plan of coverage for health benefits under Medicare Part C as defined in 42 U.S.C. 1395w-28(b)(1), and includes: (1) Coordinated care plans which provide health care services, including but not limited to health maintenance organization plans (with or without a point-of-service option), plans offered by provider-sponsored organizations, and preferred provider organization plans; (2) Medical savings account plans coupled with a contribution into a Medicare Advantage plan medical savings account; and (3) Medicare Advantage private fee-for-service plans.

MEDICARE ELIGIBLE EXPENSES means expenses of the kind covered by Medicare to the extent recognized as reasonable and medically necessary by Medicare.

PHYSICIAN means a person legally licensed to treat Injury or Sickness, other than You or any member of Your immediate family.

[PRE-EXISTING CONDITION means an Injury sustained or Sickness first manifesting itself prior to the Certificate effective date for which medical advice or treatment was recommended or given by a Physician within 3 months prior to the Certificate effective date].

SICKNESS means illness or disease of an insured person, which first manifests itself after the effective date of insurance and while Your Individual Insurance under the Group Policy is in force.

WE, US, OUR and **INSURER** mean the Liberty National Life Insurance Company.

YOU, YOUR, YOURS and **INSURED** mean the person whose name is shown in the Certificate Schedule.

CERTIFICATE PROVISIONS

PREMIUM PAYMENT: Coverage under this Certificate is issued based on the enrollment form and the payment of the first premium. A copy of the enrollment form is a part of this Certificate. This Certificate takes effect at 12 o'clock noon, Standard Time of the place where You reside on the effective date of this Certificate, and remains in effect until the same hour on the date on which the Initial Term expires.

The effective date of this Certificate, the Initial Premium and the date the Initial term expires are shown in the Certificate Schedule. [All premiums, except the first premium shall be due and payable at Our Administrative Offices.]

We may change any premium rate from time to time, subject to any required Insurance Department approval. If We change rates, notice will be given of the change as required by applicable state regulations.

Upon Your death, We will refund any premiums paid in Your behalf, for any period beyond the ending of the Certificate month the death occurred, within 30 days after We receive proof of death.

If death is due to Injury and this Certificate provides for the refund of premiums for death due to Injury, only one benefit will be paid, the largest.

[Coverage will lapse on the last day of the period for which premium is paid or if the Group Policy is terminated. If the premium is not paid by that date and the Policyholder has not given Us written notice that the Group Policy is to be terminated, the grace period will begin.]

ENTIRE CONTRACT; CHANGES: The Group Policy, with the Policyholder's application and attached papers, constitutes the entire contract between the Policyholder and the Insurer. Any statement made by the Policyholder or by an Insured shall be deemed a representation and not a warranty. No such statement by an Insured shall be used in defense of a claim for loss under the Certificate unless it is contained in a written application signed by the Insured.

No change in the Policy will be effective until approved by Us and endorsed by the Policyholder. No amendment, renewal or termination of the Group Policy shall require the consent of any Insured or beneficiary or other person having a beneficial interest herein.

Our designee may not change this Certificate or waive any of its provisions.

TIME LIMIT ON CERTAIN DEFENSES: Two years after the effective date of the Group Policy, only fraudulent misstatements by the Policyholder shall be used to void the Policy. After two years from the effective date of Individual Insurance, only fraudulent misstatements on Your enrollment form may be used to void such Individual Insurance or deny any claim for loss incurred or disability that starts after the two year period.

[GRACE PERIOD: This Certificate has a 31day grace period. This means that if a renewal premium is not paid on or before the date it is due, it may be paid during the following 31 days. During the grace period this coverage will stay in force.]

[REINSTATEMENT: If the renewal premium is not paid before the grace period ends, this Certificate will lapse. Later acceptance of the premium by Us (or by Our designee authorized to accept payment) without requiring an application for reinstatement will reinstate this Certificate.

If We or Our designee requires an application, this Certificate will be reinstated when We approve the application, or on the 45th day after We receive it unless We have previously written You of its disapproval.

The reinstated coverage will cover only loss that results from an Injury sustained after the date of reinstatement or Sickness that starts more than 10 days after such date. In all other respects Your rights and Our rights will remain the same, subject to any provisions noted on or attached to the reinstated Certificate.]

SUSPENSION OF COVERAGE WHILE ENTITLED TO MEDICAID: By written notice to Us, You may request that benefits and premiums for You under this Certificate be suspended for the period in which You have been determined to be entitled to Medicaid. Written notice must be received by Us within 90 days after the date You become entitled to Medicaid. After We have received such notice, We will return to You any portion of premiums paid for the period of suspension less any claims paid. The suspension period shall not exceed 24 months.

If Your entitlement to Medicaid ends, You must send Us written notice of the loss of such entitlement within 90 days. We will reinstate Your benefits and premiums under this Certificate as of the date Your entitlement ended. You must pay any premium due from the date such entitlement ended. The reinstated coverage shall be the same as if no suspension has occurred.

TERMINATION OF INDIVIDUAL INSURANCE: Your insurance will terminate on the first premium due date on or next following the earliest of the following dates:

- 1) the date the Group Policy is terminated;
- 2) the date the premium required to keep the coverage in force is not paid within the time allowed;
- 3) the date You cease to be eligible for this plan; or
- 4) the date We receive written notice that You wish to terminate Your coverage

NOTICE OF CLAIM: Written notice of claim must be given to Us within 20 days after a covered loss starts or as soon as reasonably possible. The notice can be given to Us at Our Administrative Offices in McKinney, Texas or to Our designee.

Notice should include Your name and Your Certificate Number.

CLAIM FORMS: When We receive the notice of claim, We will send You any required forms for filing proof of loss, if applicable. If these forms are not given to You within 15 days, You will meet the proof of loss requirements by giving Us a written statement of the nature and extent of Your loss.

PROOF OF LOSS: You must give written proof of loss to Us within 6 months after the date of such loss. If it was not reasonably possible to give written proof in the time required, We will not reduce or deny the claim for this reason if the proof is filed as soon as reasonably possible. In any event, the proof required must be given no later than 1 year from the time specified unless You were legally incapacitated.

TIME OF PAYMENT OF CLAIMS: After receiving written proof of loss, We will pay all benefits then due for such loss.

PAYMENT OF CLAIMS: Any benefits unpaid at Your death may be paid, at Our option, either to Your beneficiary or Your estate. All other benefits will be paid to You.

If benefits are payable to Your estate or a beneficiary who cannot execute a valid release, We can pay benefits up to \$1,000.00 to someone related to You or the beneficiary by blood or marriage whom We consider to be entitled to the benefits. We will be discharged to the extent of any such payment made in good faith.

PHYSICAL EXAMINATIONS: We, at Our expense, have the right to have You examined as often as reasonably necessary while a claim is pending.

LEGAL ACTIONS: No legal action may be brought to recover on the Group Policy within 60 days after written proof of loss has been given as required by the Certificate. No such action may be brought after 3 years from the time written proof of loss is required to be given.

CONFORMITY WITH STATE STATUTES: Any provision of this Certificate which, on its effective 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 such laws.

ASSIGNMENT: No assignment under the Certificate shall be binding upon Us unless the original (or a copy of it) is on file at Our Administrative Offices. We do not assume any responsibility for the validity of any assignment.

[CONVERSION PRIVILEGE

If Your coverage under the Group Policy terminates, You will be entitled to convert to an individual Medicare Supplement plan if:

- 1) The Group Policy terminates. Conversion is not available to Insured's whose coverage was terminated by Us for non-payment of premium; or
- 2) You are the spouse of a Group Member and Your coverage under the Group Policy terminates because of the dissolution of Your marriage or the death of the Group Member.]

We will not require evidence of insurability for a conversion policy. You must apply in writing and pay the initial premiums for the conversion policy within 31 days after Your coverage under the Group Policy terminates. If You do not apply and pay the initial premium within 31 days, You will not be entitled to a conversion policy.

The policy, which will be offered to You for the purposes of conversion, will be either:

- 1) A policy whose benefits are identical to those covered under the Group Policy; or
- 2) Any individual Medicare Supplement policy then being offered in Your state to a person of Your sex and age at the time of issue of the conversion policy. The premiums for that conversion policy will be in accordance with the table of premium rates then applicable to that form in Your state for Your sex and age at the time of issue of the conversion policy

BENEFITS

PART 1 BENEFITS FOR HOSPITAL STAYS - MEDICARE PART A

We will pay the following benefits when You have a Hospital Stay for which benefits are paid by Medicare Part A:

- 1) Coverage of Part A Medicare Eligible Expenses for hospitalization to the extent not covered by Medicare from the 61st day through the 90th day in any Medicare benefit period;
- 2) Coverage of Part A Medicare Eligible Expenses incurred for hospitalization to the extent not covered by Medicare for each Medicare lifetime reserve day used; and
- 3) Upon exhaustion of the Medicare hospital inpatient coverage, including the lifetime reserve days, coverage of 100% of the Medicare Part A eligible expenses for hospitalization paid at the applicable prospective payment system (PPS) rate, or other appropriate Medicare standard of payment, subject to a lifetime maximum benefit of an additional 365 days. The provider shall accept the issuer's payment as payment in full and may not bill the insured for any balance.

PART 2 MEDICARE BLOOD DEDUCTIBLE BENEFIT

We will pay the expense You incur for coverage under Medicare Parts A and B for the reasonable cost of the first 3 pints of blood (or equivalent quantities of packed red blood cells, as defined under Federal regulations), unless replaced in accordance with Federal regulations.

PART 3 BENEFITS FOR MEDICAL EXPENSE - MEDICARE PART B

If You incur a medical expense that is eligible under Medicare Part B, We will pay the following benefit for the Medicare approved charge:

Coverage for the coinsurance amount, or in the case of hospital outpatient department services paid under a prospective payment system, the copayment amount, of Medicare Eligible Expenses under Part B regardless of hospital confinement, subject to the Medicare Part B deductible.

Under this PART 3 of this Certificate, We will not pay benefits for (a) the Medicare Part B blood deductible for which benefits are paid under PART 2 of this Certificate, or (b) any portion of the Medicare Part B Calendar Year deductible.

PART 4 HOSPICE CARE BENEFIT

We will pay the expense You incur for cost sharing for all Part A Medicare eligible hospice care and respite care expenses.

PART 5 LIMITATIONS AND EXCLUSIONS

We will not pay benefits under this Certificate for:

- 1) Any expense which You are not legally obligated to pay; or
- 2) Any services that are not medically necessary as determined by Medicare or are not furnished at the direction of and under the supervision of a Physician; or
- 3) Any portion of any expense for which payment is made by Medicare; or
- 4) Custodial or intermediate level care, or rest cures; or
- 5) Any type of expense not eligible for coverage under Medicare.

NOTICE TO BUYER: This Certificate may not cover all of your medical expenses.
RETIREE HEALTH PLAN
BENEFIT PLAN [K]

COMPANY CANNOT CANCEL CERTIFICATE (EXCEPT FOR NON-PAYMENT OF PREMIUM) UNLESS ALL CERTIFICATES UNDER THE RETIREE HEALTH PLAN ARE TERMINATED IN ACCORDANCE WITH THE TERMINATION PROVISIONS. COMPANY MAY CHANGE PREMIUM RATES BY CLASS AND AS MEDICARE BENEFITS CHANGE AS PROVIDED IN THE RENEWAL PROVISION.

LIBERTY NATIONAL LIFE INSURANCE COMPANY
P. O. BOX 8080, MCKINNEY, TEXAS 75070 (972) 529-5085
A Legal Reserve Stock Company * Administrative Offices: McKinney, Texas

The Insurer has issued Retiree Health Plan No. [1234] to: [ABC Corporation] who shall be called the "Policyholder".

This Certificate establishes that You are insured for the benefits summarized in this Certificate, subject to all the terms of the Group Policy.

This Certificate describes the benefits, important provisions, exclusions and limitations of Your coverage. Insurance under the Group Policy is effective only if You become and remain insured. READ YOUR CERTIFICATE CAREFULLY. The Group Policy may at any time be amended or discontinued by agreement between the Insurer and the Policyholder without your consent. Any such change will become effective on the effective date of the endorsement to the Group Policy. The Group Policy, unless stated otherwise in this Certificate, is governed by the laws of the State of issue.

30 DAY RIGHT TO EXAMINE CERTIFICATE

If You are not satisfied with this Certificate for any reason, return it to Our Administrative Offices or to Our designee within 30 days after You receive it. Any premium You paid will be refunded. The Certificate will be void from the beginning. It will be as if no Certificate had been issued.

RENEWAL PROVISION

The benefits described by this Certificate will change automatically to coincide with any applicable changes in the deductible and/or Coinsurance amounts, which you are required to pay under Medicare. The renewal premiums for this Certificate may change on the renewal date following the effective date of any such applicable change. Any such premium change will be based on the actuarial computations, which We then use to determine the renewal premium.

[Until you are age 81, your premiums will be adjusted on each certificate anniversary solely because of your age change. Your premiums may also be adjusted due to unanticipated increasing health care costs for all certificates in your class.]

We reserve the right to make a special adjustment to Our rates if, in Our opinion, Our liability has been altered because of a change in state or federal law, a revision to the Group Policy requested by the Policyholder, or a substantive change in the composition of the Policyholder. Any such change in rates will take effect on the effective date of the change in the law, the change in benefits, or the change in the composition of the Policyholder. The benefits described by this Certificate will change automatically to coincide with any applicable changes in the deductible and/or Coinsurance amounts, which you are required to pay under Medicare.

CERTIFICATE SCHEDULE

INSURED	CERTIFICATE NUMBER	CERTIFICATE DATE	INITIAL TERM EXPIRES ON	[INITIAL PREMIUM
John Doe	0000000	06-15-09	07-15-09	0]

[See Page 2 for a Description of Additional Benefits, attached to this Certificate].

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[PRE-EXISTING CONDITIONS LIMITATIONS PROVISION

Loss due to a Pre-Existing Condition is not covered unless the loss is incurred more than 60 days after the Certificate effective date.

If You have a Pre-Existing Condition and qualify for open enrollment and have had a continuous period of creditable coverage for at least 3 months, We cannot exclude coverage based on the Pre-Existing Condition. If the period of creditable coverage is less than 3 months, We will give credit for the amount of time of creditable coverage You have had towards fulfilling the Pre-Existing Condition exclusion period.

If You are an Eligible Person who applied to enroll under this Retiree Health Plan Certificate not later than 63 days after the date of the termination or disenrollment, and who submitted evidence of the date of termination or disenrollment with the enrollment form, the Pre-Existing Conditions Limitations Provision will not apply.]

THE INSURING CLAUSE

The Insurer insures You against specified losses incurred by You. Benefits stated in this Certificate, subject to all its provisions, limitations and exclusions, will be paid for the losses which are incurred while Your Individual Insurance under the Group Policy is in force.

EXTENDED BENEFIT PROVISION

Termination of the Certificate shall be without prejudice to any continuous loss which commenced while the coverage was in force, but the extension of benefits beyond the period during which the coverage was in force may be conditioned upon the continuous total disability of the Insured, limited to the duration of the Group Policy benefit period, if any, or payment of the maximum benefits. Receipt of Medicare Part D benefits will not be considered in determining a continuous loss.

[PERSONS ELIGIBLE FOR COVERAGE

To be eligible for coverage under the Group Policy, You must:

1. be a member of the Group to which the Group Policy was issued [or the Eligible Dependent];
2. be eligible for Medicare;
3. be enrolled in both Medicare Parts A and B at all times while Your Individual Insurance is in effect;
4. have no Medicare Supplement coverage; and
5. [be age 65 or older;]]

ENROLLMENT AND EFFECTIVE DATE OF INDIVIDUAL INSURANCE

ENROLLMENT

You may enroll [either] when you first become eligible for coverage under the Group Policy [or during any open Enrollment Period].

EFFECTIVE DATE OF INDIVIDUAL INSURANCE

The effective date of Individual Insurance for You shall be the Certificate effective date shown on the Certificate Schedule and Your identification card. [It shall be determined as follows:]

1. [If You enroll on or before the date You are eligible to do so, coverage is effective on the first day of the month coinciding with or next following the date You become eligible.]
2. [If You enroll within 31 days after the date You are eligible to do so, coverage is effective on the first day of the month coinciding with or next following the date You enroll.]
3. [If this coverage is being offered to You and You do not enroll when You first become eligible for coverage under the Group Policy, You must wait until the next Open Enrollment Period to enroll.]

Request for Change in Insured's Coverage:

If you request a change in Your coverage, the change will become effective upon Our agreement to the change provided that the required additional premium, if any, is paid.

If the request increases coverage, Our acceptance of the request will be subject to evidence of insurability.

DEFINITIONS

Where used in this Certificate:

BENEFIT PERIOD means the unit of time used in the Medicare program to measure use of services and availability of services under Medicare Part A hospital insurance.

CALENDAR YEAR means the period beginning on each January 1 and ending on the following December 31.

COINSURANCE AMOUNTS means the portion of Medicare approved expense You are obligated to pay but not including the Medicare Part A inpatient hospital deductible or Part B Calendar Year deductible.

CONTINUOUS PERIOD OF CREDITABLE COVERAGE means the period during which an individual was covered by creditable coverage, if during the period of the coverage the individual had no breaks in coverage greater than sixty-three (63) days.

CREDITABLE COVERAGE means coverage of an individual provided by any of the following:

1. A group health plan;
2. Health insurance coverage;
3. Part A or Part B of Title XVIII of the Social Security Act (Medicare);
4. Title XIX of the Social Security Act (Medicaid), other than coverage consisting solely of benefits under Section 1928;
5. Chapter 55 of Title 10 United States Code (CHAMPUS);
6. A medical care program of the Indian Health Service or of a tribal organization;
7. A state health benefits risk pool;
8. A health plan offered under Chapter 89 of Title 5 United States Code (Federal Employees Health Benefits Program);
9. A public health plan as defined in federal regulation; and
10. A health benefit plan under Section 5(e) of the Peace Corps Act (22 United States Code 2504(e)).

[ELIGIBLE DEPENDENT means [the spouse or surviving spouse of a Group Member,] [the spouse of an active employee of the Policyholder,] [the spouse of an early retiree of the Policyholder,] [the widow or widower of a Group Member whose rights are continued under the Policyholder's retirement plan,] or [the divorced spouse of a Group Member whose rights are continued under the Policyholder's retirement plan.]

HOSPITAL means a lawfully operated hospital which has been accredited by the Joint Commission on Accreditation of Hospitals.

HOSPITAL STAY means one day or more of confinement within a hospital, as a resident patient under the care of a Physician, due to Injury or Sickness.

INDIVIDUAL INSURANCE means Your coverage under the Group Policy as evidenced by this Certificate.

INJURY means accidental bodily injury, which is sustained while this Certificate is in force and includes all injuries resulting from one accident.

MEDICARE means the Health Insurance for the Aged Act, Title XVIII of the Social Security Amendments of 1965, as then constituted or later amended.

MEDICARE ADVANTAGE PLAN means a plan of coverage for health benefits under Medicare Part C as defined in 42 U.S.C. 1395w-28(b)(1), and includes: (1) Coordinated care plans which provide health care services, including but not limited to health maintenance organization plans (with or without a point-of-service option), plans offered by provider-sponsored organizations, and preferred provider organization plans; (2) Medical savings account plans coupled with a contribution into a Medicare Advantage plan medical savings account; and (3) Medicare Advantage private fee-for-service plans.

MEDICARE ELIGIBLE EXPENSES means expenses of the kind covered by Medicare to the extent recognized as reasonable and medically necessary by Medicare.

PHYSICIAN means a person legally licensed to treat Injury or Sickness, other than You or any member of Your immediate family.

[PRE-EXISTING CONDITION means an Injury sustained or Sickness first manifesting itself prior to the Certificate effective date for which medical advice or treatment was recommended or given by a Physician within 3 months prior to the Certificate effective date].

SICKNESS means illness or disease of an insured person, which first manifests itself after the effective date of insurance and while Your Individual Insurance under the Group Policy is in force.

WE, US, OUR and **INSURER** mean the Liberty National Life Insurance Company.

YOU, YOUR, YOURS and **INSURED** mean the person whose name is shown in the Certificate Schedule.

CERTIFICATE PROVISIONS

PREMIUM PAYMENT: Coverage under this Certificate is issued based on the enrollment form and the payment of the first premium. A copy of the enrollment form is a part of this Certificate. This Certificate takes effect at 12 o'clock noon, Standard Time of the place where You reside on the effective date of this Certificate, and remains in effect until the same hour on the date on which the Initial Term expires.

The effective date of this Certificate, the Initial Premium and the date the Initial term expires are shown in the Certificate Schedule. [All premiums, except the first premium shall be due and payable at Our Administrative Offices.]

We may change any premium rate from time to time, subject to any required Insurance Department approval. If We change rates, notice will be given of the change as required by applicable state regulations.

Upon Your death, We will refund any premiums paid in Your behalf, for any period beyond the ending of the Certificate month the death occurred, within 30 days after We receive proof of death.

If death is due to Injury and this Certificate provides for the refund of premiums for death due to Injury, only one benefit will be paid, the largest.

[Coverage will lapse on the last day of the period for which premium is paid or if the Group Policy is terminated. If the premium is not paid by that date and the Policyholder has not given Us written notice that the Group Policy is to be terminated, the grace period will begin.]

ENTIRE CONTRACT; CHANGES: The Group Policy, with the Policyholder's application and attached papers, constitutes the entire contract between the Policyholder and the Insurer. Any statement made by the Policyholder or by an Insured shall be deemed a representation and not a warranty. No such statement by an Insured shall be used in defense of a claim for loss under the Certificate unless it is contained in a written application signed by the Insured.

No change in the Policy will be effective until approved by Us and endorsed by the Policyholder. No amendment, renewal or termination of the Group Policy shall require the consent of any Insured or beneficiary or other person having a beneficial interest herein.

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[**GRACE PERIOD:** This Certificate has a 31day grace period. This means that if a renewal premium is not paid on or before the date it is due, it may be paid during the following 31 days. During the grace period this coverage will stay in force.]

[**REINSTATEMENT:** If the renewal premium is not paid before the grace period ends, this Certificate will lapse. Later acceptance of the premium by Us (or by Our designee authorized to accept payment) without requiring an application for reinstatement will reinstate this Certificate.

If We or Our designee requires an application, this Certificate will be reinstated when We approve the application, or on the 45th day after We receive it unless We have previously written You of its disapproval.

The reinstated coverage will cover only loss that results from an Injury sustained after the date of reinstatement or Sickness that starts more than 10 days after such date. In all other respects Your rights and Our rights will remain the same, subject to any provisions noted on or attached to the reinstated Certificate.]

SUSPENSION OF COVERAGE WHILE ENTITLED TO MEDICAID: By written notice to Us, You may request that benefits and premiums for You under this Certificate be suspended for the period in which You have been determined to be entitled to Medicaid. Written notice must be received by Us within 90 days after the date You become entitled to Medicaid. After We have received such notice, We will return to You any portion of premiums paid for the period of suspension less any claims paid. The suspension period shall not exceed 24 months.

If Your entitlement to Medicaid ends, You must send Us written notice of the loss of such entitlement within 90 days. We will reinstate Your benefits and premiums under this Certificate as of the date Your entitlement ended. You must pay any premium due from the date such entitlement ended. The reinstated coverage shall be the same as if no suspension has occurred.

TERMINATION OF INDIVIDUAL INSURANCE: Your insurance will terminate on the first premium due date on or next following the earliest of the following dates:

- 1) the date the Group Policy is terminated;
- 2) the date the premium required to keep the coverage in force is not paid within the time allowed;
- 3) the date You cease to be eligible for this plan; or
- 4) the date We receive written notice that You wish to terminate Your coverage

NOTICE OF CLAIM: Written notice of claim must be given to Us within 20 days after a covered loss starts or as soon as reasonably possible. The notice can be given to Us at Our Administrative Offices in McKinney, Texas or to Our designee.

Notice should include Your name and Your Certificate Number.

CLAIM FORMS: When We receive the notice of claim, We will send You any required forms for filing proof of loss, if applicable. If these forms are not given to You within 15 days, You will meet the proof of loss requirements by giving Us a written statement of the nature and extent of Your loss.

PROOF OF LOSS: You must give written proof of loss to Us within 6 months after the date of such loss. If it was not reasonably possible to give written proof in the time required, We will not reduce or deny the claim for this reason if the proof is filed as soon as reasonably possible. In any event, the proof required must be given no later than 1 year from the time specified unless You were legally incapacitated.

TIME OF PAYMENT OF CLAIMS: After receiving written proof of loss, We will pay all benefits then due for such loss.

PAYMENT OF CLAIMS: Any benefits unpaid at Your death may be paid, at Our option, either to Your beneficiary or Your estate. All other benefits will be paid to You.

If benefits are payable to Your estate or a beneficiary who cannot execute a valid release, We can pay benefits up to \$1,000.00 to someone related to You or the beneficiary by blood or marriage whom We consider to be entitled to the benefits. We will be discharged to the extent of any such payment made in good faith.

PHYSICAL EXAMINATIONS: We, at Our expense, have the right to have You examined as often as reasonably necessary while a claim is pending.

LEGAL ACTIONS: No legal action may be brought to recover on the Group Policy within 60 days after written proof of loss has been given as required by the Certificate. No such action may be brought after 3 years from the time written proof of loss is required to be given.

CONFORMITY WITH STATE STATUTES: Any provision of this Certificate which, on its effective 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 such laws.

ASSIGNMENT: No assignment under the Certificate shall be binding upon Us unless the original (or a copy of it) is on file at Our Administrative Offices. We do not assume any responsibility for the validity of any assignment.

[CONVERSION PRIVILEGE

If Your coverage under the Group Policy terminates, You will be entitled to convert to an individual Medicare Supplement plan if:

- 1) The Group Policy terminates. Conversion is not available to Insured's whose coverage was terminated by Us for non-payment of premium; or
- 2) You are the spouse of a Group Member and Your coverage under the Group Policy terminates because of the dissolution of Your marriage or the death of the Group Member.]

We will not require evidence of insurability for a conversion policy. You must apply in writing and pay the initial premiums for the conversion policy within 31 days after Your coverage under the Group Policy terminates. If You do not apply and pay the initial premium within 31 days, You will not be entitled to a conversion policy.

The policy, which will be offered to You for the purposes of conversion, will be either:

- 1) A policy whose benefits are identical to those covered under the Group Policy; or
- 2) Any individual Medicare Supplement policy then being offered in Your state to a person of Your sex and age at the time of issue of the conversion policy. The premiums for that conversion policy will be in accordance with the table of premium rates then applicable to that form in Your state for Your sex and age at the time of issue of the conversion policy

BENEFITS

PART 1 BENEFITS FOR HOSPITAL STAYS - MEDICARE PART A

We will pay the following benefits when You have a Hospital Stay for which benefits are paid by Medicare Part A:

- 1) 100% of the Part A hospital coinsurance amount for each day used from the 61st day through the 90th day in any Medicare benefit period;
- 2) 100% of the Part A hospital coinsurance amount for each Medicare lifetime inpatient reserve day used from the 91st day through the 150th day in any Medicare benefit period; and
- 3) Upon exhaustion of the Medicare hospital inpatient coverage, including the lifetime reserve days, 100% of the Medicare Part A eligible expenses for hospitalization paid at the applicable prospective payment system (PPS) rate, or other appropriate Medicare standard of payment, subject to a lifetime maximum benefit of an additional 365 days. The provider shall accept the issuer's payment as payment in full and may not bill the insured for any balance.

PART 2 MEDICARE BLOOD DEDUCTIBLE BENEFIT

We will pay [50%], under Medicare Part A and B, of the reasonable cost of the first three (3) pints of blood (or equivalent quantities of packed red blood cells, as defined under Federal regulations), unless replaced in accordance with Federal regulations until the out-of-pocket limitation is met.

PART 3 BENEFITS FOR MEDICAL EXPENSE - MEDICARE PART B

If You incur a medical expense that is eligible under Medicare Part B, We will pay the following benefit for the Medicare approved charge:

- 1) [50%] of the cost sharing otherwise applicable under Medicare Part B after You pay the Part B deductible until the out-of-pocket limitation is met; and
- 2) [100%] of the cost sharing for Medicare Part B preventive services after You pay the Part B deductible.

Under this PART 3 of this policy, We will not pay benefits for (a) the Medicare Part B blood deductible for which benefits are paid under PART 2 of this Certificate, or (b) any portion of the Medicare Part B Calendar Year deductible.

PART 4 HOSPICE CARE BENEFIT

We will pay [50%] of cost sharing for all Part A Medicare eligible hospice care and respite care expenses.

PART 5 BENEFITS AFTER OUT-OF-POCKET LIMITATION

We will pay 100% of all cost sharing under Medicare Parts A and B for the balance of the Calendar Year after You have reached the out-of-pocket limitation on annual expenditures under Medicare Parts A and B of the amount shown in the AFTER OUT OF POCKET LIMITATION BENEFIT Rider. The out-of-pocket limit is indexed each year by the appropriate inflation adjustment specified by the Secretary of the United States Department of Health and Human Services.

PART 6 LIMITATIONS AND EXCLUSIONS

We will not pay benefits under this Certificate for:

- 1) Any expense which You are not legally obligated to pay; or
- 2) Any services that are not medically necessary as determined by Medicare or are not furnished at the direction of and under the supervision of a Physician; or
- 3) Any portion of any expense for which payment is made by Medicare; or
- 4) Custodial or intermediate level care, or rest cures; or
- 5) Any type of expense not eligible for coverage under Medicare.
- 6) Any charge from providers that exceeds Medicare-approved amounts (EXCESS CHARGES). Any Excess Charges You pay are not included in Your calendar year Out-of-Pocket Limitation.

LIBERTY NATIONAL LIFE INSURANCE COMPANY
P. O. BOX 8080, MCKINNEY, TEXAS 75070 (972) 529-5085
A Legal Reserve Stock Company * Administrative Offices: McKinney, Texas

PREVENTIVE MEDICAL CARE BENEFIT RIDER

This rider is made a part of the certificate to which it is attached. It is subject to all provisions, conditions, limitations and exclusions of the certificate, which are not in conflict with those of this rider.

Please keep this rider with Your certificate.

Effective Date: (If other than the Date of Issue of the certificate):

This rider is issued in consideration of the payment of the required premium and in reliance on the statements contained in the application.

We will pay for the following health services:

- 1) an annual clinical preventive medical history and physical examination including patient education to address preventive health care measures and any one of a combination of the following preventive screening tests or preventive services, the frequency of which is considered medically appropriate:
 - a. fecal occult blood test and/or digital rectal examination;
 - b. dipstick urinalysis for hematuria, bacteriuria and proteinuria;
 - c. pure tone (air only) hearing screening test administered or ordered by a Physician;
 - d. serum cholesterol screening every five years;
 - e. thyroid function test; or
 - f. diabetes screening.
- 2) any other tests or preventive measures determined appropriate by the attending Physician.

Reimbursement shall be for the actual charges up to 100% of the Medicare approved amount for each service as if Medicare were to cover the service as identified in the American Medical Association Current Procedural Terminology (AMA CPT) codes to a maximum of [\$120] per Calendar Year under this benefit. This benefit shall not include payment of any procedures covered by Medicare.

This rider will remain in force while the certificate is in force unless You ask Us in writing to cancel this rider earlier.

IN WITNESS WHEREOF, Liberty National Life Insurance Company has issued this rider at its Administrative Office in McKinney, Texas.


Sarah M. Huchison
SECRETARY

Secretary


SECRETARY

President

LIBERTY NATIONAL LIFE INSURANCE COMPANY
P. O. BOX 8080, MCKINNEY, TEXAS 75070 (972) 529-5085
A Legal Reserve Stock Company * Administrative Offices: McKinney, Texas

AT-HOME RECOVERY BENEFIT RIDER

This rider is made a part of the certificate to which it is attached. It is subject to all provisions, conditions, limitations and exclusions of the certificate, which are not in conflict with those of this rider.

Please keep this rider with Your certificate.

Effective Date: (If other than the Date of Issue of the certificate):

This rider is issued in consideration of the payment of the required premium and in reliance on the statements contained in the application.

We will pay benefits for services to provide short term, at-home assistance with Activities Of Daily Living for those recovering from a Sickness, Injury or surgery. We will pay for such services subject to the following:

- 1) at-home recovery services provided must be primarily services that assist in Activities of Daily Living;
- 2) Your attending Physician must certify that the specific type and frequency of at-home recovery services are necessary because of a condition for which a home care plan of treatment was approved by Medicare;
- 3) coverage is limited to:
 - a. no more than the number and type of At-Home Recovery Visits certified as medically necessary by Your attending Physician. The total number of At-Home Recovery Visits shall not exceed the number of Medicare-approved home health care visits under a Medicare-approved home care plan of treatment;
 - b. the actual charges for each visit up to a maximum reimbursement of \$40 per visit;
 - c. \$1,600 per Calendar Year;
 - d. seven visits in any one week;
 - e. care furnished on a visiting basis in Your Home;
 - f. services provided by a Care Provider;
 - g. At-Home Recovery Visits while You are covered under this Certificate and not otherwise excluded; and
 - h. At-Home Recovery Visits received during the period You are receiving Medicare-approved home care services or no more than eight weeks after the service date of the last Medicare-approved home health care visit.

Coverage is excluded under this benefit for:

- 1) Home care visits paid for by Medicare or an other government programs; and
- 2) Care provided by family members, unpaid volunteers or providers who are not Care Providers, as defined below.

For the purposes of this benefit, the following definitions will apply:

ACTIVITIES OF DAILY LIVING include but are not limited to, bathing, dressing, personal hygiene, transferring, eating, ambulating, assistance with drugs that are normally self-administered, and changing bandages or other dressings.

AT-HOME RECOVERY VISIT means the period of a visit required to provide at-home recovery care, without limit on the duration of the visit, except each consecutive four hours in a 24-hour period of services provided by a Care Provider in one visit.

CARE PROVIDER means a duly qualified or licensed home health aide or homemaker, personal care aide, or nurse (other than any member of Your immediate family or an unpaid volunteer) provided through a licensed home health care agency or referred by a licensed Home Health Care Agency or referred by a licensed referral agency or licensed nurses registry.

HOME means a place used by You as a place of residence, provided that the place would qualify as a residence for home health care services covered by Medicare. A hospital or Skilled Nursing Facility is not considered Your place of residence.

This rider will remain in force while the certificate is in force unless You ask Us in writing to cancel this rider earlier.

IN WITNESS WHEREOF, Liberty National Life Insurance Company has issued this rider at its Administrative Office in McKinney, Texas.

Sandy M. [unclear]
SPECIMEN

Secretary

[Signature]
SPECIMEN

President

SPECIMEN

LIBERTY NATIONAL LIFE INSURANCE COMPANY
P. O. BOX 8080, MCKINNEY, TEXAS 75070 (972) 529-5085
A Legal Reserve Stock Company * Administrative Offices: McKinney, Texas

BENEFITS FOR SKILLED NURSING FACILITY STAYS – [100%] MEDICARE PART A RIDER

This rider is made a part of the certificate to which it is attached. It is subject to all provisions, conditions, limitations and exclusions of the certificate, which are not in conflict with those of this rider.

Please keep this rider with Your certificate.

Effective Date: (If other than the Date of Issue of the certificate):

This rider is issued [in consideration of the payment of the required premium and] in reliance on the statements contained in the application.

When You have a post-hospital Skilled Nursing Facility Stay which is eligible under Medicare Part A, We will pay the following benefit:

[100%] of the coinsurance amount for each day used from the 21st day through the 100th day in a Medicare Benefit Period for post-hospital Skilled Nursing Facility care eligible under Medicare Part A.

For the purposes of this benefit, the following definitions will apply:

SKILLED NURSING FACILITY means a facility certified by Medicare as a Skilled Nursing Facility.

SKILLED NURSING FACILITY STAY means one day or more of confinement within a Skilled Nursing Facility, as a resident patient under the care of a Physician, following a Hospital Stay of at least 3 days. The Skilled Nursing Facility Stay must be for further treatment of the Injury or Sickness requiring the Hospital Stay and begin within 30 days of hospital discharge.

This rider will remain in force while the certificate is in force unless You ask Us in writing to cancel this rider earlier.

IN WITNESS WHEREOF, Liberty National Life Insurance Company has issued this rider at its Administrative Office in McKinney, Texas.

Sarah M. [Signature]
SECRETARY

Secretary

[Signature]
PRESIDENT

President

LIBERTY NATIONAL LIFE INSURANCE COMPANY
P. O. BOX 8080, MCKINNEY, TEXAS 75070 (972) 529-5085
A Legal Reserve Stock Company * Administrative Offices: McKinney, Texas

BENEFITS FOR SKILLED NURSING FACILITY STAYS – [100%] MEDICARE PART A RIDER

This rider is made a part of the certificate to which it is attached. It is subject to all provisions, conditions, limitations and exclusions of the certificate, which are not in conflict with those of this rider.

Please keep this rider with Your certificate.

Effective Date: (If other than the Date of Issue of the certificate):

This rider is issued [in consideration of the payment of the required premium and] in reliance on the statements contained in the application.

When You have a post-hospital Skilled Nursing Facility Stay which is eligible under Medicare Part A, We will pay the following benefit:

[100%] of the coinsurance amount for each day used from the 21st day through the 100th day in a Medicare Benefit Period for post-hospital Skilled Nursing Facility care eligible under Medicare Part A until the out-of-pocket limitation is met.

For the purposes of this benefit, the following definitions will apply:

SKILLED NURSING FACILITY means a facility certified by Medicare as a Skilled Nursing Facility.

SKILLED NURSING FACILITY STAY means one day or more of confinement within a Skilled Nursing Facility, as a resident patient under the care of a Physician, following a Hospital Stay of at least 3 days. The Skilled Nursing Facility Stay must be for further treatment of the Injury or Sickness requiring the Hospital Stay and begin within 30 days of hospital discharge.

This rider will remain in force while the certificate is in force unless You ask Us in writing to cancel this rider earlier.

IN WITNESS WHEREOF, Liberty National Life Insurance Company has issued this rider at its Administrative Office in McKinney, Texas.

Sarah M. [Signature]
SECRETARY

Secretary

[Signature]
PRESIDENT

President

LIBERTY NATIONAL LIFE INSURANCE COMPANY
P. O. BOX 8080, MCKINNEY, TEXAS 75070 (972) 529-5085
A Legal Reserve Stock Company * Administrative Offices: McKinney, Texas

[100%] MEDICARE PART A DEDUCTIBLE BENEFIT RIDER

This rider is made a part of the certificate to which it is attached. It is subject to all provisions, conditions, limitations and exclusions of the certificate, which are not in conflict with those of this rider.

Please keep this rider with Your certificate.

Effective Date: (If other than the Date of Issue of the certificate):
Amount of Premium:

This rider is issued [in consideration of the payment of the required premium and] in reliance on the statements contained in the application.

We will pay [100%] of the expense You incur for all of the Medicare Part A Inpatient hospital deductible amount per Benefit Period.

This rider will remain in force while the certificate is in force unless You ask Us in writing to cancel this rider earlier.

IN WITNESS WHEREOF, Liberty National Life Insurance Company has issued this rider at its Administrative Office in McKinney, Texas.

Sarah M. [unclear]
SECRETARY

Secretary

[Signature]
PRESIDENT

President

LIBERTY NATIONAL LIFE INSURANCE COMPANY
P. O. BOX 8080, MCKINNEY, TEXAS 75070 (972) 529-5085
A Legal Reserve Stock Company * Administrative Offices: McKinney, Texas

[100%] MEDICARE PART A DEDUCTIBLE BENEFIT RIDER

This rider is made a part of the certificate to which it is attached. It is subject to all provisions, conditions, limitations and exclusions of the certificate, which are not in conflict with those of this rider.

Please keep this rider with Your certificate.

Effective Date: (If other than the Date of Issue of the certificate):
Amount of Premium:

This rider is issued [in consideration of the payment of the required premium and] in reliance on the statements contained in the application.

We will pay [100%] of the expense you incur for the Medicare Part A Inpatient hospital deductible amount per Benefit Period until the out-of-pocket limitation is met.

This rider will remain in force while the certificate is in force unless You ask Us in writing to cancel this rider earlier.

IN WITNESS WHEREOF, Liberty National Life Insurance Company has issued this rider at its Administrative Office in McKinney, Texas.

Sarah M. [unclear]
SECRETARY

Secretary

[Signature]
PRESIDENT

President

LIBERTY NATIONAL LIFE INSURANCE COMPANY
P. O. BOX 8080, MCKINNEY, TEXAS 75070 (972) 529-5085
A Legal Reserve Stock Company * Administrative Offices: McKinney, Texas

MEDICARE PART B DEDUCTIBLE BENEFIT RIDER

This rider is made a part of the certificate to which it is attached. It is subject to all provisions, conditions, limitations and exclusions of the certificate, which are not in conflict with those of this rider.

Please keep this rider with Your certificate.

Effective Date: (If other than the Date of Issue of the certificate):

This rider is issued [in consideration of the payment of the required premium and] in reliance on the statements contained in the application.

We will pay the expense You incur for all of the Medicare Part B deductible amount per Calendar Year regardless of Hospital confinement.

This rider will remain in force while the certificate is in force unless You ask Us in writing to cancel this rider earlier.

IN WITNESS WHEREOF, Liberty National Life Insurance Company has issued this rider at its Administrative Office in McKinney, Texas.

Sarah M. [unclear]
SECRET

Secretary

[Signature]
SECRET

President

ARLPBDB

LIBERTY NATIONAL LIFE INSURANCE COMPANY
P. O. BOX 8080, MCKINNEY, TEXAS 75070 (972) 529-5085
A Legal Reserve Stock Company * Administrative Offices: McKinney, Texas

EMERGENCY FOREIGN TRAVEL BENEFIT RIDER

This rider is made a part of the certificate to which it is attached. It is subject to all provisions, conditions, limitations and exclusions of the certificate, which are not in conflict with those of this rider.

Please keep this rider with Your certificate.

Effective Date: (If other than the Date of Issue of the certificate):

This rider is issued [in consideration of the payment of the required premium and] in reliance on the statements contained in the application.

We will pay benefits for coverage to the extent not covered by Medicare for 80% of the billed charges for Medicare Eligible Expenses for Medically Necessary Emergency hospital, physician and medical care received in a foreign country, which care would have been covered by Medicare if provided in the United States and which began during the first 60 consecutive days of each trip outside of the United States, subject to a calendar year deductible of \$250, and a lifetime maximum benefit of \$50,000.

For the purposes of this benefit, "Emergency Care" shall mean care needed immediately because of an Injury or an illness of sudden and unexpected onset.

This rider will remain in force while the certificate is in force unless You ask Us in writing to cancel this rider earlier.

IN WITNESS WHEREOF, Liberty National Life Insurance Company has issued this rider at its Administrative Office in McKinney, Texas.

Jerry M. Hutchison
SPECIMEN

Secretary

[Signature]
SPECIMEN

President

LIBERTY NATIONAL LIFE INSURANCE COMPANY
P. O. BOX 8080, MCKINNEY, TEXAS 75070 (972) 529-5085
A Legal Reserve Stock Company * Administrative Offices: McKinney, Texas

[\$2,000] ANNUAL HIGH DEDUCTIBLE BENEFIT

This rider is made a part of the certificate to which it is attached. It is subject to all provisions, conditions, limitations and exclusions of the certificate, which are not in conflict with those of this rider.

Please keep this rider with Your certificate.

Effective Date: (If other than the Date of Issue of the certificate):

This rider is issued in consideration of the payment of the required premium and in reliance on the statements contained in the application.

We will pay the following benefits after You pay the annual high deductible amount totaling [\$2,000] each Calendar Year. The annual high deductible shall consist of out-of-pocket expenses, other than premiums, for services covered by Your certificate, and shall be in addition to any other specific benefit deductibles. Expenses incurred prior to the effective date of Your certificate will not be applied to this deductible.

This rider will remain in force while the certificate is in force unless You ask Us in writing to cancel this rider earlier.

IN WITNESS WHEREOF, Liberty National Life Insurance Company has issued this rider at its Administrative Office in McKinney, Texas.

Cary M. Hutchison
SPECIMEN

Secretary

[Signature]
SPECIMEN

President

LIBERTY NATIONAL LIFE INSURANCE COMPANY
P. O. BOX 8080, MCKINNEY, TEXAS 75070 (972) 529-5085
A Legal Reserve Stock Company * Administrative Offices: McKinney, Texas

80% EXCESS EXPENSE BENEFIT - MEDICARE PART B RIDER

This rider is made a part of the certificate to which it is attached. It is subject to all provisions, conditions, limitations and exclusions of the certificate, which are not in conflict with those of this rider.

Please keep this rider with Your certificate.

Effective Date: (If other than the Date of Issue of the certificate):

This rider is issued in consideration of the payment of the required premium and in reliance on the statements contained in the application.

We will pay 80% of the difference between the actual Medicare Part B charge as billed not to exceed any charge limitation established by the Medicare program or state law, and the Medicare approved Part B charge.

This rider will remain in force while the certificate is in force unless You ask Us in writing to cancel this rider earlier.

IN WITNESS WHEREOF, Liberty National Life Insurance Company has issued this rider at its Administrative Office in McKinney, Texas.

Sarah M. Hutchison
SPECIMEN

Secretary

[Signature]
SPECIMEN

President

LIBERTY NATIONAL LIFE INSURANCE COMPANY
P. O. BOX 8080, MCKINNEY, TEXAS 75070 (972) 529-5085
A Legal Reserve Stock Company * Administrative Offices: McKinney, Texas

100% EXCESS EXPENSE BENEFIT - MEDICARE PART B RIDER

This rider is made a part of the certificate to which it is attached. It is subject to all provisions, conditions, limitations and exclusions of the certificate, which are not in conflict with those of this rider.

Please keep this rider with Your certificate.

Effective Date: (If other than the Date of Issue of the certificate):

This rider is issued [in consideration of the payment of the required premium and] in reliance on the statements contained in the application.

We will pay 100% of the difference between the actual Medicare Part B charge as billed not to exceed any charge limitation established by the Medicare program or state law, and the Medicare approved Part B charge.

This rider will remain in force while the certificate is in force unless You ask Us in writing to cancel this rider earlier.

IN WITNESS WHEREOF, Liberty National Life Insurance Company has issued this rider at its Administrative Office in McKinney, Texas.

Sarah M. [Signature]
SECRETARY

Secretary

[Signature]
PRESIDENT

President

LIBERTY NATIONAL LIFE INSURANCE COMPANY
P. O. BOX 8080, MCKINNEY, TEXAS 75070 (972) 529-5085
A Legal Reserve Stock Company * Administrative Offices: McKinney, Texas

[\$20.00] Copay - MEDICARE PART B DEDUCTIBLE BENEFIT RIDER

This rider is made a part of the certificate to which it is attached. It is subject to all provisions, conditions, limitations and exclusions of the certificate, which are not in conflict with those of this rider.

Please keep this rider with Your certificate.

Effective Date: (If other than the Date of Issue of the certificate):

This rider is issued [in consideration of the payment of the required premium and] in reliance on the statements contained in the application.

PART 3 - BENEFITS FOR MEDICAL EXPENSE – MEDICARE PART B, of your Certificate is deleted and replaced by the following:

PART 3 BENEFITS FOR MEDICAL EXPENSE - MEDICARE PART B

If You incur a medical expense that is eligible under Medicare Part B, We will pay the following benefit for the Medicare approved charge:

Coverage for the coinsurance amount, or in the case of hospital outpatient department services paid under a prospective payment system, the copayment amount, of Medicare Eligible Expenses under Part B regardless of hospital confinement, subject to the Medicare Part B deductible.

Under this PART 3 of this Certificate, We will not pay benefits for (a) the Medicare Part B blood deductible for which benefits are paid under PART 2 of this Certificate, or (b) any portion of the Medicare Part B Calendar Year deductible.

Under this PART 3 of this certificate, We will pay:

- (a) the lesser of [twenty dollars (\$20.00)] or the Medicare Part B coinsurance or copayment for each covered health care provider office visit (including visits to medical specialists); and
- (b) the lesser of [fifty dollars (\$50.00)] or the Medicare Part B coinsurance or copayment for each covered emergency room visit, however, this copayment shall be waived if the Insured is admitted to any hospital and the emergency visit is subsequently covered by Medicare Part A.

This rider will remain in force while the certificate is in force unless You ask Us in writing to cancel this rider earlier.

IN WITNESS WHEREOF, Liberty National Life Insurance Company has issued this rider at its Administrative Office in McKinney, Texas.

Sandy McChesman
SPECIMEN

Secretary

[Signature]
SPECIMEN

President

LIBERTY NATIONAL LIFE INSURANCE COMPANY
P. O. BOX 8080, MCKINNEY, TEXAS 75070 (972) 529-5085
A Legal Reserve Stock Company * Administrative Offices: McKinney, Texas

[\$4,620] AFTER OUT OF POCKET LIMITATION BENEFIT

This rider is made a part of the certificate to which it is attached. It is subject to all provisions, conditions, limitations and exclusions of the certificate, which are not in conflict with those of this rider.

Please keep this rider with Your certificate.

Effective Date: (If other than the Date of Issue of the certificate):
Amount of Premium:

This rider is issued [in consideration of the payment of the required premium and] in reliance on the statements contained in the application.

We will pay 100% of all cost sharing under Medicare Parts A and B for the balance of the Calendar Year after You have reached the out-of-pocket limitation on annual expenditures under Medicare Parts A and B of the amount totaling [\$4,620]. The out-of-pocket limit is indexed each year by the appropriate inflation adjustment specified by the Secretary of the United States Department of Health and Human Services.

We will not pay any charge from providers that exceeds Medicare-approved amounts (EXCESS CHARGES). Any Excess Charges You pay are not included in Your calendar year Out-of-Pocket Limitation.

This rider will remain in force while the certificate is in force unless You ask Us in writing to cancel this rider earlier.

IN WITNESS WHEREOF, Liberty National Life Insurance Company has issued this rider at its Administrative Office in McKinney, Texas.

Carol McKeon
SECRETARY

Secretary

[Signature]
PRESIDENT

President

LIBERTY NATIONAL LIFE INSURANCE COMPANY

P. O. BOX 8080, MCKINNEY, TEXAS 75070 (972) 529-5085

A Legal Reserve Stock Company * Administrative Offices: McKinney, Texas

[\$500] ANNUAL MEDICARE PART B DEDUCTIBLE RIDER

This rider is made a part of the certificate to which it is attached. It is subject to all provisions, conditions, limitations and exclusions of the certificate, which are not in conflict with those of this rider.

Please keep this rider with Your certificate.

This rider is issued [in consideration of the payment of the required premium and] in reliance on the statements contained in the application.

Part 3, BENEFITS FOR MEDICAL EXPENSE – MEDICARE PART B, of your Certificate is deleted and replaced by the following:

Each calendar year, You are required to meet a \$[500] deductible by paying the Medicare Part B deductible and Medicare Part B Coinsurance Amounts totaling \$[500], before We provide coverage for Medicare Part B Coinsurance Amounts. After You have met this rider deductible amount, if You incur a medical expense that is eligible under Medicare Part B, We will pay the expense incurred for the Coinsurance Amount. Expenses incurred prior to the effective date of Your certificate will not be applied to this deductible.

Under this Part 3 of this Certificate, We will not pay benefits for the Medicare Part B blood deductible for which benefits are paid under Part 2 of this Certificate.

IN WITNESS WHEREOF, Liberty National Life Insurance Company has issued this rider at its Administrative Office in McKinney, Texas.

Sarah M. Hutchison
SPECIMEN

Secretary

[Signature]
SPECIMEN

President

LIBERTY NATIONAL LIFE INSURANCE COMPANY

P. O. BOX 8080, MCKINNEY, TEXAS 75070 (972) 529-5085

A Legal Reserve Stock Company * Administrative Offices: McKinney, Texas

[\$500] ANNUAL MEDICARE PART B DEDUCTIBLE RIDER

This rider is made a part of the certificate to which it is attached. It is subject to all provisions, conditions, limitations and exclusions of the certificate which are not in conflict with those of this rider.

Please keep this rider with Your certificate.

This rider is issued [in consideration of the payment of the required premium and] in reliance on the statements contained in the application.

Part 3, BENEFITS FOR MEDICAL EXPENSE – MEDICARE PART B, of your Certificate is deleted and replaced by the following:

EXCESS EXPENSES means the difference between the actual incurred Medicare Part B charge as billed, not to exceed any charge limitation established by the Medicare program or state law, and the Medicare approved Part B charge.

Each calendar year, You are required to meet a [\$500] deductible by paying a total of [\$500] for the Medicare Part B deductible, Medicare Part B Coinsurance Amounts and Excess Expenses before We provide coverage for Medicare Part B Coinsurance Amounts and Excess Expenses. Expenses incurred prior to the effective date of Your certificate will not be applied to this deductible. After You have met this rider deductible amount:

1. If You incur a medical expense that is eligible under Medicare Part B, for the Medicare approved charge We will pay the expense incurred for the Coinsurance Amount, and
2. If You incur Excess Expenses, We will pay the Excess Expenses.

Under this Part 3 of this Certificate, We will not pay benefits for the Medicare Part B blood deductible for which benefits are paid under Part 2 of this Certificate.

IN WITNESS WHEREOF, Liberty National Life Insurance Company has issued this rider at its Administrative Office in McKinney, Texas.

Jerry M. [Signature]
SECRET

Secretary

[Signature]
SECRET

President

LIBERTY NATIONAL LIFE INSURANCE COMPANY

P. O. BOX 8080, MCKINNEY, TEXAS 75070 (972) 529-5085

A Legal Reserve Stock Company * Administrative Offices: McKinney, Texas

[\$500] ANNUAL MEDICARE PART B DEDUCTIBLE RIDER

This rider is made a part of the certificate to which it is attached. It is subject to all provisions, conditions, limitations and exclusions of the certificate which are not in conflict with those of this rider.

Please keep this rider with Your certificate.

This rider is issued [in consideration of the payment of the required premium and] in reliance on the statements contained in the application.

Part 3, BENEFITS FOR MEDICAL EXPENSE – MEDICARE PART B, of your Certificate is deleted and replaced by the following:

EXCESS EXPENSES means 80% of the difference between the actual incurred Medicare Part B charge as billed, not to exceed any charge limitation established by the Medicare program or state law, and the Medicare approved Part B charge.

Each calendar year, You are required to meet a \$[500] deductible by paying a total of [\$500] for the Medicare Part B deductible, Medicare Part B Coinsurance Amounts and Excess Expenses before We provide coverage for Medicare Part B Coinsurance Amounts and Excess Expenses. Expenses incurred prior to the effective date of Your certificate will not be applied to this deductible. After You have met this rider deductible amount:

1. If You incur a medical expense that is eligible under Medicare Part B, for the Medicare approved charge We will pay the expense incurred for the Coinsurance Amount, and
2. If You incur Excess Expenses, We will pay the Excess Expenses.

Under this Part 3 of this Certificate, We will not pay benefits for the Medicare Part B blood deductible for which benefits are paid under Part 2 of this Certificate.

IN WITNESS WHEREOF, Liberty National Life Insurance Company has issued this rider at its Administrative Office in McKinney, Texas.

Jerry M. [Signature]
SECRET

Secretary

[Signature]
SECRET

President

LIBERTY NATIONAL LIFE INSURANCE COMPANY
P. O. BOX 8080, MCKINNEY, TEXAS 75070 (972) 529-5085
A Legal Reserve Stock Company * Administrative Offices: McKinney, Texas

[\$500] ANNUAL MEDICARE PART B DEDUCTIBLE RIDER

This rider is made a part of the certificate to which it is attached. It is subject to all provisions, conditions, limitations and exclusions of the certificate, which are not in conflict with those of this rider.

Please keep this rider with Your certificate.

This rider is issued [in consideration of the payment of the required premium and] in reliance on the statements contained in the application.

Part 3, BENEFITS FOR MEDICAL EXPENSE – MEDICARE PART B, of your Certificate is deleted and replaced by the following:

EXCESS EXPENSES means the difference between the actual incurred Medicare Part B charge as billed, not to exceed any charge limitation established by the Medicare program or state law, and the Medicare approved Part B charge.

Each calendar year, You are required to meet a [\$500] deductible by paying a total of [\$500] for the Medicare Part B Coinsurance Amounts and Excess Expenses before We provide coverage for Medicare Part B Coinsurance Amounts and Excess Expenses. Expenses incurred prior to the effective date of Your certificate will not be applied to this deductible. After You have met this rider deductible amount:

1. If You incur a medical expense that is eligible under Medicare Part B, for the Medicare approved charge We will pay the expense incurred for the Coinsurance Amount, and
2. If You incur Excess Expenses, We will pay the Excess Expenses.

Under this Part 3 of this Certificate, We will not pay benefits for the Medicare Part B blood deductible for which benefits are paid under Part 2 of this Certificate.

IN WITNESS WHEREOF, Liberty National Life Insurance Company has issued this rider at its Administrative Office in McKinney, Texas.

Sandy M. Hutchison
SPECIMEN

Secretary

[Signature]
SPECIMEN

President

LIBERTY NATIONAL LIFE INSURANCE COMPANY
P. O. BOX 8080, MCKINNEY, TEXAS 75070 (972) 529-5085
A Legal Reserve Stock Company * Administrative Offices: McKinney, Texas

[\$500] ANNUAL MEDICARE PART B DEDUCTIBLE RIDER

This rider is made a part of the certificate to which it is attached. It is subject to all provisions, conditions, limitations and exclusions of the certificate, which are not in conflict with those of this rider.

Please keep this rider with Your certificate.

This rider is issued [in consideration of the payment of the required premium and] in reliance on the statements contained in the application.

Part 3, BENEFITS FOR MEDICAL EXPENSE – MEDICARE PART B, of your Certificate is deleted and replaced by the following:

EXCESS EXPENSES means 80% of the difference between the actual incurred Medicare Part B charge as billed, not to exceed any charge limitation established by the Medicare program or state law, and the Medicare approved Part B charge.

Each calendar year, You are required to meet a [\$500] deductible by paying a total of [\$500] for the Medicare Part B Coinsurance Amounts and Excess Expenses before We provide coverage for Medicare Part B Coinsurance Amounts and Excess Expenses. Expenses incurred prior to the effective date of Your certificate will not be applied to this deductible. After You have met this rider deductible amount:

1. If You incur a medical expense that is eligible under Medicare Part B, for the Medicare approved charge We will pay the expense incurred for the Coinsurance Amount, and
2. If You incur Excess Expenses, We will pay the Excess Expenses.

Under this Part 3 of this Certificate, We will not pay benefits for the Medicare Part B blood deductible for which benefits are paid under Part 2 of this Certificate.

IN WITNESS WHEREOF, Liberty National Life Insurance Company has issued this rider at its Administrative Office in McKinney, Texas.

Sandy M. Hutchison
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Secretary

[Signature]
SPECIMEN

President

LIBERTY NATIONAL LIFE INSURANCE COMPANY

P. O. BOX 8080, MCKINNEY, TEXAS 75070 (972) 529-5085

A Legal Reserve Stock Company * Administrative Offices: McKinney, Texas

[\$500] ANNUAL MEDICARE PART B COINSURANCE RIDER

This rider is made a part of the certificate to which it is attached. It is subject to all provisions, conditions, limitations and exclusions of the certificate, which are not in conflict with those of this rider.

Please keep this rider with Your certificate.

This rider is issued [in consideration of the payment of the required premium and] in reliance on the statements contained in the application.

Part 3, BENEFITS FOR MEDICAL EXPENSE – MEDICARE PART B, of your Certificate is deleted and replaced by the following:

Each calendar year We will pay [50%] of the first [\$1,000] of expense You incur for the Medicare Part B deductible amount and Coinsurance Amount. We will then pay 100% of any additional expense You incur for the Medicare Part B deductible amount and Coinsurance Amount during the remainder of that calendar year. Expenses incurred prior to the effective date of Your certificate will not be applied to this deductible.

Under this Part 3 of this Certificate, We will not pay benefits for the Medicare Part B blood deductible for which benefits are paid under Part 2 of this Certificate.

IN WITNESS WHEREOF, Liberty National Life Insurance Company has issued this rider at its Administrative Office in McKinney, Texas.

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Please keep this rider with Your certificate.

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Part 3, BENEFITS FOR MEDICAL EXPENSE – MEDICARE PART B, of your Certificate is deleted and replaced by the following:

EXCESS EXPENSES means the difference between the actual incurred Medicare Part B charge as billed, not to exceed any charge limitation established by the Medicare program or state law, and the Medicare approved Part B charge.

Each calendar year We will pay [50%] of the first [\$1,000] of expense You incur for the Medicare Part B deductible amount, Coinsurance Amount and Excess Expenses. We will then pay 100% of any additional expense You incur for the Medicare Part B deductible amount, Coinsurance Amount and Excess Expenses during the remainder of that calendar year. Expenses incurred prior to the effective date of Your certificate will not be applied to this deductible.

Under this Part 3 of this Certificate, We will not pay benefits for the Medicare Part B blood deductible for which benefits are paid under Part 2 of this Certificate.

IN WITNESS WHEREOF, Liberty National Life Insurance Company has issued this rider at its Administrative Office in McKinney, Texas.

Sarah M. [unclear]
SPECIMEN

Secretary

[Signature]
SPECIMEN

President

LIBERTY NATIONAL LIFE INSURANCE COMPANY

P. O. BOX 8080, MCKINNEY, TEXAS 75070 (972) 529-5085

A Legal Reserve Stock Company * Administrative Offices: McKinney, Texas

[\$500] ANNUAL MEDICARE PART B COINSURANCE RIDER

This rider is made a part of the certificate to which it is attached. It is subject to all provisions, conditions, limitations and exclusions of the certificate which, are not in conflict with those of this rider.

Please keep this rider with Your certificate.

This rider is issued [in consideration of the payment of the required premium and] in reliance on the statements contained in the application.

Part 3, BENEFITS FOR MEDICAL EXPENSE – MEDICARE PART B, of your Certificate is deleted and replaced by the following:

EXCESS EXPENSES means 80% of the difference between the actual incurred Medicare Part B charge as billed, not to exceed any charge limitation established by the Medicare program or state law, and the Medicare approved Part B charge.

Each calendar year We will pay [50%] of the first [\$1,000] of expense You incur for the Medicare Part B deductible amount, Coinsurance Amount and Excess Expenses. We will then pay 100% of any additional expense You incur for the Medicare Part B deductible amount, Coinsurance Amount and Excess Expenses during the remainder of that calendar year. Expenses incurred prior to the effective date of Your certificate will not be applied to this deductible.

Under this Part 3 of this Certificate, We will not pay benefits for the Medicare Part B blood deductible for which benefits are paid under Part 2 of this Certificate.

IN WITNESS WHEREOF, Liberty National Life Insurance Company has issued this rider at its Administrative Office in McKinney, Texas.

Sarah M. [unclear]
SPECIMEN

Secretary

[Signature]
SPECIMEN

President

LIBERTY NATIONAL LIFE INSURANCE COMPANY

P. O. BOX 8080, MCKINNEY, TEXAS 75070 (972) 529-5085

A Legal Reserve Stock Company * Administrative Offices: McKinney, Texas

[\$500] ANNUAL MEDICARE PART B COINSURANCE RIDER

This rider is made a part of the certificate to which it is attached. It is subject to all provisions, conditions, limitations and exclusions of the certificate, which are not in conflict with those of this rider.

Please keep this rider with Your certificate.

This rider is issued [in consideration of the payment of the required premium and] in reliance on the statements contained in the application.

Part 3, BENEFITS FOR MEDICAL EXPENSE – MEDICARE PART B, of your Certificate is deleted and replaced by the following:

EXCESS EXPENSES means the difference between the actual incurred Medicare Part B charge as billed, not to exceed any charge limitation established by the Medicare program or state law, and the Medicare approved Part B charge.

Each calendar year We will pay [50%] of the first [\$1,000] of expense You incur for the Coinsurance Amount and Excess Expenses. We will then pay 100% of any additional expense You incur for the Coinsurance Amount and Excess Expenses during the remainder of that calendar year. Expenses incurred prior to the effective date of Your certificate will not be applied to this deductible.

Under this Part 3 of this Certificate, We will not pay benefits for the Medicare Part B blood deductible for which benefits are paid under Part 2 of this Certificate.

IN WITNESS WHEREOF, Liberty National Life Insurance Company has issued this rider at its Administrative Office in McKinney, Texas.

Sarah M. Hutchison
SPECIMEN

Secretary

[Signature]
SPECIMEN

President

LIBERTY NATIONAL LIFE INSURANCE COMPANY

P. O. BOX 8080, MCKINNEY, TEXAS 75070 (972) 529-5085

A Legal Reserve Stock Company * Administrative Offices: McKinney, Texas

[\$500] ANNUAL MEDICARE PART B COINSURANCE RIDER

This rider is made a part of the certificate to which it is attached. It is subject to all provisions, conditions, limitations and exclusions of the certificate, which are not in conflict with those of this rider.

Please keep this rider with Your certificate.

This rider is issued [in consideration of the payment of the required premium and] in reliance on the statements contained in the application.

Part 3, BENEFITS FOR MEDICAL EXPENSE – MEDICARE PART B, of your Certificate is deleted and replaced by the following:

EXCESS EXPENSES means 80% of the difference between the actual incurred Medicare Part B charge as billed, not to exceed any charge limitation established by the Medicare program or state law, and the Medicare approved Part B charge.

Each calendar year We will pay [50%] of the first [\$1,000] of expense You incur for the Coinsurance Amount and Excess Expenses. We will then pay 100% of any additional expense You incur for the Coinsurance Amount and Excess Expenses during the remainder of that calendar year. Expenses incurred prior to the effective date of Your certificate will not be applied to this deductible.

Under this Part 3 of this Certificate, We will not pay benefits for the Medicare Part B blood deductible for which benefits are paid under Part 2 of this Certificate.

IN WITNESS WHEREOF, Liberty National Life Insurance Company has issued this rider at its Administrative Office in McKinney, Texas.

Sarah M. Hutchison
SPECIMEN

Secretary

[Signature]
SPECIMEN

President

LIBERTY NATIONAL LIFE INSURANCE COMPANY

P. O. BOX 8080, MCKINNEY, TEXAS 75070 (972) 529-5085

A Legal Reserve Stock Company * Administrative Offices: McKinney, Texas

**[\$250] ANNUAL MEDICARE PART B DEDUCTIBLE AND
[\$500] ANNUAL MEDICARE PART B COINSURANCE RIDER**

This rider is made a part of the certificate to which it is attached. It is subject to all provisions, conditions, limitations and exclusions of the certificate, which are not in conflict with those of this rider.

Please keep this rider with Your certificate.

This rider is issued [in consideration of the payment of the required premium and] in reliance on the statements contained in the application.

Part 3, BENEFITS FOR MEDICAL EXPENSE – MEDICARE PART B, of your Certificate is deleted and replaced by the following:

Each calendar year, You are required to meet a \$[250] deductible by paying the Medicare Part B deductible amount shown above. After You have met this rider deductible amount, if You incur a medical expense that is eligible under Medicare Part B, We will pay [50%] of the first \$[1,000] of expense You incur for the Medicare Part B Coinsurance Amount. After paying the Medicare Part B deductible and Medicare Part B Coinsurance Amounts totaling \$[750]. We will then pay 100% of any additional expense You incur for the Coinsurance Amount during the remainder of that calendar year. Expenses incurred prior to the effective date of Your certificate will not be applied to this deductible.

Under this Part 3 of this Certificate, We will not pay benefits for the Medicare Part B blood deductible for which benefits are paid under Part 2 of this Certificate.

IN WITNESS WHEREOF, Liberty National Life Insurance Company has issued this rider at its Administrative Office in McKinney, Texas.

Sandy McMillan
SPECIMEN

Secretary

[Signature]
SPECIMEN

President

LIBERTY NATIONAL LIFE INSURANCE COMPANY

P. O. BOX 8080, MCKINNEY, TEXAS 75070 (972) 529-5085
A Legal Reserve Stock Company * Administrative Offices: McKinney, Texas

**[\$250] ANNUAL MEDICARE PART B DEDUCTIBLE AND
[\$500] ANNUAL MEDICARE PART B COINSURANCE RIDER**

This rider is made a part of the certificate to which it is attached. It is subject to all provisions, conditions, limitations and exclusions of the certificate, which are not in conflict with those of this rider.

Please keep this rider with Your certificate.

This rider is issued [in consideration of the payment of the required premium and] in reliance on the statements contained in the application.

Part 3, BENEFITS FOR MEDICAL EXPENSE – MEDICARE PART B, of your Certificate is deleted and replaced by the following:

EXCESS EXPENSES means the difference between the actual incurred Medicare Part B charge as billed, not to exceed any charge limitation established by the Medicare program or state law, and the Medicare approved Part B charge.

Each calendar year, You are required to meet a \$[250] deductible for the Medicare Part B deductible amount as shown above. After you have met this rider deductible amount, if you incur a medical expense that is eligible under Medicare Part B, We will pay [50%] of the first [\$1,000] of expense You incur for the Medicare Part B Coinsurance Amounts and Excess Expenses. After paying the Medicare Part B deductible and Medicare Part B Coinsurance Amounts totaling [\$750], We will provide coverage for Medicare Part B Coinsurance Amounts and Excess Expenses. Expenses incurred prior to the effective date of Your certificate will not be applied to this deductible. After You have met this rider deductible amounts:

1. If You incur a medical expense that is eligible under Medicare Part B, for the Medicare approved charge We will pay the expense incurred for the Coinsurance Amount, and
2. If You incur Excess Expenses, We will pay the Excess Expenses.

Under this Part 3 of this Certificate, We will not pay benefits for the Medicare Part B blood deductible for which benefits are paid under Part 2 of this Certificate.

IN WITNESS WHEREOF, Liberty National Life Insurance Company has issued this rider at its Administrative Office in McKinney, Texas.

Sandy McChisum
SPECIMEN

Secretary

[Signature]
SPECIMEN

President

LIBERTY NATIONAL LIFE INSURANCE COMPANY

P. O. BOX 8080, MCKINNEY, TEXAS 75070 (972) 529-5085

A Legal Reserve Stock Company * Administrative Offices: McKinney, Texas

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[\$500] ANNUAL MEDICARE PART B COINSURANCE RIDER**

This rider is made a part of the certificate to which it is attached. It is subject to all provisions, conditions, limitations and exclusions of the certificate, which are not in conflict with those of this rider.

Please keep this rider with Your certificate.

This rider is issued [in consideration of the payment of the required premium and] in reliance on the statements contained in the application.

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Each calendar year, You are required to meet a \$[250] deductible for the Medicare Part B deductible amount as shown above. After you have met this rider deductible amount, if you incur a medical expense that is eligible under Medicare Part B, We will pay [50%] of the first [\$1,000] of expense You incur for the Medicare Part B Coinsurance Amounts and Excess Expenses. After paying the Medicare Part B deductible and Medicare Part B Coinsurance Amounts totaling [\$750], We will provide coverage for Medicare Part B Coinsurance Amounts and Excess Expenses. Expenses incurred prior to the effective date of Your certificate will not be applied to this deductible. After You have met this rider deductible amounts:

1. If You incur a medical expense that is eligible under Medicare Part B, for the Medicare approved charge We will pay the expense incurred for the Coinsurance Amount, and
2. If You incur Excess Expenses, We will pay the Excess Expenses.

Under this Part 3 of this Certificate, We will not pay benefits for the Medicare Part B blood deductible for which benefits are paid under Part 2 of this Certificate.

IN WITNESS WHEREOF, Liberty National Life Insurance Company has issued this rider at its Administrative Office in McKinney, Texas.

Sandy McChisum
SPECIMEN

Secretary

[Signature]
SPECIMEN

President

SERFF Tracking Number: AMLC-126198137 State: Arkansas
 Filing Company: Liberty National Life Insurance Company State Tracking Number: 43483
 Company Tracking Number: ARLERHP
 TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
 Product Name: Retiree Health Plan
 Project Name/Number: Retiree Health Plan/ARLERHP

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	09/29/2009
Comments:			
Attachment:			
CARS1351.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Application	Approved-Closed	09/29/2009
Comments:			
Attachment:			
LGDC.pdf			

		Item Status:	Status Date:
Bypassed - Item:	Health - Actuarial Justification	Approved-Closed	09/29/2009
Bypass Reason:	Information is not required per Chapter 79, of Arkansas Insurance Laws, is not required as the group policyholder and the group is exempt from such requirements according to §23-79-402(b) of Chapter 79.		
Comments:	The benefit package is experience rated and will be fully negotiated with each group sponsor. We intend to develop rates on a group by group basis. The group policy will be issued to each individual group.		

		Item Status:	Status Date:
Bypassed - Item:	Outline of Coverage	Approved-Closed	09/29/2009
Bypass Reason:	Not required. This is a group product.		
Comments:			

Item Status: **Status**

SERFF Tracking Number: AMLC-126198137 State: Arkansas
Filing Company: Liberty National Life Insurance Company State Tracking Number: 43483
Company Tracking Number: ARLERHP
TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
Product Name: Retiree Health Plan
Project Name/Number: Retiree Health Plan/ARLERHP

Satisfied - Item: Certification of Mandated Benefits
Compliance

Approved-Closed

Date:
09/29/2009

Comments:

Attachment:

Certification of Mandated Benefit Compliance.pdf

CERTIFICATION

This is to certify that the attached Policy Form ARLERHP has achieved a Flesch Reading Ease Score of 60 and complies with the requirements of Arkansas Stat. Ann. SS66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.



Michael J. Gaisbauer, Vice President

<u>SUPPLEMENTAL FORMS</u>	<u>SCORE</u>
Certificate Form ARLERHPC	57
Certificate Form ARLERHPKLC	57
Preventive Medical Care Benefit, Rider Form ARLPMCB	49
At-Home Recovery Benefit, Rider Form ARLAHRB	52
Ben. For Skilled Nursing Facility Stays, Rider Form ARLSNFS	65
Ben. For Skilled Nursing Facility Stays, Rider Form ARLSNFSOP	65
Medicare Part A Deductible Benefit, Rider Form ARLPADB	61
Medicare Part A Deductible Benefit, Rider Form ARLPADBOP	61
Medicare Part B Deductible Benefit, Rider Form ARLPBDB	59
Emergency Foreign Travel Benefit, Rider Form ARLEFTB	56
Annual High Deductible Benefit, Rider Form ARLAHD	60
80% Excess Expense Benefit, Rider Form ARL80%EBPB	59
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Deductible Rider, Form ARLMPBDF1	58
Deductible Rider, Form ARLMPBDF8	58
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Coinsurance Rider, Form ARLMPBCG8	58
Deductible/Coinsurance Rider, Form ARLMPBDCC	56
Deductible/Coinsurance Rider, Form ARLMPBDCF1	58
Deductible/Coinsurance Rider, Form ARLMPBDCF8	586

Your [Group Name] Enrollment Form

ENROLLMENT FORM FOR INSURANCE • LIBERTY NATIONAL LIFE INSURANCE COMPANY
A NEBRASKA STOCK CO., LINCOLN, NE • ADMINISTRATIVE OFFICE: MCKINNEY, TX

1. Please check name and address and complete other information requested.

Phone Number (_____) _____ E-mail address _____	Medicare I.D. # (Copy this number from your Medicare I.D. card.) _____ Date of Birth _____ <input type="checkbox"/> Male <input type="checkbox"/> Female Month _____ Day _____ Year _____
--	---

2. Fill out this section only if you want spouse coverage.
Is spouse enrolling for coverage? Yes No

Spouse's Name _____	Medicare I.D. # (Copy this number from your spouse's Medicare I.D. card.) _____ Date of Birth _____ <input type="checkbox"/> Male <input type="checkbox"/> Female Month _____ Day _____ Year _____
---------------------	--

3. Choose the coverage you want. (Check only one plan and payment method per person)

APPLICANT:	(Plan Code)	Payment Method Selected:	SPOUSE:	(Plan Code)	Payment Method Selected:
<input type="checkbox"/> Plan A	_____	<input type="checkbox"/> Monthly	<input type="checkbox"/> Plan A	_____	<input type="checkbox"/> Monthly
<input type="checkbox"/> Plan B	_____	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Plan B	_____	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Plan C	_____	<input type="checkbox"/> Semi-Annual	<input type="checkbox"/> Plan C	_____	<input type="checkbox"/> Semi-Annual
<input type="checkbox"/> Plan F	_____	<input type="checkbox"/> Annual	<input type="checkbox"/> Plan F	_____	<input type="checkbox"/> Annual
Premium Submitted For Applicant:			Premium Submitted For Spouse:		
\$ _____			\$ _____		

4. Please answer the questions. If spouse is applying for coverage, make sure you answer for both you and your spouse.

TO THE BEST OF YOUR KNOWLEDGE:

	<u>APPLICANT</u>	<u>SPOUSE</u>
1. Do you have (or pending application for) a policy or certificate that provides Medicare Supplement coverage, in force (including health care service contract or health maintenance organization contract)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If yes, list all companies (attach a separate sheet if necessary).		
Applicant	Spouse	
Company _____	Company _____	
Policy No. _____	Policy No. _____	
2. Do you have any other health insurance policies or certificates that provide benefits which this Retiree Health Plan coverage would duplicate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Applicant	Spouse	
a. If yes, which company? _____		
b. What kind of policy? _____		
3. If the answer to Question 1 or 2 is Yes, do you intend to replace these medical or health policies with this certificate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. If the answer to Question 3 is Yes, please check the reason(s) you are replacing your current coverage:		
<input type="checkbox"/> Additional benefits	<input type="checkbox"/> No change in benefits, but lower premiums	
<input type="checkbox"/> Fewer benefits & lower premiums	<input type="checkbox"/> Other (please specify): _____	
5. Are you covered under Medicare Parts A & B?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Are you covered for medical assistance through the State Medicaid program:		
a. As a Specified Low Income Medicare Beneficiary (SLMB)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. As a Qualified Medicare Beneficiary (QMB)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. For other Medicaid medical benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 4 CONTINUED ON REVERSE SIDE

**Questions 7-12 not required for applicants who are within 6 months of their enrollment in Medicare Part B.
IF THE ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS "YES",
THE INDIVIDUAL WHO GIVES THE "YES" ANSWER IS NOT ELIGIBLE FOR COVERAGE:**

4. (Continued)

	<u>APPLICANT</u>		<u>SPOUSE</u>	
7. Are you currently hospitalized, confined to a nursing facility or receiving Medicare approved home health care; or have you been hospitalized or received Medicare approved home health care 2 or more times in the past 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Are you bedridden, or confined to a wheelchair, or during the past 2 years, have you had any type of amputation caused by disease?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Within the past year, have you been medically advised to have surgery for cataracts, or for joint replacement, or for a heart condition, but not had such surgery?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Within the past year, have you been diagnosed or treated for internal cancer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Within the past 2 years, have you been diagnosed or treated for heart valve surgery, Alzheimer's disease, or cirrhosis of the liver?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. Within the past 2 years, have you had or been advised to have kidney dialysis?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

5. Please read and sign your name below.

If you are eligible for Medicare, you do not need more than one Medicare Supplement or Retiree Health certificate. If you purchase this certificate, you may want to evaluate your existing health coverage and decide if you need multiple coverages. You may be eligible for benefits under Medicaid and may not need a Medicare Supplement or Retiree Health certificate. The benefits and premiums under your Medicare Supplement or Retiree Health certificate can be suspended if requested during your entitlement to benefits under Medicaid for 24 months. You must request this suspension within 90 days of becoming eligible for Medicaid. If you are no longer entitled to Medicaid, your certificate will be reinstated if requested within 90 days of losing Medicaid eligibility. Counseling services may be available in your state to provide advice to you concerning your purchase of Medicare Supplement or Retiree Health insurance and concerning medical assistance through the state Medicaid program, including benefits as a Qualified Medicare Beneficiary (QMB) and a Specified Low-Income Medicare Beneficiary (SLMB).

I hereby apply to Liberty National Life Insurance Company for a certificate to be issued in reliance on my written answers to the above questions. The answers are, to the best of my knowledge and belief, true. I agree the certificate shall not be effective unless it has actually been issued.

I understand that loss due to injury or sickness for which medical advice was received or treatment was recommended or given by a physician within 3 months prior to the effective date is not covered unless the loss is incurred more than 60 days after the certificate effective date, subject to the Time Limit on Certain Defenses provision and legal proceedings.

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, any insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Signed at _____ This _____ day of _____, _____
(City) (State) (Year)

Signed _____ Signed _____
(Applicant's Name) (Spouse)

LGDC

**LIBERTY NATIONAL LIFE INSURANCE COMPANY
CERTIFICATION OF COMPLIANCE WITH STATE MANDATED BENEFITS**

Re: Certificate Form ARLERHP, et al

The submitted policy and attendant forms pay benefits as secondary payor for services covered by Medicare. The forms follow your state's requirements for group health insurance, including applicable mandated benefits.

Because the policy pays secondary to Medicare, any state-mandated benefits that are provided by Medicare are already covered under the terms of the policy. Such benefits are not set forth separately in the forms.

If applicable, any state-mandated benefits that are not covered by Medicare are set forth separately in the forms. The policy pays benefits as primary payor for such benefits.

On behalf of Liberty National Life Insurance Company, the undersigned certifies that the submitted forms comply with all applicable state-mandated benefits.



Officer Signature

Michael J. Gaisbauer

Name

Vice President, Regulatory Compliance

Title