

SERFF Tracking Number: MUTM-126684961 State: Arkansas
 Filing Company: Mutual of Omaha Insurance Company State Tracking Number: 46081
 Company Tracking Number: LUTHER MARDOCK
 TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.002 Dread Disease
 Product Name: Supplemental Health - Specified Disease CL10-23509
 Project Name/Number: DTC Supp Health 2010 - C & CHS/CL10-23509

Filing at a Glance

Company: Mutual of Omaha Insurance Company

Product Name: Supplemental Health - Specified SERFF Tr Num: MUTM-126684961 State: Arkansas
 Disease CL10-23509

TOI: H071 Individual Health - Specified Disease - Limited Benefit SERFF Status: Closed-Approved- Closed State Tr Num: 46081

Sub-TOI: H071.002 Dread Disease Co Tr Num: LUTHER MARDOCK State Status: Approved-Closed
 Filing Type: Form/Rate Reviewer(s): Rosalind Minor

Disposition Date: 07/12/2010

Authors: Shelly Kaipust, Sofia Kuehn, Jan Serafini, Thea Shepherd, Kurt Vangreen, Mary Gregg, Gilbert Burket, Krysia Gannon, Ellen Cochrane, Melanie Schultz, Robyn Gonzales, Joanne Najdzin, Luther Mardock, Neil Sandhoefner, Shirley McPhaul, Katie Tupper

Date Submitted: 06/29/2010 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: DTC Supp Health 2010 - C & CHS

Project Number: CL10-23509

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 07/12/2010

Deemer Date:

Submitted By: Ellen Cochrane

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 06/21/2010

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 07/12/2010

Created By: Krysia Gannon

Corresponding Filing Tracking Number:

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Filing Description:

RE: Mutual of Omaha Insurance Company
NAIC # 261-71412 FEIN # 47-0246511
Individual Sickness & Accident Insurance
Specified Disease Insurance
Policy Forms CL10-23509 and CHS10-23510
Outline of Coverage Forms OC1747_03 and OC1748_03
Rider Forms 0MR7M, 0MR8M, 0MR9M, 0MT2M, 0MT3M, 0MT4M, 0MT5M, 0MT6M, 0MT7M, 0MV1M, 0MV2M and 0MV3M
Application Form MA5960-03
Actuarial Memorandum and Rate Schedules

Enclosed for filing with your Department are copies of the following specified disease insurance forms which comprise Mutual of Omaha's specified disease insurance program. These forms are new and do not replace any previously filed forms.

FORM # DESCRIPTION RATE SCHEDULE

CL10-23509 Cancer Insurance Policy CL10 365 Days RCI 06/07/2010 0001
CHS10-23510 Cancer, Heart Attack and Stroke Insurance Policy CHS10 365 Days RCI 06/07/2010 0001
0MR7M Lump Sum Cancer Diagnosis Benefit Rider 0MR7M Base Rate 06/07/2010 0001
0MR8M Best Doctors® Lump Sum Cancer Diagnosis 0MR8M Base Rate 06/07/2010 0001
Benefits Rider
0MR9M Chemotherapy Benefit Increase Rider 0MR9M Base Rate 06/07/2010 0001
0MT2M Cancer Surgery Benefit Increase Rider 0MT2M Base Rate 06/07/2010 0001
0MT3M Heart Attack and Stroke Hospital Confinement 0MT3M Base Rate 06/07/2010 0001
Daily Room Benefit Rider
0MT4M Unemployment Waiver of Premium Rider 0MT4M Base Rate 06/07/2010 0001
0MT5M Hospitalization Waiver of Premium Rider 0MT5M Base Rate 06/07/2010 0001
0MT6M Lump Sum Cancer, Heart Attack and Stroke 0MT6M Base Rate 06/07/2010 0001
Diagnosis Benefit Rider
0MT7M Best Doctors® Lump Sum Cancer, Heart Attack 0MT7M Base Rate 06/07/2010 0001
and Stroke Diagnosis Benefits Rider
0MV1M Cancer Hospital Confinement Daily Room Benefit 0MV1M Base Rate 06/07/2010 0001
Increase Rider
0MV2M Cancer, Heart Attack and Stroke Hospital 0MV2M Base Rate 06/07/2010 0001
Confinement Daily Room Benefit Increase Rider

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0MV3M Cancer, Heart Attack and Stroke Surgery Benefit 0MV3M Base Rate 06/07/2010 0001

Increase Rider

OC1747_03 Outline of Coverage Cancer Insurance N/A

OC1748_03 Outline of Coverage Cancer, Heart Attack
and Stroke Insurance

MA5960-03 Application Form N/A

Cancer Insurance Policy CL10-23509 was developed to provide per diem indemnity specified disease benefits for the treatment of cancer. Cancer, Heart Attack and Stroke Insurance Policy CHS10-23510 is substantially similar to CL10-23509 except that, in addition to cancer, it provides coverage for heart attack and stroke as well as additional preventive benefits. These guaranteed renewable policies will be marketed for both individual and family coverage.

We request that the policies be approved as variable with respect to the bracketed text in the Definitions section and the Surgery provision so that the term CPT® Code, its definition and the codes themselves may be removed from these policies in the future. CPT copyright 2009 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.

The following rider forms have been developed to provide optional benefits:

- Lump Sum Cancer Diagnosis Benefit Rider 0MR7M provides a lump sum payment in the event of a diagnosis of cancer. This rider will be used with policy CL10-23509.
- Best Doctors® Lump Sum Cancer Diagnosis Benefits Rider 0MR8M provides a lump sum payment in the event of a diagnosis of cancer and Best Doctors membership. In the event of a diagnosis of cancer, Best Doctors will provide a specialist's review of the diagnosis and answer questions about the condition. This rider will be used with policy CL10-23509. Best Doctors is a registered trademark of Best Doctors, Inc. in the United States and other countries.
- Chemotherapy Benefit Increase Rider 0MR9M provides increased benefits for each day of chemotherapy treatment. This rider will be used with both policies CL10-23509 and CHS10-23510.
- Cancer Surgery Benefit Increase Rider 0MT2M provides additional benefits for each day of surgery. This rider will be used with policy CL10-23509.
- Heart Attack and Stroke Hospital Confinement Daily Room Benefit Rider 0MT3M provides payment of a daily room benefit for hospital confinement for the treatment of a heart attack or stroke. This rider will be used with policy CL10-23509.
- Unemployment Premium Waiver Rider 0MT4M provides waiver of the premium for four months if a covered adult receives state unemployment benefits for five consecutive weeks. This rider will be used with both policies CL10-23509 and CHS10-23510.
- Hospitalization Premium Waiver Rider 0MT5M provides waiver of the premium for six months if an insured person is hospitalized for eight consecutive days. This rider will be used with both policies CL10-23509 and CHS10-23510.
- Lump Sum Cancer, Heart Attack and Stroke Diagnosis Benefit Rider 0MT6M provides a lump sum diagnosis benefit in

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the event of a diagnosis of Cancer, Heart Attack or Stroke. This rider will be used with policy CHS10-23510.

- Best Doctors® Lump Sum Cancer, Heart Attack and Stroke Diagnosis Benefits Rider 0MT7M provides a lump sum diagnosis benefit in the even of a diagnosis of cancer, heart attack or stroke, as well as, Best Doctors membership. In the event of a diagnosis of cancer, heart attack or stroke, Best Doctors will provide a specialist's review of the diagnosis and answer questions about the condition. This rider will be used with policy CHS10-23510.
- Cancer Hospital Confinement Daily Room Benefit Increase Rider 0MV1M provides an additional daily room benefit amount for each day of hospital confinement. This rider will be used with policy CL10-23509.
- Cancer, Heart Attack and Stroke Hospital Confinement Daily Room Benefit Increase Rider 0MV2M provides an additional daily room benefit amount for each day of hospital confinement. This rider will be used with policy CHS10-23510.
- Cancer, Heart Attack and Stroke Surgery Benefit Increase Rider 0MV3M provides additional benefits for each day of surgery. This rider will be used with policy CHS10-23510.

Application MA5960-03 will be used to apply for this coverage. Please note the attached Appendix A which explains the variable payment methods that will be used with this application. We ask that all bracketed areas of the application be filed as variable to accommodate changes in marketing criteria. Solicitation will be conducted through direct-to-consumer marketing. We also request the use of voice and electronic signature capability with this application. Additionally, an Application Memorandum of Variable Material is attached.

Outline of Coverage OC1747_03 will be used with CL10-23509 and OC1748_03 will be used with CHS10-23510. We request the outline of coverage forms be approved as variable to the extent that addresses, dates and other variables can be changed over time when appropriate and when amended by law or regulation, or when corresponding variable provisions appearing within the policies change.

Variability is also requested for bracketed text shown on the policy schedules and for the address and telephone numbers shown on the face page of the policies.

An actuarial memorandum and rate schedule pages are also attached.

These forms meet or exceed your state's Flesch score requirements.

Your consideration and approval of this filing will be most appreciated. If I may be of additional assistance as you complete your review, please do not hesitate to contact me.

Sincerely,

Gilbert Burket

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Product and Advertising Compliance Analyst
 Regulatory Affairs
 Phone: 402-351-3707
 Fax: 402-351-5298
 E-mail: Gilbert.Burket@mutualofomaha.com

Company and Contact

Filing Contact Information

Luther Mardock, Product & Advertising Compliance Analyst
 4 - Regulatory Affairs
 Mutual of Omaha
 Mutual of Omaha Plaza
 Omaha, NE 68175
 luther.mardock@mutualofomaha.com
 402-351-6919 [Phone]
 402-351-5298 [FAX]

Filing Company Information

Mutual of Omaha Insurance Company
 Mutual of Omaha Plaza
 Omaha, NE 68175
 (402) 351-6420 ext. [Phone]
 CoCode: 71412
 Group Code: 261
 Group Name:
 FEIN Number: 47-0246511
 State of Domicile: Nebraska
 Company Type: Health Insurance
 State ID Number:

Filing Fees

Fee Required? Yes
 Fee Amount: \$900.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Mutual of Omaha Insurance Company	\$900.00	06/29/2010	37625939

SERFF Tracking Number: MUTM-126684961 State: Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	07/12/2010	07/12/2010

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	07/08/2010	07/08/2010	Kryisia Gannon	07/09/2010	07/09/2010

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	Cancer, Heart Attack and Stroke Insurance Policy	Kryisia Gannon	06/30/2010	06/30/2010
Form	Chemotherapy Benefit Increase Rider	Kryisia Gannon	06/30/2010	06/30/2010
Rate	Rates for Filing 365 Days RCI	Kryisia Gannon	06/30/2010	06/30/2010
Supporting Document	Flesch Certification	Kryisia Gannon	06/30/2010	06/30/2010
Supporting Document	Certification of Compliance with Rule 19	Kryisia Gannon	06/30/2010	06/30/2010

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document (revised)	Flesch Certification	Approved-Closed	Yes
Supporting Document	Flesch Certification	Replaced	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	Memorandum of Variability	Approved-Closed	Yes
Supporting Document	Payment Methods Appendix	Approved-Closed	Yes
Supporting Document (revised)	Certification of Compliance with Rule 19	Approved-Closed	Yes
Supporting Document	Certification of Compliance with Rule 19	Replaced	Yes
Supporting Document	Fee Schedule	Approved-Closed	Yes
Supporting Document	Credit Card Cert	Approved-Closed	Yes
Form (revised)	Cancer Insurance Policy	Approved-Closed	Yes
Form	Cancer Insurance Policy	Replaced	Yes
Form (revised)	Cancer, Heart Attack and Stroke Insurance Policy	Approved-Closed	Yes
Form	Cancer, Heart Attack and Stroke Insurance Policy	Replaced	Yes
Form	Cancer, Heart Attack and Stroke Insurance Policy	Replaced	Yes
Form	Lump Sum Cancer Diagnosis Benefit Rider	Approved-Closed	Yes
Form	Best Doctors® Lump Sum Cancer Diagnosis Benefits Rider	Approved-Closed	Yes
Form (revised)	Chemotherapy Benefit Increase Rider	Approved-Closed	Yes
Form	Chemotherapy Benefit Increase Rider	Replaced	Yes
Form	Cancer Surgery Benefit Increase Rider	Approved-Closed	Yes
Form	Heart Attack and Stroke Hospital Confinement Daily Room Benefit Rider	Approved-Closed	Yes
Form	Unemployment Waiver of Premium Rider	Approved-Closed	Yes
Form	Hospitalization Waiver of Premium Rider	Approved-Closed	Yes
Form	Lump Sum Cancer, Heart Attack and Stroke Diagnosis Benefit Rider	Approved-Closed	Yes
Form	Best Doctors® Lump Sum Cancer, Heart Attack and Stroke Diagnosis Benefits Rider	Approved-Closed	Yes

<i>SERFF Tracking Number:</i>	<i>MUTM-126684961</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Mutual of Omaha Insurance Company</i>	<i>State Tracking Number:</i>	<i>46081</i>
<i>Company Tracking Number:</i>	<i>LUTHER MARDOCK</i>		
<i>TOI:</i>	<i>H071 Individual Health - Specified Disease - Limited Benefit</i>	<i>Sub-TOI:</i>	<i>H071.002 Dread Disease</i>
<i>Product Name:</i>	<i>Supplemental Health - Specified Disease CL10-23509</i>		
<i>Project Name/Number:</i>	<i>DTC Supp Health 2010 - C & CHS/CL10-23509</i>		
Form	Cancer Hospital Confinement Daily Room Benefit Increase Rider	Approved-Closed	Yes
Form	Cancer, Heart Attack and Stroke Hospital Confinement Daily Room Benefit Increase Rider	Approved-Closed	Yes
Form	Cancer, Heart Attack and Stroke Surgery Benefit Increase Rider	Approved-Closed	Yes
Form	Outline of Coverage (Cancer Policy)	Approved-Closed	Yes
Form	Outline of Coverage (Cancer, Heart Attack and Stroke)	Approved-Closed	Yes
Form	Application	Approved-Closed	Yes
Rate (revised)	Rates for Filing 365 Days RCI	Approved-Closed	Yes
Rate	Rates for Filing 365 Days RCI	Replaced	Yes

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 07/08/2010
Submitted Date 07/08/2010
Respond By Date

Dear Luther Mardock,

This will acknowledge receipt of the captioned filing.

Objection 1

- Cancer Insurance Policy, CL10-23509 (Form)
- Cancer, Heart Attack and Stroke Insurance Policy, CHS10-23510 (Form)

Comment:

With respect to continuing coverage for handicapped dependents, this is to advise that there can be no time limit set for furnishing proof of incapacity. Refer to ACA 23-85-131(b) and Bulletin 14-81.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

SERFF Tracking Number: MUTM-126684961 State: Arkansas
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 Product Name: Supplemental Health - Specified Disease CL10-23509
 Project Name/Number: DTC Supp Health 2010 - C & CHS/CL10-23509

Response 1

Comments: Please note that we have revised the When Dependent Child Insurance Ends provision in both CL10-23509 and CHS10-23510 in accordance with the cited statute.

Your consideration and approval of this filing will be most appreciated. If I may be of additional assistance as you complete your review, please do not hesitate to contact me.

Related Objection 1

Applies To:

- Cancer Insurance Policy, CL10-23509 (Form)
- Cancer, Heart Attack and Stroke Insurance Policy, CHS10-23510 (Form)

Comment:

With respect to continuing coverage for handicapped dependents, this is to advise that there can be no time limit set for furnishing proof of incapacity. Refer to ACA 23-85-131(b) and Bulletin 14-81.

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Cancer Insurance Policy	CL10-23509		Policy/Contract/Fraternal Certificate	Initial		45.100	CL10-23509 -- AR Policy 07-09-10.pdf
Previous Version							
Cancer Insurance Policy	CL10-23509		Policy/Contract/Fraternal Certificate	Initial		45.100	CL10-23509 -- AR Policy.pdf
Cancer, Heart Attack	CHS10-		Policy/Contract/Fraternal	Initial		44.500	CHS10-

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 Product Name: Supplemental Health - Specified Disease CL10-23509
 Project Name/Number: DTC Supp Health 2010 - C & CHS/CL10-23509
 and Stroke Insurance 23510 Certificate 23510 --
 Policy AR Policy
 07-09-
 10.pdf

Previous Version

Cancer, Heart Attack CHS10- Policy/Contract/Fraternal Initial 44.500 CHS10-
 and Stroke Insurance 23510 Certificate 23510 --
 Policy AR Policy
 06-30-
 10.pdf
 Cancer, Heart Attack CHS10- Policy/Contract/Fraternal Initial 44.500 CHS10-
 and Stroke Insurance 23510 Certificate 23510 --
 Policy AR
 Policy.pdf

No Rate/Rule Schedule items changed.

Sincerely,

Luther Mardock
 Product and Advertising Compliance Analyst
 Regulatory Affairs
 Phone: 402-351-6919
 Fax: 402-351-5298
 E-mail: luther.mardock@mutualofomaha.com

Sincerely,

Ellen Cochrane, Gilbert Burket, Jan Serafini, Joanne Najdzin, Katie Tupper, Krysia Gannon, Kurt Vangreen, Luther Mardock, Mary Gregg, Melanie Schultz, Neil Sandhoefner, Robyn Gonzales, Shelly Kaipust, Shirley McPhaull, Sofia Kuehn, Thea Shepherd

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Amendment Letter

Submitted Date: 06/30/2010

Comments:

Dear Ms. Minor:

Thank you for your on-going review of this filing. We are amending this filing with the attached revised policy form CHS10-23510, revised rider OMR9M-03 and a revised rate packet due to an inadvertent oversight on our behalf. We apologize for any inconvenience this may cause. If I may be any of assistance in your review, please do not hesitate to contact me.

Thank you,

Luther Mardock
 Product & Advertising Compliance Analyst
 Regulatory Affairs
 Mutual of Omaha
 (402)351-6919
 Luther.Mardock@mutualofomaha.com

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
CHS10-23510	Policy/Contr	Cancer, act/Fraternal Heart Attack Certificate and Stroke Insurance Policy	Initial				44.500	CHS10-23510 -- AR Policy 06-30-10.pdf
OMR9M-03	Policy/Contr	Chemothera py Benefit Certificate: Increase Amendment, Rider	Initial				52.400	OMR9M-03 (Chemo increase cancer-CHS)

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 Project Name/Number: DTC Supp Health 2010 - C & CHS/CL10-23509

Insert
 Page,
 Endorsemen
 t or Rider

AR 06-30-
 2010.pdf

Rate/Rule Schedule Item Changes:

Document Name:	Affected Form Numbers: (Comma Separated list)	Rate Action:	Rate Action Information:	Attach Document:
Rates for Filing 365 Days RCI	CL10-23509, CHS10-23510, OMR7M, OMR8M, OMR9M-03, OMT2M, OMT3M, OMT4M, OMT5M, OMT6M, OMT7M, 0MV1M, 0MV2M, 0MV3M	New		Rates for Filing - 365Days RCI.pdf 06-30-10.pdf
Rates for Filing - 365Days RCI.pdf 06-30-10.pdf				

Supporting Document Schedule Item Changes:

Satisfied -Name: Flesch Certification

Comment:
 AR Read Cert.pdf

User Added -Name: Certification of Compliance with Rule 19

Comment:
 AR Certif of Compliance with Rule 19 rev 06.24.1010.pdf

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Form Schedule

Lead Form Number: CL10-23509

Schedule Item	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 07/12/2010	CL10-23509	Policy/Cont Cancer Insurance ract/Fratern Policy al Certificate	Initial		45.100	CL10-23509 - - AR Policy 07-09-10.pdf
Approved-Closed 07/12/2010	CHS10-23510	Policy/Cont Cancer, Heart Attack ract/Fratern and Stroke Insurance al Certificate	Initial		44.500	CHS10-23510 -- AR Policy 07-09-10.pdf
Approved-Closed 07/12/2010	OMR7M	Policy/Cont Lump Sum Cancer ract/Fratern Diagnosis Benefit al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		53.400	OMR7M (lump sum cancer) National -- clean.pdf
Approved-Closed 07/12/2010	OMR8M	Policy/Cont Best Doctors® Lump ract/Fratern Sum Cancer al Certificate: Rider Amendmen t, Insert Page, Endorseme nt or Rider	Initial		48.100	OMR8M (BD lump sum cancer) National -- clean 06-16- 10.pdf
Approved-Closed 07/12/2010	OMR9M-03	Policy/Cont Chemotherapy ract/Fratern Benefit Increase al Certificate:	Initial		52.400	OMR9M-03 (Chemo increase cancer-CHS)

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<i>Project Name/Number:</i>	<i>DTC Supp Health 2010 - C & CHS/CL10-23509</i>		
Approved- OMT6M Closed 07/12/2010	Policy/Cont Lump Sum Cancer, Initial ract/Fratern Heart Attack and al Stroke Diagnosis Certificate: Benefit Rider Amendmen t, Insert Page, Endorseme nt or Rider	53.700	OMT6M (lump sum CHS) National -- clean.pdf
Approved- OMT7M Closed 07/12/2010	Policy/Cont Best Doctors® Lump Initial ract/Fratern Sum Cancer, Heart al Attack and Stroke Certificate: Diagnosis Benefits Amendmen Rider t, Insert Page, Endorseme nt or Rider	48.700	OMT7M (BD lump sum CHS) National -- clean.pdf
Approved- 0MV1M Closed 07/12/2010	Policy/Cont Cancer Hospital Initial ract/Fratern Confinement Daily al Room Benefit Certificate: Increase Rider Amendmen t, Insert Page, Endorseme nt or Rider	55.800	0MV1M (DRB increase Cancer) National -- clean.pdf
Approved- 0MV2M Closed 07/12/2010	Policy/Cont Cancer, Heart Attack Initial ract/Fratern and Stroke Hospital al Confinement Daily Certificate: Room Benefit Amendmen Increase Rider t, Insert	56.200	0MV2M (DRB increase CHS) National -- clean.pdf

<i>SERFF Tracking Number:</i>	<i>MUTM-126684961</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Project Name/Number:</i>	<i>DTC Supp Health 2010 - C & CHS/CL10-23509</i>		
	Page, Endorseme nt or Rider		
Approved- 0MV3M Closed 07/12/2010	Policy/Cont Cancer, Heart Attack Initial ract/Fratern and Stroke Surgery al Benefit Increase Certificate: Rider Amendmen t, Insert Page, Endorseme nt or Rider	53.000	0MV3M (surgery CHS) National -- clean.pdf
Approved- OC1747_0 Closed 3 07/12/2010	Outline of Outline of Coverage Initial Coverage (Cancer Policy)	43.500	OC1747_03 AR CL Outline.pdf
Approved- OC1748_0 Closed 3 07/12/2010	Outline of Outline of Coverage Initial Coverage (Cancer, Heart Attack and Stroke)	41.100	OC1748_03 AR CHS Outline.pdf
Approved- MA5960-03 Closed 07/12/2010	Application/ Application Initial Enrollment Form	0.000	MA5960-03 AR.pdf

MUTUAL OF OMAHA INSURANCE COMPANY

Mutual of Omaha Plaza, Omaha, NE 68175, 402-342-7600



SPECIFIED DISEASE CANCER INSURANCE POLICY LIMITED BENEFIT HEALTH INSURANCE COVERAGE

PLEASE REVIEW YOUR APPLICATION

Please review the attached copy of your application. If anything is incorrect or if any medical history is missing, it is your obligation to inform us right away. We issued your policy on the basis that all of the information shown in your application was correct and complete. If it is not, your policy may not be valid.

30-DAY RIGHT TO REVIEW POLICY

You have 30 days from the date of its delivery to review your policy. If during that time you are not satisfied with your policy, you may return it to us or to your agent for a prompt refund of all premiums paid. The policy will then be considered never to have been issued.

GUARANTEED RENEWABLE FOR LIFE

Your policy is guaranteed renewable for life. This means you have the right to continue your policy for as long as you live. Unless there has been a *material misrepresentation*, we cannot cancel your policy as long as you pay the required premium before the end of each grace period.

PREMIUMS CAN CHANGE

We may change the premium for your policy. However, we cannot make any premium change unless we make the same change to all policies of this form issued to persons of the same *class*. We will give you 60 days advance written notice prior to any premium change.

NOTICE TO BUYER: THIS IS A CANCER ONLY POLICY AND IT DOES NOT PAY BENEFITS FOR LOSS FROM ANY OTHER CAUSE.

THIS POLICY PROVIDES LIMITED BENEFITS. BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES.

CAUTION: READ YOUR POLICY CAREFULLY WITH THE OUTLINE OF COVERAGE AND THE BUYER'S GUIDE.

**This Is a Legal Contract Between You and Us.
THIS POLICY CONTAINS A 30-DAY PROBATIONARY PERIOD
THIS IS NOT A MEDICARE SUPPLEMENT POLICY
To Inquire About Your Coverage, or to Express a Concern,
You May Call Us Toll-Free At:
For Customer Service [1-XXX-XXX-XXXX]
For Claims Service [1-XXX-XXX-XXXX]**

Chairman of the Board and
Chief Executive Officer

Corporate Secretary

TABLE OF CONTENTS	PAGE
DEFINITIONS	1
30-DAY PROBATIONARY PERIOD FOR CANCER	2
CANCER TREATMENT BENEFITS	3
Hospital Confinement Benefit.....	3
Inpatient Hospital Confinement Physician Services Benefit	3
Medication Benefit.....	3
Outpatient Diagnostic X-ray and Lab Benefit.....	3
Radiotherapy, Chemotherapy, and Immunotherapy Benefit.....	3
Outpatient Physician Visits Benefit	3
Blood and Blood Plasma Benefit	3
Ambulance Service Benefit.....	3
Hospice Care Benefit	4
Home Health Care Benefit	4
Skilled Nursing Facility and Rehabilitation Center Benefit.....	4
Preventive Benefits	4
Surgery Benefit	4
Surgical Schedule	4
Administration of Anesthetic for Surgery Benefit	5
DEPENDENTS PROVISIONS	5
Eligibility	5
Newborn Children and Adopted Children	5
When dependent child Insurance Ends	5
Spouse Conversion Privilege	6
Spouse Continuation of Coverage	6
TERMINATION	6
Unearned Premium Refund	6
LIMITATIONS	6
CLAIMS PROVISIONS	7
Notice of Claim	7
Claim Forms	7
Proof of Loss	7
Time of Payment of Claims	7
Payment of Claims	7
TERM OF COVERAGE	7
POLICY PROVISIONS	7
Consideration	7
Entire Contract and Changes.....	7
Time Limit on Certain Defenses.....	8
Grace Period	8
Reinstatement	8
Physical Examinations and Autopsy	8
Misstatement of Age	8
Legal Actions.....	8
Other Insurance with Us.....	8
Unpaid Premium	8
Conformity with State Statutes.....	8

DEFINITIONS

Shown below are the defined terms used in your policy. These terms are *italicized* wherever they appear in your policy.

Class means persons with the same policy form and type of coverage as yours. Such persons reside in the same geographic area of the state as you do.

Cancer means a *sickness* characterized by an abnormal proliferation of cells which grow in an uncontrolled manner, exhibit invasiveness, and tend to spread to other normal tissues. The cancer can be classified as a carcinoma, malignant carcinoid, sarcoma, leukemia, myelodysplastic syndrome, lymphoma, or other malignant tumor. It can also include the malignant transformation of a previously benign tumor.

It does not include pre-cancerous conditions such as leukoplakia, hyperplasia, polycythemia, benign moles, or similar lesions.

Confined or confinement means confinement as a resident inpatient in a *hospital, skilled nursing facility, or rehabilitation facility* because of *cancer* for at least 12 hours. Confinement must be recommended and supervised by a *physician*.

[CPT® Code (Current Procedural Terminology) means a code number assigned to each medical service or procedure by the American Medical Association to communicate uniform information among *physicians*, patients, insurance companies and others. *CPT copyright 2009 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.*]

Daily room benefit means the amount we will pay for each day of *confinement* in a semi-private or private room. The daily room benefit is shown on the policy schedule.

Dependent child means your dependent child or your *spouse's* dependent child who is insured in accordance with the DEPENDENTS PROVISIONS section.

Diagnosed or diagnosis means the definitive establishment of *cancer* by a *physician* as confirmed in writing by a qualified pathologist's report. The report must be based on examination of tissue, blood, or secretion. When a pathological diagnosis cannot be made because it is medically inappropriate or life-threatening, *cancer* can be diagnosed and confirmed in writing based on the combined results of x-rays, laboratory examinations, and clinical findings.

Emergency room means a designated part of a *hospital* that is staffed and equipped to provide rapid treatment to persons requiring immediate medical care.

Home health care means services received from a home health care agency. Such services must:

- (a) be part of a written home health care plan prescribed and set up by your *physician*;
- (b) be received while not *confined* in a *hospital* or nursing home; and
- (c) be in lieu of *hospital* or nursing home *confinement*.

The home health care agency must be certified as such by Medicare or licensed as such by the state.

Hospice care means services to alleviate physical and emotional discomfort that are:

- (a) for terminally ill patients whose life expectancy is less than six months;
- (b) provided on an inpatient or outpatient basis (including your home);
- (c) directed by a *physician*; and
- (d) provided by a licensed, certified, or registered provider.

Hospital means any of the following places:

- (a) a place which is licensed or recognized as a general hospital by the proper authority of the state in which it is located;
- (b) a place operated for the care and treatment of resident inpatients with a registered nurse (RN) or *physician* always on the premises and with a laboratory and x-ray facility;
- (c) a place recognized as a general hospital by the Joint Commission on the Accreditation of Hospitals; or
- (d) a place certified as a hospital by Medicare.

Not included is a hospital or institution or a part of such hospital or institution which is licensed or used principally:

- (a) for the treatment or care of drug addicts or alcoholics; or
- (b) as a continued or extended care facility, *skilled nursing facility*, assisted living facility, *rehabilitation facility*, convalescent home, or nursing home.

ICU daily room benefit means the amount we will pay for each day of *confinement* in an *intensive care unit*. The ICU daily room benefit is shown on the policy schedule.

Insured person means you and, if insured under this policy, your *spouse* or *dependent child*.

Intensive care unit means a separate, specifically designated facility of a *hospital* which provides the highest level of medical care to critically ill or injured patients. The facility must be permanently equipped and staffed by qualified personnel to provide close observation on a full-time basis. Intensive care unit includes a coronary care unit or renal care unit.

Material misrepresentation means a condition or combination of conditions you were required to disclose on the application was not disclosed and, if disclosed, would have caused us to deny issuing or reinstating your policy. Any material misrepresentation is subject to the **Time Limit on Certain Defenses** provision.

Physician means a person, other than you or a member of your family, duly licensed and legally qualified to *diagnose* and treat *cancer* and/or related conditions. He or she must be providing services within the scope of his or her license.

Policy date means the date coverage is effective under your policy as shown on the policy schedule.

Policy renewal date means the date your policy's premium is due. The frequency of the policy renewal date will vary depending on whether you pay premiums on a monthly, quarterly, semiannual, or annual basis.

Rehabilitation facility means a place licensed as such by the state in which it is located. A rehabilitation facility can also be a specifically designated area or part of a *hospital*.

Sickness means an illness, disease, or physical condition which:

- (a) causes loss beginning while your policy is in force; and
- (b) is not excluded from coverage.

Skilled nursing facility means a facility licensed to provide skilled nursing care by the proper authority of the state in which it is located. It must have a registered nurse (RN) on the premises 24 hours a day. A skilled nursing facility does not include an assisted living facility.

Spouse means the person to whom you are legally married and who is insured in accordance with the DEPENDENTS PROVISIONS section.

Urgent care center means a free-standing medical facility that is not part of a *hospital*, where patients are treated on a walk-in basis, without an appointment, and receive immediate medical care. If required by the state in which it is located, an urgent care center must have the appropriate state licensure, certification, or registration to operate as an urgent care center.

We, us, and our mean Mutual of Omaha Insurance Company.

You and your mean the person named as the Insured on the policy schedule.

30-DAY PROBATIONARY PERIOD FOR CANCER

Your policy has a 30-day probationary period. This means that in order to be covered, a *cancer* must be:

- (a) first *diagnosed* while this policy is in force; and
- (b) first *diagnosed* at least 30 days after the date an *insured person* became covered under this policy, or at least 30 days after the date the policy was reinstated.

If an *insured person* is *diagnosed* with *cancer* during any probationary period, or while this policy is not in force, no benefits will be paid for that person. Our liability instead will be limited to a refund of all premiums paid for that person's coverage from the date he or she first became insured, or from the date of last reinstatement. That person's coverage will then terminate.

CANCER TREATMENT BENEFITS

We will pay benefits as follows when an *insured person* receives any of the listed services and supplies ordered or prescribed by a *physician* for:

- (a) the treatment of *cancer*; or
- (b) any other conditions or diseases directly caused or aggravated by *cancer* or the treatment of *cancer*.

Unless otherwise noted, the maximums shown are the total benefits payable **per diagnosis** for each *insured person*.

HOSPITAL CONFINEMENT BENEFIT

When an *insured person* is confined in a *hospital* for the treatment of *cancer*, we will pay the greater of either:

- (a) the *daily room benefit* for each day of *confinement*; or
- (b) the *ICU daily room benefit* for each day of *confinement* in an *intensive care unit*.

There is no limit on the number of days for which *hospital confinement* benefits are payable.

INPATIENT HOSPITAL CONFINEMENT PHYSICIAN SERVICES BENEFIT

During the *hospital confinement* of an *insured person*, we will pay the amount shown on the policy schedule for one visit per day by a *physician*. This benefit is limited to a maximum of 90 visits.

MEDICATION BENEFIT

We will pay 15% of the *daily room benefit* for drugs and medicines taken during *confinement*.

OUTPATIENT DIAGNOSTIC X-RAY AND LAB BENEFIT

We will pay the amount shown on the policy schedule for one outpatient x-ray or lab procedure per day for each *insured person*. This benefit is limited to a maximum of 20 procedures.

RADIOTHERAPY, CHEMOTHERAPY, AND IMMUNOTHERAPY BENEFIT

We will pay the amount shown on the policy schedule for each radiotherapy, chemotherapy, or immunotherapy treatment. Payment will be made for immunotherapy only if the course of treatment is administered by or under the direction of a certified oncologist for malignant melanoma using mixed vaccines designed to stimulate the immune system. This benefit is limited to treatments occurring within 365 days of the first treatment.

OUTPATIENT PHYSICIAN VISITS BENEFIT

We will pay the amount shown on the policy schedule for each *physician* visit that results in a *diagnosis* of *cancer* or is related to the treatment of *cancer*, including office, *emergency room*, and *urgent care center* visits. This benefit is limited to three visits per year, one every four months, for a maximum of five years after each *diagnosis* of *cancer*. This benefit will not be paid during *hospital confinement*.

BLOOD AND BLOOD PLASMA BENEFIT

We will pay the amount shown on the policy schedule for each occurrence of blood and blood plasma administration. This benefit is limited to a maximum of 40 occurrences.

AMBULANCE SERVICE BENEFIT

We will pay the amount shown on the policy schedule for transportation by a licensed ambulance company to or from a *hospital*. This benefit is limited to a maximum of 10 transports.

HOSPICE CARE BENEFIT

We will pay the amount shown on the policy schedule for each day of *hospice care*. If delivered in the home of an *insured person*, we will not simultaneously pay the *home health care* benefit. There is no limit on the number of days for which *hospice care* benefits are payable.

HOME HEALTH CARE BENEFIT

We will pay the amount shown on the policy schedule for each day *home health care* services are received, without which an *insured person* would require continued *hospital confinement*. This benefit will not be paid if an *insured person* is also receiving *hospice care*. This benefit is limited to a maximum of 100 days.

SKILLED NURSING FACILITY AND REHABILITATION CENTER BENEFIT

We will pay the amount shown on the policy schedule for each day of *confinement* in a *skilled nursing facility* or *rehabilitation facility*, without which an *insured person* would require continued *hospital confinement*. This benefit is limited to a maximum of 100 days.

PREVENTIVE BENEFITS

We will pay the amount shown on the policy schedule per calendar year if an *insured person* receives any preventive test, procedure, or vaccine listed below. This benefit is limited to a maximum of one test, procedure, or vaccine per year for each *insured person*. The test, procedure, or vaccine must be provided more than 90 days after the *policy date* and while the policy is in force.

- (a) chest x-ray;
- (b) colonoscopy or flexible sigmoidoscopy;
- (c) hemocult stool analysis;
- (d) mammogram;
- (e) pap smear;
- (f) PSA (Prostate Specific Antigen) test;
- (g) HPV vaccine; and
- (h) CEA (blood test for colon cancer).

We will pay benefits for the following tests or procedures only when indicated by symptoms:

- (a) bronchoscopy;
- (b) cystoscopy;
- (c) esophagogastroduodenoscopy (EGD); and
- (d) laryngoscopy.

SURGERY BENEFIT

If surgery is performed on an *insured person* as a result of *cancer*, we will pay the surgery benefit shown on the surgical schedule. For surgeries not listed, a comparably reasonable benefit will be paid, as the below list is not all-inclusive. If two or more surgical procedures are performed during the course of the same operation, payment will be made for the most expensive procedure only. In no case will the amount paid for any surgery be less than \$100. Benefits are limited to the maximum daily surgery benefit amount shown on the policy schedule for surgery performed on any single day.

SURGICAL SCHEDULE

<u>Procedure</u>	<u>[CPT® Code]</u>	<u>\$ Amount</u>
Partial colectomy	[44140]	1,380
Mastectomy, simple, complete	[19303]	960
Mastectomy, partial	[19301]	620
Biopsy of liver wedge	[47100]	840
Biopsy or excision of lymph node(s)	[38525]	430

Biopsy of prostate	[55700]	160
Biopsy of breast	[19102]	110
Biopsy of skin	[11100]	100
Colonoscopy postflex with polyp removal	[45385]	330
Endoscopy upper GI with biopsy	[43239]	180
Destruction of premalignant lesions	[17000]	100

ADMINISTRATION OF ANESTHETIC FOR SURGERY BENEFIT

We will pay 20% of the amount paid under the Surgery Benefit for the administration of general anesthetic for surgery.

DEPENDENTS PROVISIONS

Your eligible dependents are covered under this policy only if you apply for coverage for them, we accept the application, and you pay the required premium.

ELIGIBILITY

Eligible dependents include:

- (a) your *spouse*;
- (b) any unmarried *dependent child* who is under age 19 (23 if a full-time student in an accredited college or university); and
- (c) adopted children or children placed with you for the purpose of legal adoption.

NEWBORN CHILDREN AND ADOPTED CHILDREN

Any natural child of yours born while this policy is in force will be automatically insured from birth for 60 days without being subject to any waiting or probationary period that might otherwise apply. Coverage for the newborn child will continue in effect thereafter, without evidence of insurability, if we receive a written request and payment of any required additional premium for *dependent child* coverage prior to the end of the automatic coverage period. Benefits are payable for congenital *cancer* conditions during the period of automatic coverage, but thereafter only if you exercised your right to continue coverage without evidence of insurability. Expiration of the automatic coverage period will not affect any claim incurred prior to the end of such period.

Any child adopted by you while this policy is in force will be insured during the automatic coverage period. The automatic coverage period for such adoptive child will begin on the earlier of:

- (a) the date of placement for the purpose of adoption; or
- (b) the date of the entry of an order granting you custody of the child for purposes of adoption.

The child will be automatically insured for 60 days or until the first day of the second month after the adoption or placement, whichever is longer.

Coverage for the adoptive child will continue beyond the automatic coverage period, without evidence of insurability, if we receive notification of the adoption and payment of any required additional premium prior to the end of such period.

Continuous coverage for the adoptive child will end on the earlier of:

- (a) the date placement is disrupted prior to legal adoption and the child is removed from placement; or
- (b) the date coverage would otherwise terminate in accordance with this policy's **TERMINATION** provision.

WHEN DEPENDENT CHILD INSURANCE ENDS

Coverage for a *dependent child* will end on the date he or she:

- (a) reaches age 19 (23 if a full-time student in an accredited college or university);
- (b) gets married; or
- (c) meets any of the conditions of the **TERMINATION** provision.

If we accept the additional dependent premium for this policy after the last *dependent child* reaches age 19 (23 if a full-time student in an accredited college or university) or after we receive notice of marriage or notice that he or she is no longer a full-time student, coverage for such child will continue until the end of the period for which premium has been accepted. If we accept premium without notice of marriage or notice that the last *dependent child* is no longer a full-time student, it will be refunded.

If, on the date a *dependent child's* insurance would end because of reaching age 19 (23 if a full-time student in an accredited college or university), he or she is not capable of self-sustaining employment because of an intellectual disability or physical handicap, and is chiefly dependent on you for support and maintenance, we will continue coverage for such child. Coverage will continue as long as your policy remains in force and the incapacity continues. We may ask prior to the date coverage for a *dependent child* is to end whether or not he or she is incapacitated. Unless satisfactory proof of such incapacity is sent to us, we may terminate the child's coverage under your policy.

SPOUSE CONVERSION PRIVILEGE

If your *spouse's* coverage terminates due to a change in your marital status, we will issue your former *spouse* a policy then available which is most comparable to this policy. Your former *spouse* must apply for and pay the premium for the new policy within 30 days after termination under this policy. Benefits may be less than those provided to your former *spouse* under this policy and will exclude any conditions not covered by this policy. Any waiting period on the new policy will be reduced by the number of months already satisfied on this policy.

SPOUSE CONTINUATION OF COVERAGE

If you die while this policy is in force or receive a *diagnosis of cancer* during any 30-day probationary period, we will renew this policy with your *spouse* (if then covered) as the new Insured. Otherwise, continuation is subject to all policy provisions.

TERMINATION

Your policy will terminate on the earliest of:

- (a) the date we receive your written or verbal request to cancel the policy, or any future date you specify in your request (in either case, the grace period will not apply);
- (b) the *policy renewal date*, if the renewal premium was not paid before the end of the grace period;
- (c) the date of your death (except as stated in the **Spouse Continuation of Coverage** provision); or
- (d) the date premiums are refunded in accordance with the 30-DAY PROBATIONARY PERIOD section.

Spouse or *dependent child* coverage under your policy will terminate on the earliest of:

- (a) the date we receive your request to terminate your *spouse* or *dependent child's* coverage (in which case the grace period will not apply);
- (b) the *policy renewal date* on or immediately following the date eligibility ends;
- (c) the date your coverage terminates;
- (d) the date of your *spouse's* or *dependent child's* death; or
- (e) the date coverage for a *spouse* or *dependent child* ends, and if applicable, any premiums are refunded, in accordance with the 30-DAY PROBATIONARY PERIOD section.

Termination of coverage will not affect any claim that began while your policy was in force.

UNEARNED PREMIUM REFUND

In the event of cancellation or death, we will promptly return the unearned portion of any premium paid. The premium refund issued in the event of death will be paid in a lump sum amount within 30 days after satisfactory proof of an *insured person's* death has been furnished to us.

LIMITATIONS

Your policy pays only for loss resulting from *cancer* or any other conditions or diseases directly caused or aggravated by *cancer* or the treatment of *cancer*. Your policy does not cover injuries, or conditions or diseases unrelated to *cancer*.

We will not pay benefits for any person for a *diagnosis*, or for expense beginning, while that person is not insured under your policy.

CLAIMS PROVISIONS

NOTICE OF CLAIM

Written notice of a claim must be given to us within 20 days after a covered loss starts, or as soon as reasonably possible. You may give the required notice or someone else may do it for you. The notice should include your name and policy number. Notice should be mailed to us in Omaha, Nebraska.

CLAIM FORMS

When we receive your notice of a claim, we will send you forms for filing proof of loss. If we do not send you these forms within 15 days of such notice, you can meet the proof of loss requirement by giving us a written statement of your claim. We must receive this statement within the time given for filing proof of loss.

PROOF OF LOSS

Written proof of loss must be given to us within 90 days after the onset of such loss. If it is not reasonably possible to give us written proof within the required time, we will not reduce or deny your claim for this reason if the proof is supplied as soon as reasonably possible. In any case, proof must be given no more than 12 months from the time specified, unless you were legally incapacitated.

TIME OF PAYMENT OF CLAIMS

We will pay benefits for a covered loss as soon as we receive proper written proof of loss.

PAYMENT OF CLAIMS

We will pay benefits to you, if you are living, unless you send us a written request to pay your health care provider directly. Benefits unpaid at your death which are not assigned will be paid to your estate.

If any benefits are payable to your estate, or to a minor or any person not legally able to give a valid release, we may pay up to \$1,000 to any relative of yours whom we find entitled to the payment. If we make a payment in good faith, we will be fully discharged to the extent of that payment.

TERM OF COVERAGE

Your coverage starts on the *policy date* at 12:01 a.m. where you reside. It ends at 12:01 a.m. where you reside on the first *policy renewal date*. Each time you renew your policy by paying the premium within the 31-day grace period, a new term begins when the old term ends.

POLICY PROVISIONS

CONSIDERATION

In consideration of the first premium you paid, the application you completed, and our reliance on your answers to the application questions, we have put this policy in force as of the *policy date*. That date is shown on the policy schedule. A copy of your application is attached.

ENTIRE CONTRACT AND CHANGES

This policy is a contract between you and us. The entire contract consists of:

- (a) the policy;
- (b) the attached signed application;
- (c) any supplemental applications made part of the policy;
- (d) any riders; and
- (e) any endorsements or amendments.

No change in this policy will be effective until approved by a company officer. This approval must be noted on or attached to the policy. No agent can change this policy or waive any of its provisions. Any rider, endorsement, or application added after the *policy date* which reduces or eliminates coverage under this policy will require your signed acceptance to be valid.

TIME LIMIT ON CERTAIN DEFENSES

After two years from the date a person becomes insured under this policy, only fraudulent misstatements in the application can be used to void the policy or deny any claim for loss incurred that starts after the two-year period.

After two years from the date of reinstatement, only fraudulent misstatements in the reinstatement application can be used to void the policy or deny any claim for loss incurred that starts after the two-year period.

No claim for loss incurred after two years from the date a person becomes insured under this policy will be reduced or denied on the ground that a *cancer* existed prior to the *policy date*.

GRACE PERIOD

Your policy has a 31-day grace period. This means that if you do not pay a renewal premium on or before the date it is due, you can pay it during the following 31 days. During the grace period your policy will stay in force.

REINSTATEMENT

Your policy will lapse if you do not pay your premium before the end of the grace period. If we accept a late premium without requiring you to complete an application for reinstatement, your policy will be reinstated.

If we require you to complete an application, we will reinstate your policy as of the approval date. If we do not approve your application within 45 days of the application date, we will reinstate your policy on the 45th day following the date of the application, unless we have previously given you written notice of its disapproval.

Your reinstated policy will only cover loss that results from *sickness* sustained after the date of reinstatement. In all other respects, your rights and our rights will remain the same as before the policy lapsed, subject to any provisions noted on or attached to the reinstated policy.

PHYSICAL EXAMINATIONS AND AUTOPSY

We have the right to have an *insured person* examined, at our expense, as often as reasonably necessary while a claim is pending. We may also have an autopsy done, at our expense, unless prohibited by law.

MISSTATEMENT OF AGE

If the age of an *insured person* has been misstated, all benefits payable will be those which the premium paid would have purchased at the correct age.

LEGAL ACTIONS

You cannot bring a legal action to recover under this policy until at least 60 days after you have given us satisfactory written proof of loss. You cannot bring a legal action more than three years from the date proof of loss is required.

OTHER INSURANCE WITH US

You can be insured under only one policy of this type with us at any one time. If you are insured under more than one such policy, you must select the one that is to remain in effect. In the event of your death, your estate will make this selection. We will refund all premiums paid, minus any claims paid, for the policy you cancel.

UNPAID PREMIUM

When we pay benefits for a claim under this policy, we may reduce those benefits by the amount of any premium then due and unpaid.

CONFORMITY WITH STATE STATUTES

Any provision of this policy 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 those laws.

MUTUAL OF OMAHA INSURANCE COMPANY

Mutual of Omaha Plaza, Omaha, NE 68175, 402-342-7600



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TABLE OF CONTENTS	PAGE
DEFINITIONS	1
30-DAY PROBATIONARY PERIOD FOR CANCER	3
CANCER, HEART ATTACK, AND STROKE TREATMENT BENEFITS	3
Hospital Confinement Benefit.....	3
Inpatient Hospital Confinement Physician Services Benefit	3
Medication Benefit.....	3
Outpatient Diagnostic X-ray and Lab Benefit.....	3
Radiotherapy, Chemotherapy, and Immunotherapy Benefit.....	3
Outpatient Physician Visits Benefit	3
Blood and Blood Plasma Benefit	4
Ambulance Service Benefit.....	4
Hospice Care Benefit	4
Home Health Care Benefit	4
Skilled Nursing Facility and Rehabilitation Center Benefit.....	4
Preventive Benefits	4
Surgery Benefit	5
Surgical Schedule	5
Administration of Anesthetic for Surgery Benefit	5
DEPENDENTS PROVISIONS	5
Eligibility	5
Newborn Children and Adopted Children	5
When Dependent Child Insurance Ends.....	6
Spouse Conversion Privilege	6
Spouse Continuation of Coverage	6
TERMINATION	6
Unearned Premium Refund	7
LIMITATIONS	7
CLAIMS PROVISIONS	7
Notice of Claim	7
Claim Forms.....	7
Proof of Loss	7
Time of Payment of Claims	7
Payment of Claims	7
TERM OF COVERAGE	8
POLICY PROVISIONS	8
Consideration	8
Entire Contract and Changes.....	8
Time Limit on Certain Defenses.....	8
Grace Period	8
Reinstatement	8
Physical Examinations and Autopsy	9
Misstatement of Age	9
Legal Actions.....	9
Other Insurance with Us.....	9
Unpaid Premium	9
Conformity with State Statutes.....	9

DEFINITIONS

Shown below are the defined terms used in your policy. These terms are *italicized* wherever they appear in your policy.

Class means persons with the same policy form and type of coverage as yours. Such persons reside in the same geographic area of the state as you do.

Cancer means a *sickness* characterized by an abnormal proliferation of cells which grow in an uncontrolled manner, exhibit invasiveness, and tend to spread to other normal tissues. The cancer can be classified as a carcinoma, malignant carcinoid, sarcoma, leukemia, myelodysplastic syndrome, lymphoma, or other malignant tumor. It can also include the malignant transformation of a previously benign tumor.

It does not include pre-cancerous conditions such as leukoplakia, hyperplasia, polycythemia, benign moles, or similar lesions.

In order to be covered under your policy, the *diagnosis* of cancer must be confirmed in writing by a qualified pathologist's report. The report must be based on examination of tissue, blood, or secretion. When a pathological *diagnosis* cannot be made because it is medically inappropriate or life-threatening, cancer can be *diagnosed* and confirmed in writing based on the combined results of x-rays, laboratory examinations, and clinical findings.

Confined or confinement means confinement as a resident inpatient in a *hospital, skilled nursing facility, or rehabilitation facility* because of *cancer, heart attack, or stroke* for at least 12 hours. Confinement must be recommended and supervised by a *physician*.

[CPT® Code (Current Procedural Terminology) means a code number assigned to each medical service or procedure by the American Medical Association to communicate uniform information among *physicians*, patients, insurance companies and others. *CPT copyright 2009 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.*]

Daily room benefit means the amount we will pay for each day of *confinement* in a semi-private or private room. The daily room benefit is shown on the policy schedule.

Dependent child means your dependent child or your *spouse's* dependent child who is insured in accordance with the DEPENDENTS PROVISIONS section.

Diagnosed or diagnosis means the definitive establishment by a *physician* of *cancer, heart attack, or stroke*.

Emergency room means a designated part of a *hospital* that is staffed and equipped to provide rapid treatment to persons requiring immediate medical care.

Heart attack (myocardial infarction, includes ST elevation, non-ST elevation, Q wave and non-Q wave presentations) means the death of a portion of the heart muscle, resulting from blockage of one or more coronary arteries. In order to be covered under this policy, the *diagnosis* of heart attack (myocardial infarction) must be based upon a clinical setting consistent with such *diagnosis* and either:

- (a) new electrocardiographic changes consistent with and supporting a clinical *diagnosis* of heart attack (myocardial infarction); or
- (b) a concurrent diagnostic elevation of cardiac biomarkers.

Home health care means services received from a home health care agency. Such services must:

- (a) be part of a written home health care plan prescribed and set up by your *physician*;
- (b) be received while not confined in a hospital or nursing home; and
- (c) be in lieu of hospital or nursing home confinement.

The home health care agency must be certified as such by Medicare or licensed as such by the state.

Hospice care means services to alleviate physical and emotional discomfort that are:

- (a) for terminally ill patients whose life expectancy is less than six months;
- (b) provided on an inpatient or outpatient basis (including your home);
- (c) directed by a *physician*; and
- (d) provided by a licensed, certified, or registered provider.

Hospital means any of the following places:

- (a) a place which is licensed or recognized as a general hospital by the proper authority of the state in which it is located;
- (b) a place operated for the care and treatment of resident inpatients with a registered nurse (RN) or *physician* always on the premises and with a laboratory and X-ray facility;
- (c) a place recognized as a general hospital by the Joint Commission on the Accreditation of Hospitals; or
- (d) a place certified as a hospital by Medicare.

Not included is a hospital or institution or a part of such hospital or institution which is licensed or used principally:

- (a) for the treatment or care of drug addicts or alcoholics; or
- (b) as a continued or extended care facility, *skilled nursing facility*, assisted living facility, *rehabilitation facility*, convalescent home, or nursing home.

ICU daily room benefit means the amount we will pay for each day of *confinement* in an *intensive care unit*. The ICU daily room benefit is shown on the policy schedule.

Insured person means you and, if insured under this policy, your *spouse* or *dependent child*.

Intensive care unit means a separate, specifically designated facility of a *hospital* which provides the highest level of medical care to critically ill or injured patients. The facility must be permanently equipped and staffed by qualified personnel to provide close observation on a full-time basis. Intensive care unit includes a coronary care unit or renal care unit.

Material misrepresentation means a condition or combination of conditions you were required to disclose on the application was not disclosed and, if disclosed, would have caused us to deny issuing or reinstating your policy. Any material misrepresentation is subject to the **Time Limit on Certain Defenses** provision.

Physician means a person, other than you or a member of your family, duly licensed and legally qualified to *diagnose* and treat *cancer*, *heart attack* or *stroke* and/or related conditions. He or she must be providing services within the scope of his or her license.

Policy date means the date coverage is effective under your policy as shown on the policy schedule.

Policy renewal date means the date your policy's premium is due. The frequency of the policy renewal date will vary depending on whether you pay premiums on a monthly, quarterly, semiannual, or annual basis.

Rehabilitation facility means a place licensed as such by the state in which it is located. A rehabilitation facility can also be a specifically designated area or part of a *hospital*.

Sickness means an illness, disease, or physical condition which:

- (a) causes loss beginning while your policy is in force; and
- (b) is not excluded from coverage.

Skilled nursing facility means a facility licensed to provide skilled nursing care by the proper authority of the state in which it is located. It must have a registered nurse (RN) on the premises 24 hours a day. A skilled nursing facility does not include an assisted living facility.

Spouse means the person to whom you are legally married and who is insured in accordance with the DEPENDENTS PROVISIONS section.

Stroke means a cerebrovascular accident or infarction (death) of brain tissue caused by hemorrhage, embolism, or thrombosis producing measurable, neurological deficit persisting for at least two days following the occurrence of the stroke. Stroke does not include Transient Ischemic Attack (TIA) or other cerebral vascular events.

Urgent care center means a free-standing medical facility that is not part of a *hospital*, where patients are treated on a walk-in basis, without an appointment, and receive immediate medical care. If required by the state in which it is located, an urgent care center must have the appropriate state licensure, certification, or registration to operate as an urgent care center.

We, us, and our mean Mutual of Omaha Insurance Company.

You and your mean the person named as the Insured on the policy schedule.

30-DAY PROBATIONARY PERIOD FOR CANCER

Your policy has a 30-day probationary period. This means that in order to be covered, a *cancer* must be:

- (a) first *diagnosed* while this policy is in force; and
- (b) first *diagnosed* at least 30 days after the date an *insured person* became covered under this policy, or at least 30 days after the date the policy was reinstated.

If an *insured person* is *diagnosed* with *cancer* during any probationary period, or while this policy is not in force, no benefits will be paid for that person. Our liability instead will be limited to a refund of all premiums paid for that person's coverage from the date he or she first became insured, or from the date of last reinstatement. That person's coverage will then terminate.

CANCER, HEART ATTACK, AND STROKE TREATMENT BENEFITS

We will pay benefits as follows when an *insured person* receives any of the listed services and supplies ordered or prescribed by a *physician* for:

- (a) the treatment of *cancer, heart attack, or stroke*; or
- (b) any other conditions or diseases directly caused or aggravated by *cancer, heart attack or stroke* or their treatment.

Unless otherwise noted, the maximums shown are the total benefits payable **per diagnosis** for each *insured person*.

HOSPITAL CONFINEMENT BENEFIT

When an *insured person* is *confined* in a *hospital* for the treatment of *cancer, heart attack, or stroke*, we will pay the greater of either:

- (a) the *daily room benefit* for each day of *confinement*; or
- (b) the *ICU daily room benefit* for each day of *confinement* in an *intensive care unit*.

There is no limit on the number of days for which *hospital confinement* benefits are payable.

INPATIENT HOSPITAL CONFINEMENT PHYSICIAN SERVICES BENEFIT

During the *hospital confinement* of an *insured person*, we will pay the amount shown on the policy schedule for one visit per day by a *physician*. This benefit is limited to a maximum of 90 visits.

MEDICATION BENEFIT

We will pay 15% of the *daily room benefit* for drugs and medicines taken during *confinement*.

OUTPATIENT DIAGNOSTIC X-RAY AND LAB BENEFIT

We will pay the amount shown on the policy schedule for one outpatient x-ray or lab procedure per day for each *insured person*. This benefit is limited to a maximum of 20 procedures.

RADIOTHERAPY, CHEMOTHERAPY, AND IMMUNOTHERAPY BENEFIT

We will pay the amount shown on the policy schedule for each radiotherapy, chemotherapy, or immunotherapy treatment. Payment will be made for immunotherapy only if the course of treatment is administered by or under the direction of a certified oncologist for malignant melanoma using mixed vaccines designed to stimulate the immune system. This benefit is limited to treatments occurring within 365 days of the first treatment.

OUTPATIENT PHYSICIAN VISITS BENEFIT

We will pay the amount shown on the policy schedule for each *physician* visit that results in a *diagnosis* of *cancer, heart attack, or stroke* including office, *emergency room*, and *urgent care center* visits. This benefit is limited to three visits per

year, one every four months, for a maximum of five years after each *diagnosis*. This benefit will not be paid during *hospital confinement*.

BLOOD AND BLOOD PLASMA BENEFIT

We will pay the amount shown on the policy schedule for each occurrence of blood and blood plasma administration. This benefit is limited to a maximum of 40 occurrences.

AMBULANCE SERVICE BENEFIT

We will pay the amount shown on the policy schedule for transportation by a licensed ambulance company to or from a *hospital*. This benefit is limited to a maximum of 10 transports.

HOSPICE CARE BENEFIT

We will pay the amount shown on the policy schedule for each day of *hospice care*. If delivered in the home of an *insured person*, we will not simultaneously pay the *home health care* benefit. There is no limit on the number of days for which *hospice care* benefits are payable.

HOME HEALTH CARE BENEFIT

We will pay the amount shown on the policy schedule for each day *home health care* services are received, without which an *insured person* would require continued *hospital confinement*. This benefit will not be paid if an *insured person* is also receiving *hospice care*. This benefit is limited to a maximum of 100 days.

SKILLED NURSING FACILITY AND REHABILITATION CENTER BENEFIT

We will pay the amount shown on the policy schedule for each day of *confinement* in a *skilled nursing facility* or *rehabilitation facility*, without which an *insured person* would require continued *hospital confinement*. This benefit is limited to a maximum of 100 days.

PREVENTIVE BENEFITS

We will pay the amount shown on the policy schedule per calendar year if an *insured person* receives any preventive test, procedure, or vaccine listed below. This benefit is limited to a maximum of one test, procedure, or vaccine per year for each *insured person*. The test, procedure, or vaccine must be provided more than 90 days after the *policy date* and while the policy is in force.

- (a) chest X-ray;
- (b) colonoscopy or flexible sigmoidoscopy;
- (c) hemocult stool analysis;
- (d) mammogram;
- (e) pap smear;
- (f) PSA (Prostate Specific Antigen) test;
- (g) HPV vaccine;
- (h) CEA (blood test for colon *cancer*);
- (i) cardiac stress test;
- (j) cholesterol screening or lipid profile;
- (k) EBCT (electron beam computed tomography); and
- (l) carotid ultrasound or carotid intima media thickness.

We will pay benefits for the following tests or procedures only when indicated by symptoms:

- (a) bronchoscopy;
- (b) cystoscopy;
- (c) esophagogastroduodenoscopy (EGD); and
- (d) laryngoscopy.

SURGERY BENEFIT

If surgery is performed on an *insured person* as a result of *cancer, heart attack or stroke*, we will pay the surgery benefit shown on the surgical schedule. For surgeries not listed, a comparably reasonable benefit will be paid, as the below list is not all-inclusive. If two or more surgical procedures are performed during the course of the same operation, payment will be made for the most expensive procedure only. In no case will the amount paid for any surgery be less than \$100. Benefits are limited to the maximum daily surgery benefit amount shown on the policy schedule for surgery performed on any single day.

SURGICAL SCHEDULE

<u>Procedure</u>	<u>[CPT® Code]</u>	<u>\$ Amount</u>
Partial Colectomy	[44140]	1,380
Mastectomy, Simple, Complete	[19303]	960
Mastectomy, Partial	[19301]	620
Biopsy of Liver Wedge	[47100]	840
Biopsy or excision of lymph node(s)	[38525]	430
Biopsy of Prostate	[55700]	160
Biopsy of Breast	[19102]	110
Biopsy of Skin	[11100]	100
Colonoscopy Postflex with Polyp Removal	[45385]	330
Endoscopy Upper GI with Biopsy	[43239]	180
Destruction of Premalignant Lesions	[17000]	100

ADMINISTRATION OF ANESTHETIC FOR SURGERY BENEFIT

We will pay 20% of the amount paid under the Surgery Benefit for the administration of general anesthetic for surgery.

DEPENDENTS PROVISIONS

Your eligible dependents are covered under this policy only if you apply for coverage for them, we accept the application, and you pay the required premium.

ELIGIBILITY

Eligible dependents include:

- (a) your *spouse*;
- (b) any unmarried *dependent child* who is under age 19 (23 if a full-time student in an accredited college or university); and
- (c) adopted children or children placed with you for the purpose of legal adoption.

NEWBORN CHILDREN AND ADOPTED CHILDREN

Any natural child of yours born while this policy is in force will be automatically insured from birth for 60 days without being subject to any waiting or probationary period that might otherwise apply. Coverage for the newborn child will continue in effect thereafter, without evidence of insurability, if we receive a written request and payment of any required additional premium for *dependent child* coverage prior to the end of the automatic coverage period. Benefits are payable for congenital *cancer* conditions during the period of automatic coverage, but thereafter only if you exercised your right to continue coverage without evidence of insurability. Expiration of the automatic coverage period will not affect any claim incurred prior to the end of such period.

Any child adopted by you while this policy is in force will be insured during the automatic coverage period. The automatic coverage period for such adoptive child will begin on the earlier of:

- (a) the date of placement for the purpose of adoption; or
- (b) the date of the entry of an order granting you custody of the child for purposes of adoption.

The child will be automatically insured for 60 days or until the first day of the second month after the adoption or placement, whichever is longer.

Coverage for the adoptive child will continue beyond the automatic coverage period, without evidence of insurability, if we receive notification of the adoption and payment of any required additional premium prior to the end of such period. Continuous coverage for the adoptive child ends on the earlier of:

- (a) the date placement is disrupted prior to legal adoption and the child is removed from placement; or
- (b) the date coverage would otherwise terminate in accordance with this policy's **TERMINATION** provision.

WHEN DEPENDENT CHILD INSURANCE ENDS

Coverage for a *dependent child* will end on the date he or she:

- (a) reaches age 19 (23 if a full-time student in an accredited college or university);
- (b) gets married; or
- (c) meets any of the conditions of the **TERMINATION** provision.

If we accept the additional dependent premium for this policy after the last *dependent child* reaches age 19 (23 if a full-time student in an accredited college or university) or after we receive notice of marriage or notice that he or she is no longer a full-time student, coverage for such child will continue until the end of the period for which premium has been accepted. If we accept premium without notice of marriage or notice that the last *dependent child* is no longer a full-time student, it will be refunded.

If, on the date a *dependent child's* insurance would end because of reaching age 19 (23 if a full-time student in an accredited college or university), he or she is not capable of self-sustaining employment because of an intellectual disability or physical handicap, and is chiefly dependent on you for support and maintenance, we will continue coverage for such child. Coverage will continue as long as this policy remains in force and the incapacity continues. We may ask prior to the date coverage for a *dependent child* is to end whether or not he or she is incapacitated. Unless satisfactory proof of such incapacity is sent to us, we may terminate the child's coverage under your policy.

SPOUSE CONVERSION PRIVILEGE

If your *spouse's* coverage terminates due to a change in your marital status, we will issue your former *spouse* a policy then available which is most comparable to this policy. Your former *spouse* must apply for and pay the premium for the new policy within 30 days after termination under this policy. Benefits may be less than those provided to your former *spouse* under this policy and will exclude any conditions not covered by this policy. Any waiting period on the new policy will be reduced by the number of months already satisfied on this policy.

SPOUSE CONTINUATION OF COVERAGE

If you die while this policy is in force or receive a *diagnosis* during any 30-day probationary period, we will renew this policy with your *spouse* (if then covered) as the new insured. Otherwise, continuation is subject to all policy provisions.

TERMINATION

Your policy will terminate on the earliest of:

- (a) the date we receive your written or verbal request to cancel the policy, or any future date you specify in your request (in either case, the grace period will not apply);
- (b) the *policy renewal date*, if the renewal premium was not paid before the end of the grace period;
- (c) the date of your death (except as stated in the **Spouse Continuation of Coverage** provision); or
- (d) the date premiums are refunded in accordance with the 30-DAY PROBATIONARY PERIOD section.

Spouse or dependent child coverage under your policy will terminate on the earliest of:

- (a) the date we receive your request to terminate your *spouse* or *dependent child's* coverage (in which case the grace period will not apply);
- (b) the *policy renewal date* on or immediately following the date eligibility ends;
- (c) the date your coverage terminates;
- (d) the date of your *spouse's* or *dependent child's* death; or
- (e) the date coverage for a *spouse* or *dependent child* ends, and if applicable, any premiums are refunded, in accordance with the 30-DAY PROBATIONARY PERIOD section.

Termination of coverage will not affect any claim that began while your policy was in force.

UNEARNED PREMIUM REFUND

In the event of cancellation or death, we will promptly return the unearned portion of any premium paid. The premium refund issued in the event of death will be paid in a lump sum amount within 30 days after satisfactory proof of an *insured person's* death has been furnished to us.

LIMITATIONS

Your policy pays only for loss resulting from *cancer, heart attack, stroke* or other conditions or diseases directly caused or aggravated by their treatment. Your policy does not cover injuries, or conditions or diseases unrelated to *cancer, heart attack, or stroke*.

We will not pay benefits for any person for a *diagnosis*, or for expense beginning, while that person is not insured under your policy.

CLAIMS PROVISIONS

NOTICE OF CLAIM

Written notice of a claim must be given to us within 20 days after a covered loss starts, or as soon as reasonably possible. You may give the required notice or someone else may do it for you. The notice should include your name and policy number. Notice should be mailed to us in Omaha, Nebraska.

CLAIM FORMS

When we receive your notice of a claim, we will send you forms for filing proof of loss. If we do not send you these forms within 15 days of such notice, you can meet the proof of loss requirement by giving us a written statement of your claim. We must receive this statement within the time given for filing proof of loss.

PROOF OF LOSS

Written proof of loss must be given to us within 90 days after the onset of such loss. If it is not reasonably possible to give us written proof within the required time, we will not reduce or deny your claim for this reason if the proof is supplied as soon as reasonably possible. In any case, proof must be given no more than 12 months from the time specified, unless you were legally incapacitated.

TIME OF PAYMENT OF CLAIMS

We will pay benefits for a covered loss as soon as we receive proper written proof of loss.

PAYMENT OF CLAIMS

We will pay benefits to you, if you are living, unless you send us a written request to pay your health care provider directly. Benefits unpaid at your death which are not assigned will be paid to your estate.

If any benefits are payable to your estate, or to a minor or any person not legally able to give a valid release, we may pay up to \$1,000 to any relative of yours whom we find entitled to the payment. If we make a payment in good faith, we will be fully discharged to the extent of that payment.

TERM OF COVERAGE

Your coverage starts on the *policy date* at 12:01 a.m. where you reside. It ends at 12:01 a.m. where you reside on the first *policy renewal date*. Each time you renew your policy by paying the premium within the 31-day grace period, a new term begins when the old term ends.

POLICY PROVISIONS

CONSIDERATION

In consideration of the first premium you paid, the application you completed, and our reliance on your answers to the application questions, we have put this policy in force as of the *policy date*. That date is shown on the policy schedule. A copy of your application is attached.

ENTIRE CONTRACT AND CHANGES

This policy is a contract between you and us. The entire contract consists of:

- (a) the policy;
- (b) the attached signed application;
- (c) any supplemental applications made part of the policy;
- (d) any riders; and
- (e) any endorsements or amendments.

No change in this policy will be effective until approved by a company officer. This approval must be noted on or attached to the policy. No agent can change this policy or waive any of its provisions. Any rider, endorsement, or application added after the *policy date* which reduces or eliminates coverage under this policy will require your signed acceptance to be valid.

TIME LIMIT ON CERTAIN DEFENSES

After two years from the date a person becomes insured under this policy, only fraudulent misstatements in the application can be used to void the policy or deny any claim for loss incurred that starts after the two-year period.

After two years from the date of reinstatement, only fraudulent misstatements in the reinstatement application can be used to void the policy or deny any claim for loss incurred that starts after the two-year period.

No claim for loss incurred after two years from the date a person becomes insured under this policy will be reduced or denied on the ground that a disease or physical condition existed prior to the *policy date*.

GRACE PERIOD

Your policy has a 31-day grace period. This means that if you do not pay a renewal premium on or before the date it is due, you can pay it during the following 31 days. During the grace period your policy will stay in force.

REINSTATEMENT

Your policy will lapse if you do not pay your premium before the end of the grace period. If we accept a late premium without requiring you to complete an application for reinstatement, your policy will be reinstated.

If we require you to complete an application, we will reinstate your policy as of the approval date. If we do not approve your application within 45 days of the application date, we will reinstate your policy on the 45th day following the date of the application, unless we have previously given you written notice of its disapproval.

Your reinstated policy will only cover loss that results from *sickness* sustained after the date of reinstatement. In all other respects, your rights and our rights will remain the same as before the policy lapsed, subject to any provisions noted on or attached to the reinstated policy.

PHYSICAL EXAMINATIONS AND AUTOPSY

We have the right to have an *insured person* examined, at our expense, as often as reasonably necessary while a claim is pending. We may also have an autopsy done, at our expense, unless prohibited by law.

MISSTATEMENT OF AGE

If the age of an *insured person* has been misstated, all benefits payable will be those which the premium paid would have purchased at the correct age.

LEGAL ACTIONS

You cannot bring a legal action to recover under this policy until at least 60 days after you have given us satisfactory written proof of loss. You cannot bring a legal action more than three years from the date proof of loss is required.

OTHER INSURANCE WITH US

You can be insured under only one policy of this type with us at any one time. If you are insured under more than one such policy, you must select the one that is to remain in effect. In the event of your death, your estate will make this selection. We will refund all premiums paid, minus any claims paid, for the policy you cancel.

UNPAID PREMIUM

When we pay benefits for a claim under this policy, we may reduce those benefits by the amount of any premium then due and unpaid.

CONFORMITY WITH STATE STATUTES

Any provision of this policy 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 those laws.

MUTUAL OF OMAHA INSURANCE COMPANY

LUMP SUM CANCER DIAGNOSIS BENEFIT RIDER

The premium you paid and the application you completed have put this rider in force as of the Rider Date. This rider is made a part of your policy to which it is attached. It is subject to all parts of your policy not in conflict with this rider. In the event of a conflict between this rider and any other provision of your policy, this rider will control.

Rider Date (same as the *policy date* if no date is shown)

Rider Premium (included in the policy premium if no amount is shown) \$

LUMP SUM CANCER DIAGNOSIS BENEFIT

If an *insured person* receives a *diagnosis of cancer*, we will pay 100% of the lump sum *cancer diagnosis* benefit shown on the policy schedule. In the case of skin cancer other than melanoma, we will pay 20% of the lump sum benefit shown on the policy schedule, for up to five separate *diagnoses*, until 100% of the lump sum payment shown on the policy schedule has been paid. If an *insured person* receives payment(s) for skin cancer, we will reduce the amount paid for any subsequent *diagnosis of cancer* by the amount paid for skin cancer. The lifetime maximum benefit amount for each *insured person* under this rider is limited to the *cancer diagnosis* benefit amount shown on the policy schedule.

LIMITATIONS

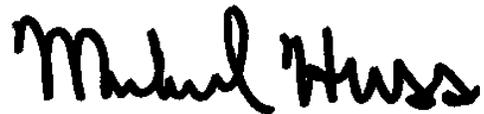
The limitations shown in the policy apply to this rider. In applying them, substitute "rider" for "policy." In addition, we will not pay benefits under this rider for *cancer* that is *diagnosed* before the Rider Date or while this rider is not in force.

TERMINATION

This rider will terminate on the earliest of:

- (a) the date we have paid 100% of the lump sum *cancer diagnosis* benefit amount for each *insured person*; or
- (b) the date your policy terminates.

Mutual of Omaha Insurance Company



Corporate Secretary

MUTUAL OF OMAHA INSURANCE COMPANY

BEST DOCTORS[®] LUMP SUM CANCER DIAGNOSIS BENEFITS RIDER

The premium you paid and the application you completed have put this rider in force as of the Rider Date. This rider is made a part of your policy to which it is attached. It is subject to all parts of your policy not in conflict with this rider. In the event of a conflict between this rider and any other provision of your policy, this rider will control.

Rider Date (same as the *policy date* if no date is shown)

Rider Premium (included in the policy premium if no amount is shown) \$

DEFINITIONS

The definitions shown in the policy apply to this rider. In applying them, substitute "rider" for "policy." In addition, the following definition applies to this rider.

Specialist means a *physician* whose practice is devoted to a specific class of medicine or surgery, especially one who is certified by a board of *physicians* within that specialty.

LUMP SUM DIAGNOSIS BENEFIT

If an *insured person* receives a *diagnosis* of *cancer*, we will pay 100% of the lump sum *cancer diagnosis* benefit shown on the policy schedule for one *diagnosis*. In the case of skin cancer, this benefit is only payable for a *diagnosis* of melanoma.

In the case of skin cancer other than melanoma, we will pay 50% of the lump sum benefit shown on the policy schedule for one *diagnosis*.

BEST DOCTORS[®] BENEFIT

This rider provides membership to Best Doctors[®] referral service. If an *insured person* receives a *diagnosis* of *cancer*, Best Doctors will provide a *specialist's* review of the *diagnosis* and answer any questions about the condition. You and your *physician* will receive a report summarizing the *specialist's* findings. Best Doctors will provide these services at no additional cost to you. To request a *specialist's* review of your *diagnosis* you must contact Best Doctors at the toll-free telephone number shown on your policy schedule.

Best Doctors does not replace your relationship with your current *physician* or health plan. Rather, it offers additional resources, education, and support to you and your *physician*.

If Best Doctors services are not available, we will replace them with a comparable referral service benefit. However, if no comparable benefit is available, we will reduce the premium for this rider accordingly.

Best Doctors is a registered trademark of Best Doctors, Inc. in the United States and other countries.

LIMITATIONS

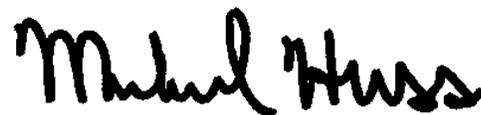
The limitations shown in the policy apply to this rider. In applying them, substitute "rider" for "policy." In addition, we will not pay benefits under this rider for *cancer* that is *diagnosed* before the Rider Date or while this rider is not in force.

TERMINATION

This rider will terminate the earliest of:

- (a) the date we have paid both the 100% lump sum *cancer diagnosis* and the 50% skin cancer benefit for each *insured person*; or
- (b) the date your policy terminates.

Mutual of Omaha Insurance Company

A handwritten signature in black ink that reads "Michael Huss". The signature is written in a cursive, slightly slanted style.

Corporate Secretary

MUTUAL OF OMAHA INSURANCE COMPANY

CHEMOTHERAPY BENEFIT INCREASE RIDER

The premium you paid and the application you completed have put this rider in force as of the Rider Date. This rider is made a part of your policy to which it is attached. It is subject to all parts of your policy not in conflict with this rider. In the event of a conflict between this rider and any other provision of your policy, this rider will control.

Rider Date (same as the *policy date* if no date is shown)

Rider Premium (included in the policy premium if no amount is shown) \$

CHEMOTHERAPY BENEFIT

If an *insured person* receives chemotherapy for the treatment of *cancer*, we will pay the chemotherapy benefit amount shown on the policy schedule for each treatment. This benefit is limited to treatments occurring within 365 days of the first treatment.

This benefit is in addition to any other chemotherapy benefit provided by your policy or attached riders.

LIMITATIONS

The limitations shown in the policy apply to this rider. In applying them, substitute "rider" for "policy." In addition, we will not pay benefits under this rider for *cancer* that is *diagnosed* before the Rider Date or while this rider is not in force.

TERMINATION

This rider terminates when your policy terminates.

Mutual of Omaha Insurance Company



Corporate Secretary

MUTUAL OF OMAHA INSURANCE COMPANY

CANCER SURGERY BENEFIT INCREASE RIDER

The premium you paid and the application you completed have put this rider in force as of the Rider Date. This rider is made a part of your policy to which it is attached. It is subject to all parts of your policy not in conflict with this rider. In the event of a conflict between this rider and any other provision of your policy, this rider will control.

Rider Date (same as the *policy date* if no date is shown)

Rider Premium (included in the policy premium if no amount is shown) \$

SURGERY BENEFIT

If surgery is performed on an *insured person* as a result of *cancer*, we will pay the surgery benefit shown on the surgical schedule. For surgeries not listed, a comparably reasonable benefit will be paid, as the below list is not all-inclusive. If two or more surgical procedures are performed during the course of the same operation, payment will be made for the most expensive procedure only. In no case will the amount paid for any surgery be less than \$100. Benefits are limited to the maximum daily surgery benefit amount shown on the policy schedule for surgery performed on any single day.

This benefit is in addition to any other surgery benefit provided by your policy or attached riders.

SURGICAL SCHEDULE

Procedure	[CPT[®] Code]	\$ Amount
Partial colectomy	[44140]	1,380
Mastectomy, simple, complete	[19303]	960
Mastectomy, partial	[19301]	620
Biopsy of liver wedge	[47100]	840
Biopsy or excision of lymph node(s)	[38525]	430
Biopsy of prostate	[55700]	160
Biopsy of breast	[19102]	110
Biopsy of skin	[11100]	100
Colonoscopy postflex with polyp removal	[45385]	330
Endoscopy upper GI with biopsy	[43239]	180
Destruction of premalignant lesions	[17000]	100

LIMITATIONS

The limitations shown in the policy apply to this rider. In applying them, substitute "rider" for "policy." In addition, we will not pay benefits under this rider for *cancer* that is *diagnosed* before the Rider Date or while this rider is not in force.

TERMINATION

This rider terminates when your policy terminates.

Mutual of Omaha Insurance Company

A handwritten signature in black ink that reads "Michael Huss". The signature is written in a cursive style with a large initial "M".

Corporate Secretary

MUTUAL OF OMAHA INSURANCE COMPANY

HEART ATTACK AND STROKE HOSPITAL CONFINEMENT DAILY ROOM BENEFIT RIDER

The premium you paid and the application you completed have put this rider in force as of the Rider Date. This rider is made a part of your policy to which it is attached. It is subject to all parts of your policy not in conflict with this rider. In the event of a conflict between this rider and any other provision of your policy, this rider will control.

Rider Date (same as the *policy date* if no date is shown)

Rider Premium (included in the policy premium if no amount is shown) \$

DEFINITIONS

The definitions shown in the policy apply to this rider. In applying them, substitute "rider" for "policy." In addition, the following definitions apply to this rider.

Diagnosed or **Diagnosis** means the definitive establishment by a *physician* of a *heart attack* or *stroke* through the use of clinical and/or laboratory findings.

Heart Attack (Myocardial Infarction, includes ST elevation, non-ST elevation, Q wave and non-Q wave presentations) means the death of a portion of the heart muscle, resulting from blockage of one or more coronary arteries. In order to be covered under this rider, the *diagnosis* of heart attack (myocardial infarction) must be based upon a clinical setting consistent with such *diagnosis* and either:

- (a) new electrocardiographic changes consistent with and supporting a clinical *diagnosis* of heart attack (myocardial infarction); or
- (b) a concurrent diagnostic elevation of cardiac biomarkers.

Stroke means a cerebrovascular accident or infarction (death) of brain tissue caused by hemorrhage, embolism, or thrombosis producing measurable, neurological deficit persisting for at least two days following the occurrence of the stroke. Stroke does not include Transient Ischemic Attack (TIA) or other cerebral vascular events.

HEART ATTACK AND STROKE DAILY ROOM BENEFIT

If an *insured person* is *confined* in a *hospital* for treatment of a *heart attack* or *stroke*, we will pay the *daily room benefit* amount shown on the policy schedule for each day of *confinement*.

LIMITATIONS

The limitations shown in the policy apply to this rider. In applying them, substitute "rider" for "policy." In addition, this rider pays only for loss resulting from *heart attack* or *stroke* or any other conditions or diseases directly caused or aggravated by a *heart attack* or *stroke* or their treatment. This rider does not cover unrelated conditions, diseases, or injuries.

We will not pay benefits for any person for a *diagnosis*, or for expense beginning, while that person is not insured under your policy.

TERMINATION

This rider terminates when your policy terminates.

Mutual of Omaha Insurance Company



MUTUAL OF OMAHA INSURANCE COMPANY

UNEMPLOYMENT WAIVER OF PREMIUM RIDER

The premium you paid and the application you completed have put this rider in force as of the Rider Date. This rider is made a part of your policy to which it is attached. It is subject to all parts of your policy not in conflict with this rider. In the event of a conflict between this rider and any other provision of the policy, this rider will control.

Rider Date (same as the *policy date* if no date is shown)

Rider Premium (included in the policy premium if no amount is shown) \$

UNEMPLOYMENT WAIVER OF PREMIUM

If, while insured under this rider, you or your *spouse* receives state unemployment benefits for at least five consecutive weeks, we will waive all policy and rider premiums for four months upon our receipt of satisfactory documentation. We will waive the premium beginning on the first *policy renewal date* following the date we receive such documentation. You must notify us within 60 days of the date you or your *spouse* qualifies for waiver of premium.

In the event that both you and your *spouse* qualify for unemployment waiver of premium during the same four month period, we will waive the premium for an additional four months. We will waive premium only once per each individual's continuous period of eligibility for state unemployment benefits. Once waiver of premium stops, you must resume payment of premium to keep your coverage in force.

If, in addition to unemployment waiver of premium, you or your *spouse* also qualifies for waiver of premium under any other policy or rider provision, the waiver periods will be applied consecutively.

EXCLUSIONS AND LIMITATIONS

The exclusions and limitations shown in the policy apply to this rider. In applying them, substitute "rider" for "policy."

TERMINATION

This rider terminates when your policy terminates.

Mutual of Omaha Insurance Company



Corporate Secretary

MUTUAL OF OMAHA INSURANCE COMPANY

HOSPITALIZATION WAIVER OF PREMIUM RIDER

The premium you paid and the application you completed have put this rider in force as of the Rider Date. This rider is made a part of your policy to which it is attached. It is subject to all parts of your policy not in conflict with this rider. In the event of a conflict between this rider and any other provision of your policy, this rider will control.

Rider Date (same as the *policy date* if no date is shown)

Rider Premium (included in the policy premium if no amount is shown) \$

HOSPITALIZATION WAIVER OF PREMIUM

If, while insured under this rider, an *insured person* is *confined* in a *hospital* for at least eight consecutive days, we will waive all policy and rider premiums for a six month period upon our receipt of satisfactory documentation. We will waive the premium beginning on the first *policy renewal date* following the date we receive such documentation. You must notify us within 60 days of the date an *insured person* qualifies for waiver.

In the event that more than one *insured person* qualifies for hospitalization waiver of premium during the same six month period, we will waive the premium for a total of 12 months. Once waiver of premium stops, you must resume payment of premium to keep your coverage in force. In addition, six months must elapse following a waiver of premium period before any *insured person* will qualify for an additional hospitalization waiver of premium.

If, in addition to hospitalization waiver of premium, any *insured person* also qualifies for waiver of premium under any other policy or rider provision, the waiver periods will be applied consecutively.

EXCLUSIONS AND LIMITATIONS

The exclusions and limitations shown in the policy apply to this rider. In applying them, substitute "rider" for "policy."

TERMINATION

This rider terminates when your policy terminates.

Mutual of Omaha Insurance Company



Corporate Secretary

MUTUAL OF OMAHA INSURANCE COMPANY

LUMP SUM CANCER, HEART ATTACK AND STROKE DIAGNOSIS BENEFIT RIDER

The premium you paid and the application you completed have put this rider in force as of the Rider Date. This rider is made a part of your policy to which it is attached. It is subject to all parts of your policy not in conflict with this rider. In the event of a conflict between this rider and any other provision of your policy, this rider will control.

Rider Date (same as the *policy date* if no date is shown)

Rider Premium (included in the policy premium if no amount is shown) \$

LUMP SUM CANCER, HEART ATTACK AND STROKE DIAGNOSIS BENEFIT

If an *insured person* receives a *diagnosis of cancer, heart attack, or stroke*, we will pay 100% of the lump sum *cancer, heart attack, and stroke diagnosis* benefit shown on the policy schedule. In the case of skin cancer other than melanoma, we will pay 20% of the lump sum benefit shown on the policy schedule, for up to five separate *diagnoses*, until 100% of the lump sum payment shown on the policy schedule has been paid. If an *insured person* receives payment(s) for skin cancer, we will reduce the amount paid for any subsequent *diagnosis of cancer* by the amount paid for skin cancer. The lifetime maximum benefit amount for each *insured person* under this rider is limited to the *cancer, heart attack and stroke diagnosis* benefit amount shown on the policy schedule.

LIMITATIONS

The limitations shown in the policy apply to this rider. In applying them, substitute "rider" for "policy." In addition, we will not pay benefits under this rider for *cancer, heart attack, or stroke* that is *diagnosed* before the Rider Date or while this rider is not in force.

TERMINATION

This rider will terminate on the earliest of:

- (a) the date we have paid 100% of the lump sum *cancer, heart attack, and stroke diagnosis* benefit amount for each *insured person*; or
- (b) the date your policy terminates.

Mutual of Omaha Insurance Company



Corporate Secretary

MUTUAL OF OMAHA INSURANCE COMPANY

BEST DOCTORS[®] LUMP SUM CANCER, HEART ATTACK AND STROKE DIAGNOSIS BENEFITS RIDER

The premium you paid and the application you completed have put this rider in force as of the Rider Date. This rider is made a part of your policy to which it is attached. It is subject to all parts of your policy not in conflict with this rider. In the event of a conflict between this rider and any other provision of your policy, this rider will control.

Rider Date (same as the *policy date* if no date is shown)

Rider Premium (included in the policy premium if no amount is shown) \$

DEFINITIONS

The definitions shown in the policy apply to this rider. In applying them, substitute "rider" for "policy." In addition, the following definition applies to this rider.

Specialist means a *physician* whose practice is devoted to a specific class of medicine or surgery, especially one who is certified by a board of *physicians* within that specialty.

LUMP SUM CANCER DIAGNOSIS BENEFIT

If an *insured person* receives a *diagnosis* of *cancer, heart attack, or stroke*, we will pay 100% of the lump sum *cancer, heart attack and stroke diagnosis* benefit shown on the policy schedule for one occurrence of each *diagnosis*. In the case of skin cancer, this benefit is only payable for a *diagnosis* of melanoma.

In the case of skin cancer other than melanoma, we will pay 50% of the lump sum benefit shown on the policy schedule for one *diagnosis*.

BEST DOCTORS[®] BENEFIT

This rider provides membership to Best Doctors[®] referral service. If an *insured person* receives a *diagnosis* of *cancer, heart attack, or stroke*, Best Doctors will provide a *specialist's* review of the *diagnosis* and answer any questions about the condition. You and your *physician* will receive a report summarizing the *specialist's* findings. Best Doctors will provide these services at no additional cost to you. To request a *specialist's* review of your *diagnosis* you must contact Best Doctors at the toll-free telephone number shown on your policy schedule.

Best Doctors does not replace your relationship with your current *physician* or health plan. Rather, it offers additional resources, education, and support to you and your *physician*.

If Best Doctors services are not available, we will replace them with a comparable referral service benefit. However, if no comparable benefit is available, we will reduce the premium for this rider accordingly.

Best Doctors is a registered trademark of Best Doctors, Inc. in the United States and other countries.

LIMITATIONS

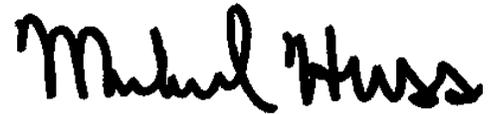
The limitations shown in the policy apply to this rider. In applying them, substitute "rider" for "policy." In addition, we will not pay benefits under this rider for *cancer, heart attack, or stroke* that is *diagnosed* before the Rider Date or while this rider is not in force.

TERMINATION

This rider will terminate the earliest of:

- (a) the date we have paid a lump sum benefit amount for one *diagnosis* each of *cancer, heart attack, stroke* and skin cancer for each *insured person*; or
- (b) the date your policy terminates.

Mutual of Omaha Insurance Company

A handwritten signature in black ink that reads "Michael Huss". The signature is written in a cursive, slightly stylized font.

Corporate Secretary

MUTUAL OF OMAHA INSURANCE COMPANY

CANCER HOSPITAL CONFINEMENT DAILY ROOM BENEFIT INCREASE RIDER

The premium you paid and the application you completed have put this rider in force as of the Rider Date. This rider is made a part of your policy to which it is attached. It is subject to all parts of your policy not in conflict with this rider. In the event of a conflict between this rider and any other provision of your policy, this rider will control.

Rider Date (same as the *policy date* if no date is shown)

Rider Premium (included in the policy premium if no amount is shown) \$

HOSPITAL CONFINEMENT DAILY ROOM BENEFIT INCREASE

If an *insured person* is *confined* in a *hospital* for the treatment of *cancer*, we will pay the *daily room benefit* amount shown on the policy schedule for each day of *hospital confinement*. This benefit is in addition to any other *daily room benefit* provided by your policy or attached riders.

LIMITATIONS

The limitations shown in the policy apply to this rider. In applying them, substitute "rider" for "policy." In addition, we will not pay benefits under this rider for *hospital confinement* that began before the Rider Date or while this rider is not in force.

TERMINATION

This rider terminates when your policy terminates.

Mutual of Omaha Insurance Company



Corporate Secretary

MUTUAL OF OMAHA INSURANCE COMPANY

CANCER, HEART ATTACK AND STROKE HOSPITAL CONFINEMENT DAILY ROOM BENEFIT INCREASE RIDER

The premium you paid and the application you completed have put this rider in force as of the Rider Date. This rider is made a part of your policy to which it is attached. It is subject to all parts of your policy not in conflict with this rider. In the event of a conflict between this rider and any other provision of the policy, this rider will control.

Rider Date (same as the *policy date* if no date is shown)

Rider Premium (included in the policy premium if no amount is shown) \$

DEFINITIONS

The definitions shown in the policy apply to this rider. In applying them, substitute "rider" for "policy."

HOSPITAL CONFINEMENT DAILY ROOM BENEFIT INCREASE

If an *insured person* is *confined* in a *hospital* for the treatment of *cancer, heart attack, or stroke*, we will pay the *daily room benefit* amount shown on the policy schedule for each day of *hospital confinement*. This benefit is in addition to any other *daily room benefit* provided by your policy or attached riders.

LIMITATIONS

The limitations shown in the policy apply to this rider. In applying them, substitute "rider" for "policy." In addition, we will not pay benefits under this rider for *hospital confinement* that began before the Rider Date or while this rider is not in force.

TERMINATION

This rider terminates when your policy terminates.

Mutual of Omaha Insurance Company



Corporate Secretary

MUTUAL OF OMAHA INSURANCE COMPANY

CANCER, HEART ATTACK AND STROKE SURGERY BENEFIT INCREASE RIDER

The premium you paid and the application you completed have put this rider in force as of the Rider Date. This rider is made a part of your policy to which it is attached. It is subject to all parts of your policy not in conflict with this rider. In the event of a conflict between this rider and any other provision of your policy, this rider will control.

Rider Date (same as the *policy date* if no date is shown)

Rider Premium (included in the policy premium if no amount is shown) \$

DEFINITIONS

The definitions shown in the policy apply to this rider. In applying them, substitute "rider" for "policy."

SURGERY BENEFIT

If surgery is performed on an *insured person* as a result of *cancer, heart attack* or *stroke*, we will pay the surgery benefit shown on the surgical schedule. For surgeries not listed, a comparably reasonable benefit will be paid, as the below list is not all-inclusive. If two or more surgical procedures are performed during the course of the same operation, payment will be made for the most expensive procedure only. In no case will the amount paid for any surgery be less than \$100. Benefits are limited to the maximum daily surgery benefit amount shown on the policy schedule for surgery performed on any single day.

This benefit is in addition to any other surgery benefit provided by your policy or attached riders.

SURGICAL SCHEDULE

<u>Procedure</u>	<u>[CPT® Code]</u>	<u>\$ Amount</u>
Partial colectomy	[44140]	1,380
Mastectomy, simple, complete	[19303]	960
Mastectomy, partial	[19301]	620
Biopsy of liver wedge	[47100]	840
Biopsy or excision of lymph node(s)	[38525]	430
Biopsy of prostate	[55700]	160
Biopsy of breast	[19102]	110
Biopsy of skin	[11100]	100
Colonoscopy postflex with polyp removal	[45385]	330
Endoscopy upper GI with biopsy	[43239]	180
Destruction of premalignant lesions	[17000]	100

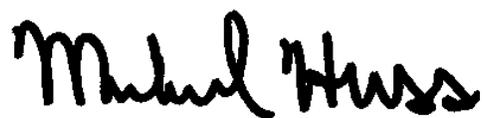
LIMITATIONS

The limitations shown in the policy apply to this rider. In applying them, substitute "rider" for "policy." In addition, we will not pay benefits under this rider for *cancer, heart attack, or stroke* that is *diagnosed* before the Rider Date or while this rider is not in force.

TERMINATION

This rider terminates when your policy terminates.

Mutual of Omaha Insurance Company

A handwritten signature in black ink that reads "Michael Huss". The signature is written in a cursive style with a large initial "M".

Corporate Secretary

MUTUAL OF OMAHA INSURANCE COMPANY
MUTUAL OF OMAHA PLAZA
OMAHA, NEBRASKA 68175
(402) 342-7600

SPECIFIED DISEASE CANCER INSURANCE COVERAGE

**THE POLICY PROVIDES LIMITED BENEFITS
BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES**

OUTLINE OF COVERAGE FOR POLICY CL10-23509

Read Your Policy Carefully – This outline of coverage provides a very brief description of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and your insurance company. It is, therefore, important that you **READ YOUR POLICY CAREFULLY!**

Specified Disease Cancer Insurance Coverage – Policies of this category are designed to provide benefits **ONLY** when certain losses occur as a result of specified diseases. Coverage is **NOT** provided for other diseases or accidents.

Cancer means a sickness characterized by an abnormal proliferation of cells which grow in an uncontrolled manner, exhibit invasiveness, and tend to spread to other normal tissues. The cancer can be classified as a carcinoma, malignant carcinoid, sarcoma, leukemia, myelodysplastic syndrome, lymphoma, or other malignant tumor. It can also include the malignant transformation of a previously benign tumor.

It does not include pre-cancerous conditions such as leukoplakia, hyperplasia, benign moles, or similar lesions.

CANCER TREATMENT BENEFITS – We will pay benefits as follows when an insured person receives any of the listed services and supplies ordered or prescribed by a physician for:

- (a) the treatment of *cancer*; or
- (b) any other conditions or diseases directly caused or aggravated by *cancer* or the treatment of *cancer*.

Unless otherwise noted, the maximums shown on the policy schedule are the total benefits payable per diagnosis for each insured person.

Hospital Confinement Benefit – When an insured person is confined in a hospital for the treatment of *cancer*, we will pay the greater of either:

- (a) the daily room benefit for each day of confinement; or
- (b) the ICU daily room benefit for each day of confinement in an intensive care unit.

There is no limit on the number of days for which hospital confinement benefits are payable.

Inpatient Hospital Confinement Physician Services Benefit – During the hospital confinement of an insured person, we will pay the amount shown on the policy schedule for one visit per day by a physician. This benefit is limited to a maximum of 90 visits.

Medication Benefit – We will pay 15% of the daily room benefit for drugs and medicines taken during confinement.

Outpatient Diagnostic X-ray and Lab Benefit – We will pay the amount shown on the policy schedule for one outpatient x-ray or lab procedure per day for each insured person. This benefit is limited to a maximum of 20 procedures.

Radiotherapy, Chemotherapy, and Immunotherapy Benefit – We will pay the amount shown on the policy schedule for each radiotherapy, chemotherapy, or immunotherapy treatment. Payment will be made for immunotherapy only if the course of treatment is administered by or under the direction of a certified oncologist for malignant melanoma using mixed vaccines designed to stimulate the immune system. This benefit is limited to treatments occurring within 365 days of the first treatment.

Outpatient Physician Visits Benefit – We will pay the amount shown on the policy schedule for each physician visit that results in a diagnosis of *cancer* or is related to the treatment of *cancer*, including office, emergency room, and urgent care visits. This benefit is limited to three visits per year, one every four months, for a maximum of five years after each diagnosis of cancer. This benefit will not be paid during hospital confinement.

Blood and Blood Plasma Benefit – We will pay the amount shown on the policy schedule for each occurrence of blood and blood plasma administration. This benefit is limited to a maximum of 40 occurrences.

Ambulance Service Benefit – We will pay the amount shown on the policy schedule for transportation by a licensed ambulance company to or from a *hospital*. This benefit is limited to a maximum of 10 transports.

Hospice Care Benefit – We will pay the amount shown on the policy schedule for each day of hospice care. If delivered in the home of an insured person, we will not simultaneously pay the home health care benefit. There is no limit on the number of days for which hospice care benefits are payable.

Home Health Care Benefit – We will pay the amount shown on the policy schedule for each day home health care services are received, without which an insured person would require continued hospital confinement. This benefit will not be paid if an insured person is also receiving hospice care. This benefit is limited to a maximum of 100 days.

Skilled Nursing Facility and Rehabilitation Facility Benefit – We will pay the amount shown on the policy schedule for each day of confinement in a skilled nursing facility or rehabilitation facility, without which an insured person would require continued hospital confinement. This benefit is limited to a maximum of 100 days.

Preventive Benefits – We will pay the amount shown on the policy schedule per calendar year if an insured person receives any preventive test, procedure, or vaccine shown in the policy. This benefit is limited to a maximum of one test, procedure, or vaccine per year for each insured person. The test, procedure, or vaccine must be provided more than 90 days after the policy date and while the policy is in force.

Surgery Benefit – If surgery is performed on an insured person as the result of *cancer*, we will pay the surgery benefit shown on the surgical schedule in the policy. For surgeries not listed, a comparably reasonable benefit will be paid. If two or more surgical procedures are performed during the course of the same operation, payment will be made for the most expensive procedure only. In no case will the amount paid for any surgery be less than \$100. Benefits are limited to the maximum daily surgery benefit amount shown on the policy schedule for surgery performed on any single day.

Administration of Anesthetic for Surgery Benefit – We will pay 20% of the amount paid under the Surgery Benefit for the administration of general anesthetic for surgery.

30-DAY PROBATIONARY PERIOD – The policy has a 30-day probationary period. This means that in order to be covered, a *cancer* must be:

- (a) first diagnosed while the policy is in force; and
- (b) first diagnosed at least 30 days after the date an insured person became covered under the policy, or at least 30 days after the date the policy was reinstated.

If an insured person is diagnosed with *cancer* during any probationary period, or while the policy is not in force, no benefits will be paid for that person. Our liability instead will be limited to a refund of all premiums paid for that person's coverage from the date he or she first became insured, or from the date of last reinstatement. That person's coverage will then terminate.

LIMITATIONS – The policy pays only for loss resulting from *cancer* or any other conditions or diseases directly caused or aggravated by *cancer* or the treatment of *cancer*. The policy does not cover injuries, or conditions or diseases unrelated to *cancer*. We will not pay benefits for any person for a diagnosis, or for expense beginning, while that person is not insured under the policy.

GUARANTEED RENEWABLE FOR LIFE – The policy is guaranteed renewable for life. This means you have the right to continue your policy for as long as you live. Unless there has been a material misrepresentation, we cannot cancel your policy as long as you pay the required premium before the end of each grace period.

PREMIUMS CAN CHANGE – We may change the premium for your policy. However, we cannot make any premium change unless we make the same change to all policies of the same form issued to persons of the same class. We will give you 60 days advance written notice prior to any premium change.

MUTUAL OF OMAHA INSURANCE COMPANY
MUTUAL OF OMAHA PLAZA
OMAHA, NEBRASKA 68175
(402) 342-7600

**SPECIFIED DISEASE CANCER, HEART ATTACK, AND STROKE
INSURANCE COVERAGE**

**THIS POLICY PROVIDES LIMITED BENEFITS
BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES**

OUTLINE OF COVERAGE FOR POLICY CHS10-23510

Read Your Policy Carefully – This outline of coverage provides a very brief description of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and your insurance company. It is, therefore, important that you **READ YOUR POLICY CAREFULLY!**

Specified Disease Heart Attack, Cancer and Stroke Insurance Coverage – Policies of this category are designed to provide benefits **ONLY** when certain losses occur as a result of specified diseases. Coverage is **NOT** provided for other diseases or accidents.

Cancer means a sickness characterized by an abnormal proliferation of cells which grow in an uncontrolled manner, exhibit invasiveness, and tend to spread to other normal tissues. The cancer can be classified as a carcinoma, malignant carcinoid, sarcoma, leukemia, myelodysplastic syndrome, lymphoma, or other malignant tumor. It can also include the malignant transformation of a previously benign tumor.

It does not include pre-cancerous conditions such as leukoplakia, hyperplasia, benign moles, or similar lesions.

Heart attack (myocardial infarction, includes ST elevation, non-ST elevation, Q wave and non-Q wave presentations) means the death of a portion of the heart muscle, resulting from blockage of one or more coronary arteries. In order to be covered under this policy, the diagnosis of heart attack (myocardial infarction) must be based upon a clinical setting consistent with such diagnosis and either:

- (1) new electrocardiographic changes consistent with and supporting a clinical diagnosis of heart attack (myocardial infarction);
or
- (2) a concurrent diagnostic elevation of cardiac biomarkers.

Stroke means a cerebrovascular accident or infarction (death) of brain tissue caused by hemorrhage, embolism, or thrombosis producing measurable, neurological deficit persisting for at least two days following the occurrence of the stroke. Stroke does not include Transient Ischemic Attack (TIA) or other cerebral vascular events.

CANCER, HEART ATTACK, AND STROKE TREATMENT BENEFITS – We will pay benefits as follows when an insured person receives any of the listed services and supplies ordered or prescribed by a physician for:

- (a) the treatment of *cancer, heart attack, or stroke*; or
- (b) any other conditions or diseases directly caused or aggravated by *cancer, heart attack, or stroke* or their treatment.

Unless otherwise noted, the maximums shown on the policy schedule are the total benefits payable per diagnosis for each insured person.

Hospital Confinement Benefit – When an insured person is confined in a hospital for the treatment of *cancer, heart attack, or stroke*, we will pay the greater of either:

- (a) the daily room benefit for each day of confinement; or
- (b) the ICU daily room benefit for each day of confinement in an intensive care unit.

There is no limit on the number of days for which hospital confinement benefits are payable.

Inpatient Hospital Confinement Physician Services Benefit – During the hospital confinement of an insured person, we will pay the amount shown on the policy schedule for one visit per day by a physician. This benefit is limited to a maximum of 90 visits.

Medication Benefit - We will pay 15% of the daily room benefit for drugs and medicines taken during confinement.

Outpatient Diagnostic X-ray and Lab Benefit – We will pay the amount shown on the policy schedule for one outpatient x-ray or lab procedure per day for each insured person. This benefit is limited to a maximum of 20 procedures.

Radiotherapy, Chemotherapy, and Immunotherapy Benefit – We will pay the amount shown on the policy schedule for each radiotherapy, chemotherapy, or immunotherapy treatment. Payment will be made for immunotherapy only if the course of treatment is administered by or under the direction of a certified oncologist for malignant melanoma using mixed vaccines designed to stimulate the immune system. This benefit is limited to treatments occurring within 365 days of the first treatment.

Outpatient Physician Visits Benefit – We will pay the amount shown on the policy schedule for each visit that results in a diagnosis of *cancer*, *heart attack*, or *stroke* including office, emergency room, and urgent care visits. This benefit is limited to three visits per year, one every four months, for a maximum of five years after each diagnosis. This benefit will not be paid during hospital confinement.

Blood and Blood Plasma Benefit – We will pay the amount shown on the policy schedule for each occurrence of blood and blood plasma administration. This benefit is limited to a maximum of 40 occurrences.

Ambulance Service Benefit – We will pay the amount shown on the policy schedule for transportation by a licensed ambulance company to or from a *hospital*. This benefit is limited to a maximum of 10 transports.

Hospice Care Benefit – We will pay the amount shown on the policy schedule for each day of hospice care. If delivered in the home of an insured person, we will not simultaneously pay the home health care benefit. There is no limit on the number of days for which hospice care benefits are payable.

Home Health Care Benefit – We will pay the amount shown on the policy schedule for each day home health care services are received, without which an insured person would require continued hospital confinement. This benefit will not be paid if an insured person is also receiving hospice care. This benefit is limited to a maximum of 100 days.

Skilled Nursing Facility and Rehabilitation Facility Benefit – We will pay the amount shown on the policy schedule for each day of confinement in a skilled nursing facility or rehabilitation facility, without which an insured person would require continued hospital confinement. This benefit is limited to a maximum of 100 days.

Preventive Benefits – We will pay the amount shown on the policy schedule per calendar year if an insured person receives any preventive test, procedure, or vaccine shown in the policy. This benefit is limited to a maximum of one test, procedure, or vaccine per year for each insured person. The test, procedure, or vaccine must be provided more than 90 days after the policy date and while the policy is in force.

Surgery Benefit – If surgery is performed on an insured person as the result of *cancer*, *heart attack* or *stroke*, we will pay the surgery benefit shown on the surgical schedule in the policy. For surgeries not listed, a comparably reasonable benefit will be paid. If two or more surgical procedures are performed during the course of the same operation, payment will be made for the most expensive procedure only. In no case will the amount paid for any surgery be less than \$100. Benefits are limited to the maximum daily surgery benefit amount shown on the policy schedule for surgery performed on any single day.

Administration of Anesthetic for Surgery Benefit – We will pay 20% of the amount paid under the surgery benefit for the administration of general anesthetic for surgery.

30-DAY PROBATIONARY PERIOD FOR CANCER – The policy has a 30-day probationary period. This means that in order to be covered, a *cancer* must be:

- (a) first diagnosed while the policy is in force; and
- (b) first diagnosed at least 30 days after the date the insured person became covered under the policy, or at least 30 days after the date the policy was reinstated.

If an insured person is diagnosed with *cancer* during any probationary period, or while the policy is not in force, no benefits will be paid for that person. Our liability instead will be limited to a refund of all premiums paid for that person's coverage from the date he or she first became insured, or from the date of last reinstatement. That person's coverage will then terminate.

LIMITATIONS – The policy pays only for loss resulting from *cancer*, *heart attack*, *stroke*, or other conditions or diseases directly caused or aggravated by their treatment. The policy does not cover injuries, or conditions or diseases unrelated to *cancer*, *heart attack*, or *stroke*. We will not pay benefits for any person for a diagnosis, or for expense beginning, while the person is not insured under the policy.

GUARANTEED RENEWABLE FOR LIFE – The policy is guaranteed renewable for life. This means you have the right to continue your policy for as long as you live. Unless there has been a material misrepresentation, we cannot cancel your policy as long as you pay the required premium before the end of each grace period.

PREMIUMS CAN CHANGE – We may change the premium for your policy. However, we cannot make any premium change unless we make the same change to all policies of the same form issued to persons of the same class. We will give you 60 days advance written notice prior to any premium change.

MUTUAL OF OMAHA INSURANCE COMPANY



Home Office Use Only
 [Policy] [Certificate] [Date _____]
 [Policy] [Certificate] [Number _____]

12 Application [to Mutual of Omaha Insurance Company] for [name/type of plan] [or] [with] [description] [Riders] [number] [available to Client Name] [Client Identification] [under [Master] Policy Form] [number] [issued to [name of Policyholder]].

3 [Reply By Date _____]
 4 [Internal Code] _____
 5 [[Applicant] [Full] [Name] [First] [Middle] [MI] [Last] _____]
 6 [[Residence] [Mailing] Address [if different] _____]
 7 [City, State, ZIP Code _____]

13 **1.** [Please read and complete the application in its entirety.]

14 [Type of [Plan] [Coverage:]] [(Check One Only)]

8 [(If name or address is incorrect, please change.)]
 9 [Telephone (_____) _____]
 Area Code Number

[Payment Method] [Discounted] [*][**] [Premium] [and] [with] [Easy Pay] [Plan] [Monthly] [Premium] [1st Month's] [Plan] [/] [only] [Optional] [rider]		
15 [YES! PLEASE ISSUE THE PLAN BELOW:] [Plan] [Coverage] Applied for: [(Check One Only)]	[Benefit Amount(s)] [Daily Room Benefit Levels] [Mode Premium(s)] [Select benefit amount:] [(Please check one)]	[Additional] [Optional] [With] [Description] [Rider(s)] [Plan] [Mode Premium(s)] [Total] [Due] [Select benefit amount:] [(Please check one)]
<input type="checkbox"/> [INDIVIDUAL] [PLAN] [Covers Me Only]	<input type="checkbox"/> [\$ 0,000]	<input type="checkbox"/> [\$ 0,000]
<input type="checkbox"/> [FAMILY] [PLAN] [*] [Covers Me and Eligible Family Members]	<input type="checkbox"/> [\$ 0,000]	<input type="checkbox"/> [\$ 0,000]

10 [E-mail Address _____]
 11 [Social Security Number _____ - _____ - _____]
 16 [Are you, and everyone to be insured, citizens of the United States?] Yes No
 If "No," please provide name(s) and Permanent Resident Card [(Form I-551) Number(s) _____]

- 17 [The extra benefits offered are available only during the renewal period.]
- 18 [The premium shown at left pays for coverage for: [you] / [you and your eligible family members] under the [OPTIONAL NAME OF PLAN] coverage.]
- 19 [*][**] [Must complete Easy Pay [Option] Authorization for discounted premium.]
- 20 [Please fill in the information requested below [for each person to be insured. If you need more space to list your dependents, list them on a separate sheet of paper and include when mailing this application].

21 [I Wish To Insure:]

Person(s) To Be Insured/ [Full] [Name] [First] [Middle] [MI] [Last]	Age	Date of Birth			Sex	
		Month	Day	Year	M	F
Applicant						
[Spouse] [Civil Union Partner]						
[Child*]						

22 [* Family [coverage] [plan] includes all of your eligible dependent children- no matter how many for one premium price.]

23 **2.** [Variable Payment Methods]

3. PLEASE ANSWER THE FOLLOWING QUESTIONS.

- 24 [a. Is the coverage you're applying for replacing existing coverage? Yes No
- 25 [b. Will the coverage you're applying for be added to any existing coverage?..... Yes No
- To the best of your knowledge and belief:
- 26 [[c.] Have you or any persons to be insured ever had cancer? Yes No
- 27 [d.] Have you or any persons to be insured had melanoma, internal cancer or leukemia within [1], [3], [5] [10] year[s] or any other skin cancer within the [last] [previous] [1], [3], [5] [10] year[s]? Yes No
- 28 [[e.] Have you or any persons to be insured ever been diagnosed with coronary artery disease, acute coronary syndrome, heart attack, transient ischemic attack or stroke? Yes No
- 29 [[f.] Have you or any persons to be insured been hospitalized for an acute or chronic illness other than a normal pregnancy within the [past] [previous] [1], [3], [5], [30], [90], [6] [year[s]], [days], [month[s]]? Yes No
- 30 [If "Yes" to questions [c], [d], [e] or [f], please give details _____.]
- 31 [IF YOU ARE APPLYING FOR [THE] [ADDITIONAL] [PLAN] [RIDER], PLEASE [SKIP] [THE] FOLLOWING [ADDITIONAL] [ANSWER] QUESTION[S] [NUMBER/LETTER] [&] [NUMBER/LETTER].

32 I understand that this coverage [(including any additional rider(s)] is not in force until the [Policy] [Certificate] Date which will be shown on the [Policy] [Certificate of Insurance] I will receive. I agree that initial and renewal premiums for the coverage I select will be billed to me as indicated above.

33 I ACKNOWLEDGE THIS IS NOT A DEPOSIT, NOT FDIC INSURED, NOT INSURED BY ANY FEDERAL GOVERNMENT AGENCY AND NOT GUARANTEED BY A BANK.

34 CONSUMER DISCLOSURE OF THE SALE OF INSURANCE

THE INSURANCE PRODUCT IS NOT A DEPOSIT OR OTHER OBLIGATION OF, OR GUARANTEED BY, THE BANK OR ANY AFFILIATE OF THE BANK. THE INSURANCE PRODUCT IS NOT INSURED BY THE FEDERAL DEPOSIT INSURANCE CORPORATION (FDIC) OR ANY OTHER AGENCY OF THE UNITED STATES, THE BANK, OR ANY AFFILIATE OF THE BANK.

I ACKNOWLEDGE RECEIPT OF THE CONSUMER DISCLOSURE OF THE SALE OF INSURANCE.

35 Insurance Products are not insured by the FDIC or any other federal government agency, the bank or any other affiliate of the bank; and are not a deposit or other obligation of, or guaranteed by, the bank or an affiliate of the bank.

36 I acknowledge the receipt of the insurance disclosures located [above] [and] [below] [on] [the back of] [this form] and authorize premiums [(listed on the enclosed brochure)] to be added to my [Client Name] [account] [mortgage payment].

4. PLEASE READ AND SIGN BELOW.

37 I hereby apply for additional benefits. I represent that my above answers are true and complete. I also understand that this coverage will not be in force until this application is completed in full and approved by Mutual of Omaha Insurance Company and my initial premium is received during the lifetime of the Applicant. I also understand that initial and renewal premiums for the [coverage] [amount] [plan] [policy] [certificate] I select will be [billed to me] [or] [deducted from the account] as indicated in Section 2.

38 My [Client Identification] Signature X _____ DATE ____/____/____
(Do Not Print) Month Day Year

IMPORTANT: The person named as Applicant must sign the application.

39 IMPORTANT! If you selected the Easy Pay Option, please complete the Easy Pay Authorization form [included] [enclosed] [below] [above] [on back of application] [attached to reply envelope] in the package.

40 Complete only if [Applicant] [spouse] [or] [other Proposed Insured] is not [a] [an] [Client Name] [Client Identification :]
I agree that the premiums for [my spouse's] [or] [the] [other Proposed Insured's] insurance will be [charged to] [billed to] [withdrawn from] [collected with] my [Client Name] [checking] [/] [savings] [credit] [card] [account] [mortgage payment].
[Client Name] [Client Identification]
Signature X _____ Date ____/____/____
(Do Not Print) Month Day Year

41 Complete only if address of [Client Name] [Client Identification] is different than applicant address:
[Client Identification] Name _____ (Please Print)
[Client Identification] Address _____ (Please Print)
City, State, ZIP _____ (Please Print)

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

42 I/We certify that during an interview with the proposed applicant, I/we have truly and accurately recorded in the application the information supplied by the applicant.

_____/_____/_____
Signature of Licensed [Agent] [Producer] [Production] [License] [Employee] [ID] Number Date Month Day Year

Print or Stamp Licensed [Agent] [Producer] Name Print or Stamp Call Center Name Applicant's City of Birth/Mother's Maiden Name

SERFF Tracking Number: MUTM-126684961 State: Arkansas
 Filing Company: Mutual of Omaha Insurance Company State Tracking Number: 46081
 Company Tracking Number: LUTHER MARDOCK
 TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.002 Dread Disease
 Product Name: Supplemental Health - Specified Disease CL10-23509
 Project Name/Number: DTC Supp Health 2010 - C & CHS/CL10-23509

Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Approved-Closed 07/12/2010	Rates for Filing 365 Days RCI	CL10-23509, CHS10-23510, OMR7M, OMR8M, OMR9M-03, OMT2M, OMT3M, OMT4M, OMT5M, OMT6M, OMT7M, OMV1M, OMV2M, OMV3M	New		Rates for Filing - 365Days RCI.pdf 06-30-10.pdf

Mutual of Omaha Insurance Company, Omaha, NE
Form Number CL10
Specified Disease Cancer Insurance Policy

Monthly Individual Premiums / \$10 Benefit

	Individual	Family
Inpatient Hospital		
• Daily Room Benefit	\$0.154	\$0.308
• ICU DRB	\$0.026	\$0.052
• Inpatient Physician Visit	\$0.091	\$0.182
Outpatient		
• Diagnostic Xray/Lab	\$0.239	\$0.478
• Radiotherapy / Chemotherapy / Immunotherapy	\$0.352	\$0.704
• Physician Visit	\$0.011	\$0.022
Blood and Blood Plasma	\$0.175	\$0.350
Ambulance Service	\$0.002	\$0.004
Hospice Care	\$0.050	\$0.100
Home Health Care	\$0.023	\$0.046
Skilled Nursing Facility & Rehabilitation Center	\$0.011	\$0.022
Preventive Care Benefit	\$0.418	\$0.836

Monthly Individual Premium per Maximum Benefit

Maximum Surgery Benefit	Individual	Family
500	\$1.16	\$2.32
750	\$1.31	\$2.62
1,000	\$1.41	\$2.82
1,250	\$1.49	\$2.98
1,500	\$1.55	\$3.10
1,750	\$1.61	\$3.22
2,000	\$1.66	\$3.32
2,250	\$1.70	\$3.40
2,500	\$1.74	\$3.48
2,750	\$1.77	\$3.54
3,000	\$1.80	\$3.60
3,250	\$1.83	\$3.66
3,500	\$1.86	\$3.72
3,750	\$1.88	\$3.76
4,000	\$1.91	\$3.82
4,250	\$1.93	\$3.86
4,500	\$1.95	\$3.90
4,750	\$1.97	\$3.94
5,000	\$1.99	\$3.98

Monthly Individual Premium as % of DRB Premium

	Individual	Family
Inpatient Rx Drug (15% of DRB)	13.89%	13.89%

Monthly Individual Premium as % of Surgery Premium

	Individual	Family
Anesthesia (20% of Surgery)	6.89%	6.89%

Mutual of Omaha Insurance Company, Omaha, NE
Form Number CHS10
Specified Disease Cancer, Heart Attack and Stroke Insurance Policy

Monthly Individual Premiums / \$10 Benefit

	Individual	Family
Inpatient Hospital		
• Daily Room Benefit	\$0.301	\$0.602
• ICU DRB	\$0.106	\$0.212
• Inpatient Physician Visit	\$0.177	\$0.354
Outpatient		
• Diagnostic Xray/Lab	\$0.249	\$0.498
• Radiotherapy / Chemotherapy / Immunotherapy	\$0.352	\$0.704
• Physician Visit	\$0.021	\$0.042
Blood and Blood Plasma	\$0.175	\$0.350
Ambulance Service	\$0.002	\$0.004
Hospice Care	\$0.068	\$0.136
Home Health Care	\$0.044	\$0.088
Skilled Nursing Facility & Rehabilitation Center	\$0.022	\$0.044
Preventive Care Benefit	\$1.900	\$3.800

Monthly Individual Premium per Maximum Benefit*

Maximum Surgery Benefit	Individual	Family
500	\$1.19	\$2.38
750	\$1.34	\$2.68
1,000	\$1.45	\$2.90
1,250	\$1.53	\$3.06
1,500	\$1.59	\$3.18
1,750	\$1.65	\$3.30
2,000	\$1.70	\$3.40
2,250	\$1.74	\$3.48
2,500	\$1.78	\$3.56
2,750	\$1.82	\$3.64
3,000	\$1.85	\$3.70
3,250	\$1.88	\$3.76
3,500	\$1.91	\$3.82
3,750	\$1.93	\$3.86
4,000	\$1.96	\$3.92
4,250	\$1.98	\$3.96
4,500	\$2.00	\$4.00
4,750	\$2.02	\$4.04
5,000	\$2.04	\$4.08

Monthly Individual Premium as % of DRB Premium

	Individual	Family
Inpatient Rx Drug (15% of DRB)	10.87%	10.87%

Monthly Individual Premium as % of Surgery Premium

	Individual	Family
Anesthesia (20% of Surgery)	13.09%	13.09%

Mutual of Omaha Insurance Company, Omaha, NE
Form Number OMR7M
Lump Sum Cancer Diagnosis Benefit Rider

	Individual	Family
Monthly Premium / \$10 Benefit	\$0.0097	\$0.0193

Mutual of Omaha Insurance Company, Omaha, NE
Form Number OMR8M
Best Doctors Lump Sum Cancer Diagnosis Benefits Rider

	Individual	Family
Monthly Premium / \$10 Benefit	\$0.0097	\$0.0193

Mutual of Omaha Insurance Company, Omaha, NE
Form Number OMR9M
Chemotherapy Benefit Increase Rider

	Individual	Family
Monthly Premium / \$10 Benefit	\$0.386	\$0.772

Mutual of Omaha Insurance Company, Omaha, NE
 Form Number OMT2M
 Cancer Surgery Benefit Increase Rider
 Monthly Premium

Maximum Surgery Benefit	Individual	Family
500	\$1.28	\$2.56
750	\$1.44	\$2.88
1,000	\$1.55	\$3.10
1,250	\$1.64	\$3.28
1,500	\$1.71	\$3.42
1,750	\$1.77	\$3.54
2,000	\$1.83	\$3.66
2,250	\$1.87	\$3.74
2,500	\$1.91	\$3.82
2,750	\$1.95	\$3.90
3,000	\$1.98	\$3.96
3,250	\$2.01	\$4.02
3,500	\$2.05	\$4.10
3,750	\$2.07	\$4.14
4,000	\$2.10	\$4.20
4,250	\$2.12	\$4.24
4,500	\$2.15	\$4.30
4,750	\$2.17	\$4.34
5,000	\$2.19	\$4.38

Mutual of Omaha Insurance Company, Omaha, NE
Form Number OMT3M
Heart Attack and Stroke Hospital Confiement Daily Room Benefit Rider

	Individual	Family
Monthly Individual Premiums / \$10 Benefit	\$0.162	\$0.324

Mutual of Omaha Insurance Company, Omaha, NE
Form Number OMT4M
Unemployment Waiver of Premium Rider

	Individual	Family
Factor applied to premium	10%	15%

Mutual of Omaha Insurance Company, Omaha, NE
Form Number OMT5M
Hospitalization Waiver of Premium Rider

	Individual	Family
Factor applied to premium	10%	15%

Mutual of Omaha Insurance Company, Omaha, NE
Form Number OMT6M
Lump Sum Cancer, Heart Attack and Stroke Diagnosis Benefits Rider

	Individual	Family
Monthly Individual Premiums / \$10 Benefit	\$0.0133	\$0.0267

Mutual of Omaha Insurance Company, Omaha, NE

Form Number OMT7M

Best Doctors Lump Sum Cancer, Heart Attack and Stroke Diagnosis Benefits Rider

	Individual	Family
Monthly Individual Premiums / \$10 Benefit	\$0.0133	\$0.0267

Mutual of Omaha Insurance Company, Omaha, NE
Form Number 0MV1M
Cancer Hospital Confinement Daily Room Benefit Increase Rider

	Individual	Family
Monthly Individual Premiums / \$10 Benefit	\$0.169	\$0.338

Mutual of Omaha Insurance Company, Omaha, NE

Form Number 0MV2M

Cancer, Heart Attack and Stroke Hospital Confinement Daily Room Benefit Increase Rider

	Individual	Family
Monthly Individual Premiums / \$10 Benefit	\$0.331	\$0.662

Mutual of Omaha Insurance Company, Omaha, NE
 Form Number 0MV3M
 Cancer, Heart Attack and Stroke Surgery Benefit Increase Rider
 Monthly Premium

Maximum Surgery Benefit	Individual	Family
500	\$1.31	\$2.62
750	\$1.47	\$2.94
1,000	\$1.60	\$3.20
1,250	\$1.68	\$3.36
1,500	\$1.75	\$3.50
1,750	\$1.82	\$3.64
2,000	\$1.87	\$3.74
2,250	\$1.91	\$3.82
2,500	\$1.96	\$3.92
2,750	\$2.00	\$4.00
3,000	\$2.04	\$4.08
3,250	\$2.07	\$4.14
3,500	\$2.10	\$4.20
3,750	\$2.12	\$4.24
4,000	\$2.16	\$4.32
4,250	\$2.18	\$4.36
4,500	\$2.20	\$4.40
4,750	\$2.22	\$4.44
5,000	\$2.24	\$4.48

SERFF Tracking Number: MUTM-126684961 State: Arkansas
 Filing Company: Mutual of Omaha Insurance Company State Tracking Number: 46081
 Company Tracking Number: LUTHER MARDOCK
 TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.002 Dread Disease
 Limited Benefit
 Product Name: Supplemental Health - Specified Disease CL10-23509
 Project Name/Number: DTC Supp Health 2010 - C & CHS/CL10-23509

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification	Approved-Closed	07/12/2010
Comments:		
Attachment: AR Read Cert.pdf		

	Item Status:	Status Date:
Satisfied - Item: Application	Approved-Closed	07/12/2010
Comments: We have attached the Application under the Forms Schedule Tab.		

	Item Status:	Status Date:
Satisfied - Item: Outline of Coverage	Approved-Closed	07/12/2010
Comments: We have attached the Outline of Coverages under the Form Schedule Tab.		

	Item Status:	Status Date:
Satisfied - Item: Memorandum of Variability	Approved-Closed	07/12/2010
Comments:		
Attachment: MA5960-03 Memo of Variability.pdf		

	Item Status:	Status Date:
Satisfied - Item: Payment Methods Appendix	Approved-Closed	07/12/2010
Comments:		
Attachment:		

SERFF Tracking Number: MUTM-126684961 State: Arkansas
 Filing Company: Mutual of Omaha Insurance Company State Tracking Number: 46081
 Company Tracking Number: LUTHER MARDOCK
 TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.002 Dread Disease
 Product Name: Supplemental Health - Specified Disease CL10-23509
 Project Name/Number: DTC Supp Health 2010 - C & CHS/CL10-23509

Payment Methods Appendix.pdf

	Item Status:	Status
		Date:
Satisfied - Item: Certification of Compliance with Rule 19	Approved-Closed	07/12/2010

Comments:

Attachment:

AR Certif of Compliance with Rule 19 rev 06.24.1010.pdf

	Item Status:	Status
		Date:
Satisfied - Item: Fee Schedule	Approved-Closed	07/12/2010

Comments:

Attachment:

AR Fee Schedule Cert .pdf

	Item Status:	Status
		Date:
Satisfied - Item: Credit Card Cert	Approved-Closed	07/12/2010

Comments:

Attachment:

AR Credit Card Cert.pdf

CERTIFICATION

This is to certify that the attached form(s) has/have achieved the following Flesch Reading Ease Score(s) and complies/comply with the requirements of Ark. Stat. §§66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

<u>Form</u>	<u>Description</u>	<u>Score</u>
CL10-23509	Cancer Policy	45.1
CHS10-23510	Cancer, Heart Attack, Stroke Policy	44.5
0MR7M	Lump Sum Cancer Diagnosis Rider	53.4
0MR8M	Best Doctors Lump Sum Cancer Diagnosis Rider	48.1
0MR9M-03	Chemotherapy Benefit Increase Rider	52.4
0MT2M	Cancer Surgery Benefit Increase Rider	52.3
0MT3M	Heart Attack and Stroke Hospital Confinement DRB Rider	44.0
0MT4M	Unemployment Waiver of Premium Rider	45.5
0MT5M	Hospitalization Waiver of Premium Rider	42.1
0MT6M	Lump Sum Cancer, Heart Attack, Stroke Diagnosis Rider	53.7
0MT7M	Best Doctors Lump Sum CHS Diagnosis Rider	48.7
0MV1M	Cancer Hospital Confinement DRB Increase Rider	55.8
0MV2M	CHS Hospital Confinement DRB Increase Rider	56.2
0MV3M	CHS Surgery Benefit Increase Rider	53.0
MA5960-03	Application	N/A
OC1747_03	Outline of Coverage, Cancer Policy	43.5
OC1748_03	Outline of Coverage, Cancer, Heart Attack, Stroke Policy	41.1

Date: June 30, 2010



Daniel J. Kennelly
Vice President & Chief Compliance Officer

Memorandum of Variability
Explanation of Variable Statements and Fields
For Mutual of Omaha Insurance Company
Application Form
MA5960-03

Each variable section, statement or field is denoted by [brackets] and annotated with numbers in **RED**. The explanations below follow the order in which the variable fields appear in the form.

The large numbers bracketed represent section numbers, **[2.]** etc. These are subject to change based on the different sections of the application that may vary depending on marketing layout and distribution channel (Direct to Consumer Market, 3rd Party Mass Marketing, Telemarketing and Internet).

<i>Variable Statements/Fields</i>	<i>How or When Used</i>
1 [Mutual of Omaha Insurance Company and Logo]	Will print depending on marketing and advertising layout.
2 [Policy] [Certificate]	For Home Office Use Only and will print depending on marketing layout.
3 [Reply By Date _____]	Will print depending on marketing layout.
4 [Internal Code]	Will print depending on marketing layout and with certain payment methods only.
5 [Applicant . . .]	Will print depending on if fields are pre-populated.
6 [Residence] [Mailing] [Address . . .]	Will print depending on if fields are pre-populated.
7 [City, State, ZIP Code]	Will print depending on if fields are pre-populated.
8 [(If name or address is incorrect...)]	Will print depending on marketing layout.
9 [Telephone . . .]	Will print depending on marketing and printing layout.
10 [E-mail address]	Will print depending on marketing and printing layout.
11 [Social Security Number]	Will ask for a social security number if required to do so by state or federal law or if internal company decision is made to request this information.
12 Application [to Mutual of Omaha Insurance Company] for [name/type of plan] [or] [with] [description] [Riders] [number] [available to [Client Name] [Client identification] [under [Master Policy Form] [number]	Will print depending on marketing and printing layout. Type of plan can include a trademark or registered name.
13 [Please read and complete the application in its entirety]	Will print depending on marketing and printing layout.

14 [Type of [Plan] [Coverage] [(Check One Only)]	Will print depending on marketing and printing layout.
<p>15 [YES! PLEASE ISSUE THE PLAN BELOW:] [Plan] [Coverage] Applied for:] [(Check One Only)] [Payment Method] [Discounted] [*] [**][Premium] [with] [Easy Pay][Plan] [Monthly] [Premium] [1st Month's] [Plan] [/] [only] [Optional] [With] [rider] [Benefit Amount(s)] [Daily Room Benefit Levels] [Mode Premium(s)] [Total] [Due] [Select benefit amount:] [(Please check one)] [Additional] [Optional] [Description] [Rider(s)] [Plan]</p> <p><input type="checkbox"/> [INDIVIDUAL] [PLAN] [Covers Myself] [Only] <input type="checkbox"/> [\$ 0,000] <input type="checkbox"/> [\$ 0,000]</p> <p><input type="checkbox"/> [FAMILY] [PLAN] [*] [Covers Me and Eligible Family Members] <input type="checkbox"/> [\$ 0,000] <input type="checkbox"/> [\$ 0,000]</p>	Entire Table is Variable and within the Table certain options are variable and will print depending on marketing and printing layout. The discounted premium will be explained in the marketing materials.
16 Are you, and everyone to be insured, citizens of the United States? . . .	Variable to comply with future updates to federal form identification number.
17 [The extra benefits offered are . . .]	Will print depending on marketing and printing layout.
18 [The premium shown at left pays for . . .]	Will print depending on marketing and printing layout.
19 [*] [**] Must complete Easy Pay . . .]	Will print depending on marketing and printing layout.
20 [Please fill in the information requested below . . .]	Will print depending on marketing and printing layout.
<p>21 [I Wish to Insure:] Applicant [Spouse] [Civil Union Partner] [Child*] [* Family [coverage] [plan] includes all of your eligible dependent children- no matter how many or one premium price.]</p>	Will print depending on marketing and printing layout. May have multiple lines/space provided for client use with this category. Will print if spouse/civil union partner and/or other proposed insured coverage is offered.
22 [*Family [coverage] [plan] includes all your . . .]	Will print depending on marketing and printing layout.
23 [Variable Payment Methods]	A combination or none will print depending on payment method offered and marketing layout. See the Explanation of Payment Method Variability for Appendix A below for an explanation of variability for this section.

24 Is the coverage you're . . . 25 Will the coverage . . . 26 Have you or any persons . . . 27 Have you or any persons . . . 28 Have you or any persons . . . 29 Have you or any persons . . . 30 If "Yes to questions . . . 31 [If you are applying . . .]	Will print depending on marketing and printing layout.
32 I understand that this coverage [(including any additional rider(s))...]	Will print if dependent coverage is offered.
33 [I ACKNOWLEDGE THIS IS NOT A DEPOSIT...] 34 [CONSUMER DISCLOSURE OF THE SALE OF INSURANCE...] 35 [Insurance Products are not insured by the FDIC...] 36 [I acknowledge the receipt of the insurance disclosures...]	A combination will print depending on 3 rd party marketing layout.
37 [I hereby apply for additional benefits . . .]	One of these variables will print depending on marketing layout.
38 [My] [Client Identification] Signature [*]	One of these variables will print depending on marketing layout.
39 [IMPORTANT! If you selected the Easy Pay Option...]	Will print depending on marketing and printing layout.
40 [Complete only if [Applicant] [spouse] [or]...]	A combination will print depending on payment method provided.
41 [Complete only if address of [Client Name]...]	A Combination will print depending on marketing layout.
42 [I/We certify that during ...] [Signature of Licensed Agent...]	Will print for solicitations involving telemarketing via a licensed agent.

Explanation of Payment Method Variability for Appendix A

<i>Variable Statements/Fields</i>	<i>How or When Used</i>
A-W The Method of Payment section in its entirety may or may not print depending on distribution channel and marketing layout.	
A [Method of Payment...]	A combination or none of these headers may print depending on payment method and marketing layout.
B-W []	A combination of check boxes will print if more than one payment method is provided depending on marketing layout.
B [Send no money [now!]] [Bill me [later]...]	A combination of these options will print depending on the payment method provided.
C [([Please] Check One [Payment Method]	Will print when more than one payment

[Only]]	method is provided.
D-U These variable paragraphs comprise the billing modes (options) we may offer in varying combinations to the applicant.	
D [I understand that I will receive a statement to collect [the] [my] [initial] [first] [month's] [number] [month's] premium...]	A combination will print depending on payment method offered.
E [I understand payment is not required at this time...]	Will print depending on payment method offered.
F [I prefer to send my first payment now. [Coverage will begin at the earliest possible date.]] [Payment enclosed. [Start coverage at the earliest possible date.]] [See section [4.]]	One or a combination of these options will appear depending on marketing layout. Directs applicant to agreement section.
G [I have enclosed [a total of]\$_____ to pay...]	A combination will print depending on payment method.
H [*] [Take] [When selected] ...]	A combination will print depending on payment method provided.
I [Make check [or money order] payable to Mutual of Omaha.]	A combination will print depending on payment method.
J [[After] [that] [the first] [number] [month] [months], I wish to...]	A combination will print depending on marketing layout.
K [[Select only one option.]...]	A combination will print depending on marketing layout.
L [[<input type="checkbox"/>] [Annually [(once a year)]] [<input type="checkbox"/>] [Semiannually [(twice a year)]] ...]	A combination will print depending on marketing layout.
M [<input type="checkbox"/>] [Yes, I want to receive an EASY PAY [Premium] [Discount.] ...]	A combination will print depending on payment method provided.
N [Please indicate when you prefer ...]	A combination will print depending on payment method provided.
O [[<input type="checkbox"/>] [See] [Complete] Easy Pay [Option] [Authorization] ...]	A combination will print depending on payment method provided.
P [EASY PAY] [OPTION] [AUTHORIZATION] ...]	A combination will print depending on payment method provided.
Q [[<input type="checkbox"/>] VISA® [Plan code]] ...]	A combination will print depending on marketing layout.
R [<input type="checkbox"/>] [[I wish to [[bill] [pay] [charge] this insurance ...]	A combination will print depending on marketing layout.
S [Enter your personal identification number...]	Will print depending on marketing layout.
T [<input type="checkbox"/>] [I understand [that] the [initial] ...]	A combination will print depending on marketing layout.
U [Return your application ...]	A combination will print depending on marketing layout.
V [I understand the premium will be ...]	A combination will print depending on marketing layout.

W <input type="checkbox"/> [I wish to pay the premium ...]	A combination will print depending on marketing layout.

- R [I wish to [bill] [pay] [deduct] [charge] [the premiums for] [this insurance] [through] [to] my [or my] [spouse's] [Client Name] [checking] [/] [savings] [credit] [card] [issued by] [Client Name] [account] [Mortgage Payment]. [By signing [in Section 4] below,] I [authorize] [understand] [that] the [initial] [future] [and] [renewal] premium[s] [for each month] for [the] [this] [coverage] [insurance] [plan I have chosen] [to be] [will be] automatically [charged to] [billed] [to] [through] [collected with] my [or my] [spouse's] [Client Name] [checking] [/] [savings] [investment] [credit card] [account] [mortgage payment] [monthly] [as stated below] [...automatically.] [I have enclosed a voided check for the account I wish to have my premiums deducted.]]
- S [Enter your personal identification number found on your invitation to apply for coverage: _____.]
- T [I understand [that] the [initial] [future] [and] [renewal] premium[s] for [the plan I have chosen] [this] [insurance][coverage] will be [collected monthly with my] [automatically] [charged] [billed] [paid] [deducted] [withdrawn][each month] [monthly] [quarterly] [semiannually] [annually] [to] [through] [the] account monthly] [in the same manner] [from] [collected with] my [or my] [spouse's] [Client Name] [mortgage payment] [checking] [/] [savings] [credit] [card] [account] as with my present [underwriting company] coverage [as my current insurance... automatically.]
- U [Return your application [along with payment] in the postage-paid envelope provided.]
- V [I understand the premium will be charged to my [spouse's] [Client Name] [checking] [/] [savings] [mortgage] [investment] account monthly . . . automatically. I authorize [Client Name] to make those premium payments to Mutual of Omaha Insurance Company, Omaha, NE by withdrawing funds from my [spouse's] [checking] [/] [savings] [mortgage] [investment] account by checks, drafts or preauthorized electronic fund transfers. Please complete the Easy Pay [Option] Form [enclosed] [below] [other location within the marketing package.]
- W [I wish to pay the premium for the first month of coverage selected in Section [1] shown above from my checking [or] [/] savings account.] [After the [first] [number] month I understand that I will receive a bill [monthly] [quarterly] [semiannually] [annually].]

**Certificate of Compliance with
Arkansas Rule and Regulation 19**

Insurer: Mutual of Omaha Insurance Company

Form Number(s): CL10-23509, CHS10-23510, OMR7M, OMR8M, OMR9M-03, OMT2M, OMT3M, OMT4M,
OMT5M, OMT6M, OMT7M, 0MV1M, 0MV2M, 0MV3M, OC1747_03, OC1748_03

I hereby certify, to the best of my knowledge and belief, that the filing above meets the requirements of
Arkansas Rule and Regulation 19, Unfair Sex Discrimination In The Sale of Insurance.



Signature of Company Officer

Daniel J. Kennelly

Name

Vice President & Chief Compliance Officer

Title

June 30, 2010

Date

ARKANSAS
INSURANCE
DEPARTMENT

400 University Tower Building
1123 South University Ave.
Little Rock, Arkansas 72204

Lee Douglass
Insurance Commissioner

ATTN: LIFE & HEALTH DIVISION, ARKANSAS INSURANCE DEPARTMENT

Company Name: Mutual of Omaha Insurance Company

Company NAIC Code: 261-71412

Company Contact Person & Phone: Gilbert Burket

INSURANCE DEPARTMENT USE ONLY:

ANALYST: _____ AMOUNT: _____ ROUTE SLIP: _____

ALL FEES ARE PER EACH INSURER, PER ANNUAL STATEMENT LIFE OF BUSINESS, UNLESS OTHERWISE INDICATED.

FEE SCHEDULE FOR ADMITTED INSURERS

RATE/FORM FILINGS

Life and/or Disability policy form filing and review, per each policy, contract, annuity form, per each insurer, per each filing.

* 17 X \$50 = \$ 850

**Retaliatory \$ _____

Life and/or Disability - Filing and review of each rate filing or loss ratio guarantee filing, per each insurer.

* 1 X \$50 = \$50

**Retaliatory \$ _____

Life and/or Disability Policy, Contract or Annuity Forms : Filing and review of each certificate, rider, endorsement or application if each is filed separately from the basic form.

* _____ X \$20 = _____

**Retaliatory \$ _____

Life and/or Disability: Filing and review of Insurer's advertisements, per advertisement, per each insurer.

* _____ X \$25 = \$ _____

**Retaliatory \$ _____

AMEND CERTIFICATE OF AUTHORITY

Review and processing of information to amend an Insurer's Certificate of Authority

* _____ X \$400 = _____

Filing to amend Certificate of Authority.

*** _____ X \$100 = _____

***THESE FEES ARE PAYABLE UNDER THE NEW FEE SCHEDULE AS OUTLINED UNDER RULE AND REGULATION 57.**

****THESE FEES ARE PAYABLE UNDER THE OLD FEE SCHEDULE AS OUTLINED UNDER ARK. CODE ANN. 23-63-102, RETALIATORY TAX.**

*****THESE FEES ARE PAYABLE AS REQUIRED IN ARK. ANN. SEC. 23-61-401.**

Arkansas Insurance Department

Mike Huckabee
Governor



Julie Benafield Bowman
Commissioner

Please read and acknowledge your understanding and assurance of complying with the following requirements:

1. If a sponsor or endorser is involved such as a bank, school, retail store, etc., it must be ascertained whether that sponsor is to receive any form of compensation for the use of the card. If so, this must be disclosed to the insured. If there is compensation, the sponsor would need to be licensed to sell insurance.
2. The company must certify that failure to pay the credit card bill will not affect the premium payment.
3. If the credit card company does not pay the premium for any reason, the insurance company must notify the insured of this and allow a thirty day Grace Period for the insured to pay the premium.

Daniel Kennelly

June 29, 2010

SIGNATURE

DATE

Mutual of Omaha Insurance Company

COMPANY

CC-1

SERFF Tracking Number: MUTM-126684961 State: Arkansas
 Filing Company: Mutual of Omaha Insurance Company State Tracking Number: 46081
 Company Tracking Number: LUTHER MARDOCK
 TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.002 Dread Disease
 Limited Benefit
 Product Name: Supplemental Health - Specified Disease CL10-23509
 Project Name/Number: DTC Supp Health 2010 - C & CHS/CL10-23509

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
06/28/2010	Form	Cancer Insurance Policy	07/09/2010	CL10-23509 -- AR Policy.pdf (Superseded)
06/30/2010	Form	Cancer, Heart Attack and Stroke Insurance Policy	07/09/2010	CHS10-23510 -- AR Policy 06-30-10.pdf (Superseded)
06/28/2010	Form	Cancer, Heart Attack and Stroke Insurance Policy	06/30/2010	CHS10-23510 -- AR Policy.pdf (Superseded)
06/28/2010	Form	Chemotherapy Benefit Increase Rider	06/30/2010	0MR9M (Chemo increase cancer-CHS) National -- clean.pdf (Superseded)
06/29/2010	Rate and Rule	Rates for Filing 365 Days RCI	06/30/2010	Rates for Filing - 365Days RCI.pdf (Superseded)
06/21/2010	Supporting Document	Flesch Certification	06/30/2010	AR Read Cert.pdf (Superseded)
06/29/2010	Supporting Document	Certification of Compliance with Rule 19	06/30/2010	AR Certif of Compliance with Rule 19 rev 06.24.1010.pdf (Superseded)

MUTUAL OF OMAHA INSURANCE COMPANY

Mutual of Omaha Plaza, Omaha, NE 68175, 402-342-7600



SPECIFIED DISEASE CANCER INSURANCE POLICY LIMITED BENEFIT HEALTH INSURANCE COVERAGE

PLEASE REVIEW YOUR APPLICATION

Please review the attached copy of your application. If anything is incorrect or if any medical history is missing, it is your obligation to inform us right away. We issued your policy on the basis that all of the information shown in your application was correct and complete. If it is not, your policy may not be valid.

30-DAY RIGHT TO REVIEW POLICY

You have 30 days from the date of its delivery to review your policy. If during that time you are not satisfied with your policy, you may return it to us or to your agent for a prompt refund of all premiums paid. The policy will then be considered never to have been issued.

GUARANTEED RENEWABLE FOR LIFE

Your policy is guaranteed renewable for life. This means you have the right to continue your policy for as long as you live. Unless there has been a *material misrepresentation*, we cannot cancel your policy as long as you pay the required premium before the end of each grace period.

PREMIUMS CAN CHANGE

We may change the premium for your policy. However, we cannot make any premium change unless we make the same change to all policies of this form issued to persons of the same *class*. We will give you 60 days advance written notice prior to any premium change.

NOTICE TO BUYER: THIS IS A CANCER ONLY POLICY AND IT DOES NOT PAY BENEFITS FOR LOSS FROM ANY OTHER CAUSE.

THIS POLICY PROVIDES LIMITED BENEFITS. BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES.

CAUTION: READ YOUR POLICY CAREFULLY WITH THE OUTLINE OF COVERAGE AND THE BUYER'S GUIDE.

**This Is a Legal Contract Between You and Us.
THIS POLICY CONTAINS A 30-DAY PROBATIONARY PERIOD
THIS IS NOT A MEDICARE SUPPLEMENT POLICY
To Inquire About Your Coverage, or to Express a Concern,
You May Call Us Toll-Free At:
For Customer Service [1-XXX-XXX-XXXX]
For Claims Service [1-XXX-XXX-XXXX]**

Chairman of the Board and
Chief Executive Officer

Corporate Secretary

TABLE OF CONTENTS	PAGE
DEFINITIONS	1
30-DAY PROBATIONARY PERIOD FOR CANCER	2
CANCER TREATMENT BENEFITS	3
Hospital Confinement Benefit.....	3
Inpatient Hospital Confinement Physician Services Benefit	3
Medication Benefit.....	3
Outpatient Diagnostic X-ray and Lab Benefit.....	3
Radiotherapy, Chemotherapy, and Immunotherapy Benefit.....	3
Outpatient Physician Visits Benefit	3
Blood and Blood Plasma Benefit	3
Ambulance Service Benefit.....	3
Hospice Care Benefit	4
Home Health Care Benefit	4
Skilled Nursing Facility and Rehabilitation Center Benefit.....	4
Preventive Benefits	4
Surgery Benefit	4
Surgical Schedule	4
Administration of Anesthetic for Surgery Benefit	5
DEPENDENTS PROVISIONS	5
Eligibility	5
Newborn Children and Adopted Children	5
When dependent child Insurance Ends	5
Spouse Conversion Privilege	6
Spouse Continuation of Coverage	6
TERMINATION	6
Unearned Premium Refund	6
LIMITATIONS	6
CLAIMS PROVISIONS	7
Notice of Claim	7
Claim Forms	7
Proof of Loss	7
Time of Payment of Claims	7
Payment of Claims	7
TERM OF COVERAGE	7
POLICY PROVISIONS	7
Consideration	7
Entire Contract and Changes.....	7
Time Limit on Certain Defenses.....	8
Grace Period	8
Reinstatement	8
Physical Examinations and Autopsy	8
Misstatement of Age	8
Legal Actions.....	8
Other Insurance with Us.....	8
Unpaid Premium	8
Conformity with State Statutes.....	8

DEFINITIONS

Shown below are the defined terms used in your policy. These terms are *italicized* wherever they appear in your policy.

Class means persons with the same policy form and type of coverage as yours. Such persons reside in the same geographic area of the state as you do.

Cancer means a *sickness* characterized by an abnormal proliferation of cells which grow in an uncontrolled manner, exhibit invasiveness, and tend to spread to other normal tissues. The cancer can be classified as a carcinoma, malignant carcinoid, sarcoma, leukemia, myelodysplastic syndrome, lymphoma, or other malignant tumor. It can also include the malignant transformation of a previously benign tumor.

It does not include pre-cancerous conditions such as leukoplakia, hyperplasia, polycythemia, benign moles, or similar lesions.

Confined or confinement means confinement as a resident inpatient in a *hospital, skilled nursing facility, or rehabilitation facility* because of *cancer* for at least 12 hours. Confinement must be recommended and supervised by a *physician*.

[CPT® Code (Current Procedural Terminology) means a code number assigned to each medical service or procedure by the American Medical Association to communicate uniform information among *physicians, patients, insurance companies and others*. *CPT copyright 2009 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.*]

Daily room benefit means the amount we will pay for each day of *confinement* in a semi-private or private room. The daily room benefit is shown on the policy schedule.

Dependent child means your dependent child or your *spouse's* dependent child who is insured in accordance with the DEPENDENTS PROVISIONS section.

Diagnosed or diagnosis means the definitive establishment of *cancer* by a *physician* as confirmed in writing by a qualified pathologist's report. The report must be based on examination of tissue, blood, or secretion. When a pathological diagnosis cannot be made because it is medically inappropriate or life-threatening, *cancer* can be diagnosed and confirmed in writing based on the combined results of x-rays, laboratory examinations, and clinical findings.

Emergency room means a designated part of a *hospital* that is staffed and equipped to provide rapid treatment to persons requiring immediate medical care.

Home health care means services received from a home health care agency. Such services must:

- (a) be part of a written home health care plan prescribed and set up by your *physician*;
- (b) be received while not *confined* in a *hospital* or nursing home; and
- (c) be in lieu of *hospital* or nursing home *confinement*.

The home health care agency must be certified as such by Medicare or licensed as such by the state.

Hospice care means services to alleviate physical and emotional discomfort that are:

- (a) for terminally ill patients whose life expectancy is less than six months;
- (b) provided on an inpatient or outpatient basis (including your home);
- (c) directed by a *physician*; and
- (d) provided by a licensed, certified, or registered provider.

Hospital means any of the following places:

- (a) a place which is licensed or recognized as a general hospital by the proper authority of the state in which it is located;
- (b) a place operated for the care and treatment of resident inpatients with a registered nurse (RN) or *physician* always on the premises and with a laboratory and x-ray facility;
- (c) a place recognized as a general hospital by the Joint Commission on the Accreditation of Hospitals; or
- (d) a place certified as a hospital by Medicare.

Not included is a hospital or institution or a part of such hospital or institution which is licensed or used principally:

- (a) for the treatment or care of drug addicts or alcoholics; or
- (b) as a continued or extended care facility, *skilled nursing facility*, assisted living facility, *rehabilitation facility*, convalescent home, or nursing home.

ICU daily room benefit means the amount we will pay for each day of *confinement* in an *intensive care unit*. The ICU daily room benefit is shown on the policy schedule.

Insured person means you and, if insured under this policy, your *spouse* or *dependent child*.

Intensive care unit means a separate, specifically designated facility of a *hospital* which provides the highest level of medical care to critically ill or injured patients. The facility must be permanently equipped and staffed by qualified personnel to provide close observation on a full-time basis. Intensive care unit includes a coronary care unit or renal care unit.

Material misrepresentation means a condition or combination of conditions you were required to disclose on the application was not disclosed and, if disclosed, would have caused us to deny issuing or reinstating your policy. Any material misrepresentation is subject to the **Time Limit on Certain Defenses** provision.

Physician means a person, other than you or a member of your family, duly licensed and legally qualified to *diagnose* and treat *cancer* and/or related conditions. He or she must be providing services within the scope of his or her license.

Policy date means the date coverage is effective under your policy as shown on the policy schedule.

Policy renewal date means the date your policy's premium is due. The frequency of the policy renewal date will vary depending on whether you pay premiums on a monthly, quarterly, semiannual, or annual basis.

Rehabilitation facility means a place licensed as such by the state in which it is located. A rehabilitation facility can also be a specifically designated area or part of a *hospital*.

Sickness means an illness, disease, or physical condition which:

- (a) causes loss beginning while your policy is in force; and
- (b) is not excluded from coverage.

Skilled nursing facility means a facility licensed to provide skilled nursing care by the proper authority of the state in which it is located. It must have a registered nurse (RN) on the premises 24 hours a day. A skilled nursing facility does not include an assisted living facility.

Spouse means the person to whom you are legally married and who is insured in accordance with the DEPENDENTS PROVISIONS section.

Urgent care center means a free-standing medical facility that is not part of a *hospital*, where patients are treated on a walk-in basis, without an appointment, and receive immediate medical care. If required by the state in which it is located, an urgent care center must have the appropriate state licensure, certification, or registration to operate as an urgent care center.

We, us, and our mean Mutual of Omaha Insurance Company.

You and your mean the person named as the Insured on the policy schedule.

30-DAY PROBATIONARY PERIOD FOR CANCER

Your policy has a 30-day probationary period. This means that in order to be covered, a *cancer* must be:

- (a) first *diagnosed* while this policy is in force; and
- (b) first *diagnosed* at least 30 days after the date an *insured person* became covered under this policy, or at least 30 days after the date the policy was reinstated.

If an *insured person* is *diagnosed* with *cancer* during any probationary period, or while this policy is not in force, no benefits will be paid for that person. Our liability instead will be limited to a refund of all premiums paid for that person's coverage from the date he or she first became insured, or from the date of last reinstatement. That person's coverage will then terminate.

CANCER TREATMENT BENEFITS

We will pay benefits as follows when an *insured person* receives any of the listed services and supplies ordered or prescribed by a *physician* for:

- (a) the treatment of *cancer*; or
- (b) any other conditions or diseases directly caused or aggravated by *cancer* or the treatment of *cancer*.

Unless otherwise noted, the maximums shown are the total benefits payable **per diagnosis** for each *insured person*.

HOSPITAL CONFINEMENT BENEFIT

When an *insured person* is confined in a *hospital* for the treatment of *cancer*, we will pay the greater of either:

- (a) the *daily room benefit* for each day of *confinement*; or
- (b) the *ICU daily room benefit* for each day of *confinement* in an *intensive care unit*.

There is no limit on the number of days for which *hospital confinement* benefits are payable.

INPATIENT HOSPITAL CONFINEMENT PHYSICIAN SERVICES BENEFIT

During the *hospital confinement* of an *insured person*, we will pay the amount shown on the policy schedule for one visit per day by a *physician*. This benefit is limited to a maximum of 90 visits.

MEDICATION BENEFIT

We will pay 15% of the *daily room benefit* for drugs and medicines taken during *confinement*.

OUTPATIENT DIAGNOSTIC X-RAY AND LAB BENEFIT

We will pay the amount shown on the policy schedule for one outpatient x-ray or lab procedure per day for each *insured person*. This benefit is limited to a maximum of 20 procedures.

RADIOTHERAPY, CHEMOTHERAPY, AND IMMUNOTHERAPY BENEFIT

We will pay the amount shown on the policy schedule for each radiotherapy, chemotherapy, or immunotherapy treatment. Payment will be made for immunotherapy only if the course of treatment is administered by or under the direction of a certified oncologist for malignant melanoma using mixed vaccines designed to stimulate the immune system. This benefit is limited to treatments occurring within 365 days of the first treatment.

OUTPATIENT PHYSICIAN VISITS BENEFIT

We will pay the amount shown on the policy schedule for each *physician* visit that results in a *diagnosis* of *cancer* or is related to the treatment of *cancer*, including office, *emergency room*, and *urgent care center* visits. This benefit is limited to three visits per year, one every four months, for a maximum of five years after each *diagnosis* of *cancer*. This benefit will not be paid during *hospital confinement*.

BLOOD AND BLOOD PLASMA BENEFIT

We will pay the amount shown on the policy schedule for each occurrence of blood and blood plasma administration. This benefit is limited to a maximum of 40 occurrences.

AMBULANCE SERVICE BENEFIT

We will pay the amount shown on the policy schedule for transportation by a licensed ambulance company to or from a *hospital*. This benefit is limited to a maximum of 10 transports.

HOSPICE CARE BENEFIT

We will pay the amount shown on the policy schedule for each day of *hospice care*. If delivered in the home of an *insured person*, we will not simultaneously pay the *home health care* benefit. There is no limit on the number of days for which *hospice care* benefits are payable.

HOME HEALTH CARE BENEFIT

We will pay the amount shown on the policy schedule for each day *home health care* services are received, without which an *insured person* would require continued *hospital confinement*. This benefit will not be paid if an *insured person* is also receiving *hospice care*. This benefit is limited to a maximum of 100 days.

SKILLED NURSING FACILITY AND REHABILITATION CENTER BENEFIT

We will pay the amount shown on the policy schedule for each day of *confinement* in a *skilled nursing facility* or *rehabilitation facility*, without which an *insured person* would require continued *hospital confinement*. This benefit is limited to a maximum of 100 days.

PREVENTIVE BENEFITS

We will pay the amount shown on the policy schedule per calendar year if an *insured person* receives any preventive test, procedure, or vaccine listed below. This benefit is limited to a maximum of one test, procedure, or vaccine per year for each *insured person*. The test, procedure, or vaccine must be provided more than 90 days after the *policy date* and while the policy is in force.

- (a) chest x-ray;
- (b) colonoscopy or flexible sigmoidoscopy;
- (c) hemocult stool analysis;
- (d) mammogram;
- (e) pap smear;
- (f) PSA (Prostate Specific Antigen) test;
- (g) HPV vaccine; and
- (h) CEA (blood test for colon cancer).

We will pay benefits for the following tests or procedures only when indicated by symptoms:

- (a) bronchoscopy;
- (b) cystoscopy;
- (c) esophagogastroduodenoscopy (EGD); and
- (d) laryngoscopy.

SURGERY BENEFIT

If surgery is performed on an *insured person* as a result of *cancer*, we will pay the surgery benefit shown on the surgical schedule. For surgeries not listed, a comparably reasonable benefit will be paid, as the below list is not all-inclusive. If two or more surgical procedures are performed during the course of the same operation, payment will be made for the most expensive procedure only. In no case will the amount paid for any surgery be less than \$100. Benefits are limited to the maximum daily surgery benefit amount shown on the policy schedule for surgery performed on any single day.

SURGICAL SCHEDULE

<u>Procedure</u>	<u>[CPT® Code]</u>	<u>\$ Amount</u>
Partial colectomy	[44140]	1,380
Mastectomy, simple, complete	[19303]	960
Mastectomy, partial	[19301]	620
Biopsy of liver wedge	[47100]	840
Biopsy or excision of lymph node(s)	[38525]	430

Biopsy of prostate	[55700]	160
Biopsy of breast	[19102]	110
Biopsy of skin	[11100]	100
Colonoscopy postflex with polyp removal	[45385]	330
Endoscopy upper GI with biopsy	[43239]	180
Destruction of premalignant lesions	[17000]	100

ADMINISTRATION OF ANESTHETIC FOR SURGERY BENEFIT

We will pay 20% of the amount paid under the Surgery Benefit for the administration of general anesthetic for surgery.

DEPENDENTS PROVISIONS

Your eligible dependents are covered under this policy only if you apply for coverage for them, we accept the application, and you pay the required premium.

ELIGIBILITY

Eligible dependents include:

- (a) your *spouse*;
- (b) any unmarried *dependent child* who is under age 19 (23 if a full-time student in an accredited college or university); and
- (c) adopted children or children placed with you for the purpose of legal adoption.

NEWBORN CHILDREN AND ADOPTED CHILDREN

Any natural child of yours born while this policy is in force will be automatically insured from birth for 60 days without being subject to any waiting or probationary period that might otherwise apply. Coverage for the newborn child will continue in effect thereafter, without evidence of insurability, if we receive a written request and payment of any required additional premium for *dependent child* coverage prior to the end of the automatic coverage period. Benefits are payable for congenital *cancer* conditions during the period of automatic coverage, but thereafter only if you exercised your right to continue coverage without evidence of insurability. Expiration of the automatic coverage period will not affect any claim incurred prior to the end of such period.

Any child adopted by you while this policy is in force will be insured during the automatic coverage period. The automatic coverage period for such adoptive child will begin on the earlier of:

- (a) the date of placement for the purpose of adoption; or
- (b) the date of the entry of an order granting you custody of the child for purposes of adoption.

The child will be automatically insured for 60 days or until the first day of the second month after the adoption or placement, whichever is longer.

Coverage for the adoptive child will continue beyond the automatic coverage period, without evidence of insurability, if we receive notification of the adoption and payment of any required additional premium prior to the end of such period.

Continuous coverage for the adoptive child will end on the earlier of:

- (a) the date placement is disrupted prior to legal adoption and the child is removed from placement; or
- (b) the date coverage would otherwise terminate in accordance with this policy's **TERMINATION** provision.

WHEN DEPENDENT CHILD INSURANCE ENDS

Coverage for a *dependent child* will end on the date he or she:

- (a) reaches age 19 (23 if a full-time student in an accredited college or university);
- (b) gets married; or
- (c) meets any of the conditions of the **TERMINATION** provision.

If we accept the additional dependent premium for this policy after the last *dependent child* reaches age 19 (23 if a full-time student in an accredited college or university) or after we receive notice of marriage or notice that he or she is no longer a full-time student, coverage for such child will continue until the end of the period for which premium has been accepted. If we accept premium without notice of marriage or notice that the last *dependent child* is no longer a full-time student, it will be refunded.

If, on the date a *dependent child's* insurance would end because of reaching age 19 (23 if a full-time student in an accredited college or university), he or she is not capable of self-sustaining employment because of an intellectual disability or physical handicap, and is chiefly dependent on you for support and maintenance, we will continue coverage for such child. Coverage will continue as long as your policy remains in force and the incapacity continues. We may ask prior to the date coverage for a *dependent child* is to end whether or not he or she is incapacitated. Unless satisfactory proof of such incapacity is sent to us within 60 days of our inquiry, we may terminate the child's coverage under your policy.

SPOUSE CONVERSION PRIVILEGE

If your *spouse's* coverage terminates due to a change in your marital status, we will issue your former *spouse* a policy then available which is most comparable to this policy. Your former *spouse* must apply for and pay the premium for the new policy within 30 days after termination under this policy. Benefits may be less than those provided to your former *spouse* under this policy and will exclude any conditions not covered by this policy. Any waiting period on the new policy will be reduced by the number of months already satisfied on this policy.

SPOUSE CONTINUATION OF COVERAGE

If you die while this policy is in force or receive a *diagnosis of cancer* during any 30-day probationary period, we will renew this policy with your *spouse* (if then covered) as the new Insured. Otherwise, continuation is subject to all policy provisions.

TERMINATION

Your policy will terminate on the earliest of:

- (a) the date we receive your written or verbal request to cancel the policy, or any future date you specify in your request (in either case, the grace period will not apply);
- (b) the *policy renewal date*, if the renewal premium was not paid before the end of the grace period;
- (c) the date of your death (except as stated in the **Spouse Continuation of Coverage** provision); or
- (d) the date premiums are refunded in accordance with the 30-DAY PROBATIONARY PERIOD section.

Spouse or *dependent child* coverage under your policy will terminate on the earliest of:

- (a) the date we receive your request to terminate your *spouse* or *dependent child's* coverage (in which case the grace period will not apply);
- (b) the *policy renewal date* on or immediately following the date eligibility ends;
- (c) the date your coverage terminates;
- (d) the date of your *spouse's* or *dependent child's* death; or
- (e) the date coverage for a *spouse* or *dependent child* ends, and if applicable, any premiums are refunded, in accordance with the 30-DAY PROBATIONARY PERIOD section.

Termination of coverage will not affect any claim that began while your policy was in force.

UNEARNED PREMIUM REFUND

In the event of cancellation or death, we will promptly return the unearned portion of any premium paid. The premium refund issued in the event of death will be paid in a lump sum amount within 30 days after satisfactory proof of an Insured Person's death has been furnished to us.

LIMITATIONS

Your policy pays only for loss resulting from *cancer* or any other conditions or diseases directly caused or aggravated by *cancer* or the treatment of *cancer*. Your policy does not cover injuries, or conditions or diseases unrelated to *cancer*.

We will not pay benefits for any person for a *diagnosis*, or for expense beginning, while that person is not insured under your policy.

CLAIMS PROVISIONS

NOTICE OF CLAIM

Written notice of a claim must be given to us within 20 days after a covered loss starts, or as soon as reasonably possible. You may give the required notice or someone else may do it for you. The notice should include your name and policy number. Notice should be mailed to us in Omaha, Nebraska.

CLAIM FORMS

When we receive your notice of a claim, we will send you forms for filing proof of loss. If we do not send you these forms within 15 days of such notice, you can meet the proof of loss requirement by giving us a written statement of your claim. We must receive this statement within the time given for filing proof of loss.

PROOF OF LOSS

Written proof of loss must be given to us within 90 days after the onset of such loss. If it is not reasonably possible to give us written proof within the required time, we will not reduce or deny your claim for this reason if the proof is supplied as soon as reasonably possible. In any case, proof must be given no more than 12 months from the time specified, unless you were legally incapacitated.

TIME OF PAYMENT OF CLAIMS

We will pay benefits for a covered loss as soon as we receive proper written proof of loss.

PAYMENT OF CLAIMS

We will pay benefits to you, if you are living, unless you send us a written request to pay your health care provider directly. Benefits unpaid at your death which are not assigned will be paid to your estate.

If any benefits are payable to your estate, or to a minor or any person not legally able to give a valid release, we may pay up to \$1,000 to any relative of yours whom we find entitled to the payment. If we make a payment in good faith, we will be fully discharged to the extent of that payment.

TERM OF COVERAGE

Your coverage starts on the *policy date* at 12:01 a.m. where you reside. It ends at 12:01 a.m. where you reside on the first *policy renewal date*. Each time you renew your policy by paying the premium within the 31-day grace period, a new term begins when the old term ends.

POLICY PROVISIONS

CONSIDERATION

In consideration of the first premium you paid, the application you completed, and our reliance on your answers to the application questions, we have put this policy in force as of the *policy date*. That date is shown on the policy schedule. A copy of your application is attached.

ENTIRE CONTRACT AND CHANGES

This policy is a contract between you and us. The entire contract consists of:

- (a) the policy;
- (b) the attached signed application;
- (c) any supplemental applications made part of the policy;
- (d) any riders; and
- (e) any endorsements or amendments.

No change in this policy will be effective until approved by a company officer. This approval must be noted on or attached to the policy. No agent can change this policy or waive any of its provisions. Any rider, endorsement, or application added after the *policy date* which reduces or eliminates coverage under this policy will require your signed acceptance to be valid.

TIME LIMIT ON CERTAIN DEFENSES

After two years from the date a person becomes insured under this policy, only fraudulent misstatements in the application can be used to void the policy or deny any claim for loss incurred that starts after the two-year period.

After two years from the date of reinstatement, only fraudulent misstatements in the reinstatement application can be used to void the policy or deny any claim for loss incurred that starts after the two-year period.

No claim for loss incurred after two years from the date a person becomes insured under this policy will be reduced or denied on the ground that a *cancer* existed prior to the *policy date*.

GRACE PERIOD

Your policy has a 31-day grace period. This means that if you do not pay a renewal premium on or before the date it is due, you can pay it during the following 31 days. During the grace period your policy will stay in force.

REINSTATEMENT

Your policy will lapse if you do not pay your premium before the end of the grace period. If we accept a late premium without requiring you to complete an application for reinstatement, your policy will be reinstated.

If we require you to complete an application, we will reinstate your policy as of the approval date. If we do not approve your application within 45 days of the application date, we will reinstate your policy on the 45th day following the date of the application, unless we have previously given you written notice of its disapproval.

Your reinstated policy will only cover loss that results from *sickness* sustained after the date of reinstatement. In all other respects, your rights and our rights will remain the same as before the policy lapsed, subject to any provisions noted on or attached to the reinstated policy.

PHYSICAL EXAMINATIONS AND AUTOPSY

We have the right to have an *insured person* examined, at our expense, as often as reasonably necessary while a claim is pending. We may also have an autopsy done, at our expense, unless prohibited by law.

MISSTATEMENT OF AGE

If the age of an *insured person* has been misstated, all benefits payable will be those which the premium paid would have purchased at the correct age.

LEGAL ACTIONS

You cannot bring a legal action to recover under this policy until at least 60 days after you have given us satisfactory written proof of loss. You cannot bring a legal action more than three years from the date proof of loss is required.

OTHER INSURANCE WITH US

You can be insured under only one policy of this type with us at any one time. If you are insured under more than one such policy, you must select the one that is to remain in effect. In the event of your death, your estate will make this selection. We will refund all premiums paid, minus any claims paid, for the policy you cancel.

UNPAID PREMIUM

When we pay benefits for a claim under this policy, we may reduce those benefits by the amount of any premium then due and unpaid.

CONFORMITY WITH STATE STATUTES

Any provision of this policy 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 those laws.

POLICY SCHEDULE

POLICY NUMBER	POLICY DATE	FIRST RENEWAL DATE
CL10-[000000-00M]	[6-1-10]	[6-1-11]

INITIAL PREMIUM	RENEWAL PREMIUM	PREMIUM MODE
[\$0,000.00]	[\$0,000.00 **]	[Annual, Semiannual, Quarterly, Monthly]

POLICY BENEFIT	SERIES [23509]	INSURED
Daily Room Benefit: \$[150-500]		[James J. Jones]
ICU Daily Room Benefit: \$[50-1,000]		[123 Main Street]
Inpatient Physician: \$[50-500]		[Anytown, AR 00000]
X-Ray/Lab: \$[50-500]	Chemo: \$[75-1,000]	
Out. Phys.: \$[50-500]	Blood: \$[50-500]	
Ambulance: \$[50-500]	Hospice: \$[50-500]	
Home Health: \$[50-500]	SNF: \$[50-500]	
Preventive Screening: \$[50-500]		INITIAL PREMIUM \$[0,000.00]
Max. Daily Surgery Benefit: \$[1,500-5,000]		MGR [Don Jones]
		[J Brown 09999]

ADDITIONAL COVERAGES AND POLICY ADJUSTMENTS

**Renewal Premium Subject To Change

[0MV1M Cancer Hospital Confinement Daily Room Benefit Increase Rider
Rider Premium \$[00.00]
Daily Room Benefit \$[50-500]]

[0MR7M Lump Sum Cancer Diagnosis Benefit Rider
Rider Premium \$[00.00]
Lump Sum Cancer Diagnosis Benefit \$[500-10,000]]

[0MR8M Best Doctors® Lump Sum Cancer Diagnosis Benefits Rider
Rider Premium \$[00.00]
Lump Sum Cancer Diagnosis Benefit \$[500-10,000]
Best Doctors toll-free phone number [1-XXX-XXX-XXXX]]

[0MR9M Chemotherapy Benefit Increase Rider
Rider Premium \$[00.00]
Chemotherapy Benefit \$[50-1,000]]

CLAIM INFORMATION CALL [1-XXX-XXX-XXXX]
OTHER SERVICE QUESTIONS CALL [1-XXX-XXX-XXXX]

CL10-23509

[OMT2M Surgery Benefit Increase Rider
Rider Premium \$[00.00]
Maximum Daily Surgery Benefit \$ [1,500-5,000]]

[OMT3M Heart Attack and Stroke Hospital Confinement
Daily Room Benefit Rider
Rider Premium \$[00.00]
Daily Room Benefit \$[50-500]]

[OMT4M Unemployment Waiver of Premium Rider
Rider Premium \$[00.00]]

[OMT5M Hospitalization Waiver of Premium Rider
Rider Premium \$[00.00]]

**CLAIM INFORMATION CALL [1-XXX-XXX-XXXX]
OTHER SERVICE QUESTIONS CALL [1-XXX-XXX-XXXX]**

CL10-23509

Mutual of Omaha Insurance Company, Omaha, NE
Form Number CL10
Specified Disease Cancer Insurance Policy

Monthly Individual Premiums / \$10 Benefit

	Individual	Family
Inpatient Hospital		
• Daily Room Benefit	\$0.154	\$0.308
• ICU DRB	\$0.026	\$0.052
• Inpatient Physician Visit	\$0.091	\$0.182
Outpatient		
• Diagnostic Xray/Lab	\$0.239	\$0.478
• Radiotherapy / Chemotherapy / Immunotherapy	\$0.352	\$0.704
• Physician Visit	\$0.011	\$0.022
Blood and Blood Plasma	\$0.175	\$0.350
Ambulance Service	\$0.002	\$0.004
Hospice Care	\$0.050	\$0.100
Home Health Care	\$0.023	\$0.046
Skilled Nursing Facility & Rehabilitation Center	\$0.011	\$0.022
Preventive Care Benefit	\$0.418	\$0.836

Monthly Individual Premium per Maximum Benefit

Maximum Surgery Benefit	Individual	Family
500	\$1.16	\$2.32
750	\$1.31	\$2.62
1,000	\$1.41	\$2.82
1,250	\$1.49	\$2.98
1,500	\$1.55	\$3.10
1,750	\$1.61	\$3.22
2,000	\$1.66	\$3.32
2,250	\$1.70	\$3.40
2,500	\$1.74	\$3.48
2,750	\$1.77	\$3.54
3,000	\$1.80	\$3.60
3,250	\$1.83	\$3.66
3,500	\$1.86	\$3.72
3,750	\$1.88	\$3.76
4,000	\$1.91	\$3.82
4,250	\$1.93	\$3.86
4,500	\$1.95	\$3.90
4,750	\$1.97	\$3.94
5,000	\$1.99	\$3.98

Monthly Individual Premium as % of DRB Premium

	Individual	Family
Inpatient Rx Drug (15% of DRB)	13.89%	13.89%

Monthly Individual Premium as % of Surgery Premium

	Individual	Family
Anesthesia (20% of Surgery)	6.89%	6.89%

Mutual of Omaha Insurance Company, Omaha, NE
Form Number CHS10
Specified Disease Cancer, Heart Attack and Stroke Insurance Policy

Monthly Individual Premiums / \$10 Benefit

	Individual	Family
Inpatient Hospital		
• Daily Room Benefit	\$0.301	\$0.602
• ICU DRB	\$0.106	\$0.212
• Inpatient Physician Visit	\$0.177	\$0.354
Outpatient		
• Diagnostic Xray/Lab	\$0.249	\$0.498
• Radiotherapy / Chemotherapy / Immunotherapy	\$0.352	\$0.704
• Physician Visit	\$0.021	\$0.042
Blood and Blood Plasma	\$0.175	\$0.350
Ambulance Service	\$0.002	\$0.004
Hospice Care	\$0.068	\$0.136
Home Health Care	\$0.044	\$0.088
Skilled Nursing Facility & Rehabilitation Center	\$0.022	\$0.044
Preventive Care Benefit	\$1.900	\$3.800

Monthly Individual Premium per Maximum Benefit*

Maximum Surgery Benefit	Individual	Family
500	\$1.19	\$2.38
750	\$1.34	\$2.68
1,000	\$1.45	\$2.90
1,250	\$1.53	\$3.06
1,500	\$1.59	\$3.18
1,750	\$1.65	\$3.30
2,000	\$1.70	\$3.40
2,250	\$1.74	\$3.48
2,500	\$1.78	\$3.56
2,750	\$1.82	\$3.64
3,000	\$1.85	\$3.70
3,250	\$1.88	\$3.76
3,500	\$1.91	\$3.82
3,750	\$1.93	\$3.86
4,000	\$1.96	\$3.92
4,250	\$1.98	\$3.96
4,500	\$2.00	\$4.00
4,750	\$2.02	\$4.04
5,000	\$2.04	\$4.08

Monthly Individual Premium as % of DRB Premium

	Individual	Family
Inpatient Rx Drug (15% of DRB)	10.87%	10.87%

Monthly Individual Premium as % of Surgery Premium

	Individual	Family
Anesthesia (20% of Surgery)	13.09%	13.09%

Mutual of Omaha Insurance Company, Omaha, NE
Form Number OMR7M
Lump Sum Cancer Diagnosis Benefit Rider

	Individual	Family
Monthly Premium / \$10 Benefit	\$0.0097	\$0.0193

Mutual of Omaha Insurance Company, Omaha, NE
Form Number OMR8M
Best Doctors Lump Sum Cancer Diagnosis Benefits Rider

	Individual	Family
Monthly Premium / \$10 Benefit	\$0.0097	\$0.0193

Mutual of Omaha Insurance Company, Omaha, NE
Form Number OMR9M
Chemotherapy Benefit Increase Rider

	Individual	Family
Monthly Premium / \$10 Benefit	\$0.202	\$0.404

Mutual of Omaha Insurance Company, Omaha, NE
 Form Number OMT2M
 Cancer Surgery Benefit Increase Rider
 Monthly Premium

Maximum Surgery Benefit	Individual	Family
500	\$1.28	\$2.56
750	\$1.44	\$2.88
1,000	\$1.55	\$3.10
1,250	\$1.64	\$3.28
1,500	\$1.71	\$3.42
1,750	\$1.77	\$3.54
2,000	\$1.83	\$3.66
2,250	\$1.87	\$3.74
2,500	\$1.91	\$3.82
2,750	\$1.95	\$3.90
3,000	\$1.98	\$3.96
3,250	\$2.01	\$4.02
3,500	\$2.05	\$4.10
3,750	\$2.07	\$4.14
4,000	\$2.10	\$4.20
4,250	\$2.12	\$4.24
4,500	\$2.15	\$4.30
4,750	\$2.17	\$4.34
5,000	\$2.19	\$4.38

Mutual of Omaha Insurance Company, Omaha, NE
Form Number OMT3M
Heart Attack and Stroke Hospital Confiement Daily Room Benefit Rider

	Individual	Family
Monthly Individual Premiums / \$10 Benefit	\$0.162	\$0.324

Mutual of Omaha Insurance Company, Omaha, NE
Form Number OMT4M
Unemployment Waiver of Premium Rider

	Individual	Family
Factor applied to premium	10%	15%

Mutual of Omaha Insurance Company, Omaha, NE
Form Number OMT5M
Hospitalization Waiver of Premium Rider

	Individual	Family
Factor applied to premium	10%	15%

Mutual of Omaha Insurance Company, Omaha, NE
Form Number OMT6M
Lump Sum Cancer, Heart Attack and Stroke Diagnosis Benefits Rider

	Individual	Family
Monthly Individual Premiums / \$10 Benefit	\$0.0133	\$0.0267

Mutual of Omaha Insurance Company, Omaha, NE

Form Number OMT7M

Best Doctors Lump Sum Cancer, Heart Attack and Stroke Diagnosis Benefits Rider

	Individual	Family
Monthly Individual Premiums / \$10 Benefit	\$0.0133	\$0.0267

Mutual of Omaha Insurance Company, Omaha, NE
Form Number 0MV1M
Cancer Hospital Confinement Daily Room Benefit Increase Rider

	Individual	Family
Monthly Individual Premiums / \$10 Benefit	\$0.169	\$0.338

Mutual of Omaha Insurance Company, Omaha, NE

Form Number 0MV2M

Cancer, Heart Attack and Stroke Hospital Confinement Daily Room Benefit Increase Rider

	Individual	Family
Monthly Individual Premiums / \$10 Benefit	\$0.331	\$0.662

Mutual of Omaha Insurance Company, Omaha, NE
 Form Number 0MV3M
 Cancer, Heart Attack and Stroke Surgery Benefit Increase Rider
 Monthly Premium

Maximum Surgery Benefit	Individual	Family
500	\$1.31	\$2.62
750	\$1.47	\$2.94
1,000	\$1.60	\$3.20
1,250	\$1.68	\$3.36
1,500	\$1.75	\$3.50
1,750	\$1.82	\$3.64
2,000	\$1.87	\$3.74
2,250	\$1.91	\$3.82
2,500	\$1.96	\$3.92
2,750	\$2.00	\$4.00
3,000	\$2.04	\$4.08
3,250	\$2.07	\$4.14
3,500	\$2.10	\$4.20
3,750	\$2.12	\$4.24
4,000	\$2.16	\$4.32
4,250	\$2.18	\$4.36
4,500	\$2.20	\$4.40
4,750	\$2.22	\$4.44
5,000	\$2.24	\$4.48

CERTIFICATION

This is to certify that the attached form(s) has/have achieved the following Flesch Reading Ease Score(s) and complies/comply with the requirements of Ark. Stat. §§66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

<u>Form</u>	<u>Description</u>	<u>Score</u>
CL10-23509	Cancer Policy	45.1
CHS10-23510	Cancer, Heart Attack, Stroke Policy	44.5
0MR7M	Lump Sum Cancer Diagnosis Rider	53.4
0MR8M	Best Doctors Lump Sum Cancer Diagnosis Rider	48.1
0MR9M	Chemotherapy Benefit Increase Rider	52.4
0MT2M	Cancer Surgery Benefit Increase Rider	52.3
0MT3M	Heart Attack and Stroke Hospital Confinement DRB Rider	44.0
0MT4M	Unemployment Waiver of Premium Rider	45.5
0MT5M	Hospitalization Waiver of Premium Rider	42.1
0MT6M	Lump Sum Cancer, Heart Attack, Stroke Diagnosis Rider	53.7
0MT7M	Best Doctors Lump Sum CHS Diagnosis Rider	48.7
0MV1M	Cancer Hospital Confinement DRB Increase Rider	55.8
0MV2M	CHS Hospital Confinement DRB Increase Rider	56.2
0MV3M	CHS Surgery Benefit Increase Rider	53.0
MA5960-03	Application	N/A
OC1747_03	Outline of Coverage, Cancer Policy	43.5
OC1748_03	Outline of Coverage, Cancer, Heart Attack, Stroke Policy	41.1

Date: June 29, 2010



Daniel J. Kennelly
Vice President & Chief Compliance Officer

MUTUAL OF OMAHA INSURANCE COMPANY

Mutual of Omaha Plaza, Omaha, NE 68175, 402-342-7600



SPECIFIED DISEASE CANCER, HEART ATTACK AND STROKE INSURANCE POLICY LIMITED BENEFIT HEALTH INSURANCE COVERAGE

PLEASE REVIEW YOUR APPLICATION

Please review the attached copy of your application. If anything is incorrect or if any medical history is missing, it is your obligation to inform us right away. We issued your policy on the basis that all of the information shown in your application was correct and complete. If it is not, your policy may not be valid.

30-DAY RIGHT TO REVIEW POLICY

You have 30 days from the date of its delivery to review your policy. If during that time you are not satisfied with your policy, you may return it to us or to your agent for a prompt refund of all premiums paid. The policy will then be considered never to have been issued.

GUARANTEED RENEWABLE FOR LIFE

Your policy is guaranteed renewable for life. This means you have the right to continue your policy for as long as you live. Unless there has been a *material misrepresentation*, we cannot cancel your policy as long as you pay the required premium before the end of each grace period.

PREMIUMS CAN CHANGE

We may change the premium for your policy. However, we cannot make any premium change unless we make the same change to all policies of this form issued to persons of the same *class*. We will give you 60 days advance written notice prior to any premium change.

NOTICE TO BUYER: THIS IS A CANCER, HEART ATTACK AND STROKE ONLY POLICY AND IT DOES NOT PAY BENEFITS FOR LOSS FROM ANY OTHER CAUSE. THIS POLICY PROVIDES LIMITED BENEFITS. BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES.

CAUTION: READ YOUR POLICY CAREFULLY WITH THE OUTLINE OF COVERAGE AND THE BUYER'S GUIDE.

**This Is a Legal Contract Between You and Us.
THIS POLICY CONTAINS A 30-DAY PROBATIONARY PERIOD
THIS IS NOT A MEDICARE SUPPLEMENT POLICY
To Inquire About Your Coverage, or to Express a Concern,
You May Call Us Toll-Free At:
For Customer Service [1-XXX-XXX-XXXX]
For Claims Service [1-XXX-XXX-XXXX]**

Chairman of the Board and
Chief Executive Officer

Corporate Secretary

TABLE OF CONTENTS	PAGE
DEFINITIONS	1
30-DAY PROBATIONARY PERIOD FOR CANCER	3
CANCER, HEART ATTACK, AND STROKE TREATMENT BENEFITS	3
Hospital Confinement Benefit.....	3
Inpatient Hospital Confinement Physician Services Benefit	3
Medication Benefit.....	3
Outpatient Diagnostic X-ray and Lab Benefit.....	3
Radiotherapy, Chemotherapy, and Immunotherapy Benefit.....	3
Outpatient Physician Visits Benefit	3
Blood and Blood Plasma Benefit	4
Ambulance Service Benefit.....	4
Hospice Care Benefit	4
Home Health Care Benefit	4
Skilled Nursing Facility and Rehabilitation Center Benefit.....	4
Preventive Benefits	4
Surgery Benefit	5
Surgical Schedule	5
Administration of Anesthetic for Surgery Benefit	5
DEPENDENTS PROVISIONS	5
Eligibility	5
Newborn Children and Adopted Children	5
When Dependent Child Insurance Ends.....	6
Spouse Conversion Privilege	6
Spouse Continuation of Coverage	6
TERMINATION	6
Unearned Premium Refund	7
LIMITATIONS	7
CLAIMS PROVISIONS	7
Notice of Claim	7
Claim Forms.....	7
Proof of Loss	7
Time of Payment of Claims	7
Payment of Claims	7
TERM OF COVERAGE	8
POLICY PROVISIONS	8
Consideration	8
Entire Contract and Changes.....	8
Time Limit on Certain Defenses.....	8
Grace Period	8
Reinstatement	8
Physical Examinations and Autopsy	8
Misstatement of Age	9
Legal Actions.....	9
Other Insurance with Us.....	9
Unpaid Premium	9
Conformity with State Statutes.....	9

DEFINITIONS

Shown below are the defined terms used in your policy. These terms are *italicized* wherever they appear in your policy.

Class means persons with the same policy form and type of coverage as yours. Such persons reside in the same geographic area of the state as you do.

Cancer means a *sickness* characterized by an abnormal proliferation of cells which grow in an uncontrolled manner, exhibit invasiveness, and tend to spread to other normal tissues. The cancer can be classified as a carcinoma, malignant carcinoid, sarcoma, leukemia, myelodysplastic syndrome, lymphoma, or other malignant tumor. It can also include the malignant transformation of a previously benign tumor.

It does not include pre-cancerous conditions such as leukoplakia, hyperplasia, polycythemia, benign moles, or similar lesions.

In order to be covered under your policy, the *diagnosis* of cancer must be confirmed in writing by a qualified pathologist's report. The report must be based on examination of tissue, blood, or secretion. When a pathological *diagnosis* cannot be made because it is medically inappropriate or life-threatening, cancer can be *diagnosed* and confirmed in writing based on the combined results of x-rays, laboratory examinations, and clinical findings.

Confined or confinement means confinement as a resident inpatient in a *hospital, skilled nursing facility, or rehabilitation facility* because of *cancer, heart attack, or stroke* for at least 12 hours. Confinement must be recommended and supervised by a *physician*.

[CPT® Code (Current Procedural Terminology) means a code number assigned to each medical service or procedure by the American Medical Association to communicate uniform information among *physicians, patients, insurance companies* and others. *CPT copyright 2009 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.*]

Daily room benefit means the amount we will pay for each day of *confinement* in a semi-private or private room. The daily room benefit is shown on the policy schedule.

Dependent child means your dependent child or your *spouse's* dependent child who is insured in accordance with the DEPENDENTS PROVISIONS section.

Diagnosed or diagnosis means the definitive establishment by a *physician* of *cancer, heart attack, or stroke*.

Emergency room means a designated part of a *hospital* that is staffed and equipped to provide rapid treatment to persons requiring immediate medical care.

Heart attack (myocardial infarction, includes ST elevation, non-ST elevation, Q wave and non-Q wave presentations) means the death of a portion of the heart muscle, resulting from blockage of one or more coronary arteries. In order to be covered under this policy, the *diagnosis* of heart attack (myocardial infarction) must be based upon a clinical setting consistent with such *diagnosis* and either:

- (a) new electrocardiographic changes consistent with and supporting a clinical *diagnosis* of heart attack (myocardial infarction); or
- (b) a concurrent diagnostic elevation of cardiac biomarkers.

Home health care means services received from a home health care agency. Such services must:

- (a) be part of a written home health care plan prescribed and set up by your *physician*;
- (b) be received while not confined in a hospital or nursing home; and
- (c) be in lieu of hospital or nursing home confinement.

The home health care agency must be certified as such by Medicare or licensed as such by the state.

Hospice care means services to alleviate physical and emotional discomfort that are:

- (a) for terminally ill patients whose life expectancy is less than six months;
- (b) provided on an inpatient or outpatient basis (including your home);
- (c) directed by a *physician*; and
- (d) provided by a licensed, certified, or registered provider.

Hospital means any of the following places:

- (a) a place which is licensed or recognized as a general hospital by the proper authority of the state in which it is located;
- (b) a place operated for the care and treatment of resident inpatients with a registered nurse (RN) or *physician* always on the premises and with a laboratory and X-ray facility;
- (c) a place recognized as a general hospital by the Joint Commission on the Accreditation of Hospitals; or
- (d) a place certified as a hospital by Medicare.

Not included is a hospital or institution or a part of such hospital or institution which is licensed or used principally:

- (a) for the treatment or care of drug addicts or alcoholics; or
- (b) as a continued or extended care facility, *skilled nursing facility*, assisted living facility, *rehabilitation facility*, convalescent home, or nursing home.

ICU daily room benefit means the amount we will pay for each day of *confinement* in an *intensive care unit*. The ICU daily room benefit is shown on the policy schedule.

Insured person means you and, if insured under this policy, your *spouse* or *dependent child*.

Intensive care unit means a separate, specifically designated facility of a *hospital* which provides the highest level of medical care to critically ill or injured patients. The facility must be permanently equipped and staffed by qualified personnel to provide close observation on a full-time basis. Intensive care unit includes a coronary care unit or renal care unit.

Material misrepresentation means a condition or combination of conditions you were required to disclose on the application was not disclosed and, if disclosed, would have caused us to deny issuing or reinstating your policy. Any material misrepresentation is subject to the **Time Limit on Certain Defenses** provision.

Physician means a person, other than you or a member of your family, duly licensed and legally qualified to *diagnose* and treat *cancer*, *heart attack* or *stroke* and/or related conditions. He or she must be providing services within the scope of his or her license.

Policy date means the date coverage is effective under your policy as shown on the policy schedule.

Policy renewal date means the date your policy's premium is due. The frequency of the policy renewal date will vary depending on whether you pay premiums on a monthly, quarterly, semiannual, or annual basis.

Rehabilitation facility means a place licensed as such by the state in which it is located. A rehabilitation facility can also be a specifically designated area or part of a *hospital*.

Sickness means an illness, disease, or physical condition which:

- (a) causes loss beginning while your policy is in force; and
- (b) is not excluded from coverage.

Skilled nursing facility means a facility licensed to provide skilled nursing care by the proper authority of the state in which it is located. It must have a registered nurse (RN) on the premises 24 hours a day. A skilled nursing facility does not include an assisted living facility.

Spouse means the person to whom you are legally married and who is insured in accordance with the DEPENDENTS PROVISIONS section.

Stroke means a cerebrovascular accident or infarction (death) of brain tissue caused by hemorrhage, embolism, or thrombosis producing measurable, neurological deficit persisting for at least two days following the occurrence of the stroke. Stroke does not include Transient Ischemic Attack (TIA) or other cerebral vascular events.

Urgent care center means a free-standing medical facility that is not part of a *hospital*, where patients are treated on a walk-in basis, without an appointment, and receive immediate medical care. If required by the state in which it is located, an urgent care center must have the appropriate state licensure, certification, or registration to operate as an urgent care center.

We, us, and our mean Mutual of Omaha Insurance Company.

You and your mean the person named as the Insured on the policy schedule.

30-DAY PROBATIONARY PERIOD FOR CANCER

Your policy has a 30-day probationary period. This means that in order to be covered, a *cancer* must be:

- (a) first *diagnosed* while this policy is in force; and
- (b) first *diagnosed* at least 30 days after the date an *insured person* became covered under this policy, or at least 30 days after the date the policy was reinstated.

If an *insured person* is *diagnosed* with *cancer* during any probationary period, or while this policy is not in force, no benefits will be paid for that person. Our liability instead will be limited to a refund of all premiums paid for that person's coverage from the date he or she first became insured, or from the date of last reinstatement. That person's coverage will then terminate.

CANCER, HEART ATTACK, AND STROKE TREATMENT BENEFITS

We will pay benefits as follows when an *insured person* receives any of the listed services and supplies ordered or prescribed by a *physician* for:

- (a) the treatment of *cancer, heart attack, or stroke*; or
- (b) any other conditions or diseases directly caused or aggravated by *cancer, heart attack or stroke* or their treatment.

Unless otherwise noted, the maximums shown are the total benefits payable **per diagnosis** for each *insured person*.

HOSPITAL CONFINEMENT BENEFIT

When an *insured person* is *confined* in a *hospital* for the treatment of *cancer, heart attack, or stroke*, we will pay the greater of either:

- (a) the *daily room benefit* for each day of *confinement*; or
- (b) the *ICU daily room benefit* for each day of *confinement* in an *intensive care unit*.

There is no limit on the number of days for which *hospital confinement* benefits are payable.

INPATIENT HOSPITAL CONFINEMENT PHYSICIAN SERVICES BENEFIT

During the *hospital confinement* of an *insured person*, we will pay the amount shown on the policy schedule for one visit per day by a *physician*. This benefit is limited to a maximum of 90 visits.

MEDICATION BENEFIT

We will pay 15% of the *daily room benefit* for drugs and medicines taken during *confinement*.

OUTPATIENT DIAGNOSTIC X-RAY AND LAB BENEFIT

We will pay the amount shown on the policy schedule for one outpatient x-ray or lab procedure per day for each *insured person*. This benefit is limited to a maximum of 20 procedures.

RADIOTHERAPY, CHEMOTHERAPY, AND IMMUNOTHERAPY BENEFIT

We will pay the amount shown on the policy schedule for each radiotherapy, chemotherapy, or immunotherapy treatment. Payment will be made for immunotherapy only if the course of treatment is administered by or under the direction of a certified oncologist for malignant melanoma using mixed vaccines designed to stimulate the immune system. This benefit is limited to treatments occurring within 365 days of the first treatment.

OUTPATIENT PHYSICIAN VISITS BENEFIT

We will pay the amount shown on the policy schedule for each *physician* visit that results in a *diagnosis* of *cancer, heart attack, or stroke* including office, *emergency room*, and *urgent care center* visits. This benefit is limited to three visits per year, one every four months, for a maximum of five years after each *diagnosis*. This benefit will not be paid during *hospital confinement*.

BLOOD AND BLOOD PLASMA BENEFIT

We will pay the amount shown on the policy schedule for each occurrence of blood and blood plasma administration. This benefit is limited to a maximum of 40 occurrences.

AMBULANCE SERVICE BENEFIT

We will pay the amount shown on the policy schedule for transportation by a licensed ambulance company to or from a *hospital*. This benefit is limited to a maximum of 10 transports.

HOSPICE CARE BENEFIT

We will pay the amount shown on the policy schedule for each day of *hospice care*. If delivered in the home of an *insured person*, we will not simultaneously pay the *home health care* benefit. There is no limit on the number of days for which *hospice care* benefits are payable.

HOME HEALTH CARE BENEFIT

We will pay the amount shown on the policy schedule for each day *home health care* services are received, without which an *insured person* would require continued *hospital confinement*. This benefit will not be paid if an *insured person* is also receiving *hospice care*. This benefit is limited to a maximum of 100 days.

SKILLED NURSING FACILITY AND REHABILITATION CENTER BENEFIT

We will pay the amount shown on the policy schedule for each day of *confinement* in a *skilled nursing facility* or *rehabilitation facility*, without which an *insured person* would require continued *hospital confinement*. This benefit is limited to a maximum of 100 days.

PREVENTIVE BENEFITS

We will pay the amount shown on the policy schedule per calendar year if an *insured person* receives any preventive test, procedure, or vaccine listed below. This benefit is limited to a maximum of one test, procedure, or vaccine per year for each *insured person*. The test, procedure, or vaccine must be provided more than 90 days after the *policy date* and while the policy is in force.

- (a) chest X-ray;
- (b) colonoscopy or flexible sigmoidoscopy;
- (c) hemocult stool analysis;
- (d) mammogram;
- (e) pap smear;
- (f) PSA (Prostate Specific Antigen) test;
- (g) HPV vaccine;
- (h) CEA (blood test for colon *cancer*);
- (i) cardiac stress test;
- (j) cholesterol screening or lipid profile;
- (k) EBCT (electron beam computed tomography); and
- (l) carotid ultrasound or carotid intima media thickness.

We will pay benefits for the following tests or procedures only when indicated by symptoms:

- (a) bronchoscopy;
- (b) cystoscopy;
- (c) esophagogastroduodenoscopy (EGD); and
- (d) laryngoscopy.

SURGERY BENEFIT

If surgery is performed on an *insured person* as a result of *cancer, heart attack or stroke*, we will pay the surgery benefit shown on the surgical schedule. For surgeries not listed, a comparably reasonable benefit will be paid, as the below list is not all-inclusive. If two or more surgical procedures are performed during the course of the same operation, payment will be made for the most expensive procedure only. In no case will the amount paid for any surgery be less than \$100. Benefits are limited to the maximum daily surgery benefit amount shown on the policy schedule for surgery performed on any single day.

SURGICAL SCHEDULE

<u>Procedure</u>	<u>[CPT® Code]</u>	<u>\$ Amount</u>
Partial Colectomy	[44140]	1,380
Mastectomy, Simple, Complete	[19303]	960
Mastectomy, Partial	[19301]	620
Biopsy of Liver Wedge	[47100]	840
Biopsy or excision of lymph node(s)	[38525]	430
Biopsy of Prostate	[55700]	160
Biopsy of Breast	[19102]	110
Biopsy of Skin	[11100]	100
Colonoscopy Postflex with Polyp Removal	[45385]	330
Endoscopy Upper GI with Biopsy	[43239]	180
Destruction of Premalignant Lesions	[17000]	100

ADMINISTRATION OF ANESTHETIC FOR SURGERY BENEFIT

We will pay 20% of the amount paid under the Surgery Benefit for the administration of general anesthetic for surgery.

DEPENDENTS PROVISIONS

Your eligible dependents are covered under this policy only if you apply for coverage for them, we accept the application, and you pay the required premium.

ELIGIBILITY

Eligible dependents include:

- (a) your *spouse*;
- (b) any unmarried *dependent child* who is under age 19 (23 if a full-time student in an accredited college or university); and
- (c) adopted children or children placed with you for the purpose of legal adoption.

NEWBORN CHILDREN AND ADOPTED CHILDREN

Any natural child of yours born while this policy is in force will be automatically insured from birth for 60 days without being subject to any waiting or probationary period that might otherwise apply. Coverage for the newborn child will continue in effect thereafter, without evidence of insurability, if we receive a written request and payment of any required additional premium for *dependent child* coverage prior to the end of the automatic coverage period. Benefits are payable for congenital *cancer* conditions during the period of automatic coverage, but thereafter only if you exercised your right to continue coverage without evidence of insurability. Expiration of the automatic coverage period will not affect any claim incurred prior to the end of such period.

Any child adopted by you while this policy is in force will be insured during the automatic coverage period. The automatic coverage period for such adoptive child will begin on the earlier of:

- (a) the date of placement for the purpose of adoption; or
- (b) the date of the entry of an order granting you custody of the child for purposes of adoption.

The child will be automatically insured for 60 days or until the first day of the second month after the adoption or placement, whichever is longer.

Coverage for the adoptive child will continue beyond the automatic coverage period, without evidence of insurability, if we receive notification of the adoption and payment of any required additional premium prior to the end of such period. Continuous coverage for the adoptive child ends on the earlier of:

- (a) the date placement is disrupted prior to legal adoption and the child is removed from placement; or
- (b) the date coverage would otherwise terminate in accordance with this policy's **TERMINATION** provision.

WHEN DEPENDENT CHILD INSURANCE ENDS

Coverage for a *dependent child* will end on the date he or she:

- (a) reaches age 19 (23 if a full-time student in an accredited college or university);
- (b) gets married; or
- (c) meets any of the conditions of the **TERMINATION** provision.

If we accept the additional dependent premium for this policy after the last *dependent child* reaches age 19 (23 if a full-time student in an accredited college or university) or after we receive notice of marriage or notice that he or she is no longer a full-time student, coverage for such child will continue until the end of the period for which premium has been accepted. If we accept premium without notice of marriage or notice that the last *dependent child* is no longer a full-time student, it will be refunded.

If, on the date a *dependent child's* insurance would end because of reaching age 19 (23 if a full-time student in an accredited college or university), he or she is not capable of self-sustaining employment because of an intellectual disability or physical handicap, and is chiefly dependent on you for support and maintenance, we will continue coverage for such child. Coverage will continue as long as this policy remains in force and the incapacity continues. We may ask prior to the date coverage for a *dependent child* is to end whether or not he or she is incapacitated. Unless satisfactory proof of such incapacity is sent to us within 60 days of our inquiry, we may terminate the child's coverage under your policy.

SPOUSE CONVERSION PRIVILEGE

If your *spouse's* coverage terminates due to a change in your marital status, we will issue your former *spouse* a policy then available which is most comparable to this policy. Your former *spouse* must apply for and pay the premium for the new policy within 30 days after termination under this policy. Benefits may be less than those provided to your former *spouse* under this policy and will exclude any conditions not covered by this policy. Any waiting period on the new policy will be reduced by the number of months already satisfied on this policy.

SPOUSE CONTINUATION OF COVERAGE

If you die while this policy is in force or receive a *diagnosis* during any 30-day probationary period, we will renew this policy with your *spouse* (if then covered) as the new insured. Otherwise, continuation is subject to all policy provisions.

TERMINATION

Your policy will terminate on the earliest of:

- (a) the date we receive your written or verbal request to cancel the policy, or any future date you specify in your request (in either case, the grace period will not apply);
- (b) the *policy renewal date*, if the renewal premium was not paid before the end of the grace period;
- (c) the date of your death (except as stated in the **Spouse Continuation of Coverage** provision); or
- (d) the date premiums are refunded in accordance with the 30-DAY PROBATIONARY PERIOD section.

Spouse or dependent child coverage under your policy will terminate on the earliest of:

- (a) the date we receive your request to terminate your *spouse* or *dependent child's* coverage (in which case the grace period will not apply);
- (b) the *policy renewal date* on or immediately following the date eligibility ends;
- (c) the date your coverage terminates;
- (d) the date of your *spouse's* or *dependent child's* death; or
- (e) the date coverage for a *spouse* or *dependent child* ends, and if applicable, any premiums are refunded, in accordance with the 30-DAY PROBATIONARY PERIOD section.

Termination of coverage will not affect any claim that began while your policy was in force.

UNEARNED PREMIUM REFUND

In the event of cancellation or death, we will promptly return the unearned portion of any premium paid. The premium refund issued in the event of death will be paid in a lump sum amount within 30 days after satisfactory proof of an *insured person's* death has been furnished to us.

LIMITATIONS

Your policy pays only for loss resulting from *cancer, heart attack, stroke* or other conditions or diseases directly caused or aggravated by their treatment. Your policy does not cover injuries, or conditions or diseases unrelated to *cancer, heart attack, or stroke*.

We will not pay benefits for any person for a *diagnosis*, or for expense beginning, while that person is not insured under your policy.

CLAIMS PROVISIONS

NOTICE OF CLAIM

Written notice of a claim must be given to us within 20 days after a covered loss starts, or as soon as reasonably possible. You may give the required notice or someone else may do it for you. The notice should include your name and policy number. Notice should be mailed to us in Omaha, Nebraska.

CLAIM FORMS

When we receive your notice of a claim, we will send you forms for filing proof of loss. If we do not send you these forms within 15 days of such notice, you can meet the proof of loss requirement by giving us a written statement of your claim. We must receive this statement within the time given for filing proof of loss.

PROOF OF LOSS

Written proof of loss must be given to us within 90 days after the onset of such loss. If it is not reasonably possible to give us written proof within the required time, we will not reduce or deny your claim for this reason if the proof is supplied as soon as reasonably possible. In any case, proof must be given no more than 12 months from the time specified, unless you were legally incapacitated.

TIME OF PAYMENT OF CLAIMS

We will pay benefits for a covered loss as soon as we receive proper written proof of loss.

PAYMENT OF CLAIMS

We will pay benefits to you, if you are living, unless you send us a written request to pay your health care provider directly. Benefits unpaid at your death which are not assigned will be paid to your estate.

If any benefits are payable to your estate, or to a minor or any person not legally able to give a valid release, we may pay up to \$1,000 to any relative of yours whom we find entitled to the payment. If we make a payment in good faith, we will be fully discharged to the extent of that payment.

TERM OF COVERAGE

Your coverage starts on the *policy date* at 12:01 a.m. where you reside. It ends at 12:01 a.m. where you reside on the first *policy renewal date*. Each time you renew your policy by paying the premium within the 31-day grace period, a new term begins when the old term ends.

POLICY PROVISIONS

CONSIDERATION

In consideration of the first premium you paid, the application you completed, and our reliance on your answers to the application questions, we have put this policy in force as of the *policy date*. That date is shown on the policy schedule. A copy of your application is attached.

ENTIRE CONTRACT AND CHANGES

This policy is a contract between you and us. The entire contract consists of:

- (a) the policy;
- (b) the attached signed application;
- (c) any supplemental applications made part of the policy;
- (d) any riders; and
- (e) any endorsements or amendments.

No change in this policy will be effective until approved by a company officer. This approval must be noted on or attached to the policy. No agent can change this policy or waive any of its provisions. Any rider, endorsement, or application added after the *policy date* which reduces or eliminates coverage under this policy will require your signed acceptance to be valid.

TIME LIMIT ON CERTAIN DEFENSES

After two years from the date a person becomes insured under this policy, only fraudulent misstatements in the application can be used to void the policy or deny any claim for loss incurred that starts after the two-year period.

After two years from the date of reinstatement, only fraudulent misstatements in the reinstatement application can be used to void the policy or deny any claim for loss incurred that starts after the two-year period.

No claim for loss incurred after two years from the date a person becomes insured under this policy will be reduced or denied on the ground that a disease or physical condition existed prior to the *policy date*.

GRACE PERIOD

Your policy has a 31-day grace period. This means that if you do not pay a renewal premium on or before the date it is due, you can pay it during the following 31 days. During the grace period your policy will stay in force.

REINSTATEMENT

Your policy will lapse if you do not pay your premium before the end of the grace period. If we accept a late premium without requiring you to complete an application for reinstatement, your policy will be reinstated.

If we require you to complete an application, we will reinstate your policy as of the approval date. If we do not approve your application within 45 days of the application date, we will reinstate your policy on the 45th day following the date of the application, unless we have previously given you written notice of its disapproval.

Your reinstated policy will only cover loss that results from *sickness* sustained after the date of reinstatement. In all other respects, your rights and our rights will remain the same as before the policy lapsed, subject to any provisions noted on or attached to the reinstated policy.

PHYSICAL EXAMINATIONS AND AUTOPSY

We have the right to have an *insured person* examined, at our expense, as often as reasonably necessary while a claim is pending. We may also have an autopsy done, at our expense, unless prohibited by law.

MISSTATEMENT OF AGE

If the age of an *insured person* has been misstated, all benefits payable will be those which the premium paid would have purchased at the correct age.

LEGAL ACTIONS

You cannot bring a legal action to recover under this policy until at least 60 days after you have given us satisfactory written proof of loss. You cannot bring a legal action more than three years from the date proof of loss is required.

OTHER INSURANCE WITH US

You can be insured under only one policy of this type with us at any one time. If you are insured under more than one such policy, you must select the one that is to remain in effect. In the event of your death, your estate will make this selection. We will refund all premiums paid, minus any claims paid, for the policy you cancel.

UNPAID PREMIUM

When we pay benefits for a claim under this policy, we may reduce those benefits by the amount of any premium then due and unpaid.

CONFORMITY WITH STATE STATUTES

Any provision of this policy 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 those laws.

MUTUAL OF OMAHA INSURANCE COMPANY

Mutual of Omaha Plaza, Omaha, NE 68175, 402-342-7600



SPECIFIED DISEASE CANCER, HEART ATTACK AND STROKE INSURANCE POLICY LIMITED BENEFIT HEALTH INSURANCE COVERAGE

PLEASE REVIEW YOUR APPLICATION

Please review the attached copy of your application. If anything is incorrect or if any medical history is missing, it is your obligation to inform us right away. We issued your policy on the basis that all of the information shown in your application was correct and complete. If it is not, your policy may not be valid.

30-DAY RIGHT TO REVIEW POLICY

You have 30 days from the date of its delivery to review your policy. If during that time you are not satisfied with your policy, you may return it to us or to your agent for a prompt refund of all premiums paid. The policy will then be considered never to have been issued.

GUARANTEED RENEWABLE FOR LIFE

Your policy is guaranteed renewable for life. This means you have the right to continue your policy for as long as you live. Unless there has been a *material misrepresentation*, we cannot cancel your policy as long as you pay the required premium before the end of each grace period.

PREMIUMS CAN CHANGE

We may change the premium for your policy. However, we cannot make any premium change unless we make the same change to all policies of this form issued to persons of the same *class*. We will give you 60 days advance written notice prior to any premium change.

NOTICE TO BUYER: THIS IS A CANCER, HEART ATTACK AND STROKE ONLY POLICY AND IT DOES NOT PAY BENEFITS FOR LOSS FROM ANY OTHER CAUSE. THIS POLICY PROVIDES LIMITED BENEFITS. BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES.

CAUTION: READ YOUR POLICY CAREFULLY WITH THE OUTLINE OF COVERAGE AND THE BUYER'S GUIDE.

**This Is a Legal Contract Between You and Us.
THIS POLICY CONTAINS A 30-DAY PROBATIONARY PERIOD
THIS IS NOT A MEDICARE SUPPLEMENT POLICY
To Inquire About Your Coverage, or to Express a Concern,
You May Call Us Toll-Free At:
For Customer Service [1-XXX-XXX-XXXX]
For Claims Service [1-XXX-XXX-XXXX]**

Chairman of the Board and
Chief Executive Officer

Corporate Secretary

TABLE OF CONTENTS	PAGE
DEFINITIONS	1
30-DAY PROBATIONARY PERIOD FOR CANCER	3
CANCER, HEART ATTACK, AND STROKE TREATMENT BENEFITS	3
Hospital Confinement Benefit.....	3
Inpatient Hospital Confinement Physician Services Benefit	3
Medication Benefit.....	3
Outpatient Diagnostic X-ray and Lab Benefit.....	3
Surgery, Radiotherapy, Chemotherapy, and Immunotherapy Benefit.....	3
Outpatient Physician Visits Benefit	3
Blood and Blood Plasma Benefit	4
Ambulance Service Benefit.....	4
Hospice Care Benefit	4
Home Health Care Benefit	4
Skilled Nursing Facility and Rehabilitation Center Benefit.....	4
Preventive Benefits	4
Surgery Benefit	5
Surgical Schedule	5
Administration of Anesthetic for Surgery Benefit	5
DEPENDENTS PROVISIONS	5
Eligibility	5
Newborn Children and Adopted Children	5
When Dependent Child Insurance Ends.....	6
Spouse Conversion Privilege	6
Spouse Continuation of Coverage	6
TERMINATION	6
UNEARNED PREMIUM REFUND	7
LIMITATIONS	7
CLAIMS PROVISIONS	7
Notice of Claim.....	7
Claim Forms.....	7
Proof of Loss.....	7
Time of Payment of Claims.....	7
Payment of Claims	7
TERM OF COVERAGE	8
POLICY PROVISIONS	8
Consideration	8
Entire Contract and Changes.....	8
Time Limit on Certain Defenses.....	8
Grace Period	8
Reinstatement	8
Physical Examinations and Autopsy	9
Misstatement of Age	9
Legal Actions.....	9
Other Insurance with Us.....	9
Unpaid Premium	9
Conformity with State Statutes.....	9

DEFINITIONS

Shown below are the defined terms used in your policy. These terms are *italicized* wherever they appear in your policy.

Class means persons with the same policy form and type of coverage as yours. Such persons reside in the same geographic area of the state as you do.

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Diagnosed or diagnosis means the definitive establishment by a *physician* of *cancer, heart attack, or stroke*.

Emergency room means a designated part of a *hospital* that is staffed and equipped to provide rapid treatment to persons requiring immediate medical care.

Heart attack (myocardial infarction, includes ST elevation, non-ST elevation, Q wave and non-Q wave presentations) means the death of a portion of the heart muscle, resulting from blockage of one or more coronary arteries. In order to be covered under this policy, the *diagnosis* of heart attack (myocardial infarction) must be based upon a clinical setting consistent with such *diagnosis* and either:

- (a) new electrocardiographic changes consistent with and supporting a clinical *diagnosis* of heart attack (myocardial infarction); or
- (b) a concurrent diagnostic elevation of cardiac biomarkers.

Home health care means services received from a home health care agency. Such services must:

- (a) be part of a written home health care plan prescribed and set up by your *physician*;
- (b) be received while not confined in a hospital or nursing home; and
- (c) be in lieu of hospital or nursing home confinement.

The home health care agency must be certified as such by Medicare or licensed as such by the state.

Hospice care means services to alleviate physical and emotional discomfort that are:

- (a) for terminally ill patients whose life expectancy is less than six months;
- (b) provided on an inpatient or outpatient basis (including your home);
- (c) directed by a *physician*; and
- (d) provided by a licensed, certified, or registered provider.

Hospital means any of the following places:

- (a) a place which is licensed or recognized as a general hospital by the proper authority of the state in which it is located;
- (b) a place operated for the care and treatment of resident inpatients with a registered nurse (RN) or *physician* always on the premises and with a laboratory and X-ray facility;
- (c) a place recognized as a general hospital by the Joint Commission on the Accreditation of Hospitals; or
- (d) a place certified as a hospital by Medicare.

Not included is a hospital or institution or a part of such hospital or institution which is licensed or used principally:

- (a) for the treatment or care of drug addicts or alcoholics; or
- (b) as a continued or extended care facility, *skilled nursing facility*, assisted living facility, *rehabilitation facility*, convalescent home, or nursing home.

ICU daily room benefit means the amount we will pay for each day of *confinement* in an *intensive care unit*. The ICU daily room benefit is shown on the policy schedule.

Insured person means you and, if insured under this policy, your *spouse* or *dependent child*.

Intensive care unit means a separate, specifically designated facility of a *hospital* which provides the highest level of medical care to critically ill or injured patients. The facility must be permanently equipped and staffed by qualified personnel to provide close observation on a full-time basis. Intensive care unit includes a coronary care unit or renal care unit.

Material misrepresentation means a condition or combination of conditions you were required to disclose on the application was not disclosed and, if disclosed, would have caused us to deny issuing or reinstating your policy. Any material misrepresentation is subject to the **Time Limit on Certain Defenses** provision.

Physician means a person, other than you or a member of your family, duly licensed and legally qualified to *diagnose* and treat *cancer*, *heart attack* or *stroke* and/or related conditions. He or she must be providing services within the scope of his or her license.

Policy date means the date coverage is effective under your policy as shown on the policy schedule.

Policy renewal date means the date your policy's premium is due. The frequency of the policy renewal date will vary depending on whether you pay premiums on a monthly, quarterly, semiannual, or annual basis.

Rehabilitation facility means a place licensed as such by the state in which it is located. A rehabilitation facility can also be a specifically designated area or part of a *hospital*.

Sickness means an illness, disease, or physical condition which:

- (a) causes loss beginning while your policy is in force; and
- (b) is not excluded from coverage.

Skilled nursing facility means a facility licensed to provide skilled nursing care by the proper authority of the state in which it is located. It must have a registered nurse (RN) on the premises 24 hours a day. A skilled nursing facility does not include an assisted living facility.

Spouse means the person to whom you are legally married and who is insured in accordance with the DEPENDENTS PROVISIONS section.

Stroke means a cerebrovascular accident or infarction (death) of brain tissue caused by hemorrhage, embolism, or thrombosis producing measurable, neurological deficit persisting for at least two days following the occurrence of the stroke. Stroke does not include Transient Ischemic Attack (TIA) or other cerebral vascular events.

Urgent care center means a free-standing medical facility that is not part of a *hospital*, where patients are treated on a walk-in basis, without an appointment, and receive immediate medical care. If required by the state in which it is located, an urgent care center must have the appropriate state licensure, certification, or registration to operate as an urgent care center.

We, us, and our mean Mutual of Omaha Insurance Company.

You and your mean the person named as the Insured on the policy schedule.

30-DAY PROBATIONARY PERIOD FOR CANCER

Your policy has a 30-day probationary period. This means that in order to be covered, a *cancer* must be:

- (a) first *diagnosed* while this policy is in force; and
- (b) first *diagnosed* at least 30 days after the date an *insured person* became covered under this policy, or at least 30 days after the date the policy was reinstated.

If an *insured person* is *diagnosed* with *cancer* during any probationary period, or while this policy is not in force, no benefits will be paid for that person. Our liability instead will be limited to a refund of all premiums paid for that person's coverage from the date he or she first became insured, or from the date of last reinstatement. That person's coverage will then terminate.

CANCER, HEART ATTACK, AND STROKE TREATMENT BENEFITS

We will pay benefits as follows when an *insured person* receives any of the listed services and supplies ordered or prescribed by a *physician* for:

- (a) the treatment of *cancer, heart attack, or stroke*; or
- (b) any other conditions or diseases directly caused or aggravated by *cancer, heart attack or stroke* or their treatment.

Unless otherwise noted, the maximums shown are the total benefits payable **per diagnosis** for each *insured person*.

HOSPITAL CONFINEMENT BENEFIT

When an *insured person* is *confined* in a *hospital* for the treatment of *cancer, heart attack, or stroke*, we will pay the greater of either:

- (a) the *daily room benefit* for each day of *confinement*; or
- (b) the *ICU daily room benefit* for each day of *confinement* in an *intensive care unit*.

There is no limit on the number of days for which *hospital confinement* benefits are payable.

INPATIENT HOSPITAL CONFINEMENT PHYSICIAN SERVICES BENEFIT

During the *hospital confinement* of an *insured person*, we will pay the amount shown on the policy schedule for one visit per day by a *physician*. This benefit is limited to a maximum of 90 visits.

MEDICATION BENEFIT

We will pay 15% of the *daily room benefit* for drugs and medicines taken during *confinement*.

OUTPATIENT DIAGNOSTIC X-RAY AND LAB BENEFIT

We will pay the amount shown on the policy schedule for one outpatient x-ray or lab procedure per day for each *insured person*. This benefit is limited to a maximum of 20 procedures.

SURGERY, RADIOTHERAPY, CHEMOTHERAPY, AND IMMUNOTHERAPY BENEFIT

We will pay the amount shown on the policy schedule for each radiotherapy, chemotherapy, or immunotherapy treatment. Payment will be made for immunotherapy only if the course of treatment is administered by or under the direction of a certified oncologist for malignant melanoma using mixed vaccines designed to stimulate the immune system. This benefit is limited to treatments occurring within 365 days of the first treatment.

OUTPATIENT PHYSICIAN VISITS BENEFIT

We will pay the amount shown on the policy schedule for each *physician* visit that results in a *diagnosis* of *cancer, heart attack, or stroke* including office, *emergency room*, and *urgent care center* visits. This benefit is limited to three visits per year, one every four months, for a maximum of five years after each *diagnosis*. This benefit will not be paid during *hospital confinement*.

BLOOD AND BLOOD PLASMA BENEFIT

We will pay the amount shown on the policy schedule for each occurrence of blood and blood plasma administration. This benefit is limited to a maximum of 40 occurrences.

AMBULANCE SERVICE BENEFIT

We will pay the amount shown on the policy schedule for transportation by a licensed ambulance company to or from a *hospital*. This benefit is limited to a maximum of 10 transports.

HOSPICE CARE BENEFIT

We will pay the amount shown on the policy schedule for each day of *hospice care*. If delivered in the home of an *insured person*, we will not simultaneously pay the *home health care* benefit. There is no limit on the number of days for which *hospice care* benefits are payable.

HOME HEALTH CARE BENEFIT

We will pay the amount shown on the policy schedule for each day *home health care* services are received, without which an *insured person* would require continued *hospital confinement*. This benefit will not be paid if an *insured person* is also receiving *hospice care*. This benefit is limited to a maximum of 100 days.

SKILLED NURSING FACILITY AND REHABILITATION CENTER BENEFIT

We will pay the amount shown on the policy schedule for each day of *confinement* in a *skilled nursing facility* or *rehabilitation facility*, without which an *insured person* would require continued *hospital confinement*. This benefit is limited to a maximum of 100 days.

PREVENTIVE BENEFITS

We will pay the amount shown on the policy schedule per calendar year if an *insured person* receives any preventive test, procedure, or vaccine listed below. This benefit is limited to a maximum of one test, procedure, or vaccine per year for each *insured person*. The test, procedure, or vaccine must be provided more than 90 days after the *policy date* and while the policy is in force.

- (a) chest X-ray;
- (b) colonoscopy or flexible sigmoidoscopy;
- (c) hemocult stool analysis;
- (d) mammogram;
- (e) pap smear;
- (f) PSA (Prostate Specific Antigen) test;
- (g) HPV vaccine;
- (h) CEA (blood test for colon *cancer*);
- (i) cardiac stress test;
- (j) cholesterol screening or lipid profile;
- (k) EBCT (electron beam computed tomography); and
- (l) carotid ultrasound or carotid intima media thickness.

We will pay benefits for the following tests or procedures only when indicated by symptoms:

- (a) bronchoscopy;
- (b) cystoscopy;
- (c) esophagogastroduodenoscopy (EGD); and
- (d) laryngoscopy.

SURGERY BENEFIT

If surgery is performed on an *insured person* as a result of *cancer, heart attack or stroke*, we will pay the surgery benefit shown on the surgical schedule. For surgeries not listed, a comparably reasonable benefit will be paid, as the below list is not all-inclusive. If two or more surgical procedures are performed during the course of the same operation, payment will be made for the most expensive procedure only. In no case will the amount paid for any surgery be less than \$100. Benefits are limited to the maximum daily surgery benefit amount shown on the policy schedule for surgery performed on any single day.

SURGICAL SCHEDULE

<u>Procedure</u>	<u>[CPT® Code]</u>	<u>\$ Amount</u>
Partial Colectomy	[44140]	1,380
Mastectomy, Simple, Complete	[19303]	960
Mastectomy, Partial	[19301]	620
Biopsy of Liver Wedge	[47100]	840
Biopsy or excision of lymph node(s)	[38525]	430
Biopsy of Prostate	[55700]	160
Biopsy of Breast	[19102]	110
Biopsy of Skin	[11100]	100
Colonoscopy Postflex with Polyp Removal	[45385]	330
Endoscopy Upper GI with Biopsy	[43239]	180
Destruction of Premalignant Lesions	[17000]	100

ADMINISTRATION OF ANESTHETIC FOR SURGERY BENEFIT

We will pay 20% of the amount paid under the Surgery Benefit for the administration of general anesthetic for surgery.

DEPENDENTS PROVISIONS

Your eligible dependents are covered under this policy only if you apply for coverage for them, we accept the application, and you pay the required premium.

ELIGIBILITY

Eligible dependents include:

- (a) your *spouse*;
- (b) any unmarried *dependent child* who is under age 19 (23 if a full-time student in an accredited college or university); and
- (c) adopted children or children placed with you for the purpose of legal adoption.

NEWBORN CHILDREN AND ADOPTED CHILDREN

Any natural child of yours born while this policy is in force will be automatically insured from birth for 60 days without being subject to any waiting or probationary period that might otherwise apply. Coverage for the newborn child will continue in effect thereafter, without evidence of insurability, if we receive a written request and payment of any required additional premium for *dependent child* coverage prior to the end of the automatic coverage period. Benefits are payable for congenital *cancer* conditions during the period of automatic coverage, but thereafter only if you exercised your right to continue coverage without evidence of insurability. Expiration of the automatic coverage period will not affect any claim incurred prior to the end of such period.

Any child adopted by you while this policy is in force will be insured during the automatic coverage period. The automatic coverage period for such adoptive child will begin on the earlier of:

- (a) the date of placement for the purpose of adoption; or
- (b) the date of the entry of an order granting you custody of the child for purposes of adoption.

The child will be automatically insured for 60 days or until the first day of the second month after the adoption or placement, whichever is longer.

Coverage for the adoptive child will continue beyond the automatic coverage period, without evidence of insurability, if we receive notification of the adoption and payment of any required additional premium prior to the end of such period. Continuous coverage for the adoptive child ends on the earlier of:

- (a) the date placement is disrupted prior to legal adoption and the child is removed from placement; or
- (b) the date coverage would otherwise terminate in accordance with this policy's **TERMINATION** provision.

WHEN DEPENDENT CHILD INSURANCE ENDS

Coverage for a *dependent child* will end on the date he or she:

- (a) reaches age 19 (23 if a full-time student in an accredited college or university);
- (b) gets married; or
- (c) meets any of the conditions of the **TERMINATION** provision.

If we accept the additional dependent premium for this policy after the last *dependent child* reaches age 19 (23 if a full-time student in an accredited college or university) or after we receive notice of marriage or notice that he or she is no longer a full-time student, coverage for such child will continue until the end of the period for which premium has been accepted. If we accept premium without notice of marriage or notice that the last *dependent child* is no longer a full-time student, it will be refunded.

If, on the date a *dependent child's* insurance would end because of reaching age 19 (23 if a full-time student in an accredited college or university), he or she is not capable of self-sustaining employment because of an intellectual disability or physical handicap, and is chiefly dependent on you for support and maintenance, we will continue coverage for such child. Coverage will continue as long as this policy remains in force and the incapacity continues. We may ask prior to the date coverage for a *dependent child* is to end whether or not he or she is incapacitated. Unless satisfactory proof of such incapacity is sent to us within 60 days of our inquiry, we may terminate the child's coverage under your policy.

SPOUSE CONVERSION PRIVILEGE

If your *spouse's* coverage terminates due to a change in your marital status, we will issue your former *spouse* a policy then available which is most comparable to this policy. Your former *spouse* must apply for and pay the premium for the new policy within 30 days after termination under this policy. Benefits may be less than those provided to your former *spouse* under this policy and will exclude any conditions not covered by this policy. Any waiting period on the new policy will be reduced by the number of months already satisfied on this policy.

SPOUSE CONTINUATION OF COVERAGE

If you die while this policy is in force or receive a *diagnosis* during any 30-day probationary period, we will renew this policy with your *spouse* (if then covered) as the new insured. Otherwise, continuation is subject to all policy provisions.

TERMINATION

Your policy will terminate on the earliest of:

- (a) the date we receive your written or verbal request to cancel the policy, or any future date you specify in your request (in either case, the grace period will not apply);
- (b) the *policy renewal date*, if the renewal premium was not paid before the end of the grace period;
- (c) the date of your death (except as stated in the **Spouse Continuation of Coverage** provision); or
- (d) the date premiums are refunded in accordance with the 30-DAY PROBATIONARY PERIOD section.

Spouse or dependent child coverage under your policy will terminate on the earliest of:

- (a) the date we receive your request to terminate your *spouse* or *dependent child's* coverage (in which case the grace period will not apply);
- (b) the *policy renewal date* on or immediately following the date eligibility ends;
- (c) the date your coverage terminates;
- (d) the date of your *spouse's* or *dependent child's* death; or
- (e) the date coverage for a *spouse* or *dependent child* ends, and if applicable, any premiums are refunded, in accordance with the 30-DAY PROBATIONARY PERIOD section.

Termination of coverage will not affect any claim that began while your policy was in force.

UNEARNED PREMIUM REFUND

In the event of cancellation or death, we will promptly return the unearned portion of any premium paid. The premium refund issued in the event of death will be paid in a lump sum amount within 30 days after satisfactory proof of an Insured Person's death has been furnished to us.

LIMITATIONS

Your policy pays only for loss resulting from *cancer, heart attack, stroke* or other conditions or diseases directly caused or aggravated by their treatment. Your policy does not cover injuries, or conditions or diseases unrelated to *cancer, heart attack, or stroke*.

We will not pay benefits for any person for a *diagnosis*, or for expense beginning, while that person is not insured under your policy.

CLAIMS PROVISIONS

NOTICE OF CLAIM

Written notice of a claim must be given to us within 20 days after a covered loss starts, or as soon as reasonably possible. You may give the required notice or someone else may do it for you. The notice should include your name and policy number. Notice should be mailed to us in Omaha, Nebraska.

CLAIM FORMS

When we receive your notice of a claim, we will send you forms for filing proof of loss. If we do not send you these forms within 15 days of such notice, you can meet the proof of loss requirement by giving us a written statement of your claim. We must receive this statement within the time given for filing proof of loss.

PROOF OF LOSS

Written proof of loss must be given to us within 90 days after the onset of such loss. If it is not reasonably possible to give us written proof within the required time, we will not reduce or deny your claim for this reason if the proof is supplied as soon as reasonably possible. In any case, proof must be given no more than 12 months from the time specified, unless you were legally incapacitated.

TIME OF PAYMENT OF CLAIMS

We will pay benefits for a covered loss as soon as we receive proper written proof of loss.

PAYMENT OF CLAIMS

We will pay benefits to you, if you are living, unless you send us a written request to pay your health care provider directly. Benefits unpaid at your death which are not assigned will be paid to your estate.

If any benefits are payable to your estate, or to a minor or any person not legally able to give a valid release, we may pay up to \$1,000 to any relative of yours whom we find entitled to the payment. If we make a payment in good faith, we will be fully discharged to the extent of that payment.

TERM OF COVERAGE

Your coverage starts on the *policy date* at 12:01 a.m. where you reside. It ends at 12:01 a.m. where you reside on the first *policy renewal date*. Each time you renew your policy by paying the premium within the 31-day grace period, a new term begins when the old term ends.

POLICY PROVISIONS

CONSIDERATION

In consideration of the first premium you paid, the application you completed, and our reliance on your answers to the application questions, we have put this policy in force as of the *policy date*. That date is shown on the policy schedule. A copy of your application is attached.

ENTIRE CONTRACT AND CHANGES

This policy is a contract between you and us. The entire contract consists of:

- (a) the policy;
- (b) the attached signed application;
- (c) any supplemental applications made part of the policy;
- (d) any riders; and
- (e) any endorsements or amendments.

No change in this policy will be effective until approved by a company officer. This approval must be noted on or attached to the policy. No agent can change this policy or waive any of its provisions. Any rider, endorsement, or application added after the *policy date* which reduces or eliminates coverage under this policy will require your signed acceptance to be valid.

TIME LIMIT ON CERTAIN DEFENSES

After two years from the date a person becomes insured under this policy, only fraudulent misstatements in the application can be used to void the policy or deny any claim for loss incurred that starts after the two-year period.

After two years from the date of reinstatement, only fraudulent misstatements in the reinstatement application can be used to void the policy or deny any claim for loss incurred that starts after the two-year period.

No claim for loss incurred after two years from the date a person becomes insured under this policy will be reduced or denied on the ground that a disease or physical condition existed prior to the *policy date*.

GRACE PERIOD

Your policy has a 31-day grace period. This means that if you do not pay a renewal premium on or before the date it is due, you can pay it during the following 31 days. During the grace period your policy will stay in force.

REINSTATEMENT

Your policy will lapse if you do not pay your premium before the end of the grace period. If we accept a late premium without requiring you to complete an application for reinstatement, your policy will be reinstated.

If we require you to complete an application, we will reinstate your policy as of the approval date. If we do not approve your application within 45 days of the application date, we will reinstate your policy on the 45th day following the date of the application, unless we have previously given you written notice of its disapproval.

Your reinstated policy will only cover loss that results from *sickness* sustained after the date of reinstatement. In all other respects, your rights and our rights will remain the same as before the policy lapsed, subject to any provisions noted on or attached to the reinstated policy.

PHYSICAL EXAMINATIONS AND AUTOPSY

We have the right to have an *insured person* examined, at our expense, as often as reasonably necessary while a claim is pending. We may also have an autopsy done, at our expense, unless prohibited by law.

MISSTATEMENT OF AGE

If the age of an *insured person* has been misstated, all benefits payable will be those which the premium paid would have purchased at the correct age.

LEGAL ACTIONS

You cannot bring a legal action to recover under this policy until at least 60 days after you have given us satisfactory written proof of loss. You cannot bring a legal action more than three years from the date proof of loss is required.

OTHER INSURANCE WITH US

You can be insured under only one policy of this type with us at any one time. If you are insured under more than one such policy, you must select the one that is to remain in effect. In the event of your death, your estate will make this selection. We will refund all premiums paid, minus any claims paid, for the policy you cancel.

UNPAID PREMIUM

When we pay benefits for a claim under this policy, we may reduce those benefits by the amount of any premium then due and unpaid.

CONFORMITY WITH STATE STATUTES

Any provision of this policy 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 those laws.

POLICY SCHEDULE

POLICY NUMBER	POLICY DATE	FIRST RENEWAL DATE
CHS10-[000000-00M]	[6-1-10]	[6-1-11]

INITIAL PREMIUM	RENEWAL PREMIUM	PREMIUM MODE
[\$0,000.00]	[\$0,000.00 **]	[Annual, Semiannual, Quarterly, Monthly]

POLICY BENEFIT	SERIES [23510]	INSURED
Daily Room Benefit: \$[150-500]		[James J. Jones]
ICU Daily Room Benefit: \$[50-1,000]		[123 Main Street]
Inpatient Physician: \$[\$50-500]		[Anytown, AR 00000]
X-Ray/Lab: \$[50-500]	Chemo: \$[75-1,000]	
Out. Phys.: \$[50-500]	Blood: \$[50-500]	
Ambulance: \$[50-500]	Hospice: \$[50-500]	
Home Health: \$[50-500]	SNF: \$[50-500]	
Preventive Screening: \$[50-500]		INITIAL PREMIUM \$[0,000.00]
Max. Daily Surgery Benefit: \$[1,500-5,000]		MGR [Don Jones]
		[J Brown 09999]

ADDITIONAL COVERAGES AND POLICY ADJUSTMENTS

**Renewal Premium Subject To Change

[0MV2M Cancer, Heart Attack and Stroke Hospital Confinement Daily Room Benefit Increase Rider
Rider Premium \$[00.00]
Daily Room Benefit \$[50-500]]

[0MT6M Lump Sum Cancer, Heart Attack and Stroke Diagnosis Benefit Rider
Rider Premium \$[00.00]
Lump Sum Cancer, Heart Attack and Stroke
Diagnosis Benefit \$[500-10,000]]

[0MT7M Best Doctors® Lump Sum Cancer, Heart Attack and Stroke Diagnosis Benefits Rider
Rider Premium \$[00.00]
Lump Sum Cancer, Heart Attack and Stroke
Diagnosis Benefit \$[500-10,000]
Best Doctors toll-free phone number [1-XXX-XXX-XXXX]]

CLAIM INFORMATION CALL [1-XXX-XXX-XXXX]
OTHER SERVICE QUESTIONS CALL [1-XXX-XXX-XXXX]

CHS10-23510

[OMR9M Chemotherapy Benefit Increase Rider
Rider Premium \$[00.00]
Chemotherapy Benefit \$[50-1,000]]

[OMV3M Cancer, Heart Attack and Stroke Surgery
Benefit Increase Rider
Rider Premium \$[00.00]
Maximum Daily Surgery Benefit \$ [1,500-5,000]]

[OMT4M Unemployment Waiver of Premium Rider
Rider Premium \$[00.00]]

[OMT5M Hospitalization Waiver of Premium Rider
Rider Premium \$[00.00]]

**CLAIM INFORMATION CALL [1-XXX-XXX-XXXX]
OTHER SERVICE QUESTIONS CALL [1-XXX-XXX-XXXX]**

CHS10-23510

MUTUAL OF OMAHA INSURANCE COMPANY

CHEMOTHERAPY BENEFIT INCREASE RIDER

The premium you paid and the application you completed have put this rider in force as of the Rider Date. This rider is made a part of your policy to which it is attached. It is subject to all parts of your policy not in conflict with this rider. In the event of a conflict between this rider and any other provision of your policy, this rider will control.

Rider Date (same as the *policy date* if no date is shown)

Rider Premium (included in the policy premium if no amount is shown) \$

CHEMOTHERAPY BENEFIT

If an *insured person* receives chemotherapy for the treatment of *cancer*, we will pay the chemotherapy benefit amount shown on the policy schedule for each treatment. This benefit is limited to a maximum of 20 treatments per *diagnosis*.

This benefit is in addition to any other chemotherapy benefit provided by your policy or attached riders.

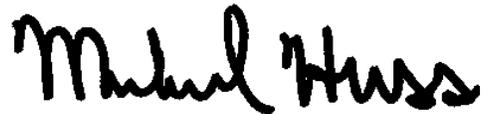
LIMITATIONS

The limitations shown in the policy apply to this rider. In applying them, substitute "rider" for "policy." In addition, we will not pay benefits under this rider for *cancer* that is *diagnosed* before the Rider Date or while this rider is not in force.

TERMINATION

This rider terminates when your policy terminates.

Mutual of Omaha Insurance Company



Corporate Secretary

**Certificate of Compliance with
Arkansas Rule and Regulation 19**

Insurer: Mutual of Omaha Insurance Company

Form Number(s): CL10-23509, CHS10-23510, ORM7M, ORM8M, ORM9M, OMT2M, OMT3M,
OMT4M, OMT5M, OMT6M, OMT7M, OMV1M, OMV2M, OMV3M, MA5960-03,
OC1747_03, OC1748_03

I hereby certify, to the best of my knowledge and belief, that the filing above meets the requirements of
Arkansas Rule and Regulation 19, Unfair Sex Discrimination In The Sale of Insurance.



Signature of Company Officer

Daniel J. Kennelly

Name

Vice President & Chief Compliance Officer

Title

June 29, 2010

Date