

SERFF Tracking Number: USHG-126846557 State: Arkansas
Filing Company: Freedom Life Insurance Company of America State Tracking Number: 47019
Company Tracking Number:
TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
Product Name: GFIM-2010-C-AR-FLIC
Project Name/Number: /

Filing at a Glance

Company: Freedom Life Insurance Company of America

Product Name: GFIM-2010-C-AR-FLIC

TOI: H21 Health - Other

Sub-TOI: H21.000 Health - Other

Filing Type: Form

SERFF Tr Num: USHG-126846557 State: Arkansas

SERFF Status: Closed-Approved-
Closed State Tr Num: 47019

Co Tr Num:

Author: Shannon Morgan Cubby

Date Submitted: 10/08/2010

State Status: Approved-Closed

Reviewer(s): Rosalind Minor

Disposition Date: 12/30/2010

Disposition Status: Approved-
Closed

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name:

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Group Market Type: Association

Filing Status Changed: 02/02/2011

State Status Changed: 02/02/2011

Created By: Shannon Morgan Cubby

Corresponding Filing Tracking Number:

PPACA: Not PPACA-Related

PPACA Notes: null

Filing Description:

Please see the attached Cover Letter.

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Large

Overall Rate Impact:

Deemer Date:

Submitted By: Shannon Morgan Cubby

Company and Contact

Filing Contact Information

Shannon M. Morgan, Product Analyst

3100 Burnett Plaza

morgans@ushealthgroup.com

817-878-3748 [Phone]

SERFF Tracking Number: USHG-126846557 State: Arkansas
 Filing Company: Freedom Life Insurance Company of America State Tracking Number: 47019
 Company Tracking Number:
 TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
 Product Name: GFIM-2010-C-AR-FLIC
 Project Name/Number: /

801 Cherry Street, Unit 33 817-878-3310 [FAX]
 Fort Worth, TX 76102

Filing Company Information

Freedom Life Insurance Company of America CoCode: 62324 State of Domicile: Texas
 3100 Burnett Plaza Group Code: 839 Company Type: Accident, Life and Health
 801 Cherry Street, Unit 33 Group Name: State ID Number:
 Fort Worth, TX 76102 FEIN Number: 61-1096685
 (817) 878-3328 ext. [Phone]

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Freedom Life Insurance Company of America	\$50.00	10/08/2010	40470392

SERFF Tracking Number: USHG-126846557 State: Arkansas
 Filing Company: Freedom Life Insurance Company of America State Tracking Number: 47019
 Company Tracking Number:
 TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
 Product Name: GFIM-2010-C-AR-FLIC
 Project Name/Number: /

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	02/02/2011	02/02/2011
Approved-Closed	Rosalind Minor	12/30/2010	12/30/2010
Approved-Closed	Rosalind Minor	10/19/2010	10/19/2010

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	10/12/2010	10/12/2010	Shannon Morgan Cubby	10/14/2010	10/14/2010

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	Association Group Fixed Indemnity Medical Plan	Shannon Morgan Cubby	01/26/2011	01/26/2011
Form	Association Group Fixed Indemnity Medical Plan	Shannon Morgan Cubby	12/29/2010	12/29/2010

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
---------	-----------	------------	------------	----------------

SERFF Tracking Number: USHG-126846557 State: Arkansas
Filing Company: Freedom Life Insurance Company of America State Tracking Number: 47019
Company Tracking Number:
TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
Product Name: GFIM-2010-C-AR-FLIC
Project Name/Number: /

Please Reopen Filing	Note To Reviewer	Shannon Morgan 01/10/2011 01/10/2011 Cubby
Re-opened	Note To Filer	Rosalind Minor 12/28/2010 12/28/2010
Form Revision- Reopen Filing	Note To Reviewer	Shannon Morgan 12/21/2010 12/21/2010 Cubby

SERFF Tracking Number: *USHG-126846557* *State:* *Arkansas*
Filing Company: *Freedom Life Insurance Company of America* *State Tracking Number:* *47019*
Company Tracking Number:
TOI: *H21 Health - Other* *Sub-TOI:* *H21.000 Health - Other*
Product Name: *GFIM-2010-C-AR-FLIC*
Project Name/Number: /

Disposition

Disposition Date: 12/30/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: USHG-126846557 State: Arkansas
 Filing Company: Freedom Life Insurance Company of America State Tracking Number: 47019
 Company Tracking Number:
 TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
 Product Name: GFIM-2010-C-AR-FLIC
 Project Name/Number: /

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	PPACA Uniform Compliance Summary	Approved-Closed	Yes
Supporting Document	Cover Letter	Approved-Closed	Yes
Supporting Document	10-14-10 Response Letter	Approved-Closed	Yes
Form (<i>revised</i>)	Association Group Fixed Indemnity Medical Plan		No
Form	Association Group Fixed Indemnity Medical Plan	Approved-Closed	Yes
Form	Association Group Fixed Indemnity Medical Plan	Replaced	Yes
Form	Association Group Fixed Indemnity Medical Plan	Replaced	Yes

SERFF Tracking Number: *USHG-126846557* *State:* *Arkansas*
Filing Company: *Freedom Life Insurance Company of America* *State Tracking Number:* *47019*
Company Tracking Number:
TOI: *H21 Health - Other* *Sub-TOI:* *H21.000 Health - Other*
Product Name: *GFIM-2010-C-AR-FLIC*
Project Name/Number: /

Disposition

Disposition Date: 12/30/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: USHG-126846557 State: Arkansas
 Filing Company: Freedom Life Insurance Company of America State Tracking Number: 47019
 Company Tracking Number:
 TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
 Product Name: GFIM-2010-C-AR-FLIC
 Project Name/Number: /

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	PPACA Uniform Compliance Summary	Approved-Closed	Yes
Supporting Document	Cover Letter	Approved-Closed	Yes
Supporting Document	10-14-10 Response Letter	Approved-Closed	Yes
Form (<i>revised</i>)	Association Group Fixed Indemnity Medical Plan		No
Form	Association Group Fixed Indemnity Medical Plan	Approved-Closed	Yes
Form	Association Group Fixed Indemnity Medical Plan	Replaced	Yes
Form	Association Group Fixed Indemnity Medical Plan	Replaced	Yes

SERFF Tracking Number: *USHG-126846557* *State:* *Arkansas*
Filing Company: *Freedom Life Insurance Company of America* *State Tracking Number:* *47019*
Company Tracking Number:
TOI: *H21 Health - Other* *Sub-TOI:* *H21.000 Health - Other*
Product Name: *GFIM-2010-C-AR-FLIC*
Project Name/Number: /

Disposition

Disposition Date: 10/19/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: USHG-126846557 State: Arkansas
 Filing Company: Freedom Life Insurance Company of America State Tracking Number: 47019
 Company Tracking Number:
 TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
 Product Name: GFIM-2010-C-AR-FLIC
 Project Name/Number: /

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	PPACA Uniform Compliance Summary	Approved-Closed	Yes
Supporting Document	Cover Letter	Approved-Closed	Yes
Supporting Document	10-14-10 Response Letter	Approved-Closed	Yes
Form (<i>revised</i>)	Association Group Fixed Indemnity Medical Plan		No
Form	Association Group Fixed Indemnity Medical Plan	Approved-Closed	Yes
Form	Association Group Fixed Indemnity Medical Plan	Replaced	Yes
Form	Association Group Fixed Indemnity Medical Plan	Replaced	Yes

SERFF Tracking Number: USHG-126846557 State: Arkansas
Filing Company: Freedom Life Insurance Company of America State Tracking Number: 47019
Company Tracking Number:
TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
Product Name: GFIM-2010-C-AR-FLIC
Project Name/Number: /

Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 10/12/2010

Submitted Date 10/12/2010

Respond By Date

Dear Shannon M. Morgan,

This will acknowledge receipt of the captioned filing.

Objection 1

- Association Group Fixed Indemnity Medical Plan, GFIM-2010-C-AR-FLIC (Form)

Comment:

Coverage for newborn infants must be for at least 90 days. Refer to ACA 23-79-129.

Objection 2

- Association Group Fixed Indemnity Medical Plan, GFIM-2010-C-AR-FLIC (Form)

Comment:

With respect to coverage for minors for whom the insured has filed a petition to adopt, please refer to the 60-day period outline under ACA 23-79-137.

Objection 3

- Association Group Fixed Indemnity Medical Plan, GFIM-2010-C-AR-FLIC (Form)

Comment:

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

Objection 4

- Association Group Fixed Indemnity Medical Plan, GFIM-2010-C-AR-FLIC (Form)

Comment:

It is stated in the certificate that an insured is not entitled to a Conversion Policy if he/she has not been covered for three (3) months prior to termination. The three months is a limitation which is not allowed under ACA 23-86-115.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

SERFF Tracking Number: USHG-126846557 State: Arkansas
 Filing Company: Freedom Life Insurance Company of America State Tracking Number: 47019
 Company Tracking Number:
 TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
 Product Name: GFIM-2010-C-AR-FLIC
 Project Name/Number: /

Response Letter

Response Letter Status Submitted to State
 Response Letter Date 10/14/2010
 Submitted Date 10/14/2010

Dear Rosalind Minor,

Comments:

Thank you for your letter dated October 12, 2010.

Response 1

Comments: Please see the attached revised form and Response Letter.

Related Objection 1

Applies To:

- Association Group Fixed Indemnity Medical Plan, GFIM-2010-C-AR-FLIC (Form)

Comment:

Coverage for newborn infants must be for at least 90 days. Refer to ACA 23-79-129.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: 10-14-10 Response Letter

Comment: Please see the attached Response Letter.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Association Group Fixed Indemnity Medical Plan	GFIM-2010-C-AR-FLIC		Certificate	Initial		50.600	GFIM-2010-C-AR-FLIC.pdf
Previous Version							
Association Group	GFIM-		Certificate	Initial		50.600	GFIM-

SERFF Tracking Number: USHG-126846557 State: Arkansas
 Filing Company: Freedom Life Insurance Company of America State Tracking Number: 47019
 Company Tracking Number:
 TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
 Product Name: GFIM-2010-C-AR-FLIC
 Project Name/Number: /
 Fixed Indemnity 2010-C- 2010-C-
 Medical Plan AR-FLIC AR-
 FLIC.pdf

No Rate/Rule Schedule items changed.

Response 2

Comments: Please see the attached revised form and Response Letter.

Related Objection 1

Applies To:

- Association Group Fixed Indemnity Medical Plan, GFIM-2010-C-AR-FLIC (Form)

Comment:

With respect to coverage for minors for whom the insured has filed a petition to adopt, please refer to the 60-day period outline under ACA 23-79-137.

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
Association Group Fixed Indemnity Medical Plan	GFIM-2010-C-AR-FLIC		Certificate	Initial		50.600	GFIM-2010-C-AR-FLIC.pdf
Previous Version							
Association Group Fixed Indemnity Medical Plan	GFIM-2010-C-AR-FLIC		Certificate	Initial		50.600	GFIM-2010-C-AR-FLIC.pdf

No Rate/Rule Schedule items changed.

SERFF Tracking Number: USHG-126846557 State: Arkansas
 Filing Company: Freedom Life Insurance Company of America State Tracking Number: 47019
 Company Tracking Number:
 TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
 Product Name: GFIM-2010-C-AR-FLIC
 Project Name/Number: /

Response 3

Comments: Please see the attached revised form and Response Letter.

Related Objection 1

Applies To:

- Association Group Fixed Indemnity Medical Plan, GFIM-2010-C-AR-FLIC (Form)

Comment:

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

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Association Group Fixed Indemnity Medical Plan	GFIM-2010-C-AR-FLIC		Certificate	Initial		50.600	GFIM-2010-C-AR-FLIC.pdf
Previous Version							
Association Group Fixed Indemnity Medical Plan	GFIM-2010-C-AR-FLIC		Certificate	Initial		50.600	GFIM-2010-C-AR-FLIC.pdf

No Rate/Rule Schedule items changed.

Response 4

Comments: Please see the attached revised form and Response Letter.

Related Objection 1

Applies To:

SERFF Tracking Number: USHG-126846557 State: Arkansas
 Filing Company: Freedom Life Insurance Company of America State Tracking Number: 47019
 Company Tracking Number:
 TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
 Product Name: GFIM-2010-C-AR-FLIC
 Project Name/Number: /

- Association Group Fixed Indemnity Medical Plan, GFIM-2010-C-AR-FLIC (Form)
 Comment:

It is stated in the certificate that an insured is not entitled to a Conversion Policy if he/she has not been covered for three (3) months prior to termination. The three months is a limitation which is not allowed under ACA 23-86-115.

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
Association Group Fixed Indemnity Medical Plan	GFIM-2010-C-AR-FLIC		Certificate	Initial		50.600	GFIM-2010-C-AR-FLIC.pdf
Previous Version							
Association Group Fixed Indemnity Medical Plan	GFIM-2010-C-AR-FLIC		Certificate	Initial		50.600	GFIM-2010-C-AR-FLIC.pdf

No Rate/Rule Schedule items changed.

Thank you for your continued assistance with this filing.

Sincerely,
 Shannon Morgan Cubby

SERFF Tracking Number: USHG-126846557 State: Arkansas
 Filing Company: Freedom Life Insurance Company of America State Tracking Number: 47019
 Company Tracking Number:
 TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
 Product Name: GFIM-2010-C-AR-FLIC
 Project Name/Number: /

Amendment Letter

Submitted Date: 01/26/2011

Comments:

Thank you so much for reopening this filing. I really appreciate it! Again, as we were preparing this product for release, we realized that the benefit ranges in the Certificate Schedule should have been expanded. Please be assured that this form has not yet been released in your state.

Thank you very much,
 Shannon Morgan Cubby

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
GFIM-2010-C-AR-FLIC	Certificate	Association Group Fixed Indemnity Medical Plan	Initial				50.600	GFIM-2010-C-AR-FLIC.pdf

SERFF Tracking Number: USHG-126846557 State: Arkansas
Filing Company: Freedom Life Insurance Company of America State Tracking Number: 47019
Company Tracking Number:
TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
Product Name: GFIM-2010-C-AR-FLIC
Project Name/Number: /

Note To Reviewer

Created By:

Shannon Morgan Cubby on 01/10/2011 04:37 PM

Last Edited By:

Shannon Morgan Cubby

Submitted On:

01/10/2011 04:37 PM

Subject:

Please Reopen Filing

Comments:

I'm so sorry to have to ask again, but as we were preparing this product for release, we realized that the benefit ranges in the Certificate Schedule should have been expanded. Could you please reopen the filing so we can upload a revised version for your review? Please be assured that this form has not yet been released in your state.

Thank you very much, we appreciate it!

SERFF Tracking Number: USHG-126846557 State: Arkansas
 Filing Company: Freedom Life Insurance Company of America State Tracking Number: 47019
 Company Tracking Number:
 TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
 Product Name: GFIM-2010-C-AR-FLIC
 Project Name/Number: /

Amendment Letter

Submitted Date: 12/29/2010

Comments:

Please see the attached revised certificate form. This form was revised to include "day limits" for the Outpatient Life Threatening Cancer Radiation and Chemotherapy Fixed Indemnity Benefit. As previously stated, this form has not yet been issued in Arkansas.

Thank you very much for reopening the filing. I really appreciate it!

Shannon Morgan Cubby

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
GFIM-2010-C-AR-FLIC	Certificate	Association Group Fixed Indemnity Medical Plan	Initial				50.600	GFIM-2010-C-AR-FLIC.pdf

SERFF Tracking Number: USHG-126846557 State: Arkansas
Filing Company: Freedom Life Insurance Company of America State Tracking Number: 47019
Company Tracking Number:
TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
Product Name: GFIM-2010-C-AR-FLIC
Project Name/Number: /

Note To Filer

Created By:

Rosalind Minor on 12/28/2010 10:28 AM

Last Edited By:

Rosalind Minor

Submitted On:

12/28/2010 10:28 AM

Subject:

Re-opened

Comments:

As you requested, we have re-opened this submission.

SERFF Tracking Number: USHG-126846557 *State:* Arkansas
Filing Company: Freedom Life Insurance Company of America *State Tracking Number:* 47019
Company Tracking Number:
TOI: H21 Health - Other *Sub-TOI:* H21.000 Health - Other
Product Name: GFIM-2010-C-AR-FLIC
Project Name/Number: /

Note To Reviewer

Created By:

Shannon Morgan Cubby on 12/21/2010 03:26 PM

Last Edited By:

Rosalind Minor

Submitted On:

12/30/2010 08:04 AM

Subject:

Form Revision- Reopen Filing

Comments:

After your approval of this form, we realized that we needed to add "per day" limits to the Outpatient Life Threatening Cancer Radiation and Chemotherapy Fixed Indemnity Benefit. Could you please re-open this filing so I can submit the revision?

Thank you very much, and I apologize for any inconvenience this may cause the Department.

Shannon Morgan Cubby

SERFF Tracking Number: USHG-126846557 State: Arkansas
 Filing Company: Freedom Life Insurance Company of America State Tracking Number: 47019
 Company Tracking Number:
 TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
 Product Name: GFIM-2010-C-AR-FLIC
 Project Name/Number: /

Form Schedule

Lead Form Number: GFIM-2010-C-AR-FLIC

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	GFIM-2010-C-AR-FLIC	Certificate	Association Group Fixed Indemnity Medical Plan	Initial		50.600	GFIM-2010-C-AR-FLIC.pdf

FREEDOM LIFE INSURANCE COMPANY OF AMERICA

[3100 Burnett Plaza • 801 Cherry Street, Unit 33 • Fort Worth, Texas 76102 • 1-800-387-9027]

[ASSOCIATION GROUP FIXED INDEMNITY MEDICAL PLAN]

This is **Your Certificate** of each **Insured's** coverage under the **Group Fixed Indemnity Insurance Policy** issued to the association that is the **Group Policyholder** and in which association each **Insured** is an enrolled member. The coverage of all **Insureds** is governed and determined by the terms, conditions, definitions, limitations and exclusions contained in this **Certificate**. Certain phrases and words contained in this **Certificate** have the first letter of each word capitalized and the entire word or phrase printed in bold face type. These are generally defined phrases and words, and as such have the express meaning set forth in section II. DEFINITIONS. This **Certificate** is a legal contract between each **Insured** and the **Company**. Please read it carefully!

Your Certificate is guaranteed renewable to age 65 or in the event an **Insured** otherwise becomes a **Medicare Enrollee**, subject to the **Company's** right to adjust **Renewal Premiums** in accordance with section IV. B. RENEWAL PREMIUM, and otherwise discontinue or terminate the **Certificate** as provided in section III. C. TERMINATION OF COVERAGE. The **Initial Premium** for coverage of all **Insureds** under this **Certificate** is due and payable on or before the **Issue Date**. **Renewal Premiums** are due and payable in accordance with the section IV. B. RENEWAL PREMIUM. **You** may renew coverage under this **Certificate**, as applicable, by timely payment of the proper amount of **Renewal Premium** when due.

IMPORTANT NOTICE ABOUT STATEMENTS IN THE APPLICATION: Please read the copy of **Your** application for coverage, which is attached to and part of this **Certificate**, to verify that no medical history or other information inquired about or contained in the application is incorrect, incomplete or missing. Contact **Us** immediately if any information contained in the application is incorrect, incomplete or missing. Any incorrect or incomplete statements or answers, as well as any missing information could cause a claim to be denied or the coverage under this **Certificate** to be reformed or voided.

This **Certificate** was issued in consideration of (i) the payment of the **Initial Premium**, (ii) **Our** reliance upon **Your** representation that the answers to all questions in the application are true, correct and complete, and (iii) **Our** reliance upon the representation from **You** and any other applicable **Insureds** that the content of any supplemental information provided to **Us** in the underwriting process, including information provided during any telephone verification of the application or by e-mails, facsimiles and correspondence is in each instance true, correct and complete.

YOUR [THIRTY (30)] DAY RIGHT TO RETURN THIS CERTIFICATE

If **You** are not satisfied with this **Certificate**, **You** may return it to **Us** within [thirty (30)] days after **You** receive it. **You** may return it to **Us** by mail or to the agent who sold it. This **Certificate** will be voided as of the **Issue Date**, and **We** will refund any premium **We** have received prior to **Our** receipt of the returned **Certificate**.



SECRETARY



PRESIDENT

**THE COVERAGE UNDER THIS CERTIFICATE IS NEITHER WORKERS' COMPENSATION
COVERAGE NOR COMPREHENSIVE MAJOR MEDICAL INSURANCE COVERAGE.
THIS CERTIFICATE PROVIDES ONLY ASSOCIATION GROUP FIXED INDEMNITY INSURANCE COVERAGE**

TABLE OF CONTENTS

[Certificate Provision	Page
Certificate Schedule	3A-3I
Definitions.....	4-26
Effective Date.....	26
Eligibility and Additions	26-27
Termination of Coverage.....	27-28
Extension of Benefits	28-29
Continuation of Coverage and Certificate of Conversion.....	29-30
Reinstatement	30
Initial Premium	30
Renewal Premium.....	30-32
Covered Medical and Surgical Services	32-45
Covered Dental Services	45-48
Claim Procedures, Investigation and Payment.....	48-49
Limitations and Exclusions.....	49-52
Increase in Lifetime Certificate Maximum	52-53
Entire Contract – Changes.....	53-54
Time Limit on Certain Defenses.....	54
Other Insurance with Us.....	58
Conformity with State Statutes.....	58
Misstatement of Age	58
Non-Disclosed Medical History, Medical Conditions and Related Information.....	59
Legal Action	59
Subrogation.....	59
Extraterritorial Medical Expenses	59]

I. CERTIFICATE SCHEDULE

A. GENERAL INFORMATION

Coverage is pursuant to a **Group Fixed Indemnity Insurance Policy** form: [GRP-P-06-FLIC]

Issued to **Group Policyholder:** []

Certificate form: []

Primary Insured: Age at Issue: []

Certificate Number: [] **Issue Date:**

Other Insureds on Issue Date:

[]

Beneficiary: []

Initial Premium:

Amount	Mode Of Premium Payment	Method
[\$ []]	[Monthly, Quarterly, Semi-Annually, Annually]	[Credit Card, Check]

First Renewal Date: []

First Renewal Premium	Mode Of Premium Payment	Method
[\$ []]	[Monthly, Quarterly, Semi-Annually]	[Bank Draft]

Premium Rate Guarantee Period: [12, 24, 36, 48, 60 months]

FIXED INDEMNITY BENEFITS

[Lifetime Certificate Maximum Fixed Indemnity Benefit Per Insured [\$1 million- \$10 million]]

[Policy Year Maximum Fixed Indemnity Benefit Payments Per Insured [\$50,000 - \$3, or the amount of the Lifetime Certificate Maximum Fixed Indemnity Benefit Per Insured]]

[Policy Year Outpatient Maximum Fixed Indemnity Benefit Payments Per Insured [\$10,000 - \$250,000, or the amount of the Lifetime Certificate Maximum Fixed Indemnity Benefit Per Insured]]

COVERED MEDICAL AND SURGICAL SERVICES

A. [HOSPITAL CONFINEMENT SICKNESS AND INJURY FIXED INDEMNITY BENEFITS]

1. [Hospital Inpatient Admission Fixed Indemnity Benefit]

[Fixed Indemnity Benefit Amount..... \$50 - \$5,000]]
[Maximum number of Fixed Indemnity **Hospital Confinement** payments per **Insured** per **Policy Year** [1-5]]

2. [Hospital Room and Board Fixed Indemnity Daily Benefit]

[**Elimination Period** [0-2] days]
[Fixed Indemnity Daily Benefit Amount..... [\$50 - \$5,000]]
[Fixed Indemnity Daily Benefit Payments Limited to a Maximum of [5 - 365] days per **Insured** per **Policy Year**]

3. [Hospital Intensive Care Unit Room and Board Fixed Indemnity Daily Benefit]

[**Elimination Period** [0-2] days]
[Fixed Indemnity Daily Benefit Amount..... [\$100 - \$10,000]]
[Fixed Indemnity Daily Benefit Payments Limited to a Maximum of [5 - 365] days per **Insured** per **Policy Year**]

4. [Hospital Miscellaneous Expenses Fixed Indemnity Daily Benefit]

[**Elimination Period** [0-2] days]
[Fixed Indemnity Daily Benefit Amount]..... [\$100-\$5,000]
[Fixed Indemnity Daily Benefit Limited to a Maximum of [5 - 365] days per **Insured** per **Policy Year**]

5. [Hospital Miscellaneous Expenses Fixed Indemnity Daily Benefit For Acute Myocardial Infarction (Heart Attack)]

[**Elimination Period** [0-2] days]
[Fixed Indemnity Daily Benefit Amount..... [\$100-\$12,000]]
[Fixed Indemnity Daily Benefit Payments Limited to a Maximum of [5 - 365] days per **Insured** per **Policy Year**]

6. [Hospital Miscellaneous Expenses Fixed Indemnity Daily Benefit For Coronary Artery By-Pass Surgery]

[**Elimination Period** [0-2] days]
[Fixed Indemnity Daily Benefit Amount..... [\$100-\$9,000]]
[Fixed Indemnity Daily Benefit Payments Limited to a Maximum of [5 - 365] days per **Insured** per **Policy Year**]

7. [Hospital Miscellaneous Expenses Fixed Indemnity Daily Benefit For Life Threatening Cancer]

[**Elimination Period** [0-2] days]
[Fixed Indemnity Daily Benefit Amount..... [\$100- \$9,000]]
[Fixed Indemnity Daily Benefit Payments Limited to a Maximum of [5 - 365] days per **Insured** per **Policy Year**]

8. [Hospital Miscellaneous Expenses Fixed Indemnity Daily Benefit For CVA (Stroke)]

[**Elimination Period** [0-2] days]
[Fixed Indemnity Daily Benefit Amount..... [\$100-\$9,000]]
[Fixed Indemnity Daily Benefit Payments Limited to a Maximum of [5 - 365] days per **Insured** per **Policy Year**]

9. **[Hospital Miscellaneous Expenses Fixed Indemnity Daily Benefit For Coma]**

[Elimination Period [0-2] days]
[Fixed Indemnity Daily Benefit Amount..... [\$100-\$9,000]]
[Fixed Indemnity Daily Benefit Payments Limited to a Maximum of [5 - 365] days per **Insured** per **Policy Year**]

10. **[Hospital Miscellaneous Expenses Fixed Indemnity Daily Benefit For Major Organ Transplant]**

[Elimination Period [0-2] days]
[Fixed Indemnity Daily Benefit Amount..... [\$100-\$13,000]]
[Fixed Indemnity Daily Benefit Payments Limited to a Maximum of [5 - 365] days per **Insured** per **Policy Year**]

11. **[Hospital Miscellaneous Expenses Fixed Indemnity Daily Benefit For Severe Burn]**

[Elimination Period [0-2] days]
[Fixed Indemnity Daily Benefit Amount..... [\$100-\$12,000]]
[Fixed Indemnity Daily Benefit Payments Limited to a Maximum of [5 - 365] days per **Insured** per **Policy Year**]

12. **[In-Hospital Provider Visits Fixed Indemnity Daily Benefit]**

[Fixed Indemnity Daily Benefit Amount [\$25 - \$500]]
[Fixed Indemnity Daily Benefit Payments Limited to a Maximum of [5 - 365] days per **Insured** per **Policy Year**]

13. **[Surgeon Fixed Indemnity Benefit]**

[Fixed Indemnity Benefit Payments will be in the amount of [25% - 100%] of the amount shown in the **Schedule of Operations**]
[Fixed Indemnity Benefit Payments Limited to a Maximum number of covered Surgical procedures per **Insured** per **Policy Year** [1-5]]

14. **[Assistant Surgeon Fixed Indemnity Benefit]**

[Fixed Indemnity Benefit Payments will be in the amount of [10% - 50%] of the amount shown in the **Schedule of Operations**]
[Fixed Indemnity Benefit Payments Limited to a Maximum number of covered Surgical procedures per **Insured** per **Policy Year** [1-5]]

15. **[Anesthesia Fixed Indemnity Daily Benefit]**

[Fixed Indemnity Daily Benefit Payments will be in the amount of [10% - 50%] of the amount shown in the **Schedule of Operations**]
[Fixed Indemnity Daily Benefit Payments Limited to a Maximum of [1- 5] calendar days per **Insured** per **Policy Year**]

16. **[In-Hospital Pathologist Fixed Indemnity Daily Benefit]**

[Fixed Indemnity Daily Benefit Amount..... [\$25 - \$500]]
[Fixed Indemnity Daily Benefit Payments Limited to a Maximum of [1- 5] calendar days per **Insured** per **Policy Year**]

17. **[In-Hospital Radiologist Fixed Indemnity Daily Benefit]**

[Fixed Indemnity Daily Benefit Amount..... [\$25 - \$500]]
[Fixed Indemnity Daily Benefit Payments Limited to a Maximum of [1- 5] calendar days per **Insured** per **Policy Year**]

B. [OUTPATIENT SICKNESS AND INJURY FIXED INDEMNITY BENEFITS]

1. [Doctor Office Visit Sickness and Injury Fixed Indemnity Benefit]

[Fixed Indemnity Benefit Amount per Visit.....[\$15 - \$75]]
[Fixed Indemnity Benefit Payments Limited to a Maximum of [1- 10] **Provider** Office Visits per **Insured** per **Policy Year**]

2. [Prescription Drug Fixed Indemnity Benefit]

[Fixed Indemnity Benefit per **Generic Drug Prescription** [\$2 - \$15]]
[Fixed Indemnity Benefit per **Brand Name Drug Prescription** [\$10 - \$50]]
[Maximum Fixed Indemnity Payments for **Prescriptions** per **Insured** per **Policy Year** [\$100 - \$3,000]]

3. [Emergency Room Fixed Indemnity Daily Benefit]

[Fixed Indemnity Daily Benefit Amount.....[\$25 - \$500]]
[Fixed Indemnity Daily Benefit Payments Limited to a Maximum of [1- 5] calendar days per **Insured** per **Policy Year**]

4. [Outpatient Surgery Facility Fixed Indemnity Daily Benefit]

[Fixed Indemnity Daily Benefit Amount.....[\$200-\$7,500]]
[Fixed Indemnity Daily Benefit Payments Limited to a Maximum of [1 -5] days per **Insured** per **Policy Year**]

5. [Outpatient Surgeon Fixed Indemnity Benefit]

[Fixed Indemnity Benefit Payments will be in the amount of [25% - 100%] of the amount shown in the **Schedule of Operations**]
[Fixed Indemnity Benefit Payments Limited to a Maximum number of covered Surgical procedures per **Insured** per **Policy Year** [1-5]]

6. [Outpatient Anesthesia Fixed Indemnity Daily Benefit]

[Fixed Indemnity Daily Benefit Payments will be in the amount of [10% - 50%] of the amount shown in the **Schedule of Operations**]
[Fixed Indemnity Daily Benefit Payments Limited to a Maximum of [1- 5] calendar days per **Insured** per **Policy Year**]

7. [Outpatient Diagnostic X-Ray and Laboratory Fixed Indemnity Daily Benefit]

[Fixed Indemnity Daily Benefit Amount.....[\$25-\$100]]
[Fixed Indemnity Daily Benefit Payments Limited to a Maximum of [1 -5] days per **Insured** per **Policy Year**]

8. [Outpatient CAT Scan, MRI, & PET Scan Fixed Indemnity Benefit]

[Fixed Indemnity Benefit Amount per **CAT Scan** [\$100 - \$500]]
[Fixed Indemnity Benefit Payments Limited to a Maximum of [1 - 2] **CAT Scans** per **Insured** per **Policy Year**]
[Fixed Indemnity Benefit Amount per **MRI**..... [\$200-\$750]]
[Fixed Indemnity Benefit Payments Limited to a Maximum of [1 - 2] **MRI** tests per **Insured** per **Policy Year**]
[Fixed Indemnity Benefit Amount per **PET Scan**..... [\$100-\$500]]
[Fixed Indemnity Benefit Payments Limited to a Maximum of [1 - 2] **PET Scans** per **Insured** per **Policy Year**]

9. **[Emergency Air Ambulance Transport Fixed Indemnity Benefit]**

[Fixed Indemnity Benefit Amount per Air Ambulance Transport..... [\$250 - \$2,000]]
[Fixed Indemnity Benefit Payments Limited to a Maximum of 1 Air Ambulance Transport per **Insured** per **Policy Year**]

10. **[Emergency Ground Ambulance Transport Fixed Indemnity Benefit]**

[Fixed Indemnity Benefit Amount per Ground Ambulance Transport..... [\$100 - \$2,000]]
[Fixed Indemnity Benefit Payments Limited to a Maximum of [1 – 3] Ground Ambulance Transports per **Insured** per **Policy Year**]

11. **[Outpatient Urgent Care Facility Fixed Indemnity Daily Benefit]**

[Fixed Indemnity Daily Benefit Amount..... [\$100-\$750]]
[Fixed Indemnity Daily Benefit Payments Limited to a Maximum of [1 - 3] days per **Insured** per **Policy Year**]

12. **[Outpatient Life Threatening Cancer Radiation and Chemotherapy Fixed Indemnity Benefit]**

[Fixed Indemnity Benefit Amount per Month..... [\$500 - \$10,000]]
[Life Threatening Cancer-Oral Chemotherapy Fixed Indemnity Benefit Amount
per day [\$125 - \$1,250]]
[Life Threatening Cancer-Oral Chemotherapy Benefit Maximum
per **Insured** per **Policy Year** [\$5,000 - \$30,000]]
[Life Threatening Cancer-Intravenous Chemotherapy Fixed Indemnity Benefit Amount
per day [\$250-\$2,500]]
[Life Threatening Cancer-Intravenous Chemotherapy Benefit Maximum
per **Insured** per **Policy Year** [\$500-\$50,000]]
[Life Threatening Cancer-Radiation Therapy Fixed Indemnity Benefit Amount
per day [\$250-\$25,000]]
[Life Threatening Cancer-Radiation Therapy Benefit Maximum
per **Insured** per **Policy Year** [\$10,000-\$50,000]]
[Life Threatening Cancer-Radiation Therapy Benefit Maximum limited to a Maximum of [1-12 calendar months] [1-365 days] per **Policy Year**]

13. **[Outpatient Kidney Dialysis Fixed Indemnity Daily Benefit]**

[Fixed Indemnity Daily Benefit Amount..... [\$500-\$2,000]]
[Fixed Indemnity Daily Benefit Payments Limited to a Maximum of [10 - 150] days per **Insured** per **Policy Year**]

14. **[Outpatient Sleep Apnea Evaluation Fixed Indemnity Daily Benefit*]**

[Fixed Indemnity Daily Benefit Amount..... [\$100-\$500]]
[Fixed Indemnity Daily Benefit Payments Limited to a Maximum of [1 - 3] days per **Insured** per **Policy Year**]

[* Subject to expiration of the waiting period in section VIII.A.2 LIMITATIONS-WAITING PERIODS.]

15. **[Outpatient Sleep Apnea C-PAP Machine Fixed Indemnity Benefit]***

[Fixed Indemnity Benefit Amount..... [\$50-\$500]]
[Fixed Indemnity Benefit Payments Limited to a Maximum of 1 per **Insured**]

[* Subject to expiration of the waiting period in section VIII.A.2 LIMITATIONS-WAITING PERIODS.]

16. **[Outpatient Chiropractor Office Visit Sickness and Injury Fixed Indemnity Daily Benefit*]**

[Fixed Indemnity Daily Benefit Amount..... [\$10-\$50]]
[Fixed Indemnity Daily Benefit Payments Limited to a Maximum of [1 - 6] days per **Insured** per **Policy Year**]

[* Subject to expiration of the waiting period in section VIII.A.2 LIMITATIONS-WAITING PERIODS.]

17. **[Outpatient Home Health Care Fixed Indemnity Daily Benefit]**

[Fixed Indemnity Daily Benefit Amount.....[\$10-\$150]]
[Fixed Indemnity Daily Benefit Payments Limited to a Maximum of [10 - 90] days per **Insured** per **Policy Year**]

18. **[Outpatient Durable Medical Equipment Fixed Indemnity Benefit]**

[Fixed Indemnity Benefit Amount for Walking Cane per **Insured**..... [\$10]]
[Fixed Indemnity Benefit Amount for Walker per **Insured**..... [\$20]]
[Fixed Indemnity Benefit Amount for Crutches per **Insured**..... [\$20]]
[Fixed Indemnity Benefit Amount for Wheelchair per **Insured**..... [\$25 - \$100]]
[Fixed Indemnity Benefit Payment Limited to a Maximum of [1-5] per **Insured**.]

[C. WELLNESS EXAMINATIONS AND HEALTH SCREENING FIXED INDEMNITY BENEFITS]

1. **[Annual Physical Examination Fixed Indemnity Benefit*]**

[Fixed Indemnity Benefit Amount per **Insured**.....[\$25 - \$100]]
[Fixed Indemnity Benefit Payments Limited to a Maximum of [1-5] per **Insured** per **Policy Year**]

[* Subject to expiration of the waiting period in section VIII.A.2 LIMITATIONS-WAITING PERIODS.]

2. **[EKG Fixed Indemnity Benefit*]**

[Fixed Indemnity Benefit Amount per **Insured**.....[\$75 - \$250]]
[Fixed Indemnity Benefit Payments Limited to a Maximum of [1-5] per **Insured** per **Policy Year**]

[* Subject to expiration of the waiting period in section VIII.A.2 LIMITATIONS-WAITING PERIODS.]

3. **[Stress EKG Fixed Indemnity Benefit]**

[Fixed Indemnity Benefit Amount per **Insured**.....[\$75 - \$250]]
[Fixed Indemnity Benefit Payments Limited to a Maximum of [1-5] per **Insured** per **Policy Year**]

[* Subject to expiration of the waiting period in section VIII.A.2 LIMITATIONS-WAITING PERIODS.]

4. **[Mammogram Fixed Indemnity Benefit*]**

[Fixed Indemnity Benefit Amount per female **Insured**.....[\$25 - \$250]]
[Fixed Indemnity Benefit Payments Limited to a Maximum of [1-5] per female **Insured** per **Policy Year**]

[* Subject to expiration of the waiting period in section VIII.A.2 LIMITATIONS-WAITING PERIODS.]

5. **[Pap Smear Fixed Indemnity Benefit*]**

[Fixed Indemnity Benefit Amount per female **Insured**.....[\$25 - \$250]]
[Fixed Indemnity Benefit Payments Limited to a Maximum of [1-5] per female **Insured** per **Policy Year**]

[* Subject to expiration of the waiting period in section VIII.A.2 LIMITATIONS-WAITING PERIODS.]

6. **[Osteoporosis Fixed Indemnity Benefit*]**

[Fixed Indemnity Benefit Amount per female **Insured**.....[\$25 - \$250]]
[Fixed Indemnity Benefit Payments Limited to a Maximum of [1-5] per female **Insured** per **Policy Year**]

[* Subject to expiration of the waiting period in section VIII.A.2 LIMITATIONS-WAITING PERIODS.]

7. **[PSA Test Fixed Indemnity Benefit*]**

[Fixed Indemnity Benefit Amount per male **Insured**.....[\$25 - \$250]]
[Fixed Indemnity Benefit Payments Limited to a Maximum of [1-5] per male **Insured** per **Policy Year**]

[* Subject to expiration of the waiting period in section VIII.A.2 LIMITATIONS-WAITING PERIODS.]

8. **[Colonoscopy Fixed Indemnity Benefit*]**

[Fixed Indemnity Benefit Amount per **Insured**.....[\$200 - \$1,250]]
[Fixed Indemnity Benefit Payments Limited to a Maximum of [1-5] per **Insured** per **Policy Year**]

* Subject to expiration of the waiting period in section VIII.A.2 LIMITATIONS-WAITING PERIODS.

9. **[Children Routine Immunization Fixed Indemnity Benefit*]**

[Fixed Indemnity Benefit Amount per Applicable Child Insured per Immunization.....[\$5 - \$50]]
[Fixed Indemnity Benefit Payments Limited to a Maximum of [1-15] Immunizations per **Insured** per **Policy Year**]

[* Subject to expiration of the waiting period in section VIII.A.2 LIMITATIONS-WAITING PERIODS.]

D. [MATERNITY FIXED INDEMNITY BENEFITS]

1. **[Pre-Natal Doctor Office Visits Fixed Indemnity Daily Benefit*]**

[Fixed Indemnity Daily Benefit Amount.....[\$15-\$60]]
[Fixed Indemnity Daily Benefit Payments Limited to a Maximum of [5 - 9] days per female **Insured** per **Policy Year**]

[* Subject to expiration of the waiting period in section VIII.A.2 LIMITATIONS-WAITING PERIODS.]

2. **[In-Hospital Labor & Delivery Fixed Indemnity Daily Benefit*]**

[**Labor & Delivery Elimination Period**..... [0 - 1] day]
[Fixed Indemnity Daily Benefit Amount.....[\$200 - \$1,000]]
[Fixed Indemnity Daily Benefit Payments Limited to a Maximum of [5 - 9] days per female **Insured** per **Policy Year**]

[* Subject to expiration of the waiting period in section VIII.A.2 LIMITATIONS-WAITING PERIODS.]

[E. SKILLED NURSING HOME FIXED INDEMNITY BENEFITS]

1. **[Skilled Nursing Home Fixed Indemnity Daily Benefit]**

[Fixed Indemnity Daily Benefit Amount.....[\$100-\$500]]
[Fixed Indemnity Daily Benefit Payments Limited to a Maximum of [30 - 90] days per **Insured** per **Policy Year**]

[COVERED DENTAL SERVICES]

[All **Covered Dental Services** are subject to the applicable waiting period shown in section VIII.A.3. LIMITATIONS-WAITING PERIODS:]

A. [PREVENTIVE DENTAL CARE FIXED INDEMNITY BENEFITS]

1. **[Semi-annual Oral Examination Fixed Indemnity Dental Daily Benefit]**

[Fixed Indemnity Daily Benefit Amount.....[\$5-\$500]]
[Fixed Indemnity Daily Benefit Payments Limited to a Maximum of [1-2] days per **Insured** per **Policy Year**.]

2. **[Intraoral X-rays, without Bitewing X-rays Fixed Indemnity Dental Daily Benefit]**

[Fixed Indemnity Daily Benefit Amount.....[\$5-\$500]]
[Fixed Indemnity Daily Benefit Payments Limited to a Maximum of [1-5] days per **Insured** per any consecutive twenty-four (24) month period.]

3. **[Bitewing X-rays Fixed Indemnity Dental Daily Benefit]**

[Fixed Indemnity Daily Benefit Amount.....[\$5-\$500]]
[Fixed Indemnity Daily Benefit Payments Limited to a Maximum of [1-5] days per **Insured** per any consecutive twenty-four (24) month period.]

4. **[Prophylaxis Fixed Indemnity Dental Daily Benefit]**

[Fixed Indemnity Daily Benefit Amount.....[\$5-\$500]]
[Fixed Indemnity Daily Benefit Payments Limited to a Maximum of [1-5] days per **Insured** per **Policy Year**.]

5. **[Periodontal Prophylaxis Fixed Indemnity Dental Daily Benefit]**

[Fixed Indemnity Daily Benefit Amount.....[\$5-\$500]]
[Fixed Indemnity Daily Benefit Payments Limited to a Maximum of [1-5] days per **Insured** per **Policy Year**.]

[B. BASIC DENTAL CARE FIXED INDEMNITY BENEFITS]

1. **[Cavity Filing Fixed Indemnity Dental Benefit]**

[Fixed Indemnity Benefit Amount.....[\$5-\$1000]]
[Fixed Indemnity Benefit Payments Limited to a Maximum of [1-5] fillings per **Insured** per **Policy Year**.]

2. **[Posterior Tooth Topical Sealant Application Fixed Indemnity Dental Benefit]**

[Fixed Indemnity Benefit Amount.....[\$5-\$1000]]
[Fixed Indemnity Benefit Payments Limited to a Maximum of [1-5] topical sealant applications per **Insured** per **Policy Year**.]

3. **[Apioectomy Surgery Fixed Indemnity Dental Benefit]**

[Fixed Indemnity Benefit Amount.....[\$5-\$1000]]
[Fixed Indemnity Benefit Payments Limited to a Maximum of [1-5] **Apioectomy** surgeries per **Insured** per **Policy Year**.]

4. **[Simple Tooth Surgical Extraction Fixed Indemnity Dental Benefit]**

[Fixed Indemnity Benefit Amount.....[\$5-\$1000]]
[Fixed Indemnity Benefit Payments Limited to a Maximum of [1-5] simple tooth extractions per **Insured** per **Policy Year**.]

5. **[Impacted Tooth Surgical Extraction Fixed Indemnity Dental Benefit]**

[Fixed Indemnity Benefit Amount.....[\$5-\$1000]]
[Fixed Indemnity Benefit Payments Limited to a Maximum of [1-5] **Impacted** tooth extractions per **Insured** per **Policy Year**.]

6. **[Gingivectomy Surgery Fixed Indemnity Dental Daily Benefit]**

[Fixed Indemnity Daily Benefit Amount.....[\$5-\$1000]]
[Fixed Indemnity Daily Benefit Payments Limited to a Maximum of [1-5] days per **Insured** per **Policy Year**.]

C. [MAJOR DENTAL CARE FIXED INDEMNITY BENEFITS]

1. [Single Crown Restoration Fixed Indemnity Dental Benefit]

[Fixed Indemnity Benefit Amount..... [\$5-\$2000]]
[Fixed Indemnity Benefit Payments Limited to a Maximum of [1-5] single **Crown** restoration per **Insured** per **Policy Year.**]

2. [Bridge Pontic Fixed Indemnity Dental Daily Benefit]

[Fixed Indemnity Daily Benefit Amount..... [\$5-\$2000]]
[Fixed Indemnity Daily Benefit Payments Limited to a Maximum of [1-5] days per **Insured** per **Policy Year.**]

3. [Abutment Crowns Fixed Indemnity Dental Daily Benefit]

[Fixed Indemnity Daily Benefit Amount..... [\$5-\$2000]]
[Fixed Indemnity Daily Benefit Payments Limited to a Maximum of [1-5] days per **Insured** per **Policy Year.**]

[OPTIONAL RIDERS]

II. DEFINITIONS

["**Abutment**"] means tooth or teeth on either side of missing teeth of an **Insured** that are used as support for a Fixed Bridge.]

["**Abutment Crowns Fixed Indemnity Dental Daily Benefit**"] means the specific daily fixed indemnity benefit under the MAJOR DENTAL CARE FIXED INDEMNITY BENEFIT section of this **Certificate** for each calendar day after the expiration of the waiting period shown in section VIII.A.3. LIMITATIONS-WAITING PERIODS of this **Certificate** that an **Insured** receives **Dentally Necessary Abutment Crowns** in the professional offices of a **Dentist**. The amount of the **Abutment Crowns Fixed Indemnity Dental Daily Benefit** is shown on the **Certificate Schedule**, together with the maximum number of calendar days per **Insured** per **Policy Year** shown on the **Certificate Schedule**.]

"**Accident,**" "**Accidentally**" means an event or occurrence that was unplanned and unintended by the **Insured** that was the sole cause of **Injuries** sustained or suffered by such **Insured** and that takes place on or after the **Issue Date**.

["**Acute Myocardial Infarction (Heart Attack)**"] means a recent and acute myocardial infarction experienced by an **Insured** and diagnosed by a **Provider** that causes the death of a portion of the myocardium or heart muscle as a result of either severe narrowing or total blockage of one or more coronary arteries due to atherosclerosis, spasm, thrombus or emboli.]

["**Annual Physical Examination Fixed Indemnity Benefit**"] means the specific covered fixed indemnity benefit under the WELLNESS EXAMINATIONS AND HEALTH SCREENING FIXED INDEMNITY BENEFITS section of this **Certificate** after the expiration of the waiting period shown in section VIII.A.2. LIMITATIONS-WAITING PERIODS of this **Certificate** for an **Insured's** annual, routine physical examination **Provided** by a **Provider** no more than once every **Policy Year** after the expiration of the waiting period shown in section VIII.A.2 LIMITATIONS-WAITING PERIODS of this **Certificate**. The amount of the **Annual Physical Examination Fixed Indemnity Benefit** is shown on the **Certificate Schedule**.]

["**Alcoholism**"] means the chronic and habitual use of alcoholic beverages by an **Insured** to the extent that such person has lost the power of self-control with respect to the use of such beverages.]

["**Ambulatory Surgical Center**"] means a state licensed public or private establishment with an organized medical staff of **Providers** with permanent facilities that are equipped and operated primarily for the purpose of performing surgical procedures on an **Outpatient** basis, which is staffed with continuous **Provider** services and registered professional nursing services whenever an **Insured** is in the center and that does not provide services or other accommodations for the overnight stay of patients.

Ambulatory Surgical Center does not include a facility that primarily terminates pregnancies, a **Provider's** office maintained for the practice of medicine, or an office maintained for the practice of dentistry.]

["**Anesthesia Fixed Indemnity Daily Benefit**"] means the specific covered daily fixed indemnity benefit under the HOSPITAL CONFINEMENT SICKNESS AND INJURY FIXED INDEMNITY BENEFITS section of this **Certificate** for each calendar day that anesthesia is administered to an **Insured** during a **Medically Necessary** surgical procedure for a covered **Sickness** or **Injury** while **Confined** as an **Inpatient**. The amount of the **Anesthesia Fixed Indemnity Daily Benefit** is shown on the **Certificate Schedule**, together with the maximum number of calendar days per **Insured** per **Policy Year** for such covered surgical procedures during such **Inpatient Confinements**.]

["**Apicoectomy**"] means the surgical amputation or cutting off of a portion of the root of a tooth of an **Insured**.]

["**Apioectomy Surgery Fixed Indemnity Dental Benefit**"] means the specific covered fixed indemnity benefit under the BASIC DENTAL CARE FIXED INDEMNITY BENEFIT section of this **Certificate** after the expiration of the waiting period shown in section VIII.A.3. LIMITATIONS-WAITING PERIODS of this **Certificate** for each **Dentally Necessary Apioectomy** surgery received by an **Insured** in the professional offices of a **Dentist**. The amount of the **Apioectomy Surgery Fixed Indemnity Dental Benefit** is shown on the **Certificate Schedule**, together with the maximum number of such **Apioectomy** surgeries per **Insured** per **Policy Year** shown on the **Certificate Schedule**.]

["**Assistant Surgeon Fixed Indemnity Benefit**"] means the specific covered fixed indemnity benefit under the HOSPITAL CONFINEMENT SICKNESS AND INJURY FIXED INDEMNITY BENEFITS section of this **Certificate** for each **Medically Necessary** surgical procedure listed on the **Schedule of Operations** that an assistant surgeon is required to assist the primary surgeon for a covered **Sickness** or **Injury** upon an **Insured** while **Confined** as an **Inpatient**. The amount of the **Assistant Surgeon Fixed Indemnity Benefit** is shown on the **Certificate Schedule** together with the maximum number of such covered surgical procedures per **Insured** per **Policy Year**.]

["**Basic Dental Care Fixed Indemnity Benefit**"] means the specific items, dental equipment, dental diagnostic services, dental services, **Oral Surgery** services, dental supplies, dental medications, listed in the BASIC DENTAL CARE FIXED INDEMNITY BENEFIT section of this **Certificate** as being eligible for a fixed indemnity payment. **Basic Dental Care Fixed Indemnity Benefit** payment eligibility is subject to the definitions, terms, conditions, waiting periods, coverage limitations and coverage exclusions contained in this **Certificate**, including but not limited to the amount of the **Lifetime Certificate Maximum Fixed Indemnity Benefit Per Insured** the amount of the **Policy Year Maximum Fixed Indemnity Benefit Payments Per Insured**, the amount of the **Policy Year Outpatient Maximum Fixed Indemnity Benefit Payments Per Insured**, as well as any exclusionary or limiting rider, amendment or endorsement attached to this **Certificate**.]

"**Beneficiary**" means the individual or organization listed on the **Certificate Schedule** as the **Beneficiary**.

["**Bitewing X-ray**"] means an x-ray showing exposed portions of the back teeth of an **Insured**. This type of x-ray is primarily used for the detection of hidden decay between teeth.]

["**Bitewing X-rays Fixed Indemnity Dental Daily Benefit**"] means the specific daily fixed indemnity benefit under the PREVENTIVE DENTAL CARE FIXED INDEMNITY BENEFIT section of this **Certificate** for each calendar day after the expiration of the waiting period shown in section VIII.A.3. LIMITATIONS-WAITING PERIODS of this **Certificate** that an **Insured** receives **Dentally Necessary Bitewing X-rays** for routine preventative dental care in the professional offices of a **Dentist** during any consecutive twenty four (24) month period while coverage for such **Insured** under this **Certificate** has been in full force and effect. The amount of the **Bitewing X-rays Fixed Indemnity Dental Daily Benefit** is shown on the **Certificate Schedule**, together with the maximum calendar days per **Insured** shown on the **Certificate Schedule**.]

["**Bone Density Test**"] means a densitometry or DXA scan **Provided** to an adult female **Insureds** between the ages of forty (40) and sixty-five (65) who is a **High Risk Female** to determine whether such **Insured** has **Osteoporosis** or are at risk for **Osteoporosis**. A **Bone Density Test** uses X-rays to measure how many grams of calcium and other bone minerals are packed into a segment of bone. A **Bone Density Test** is a fairly accurate predictor of your risk of fracture.]

["**Bridge Pontic Fixed Indemnity Dental Daily Benefit**"] means the specific daily fixed indemnity benefit under the MAJOR DENTAL CARE FIXED INDEMNITY BENEFIT section of this **Certificate** for each calendar day after the expiration of the waiting period shown in section VIII.A.3. LIMITATIONS-WAITING PERIODS of this **Certificate** that an **Insured** receives **Dentally Necessary** bridge **Pontic(s)** in the professional offices of a **Dentist**. The amount of the **Bridge Pontic Fixed Indemnity Dental Daily Benefit** is shown on the **Certificate Schedule**, together with the maximum number of calendar days per **Insured** per **Policy Year** shown on the **Certificate Schedule**.]

["**Brand Name Drug**"] means a **Prescription Drug** for which a pharmaceutical company possesses either (i) an active and valid registered patent or (ii) an active and valid registered trade name after expiration of such patent.]

["**CAT Scan (Computerized Axial Tomography Scan)**"] means **Medically Necessary** diagnostic medical test **Provided** to an **Insured** using x-ray images with the aid of a computer to generate cross-sectional views and if needed three-dimensional images of the internal organs and structures of the body.]

["**Cavity Filing Fixed Indemnity Dental Benefit**"] means the specific covered fixed indemnity benefit under the BASIC DENTAL CARE FIXED INDEMNITY BENEFIT section of this **Certificate** after the expiration of the waiting period shown in section VIII.A.3. LIMITATIONS-WAITING PERIODS of this **Certificate** for each **Dentally Necessary** amalgam, silicate cement, acrylic or plastic filing of a tooth cavity received by an **Insured** in the professional offices of a **Dentist**. The amount of the **Cavity Filing Fixed Indemnity Dental Benefit** is shown on the **Certificate Schedule** together with the maximum number of such filings per **Insured** per **Policy Year** shown on the **Certificate Schedule**.]

“**Certificate**” means this contract of coverage between all **Insureds** and the **Company** that was issued under the **Group Fixed Indemnity Insurance Policy**. This contract of coverage consists solely of (i) this written CERTIFICATE OF COVERAGE, (ii) the application for coverage of each **Insured**, which application is attached hereto and by this reference incorporated for all purposes, and (iii) any riders, endorsements or amendments attached hereto.

[“**Children Routine Immunization Fixed Indemnity Benefit**” means the specific covered fixed indemnity benefit under the WELLNESS EXAMINATIONS AND HEALTH SCREENING FIXED INDEMNITY BENEFITS section of this **Certificate** after the expiration of the waiting period shown in section VIII.A.2. LIMITATIONS-WAITING PERIODS of this Certificate for each immunization **Provided** after the expiration of the waiting period shown in section VIII.A.2 LIMITATIONS-WAITING PERIODS of this **Certificate** that an **Insured** is billed by a **Provider** for **Medically Necessary** routine immunization injections received in the professional offices of a **Provider** by an **Insured** under the age of [six–eighteen] [(6-18)]. The amount of the **Children Routine Immunization Fixed Indemnity Benefit** for each immunizations a **Provider** bills for up to the maximum number of immunizations per child **Insured** per **Policy Year** shown on the **Certificate Schedule**.]

[“**Chiropractor**” means a person who has successfully completed the prescribed course of studies in chiropractic (i.e. the healthcare system which utilizes the recuperative powers of the body and the relationship between the musculoskeletal structures and functions of the body, particularly of the spinal column and the nervous system, in the restoration and maintenance of health) at a chiropractic school officially recognized and accredited in the country in which it is located, and which person has been licensed by the state in which the chiropractic services are rendered to practice chiropractic. The **Chiropractor** must be acting within the scope of such license while rendering **Medically Necessary** professional service to an **Insured**, and cannot be a member of the **Insured’s Family**.]

[“**Claim Period For Rollover/Accumulated Doctor Office Visits**” means the thirty (30) day period commencing on the first calendar day following: (i) the second **Policy Year**; and (ii) each subsequent anniversary of the **Policy Year** thereafter when the **Primary Insured** may submit a claim to the **Company** requesting payment of a portion of the accumulated amount of the then applicable Maximum Number of Visits on the anniversary of such **Policy Year** in accordance with the terms of the PAYMENT OF ACCUMULATED MAXIMUM NUMBER OF VISITS section of this **Certificate**.]

[“**Claim Period For Rollover/Accumulated Prescriptions**” means the thirty (30) day period commencing on the first day following (i) the second **Policy Year** and (ii) each subsequent **Policy Year** thereafter when the **Primary Insured** may submit a claim to the **Company** requesting payment of a portion of the accumulated fixed indemnity maximum dollar amount payable for such **Prescriptions** on the anniversary of such **Policy Year** in accordance with the terms of the PAYMENT OF ACCUMULATED MAXIMUM NUMBER OF PRESCRIPTIONS section of this **Certificate**.]

“**Class**” means the classification by **Us** of (i) individuals to whom **We** have issued new coverage for the purposes of the calculation of their **Initial Premium** rates, and (ii) individuals to whom **We** have previously issued coverage for purposes of the calculation of their **Renewal Premium** rates.

[“**Colonoscopy**” means a **Medically Necessary** diagnostic medical test **Provided** for adult **Insureds** at least fifty (50) years of age and asymptomatic, or at least forty (40) year of age with either a **Family** history of colon cancer or another colon cancer risk factor, involving the endoscopic examination of the colon and the distal part of the small bowel with a CCD camera or a fiber optic camera on a flexible tube passed through the anus. It may provide a visual diagnosis (e.g. ulceration, polyps) and grants the opportunity for biopsy or removal of suspected lesions.]

[“**Colonoscopy Fixed Indemnity Benefit**” means the specific covered fixed indemnity benefit under the WELLNESS EXAMINATIONS AND HEALTH SCREENING FIXED INDEMNITY BENEFITS section of this **Certificate** after the expiration of the waiting period shown in section VIII.A.2. LIMITATIONS-WAITING PERIODS of this Certificate for a **Medically Necessary Colonoscopy** procedure and evaluation of an **Insured** who is at least age fifty (50) years of age and asymptomatic, or at least forty (40) years of age with either a **Family** history of colon cancer or another colon cancer risk factor that is **Provided** by a **Provider** on an **Outpatient** basis after the expiration of the waiting period shown in section VIII.A.2 LIMITATIONS-WAITING PERIODS of this **Certificate**. on an **Outpatient** basis. The amount of the **Colonoscopy Fixed Indemnity Benefit** is shown on the **Certificate Schedule**, together with the maximum number of such covered **Colonoscopies** per **Insured** per **Policy Year**.]

“**Company**” means Freedom Life Insurance Company of America.

“Complications of Pregnancy” means:

1. conditions (when the pregnancy is not terminated), whose diagnoses are distinct from pregnancy but are adversely affected by pregnancy, including but not limited to, acute nephritis, nephrosis, cardiac decompensation, missed abortion, and similar medical and surgical conditions of comparable severity; and
2. non-elective **Emergency** cesarean sections, termination of ectopic pregnancy, and spontaneous termination of pregnancy occurring during a period of gestation in which a viable birth is not possible.

Complications of Pregnancy does not include false labor, occasional spotting, **Provider** prescribed rest during the period of pregnancy, morning sickness, and hyperemesis gravidarum. Nor does it include pre-eclampsia and similar conditions associated with the management of a difficult pregnancy unless such condition constitutes a nosologically distinct complication.

“Coma” means a profound state of unconsciousness of an **Insured** that is diagnosed by a **Provider** to have been caused by any **Sickness** or **Injury** other than a **CVA (Stroke)**, and which profound unconsciousness lasts for a period of at least ninety six (96) consecutive hours and during which the **Insured** cannot be aroused to consciousness, even by powerful stimulation.]

“Confinement” or **“Confined”** means a **Medically Necessary Inpatient** admission of an **Insured** to a **Hospital** as a resident bed patient for not less than eight (8) hours, and for which **Inpatient Confinement** the **Hospital** charges the **Insured** for at least one day of room and board expense. A period of **Confinement** begins on the date of admission to the **Hospital** as an **Inpatient** and ends on the date of discharge.]

“Coronary Artery By-pass Surgery” means a **Medically Necessary** surgical procedure for coronary artery revascularization requiring a median sternotomy (surgical division of the breast bone) to correct narrowing or blockage of one or more coronary arteries of an **Insured** utilizing by-pass grafts surgically attached to one or more coronary arteries performed by a **Provider** who is board certified in either Cardiovascular Surgery or Cardiothoracic Surgery. **Coronary Artery By-pass Surgery** does not include minimally invasive, endoscopic, and “keyhole” heart surgery; balloon and laser angioplasty; stent procedures; atherectomies; any type of cardiac catheterization or any type of surgery on the pericardium.]

“Covered Medical & Surgical Service(s)” means the specific items, equipment, diagnostic services, medical services, surgical services, medical supplies, medications, and **Prescription Drugs**, listed in [(i)] the HOSPITAL CONFINEMENT SICKNESS AND INJURY FIXED INDEMNITY BENEFITS, [(ii)] the OUTPATIENT SICKNESS AND INJURY FIXED INDEMNITY BENEFITS, [(iii)] the WELLNESS EXAMINATIONS AND HEALTH SCREENING FIXED INDEMNITY BENEFITS, [(iv)] the MATERNITY FIXED INDEMNITY BENEFITS, or [(v)] the SKILLED NURSING HOME FIXED INDEMNITY BENEFITS section[s] of the COVERED MEDICAL AND SURGICAL SERVICES section of this **Certificate** as being eligible for a fixed indemnity payment, which fixed indemnity payment eligibility is subject to the definitions, terms, conditions, waiting periods, coverage limitations and coverage exclusions contained in this **Certificate**, including but not limited to the amount of the **Lifetime Certificate Maximum Fixed Indemnity Benefit Per Insured** the amount of the **Policy Year Maximum Fixed Indemnity Benefit Payments Per Insured**, [the amount of the **Policy Year Outpatient Maximum Fixed Indemnity Benefit Payments Per Insured**.] as well as any exclusionary or limiting rider, amendment or endorsement attached to this **Certificate**.]

“Covered Dental Service(s)” means the specific items, dental equipment, dental diagnostic services, dental services, oral surgery services, dental supplies, dental medications, listed in the PREVENTIVE DENTAL CARE FIXED INDEMNITY BENEFIT, BASIC DENTAL CARE FIXED INDEMNITY BENEFIT, AND MAJOR DENTAL CARE FIXED INDEMNITY BENEFIT sections of this **Certificate** as being eligible for a **Covered Dental Services** fixed indemnity payment, which fixed indemnity payment eligibility is subject to the definitions, terms, conditions, waiting periods, coverage limitations and coverage exclusions contained in this **Certificate**, including but not limited to the amount of the **Lifetime Certificate Maximum Fixed Indemnity Benefit Per Insured** the amount of the **Policy Year Maximum Fixed Indemnity Benefit Payments Per Insured**, the amount of the **Policy Year Outpatient Maximum Fixed Indemnity Benefit Payments Per Insured**, as well as any exclusionary or limiting rider, amendment or endorsement attached to this **Certificate**.]

“Critical Illness” means [(i) an **Acute Myocardial Infarction (Heart Attack)** for which the **Hospital Miscellaneous Expenses Fixed Indemnity Daily Benefit For Acute Myocardial Infarction (Heart Attack)** is payable][(ii) a **Coronary Artery By-Pass Surgery** for which the **Hospital Miscellaneous Expenses Fixed**

Indemnity Daily Benefit For Coronary Artery By-Pass Surgery is payable,] [(iii) a **Life Threatening Cancer** for which the **Hospital Miscellaneous Expenses Fixed Indemnity Daily Benefit For Life Threatening Cancer** is payable,] [(iii) a **Coma** for which the **Hospital Miscellaneous Expenses Fixed Indemnity Daily Benefit For Coma** is payable,] [(iv) a **Major Organ Transplant** for which the **Hospital Miscellaneous Expenses Fixed Indemnity Daily Benefit For Major Organ Transplant** is payable,] [and] [(v) a **Severe Burn** for which the **Hospital Miscellaneous Expenses Fixed Indemnity Daily Benefit For Severe Burn** is payable.]

[**“Crown”** means a dental restoration usually covering the whole exposed portion of a tooth of an **Insured**.]

[**“C-Pap Machine”** means a **Medically Necessary** electronic machine ordered for an **Insured** by a **Provider** as a result of such **Provider’s** diagnosis of the **Sickness** of obstructive sleep apnea, and which electronic machine is designed to deliver continuous positive air pressure to the **Insured** while breathing during sleep.]

[**“Custodial Care”** means **Medically Necessary** care given mainly to meet personal needs of an **Insured**. It may be provided by persons without professional skills or training. **“Custodial Care”** includes, but is not limited to, help in walking, getting in and out of bed, bathing, dressing, eating and taking medicine.]

[**“CVA (Stroke)”** means an acute cerebral vascular accident or event in an **Insured** producing measurable, functional and permanent neurological impairment (not including either transient ischemic attacks or prolonged reversible ischemic attacks) caused by hemorrhage, thrombus, or embolus from extra cranial source, which results in an infarction (death) to brain tissue. Symptoms due to a transient ischemic attack, prolonged reversible ischemic attack, migraine, hypoxia, traumatic injury to brain tissue or blood vessels, and vascular disease affecting the eye, optic nerve or vestibular functions do not constitute a **Stroke**.]

[**“Dental Injury”** means damage or harm **Accidentally** sustained to the physical structure of the teeth or gums of an **Insured** that is the direct cause of the loss independent of disease, bodily infirmity, or any other cause, which occurs while this **Certificate** is in force and effect for such **Insured**.]

[**“Dental Necessity and Dentally Necessary”** means:

1. For the covered items and services listed in the COVERED DENTAL SERVICES section of this **Certificate**, **Dental Necessity** and **Dentally Necessary** is any applicable diagnostic test, laboratory test, examination, surgery, medical treatment, service or supply listed therein that is **Provided** to an **Insured**:
 - a. by or at the appropriate order, or upon the approval of a **Dentist**;
 - b. for the recognized diagnosis or care and treatment of a **Dental Injury** or a **Dental Sickness**;
 - c. in a manner appropriate and necessary for the symptoms, diagnosis or treatment of such **Dental Injury** or **Dental Sickness**;
 - d. according to and within generally accepted standards for the practice of dentistry;
 - e. in the most cost effective setting and manner available to treat the **Dental Injury** or **Dental Sickness**;
 - f. not primarily for the convenience of an **Insured**, **Family**, or a **Dentist**;
 - g. not investigational or experimental in nature;
 - h. reasonably designed to either prevent certain future **Dental Sickness** or permit early diagnoses of certain **Dental Sickness**;
 - i. prescribed, performed and/or ordered by a **Dentist**; and
 - j. appropriate and performed according to and within generally accepted standards for the practice of dentistry.

The fact that a **Dentist** prescribed, ordered, recommended or approved a service, supply, or treatment does not in and of itself make it **Dentally Necessary** or a **Dental Necessity**.]

[**“Dental Sickness”** means illness or disease afflicting the physical structure of the teeth or gums of an **Insured**, which first **Manifests** itself on or after the **Issue Date** shown on the **Certificate Schedule** and while this **Group Fixed Indemnity Insurance Policy** is in force and effect for such **Insured**.]

[**“Dentist”** means a person who has successfully completed the prescribed course of studies in dentistry at a dental college officially recognized and accredited in the country in which it is located, and which person has been licensed in the profession of dentistry by the state in which the dental service or **Oral Surgery** is received by an **Insured**. A **Dentist** must be acting within the scope of such license while rendering professional dental services to

or performing **Oral Surgery** on an **Insured**, and in each instance must be reasonable, appropriate and necessary dental care and treatment of the **Insured**. A **Dentist** cannot be a member of the **Insured's Family**.]

[**Denture** means a removable replacement for a natural tooth or teeth of an **Insured**.]

[**Dialysis**” means the **Medically Necessary** medical process **Provided** to an **Insured** that cleanses the blood of the **Insured** by passing it through a special machine that filters the blood to remove excess water and waste products when the kidneys are damaged, dysfunctional, or missing. It is primarily used to provide an artificial replacement for lost kidney function in people with renal failure. **Dialysis** may be used for those with an acute disturbance in kidney function (acute kidney injury, previously acute renal failure) or for those with progressive but chronically worsening kidney function—a state known as chronic kidney disease stage 5 (previously chronic renal failure or end-stage kidney disease).]

[**Doctor Office Visits - Annual Rollover Accumulation**” means the method by which the unused maximum amount per **Insured** per **Policy Year** for the **Doctor Office Visit Sickness and Injury Fixed Indemnity Benefit** rolls over and accumulates for each such **Insured** into the next **Policy Year** for the purposes of each such **Insured's Doctor Office Visit Sickness and Injury Fixed Indemnity Benefit** during the next **Policy Year**. This rollover and accumulation method is set forth in the DOCTOR OFFICE VISIT SICKNESS AND INJURY FIXED INDEMNITY BENEFIT section of this **Certificate**.]

[**Doctor Office Visit Sickness and Injury Fixed Indemnity Benefit**” means the specific, fixed indemnity benefit under the OUTPATIENT SICKNESS AND INJURY FIXED INDEMNITY BENEFITS section of this **Certificate** for **Medically Necessary** evaluation, diagnosis and treatment of an **Insured** for a **Sickness** or an **Injury** on an **Outpatient** basis in the professional offices of a **Provider** by a **Provider**. The amount of the **Doctor Office Visit Sickness and Injury Fixed Indemnity Benefit** for each covered **Provider** office visit is shown on the **Certificate Schedule**, together with the maximum number of **Provider** office visits per **Insured** per **Policy Year**.]

[**Durable Medical Equipment**” means the specific covered items of durable medical equipment listed on the **Certificate Schedule** that are **Provided** to an **Insured** and for which the **Outpatient Durable Medical Equipment Fixed Indemnity Benefit** is payable under this **Certificate**.]

[**Endodontic**” means the treatment of diseases within the tooth of an **Insured**, primarily by **Root Canal Therapy**.]

[**Extraction**” means the removal of a natural tooth or teeth of an **Insured**.]

[**EKG**” means a **Medically Necessary** diagnostic electrocardiogram **Provided** for adult **Insureds** between the ages of forty (40) and sixty-five (65), utilizing an electrocardiograph for the purposes of recording the potential of the electrical currents that traverse the heart and initiate contractions of the heart.].

[**EKG Fixed Indemnity Benefit**” means the specific covered fixed indemnity benefit under the WELLNESS EXAMINATIONS AND HEALTH SCREENING FIXED INDEMNITY BENEFITS section of this **Certificate** after the expiration of the waiting period shown in section VIII.A.2. LIMITATIONS-WAITING PERIODS of this **Certificate** for an **EKG** procedure performed on an **Insured** on an **Outpatient** basis per **Policy Year** after the expiration of the waiting period shown in section VIII.A.2 LIMITATIONS-WAITING PERIODS of this **Certificate**. The amount of the **EKG Fixed Indemnity Benefit** is shown on the **Certificate Schedule** together with the maximum number of **EKG** procedures per **Insured** per **Policy Year**.]

[**Elimination Period**” means the number of consecutive calendar days of an **Insured's Inpatient Confinement** in a **Hospital** as the result of a **Sickness** or an **Injury** that must occur before any applicable fixed indemnity payment obligation under the [**Hospital Intensive Care Unit Room and Board Fixed Indemnity Daily Benefit**.] [the **Hospital Miscellaneous Expenses Fixed Indemnity Daily Benefit**.] [the **Hospital Miscellaneous Expenses Fixed Indemnity Daily Benefit For Acute Myocardial Infarction (Heart Attack)**.] [the **Hospital Miscellaneous Expenses Fixed Indemnity Daily Benefit For Life Threatening Cancer**.] [the **Hospital Miscellaneous Expenses Fixed Indemnity Daily Benefit For Coma**.] [the **Hospital Miscellaneous Expenses Fixed Indemnity Daily Benefit For Coronary Artery By-Pass Surgery**.] [the **Hospital Miscellaneous Expenses Fixed Indemnity Daily Benefit For CVA (Stroke)**.] [the **Hospital Miscellaneous Expenses Fixed Indemnity Daily Benefit For Major Organ Transplant**.] [the **Hospital Miscellaneous Expenses Fixed Indemnity Daily Benefit For Severe Burn**.] [and/or] [the **Hospital Room and Board Fixed Indemnity Daily Benefit**] for any following calendar days during such **Confinement** become due and payable under this **Certificate**. The length of each applicable

Elimination Period for each of these **Covered Medical & Surgical Services** is shown on the **Certificate Schedule**.]

["**Emergency**"] means the sudden onset of a medical condition manifesting itself by acute symptoms of sufficient severity, including severe pain, such that the absence of immediate medical attention could reasonably be expected to result in:

1. placing the patient's health in severe jeopardy;
2. serious impairment to bodily functions; or
3. serious dysfunction of any bodily organ or part.]

["**Emergency Air Ambulance Transport Fixed Indemnity Benefit**"] means the specific covered fixed indemnity benefit under the OUTPATIENT SICKNESS AND INJURY FIXED INDEMNITY BENEFITS section of this **Certificate** for an **Insured's Medically Necessary** transportation by an air ambulance on an **Emergency** basis to the **Emergency Room** of a **Hospital**. The amount of the **Emergency Air Ambulance Transport Fixed Indemnity Benefit** is shown on the **Certificate Schedule**, together with the maximum number of covered air ambulance transports per **Insured** per **Policy Year**.]

["**Emergency Ground Ambulance Transport Fixed Indemnity Benefit**"] means the specific covered fixed indemnity benefit under the OUTPATIENT SICKNESS AND INJURY FIXED INDEMNITY BENEFITS section of this **Certificate** for an **Insured's Medically Necessary** transportation by an ground ambulance on an **Emergency** basis to the **Emergency Room** of a **Hospital**. The amount of the **Emergency Ground Ambulance Transport Fixed Indemnity Benefit** is shown on the **Certificate Schedule**, together with the maximum number of covered ground ambulance transports per **Insured** per **Policy Year**.]

["**Emergency Room**"] means the designated **Outpatient** area of a **Hospital** that is open twenty four (24) hours a day and intended by the **Hospital** as its location to receive acutely ill or injured patients and provide **Medically Necessary** diagnosis and treatment on an **Emergency** basis prior to either the resolution of patient's **Emergency** and discharge from such **Emergency Room** of the **Hospital** or the transfer of such patient to another designated area of the **Hospital** where the patient is then **Confined** as an **Inpatient**.]

["**Emergency Room Fixed Indemnity Daily Benefit**"] means the specific covered fixed indemnity benefit under the OUTPATIENT SICKNESS AND INJURY FIXED INDEMNITY BENEFITS section of this **Certificate** for each calendar day an **Insured** receives **Medically Necessary** diagnosis, care and treatment of acute **Sickness** and **Injuries** on an **Emergency** basis in an **Emergency Room**. The daily amount of the **Emergency Room Fixed Indemnity Daily Benefit** is shown on the **Certificate Schedule**, together with the maximum number of calendar days for such **Emergency Room** visits per **Insured** per **Policy Year**.]

"**Family**" means the spouse, son or daughter, brother or sister, parent, grandparent or grandchild of an **Insured**.

["**First Certificate Year**"] means for the period beginning on the **Issue Date** and ending on the last day immediately preceding the first anniversary of the **Issue Date**.]

["**First Renewal Date**"] means the first premium due date following payment of the **Initial Premium** which is shown on the **Certificate Schedule**.]

"**First Renewal Premium**" means the amount of **Renewal Premium** due on the **First Renewal Date**. The amount of **First Renewal Premium**, if known on the **Issue Date**, is shown on the **Certificate Schedule**.

["**Fixed Bridgework**"] means a non-removable replacement for a natural tooth or teeth of an **Insured**.]

"**Full-Time Student**" means an individual, under the age of 24, who is enrolled in at least twelve (12) credit hours per semester at an accredited college or university.

["**Generic Drug**"] means a **Prescription Drug** that contains the same active ingredients as an equivalent former **Brand Name Drug** that is no longer protected by a patent, and the trade name, if any, associated with such former **Brand Name Drug** is not listed on the label of such **Prescription Drug**.]

["**Gingivectomy**"] means excision of diseased gum tissue so that new tissue will grow.]

["**Gingivectomy Surgery Fixed Indemnity Dental Daily Benefit**"] means the specific daily fixed indemnity benefit under the BASIC DENTAL CARE FIXED INDEMNITY BENEFIT section of this **Certificate** after the expiration of the waiting period shown in section VIII.A.3. LIMITATIONS-WAITING PERIODS of this **Certificate** for each calendar day an **Insured** receives **Dentally Necessary Gingivectomy** surgery in the professional offices of a **Dentist**. The amount of the **Gingivectomy Surgery Fixed Indemnity Dental Daily Benefit** is shown on the **Certificate Schedule**, together with the maximum number of calendar days for such **Gingivectomy** surgeries per **Insured** per **Policy Year** shown on the **Certificate Schedule**.]

"**Group Fixed Indemnity Insurance Policy**" means the association group fixed indemnity insurance contract issued to the **Group Policyholder** under which this **Certificate** is issued to the **Primary Insured**.

"**Group Policyholder**" means the association shown on the **Certificate Schedule** of which the **Primary Insured** is a member and to whom the **Group Fixed Indemnity Insurance Policy** was issued.

["**High Risk Female**"] means a female **Insured** who is at high risk including, but not limited to, those who: (i) are at a clinical risk for **Osteoporosis**; (ii) have vertebral abnormalities; (iii) are receiving long-term glucocorticoid (steroid) therapy; (iv) have primary hyperparathyroidism; and (v) have a **Family** history of **Osteoporosis**.]

["**Home Health Care Plan**"] means a **Medically Necessary** program of care, established by an **Insured's Provider**, taking place in a residential setting.]

["**Hospital**"] means a place which:

1. is legally operated for the care and treatment of sick and injured persons at their expense;
2. is primarily engaged in providing medical, diagnostic and surgical facilities (either on its premises or in facilities available to it on a formal pre-arranged basis);
3. has continuous twenty-four (24) hour nursing services by or under the supervision of a registered nurse (R.N.); and
4. has a staff of one or more **Providers** available at all times.

It also means a place that may not meet the above requirements, but is accredited as a hospital by the Joint Commission on Accreditation of Healthcare Organizations, the American Osteopathic Association or the Commission on the Accreditation of Rehabilitation Facilities.

Hospital does not mean:

1. a convalescent home, nursing home, rest home or **Skilled Nursing Home**;
2. a place primarily operated for treatment of **Mental and Emotional Disorders**, drug addicts, alcoholics, or the aged;
3. a special unit or wing of a **Hospital** used by or for any of the above;
4. a long-term mental care facility; or
5. a facility primarily providing **Custodial Care**.]

["**Hospital Inpatient Admission Fixed Indemnity Benefit**"] means the specific, covered, single, fixed indemnity benefit under the HOSPITAL CONFINEMENT SICKNESS AND INJURY FIXED INDEMNITY BENEFITS section of this **Certificate** for each **Confinement** of an **Insured** as an **Inpatient** in a **Hospital** for **Medically Necessary** treatment of a **Sickness** or an **Injury**. The amount of the **Hospital Inpatient Admission Fixed Indemnity Benefit** is shown on the **Certificate Schedule**, together with the maximum number of such covered **Confinements** per **Insured** per **Policy Year**.]

["**Hospital Intensive Care Unit Room and Board Fixed Indemnity Daily Benefit**"] means the specific, fixed indemnity daily benefit under the HOSPITAL CONFINEMENT SICKNESS AND INJURY FIXED INDEMNITY BENEFITS section of this **Certificate** for each calendar day[, after satisfaction of the **Elimination Period** for this **Covered Medical & Surgical Service**.] that an **Insured** is billed by a **Hospital** for **Intensive Care Unit** room and board charges as the result of a **Medically Necessary Inpatient Confinement** in the **Intensive Care Unit** of the **Hospital** for treatment of a critical **Sickness** or **Injury**. [The **Hospital Intensive Care Unit Room and Board Fixed Indemnity Daily Benefit** will be paid in lieu of paying the **Hospital Room** and **Board Fixed Indemnity Daily Benefit**.] The amount of the **Hospital Intensive Care Unit Room and Board Fixed Indemnity Daily Benefit** is

shown on the **Certificate Schedule**, together with the maximum number of calendar days for such covered **Intensive Care Unit Confinements per Insured per Policy Year.**]

[“**Hospital Miscellaneous Expenses Fixed Indemnity Daily Benefit**” means the specific, fixed indemnity daily benefit under the HOSPITAL CONFINEMENT SICKNESS AND INJURY FIXED INDEMNITY BENEFITS section of this **Certificate** for each calendar day[, after satisfaction of the **Elimination Period** for this **Covered Medical & Surgical Service,**] that an **Insured** is billed by a **Hospital** for **Medically Necessary** miscellaneous expense charges as the result of **Confinement** as an **Inpatient** in the **Hospital** for **Medically Necessary** treatment of a **Sickness** or **Injury**. The amount of the **Hospital Miscellaneous Expenses Fixed Indemnity Daily Benefit** is shown on the **Certificate Schedule**, together with the maximum number of calendar days for such covered **Confinements per Insured per Policy Year.**]

[“**Hospital Miscellaneous Expenses Fixed Indemnity Daily Benefit For Acute Myocardial Infarction (Heart Attack)**” means the specific, fixed indemnity daily benefit under the HOSPITAL CONFINEMENT SICKNESS AND INJURY FIXED INDEMNITY BENEFITS section of this **Certificate** for each calendar day[, after satisfaction of the **Elimination Period** for this **Covered Medical & Surgical Service,**] that an **Insured** is billed by a **Hospital** for **Medically Necessary** miscellaneous expense charges as the result of **Confinement** as an **Inpatient** in the **Hospital** for **Medically Necessary** treatment of an **Acute Myocardial Infarction (Heart Attack)**. The amount of the **Hospital Miscellaneous Expenses Fixed Indemnity Daily Benefit For Acute Myocardial Infarction (Heart Attack)** is shown on the **Certificate Schedule**, subject to the amount of the **Maximum Miscellaneous Expenses Fixed Indemnity Daily Benefit** together with the maximum number of calendar days for such covered **Acute Myocardial Infarction (Heart Attack) Confinements per Insured per Policy Year.**]

[“**Hospital Miscellaneous Expenses Fixed Indemnity Daily Benefit For Coma**” means the specific, fixed indemnity daily benefit under the HOSPITAL CONFINEMENT SICKNESS AND INJURY FIXED INDEMNITY BENEFITS section of this **Certificate** for each calendar day[, after satisfaction of the **Elimination Period** for this **Covered Medical & Surgical Service,**] that an **Insured** is billed by a **Hospital** for **Medically Necessary** miscellaneous expense charges as the result of **Confinement** as an **Inpatient** in the **Hospital** for **Medically Necessary** treatment of a **Coma**. The amount of the **Hospital Miscellaneous Expenses Fixed Indemnity Daily Benefit For Coma** is shown on the **Certificate Schedule**, subject to the amount of the **Maximum Miscellaneous Expenses Fixed Indemnity Daily Benefit** together with the maximum number of calendar days for such covered **Coma Confinements per Insured per Policy Year.**]

[“**Hospital Miscellaneous Expenses Fixed Indemnity Daily Benefit For Coronary Artery By-Pass Surgery**” means the specific, fixed indemnity daily benefit under the HOSPITAL CONFINEMENT SICKNESS AND INJURY FIXED INDEMNITY BENEFITS section of this **Certificate** for each calendar day[, after satisfaction of the **Elimination Period** for this **Covered Medical & Surgical Service,**] that an **Insured** is billed by a **Hospital** for **Medically Necessary** miscellaneous expense charges as the result of **Confinement** as an **Inpatient** in the **Hospital** and during which the **Insured** undergoes **Medically Necessary Coronary Artery By-Pass Surgery**. The amount of the **Hospital Miscellaneous Expenses Fixed Indemnity Daily Benefit For Coronary Artery By-Pass Surgery** is shown on the **Certificate Schedule**, subject to the amount of the **Maximum Miscellaneous Expenses Fixed Indemnity Daily Benefit** together with the maximum number of calendar days for such covered **Coronary Artery By-Pass Surgery Confinements per Insured per Policy Year.**]

[“**Hospital Miscellaneous Expenses Fixed Indemnity Daily Benefit For CVA (Stroke)**” means the specific, fixed indemnity daily benefit under the HOSPITAL CONFINEMENT SICKNESS AND INJURY FIXED INDEMNITY BENEFITS section of this **Certificate** for each calendar day[, after satisfaction of the **Elimination Period** for this **Covered Medical & Surgical Service,**] that an **Insured** is billed by a **Hospital** for **Medically Necessary** miscellaneous expense charges as the result of **Confinement** as an **Inpatient** in the **Hospital** for **Medically Necessary** treatment of **CVA (Stroke)**. The amount of the **Hospital Miscellaneous Expenses Fixed Indemnity Daily Benefit For CVA (Stroke)** is shown on the **Certificate Schedule**, subject to the amount of the **Maximum Miscellaneous Expenses Fixed Indemnity Daily Benefit** together with the maximum number of calendar days for such covered **CVA (Stroke) Confinements per Insured per Policy Year.**]

[“**Hospital Miscellaneous Expenses Fixed Indemnity Daily Benefit For Life Threatening Cancer**” means the specific, fixed indemnity daily benefit under the HOSPITAL CONFINEMENT SICKNESS AND INJURY FIXED INDEMNITY BENEFITS section of this **Certificate** for each calendar day[, after satisfaction of the **Elimination Period** for this **Covered Medical & Surgical Service,**] that an **Insured** is billed by a **Hospital** for **Medically Necessary** miscellaneous expense charges as the result of **Confinement** as an **Inpatient** in the **Hospital** for **Medically Necessary** treatment of **Life Threatening Cancer**. The amount of the **Hospital Miscellaneous**

Expenses Fixed Indemnity Daily Benefit For Life Threatening Cancer is shown on the **Certificate Schedule**, subject to the amount of the **Maximum Miscellaneous Expenses Fixed Indemnity Daily Benefit** together with the maximum number of calendar days for such covered **Life Threatening Cancer Confinements** per **Insured** per **Policy Year**.]

[“**Hospital Miscellaneous Expenses Fixed Indemnity Daily Benefit For Major Organ Transplant**” means the specific, fixed indemnity daily benefit under the HOSPITAL CONFINEMENT SICKNESS AND INJURY FIXED INDEMNITY BENEFITS section of this **Certificate** for each calendar day[, after satisfaction of the **Elimination Period** for this **Covered Medical & Surgical Service**.] that an **Insured** is billed by a **Hospital** for **Medically Necessary** miscellaneous expense charges as the result of **Confinement** as an **Inpatient** in the **Hospital** for **Medically Necessary Major Organ Transplant** surgery. The amount of the **Hospital Miscellaneous Expenses Fixed Indemnity Daily Benefit For Major Organ Transplant** is shown on the **Certificate Schedule**, subject to the amount of the **Maximum Miscellaneous Expenses Fixed Indemnity Daily Benefit** together with the maximum number of calendar days for such covered **Major Organ Transplant Confinements** per **Insured** per **Policy Year**.]

[“**Hospital Miscellaneous Expenses Fixed Indemnity Daily Benefit For Severe Burn**” means the specific, fixed indemnity daily benefit under the HOSPITAL CONFINEMENT SICKNESS AND INJURY FIXED INDEMNITY BENEFITS section of this **Certificate** for each calendar day[, after satisfaction of the **Elimination Period** for this **Covered Medical & Surgical Service**.] that an **Insured** is billed by a **Hospital** for **Medically Necessary** miscellaneous expense charges as the result of **Confinement** as an **Inpatient** in the **Hospital** for **Medically Necessary** treatment of **Severe Burn**. The amount of the **Hospital Miscellaneous Expenses Fixed Indemnity Daily For Severe Burn** is shown on the **Certificate Schedule**, subject to the amount of the **Maximum Miscellaneous Expenses Fixed Indemnity Daily Benefit** together with the maximum number of calendar days for such covered **Severe Burn Confinements** per **Insured** per **Policy Year**.]

[“**Hospital Room and Board Fixed Indemnity Daily Benefit**” means the specific, fixed indemnity daily benefit under the HOSPITAL CONFINEMENT SICKNESS AND INJURY FIXED INDEMNITY BENEFITS section of this **Certificate** for each calendar day[, after satisfaction of the **Elimination Period** for this **Covered Medical & Surgical Service**.] that an **Insured** is billed by a **Hospital** for **Medically Necessary** room and board as the result of **Confinement** as an **Inpatient** in the **Hospital** for **Medically Necessary** treatment of a **Sickness** or **Injury**. The amount of the **Hospital Room and Board Fixed Indemnity Daily Benefit** is shown on the **Certificate Schedule**, together with the maximum number of calendar days for such covered **Confinements** per **Insured** per **Policy Year**.]

[“**Impacted or Impaction**” means a tooth partly or wholly buried under the gum by bone or tissue of an **Insured**.]

[“**Impacted Tooth Surgical Extraction Fixed Indemnity Dental Benefit**” means the specific covered fixed indemnity benefit under the BASIC DENTAL CARE FIXED INDEMNITY BENEFIT section of this **Certificate** after the expiration of the waiting period shown in section VIII.A.3. LIMITATIONS-WAITING PERIODS of this **Certificate** for each **Dentally Necessary Impacted** tooth extraction (including full bony **Impaction**) in the professional offices of a **Dentist**. The amount of the **Impacted Tooth Surgical Extraction Fixed Indemnity Dental Benefit** is shown on the **Certificate Schedule**, together with the maximum number of such **Impacted** tooth extractions per **Insured** per **Policy Year** shown on the **Certificate Schedule**.]

[“**In-Hospital Labor & Delivery Fixed Indemnity Daily Benefit**” means the specific, fixed indemnity daily benefit under the MATERNITY FIXED INDEMNITY BENEFITS section of this **Certificate** after the expiration of the waiting period shown in section VIII.A.2. LIMITATIONS-WAITING PERIODS of this **Certificate** for each calendar day[, after satisfaction of the **Labor & Delivery Elimination Period**.] that a female **Insured** is billed by a **Hospital** for **Medically Necessary** labor and delivery services. The amount of the **In-Hospital Labor & Delivery Fixed Indemnity Daily Benefit** is shown on the **Certificate Schedule**, together with the maximum number of calendar days per female **Insured** per **Policy Year** for such covered labor and delivery services.]

[“**In-Hospital Pathologist Fixed Indemnity Daily Benefit**” means the specific, fixed indemnity daily benefit under the HOSPITAL CONFINEMENT SICKNESS AND INJURY FIXED INDEMNITY BENEFITS section of this **Certificate** for each calendar day that an **Insured** is billed for the **Medically Necessary** professional services of a licensed **Pathologist** in connection with the microscopic examination of fixed tissue or preparation from the hemic system of the **Insured** during a **Confinement** as an **Inpatient** in the **Hospital** for **Medically Necessary** diagnosis and treatment of a **Sickness** or **Injury**. The amount of the **In-Hospital Pathologist Fixed Indemnity Daily Benefit** is shown on the **Certificate Schedule**, together with the maximum number of calendar days for such covered **Pathologist** consultations per **Insured** per **Policy Year**.]

["**In-Hospital Provider Visits Fixed Indemnity Daily Benefit**"] means the specific, fixed indemnity daily benefit under the HOSPITAL CONFINEMENT SICKNESS AND INJURY FIXED INDEMNITY BENEFITS section of this **Certificate** for each calendar day that an **Insured** is billed for the **Medically Necessary** professional services of a licensed **Provider** in connection with the medical consultation, evaluation, diagnosis and treatment of such **Insured's Sickness** or **Injury** while **Confined** as an **Inpatient** in the **Hospital** (other than the professional services of [(i) a **Pathologist** for which the **In-Hospital Pathologist Fixed Indemnity Daily Benefit** is payable,] [(ii) a **Radiologist** for which the **In-Hospital Radiologist Fixed Indemnity Daily Benefit** is payable,] [(iii) a surgeon performing surgery during such **Confinement** for which the **Surgeon Fixed Indemnity Benefit** is payable,] [(iv) an assistant surgeon performing surgery during such **Confinement** for which the **Assistant Surgeon Fixed Indemnity Benefit** is payable,] [and] [(v) an anesthesiologist administering anesthesia in connection with a surgery during such **Confinement** for which the **Anesthesia Fixed Indemnity Daily Benefit** is payable]). The amount of the **In-Hospital Provider Visits Fixed Indemnity Daily Benefit** is shown on the **Certificate Schedule**, together with the maximum number of calendar days per **Insured** per **Policy Year** for such covered **Provider** visits during such **Confinements**.]

["**In-Hospital Radiologist Fixed Indemnity Daily Benefit**"] means the specific, fixed indemnity daily benefit under the HOSPITAL CONFINEMENT SICKNESS AND INJURY FIXED INDEMNITY BENEFITS section of this **Certificate** for each calendar day that an **Insured** is billed for the **Medically Necessary** professional services of a licensed **Radiologist** in connection with the professional interpretation of an array of imaging technologies (such as x-ray, ultrasound, **Computerized Axial Tomography (CAT)**, nuclear medicine, **PET Scans** and **MRI (Magnetic Resonance Imaging)**) for the purposes of the diagnosis of **Sickness** and **Injury** of the **Insured** during a **Confinement** as an **Inpatient** in the **Hospital** for **Medically Necessary** diagnosis and treatment of a **Sickness** or **Injury**. The amount of the **In-Hospital Radiologist Fixed Indemnity Daily Benefit** is shown on the **Certificate Schedule**, together with the maximum number of calendar days for such covered **Radiologist** consultations per **Insured** per **Policy Year**.]

"**Initial Premium**" means the amount premium charged for coverage under this **Certificate** for **You** and all **Other Insureds**, together with all applicable coverage administration and **Participating Provider** network access fees, as well all applicable state and federal taxes for the period of time from the **Issue Date** through the day before the **First Renewal Date**. The amount of the **Initial Premium** is shown on the **Certificate Schedule**, and is payable in advance of the **Issue Date**.

"**Injury**" means damage or harm **Accidentally** sustained to the physical structure of the body of an **Insured** that is the direct cause of the loss independent of disease, bodily infirmity, or any other cause, which occurs while this **Certificate** is in force and effect for such **Insured**.]

"**Inpatient**" means an **Insured** who receives **Medically Necessary** services from a **Provider** in a **Hospital** when such **Insured** is **Confined** and receives room and board from such **Hospital** for not less than eight (8) hours. Treatment or services rendered or **Provided** in the **Emergency Room** of a **Hospital** is not an **Inpatient Confinement** for the purposes of this **Certificate**. A period of **Inpatient Confinement** begins on the date of admission to the **Hospital** as an **Inpatient** and ends on the date of discharge.]

"**Insured**" means the following:

1. the **Primary Insured** whose coverage under this **Certificate** is still in force and effect;
2. any other individuals named as **Other Insureds** on the **Certificate Schedule** whose coverage under this **Certificate** is still in force and effect; and
3. any individual who is added to this **Certificate** after the **Issue Date** by proper endorsement after proper application and payment of any additional premium whose coverage under this **Certificate** is still in force and effect.

"**Intensive Care Unit**" means only a specifically designed facility of a **Hospital** which **Provides** the highest level of medical care and restricts admission to only patients who are critically ill or injured. Such facilities must be separate and distinct from the surgical recovery room and from rooms, beds and wards of such **Hospital** customarily used for patients who are not critically ill. To be considered an **Intensive Care Unit** under this **Certificate**, such facility must be permanently equipped with special life-saving equipment for the care of the critically ill or injured, and patients in such unit must be under constant and continuous observation by nursing staffs assigned on a full-time basis, exclusively to such facility of the **Hospital**. These units must be listed as intensive care units in the current edition of the American Hospital Association Guide or be eligible to be listed therein. This

Guide lists three (3) types of facilities that meet this definition: (1) intensive care units, (2) cardiac intensive care units, and (3) neonatal (infant) intensive care units. However, the following are not considered an “**Intensive Care Unit**” under this **Certificate**:

1. an **Emergency Room**, regardless of the services or supplies rendered in such emergency room,
2. a surgical recovery room;
3. a sub-acute intensive care unit;
4. a progressive care unit;
5. an intermediate care unit;
6. a private monitored room;
7. any other observation unit or other facilities in a **Hospital** that are step downs from the unit in such **Hospital** that **Provides** the highest level of medical care to critically ill patients.].]

[“**Intraoral X-rays, without Bitewing X-rays Fixed Indemnity Dental Daily Benefit**” means the specific daily fixed indemnity benefit under the PREVENTIVE DENTAL CARE FIXED INDEMNITY BENEFIT section of this **Certificate** for each calendar day after the expiration of the waiting period shown in section VIII.A.3. LIMITATIONS-WAITING PERIODS of this **Certificate** that an **Insured** receives **Dentally Necessary** intraoral x-rays without **Bitewing X-rays** for routine preventative dental care in the professional offices of a **Dentist** during any consecutive twenty four (24) month period while coverage for such **Insured** under this **Certificate** has been in full force and effect. The amount of the **Intraoral X-rays, without Bitewing X-rays Fixed Indemnity Dental Daily Benefit** is shown on the **Certificate Schedule**, together with the maximum number of calendar days per **Insured** per **Policy Year** shown on the **Certificate Schedule**.].]

“**Issue Date**” means the date on which coverage under this **Certificate** commences for **You** and **Other Insureds**. This date is shown on the **Certificate Schedule**.

[“**Labor & Delivery Elimination Period**” means the number of consecutive calendar days of a female **Insured’s Inpatient Confinement** in a **Hospital** for a normal labor and delivery of a newborn that must occur after the expiration of the waiting period shown in section VIII.A.2 LIMITATIONS-WAITING PERIODS of this **Certificate** before any applicable fixed indemnity payment obligation under the **In-Hospital Labor & Delivery Fixed Indemnity Daily Benefit** for any following calendar days during such **Confinement** become due and payable under this **Certificate**. The length of the **Labor & Delivery Elimination Period** is shown on the **Certificate Schedule**.]

[“**Life Threatening Cancer**” means a disease of an **Insured** positively diagnosed by a **Provider** certified by the America Board of Pathology or the American Osteopathic Board of Pathology to practice Pathological Anatomy upon the basis of microscopic examination of fixed tissue or preparation from the hemic system and such disease is characterized by the presence of any malignant tumor, or by the uncontrolled, abnormal growth and spread of malignant cells with invasion of normal tissue. In addition, malignant melanoma greater than 1.0 mm (millimeter) of maximum thickness, Leukemia, Lymphoma and Hodgkin’s Disease (except Stage 1 Hodgkin’s Disease) shall be considered “**Life Threatening Cancer**” under this **Certificate**. However, “**Life Threatening Cancer**” does not include:

1. skin cancer in any form including malignant melanoma less than 1.0mm (millimeter) of maximum thickness;
2. Cancer in Situ;
3. any tumor histologically described as a premalignant tumor or polyp;
4. any tumor histologically described as non-invasive or as cancer-in-situ (including but not limited to breast carcinoma-in-situ, intraepithelial neoplasia, and cervical dysplasia);
5. carcinoids of the appendix;
6. Stage 0 transitional carcinoma of urinary bladder;
7. Stage 1 Hodgkin’s Disease;
8. tumor of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least T2N0M0 where T2 is the classification of tumor size and involvement, N0 is no lymph node involvement and M0 is no evidence of distant metastasis;
9. papillary or mixed papillary-follicular thyroid carcinoma diagnosed under age 45;
10. Leukemia if there is no generalized dissemination of leukemia cells in the bone marrow; or
11. chronic lymphocytic leukemia that has not progressed to at least Rai stage II or Binet Stage B.]

If a positive diagnosis of **Life Threatening Cancer** cannot be made, clinical diagnosis will be accepted, provided that the medical evidence substantially documents the diagnosis of **Life Threatening Cancer** and the **Insured** receives definitive treatment for **Life Threatening Cancer**.]

[“**Life Threatening Cancer-Intravenous Chemotherapy**” means the **Medically Necessary** treatment of **Life Threatening Cancer Provided** to an **Insured** by means of chemical substances or drugs injected intravenously.]

[“**Life Threatening Cancer-Intravenous Chemotherapy Benefit Maximum**” means the maximum dollar amount of fixed indemnity payments payable under the **Outpatient Life Threatening Cancer Radiation and Chemotherapy Fixed Indemnity Benefit** of this **Certificate** per **Insured** per **Policy Year** for **Life Threatening Cancer-Intravenous Chemotherapy**. The amount of the **Life Threatening Cancer-Intravenous Chemotherapy Benefit Maximum** is shown on the **Certificate Schedule**.]

[“**Life Threatening Cancer-Intravenous Chemotherapy Fixed Indemnity Benefit Amount**” means the maximum dollar amount of fixed indemnity payments payable under the **Outpatient Life Threatening Cancer Radiation and Chemotherapy Fixed Indemnity Benefit** of this **Certificate** per **Insured** per day for **Life Threatening Cancer-Intravenous Chemotherapy**. The amount of the **Life Threatening Cancer-Intravenous Chemotherapy Fixed Indemnity Benefit Amount** is shown on the **Certificate Schedule**.]

[“**Life Threatening Cancer-Oral Chemotherapy**” means the **Medically Necessary** treatment of **Life Threatening Cancer Provided** to an **Insured** by means of chemical substances or drugs taken orally.]

[“**Life Threatening Cancer-Oral Chemotherapy Benefit Maximum**” means the maximum dollar amount of fixed indemnity payments payable under the **Outpatient Life Threatening Cancer Radiation and Chemotherapy Fixed Indemnity Benefit** of this **Certificate** per **Insured** per **Policy Year** for **Life Threatening Cancer-Oral Chemotherapy**. The amount of the **Life Threatening Cancer-Oral Chemotherapy Benefit Maximum** is shown on the **Certificate Schedule**.]

[“**Life Threatening Cancer-Oral Chemotherapy Fixed Indemnity Benefit Amount**” means the maximum dollar amount of fixed indemnity payments payable under the **Outpatient Life Threatening Cancer Radiation and Chemotherapy Fixed Indemnity Benefit** of this **Certificate** per **Insured** per day for **Life Threatening Cancer-Oral Chemotherapy**. The amount of the **Life Threatening Cancer-Oral Chemotherapy Fixed Indemnity Benefit Amount** is shown on the **Certificate Schedule**.]

[“**Life Threatening Cancer-Radiation Therapy**” means the **Medically Necessary** treatment of **Life Threatening Cancer Provided** to an **Insured** by means of the transmission of x-rays or any other rays or waves.]

[“**Life Threatening Cancer-Radiation Therapy Benefit Maximum**” means the maximum dollar amount of fixed indemnity payments payable under the **Outpatient Life Threatening Cancer Radiation and Chemotherapy Fixed Indemnity Benefit** of this **Certificate** per **Insured** per **Policy Year** for **Life Threatening Cancer-Radiation Therapy**. The amount of the **Life Threatening Cancer-Radiation Therapy Benefit Maximum** is shown on the **Certificate Schedule**.]

[“**Life Threatening Cancer-Radiation Therapy Fixed Indemnity Benefit Amount**” means the maximum dollar amount of fixed indemnity payments payable under the **Outpatient Life Threatening Cancer Radiation and Chemotherapy Fixed Indemnity Benefit** of this **Certificate** per **Insured** per day for **Life Threatening Cancer-Radiation Therapy**. The amount of the **Life Threatening Cancer-Radiation Therapy Fixed Indemnity Benefit Amount** is shown on the **Certificate Schedule**.]

[“**Lifetime Certificate Maximum Fixed Indemnity Benefit Per Insured**” means the total dollar amount of fixed indemnity payments for **Covered Medical & Surgical Services** [and **Covered Dental Services**] under this **Certificate** for each **Insured**.

[“**Major Dental Care Fixed Indemnity Benefit**” means the specific items, dental equipment, dental diagnostic services, dental services, **Oral Surgery** services, dental supplies, dental medications, listed in the MAJOR DENTAL CARE FIXED INDEMNITY BENEFIT section of this **Certificate** as being eligible for a fixed indemnity payment. **Major Dental Care Fixed Indemnity Benefit** payment eligibility is subject to the definitions, terms, conditions, waiting periods, coverage limitations and coverage exclusions contained in this **Certificate**, including but not limited to the amount of the **Lifetime Certificate Maximum Fixed Indemnity Benefit Per Insured** the

amount of the **Policy Year Maximum Fixed Indemnity Benefit Payments Per Insured**, the amount of the **Policy Year Outpatient Maximum Fixed Indemnity Benefit Payments Per Insured**, as well as any exclusionary or limiting rider, amendment or endorsement attached to this **Certificate**.]

["**Major Organ Transplant**"] means the surgical replacement of (i) an **Insured's** entire heart, entire lung, entire liver, entire pancreas, entire kidney, or any combination thereof with the organ(s) from a human donor, which in each case is necessary to treat the irreversible failure of such organ, (ii) liver (complete or partial) with liver or liver tissue from a human donor, which is necessary to treat the irreversible failure of such **Insured's** liver, and (iii) bone marrow from with bone marrow from the **Insured** or other human donor, which is necessary to treat the irreversible failure of such **Insured's** bone marrow. Surgical transplantation of any other organs, parts of organs, tissues or cells does not constitute **Major Organ Transplant**.]

["**Mammogram**" or "**Mammography**"] means an annual **Medically Necessary** screening test of the breasts **Provided** to female **Insureds**, age 35 or older, on an **Outpatient** basis for the presence of occult breast cancer using low dose x-ray equipment dedicated specifically for mammography, including but not limited to the x-ray tube, filter, compression device, screens, films and cassettes, with an average radiation exposure delivery of less than one rad mid-breast, with two views for each breast.]

["**Mammogram Fixed Indemnity Benefit**"] means the specific covered fixed indemnity benefit under the WELLNESS EXAMINATIONS AND HEALTH SCREENING FIXED INDEMNITY BENEFITS section of this **Certificate** after the expiration of the waiting period shown in section VIII.A.2. LIMITATIONS-WAITING PERIODS of this Certificate for a **Medically Necessary** annual **Mammogram** of a female **Insured**, age 35 or older, **Provided** by a **Provider** on an **Outpatient** basis after the expiration of the waiting period shown in section VIII.A.2 LIMITATIONS-WAITING PERIODS of this **Certificate**. The amount of the **Mammogram Fixed Indemnity Benefit** is shown on the **Certificate Schedule**, together with the maximum number of such covered **Mammograms** per female **Insured** per **Policy Year**.]

"**Manifests**" or "**Manifested**" means either the presentation of symptoms or the presence of a medical condition, whether physical or mental, and regardless of the cause:

1. for which medical advice, diagnosis, care or treatment was recommended or received; and/ or
2. which would have caused a reasonably prudent person to seek medical advice, diagnosis, care or treatment, and which condition would have been medically diagnosable after the receipt of the results of medical diagnostic and laboratory tests that would have been reasonably indicated and ordered by a reasonably prudent **Provider** under the same or similar circumstances.

["**Mastectomy**"] means the surgical removal of all or part of the breast of an **Insured** as a result of breast cancer. **Mastectomy** does not include biopsies or other exploratory or diagnostic procedures used to detect the presence of cancer.]

["**Maximum Miscellaneous Expenses Fixed Indemnity Daily Benefit**"] means the maximum daily fixed indemnity amount that will be paid under [(i) the **Hospital Miscellaneous Expenses Fixed Indemnity Daily Benefit**,] [(ii) the **Hospital Miscellaneous Expenses Fixed Indemnity Daily Benefit For Acute Myocardial Infarction (Heart Attack)**,] [(iii) the **Hospital Miscellaneous Expenses Fixed Indemnity Daily Benefit For Coronary Artery Bypass Surgery**,] [(iv) the **Hospital Miscellaneous Expenses Fixed Indemnity Daily Benefit For Life Threatening Cancer**,] [(v) the **Hospital Miscellaneous Expenses Fixed Indemnity Daily Benefit For CVA (Stroke)**,] [(vi) the **Hospital Miscellaneous Expenses Fixed Indemnity Daily Benefit For Coma**,] [(vii) the **Hospital Miscellaneous Expenses Fixed Indemnity Daily Benefit For Major Organ Transplant**,] [and] [(viii) the **Hospital Miscellaneous Expenses Fixed Indemnity Daily Benefit For Severe Burn**,] which for each is shown on the **Certificate Schedule**. Provided, however, if an **Insured** is billed by a **Hospital** for **Medically Necessary** miscellaneous expense charges for services **Provided** by the **Hospital** to the **Insured** as an **Inpatient** as a result of two or more **Critical Illnesses** during such **Confinement** then only one miscellaneous expense fixed indemnity daily benefit amount will be paid by **Us** for such **Confinement**, which shall be the highest applicable miscellaneous expense fixed indemnity daily benefit amount shown on the **Certificate Schedule** between the two or more applicable critical **Critical Illnesses**.]

"**Medical Necessity**" and "**Medically Necessary**" means for the covered fixed indemnity benefit items and services of the **Covered Medical & Surgical Services** that is **Provided** to an **Insured**:

- a. by or at the appropriate order, or upon the approval of a **Provider**;

- b. for the medically recognized diagnosis or care and treatment of an **Injury**[, pre-natal care, labor and delivery] or a **Sickness**;
- c. in a manner appropriate and necessary for the symptoms, diagnosis or treatment of such **Injury**[, pre-natal care, labor and delivery] or **Sickness**;
- d. according to and within generally accepted standards for medical practice;
- e. in the most cost effective setting and manner available to treat the **Injury**[, pre-natal care, labor and delivery] or **Sickness**;
- f. not primarily for the convenience of an **Insured, Family**, or a **Provider**;
- g. not investigational or experimental in nature;
- h. reasonably designed and appropriate to either diagnose and treat and **Injury** or **Sickness** of an **Insured**, or otherwise reasonably designed and appropriate [for pre-natal care, labor and delivery] or as wellness screening for future **Sickness** prevention or early diagnoses of certain **Sickness** of an **Insured**;
- i. prescribed, performed and/or ordered by a **Provider**; and
- j. appropriate and performed according to and within generally accepted standards for medical practice.

The fact that a **Provider** prescribed, ordered, recommended or approved a service, supply, treatment or **Confinement** does not in and of itself make it **Medically Necessary** or a **Medical Necessity**.

“**Medicare**” means The Health Insurance for the Aged Act, Title XVIII of the Social Security Amendments of 1965, as amended.

“**Medicare Enrollee**” means an individual who has enrolled with **Medicare** in order to receive **Medicare** benefits.

“**Mental and Emotional Disorders**” means a neurosis, psychoneurosis, psychopathy, psychosis, or mental or emotional disease or disorder of any kind.

“**Mode Of Premium Payment**” means the interval of time (monthly, quarterly, semi-annually or annually) that {*Option 1 [You]*} {*Option 2 [the Group Policyholder on Your behalf from the amount of the member dues timely and properly paid by You to the Group Policyholder for each Insured’s membership in the Group Policyholder]*} [has/have] selected for payment of the **Initial Premium** and **Renewal Premium**. The premium payment interval selected as the **Mode Of Premium Payment** is shown on the **Certificate Schedule**. This **Mode Of Premium Payment** is subject to change at **Our** discretion.

“**MRI (Magnetic Resonance Imaging)**” means a **Medically Necessary** diagnostic medical test **Provided** to an **Insured** that uses a magnetic field and pulses of radio wave energy to make pictures of organs and structures inside the body.]

“**Non-Participating Dentist**” means a **Dentist** performing **Covered Dental Services** for which fixed indemnity benefits are payable under this **Certificate** that has not entered into or has terminated a prior agreement to provide dental care services to **Insureds** under this **Certificate** form at discounted rates.]

“**Non-Participating Pharmacy**” means a pharmacy that at the time **Prescriptions** are filled, has not entered into or has terminated a prior agreement to provide services to **Insureds** under this **Certificate** at discounted rates.]

“**Non-Participating Provider**” means a **Hospital, Provider, Ambulatory Surgical Center, Emergency Care Facility, Urgent Care Facility, Skilled Nursing Home**, or other licensed practitioner of the healing arts **Providing Covered Medical & Surgical Services** for which fixed indemnity benefits are payable under this **Certificate** that has not entered into or has terminated a prior agreement to provide health care services to **Insureds** under this **Certificate** form at discounted rates.]

“**Oral Surgery**” means surgery **Provided** of the oral mouth cavity, including teeth, tongue and gums of an **Insured**.]

“**Osteoporosis**” means a condition characterized by a decrease in the density of bone, decreasing its strength and resulting in fragile bones of an **Insured**. **Osteoporosis** literally leads to abnormally porous bone that is compressible, like a sponge. This disorder of the skeleton weakens the bone and results in frequent fractures (breaks) in the bones.]

["Osteoporosis Fixed Indemnity Benefit"] means the specific covered fixed indemnity benefit under the WELLNESS EXAMINATIONS AND HEALTH SCREENING FIXED INDEMNITY BENEFITS section of this **Certificate** after the expiration of the waiting period shown in section VIII.A.2. LIMITATIONS-WAITING PERIODS of this **Certificate** for a **Medically Necessary** bone density test for a **High Risk Female Insured, Provided** by a **Provider** on an **Outpatient** basis after the expiration of the waiting period shown in section VIII.A.2 LIMITATIONS-WAITING PERIODS of this **Certificate**. The amount of the **Osteoporosis Fixed Indemnity Benefit** is shown on the **Certificate Schedule**, together with the maximum number of such covered bone density tests per female **Insured** per **Policy Year**.]

"Other Insureds" means those members of **Your** family that are listed on the **Certificate Schedule** on the **Issue Date**.

"Our" means Freedom Life Insurance Company of America.

"Outpatient" means an **Insured** who receives **Medically Necessary** medical care, treatment, services or supplies from a **Provider** at (i) a clinic, (ii) an **Emergency Room** of a **Hospital**, (iii) an **Ambulatory Surgical Center**, (iv) an **Urgent Care Facility**, or (v) the surgical facility of a **Hospital** which does not result in an **Inpatient Confinement** at such **Hospital** following such surgery.

["Outpatient Anesthesia Fixed Indemnity Daily Benefit"] means the specific covered daily fixed indemnity benefit under the OUTPATIENT SICKNESS AND INJURY FIXED INDEMNITY BENEFITS section of this **Certificate** for each calendar day that anesthesia is administered to an **Insured** during a **Medically Necessary** surgical procedure for a covered **Sickness** or **Injury** performed either at an **Ambulatory Surgical Center** or at a **Hospital** on an **Outpatient** basis. The amount of the **Outpatient Anesthesia Fixed Indemnity Daily Benefit** is shown on the **Certificate Schedule**, together with the maximum number of calendar days per **Insured** per **Policy Year** for such covered **Outpatient** surgical procedures.]

["Outpatient Life Threatening Cancer Radiation and Chemotherapy Fixed Indemnity Benefit"] means the specific covered fixed indemnity benefit under the OUTPATIENT SICKNESS AND INJURY FIXED INDEMNITY BENEFITS section of this **Certificate** for (i) **Life Threatening Cancer-Intravenous Chemotherapy**, up to the amount of the **Life Threatening Cancer-Intravenous Chemotherapy Benefit Maximum**, (ii) **Life Threatening Cancer-Oral Chemotherapy**, up to the amount of the **Life Threatening Cancer-Oral Chemotherapy Benefit Maximum**, and (iii) **Life Threatening Cancer-Radiation Therapy**, up to the amount of the **Life Threatening Cancer-Radiation Therapy Benefit Maximum**. The amount of the **Outpatient Life Threatening Cancer Radiation and Chemotherapy Fixed Indemnity Benefit** and the amounts of the **Life Threatening Cancer-Intravenous Chemotherapy Benefit Maximum**, the **Life Threatening Cancer-Oral Chemotherapy Benefit Maximum**, and the **Life Threatening Cancer-Radiation Therapy Benefit Maximum** are shown on the **Certificate Schedule**.]

["Outpatient CAT Scan, MRI, & PET Scan Fixed Indemnity Benefit"] means the specific covered fixed indemnity benefit under the OUTPATIENT SICKNESS AND INJURY FIXED INDEMNITY BENEFITS section of this **Certificate** for each test that an **Insured** receives **Medically Necessary** diagnostic **CAT Scan, MRI** or **PET Scan** tests on an **Outpatient** basis for a covered **Sickness** or **Injury**. The amount of the **Outpatient CAT Scan, MRI, & PET Scan Fixed Indemnity Benefit** is shown on the **Certificate Schedule**, together with the maximum number of diagnostic specialty radiology tests per **Insured** per **Policy Year**.]

["Outpatient Chiropractor Office Visit Sickness and Injury Fixed Indemnity Daily Benefit"] means the specific covered daily fixed indemnity benefit under the OUTPATIENT SICKNESS AND INJURY FIXED INDEMNITY BENEFITS section of this **Certificate** after the expiration of the waiting period shown in section VIII.A.2. LIMITATIONS-WAITING PERIODS of this **Certificate** for each calendar day that an **Insured** receives **Medically Necessary** evaluation, manipulation and treatment from a **Chiropractor** on an **Outpatient** basis for a covered **Sickness** or **Injury**. The amount of the **Outpatient Chiropractor Office Visit Sickness and Injury Fixed Indemnity Daily Benefit** is shown on the **Certificate Schedule**, together with the maximum number of calendar days covered per **Insured** per **Policy Year** for such **Chiropractor** office visits.]

["Outpatient Diagnostic X-Ray and Laboratory Fixed Indemnity Daily Benefit"] means the specific covered daily fixed indemnity benefit under the OUTPATIENT SICKNESS AND INJURY FIXED INDEMNITY BENEFITS section of this **Certificate** for each calendar day that an **Insured** receives **Medically Necessary** diagnostic x-ray and laboratory tests on an **Outpatient** basis for a covered **Sickness** or **Injury**. The amount of the **Outpatient Diagnostic X-Ray and Laboratory Fixed Indemnity Daily Benefit** is shown on the **Certificate Schedule**,

together with the maximum number of calendar days for such covered **Outpatient** diagnostic procedures per **Insured** per **Policy Year**.]

["**Outpatient Durable Medical Equipment Fixed Indemnity Benefit**" means the specific covered fixed indemnity benefit under the OUTPATIENT SICKNESS AND INJURY FIXED INDEMNITY BENEFITS section of this **Certificate** for each item of **Durable Medical Equipment** shown on the **Certificate Schedule** prescribed for an **Insured** by a **Provider** for **Medically Necessary** treatment on an **Outpatient** basis of a covered **Sickness** or **Injury**. The amount of the **Outpatient Durable Medical Equipment Fixed Indemnity Benefit** for each applicable item of **Durable Medical Equipment** is shown on the **Certificate Schedule**, together with the maximum of fixed indemnity payments per **Insured** for such items of **Durable Medical Equipment**.]

["**Outpatient Home Health Care Fixed Indemnity Daily Benefit**" means the specific covered daily fixed indemnity benefit under the OUTPATIENT SICKNESS AND INJURY FIXED INDEMNITY BENEFITS section of this **Certificate** for each calendar day an **Insured** receives care and treatment under a **Home Health Care Plan** for the same **Injury** or **Sickness** that caused the **Insured** to be **Confined** in a **Hospital**, provided that such **Home Health Care Plan** commences within thirty (30) calendar days from the **Insured's** discharge from such **Hospital**, and the **Provider** ordering such **Home Health Care Plan** certifies that but for the commencement of such **Home Health Care Plan** the **Insured** would have been re-admitted to such **Hospital** as an **Inpatient**, or admitted to such **Skilled Nursing Home** as a resident in order in either event to receive a level of care greater than **Custodial Care**. The amount of the **Outpatient Home Health Care Fixed Indemnity Daily Benefit** is shown on the **Certificate Schedule**, together with the maximum number of calendar days per **Insured** per **Policy Year** for such covered **Home Health Care Plan**.]

["**Outpatient Kidney Dialysis Fixed Indemnity Daily Benefit**" means the specific covered daily fixed indemnity benefit under the OUTPATIENT SICKNESS AND INJURY FIXED INDEMNITY BENEFITS section of this **Certificate** for each calendar day an **Insured** receives **Medically Necessary Dialysis** on an **Outpatient** basis. The amount of the **Outpatient Kidney Dialysis Fixed Indemnity Daily Benefit** is shown on the **Certificate Schedule**, together with the maximum number of calendar days per **Insured** per **Policy Year** for such covered **Dialysis**.]

["**Outpatient Sleep Apnea Evaluation Fixed Indemnity Daily Benefit**" means the specific covered daily fixed indemnity benefit under the OUTPATIENT SICKNESS AND INJURY FIXED INDEMNITY BENEFITS section of this **Certificate** after the expiration of the waiting period shown in section VIII.A.2. LIMITATIONS-WAITING PERIODS of this **Certificate** for each calendar day an **Insured** receives a **Medically Necessary** obstructive sleep apnea evaluation on an **Outpatient** basis that was ordered by a **Provider**. The amount of the **Outpatient Sleep Apnea Evaluation Fixed Indemnity Daily Benefit** is shown on the **Certificate Schedule**, together with the maximum number of calendar days per **Insured** per **Policy Year** for such covered obstructive sleep apnea evaluation.]

["**Outpatient Sleep Apnea C-PAP Machine Fixed Indemnity Benefit**" means the specific covered fixed indemnity benefit under the OUTPATIENT SICKNESS AND INJURY FIXED INDEMNITY BENEFITS section of this **Certificate** after the expiration of the waiting period shown in section VIII.A.2. LIMITATIONS-WAITING PERIODS of this **Certificate** for a **C-Pap Machine** ordered by a **Provider** for an **Insured** for **Medically Necessary** treatment of the **Sickness** of obstructive sleep apnea on an **Outpatient** basis. The amount of the **Outpatient Sleep Apnea C-PAP Machine Fixed Indemnity Benefit** for a **C-Pap Machine** is shown on the **Certificate Schedule**, together with the maximum number of such fixed indemnity payments per **Insured**.]

["**Outpatient Surgeon Fixed Indemnity Benefit**" means the specific covered fixed indemnity benefit under the OUTPATIENT SICKNESS AND INJURY FIXED INDEMNITY BENEFITS section of this **Certificate** for each **Medically Necessary** surgical procedure listed on the **Schedule of Operations** performed on an **Outpatient** basis by a **Provider** upon an **Insured** in the treatment of a covered **Sickness** or **Injury**. Two or more surgical procedures performed through the same incision will be considered one surgical procedure for the purposes of this **Outpatient Surgeon Fixed Indemnity Benefit**, and the fixed indemnity payment to the **Insured** will be based upon the highest eligible and applicable amount on **Schedule of Operations** for these multiple surgical procedures performed through one incision. [If a surgical procedure is performed other than those listed on the **Schedule of Operations**, **We** will pay the fixed indemnity amount from the **Schedule of Operations** that is applicable for the most comparable surgical procedure, considering the nature of the surgical procedure, as well as its length, severity and gravity.] The eligible dollar amount for each covered **Outpatient** surgical procedure is shown in the **Schedule of Operations**, and the fixed indemnity amount payable for such surgical procedures under the **Outpatient Surgeon Fixed Indemnity Benefit** together with the maximum number of such covered **Outpatient** surgical procedures per **Insured** per **Policy Year** is shown on the **Certificate Schedule**.]

["Outpatient Surgery Facility Fixed Indemnity Daily Benefit"] means the specific covered daily fixed indemnity benefit under the OUTPATIENT SICKNESS AND INJURY FIXED INDEMNITY BENEFITS section of this **Certificate** for each calendar day that **Medically Necessary** surgical procedures listed on the **Schedule of Operations** is performed in the treatment of **Sickness** or **Injury** by a **Provider** upon an **Insured** either at an **Ambulatory Surgical Center** or at a **Hospital** on an **Outpatient** basis. The amount of the **Outpatient Surgery Facility Fixed Indemnity Daily Benefit** is shown on the **Certificate Schedule** together with the maximum number of calendar days per **Insured** per **Policy Year** for such covered **Outpatient** surgical procedures.]

["Outpatient Urgent Care Facility Fixed Indemnity Daily Benefit"] means the specific covered daily fixed indemnity benefit under the OUTPATIENT SICKNESS AND INJURY FIXED INDEMNITY BENEFITS section of this **Certificate** for each calendar day that an **Insured** receives **Medically Necessary** care and treatment of a **Sickness** or an **Injury** on a walk-in and non-**Emergency** basis at an **Urgent Care Facility**. The amount of the **Outpatient Urgent Care Facility Fixed Indemnity Daily Benefit** is shown on the **Certificate Schedule** together with the maximum number of calendar days per **Insured** per **Policy Year** for such covered **Urgent Care Facility** visit.]

["Pap Smear"] means an annual **Medically Necessary** screening test **Provided** to female **Insureds**, on an **Outpatient** basis for the presence of cervical cancer based upon the microscopic evaluation of cells collected from the cervix, smeared on a slide and specifically stained to reveal premalignant and malignant changes, as well as changes due to noncancerous conditions.]

["Pap Smear Fixed Indemnity Benefit"] means the specific covered fixed indemnity benefit under the WELLNESS EXAMINATIONS AND HEALTH SCREENING FIXED INDEMNITY BENEFITS section of this **Certificate** after the expiration of the waiting period shown in section VIII.A.2. LIMITATIONS-WAITING PERIODS of this **Certificate** for a **Medically Necessary** annual **Pap Smear** of a female **Insured**, **Provided** by a **Provider** on an **Outpatient** basis after the expiration of the waiting period shown in section VIII.A.2 LIMITATIONS-WAITING PERIODS of this **Certificate**. The amount of the **Pap Smear Fixed Indemnity Benefit** is shown on the **Certificate Schedule**, together with the maximum number of such covered **Pap Smears** per female **Insured** per **Policy Year**.]

["Partial Denture"] means a **Denture** replacing some, but not all, of the upper or lower teeth of an **Insured**.]

["Participating Dentist"] means a person who has successfully completed the prescribed course of studies in dentistry at a dental college officially recognized and accredited in the country in which it is located, and which person has been licensed by the state in which the dental services are rendered to dentistry. The **Participating Dentist** must be acting within the scope of such license while rendering **Medically Necessary** professional dental service to an **Insured**, and cannot be a member of the **Insured's Family**]

["Participating Pharmacy"] means a pharmacy that has entered into, and not terminated by the date the **Covered Expenses** are incurred, an agreement to dispense **Prescriptions** to **Insureds** under this **Certificate**. A **Participating Pharmacy** can be either a retail store or mail order for home delivery.]

["Participating Provider"] means a **Hospital**, **Provider**, **Ambulatory Surgical Center**, **Emergency Care Facility**, **Urgent Care Facility**, **Skilled Nursing Home**, or other licensed practitioner of the healing arts **Providing Covered Medical & Surgical Services** for which fixed indemnity benefits are payable under this **Certificate** that has entered, and not terminated by the date the **Covered Medical & Surgical Services** are **Provided**, an agreement to provide health care services to **Insureds** under this **Certificate** form at discounted rates.]

["Pathologist"] means a **Provider** who specializes in the anatomic (structural) and chemical changes that occur with diseases. These **Providers** function in the laboratory, examining biopsy specimens and regulating studies performed by the **Hospital** laboratories (blood tests, urine tests, etc.)]

["Payment of Accumulated Doctor Office Visits"] means the process by which the **Primary Insured** may file a fixed indemnity claim during the **Claim Period For Rollover/Accumulated Doctor Office Visits** under the DOCTOR OFFICE VISIT SICKNESS AND INJURY FIXED INDEMNITY BENEFIT section of this **Certificate**.]

["**Payment of Accumulated Prescriptions**"] means the process by which the **Primary Insured** may file a fixed indemnity claim during the **Claim Period For Rollover/Accumulated Prescriptions** under the PRESCRIPTION DRUG FIXED INDEMNITY BENEFIT section of this **Certificate**.]

["**Periodontal Prophylaxis**"] means the **Dentally Necessary** professional cleaning and deep scaling of the teeth at and below the gums of an **Insured**.]

["**Periodontal Prophylaxis Fixed Indemnity Dental Daily Benefit**"] means the specific daily fixed indemnity benefit under the PREVENTIVE DENTAL CARE FIXED INDEMNITY BENEFIT section of this **Certificate** for each calendar day after the expiration of the waiting period shown in section VIII.A.3. LIMITATIONS-WAITING PERIODS of this **Certificate** that an **Insured** receives **Periodontal Prophylaxis** that is a **Dental Necessity** for routine preventative dental care in the professional offices of a **Dentist**. The amount of the **Periodontal Prophylaxis Fixed Indemnity Dental Daily Benefit** is shown on the **Certificate Schedule**, together with the maximum of calendar day per **Insured** per **Policy Year** shown on the **Certificate Schedule**.]

["**PET Scan**"] means a **Medically Necessary** diagnostic medical imaging tool known as a Positron Emission Tomography Scan **Provided** to an **Insured** which is designed to assist **Providers** in detecting disease by means of medical imaging technology that creates images the biology of disorders at the molecular level before certain anatomical changes might be visible.]

["**Policy Year**"] means the period beginning on the calendar day and month of the **Issue Date** and ending on the calendar day and month 12 months after the **Issue Date**.

["**Policy Year Maximum Fixed Indemnity Benefit Payments Per Insured**"] means the maximum dollar amount of all fixed indemnity benefit payments for **Covered Medical & Surgical Services** per **Insured** per **Policy Year** [and **Covered Dental Services** per **Insured** per **Policy Year**] that **We** are required to pay under this **Certificate**. The amount of the **Policy Year Maximum Fixed Indemnity Benefit Payments Per Insured** is shown on the **Certificate Schedule**.]

["**Policy Year Outpatient Maximum Fixed Indemnity Benefit Payments Per Insured**"] means the maximum dollar amount of fixed indemnity benefit payments for all **Covered Medical & Surgical Services** received on an **Outpatient** basis per **Insured** per **Policy Year** [and **Covered Dental Services** received on an **Outpatient** basis per **Insured** per **Policy Year**] that **We** are required to pay]. The amount of the **Policy Year Outpatient Maximum Fixed Indemnity Benefit Payments Per Insured** is shown on the **Certificate Schedule**.]

["**Pontic**"] means an artificial replacement of a missing tooth of an **Insured**.]

["**Posterior Tooth Topical Sealant Application Fixed Indemnity Dental Benefit**"] means the specific covered fixed indemnity benefit under the BASIC DENTAL CARE FIXED INDEMNITY BENEFIT section of this **Certificate** after the expiration of the waiting period shown in section VIII.A.3. LIMITATIONS-WAITING PERIODS of this **Certificate** if an **Insured** has a **Dentally Necessary** topical sealant applied to a posterior tooth in the professional offices of a **Dentist**. The amount of the **Posterior Tooth Topical Sealant Application Fixed Indemnity Dental Benefit** is shown on the **Certificate Schedule**, together with the maximum number of such topical sealant applications per **Insured** per **Policy Year** shown on the **Certificate Schedule**.]

["**Pre-existing Condition**"] means a condition, whether physical or mental, and regardless of the cause:

1. for which medical advice, diagnosis, care or treatment was recommended or received during the twelve (12), month period immediately preceding the effective date of coverage under this **Certificate** for the **Insured** incurring the expense; or
2. which **Manifested** during the twelve (12) month period immediately preceding the effective date of coverage under the **Certificate** for the **Insured** incurring the expense.

[This Certificate does not cover expenses for Pre-existing Conditions, unless the expenses are incurred more than twelve (12) months after the **Insured's** coverage has been in effect, and are not otherwise limited or excluded by this **Certificate** or any riders, amendments, or endorsements attached hereto.]

[This **Certificate** provides coverage as of the **Issue Date** for **Pre-existing Conditions** disclosed on the application provided they are not otherwise limited or excluded by this **Certificate** or any riders, amendments, or endorsements attached hereto.]

[This **Certificate** does not provide coverage for **Pre-existing Conditions** that are not disclosed on the application, unless the expenses are incurred more than [twelve (12)] months after the **Insured's** coverage has been in effect, and provided such expenses are not otherwise limited or excluded by this **Certificate** or any riders, amendments, or endorsements attached hereto.]

[“**Premium Rate Guarantee Period**” means the number of months immediately following the **Issue Date** that must expire before the amount of **Renewal Premium** charged by **Us** (with the same **Mode Of Premium Payment** as the **Mode Of Premium Payment** selected for payment of the **Initial Premium**) can be higher than the amount of the **Initial Premium** because of (i) a change by **Us** in the table of premium rates used to calculate the **Initial Premium**, or (ii) an increase in the attained age after the **Issue Date** of any **Insured** listed on the **Certificate Schedule**. However, the amount of **Renewal Premium** required for this **Certificate** may be increased by **Us**, even during the **Premium Rate Guarantee Period**, if after the **Issue Date**:

1. **You** add **Insureds** to this **Certificate**;
2. **You** change any other coverage option;
3. **You** change residence to a different ZIP code;
4. **You** change the **Mode Of Premium Payment**;
5. **You** add optional coverage riders, if any;
- [6. **You** change to a different optional **Participating Provider** network available in **Your** state, if any;]
- [7. a change occurs in the relationship between **Us** and **Your Participating Provider** network;]
- [8. the **Participating Provider** network availability changes for **Your** state;]
- [9. the **Participating Provider** negotiated discounts change; and/or]
10. [a change occurs in **Covered Medical and Surgical Services** [or **Covered Dental Services**] by amendatory endorsement pursuant to any federal or state law or regulation.]

The length of the **Premium Rate Guarantee Period** is shown on the **Certificate Schedule**.]

[“**Pre-Natal Doctor Office Visits Fixed Indemnity Daily Benefit**” means the specific, fixed indemnity daily benefit under the MATERNITY FIXED INDEMNITY BENEFITS section of this **Certificate** after the expiration of the waiting period shown in section VIII.A.2. LIMITATIONS-WAITING PERIODS of this **Certificate** for each calendar day that a female **Insured** is billed by a **Provider** for **Medically Necessary** evaluation and monitoring of such **Insured's** pregnancy during pre-natal office visits to the professional offices of such **Provider** after the expiration of the waiting period shown in section VIII.A.2 LIMITATIONS-WAITING PERIODS of this **Certificate**. The amount of the **Pre-Natal Doctor Office Visits Fixed Indemnity Daily Benefit** is shown on the **Certificate Schedule**, together with the maximum number of calendar days per female **Insured** per **Policy Year** for such pre-natal office visits.]

[“**Prescription**” means the **Medically Necessary** authorization for a thirty (30) day supply of a **Prescription Drug** to be dispensed to an **Insured** on an **Outpatient** basis pursuant to the order of a **Provider** who is acting within the scope of his or her license to treat a **Sickness** or an **Injury** of such **Insured**.]

[“**Prescription Drug**” means legend drugs and medications that by federal law may only be legally obtained by an **Insured** on an **Outpatient** basis with a **Prescription**.]

[“**Prescription Drugs - Annual Rollover Accumulation**” means the method by which the unused maximum dollar amount per **Insured** per **Policy Year** for the **Prescription Drug Fixed Indemnity Benefit** rolls over and accumulates for each such **Insured** into the next **Policy Year** for the purposes of each such **Insured's** **Prescription Drug Fixed Indemnity Benefit** during the next **Policy Year**. This rollover and accumulation method is set forth in the PRESCRIPTION DRUG FIXED INDEMNITY BENEFIT section of this **Certificate**.]

[“**Prescription Drug Fixed Indemnity Benefit**” means the specific, fixed indemnity benefit under the OUTPATIENT SICKNESS AND INJURY FIXED INDEMNITY BENEFITS section of this **Certificate** for each **Medically Necessary Prescription Drug Provided** by a **Provider** and received by an **Insured**. The amount of the **Prescription Drug Fixed Indemnity Benefit** for each **Prescription** for a **Generic Drug** and a **Brand Named Drug** is shown on the **Certificate Schedule**, together with the maximum dollar amount payable per **Insured** per **Policy Year** for all such covered **Prescriptions**.]

[“**Preventive Dental Care Fixed Indemnity Benefit**” means the specific items, dental equipment, dental diagnostic services, dental services, **Oral Surgery** services, dental supplies, dental medications, listed in the PREVENTIVE DENTAL CARE FIXED INDEMNITY BENEFIT Section of this **Certificate** as being eligible for a fixed

indemnity payment. **Preventive Dental Care Fixed Indemnity Benefit** payment eligibility is subject to the definitions, terms, conditions, waiting periods, coverage limitations and coverage exclusions contained in this **Certificate**, including but not limited to the amount of the **Lifetime Certificate Maximum Fixed Indemnity Benefit Per Insured** the amount of the **Policy Year Maximum Fixed Indemnity Benefit Payments Per Insured**, the amount of the **Policy Year Outpatient Maximum Fixed Indemnity Benefit Payments Per Insured**, as well as any exclusionary or limiting rider, amendment or endorsement attached to this **Certificate**.]

“**Primary Insured**” means the individual whose name is printed on the **Certificate Schedule** as the **Primary Insured** and whose coverage under the **Certificate** has not ended.

[“**Prophylaxis**” means the **Dentally Necessary** professional cleaning and scaling of the teeth of an **Insured**.]

[“**Prophylaxis Fixed Indemnity Dental Daily Benefit**” means the specific daily fixed indemnity benefit under the PREVENTIVE DENTAL CARE FIXED INDEMNITY BENEFIT section of this **Certificate** for each calendar day after the expiration of the waiting period shown in section VIII.A.3. LIMITATIONS-WAITING PERIODS of this **Certificate** that an **Insured** receives **Prophylaxis** that is a **Dental Necessity** for routine preventative dental care in the professional offices of a **Dentist**. The amount of the **Prophylaxis Fixed Indemnity Dental Daily Benefit** is shown on the **Certificate Schedule**, together with the maximum calendar days per **Insured** per **Policy Year** shown on the **Certificate Schedule**.]

“**Provide**,” “**Provided**” or “**Providing**” means each medical, diagnostic and surgical test, service, care, treatment, supply, [including **Prescriptions**,] which is:

1. prescribed or ordered by a **Provider**;
2. rendered to and received by an **Insured** while coverage under this **Certificate** for such **Insured** is in full force and effect;
3. listed as a covered item, type of service and/or supply in the COVERED MEDICAL & SURGICAL SERVICES [and the COVERED DENTAL SERVICES] section[s] of this **Certificate**; and
4. not otherwise limited or excluded by any provision in this **Group Fixed Indemnity Insurance Policy** or rider, endorsement or amendment attached hereto.

“**Provider**” means a person who has successfully completed the prescribed course of studies in medicine at a medical school officially recognized and accredited in the country in which it is located, and which person has been licensed by the state in which the medical services are rendered to practice medicine. The **Provider** must be acting within the scope of such license while rendering **Medically Necessary** professional service to an **Insured**, and cannot be a member of the **Insured's Family**.

[“**PSA**” means an annual and **Medically Necessary** wellness screening and diagnostic medical laboratory test of the prostate-specific antigen test used for the detection of prostate cancer **Provided** for each male **Insured** who is:

1. at least fifty (50) years of age and asymptomatic; or
2. at least forty (40) years of age with either a **Family** history of prostate cancer or another prostate cancer risk factor.]

[“**PSA Test Fixed Indemnity Benefit**” means the specific covered fixed indemnity benefit under the WELLNESS EXAMINATIONS AND HEALTH SCREENING FIXED INDEMNITY BENEFITS section of this **Certificate** after the expiration of the waiting period shown in section VIII.A.2. LIMITATIONS-WAITING PERIODS of this **Certificate** for a **Medically Necessary** annual **PSA** laboratory test **Provided** to a male **Insured** [who is at least age fifty (50) years of age and asymptomatic, or at least forty (40) years of age with either a **Family** history of prostate cancer or another prostate cancer risk factor] [who is at least 40 years of age] that is **Provided** by a **Provider** on an **Outpatient** basis after the expiration of the waiting period shown in section VIII.A.2 LIMITATIONS-WAITING PERIODS of this **Certificate**. The amount of the **PSA Test Fixed Indemnity Benefit** is shown on the **Certificate Schedule**, together with the maximum number of such covered **PSA** tests per male **Insured** per **Policy Year**.]

[“**Pulp**” means the soft tissue inside the Crown and roots of a tooth composed of nerves, blood vessels and other tissue of an **Insured**.]

["**Radiologist**"] means a **Provider** that utilizes the professional interpretation of an array of imaging technologies (such as x-ray, ultrasound, **CAT Scan (Computerized Axial Tomography Scan)**, nuclear medicine, **PET Scans** and **MRI (Magnetic Resonance Imaging)** for the purposes of the diagnosis of **Sickness** and **Injury**.]

"**Renewal Premium**" means the amount premium charged for coverage of all **Insureds** under this **Group Fixed Indemnity Insurance Policy**, together with all applicable coverage administration [and **Participating Provider** network access fees,] as well all applicable state and federal taxes for the period of time from the **First Renewal Date** through the day before each subsequent renewal coverage renewal date. **Renewal Premium** for each renewal period is payable in advance for each applicable renewal period.

["**Root Canal Therapy**"] means **Dentally Necessary** treatment of the **Pulp** of the tooth **Provided** to an **Insured**.]

"**Schedule of Operations**" means the specifically listed surgical procedures under the SCHEDULE OF OPERATIONS sub-section of the **Surgeon Fixed Indemnity Benefit** section of this **Certificate**.

["**Semi-annual Oral Examination Fixed Indemnity Dental Daily Benefit**"] means the specific daily fixed indemnity benefit under the PREVENTIVE DENTAL CARE FIXED INDEMNITY BENEFIT section of this **Certificate** for each calendar day after the expiration of the waiting period shown in section VIII.A.3. LIMITATIONS-WAITING PERIODS of this **Certificate** that an **Insured** receives a semi-annual oral examination that is a **Dental Necessity** for routine preventative dental care in the professional offices of a **Dentist**. The amount of the **Semi-annual Oral Examination Fixed Indemnity Dental Daily Benefit** is shown on the **Certificate Schedule**, together with the maximum of calendar days per **Insured** per **Policy Year** shown on the **Certificate Schedule**.]

["**Severe Burn**"] means cosmetic disfigurement of at least 20% of the surface of a body area due to an **Injury** to an **Insured** that is a third-degree, full-thickness burn, as determined by a **Provider**. A third degree, full-thickness burn is the destruction of the skin through the entire thickness or depth of the dermis and possibly into underlying tissues, with loss of fluid and sometimes shock which occurred as a result of the **Insured's** exposure to fire, heat, caustics, electricity or radiation. The **Company** has a right, at its own expense, to have the **Provider's** determination verified by a **Provider** of the **Company's** choice.]

["**Sickness**"] means illness or disease afflicting an **Insured**, which first **Manifests** itself on or after the **Issue Date** shown on the **Certificate Schedule** and while this **Group Fixed Indemnity Insurance Policy** is in force and effect for such **Insured**. Pregnancy, pre-natal evaluations and monitoring, labor and delivery, and recovery therefrom are not considered a **Sickness** under this **Certificate** unless they constitute **Complications of Pregnancy**.]

["**Simple Tooth Surgical Extraction Fixed Indemnity Dental Benefit**"] means the specific covered fixed indemnity benefit under the BASIC DENTAL CARE FIXED INDEMNITY BENEFIT section of this **Certificate** after the expiration of the waiting period shown in section VIII.A.3. LIMITATIONS-WAITING PERIODS of this **Certificate** for each **Dentally Necessary** simple tooth extraction received by an **Insured** in the professional offices of a **Dentist**. The amount of the **Simple Tooth Surgical Extraction Fixed Indemnity Dental Benefit** is shown on the **Certificate Schedule** together with the maximum number of such simple tooth extractions per **Insured** per **Policy Year** shown on the **Certificate Schedule**.]

["**Single Crown Restoration Fixed Indemnity Dental Benefit**"] means the specific covered fixed indemnity benefit under the MAJOR DENTAL CARE FIXED INDEMNITY BENEFIT section of this **Certificate** after the expiration of the waiting period shown in section VIII.A.3. LIMITATIONS-WAITING PERIODS of this **Certificate** for each **Dentally Necessary** single **Crown** restoration procedure(s) in the professional offices of a **Dentist**. The amount of the **Single Crown Restoration Fixed Indemnity Dental Benefit** is shown on the **Certificate Schedule**, together with the maximum number of single **Crown** restoration procedures per **Insured** per **Policy Year** shown on the **Certificate Schedule**.]

["**Skilled Nursing Home**"] means a place which:

1. charges patients for their services;
2. is legally operated in the state (or similar jurisdiction) in which it is located;
3. has beds for patients who need medical and skilled care;
4. operates under a doctor's supervision;
5. has continuous twenty-four (24) hour nursing service supervised by a registered nurse (R.N.); and
6. keeps complete medical records on each patient.

Skilled Nursing Home also means a wing, area or floor of a **Hospital** specifically set aside to provide care similar to that of a **Skilled Nursing Home**, but it does not mean a **Hospital**.]

[“**Skilled Nursing Home Fixed Indemnity Daily Benefit**” means the specific fixed indemnity daily benefit under the SKILLED NURSING HOME FIXED INDEMNITY BENEFITS section of this **Certificate** for each calendar day that an **Insured** is billed by a **Skilled Nursing Home** for **Medically Necessary** room and board as the result of being a resident patient in a **Skilled Nursing Home** as prescribed by a **Provider** for the **Medically Necessary** treatment a **Sickness** or an **Injury** within thirty (30) days following discharge from a **Hospital Confinement** lasting at least three (3) consecutive calendar days for the same **Sickness** or **Injury**. The amount of the **Skilled Nursing Home Fixed Indemnity Daily Benefit** is shown on the **Certificate Schedule**, together with the maximum number of covered calendar days per **Insured** per **Policy Year**.]

“**Spouse**” means the spouse of the **Primary Insured** who (i) is either listed as an **Other Insured** on the **Certificate Schedule**, and (ii) is an **Insured** whose coverage has not ended by the date of such **Spouse’s** death.

“**Stress EKG**” means diagnostic electrocardiogram **Provided** for adult **Insureds** between the ages of forty (40) and sixty-five (65), utilizing an electrocardiograph for the purposes of recording the potential of the electrical currents that traverse the heart and initiate contractions of the heart while the **Insured** is walking on a treadmill or riding an exercise bicycle.

“**Stress EKG Fixed Indemnity Daily Benefit**” means the specific covered fixed indemnity benefit under the WELLNESS EXAMINATIONS AND HEALTH SCREENING FIXED INDEMNITY BENEFITS section of this **Certificate** after the expiration of the waiting period shown in section VIII.A.2. LIMITATIONS-WAITING PERIODS of this **Certificate** for one **Stress EKG** procedure performed on an **Insured** on an **Outpatient** basis per **Policy Year** after the expiration of the waiting period shown in section VIII.A.2 LIMITATIONS-WAITING PERIODS of this **Certificate**. The amount of the **Stress EKG Fixed Indemnity Benefit** is shown on the **Certificate Schedule**.]

[“**Subsequent Certificate Year(s)**” means each twelve (12) month period ending on each anniversary of the **Issue Date** following the **First Certificate Year**.]

[“**Surgeon Fixed Indemnity Benefit**” means the specific covered fixed indemnity benefit under the HOSPITAL CONFINEMENT SICKNESS AND INJURY FIXED INDEMNITY BENEFITS section of this **Certificate** for each **Medically Necessary** surgical procedure listed on the **Schedule of Operations** that is performed in the treatment of a covered **Sickness** or **Injury** by a **Provider** upon an **Insured** while **Confined** as an **Inpatient**. Two or more surgical procedures performed through the same incision will be considered one surgical procedure for the purposes of this **Surgeon Fixed Indemnity Benefit**, and the fixed indemnity payment to the **Insured** will be based upon the highest eligible and applicable amount on the **Schedule of Operations** for these multiple surgical procedures performed through one incision. [If a surgical procedure is performed other than those listed on the **Schedule of Operations**, We will pay the fixed indemnity amount from the **Schedule of Operations** that is applicable for the most comparable surgical procedure, considering the nature of the surgical procedure, as well as its length, severity and gravity.] The amount of the **Surgeon Fixed Indemnity Benefit** for each covered surgical procedure is shown on the **Schedule of Operations** and the maximum number of such covered surgical procedures per **Insured** per **Policy Year** is shown on the **Certificate Schedule**.]

“**Termination of Coverage**” means Section III.C. TERMINATION OF COVERAGE, that governs the conditions and circumstances under which the coverage provided by this **Group Fixed Indemnity Insurance Policy** may be terminated for any or all **Insureds**.

[“**Total Disability**” or “**Totally Disabled**” means that, due to an **Injury** or **Sickness**, an **Insured** is:

1. under a **Provider’s** continuous care; and
2. not able to perform the normal activities of a person of like age or sex who is in good health; and
3. unable to engage in any activity, occupation, or business for income or profit, for which such **Insured** is qualified by reason of training, education, or experience.]

[“**Urgent Care Facility**” means a facility dedicated to the delivery of medical care outside of an **Emergency Room**, usually on an unscheduled, walk-in basis. **Urgent Care Facilities** are primarily designed for and used to treat **Insureds** who have an **Injury** or **Sickness** that requires immediate, but not **Emergency** care, and is not serious enough to warrant a visit to either the **Emergency Room**.]

“Us” means Freedom Life Insurance Company of America.

“We” means Freedom Life Insurance Company of America.

“You,” “Your” and “Yours” means the individual listed on the **Certificate Schedule** as the **Primary Insured**.

“**Your Renewal Premium Class**” means the **Class** in which this **Certificate** is placed for **Renewal Premium** purposes. **Your Renewal Premium Class** will be determined by **Us** based upon several factors, including, among other things, a combination of one or more of the following: (i) **Your** ZIP code (either first 3 or first 5 digits) at the commencement of such renewal period, (ii) **Your** county of residence at the commencement of such renewal period, (iii) **Your** state of residence at the commencement of such renewal period, (iv) the **Issue Date**, (v) **Your** state of residence on the **Issue Date**, (vi) the number, sex, attained age, and tobacco use of each **Insured** on each applicable renewal date, (vii) **Your** plan of coverage under this **Certificate** on each applicable renewal date, including its fixed indemnity benefit amounts, limits, exclusions, limitations, optional riders, and exclusionary endorsements (viii) the underwriting risk assessment of each **Insured**, (ix) discounted or preferred premium rate status of any **Insured**, (x) premium rate ups, if any, for any **Insured**, (xi) the amount of the **Initial Premium**, (xii) the amount of the **Renewal Premium** charged in the preceding renewal period, (xiii) **Mode Of Premium Payment** for the renewal period and (xiv) the number and type other certificates of coverage issued by **Us** covering individuals in **Your** current state of residence with the same or similar factors described above.

III. WHEN COVERAGE BEGINS AND ENDS

A. EFFECTIVE DATE

This **Certificate** is effective at 12:01 A.M. local time where **You** live on the **Issue Date** shown on the **Certificate Schedule**.

B. ELIGIBILITY AND ADDITIONS

Your Spouse; **Your** unmarried, dependent children who are under the age of 19 (24 if a **Full-Time Student**); and grandchildren who are considered **Your** dependents for federal income tax purposes and who are under age 19 (24 if a **Full-Time Student**); any children which an **Insured** is required to insure under a medical support order; any child whom **You**, or **Your Spouse** (if listed as an **Other Insured** on the **Certificate Schedule**), intends to adopt and has become a party to a suit for that purpose; and any child who is in the custody of an **Insured** under a temporary court order that grants the **Insured** conservatorship of the child, are eligible for this coverage. Any eligible dependent (other than a newborn or adoptee) will be added to this **Certificate** when **We** approve the written application for such coverage, and accept payment of any necessary premium.

Newborn children born after the **Issue Date** to **You**, or **Your Spouse**, while this **Certificate** is in full force and effect (a newborn child) will be automatically insured under this **Certificate** from and after the moment of birth for a period of ninety (90) days or before the next premium due date, whichever is later. If **You** wish to continue such automatic coverage under this **Certificate** for any such newborn child past the initial ninety (90) day period or beyond the next premium due date, **You** must notify **Us** of such birth and **Your** desire for such continued coverage under this **Certificate** within ninety (90) days or before the next premium due date after the date of such newborn child's birth. **You** must also pay any additional premium required for such additional coverage within such ninety (90) day period or before the next premium due date. If **You** do not notify **Us** of such birth and **Your** desire for continued coverage under this **Certificate** within such ninety (90) day period or before the next premium due date, and timely pay any additional premium that may be due, then the automatic coverage under this **Certificate** for such newborn child will end after the expiration of ninety (90) days or the next premium due date, whichever is later, from the date of such newborn child's birth. **We** will notify **You** if more premium is needed.

Newborn children born after the **Issue Date** and immediately placed for adoption after birth with **You**, or **Your Spouse**, while this **Certificate** is in full force and effect (a newborn adoptee) will be automatically insured under this **Certificate** from and after the date of the adoption placement of such newborn adoptee for a period of sixty (60) days. If **You** wish to continue such automatic coverage under this **Certificate** for any such newborn adoptee past the initial sixty (60) day period, **You** must notify **Us** of such birth, adoption placement and **Your**

desire for continued coverage under this **Certificate** within sixty (60) days after the date of the adoption placement of such newborn adoptee. **You** must also pay any additional premium required for such additional coverage within such sixty (60) day period. If **You** do not notify **Us** within such sixty (60) day period of the birth, adoption placement and Your desire for continued coverage under this **Certificate** for such newborn adoptee and timely pay any additional premium that may be due, then the automatic coverage under this **Certificate** for such newborn adoptee will end after the expiration of day from the date of such adoption placement of such newborn adoptee. **We** will notify **You** if more premium is needed.

If **You** wish to have automatic coverage under this **Certificate** after the **Issue Date** for any child not listed as an **Other Insured** on the **Certificate Schedule**, but for which adoption or custody of such child is sought by **You** or **Your Spouse** in a civil suit or other judicial custody proceeding filed or initiated after the **Issue Date**, **You** must notify **Us** within thirty-one (31) days after **You** or **Your Spouse**, as applicable; (i) become a party in such civil suit in which such adoption of the child is sought; or (ii) obtain custody of the child under the first court order (including temporary orders) that grants conservatorship and/or custody of the child. **You** must also pay any additional premium required for such additional coverage within such thirty-one (31) day period. If **You** do not notify **Us** within such applicable thirty-one (31) day period of **Your** desire for automatic coverage under this **Certificate** in the future for such child and timely pay any additional premium that may thereafter become due, then no automatic coverage will be afforded under this **Certificate** for such child. **We** will notify **You** if more premium is needed.

C. TERMINATION OF COVERAGE

1. TERMINATIONS SUBJECT TO RIGHT OF CONVERSION

Subject to Section III. E. CONTINUATION OF COVERAGE AND CERTIFICATE OF CONVERSION below, an applicable **Insured's** coverage under this **Certificate** ends on the earlier of the following:

- a. the premium due date in the month following the date the **Group Fixed Indemnity Insurance Policy** is terminated by the **Group Policyholder**, in which case **You** will be given thirty (30) days prior written notice of the termination, mailed to **Your** last known address;
- b. with respect to **Your Spouse** who is covered under this **Certificate**, the premium due date in the month following the effective date of **Your** divorce decree, annulment or court approved separation;
- c. with respect to **Your** child(ren) who are covered under this **Certificate**, the premium due date in the month following such **Insured's** 19th birthday (24th if a **Full-Time Student**).

2. TERMINATIONS BY PRIMARY INSURED NOT SUBJECT TO RIGHT OF CONVERSION

Section III.E. CONTINUATION OF COVERAGE AND CERTIFICATE OF CONVERSION notwithstanding, the following described actions by either the **Primary Insured** or other applicable **Insured** will result in a termination of each applicable **Insured's** coverage under this **Certificate** with no right of conversion, in which event the coverage ends on the earlier of the following:

- a. the due date of any unpaid **Renewal Premium**, subject to the grace period;
- b. the date **You** terminate coverage by notifying **Us** of the date **You** desire coverage to terminate and specify the **Insured** whose coverage is to terminate.

3. TERMINATION OF THE CERTIFICATE BY THE COMPANY NOT SUBJECT TO RIGHT OF CONVERSION

Section III. E. CONTINUATION OF COVERAGE AND CERTIFICATE OF CONVERSION notwithstanding, **We** may refuse to renew and cancel coverage for all **Insureds** under this **Certificate** with no right of conversion for the following reasons:

- a. **We** are required by the order of an appropriate regulatory authority to non-renew or cancel the **Certificate** or **Group Fixed Indemnity Insurance Policy**;
- b. **We** cease offering and renewing the same form of coverage as this **Certificate** in **Your** state in which case the commissioner of insurance for **Your** state, the **Group Policyholder** and **You** will be given a minimum of thirty (30) days prior written notice mailed to **Your** last known address;
- c. the date **We** receive due proof that fraud or intentional misrepresentation of material fact existed in applying for this **Certificate** or in filing a claim for fixed indemnity benefits under this **Certificate**.

4. TERMINATION OF AN INSURED BY THE COMPANY NOT SUBJECT TO RIGHT OF CONVERSION

Section III.E. CONTINUATION OF COVERAGE AND CERTIFICATE OF CONVERSION notwithstanding, **We** may refuse to renew and cancel coverage for each **Insured** under this **Certificate** with no right of conversion for the following reasons:

- a. the total amount of any fixed indemnity payments made by **Us** are equal to the **Lifetime Certificate Maximum Fixed Indemnity Benefit Per Insured** ; or
- b. with respect to **You** and **Your Spouse** who is covered under this **Certificate**, the premium due date in the month following the attainment of age 65 or **You** or in the event **Your Spouse** are eligible for **Medicare**, or
- c. the date **We** receive due proof that fraud or intentional misrepresentation of material fact existed in applying for this **Certificate** or in filing a claim for fixed indemnity benefits under this **Certificate**.

As long as this **Certificate** is in force for **You**, the coverage of **Your** child who is an **Insured** will not end if he or she is dependent upon **You** for support and maintenance and incapable of self-support because of a mental handicap or physical disability. Such dependent **Insured's** coverage under this **Certificate** will continue regardless of the dependent **Insured's** age, as long as **Renewal Premium** is timely and properly paid for **You** and the dependent **Insured** and such dependent **Insured** remains dependent upon **You** and incapable of self-support because of such mental handicap or physical disability. Proof of such handicap or disability must be furnished to **Us** as soon as reasonably possible prior to the dependent **Insured** reaching the limiting age, and thereafter upon **Our** request, but not more frequently than annually after the two (2) year period following the attainment of the limiting age.

Any **Termination Of Coverage** or of this **Certificate** will be effective at 11:59 P.M. local time where **You** live on the date(s) specified above.

If **You** die, **Your** spouse, if then an **Insured** under this **Certificate**, will become the **Primary Insured**. If **You** die and **Your** spouse (if any) is not covered under this **Certificate**, the oldest **Insured** will become the **Primary Insured**.

We will not accept premium for any **Insured** whose coverage has terminated. Premiums, which are sent to **Us** and include an amount to cover the **Insured** whose coverage has terminated, will be returned. **We** will only accept the correct premium to cover those **Insureds** who are eligible for coverage. If premiums are accepted in error, **Our** liability is limited to coverage for the period of time for which premiums were accepted in error.

Except for claims involving fraud or intentional misrepresentation of material fact, any termination will be without prejudice to any fixed indemnity benefits paid by **Us** and received by an **Insured** prior to the date of termination, or for any **Covered Medical & Surgical Services** [or **Covered Dental Services**] incurred by an **Insured** prior to the date of termination. If coverage is terminated, unearned premium will be computed pro-rata and any unearned premium will be refunded to **You**.

D. EXTENSION OF BENEFITS

If the **Group Policy** terminates while an **Insured** is **Totally Disabled**, **Covered Medical & Surgical Services** will be extended for services incurred by such **Insured** after the date of **Termination Of Coverage** under this **Certificate**. These extended **Covered Medical & Surgical Services** are subject to the same terms that would have applied if the **Group Policy** had remained in force.

Extended **Covered Medical & Surgical Services** are payable only (i) for services incurred for treatment of the specified **Injury** or **Sickness** that caused **Total Disability** of an **Insured** and while coverage under this **Certificate** for such **Insured** was in full force and effect and (ii) while the **Insured** remains **Totally Disabled** until the earlier of:

1. the day the **Total Disability** ends;
2. the date twelve (12) months after the date the **Group Policy** terminated; or
3. the day the person becomes covered under a replacement policy providing substantially equal or greater benefits which replaces coverage under the **Group Policy**.

E. CONTINUATION OF COVERAGE AND CERTIFICATE OF CONVERSION

A **Certificate Of Conversion Coverage**, whereby the coverage then afforded by this **Certificate** for an applicable **Insured** will continue without a requirement of any additional evidence of the insurability of such **Insured**, is available only:

1. for **Your** spouse who is covered under this **Certificate** if his or her coverage ceases due to divorce, annulment or court approved separation; or
2. for **Your** unmarried child(ren) who is covered under this **Certificate**, if his or her coverage ceases due to his or her reaching the limiting age of 19 (24 if enrolled as a **Full-Time Student**); or
3. for each applicable **Insured**, if coverage under this **Certificate** terminates because the **Group Policyholder** has terminated coverage under the **Group Policy**, and does not replace coverage with another group policy, in which case **You** will be given thirty (30) days prior written notice of the termination, mailed to **Your** last known address. Upon termination of the **Group Policy**, **You** may apply on behalf of all **Insureds** for a **Certificate Of Conversion Coverage**. The **Certificate Of Conversion Coverage** must be applied for and the first premium received by **Us** within thirty-one (31) days after the date that coverage under the **Group Policy** terminates. If a **Certificate Of Conversion Coverage** is issued, it will take effect on the day after coverage under the **Group Policy** terminates.

A **Certificate Of Conversion Coverage** is not available and will not be provided if:

1. an **Insured's** coverage under the **Group Policy** ceases because the **Group Policy** was terminated and was replaced by similar group coverage within thirty-one (31) days;
2. an **Insured's** coverage under this **Certificate** ceases because of failure to pay the required premiums in the time allowed;
- 3.
4. an **Insured** is covered by similar benefits furnished by any:
 - a. medical expense plan;
 - b. medical service subscriber contract;
 - c. medical pre-payment plan; or
 - d. medical plan provided in accordance with the requirements of any state or federal law;
5. an **Insured** is eligible to be covered by any group plan, insured or uninsured:
 - a. medical expense plan;
 - b. medical service subscriber contract;
 - c. medical pre-payment plan; or
 - d. medical plan provided in accordance with the requirements of any state or federal law;
6. **We** were required by the order of an appropriate regulatory authority to non-renew or cancel the **Certificate** or **Group Policy**;
7. the total amount of fixed indemnity payments made by **Us** are equal to the **Lifetime Certificate Maximum Fixed Indemnity Benefit Per Insured**;
8. **We** are required by the order of an appropriate regulatory authority to non-renew or cancel the **Certificate** or **Group Fixed Indemnity Insurance Policy**;
9. **We** cease offering and renewing the same form of coverage as this **Certificate** in **Your** state in which case the commissioner of insurance for **Your** state, the **Group Policyholder** and **You** will be given a minimum of thirty (30) days prior written notice mailed to **Your** last known address;
10. the date **We** receive due proof that fraud or intentional misrepresentation of material fact existed in applying for this **Certificate** or in filing a claim for fixed indemnity benefits under this **Certificate**.
11. with respect to **You** and **Your** spouse who is covered under this **Certificate**, the premium due date in the month following the attainment of age 65 or **You** or in the event **Your** spouse are eligible for **Medicare**,
12. **You** voluntarily terminated coverage under this **Certificate** for any **Insured** by notifying **Us** of the date **You** desired such coverage to terminate; or
13. **We** received due proof that fraud or intentional misrepresentation of material fact existed in applying for this **Certificate** or in filing a claim for a fixed indemnity under this **Certificate**.

In order to be eligible for a **Certificate Of Conversion Coverage**, a written election of continuation of coverage via conversion must be made by the applicable **Insured**, on a form furnished by **Us**, and the first premium must be paid, in advance, to **Us** on or before the date on which the applicable coverage under this **Certificate** for such **Insured** would otherwise terminate. The amount of first premium required from the effective date through the end of the first renewal period of the **Certificate Of Conversion Coverage** shall not be more

than **Our** full group premium rate then applicable for the applicable **Insured** under the **Certificate** with the same mode of payment. Applicable **Insureds** shall not be required to pay the **Renewal Premium** for a **Certificate Of Conversion Coverage** less often than monthly.

IV. PREMIUM

A. INITIAL PREMIUM

The **Initial Premium** specified on the **Certificate Schedule** is due and payable *{Option 1 [by You]}* *{Option 2* by the **Group Policyholder** on **Your** behalf from the amount of the member dues timely and properly paid by **You** to the **Group Policyholder** for each **Insured's** membership in the **Group Policyholder} to the **Company** at its home office on or before the **Issue Date**. This **Initial Premium** payment will keep **Your** coverage in force until the **First Renewal Date**. The amount of the **Initial Premium** and the **First Renewal Date** are shown on the **Certificate Schedule**. **Initial Premium** has been determined by **Us** on a **Class** basis. **Your Class** for **Initial Premium** was determined by **Us** based upon several factors, including, among other things, a combination of the following: (i) the plan of coverage, benefits, riders, limitations, and exclusions; (ii) **Mode Of Premium Payment** selected on the application; (iii) distribution channels; (iv) administrative costs; (v) taxes; (vi) other economic factors; (vii) the health status of each applicant, including the results of any required physical examination and laboratory test results; (viii) the discounted or preferred premium rate status of any **Insured**; (ix) **Your** zip code (either first 3 or first 5 digits); (x) the number, age, sex and tobacco use of each **Insured** listed on the **Certificate Schedule**; (xi) premium rate ups, if any, for any **Insured**; and/or (xii) other coverage issued and to be issued by **Us** covering individuals in **Your** current state of residence with the same or similar attained factors described above.**

B. RENEWAL PREMIUM

1. CALCULATION - PAYMENT

The current **Mode Of Premium Payment** is shown on the **Certificate Schedule**. **Renewal Premium** is payable *{Option 1 [by You]}* *{Option 2* by the **Group Policyholder** on **Your** behalf from the amount of the member dues timely and properly paid by **You** to the **Group Policyholder** for each **Insured's** membership in the **Group Policyholder} on or before its due date, and must be paid to the **Company** at its home office. Any **Renewal Premium** not paid *{Option 1 [by You]}* *{Option 2* by the **Group Policyholder** on **Your** behalf from the amount of the member dues timely and properly paid by **You** to the **Group Policyholder** for each **Insured's** membership in the **Group Policyholder} on or before its due date is a premium in default. If a **Renewal Premium** payment default is not corrected and properly paid before the end of the grace period, coverage will terminate.****

Renewal Premium rates may be increased by **Us** for any renewal period after the **Issue Date**, including during the **Premium Rate Guarantee Period**, if after the **Issue Date**:

- a. **You** add **Insureds** to this **Certificate**;
- b. **You** change residence to a different **ZIP code**;
- c. **You** change any other coverage option;
- d. **You** change the **Mode Of Premium Payment**;
- e. **You** add optional coverage riders, if any;
- f. a change occurs in **Group Fixed Indemnity Insurance Policy** coverage, fixed indemnity benefits, limitations, exclusions, premium or other material matter; [and/or]
- g. any change in coverage, fixed indemnity benefits, limitations, exclusions, or premium is required pursuant to any federal or state law or regulation[:];[.];
- h. [**You** change after the **Issue Date** to a different optional **Participating Provider** network available in **Your** state, if any;]
- i. [a change occurs in the relationship between **Us** and **Your Participating Provider** network;]
- j. [the **Participating Provider** network availability changes for **Your** state;] [and/or]]
- k. [the **Participating Provider** negotiated discounts change.]

We will notify **You** [and the **Group Policyholder**] in writing at least [thirty-one (31)-(forty-five (45))] days before any such **Renewal Premium** increase is due.

In addition, the amount of **Renewal Premium** may be increased by **Us** for any renewal period based upon items a. through e. above as well as the following:

- a. change by **Us** in the table of premium rates used to calculate the **First Renewal Premium**; and
- b. change by **Us** in the table of premium rates used to calculate **Renewal Premium** for any prior renewal period.

We will notify **You** [and the **Group Policyholder**] in writing at least [thirty-one (31)-(forty-five (45))] days before any increase:

Any changes in the table of premium rates establishing the amount of required **Renewal Premium** during any renewal period will be implemented on a **Class** basis. **We** will tell **You** [and the **Group Policyholder**] at least [thirty-one (31)] days in advance of the effective date of any **Renewal Premium** increase that occurs due to a change in the table of premium rates for **Renewal Premium**.

2. RENEWAL PREMIUM CHECK OR DRAFT NOT HONORED

Any [premium payment made {*Option 1* [by **You** to **Us**]} {*Option 2* by the **Group Policyholder** to **Us** on **Your** behalf from the amount of the member dues timely and properly paid by **You** to the **Group Policyholder** for each **Insured's** membership in the **Group Policyholder**}] by a check or draft which is not honored at the bank upon which it is drawn shall be of no effect unless and until valid restitution is made to **Us** within the time provided herein for making such premium payment.

3. GRACE PERIOD

Unless at least thirty-one (31) days prior to a **Renewal Premium** due date **We** have mailed to **You** written notice of **Our** intention not to renew **Your Certificate** of coverage under the **Group Fixed Indemnity Insurance Policy**, a grace period of thirty-one (31) days from such due date is given for the late payment {*Option 1* [by **You** to **Us**]} {*Option 2* by the **Group Policyholder** to **Us** on **Your** behalf from the amount of the member dues timely and properly paid by **You** to the **Group Policyholder** for each **Insured's** membership in the **Group Policyholder**}} of the **Renewal Premium** due. If {*Option 1* [**You**]} {*Option 2* the **Group Policyholder** on **Your** behalf}} make[s] payment to **Us** of the required **Renewal Premium** during such grace period {*Option 2* [from the amount of the member dues timely and properly paid by **You** to the **Group Policyholder** for each **Insured's** membership in the **Group Policyholder**]], then coverage will remain in force for fixed indemnity benefit claims under this **Certificate** arising from **Covered Medical & Surgical Services Provided** during such grace period. However, if the **Company** has received notification of **Your** intention to cancel **Your** coverage, there is no grace period for the late payment of any **Renewal Premium** that would otherwise have been due but for such cancellation.

4. REINSTATEMENT

If the **Renewal Premium** is not paid {*Option 1* [by **You**]} {*Option 2* [by the **Group Policyholder** on **Your** behalf from the amount of the member dues timely and properly paid by **You** to the **Group Policyholder** for each **Insured's** membership in the **Group Policyholder**}} before the grace period ends, later acceptance of premium by **Us** (or by an agent authorized to accept payment) without requiring an application for reinstatement will reinstate this **Certificate** as of the date of acceptance of the late premium, together with all applicable administration and policy fees, as well as all applicable state and federal taxes. If **We** require an application from **You** that will be fully underwritten by **Us**, {*Option 1* [**You**]} {*Option 2* [**You** and the **Group Policyholder**]} will be given a conditional receipt for the premium. If the application is approved after underwriting, this **Certificate** will be reinstated as of the approval date together with payment {*Option 1* [by **You**]} {*Option 2* by the **Group Policyholder** on **Your** behalf on **Your** behalf from the amount of the member dues timely and properly paid by **You** to the **Group Policyholder** for each **Insured's** membership in the **Group Policyholder**}} of all back or past due premium permitted by applicable state law. Lacking such underwriting approval, this **Certificate** will be reinstated on the forty-fifth (45th) day after the date of the conditional receipt, unless **We** have previously notified {*Option 1* [**You**]} {*Option 2* [**You** and the **Group Policyholder**]], in writing, of **Our** disapproval of the reinstatement.

The reinstated **Certificate** will cover only **Covered Medical & Surgical Services** that result from an **Injury** sustained after the date of reinstatement or from **Sickness** that begins more than ten (10) days after the

date of reinstatement [and **Covered Dental Services** received more than ten (10) days after the date of such reinstatement].

In all other respects **Your** rights and **Our** rights will remain the same subject to any provisions noted on or attached to the reinstated **Certificate**.

5. [PREMIUM RATE GUARANTEE PERIOD

The amount of **Renewal Premium** (with the same **Mode Of Premium Payment** as the **Mode Of Premium Payment** of the **Initial Premium**) is guaranteed not to exceed the amount of the **Initial Premium** for each renewal period commencing prior to the expiration of the **Premium Rate Guarantee Period** as a result of any (i) change in the table of premium rates used to calculate the **Initial Premium**, or (ii) increase in the attained age after the **Issue Date** of any **Insured** listed on the **Certificate Schedule**. The length of the **Premium Rate Guarantee Period** is shown on the **Certificate Schedule**. However, **Renewal Premium** rates may be increased by **Us** for any renewal period after the **Issue Date**, including during the **Premium Rate Guarantee Period**, if after the **Issue Date** (i) **You** either add or change coverage under this **Certificate** as provided in paragraphs a. through k. of the Calculation – Payment provision, or (ii) an amendatory endorsement is issued that changes any of the fixed indemnity pursuant to any federal or state law or regulation.]

[IV. COVERED MEDICAL AND SURGICAL SERVICES]

[**Insureds** have the right to obtain **Covered Medical & Surgical Services** from the **Providers** and **Hospitals**], as well as **Prescriptions** from any pharmacy] of their choice; however, if the **Insured** chooses to obtain **Covered Medical & Surgical Services** from **Non-Participating Providers**, [or **Prescriptions** from a **Non-Participating Pharmacies**,] the **Insured's** out of pocket cost for such items will be generally higher than if the **Insured** had chosen to utilize the services of network **Participating Providers** [and **Participating Pharmacies**].

All applicable fixed indemnity benefit payments by **Us** under this **Certificate** are limited to the specific medical care, treatment, services and other items listed in this section as **Covered Medical & Surgical Services**, which in each instance incurred and received by an **Insured** while this **Certificate** is in force and effect for such **Insured**. **Covered Medical & Surgical Services** are subject to such definitions, terms, conditions, waiting periods in section VIII.A.2 LIMITATIONS-WAITING PERIODS, coverage limitations and coverage exclusions contained in this **Certificate**. **We** will pay the fixed indemnity benefit amounts shown in the **Certificate Schedule** for the following specified **Covered Medical & Surgical Services** incurred and received by an **Insured** while coverage under this **Certificate** for such **Insured** was in full force and effect.

All fixed indemnity amounts are shown in the **Certificate Schedule** and unless otherwise specified are payable on a per **Insured** basis. Provided, however, **We** shall never be required to make a fixed indemnity payment for **Covered Medical & Surgical Services** received in excess of the amount of [the **Policy Year Maximum Fixed Indemnity Benefit Payments Per Insured**,] [**Policy Year Outpatient Maximum Fixed Indemnity Benefit Payments Per Insured**,] or the **Lifetime Certificate Maximum Fixed Indemnity Benefit Per Insured**.]

[A. HOSPITAL CONFINEMENT SICKNESS AND INJURY FIXED INDEMNITY BENEFITS]

[1. Hospital Inpatient Admission Fixed Indemnity Benefit

If an **Insured** is **Confined** as an **Inpatient** in a **Hospital** for **Medically Necessary** treatment of a **Sickness** or an **Injury**, **We** will pay the amount of the **Hospital Inpatient Admission Fixed Indemnity Benefit** shown on the **Certificate Schedule**. The **Hospital Inpatient Admission Fixed Indemnity Benefit** is payable as a single fixed indemnity benefit per **Confinement** up to the maximum number of such covered **Confinements** per **Insured** per **Policy Year** shown on the **Certificate Schedule**.]

[2. Hospital Room and Board Fixed Indemnity Daily Benefit]

[After satisfaction of the **Elimination Period** for this **Covered Medical & Surgical Service**, the length of which is shown on the **Certificate Schedule**,] **We** will pay the daily fixed indemnity amount of the **Hospital Room and Board Fixed Indemnity Daily Benefit** shown on the **Certificate Schedule** for each calendar

day [following the expiration of such **Elimination Period**] that an **Insured** is billed by a **Hospital** for **Medically Necessary** room and board as the result of **Confinement** as an **Inpatient** in the **Hospital** for **Medically Necessary** treatment of a **Sickness** or **Injury**, up to the maximum number of days for such covered **Confinements** per **Insured** per **Policy Year** shown on the **Certificate Schedule**.]

[3. **Hospital Intensive Care Unit Room and Board Fixed Indemnity Daily Benefit**]

[[After satisfaction of the **Elimination Period** for this **Covered Medical & Surgical Service**, the length of which is shown on the **Certificate Schedule**,] [and] [in lieu of paying the **Hospital Room and Board Fixed Indemnity Daily Benefit**,] **We** will pay the daily fixed indemnity amount of the **Hospital Intensive Care Unit Room and Board Fixed Indemnity Daily Benefit** shown on the **Certificate Schedule** for each calendar day [following the expiration of such **Elimination Period**] that an **Insured** is billed by a **Hospital** for **Intensive Care Unit** room and board charges as the result of a **Medically Necessary Inpatient Confinement** in the **Intensive Care Unit** of the **Hospital** for treatment of a critical **Sickness** or **Injury**, up to the maximum number of days for such covered **Intensive Care Unit Confinements** per **Insured** per **Policy Year** shown on the **Certificate Schedule**.]

[4. **Hospital Miscellaneous Expenses Fixed Indemnity Daily Benefit**]

[[After satisfaction of the **Elimination Period** for this **Covered Medical & Surgical Service**, the length of which is shown on the **Certificate Schedule**,] **We** will pay the daily fixed indemnity amount of the **Hospital Miscellaneous Expenses Fixed Indemnity Daily Benefit** shown on the **Certificate Schedule** for each calendar day [following the expiration of such **Elimination Period**] that an **Insured** is billed by a **Hospital** for **Medically Necessary** miscellaneous expense charges as the result of **Confinement** as an **Inpatient** in the **Hospital** for **Medically Necessary** treatment of a **Sickness** or **Injury**, up to the maximum number of days for such covered **Confinements** per **Insured** per **Policy Year** shown on the **Certificate Schedule**.]

[5. **Hospital Miscellaneous Expenses Fixed Indemnity Daily Benefit For Acute Myocardial Infarction (Heart Attack)**]

[Subject to the amount of the **Maximum Miscellaneous Expenses Fixed Indemnity Daily Benefit** **We** will pay the daily fixed indemnity amount of the **Hospital Miscellaneous Expenses Fixed Indemnity Daily Benefit For Acute Myocardial Infarction (Heart Attack)** shown on the **Certificate Schedule** for each calendar day [following the expiration of the **Elimination Period**] that an **Insured** is billed by a **Hospital** for **Medically Necessary** miscellaneous expense charges as the result of **Confinement** as an **Inpatient** in the **Hospital** for **Medically Necessary** treatment of an **Acute Myocardial Infarction (Heart Attack)**, up to the maximum number of days for such covered **Acute Myocardial Infarction (Heart Attack) Confinements** per **Insured** per **Policy Year** shown on the **Certificate Schedule**.]

[6. **Hospital Miscellaneous Expenses Fixed Indemnity Daily Benefit For Coronary Artery By-Pass Surgery**]

[[Subject to the amount of the **Maximum Miscellaneous Expenses Fixed Indemnity Daily Benefit**, **We** will pay the daily fixed indemnity amount of the **Hospital Miscellaneous Expenses Fixed Indemnity Daily Benefit For Coronary Artery By-Pass Surgery** shown on the **Certificate Schedule** for each calendar day [following the expiration of the **Elimination Period**] that an **Insured** is billed by a **Hospital** for **Medically Necessary** miscellaneous expense charges as the result of **Confinement** as an **Inpatient** in the **Hospital** and during which **Confinement Medically Necessary Coronary By-Pass Surgery** is performed on the **Insured**, up to the maximum number of days for such covered **Coronary Artery By-Pass Surgery Confinements** per **Insured** per **Policy Year** shown on the **Certificate Schedule**.]

[7. **Hospital Miscellaneous Expenses Fixed Indemnity Daily Benefit For Life Threatening Cancer**]

[Subject to the amount of the **Maximum Miscellaneous Expenses Fixed Indemnity Daily Benefit** **We** will pay the daily fixed indemnity amount of the **Hospital Miscellaneous Expenses Fixed Indemnity Daily Benefit For Life Threatening Cancer** shown on the **Certificate Schedule** for each calendar day [following the expiration of the **Elimination Period**] that an **Insured** is billed by a **Hospital** for **Medically Necessary** miscellaneous expense charges as the result of **Confinement** as an **Inpatient** in the **Hospital** for **Medically Necessary** treatment of **Life Threatening Cancer** up to the maximum number of days for such

covered **Life Threatening Cancer Confinements** per **Insured** per **Policy Year** shown on the **Certificate Schedule**.]

[8. **Hospital Miscellaneous Expenses Fixed Indemnity Daily Benefit For CVA (Stroke)**]

[Subject to the amount of the **Maximum Miscellaneous Expenses Fixed Indemnity Daily Benefit** We will pay the daily fixed indemnity amount of the **Hospital Miscellaneous Expenses Fixed Indemnity Daily Benefit For CVA (Stroke)** shown on the **Certificate Schedule** for each calendar day [following the expiration of the **Elimination Period**] that an **Insured** is billed by a **Hospital** for **Medically Necessary** miscellaneous expense charges as the result of **Confinement** as an **Inpatient** in the **Hospital** for **Medically Necessary** treatment of **CVA (Stroke)** up to the maximum number of days for such covered **CVA (Stroke) Confinements** per **Insured** per **Policy Year** shown on the **Certificate Schedule**.]

[9. **Hospital Miscellaneous Expenses Fixed Indemnity Daily Benefit For Coma**]

[Subject to the amount of the **Maximum Miscellaneous Expenses Fixed Indemnity Daily Benefit** We will pay the daily fixed indemnity amount of the **Hospital Miscellaneous Expenses Fixed Indemnity Daily Benefit For Coma** shown on the **Certificate Schedule** for each calendar day [following the expiration of the **Elimination Period**] that an **Insured** is billed by a **Hospital** for **Medically Necessary** miscellaneous expense charges as the result of **Confinement** as an **Inpatient** in the **Hospital** for **Medically Necessary** treatment of a **Coma** up to the maximum number of days for such covered **Coma Confinements** per **Insured** per **Policy Year** shown on the **Certificate Schedule**.]

[10. **Hospital Miscellaneous Expenses Fixed Indemnity Daily Benefit For Major Organ Transplant**]

[Subject to the amount of the **Maximum Miscellaneous Expenses Fixed Indemnity Daily Benefit** We will pay the daily fixed indemnity amount of the **Hospital Miscellaneous Expenses Fixed Indemnity Daily Benefit For Major Organ Transplant** shown on the **Certificate Schedule** for each calendar day [following the expiration of the **Elimination Period**] that an **Insured** is billed by a **Hospital** for **Medically Necessary** miscellaneous expense charges as the result of **Confinement** as an **Inpatient** in the **Hospital** for **Medically Necessary Major Organ Transplant** surgery up to the maximum number of days for such covered **Major Organ Transplant Confinements** per **Insured** per **Policy Year** shown on the **Certificate Schedule**.]

[11. **Hospital Miscellaneous Expenses Fixed Indemnity Daily Benefit For Severe Burn**]

[Subject to the amount of the **Maximum Miscellaneous Expenses Fixed Indemnity Daily Benefit** We will pay the daily fixed indemnity amount of the **Hospital Miscellaneous Expenses Fixed Indemnity Daily Benefit For Severe Burn** shown on the **Certificate Schedule** for each calendar day [following the expiration of the **Elimination Period**] that an **Insured** is billed by a **Hospital** for **Medically Necessary** miscellaneous expense charges as the result of **Confinement** as an **Inpatient** in the **Hospital** for **Medically Necessary** treatment of a **Severe Burn** up to the maximum number of days for such covered **Severe Burn Confinements** per **Insured** per **Policy Year** shown on the **Certificate Schedule**.]

[12. **In-Hospital Provider Visits Fixed Indemnity Daily Benefit**]

[If the professional services of a **Provider** are **Medically Necessary** and **Provided** to an **Insured** in connection with the medical consultation, evaluation, diagnosis and treatment of such **Insured's Sickness** or **Injury** while **Confined** as an **Inpatient** in the **Hospital** (other than the professional services of (i) a **Pathologist** for which the **In-Hospital Pathologist Fixed Indemnity Daily Benefit** is payable, (ii) a **Radiologist** for which the **In-Hospital Radiologist Fixed Indemnity Daily Benefit** is payable, (iii) a surgeon performing surgery during such **Confinement** for which the **Surgeon Fixed Indemnity Benefit** is payable, (iv) an assistant surgeon performing surgery during such **Confinement** for which the **Assistant Surgeon Fixed Indemnity Benefit** is payable, and (v) an anesthesiologist administering anesthesia in connection with a surgery during such **Confinement** for which the **Anesthesia Fixed Indemnity Daily Benefit** is payable), We will pay the daily fixed indemnity amount of the **In-Hospital Provider Visits** shown on the **Certificate Schedule** for each calendar day that an **Insured** is billed for professional services **Provided** by any other type of **Provider** during a **Medically Necessary** medical consultation, evaluation, diagnosis and treatment of **Sickness** or **Injury** of an **Insured** during the **Insured's Confinement** as an

Inpatient in the **Hospital** up to the maximum number of calendar days per **Insured** per **Policy Year** for such covered **Provider** visits shown on the **Certificate Schedule**.]

[13. **Surgeon Fixed Indemnity Benefit**]

[**We** will pay the fixed indemnity amount of the **Surgeon Fixed Indemnity Benefit** shown on the **Certificate Schedule** for each **Medically Necessary** surgical procedure performed by a **Provider** upon an **Insured** in the treatment of **Sickness** or **Injury** while such **Insured** is **Confined** as an **Inpatient**. Two or more surgical procedures performed through the same incision will be considered one surgical procedure for the purposes of this **Surgeon Fixed Indemnity Benefit**, and the fixed indemnity payment to the **Insured** will be based upon the highest eligible and applicable amount on the **Schedule of Operations** for these multiple surgical procedures performed through one incision. [If a surgical procedure is performed other than those listed on the **Schedule of Operations**, **We** will pay the fixed indemnity amount from the **Schedule of Operations** that is applicable for the most comparable surgical procedure, considering the nature of the surgical procedure, as well as its length, severity and gravity.] The maximum number of such covered surgical procedures per **Insured** per **Policy Year** is shown on the **Certificate Schedule**.]

[Schedule of Operations {Option 1}]

[The fixed indemnity amount for the professional fees of the surgeon for each **Medically Necessary** surgical procedure performed upon an **Insured** in the treatment of such **Insured's Sickness or Injury** while **Confined** as an **Inpatient** shall be in an amount equal to the **Medicare** allowable fee amount for such surgeon if the **Insured** had been a **Medicare Enrollee** and if the surgeon had accepted **Medicare** reimbursement for the surgeon's professional fees for such surgical procedure.]

[Schedule of Operations {Option 2}]

Brain and Nerve	
Craniotomy for drainage of brain abscess	[\$0-\$3,000]
Excision of brain tumor, sub-occipital	[\$0-\$6,000]
Laminectomy for lesion of spinal cord	[\$0-\$4,000]
Laminectomy for disc removal	[\$0-\$3,600]
Plastic operation of skull, plate	[\$0-\$4,000]
Lumbar spinal puncture	[\$0-\$80]
Sympathectomy, lumbar unilateral	[\$0-\$2,200]
Breast	
Breast biopsy	[\$0-\$600]
Excision of cyst or tumor	[\$0-\$600]
Simple removal of breast	[\$0-\$1,200]
Radical removal of breast	[\$0-\$2,800]
Breast reconstruction	[\$0-\$3,600]
Bones & Joints	
Closed reduction dislocated hip	[\$0-\$800]
Open reduction dislocated hip	[\$0-\$2,400]
Closed reduction dislocated knee	[\$0-\$800]
Open reduction dislocated knee	[\$0-\$2,400]
Closed reduction dislocated shoulder	[\$0-\$200]
Excision of cyst, tumor large bones	[\$0-\$1,600]
Excision of cyst, tumor small bones	[\$0-\$1,000]
Fracture collarbone, closed	[\$0-\$600]
Fracture collarbone, open	[\$0-\$1,600]
Fracture forearm, one bone, simple closed	[\$0-\$800]
Fracture forearm, one bone, simple open	[\$0-\$1,600]
Fracture forearm both bones simple closed	[\$0-\$1,000]
Fracture forearm both bones simple open	[\$0-\$2,000]
Fracture wrist, simple closed	[\$0-\$600]
Fracture wrist, simple open	[\$0-\$1,600]
Fracture finger or thumb, simple closed	[\$0-\$300]
Fracture finger or thumb, simple open	[\$0-\$800]
Fracture ankle simple closed	[\$0-\$1,000]
Fracture ankle simple open	[\$0-\$2,000]
Fracture toe, simple closed	[\$0-\$200]
Fracture great toe, open	[\$0-\$600]
Fracture of other toes, open	[\$0-\$480]
Fracture of joint for aspiration	[\$0-\$80]
Spinal fusion cervical region, posterior	[\$0-\$3,600]
Knee Replacement	[\$0-\$3,000]
Hip Replacement	[\$0-\$4,500]
Medical meniscus repair	[\$0-\$2,000]
ACL Repair - anterior cruciate ligament repair	[\$0-\$2,200]
Bone marrow aspiration – removal of a small amount of bone marrow through a	[\$0-\$300]

needle	
Bone marrow transplant	[\$0-\$1,700]
Ear	
Fenestration of semicircular canals	[\$0-\$4,000]
Revision of fenestration operation	[\$0-\$2,400]
Stapes Mobilization	[\$0-\$2,800]
Cardiovascular System	
Aortic or mitral, valvuloplasty for stenosis or insufficiency, open	[\$0-\$8,000]
Aortic or mitral replacement, open	[\$0-\$8,000]
Ligation of femoral vein	[\$0-\$1,000]
Ligation and division of common iliac vein	[\$0-\$2,000]
Repair of heart valve, aortic valvotomy closed	[\$0-\$6,000]
Repair of heart valve, mitral valvotomy closed	[\$0-\$5,600]
Varicose veins-ligation/division of long saphenous vein at saphenofemoral junction	[\$0-\$800]
Varicose veins-ligation/division & complete tripping of long or short saphenous veins, unilateral	[\$0-\$1,200]
Varicose veins-ligation/division & complete tripping of long and short saphenous veins, unilateral	[\$0-\$1,600]
Coronary Artery By-Pass Graft	[\$0-\$6,000]
Cardiac Catheterization	[\$0-\$800]
Cardiac Catheterization with Angioplasty	[\$0-\$2,000]
Cardiac ablation – use of radiofrequency to end arrhythmias	[\$0-\$5,000]
Digestive System	
Excision of hemorrhoids, external, complete	[\$0-\$800]
Excision of hemorrhoids, internal and external	[\$0-\$1,200]
Excision of hemorrhoids, with excision of fistula	[\$0-\$1,600]
Excision of hemorrhoids, with excision of fissure	[\$0-\$1,200]
Excision of rectal fissure, with or without sphincterotomy	[\$0-\$800]
Excision of rectum, complete, combined abdominoperineal, one or two stages	[\$0-\$4,000]
Excision of stomach ulcer or benign tumor	[\$0-\$2,400]
Incision of rectal fistula, superficial	[\$0-\$400]
Removal of appendix	[\$0-\$1,600]
Removal of stomach, subtotal, with vagotomy	[\$0-\$3,200]
Removal of stomach, subtotal, without vagotomy	[\$0-\$3,600]
Resection of small intestine, with anastomosis	[\$0-\$2,800]
Resection of large intestine, in two stages, including first state colostomy	[\$0-\$4,000]
Removal of gall bladder	[\$0-\$2,000]
Removal of gall bladder with open exploration of common duct	[\$0-\$2,800]
Repair of inguinal hernia, unilateral, with excision of hydrocele	[\$0-\$1,600]
Repair of femoral hernia, unilateral	[\$0-\$1,400]
Colonoscopy with biopsy	[\$0-\$700]
Eye	
Excision of pterygium	[\$0-\$1,000]
Extraction of lens for cataracts, unilateral	[\$0-\$3,200]
Eye muscle operation, one or more muscles, one or both eyes, single stage	[\$0-\$2,400]
Eye muscle transplant	[\$0-\$2,800]
Needling of lens for cataracts, initial	[\$0-\$800]
Needling of lens for cataracts, subsequent	[\$0-\$400]
Reattachment of retina, electrocoagulation, initial	[\$0-\$4,000]
Removal of foreign body from surface of cornea	[\$0-\$80]
Female Genital System	

Biopsy of cervix or endometrium	[\$0-\$120]
Biopsy of ovary, unilateral or bilateral	[\$0-\$1,800]
Excision of lesion of cervix	[\$0-\$120]
Repair of cystocele and rectocele	[\$0-\$2,000]
Repair of cystocele	[\$0-\$1,400]
Repair of rectocele	[\$0-\$1,200]
Removal of ovary, unilateral or bilateral	[\$0-\$1,800]
Total hysterectomy	[\$0-\$2,400]
Vaginal hysterectomy, with or without pelvic floor repair	[\$0-\$2,800]
Dilation and curettage of uterus	[\$0-\$600]
Myomectomy – removal of fibroids from uterus	[\$0-\$2,000]
Uterine ablation – to destroy the uterine lining (endometrium)	[\$0-\$2,200]
Male Genital System	
Circumcision, newborn	[\$0-\$120]
Excision of varicocele	[\$0-\$1,200]
Resection of prostate, perineal, radical	[\$0-\$4,000]
Resection of prostate, perineal, subtotal	[\$0-\$3,200]
Resection of prostate, transurethral, including control at post-operative bleeding, complete	[\$0-\$3,200]
Muscle and Tendons	
Excision of Baker's cyst	[\$0-\$1,200]
Excision of ganglion, wrist	[\$0-\$600]
Lengthening or shortening of tendon	[\$0-\$1,200]
Carpal tunnel release – releases pressure on the median nerve	[\$0-\$1,200]
Respiratory System	
Antrotomy, intranasal, unilateral	[\$0-\$600]
Antrotomy, intranasal, bilateral	[\$0-\$1,000]
Antrotomy, radical, unilateral	[\$0-\$2,000]
Antrum puncture, maxillary sinus, unilateral	[\$0-\$80]
Bronchoscopy diagnostic	[\$0-\$600]
Bronchoscopy diagnostic, with removal of foreign body	[\$0-\$1,000]
Excision of nasal polyp, single or multiple, unilateral or bilateral	[\$0-\$800]
Removal of lung	[\$0-\$4,000]
Submucosa resection, classic, Nasal Septum	[\$0-\$1,200]
Thoracotomy, exploratory, including control or hemorrhage and/or repair of lungs fistula	[\$0-\$3,000]
Septoplasty – repair of deviated septum	[\$0-\$1,600]
Skin and Subcutaneous Tissue	
Drainage of boil, carbuncle, or subcutaneous abscess	[\$0-\$80]
Excision of pilonidal cyst or sinus	[\$0-\$1,200]
Suture of small wound (up to 2.5 inches)	[\$0-\$80]
Skin biopsy	[\$0-\$120]
Removal of benign lesion	[\$0-\$200]
Removal of malignant lesion	[\$0-\$300]
Flap graft repair/closure	[\$0-\$1,500]
Thyroid	
Excision of small cyst or tumor of thyroid	[\$0-\$1,600]
Resection of thyroid, total or complete	[\$0-\$2,800]
Resection of thyroid, subtotal or partial	[\$0-\$2,400]
Thyroidectomy, total or subtotal, for malignancy with radical neck dissection	[\$0-\$4,000]

<i>Tonsils and Adenoids</i>	
Removal of tonsils, with or without adenoids, under age 18	[\$0-\$600]
Removal of tonsils, with or without adenoids, age 18 or over	[\$0-\$800]
Removal of adenoids	[\$0-\$400]
<i>Urinary System</i>	
Cystoscopy, diagnostic	[\$0-\$320]
Cystoscopy diagnostic, with ureteral catheterization	[\$0-\$600]
Cystoscopy, diagnostic with biopsy	[\$0-\$400]
Cystoscopy, diagnostic with biopsy and fulguration of small bladder tumor	[\$0-\$1,000]
Cystoscopy, diagnostic, with removal of stone from ureter	[\$0-\$1,200]
Removal of kidney	[\$0-\$3,200]
Resection of bladder neck, transurethral, female	[\$0-\$2,000]
Resection of bladder tumor transurethral, large	[\$0-\$3,200]
Excision of varicocele, unilateral with hernia repair	[\$0-\$1,600]
Repair of hydrocele, unilateral	[\$0-\$800]
Lithotripsy – shock waves to break down kidney stones	[\$0-\$2,200]

[14. Assistant Surgeon Fixed Indemnity Benefit]

[When an assistant surgeon is required to assist the primary surgeon during a surgical procedure, **We** will pay the amount of the **Assistant Surgeon Fixed Indemnity Benefit** shown on the **Certificate Schedule** for each **Medically Necessary** surgical procedure performed upon an **Insured** in the treatment of such **Insured's Sickness or Injury** while **Confined** as an **Inpatient**, and in which the assistant surgeon assisted the primary surgeon. The amount of the **Assistant Surgeon Fixed Indemnity Benefit** is shown on the **Certificate Schedule** together with the maximum number of such covered surgical procedures per **Insured per Policy Year.**]

[15. Anesthesia Fixed Indemnity Daily Benefit]

[**We** will pay the amount of the **Anesthesia Fixed Indemnity Daily Benefit** shown on the **Certificate Schedule** for each day that anesthesia is administered to an **Insured** during a **Medically Necessary** surgical procedure for a covered **Sickness or Injury** while **Confined** as an **Inpatient**. The amount of the **Anesthesia Fixed Indemnity Daily Benefit** shown on the **Certificate Schedule** together with the maximum number of calendar days per **Insured per Policy Year** for such covered surgical procedures during such **Inpatient Confinements.**]

[16. In-Hospital Pathologist Fixed Indemnity Daily Benefit]

[If the services of a licensed **Pathologist** are **Medically Necessary** for the microscopic examination of fixed tissue or preparation from the hemic system of an **Insured** while **Confined** in a **Hospital**, **We** will pay the **In-Hospital Pathologist Fixed Indemnity Daily Benefit** shown on the **Certificate Schedule** for each calendar day that a **Pathologist** performs such services during the **Confinement** up to the maximum number of calendar days for such covered **Pathologists** consultations per **Insured per Policy Year** as shown on the **Certificate Schedule.**]

[17. In-Hospital Radiologist Fixed Indemnity Daily Benefit]

[If the services of a licensed **Radiologist** are **Medically Necessary** to review and evaluate the results of a diagnostic test performed upon an **Insured** while **Confined** in a **Hospital**, **We** will pay the daily amount of the **In-Hospital Radiologist Fixed Indemnity Daily Benefit** shown on the **Certificate Schedule** for each calendar day that a **Radiologist** performs such services during the **Confinement** up to the maximum number of calendar days for such covered **Radiologists** consultations per **Insured per Policy Year** as shown on the **Certificate Schedule.**]

[B. OUTPATIENT SICKNESS AND INJURY FIXED INDEMNITY BENEFITS]

[1. Doctor Office Visit Sickness and Injury Fixed Indemnity Benefit]

[If an **Insured** suffers an **Injury** or **Sickness** that requires the **Insured** to receive **Medically Necessary** evaluation, diagnosis and treatment on an **Outpatient** basis in the professional offices of a **Provider**, **We** will pay the **Doctor Office Visit Sickness and Injury Fixed Indemnity Benefit** amount shown on the **Certificate Schedule** for each **Medically Necessary** visit to the professional offices of such **Provider**, up to the maximum number of **Provider** office visits per **Insured** per **Policy Year** shown on the **Certificate Schedule**.]

[a. Doctor Office Visits - Annual Rollover Accumulation]

[If during at the conclusion of any **Policy Year** an **Insured** has not filed a claim for the maximum number of **Provider** office visits shown on the **Certificate Schedule**, then any such unused **Doctor Office Visit Sickness and Injury Fixed Indemnity Benefits** of such **Insured** shall roll over and be added to the maximum number of **Provider** office visits covered under the **Doctor Office Visit Sickness and Injury Fixed Indemnity Benefit** for such **Insured** for the next **Policy Year**. While this **Certificate** is in force, the unused number of covered **Provider** office visits as shown on the **Certificate Schedule** for each **Insured** will continue to roll over to and accumulate in each successive **Policy Year** and be added to the maximum number of **Provider** office visits covered under the **Doctor Office Visit Sickness and Injury Fixed Indemnity Benefit** for the new **Policy Year**, unless such **Insured** files a claim with the **Company** for the payment of a portion of the rollover and accumulated covered **Provider** office visits in accordance with the terms of the PAYMENT OF ACCUMULATED DOCTOR OFFICE VISITS section of this **Certificate** below.]

[b. Payment of Accumulated Doctor Office Visits]

[After the expiration of twenty four (24) months from the **Issue Date** and prior to the expiration of each annual **Claim Period For Rollover/Accumulated Doctor Office Visits**, the **Primary Insured** may file a written claim with the **Company** during each applicable **Claim Period For Rollover/Accumulated Doctor Office Visits** requesting payment of up to [fifty percent (50%)] of the dollar amount of the rollover and accumulated **Doctor Office Visits - Annual Rollover Accumulation** for any **Insured** in excess of the maximum number of covered **Provider** office visits for each **Insured** shown on the **Certificate Schedule** for the **Doctor Office Visit Sickness and Injury Fixed Indemnity Benefit** if:

- (1) the **Company** has not verified a **Covered Medical & Surgical Services** benefit to a **Provider** on behalf of an applicable **Insured** in connection with professional services covered under the DOCTOR OFFICE VISIT SICKNESS AND INJURY FIXED INDEMNITY BENEFIT section of this **Certificate** and for which the **Company** has not yet received the **Insured's** or the **Provider's** claim for the applicable office visit fixed indemnity payment;
- (2) no claim for a **Covered Medical & Surgical Services** benefit for **Provider** office visits has been received by the **Company** during the applicable **Claim Period For Rollover/Accumulated Doctor Office Visits**;
- (3) at least sixty (60) days has passed from the receipt of such claim from the **Primary Insured** for **Payment of Accumulated Doctor Office Visits** so as to permit proper payment hereunder of the **Covered Medical & Surgical Services** benefit for **Provider** office visits incurred but not reported to or received by the **Company** prior to the **Company's** receipt of the **Primary Insured's** claim hereunder; and
- (4) the amount of the requested and payable payment hereunder to the **Primary Insured** is at least [one hundred dollars (\$100.00)].]

[2. Prescription Drug Fixed Indemnity Benefit]

[If an **Insured** suffers an **Injury** or **Sickness** and a **Provider** prescribes a **Prescription Drug** for such **Insured**, **We** will pay the **Prescription Drug Fixed Indemnity Benefit** amount shown on the **Certificate Schedule** for the category of **Prescription Drug** prescribed and received by such **Insured**, up to the maximum dollar amount payable for **Prescriptions** per **Insured** per **Policy Year** shown on the **Certificate Schedule**.]

[a. Prescription Drugs - Annual Rollover Accumulation]

[If at the conclusion of any **Policy Year** maximum dollar amount payable for **Prescriptions** per **Policy Year** shown on the **Certificate Schedule** for each **Insured** has not been paid, then any such unused portion of the maximum dollar amount per **Insured** per **Policy Year** for the **Prescription Drug Fixed Indemnity Benefit** shall roll over and be added to the maximum dollar amount for each applicable **Insured** and be added to the maximum dollar amount of the **Prescription Drug Fixed Indemnity Benefit** stated on the **Certificate Schedule** for such **Insured** for the next **Policy Year**. While this **Certificate** is in force, the unused portion of the maximum dollar amount per **Insured** per **Policy Year** for the **Prescription Drug Fixed Indemnity Benefit** as shown on the **Certificate Schedule** for each **Insured** will continue to roll over to and accumulate in each successive **Policy Year**, which will then become the new accumulated maximum dollar amount for **Prescriptions** for each applicable **Insured** during the next **Policy Year**, unless such **Insured** files a claim with the **Company** for the payment of a portion of the rollover and accumulated covered **Prescriptions** in accordance with the terms of the PAYMENT OF ACCUMULATED PRESCRIPTIONS section of this **Certificate** below.]

b. [Payment of Accumulated Prescriptions]

[After the expiration of twenty four (24) months from the **Issue Date** and prior to the expiration of each annual **Claim Period For Rollover/Accumulated Prescriptions**, the **Primary Insured** may file a written claim with the **Company** during each applicable **Claim Period For Rollover/Accumulated Prescriptions** requesting payment of up to [fifty percent (50%)] of the maximum dollar amount of the rollover and accumulated **Prescription Drugs - Annual Rollover Accumulation** for any **Insured** in excess of the maximum dollar amount for covered **Prescriptions** for such **Insured** per **Policy Year** shown on the **Certificate Schedule** for the **Prescription Drug Fixed Indemnity Benefit** if:

- (1) the **Company** has not verified a **Covered Medical & Surgical Services** benefit to a pharmacy or prescription drug manager on behalf of an applicable **Insured** in connection with **Prescriptions** covered under the PRESCRIPTION DRUG FIXED INDEMNITY BENEFIT section of this **Certificate** and for which the **Company** has not yet received the **Insured's** or the pharmacy's claim for the applicable **Prescription Drug Fixed Indemnity Benefit** payment;
- (2) no claim for a **Covered Medical & Surgical Services** benefit for **Prescription Drugs** has been received by the **Company** during the applicable **Claim Period For Rollover/Accumulated Prescriptions**;
- (3) at least sixty (60) days has passed from the receipt of such claim from the **Primary Insured** for **Payment of Accumulated Prescriptions** so as to permit proper payment hereunder of the **Covered Medical & Surgical Services** benefit for **Prescriptions** filled but not reported to or received by the **Company** prior to the **Company's** receipt of the **Primary Insured's** claim hereunder; and
- (4) the amount of the requested and payable payment hereunder to the **Primary Insured** is at least [one hundred dollars (\$100.00)].]

[3. Emergency Room Fixed Indemnity Daily Benefit]

[If an **Insured** suffers an **Injury** or **Sickness** that requires the **Insured** to receive **Medically Necessary** treatment on an **Emergency** basis in the **Emergency Room** of a **Hospital**, **We** will pay the **Emergency Room Fixed Indemnity Daily Benefit** shown on the **Certificate Schedule** for each calendar day the **Insured** receives such **Emergency** treatment in the **Emergency Room**, up to the maximum number of

calendar days per **Insured** per **Policy Year** for such covered **Emergency Room** visits shown on the **Certificate Schedule**.]

[4. **Outpatient Surgery Facility Fixed Indemnity Daily Benefit**]

[We will pay the **Outpatient Surgery Facility Fixed Indemnity Daily Benefit** shown on the **Certificate Schedule** for each calendar day a **Medically Necessary** surgical procedure listed on the **Schedule of Operations** is performed in the treatment of **Sickness** or **Injury** by a **Provider** upon an **Insured** at an **Ambulatory Surgical Center** or at a **Hospital** on an **Outpatient** basis up to the maximum number of calendar days per **Insured** per **Policy Year** as shown on the **Certificate Schedule**.]

[5. **Outpatient Surgeon Fixed Indemnity Benefit**]

[We will pay the fixed indemnity amount of the **Outpatient Surgeon Fixed Indemnity Benefit** shown on the **Certificate Schedule** for each **Medically Necessary** surgical procedure performed by a **Provider** upon an **Insured** on an **Outpatient** basis in the treatment of **Sickness** or **Injury**. Two or more surgical procedures performed through the same incision will be considered one surgical procedure for the purposes of this **Outpatient Surgeon Fixed Indemnity Benefit**, and the fixed indemnity payment to the **Insured** will be based upon the highest eligible and applicable amount on the **Schedule of Operations** for these multiple surgical procedures performed through one incision. [If a surgical procedure is performed other than those listed on the **Schedule of Operations**, We will pay the fixed indemnity amount from the **Schedule of Operations** that is applicable for the most comparable surgical procedure, considering the nature of the surgical procedure, as well as its length, severity and gravity.] The maximum number of such covered **Outpatient** surgical procedures per **Insured** per **Policy Year** is shown on the **Certificate Schedule**.]

[6. **Outpatient Anesthesia Fixed Indemnity Daily Benefit**]

[We will pay the amount of the **Outpatient Anesthesia Fixed Indemnity Benefit** shown on the **Certificate Schedule**, for each day that anesthesia is administered to the **Insured** during a covered **Outpatient** surgical procedure for a covered **Sickness** or **Injury**. The amount of the **Outpatient Anesthesia Fixed Indemnity Daily Benefit** shown on the **Certificate Schedule** together with the maximum number of calendar days per **Insured** per **Policy Year** for such covered surgical procedures.]

[7. **Outpatient Diagnostic X-Ray and Laboratory Fixed Daily Indemnity Benefit**]

[If an **Insured** suffers an **Injury** or **Sickness** that requires the **Insured** to receive **Medically Necessary** diagnostic x-rays and laboratory tests on an **Outpatient** basis, We will pay the **Outpatient Diagnostic X-Ray and Laboratory Fixed Daily Indemnity Benefit** shown on the **Certificate Schedule** for each calendar day the **Insured** receives such diagnostic x-rays and laboratory tests up to the maximum number of calendar days per **Insured** per **Policy Year** shown on the **Certificate Schedule**.]

[8. **Outpatient CAT Scan, MRI, & PET Scan Fixed Indemnity Benefit**]

[If an **Insured** suffers an **Injury** or **Sickness** that requires the **Insured** to receive a **Medically Necessary** diagnostic **CAT Scan, MRI** or **PET Scan** on an **Outpatient** basis, We will pay the amount of the **Outpatient CAT Scan, MRI, & PET Scan Fixed Indemnity Benefit** shown on the **Certificate Schedule** for these **Outpatient** diagnostic specialty radiology tests up to the maximum number of each of these diagnostic tests per **Insured** per **Policy Year** as shown on the **Certificate Schedule**.]

[9. **Emergency Air Ambulance Transport Fixed Indemnity Benefit**]

[If an **Insured** suffers an **Injury** or **Sickness** that requires the **Insured** to receive **Medically Necessary** transportation by an air ambulance on an **Emergency** basis to the **Emergency Room** of a **Hospital**, We will pay the **Emergency Air Ambulance Transport Fixed Indemnity Benefit** shown on the **Certificate Schedule** for such air ambulance transports of the **Insured** up to the maximum number of air ambulance transports per **Insured** per **Policy Year** shown on the **Certificate Schedule**.]

[10. Emergency Ground Ambulance Transport Fixed Indemnity Benefit]

[If an **Insured** suffers an **Injury** or **Sickness** that requires the **Insured** to receive **Medically Necessary** transportation by a ground ambulance on an **Emergency** basis to the **Emergency Room** of a **Hospital**, **We** will pay the **Emergency Ground Ambulance Transport Fixed Indemnity Benefit** shown on the **Certificate Schedule** for such ground ambulance transports of the **Insured** up to the maximum number of ground ambulance transports per **Insured** per **Policy Year** shown on the **Certificate Schedule**.]

[11. Outpatient Urgent Care Facility Fixed Indemnity Daily Benefit]

[If an **Insured** suffers an **Injury** or **Sickness** that requires the **Insured** to receive **Medically Necessary** treatment on a non-**Emergency** but unscheduled walk-in basis at an **Urgent Care Facility**, **We** will pay **Outpatient Urgent Care Facility Fixed Indemnity Daily Benefit** shown on the **Certificate Schedule** for each calendar day the **Insured** receives such care and treatment at an **Urgent Care Facility** up to the maximum number of calendar days per **Insured** per **Policy Year** shown on the **Certificate Schedule**.]

[12. Outpatient Life Threatening Cancer Radiation and Chemotherapy Fixed Indemnity Benefit]

[If an **Insured** is diagnosed with **Life Threatening Cancer** by a **Provider**, and as a result thereof receives **Medically Necessary** radiation and/or chemotherapy treatment on an **Outpatient** basis, **We** will pay the applicable **Outpatient Life Threatening Cancer Radiation and Chemotherapy Fixed Indemnity Benefit** shown on the **Certificate Schedule** up to the **Life Threatening Cancer Oral-Chemotherapy Fixed Indemnity Benefit Amount** per day, the **Life Threatening Cancer-Intravenous Chemotherapy Fixed Indemnity Benefit Amount** per day, and the **Life Threatening Cancer-Radiation Therapy Fixed Indemnity Benefit Amount** per day shown on the **Certificate Schedule**. [The **Outpatient Life Threatening Cancer Radiation and Chemotherapy Fixed Indemnity Benefit** is limited to the **Life Threatening Cancer Oral-Chemotherapy Benefit Maximum** per **Insured** per **Policy Year**, the **Life Threatening Cancer-Intravenous Chemotherapy Benefit Maximum** per **Insured** per **Policy Year**, and the **Life Threatening Cancer-Radiation Therapy Benefit Maximum** per **Insured** per **Policy Year** as shown on the **Certificate Schedule**.] [**Life Threatening Cancer-Radiation Therapy Benefit Maximum** limited to a Maximum of [calendar months] [days] per **Policy Year** as shown on the **Certificate Schedule**.]

[13. Outpatient Kidney Dialysis Fixed Indemnity Daily Benefit]

[If an **Insured** is diagnosed with a damaged, dysfunctional or missing kidney by a **Provider**, and as a result thereof receives **Medically Necessary Dialysis** on an **Outpatient** basis, **We** will pay the **Outpatient Kidney Dialysis Fixed Indemnity Daily Benefit** shown on the **Certificate Schedule** for each calendar day the **Insured** receives such **Dialysis** up to the maximum number of calendar days per **Insured** per **Policy Year** shown on the **Certificate Schedule**.]

[14. Outpatient Sleep Apnea Evaluation Fixed Indemnity Daily Benefit]

[After the expiration of the waiting period shown in section VIII.A.2 LIMITATIONS-WAITING PERIODS of this **Certificate** for this **Covered Medical & Surgical Service**, if a **Provider** orders a **Medically Necessary** obstructive sleep apnea evaluation for an **Insured** on an **Outpatient** basis, **We** will pay the **Outpatient Sleep Apnea Evaluation Fixed Indemnity Daily Benefit** shown on the **Certificate Schedule** for each calendar day the **Insured** receives such obstructive sleep apnea evaluation up to the maximum number of calendar days per **Insured** per **Policy Year** shown on the **Certificate Schedule**.]

[15. Outpatient Sleep Apnea C-PAP Machine Fixed Indemnity Benefit]

[After the expiration of the waiting period shown in section VIII.A.2 LIMITATIONS-WAITING PERIODS of this **Certificate** for this **Covered Medical & Surgical Service**, if an **Insured** is diagnosed by a **Provider** with obstructive sleep apnea and as a result thereof such **Provider** orders a **C-Pap Machine** for such **Insured** on an **Outpatient** basis, which is thereafter purchased or leased by such **Insured**, **We** will pay the **Outpatient Sleep Apnea C-PAP Machine Fixed Indemnity Benefit** amount shown on the **Certificate Schedule** once per **Insured**.]

[16. Outpatient Chiropractor Office Visit Sickness and Injury Fixed Indemnity Daily Benefit]

[After the expiration of the waiting period shown in section VIII.A.2 LIMITATIONS-WAITING PERIODS of this **Certificate** for this **Covered Medical & Surgical Service**, if an **Insured** receives **Medically Necessary** evaluation, manipulation and treatment for a **Sickness** or **Injury** in the professional offices of a **Chiropractor**, **We** will pay the **Outpatient Chiropractor Office Visit Sickness and Injury Fixed Indemnity Daily Benefit** shown on the **Certificate Schedule** for each calendar day the **Insured** receives such evaluation, manipulation and treatment up to the maximum number of calendar days per **Insured** per **Policy Year** shown on the **Certificate Schedule**.]

[17. Outpatient Home Health Care Fixed Indemnity Daily Benefit]

[If an **Insured** has been **Confined** in a **Hospital** or was a resident of a **Skilled Nursing Home** due to an **Injury** or **Sickness**, and upon discharge from such facility receives and commences a **Home Health Care Plan** in treatment of the same **Injury** or **Sickness** within thirty (30) days of such discharge from such **Hospital**, and the **Provider** ordering such **Home Health Care Plan** certifies that but for the commencement of such **Home Health Care Plan** the **Insured** would have been re-admitted to such **Hospital** as an **Inpatient**, or admitted to such **Skilled Nursing Home** as a resident in order to receive a level of care greater than **Custodial Care**, **We** will pay the **Outpatient Home Health Care Fixed Indemnity Daily Benefit** shown on the **Certificate Schedule** for each calendar day the **Insured** receives such **Home Health Care Plan** up to the maximum number of calendar days per **Insured** per **Policy Year** shown on the **Certificate Schedule**.]

[18. Outpatient Durable Medical Equipment Fixed Indemnity Benefit]

[If any of the items of **Durable Medical Equipment** shown on the **Certificate Schedule** are prescribed for an **Insured** by a **Provider** for **Medically Necessary** treatment or rehabilitation of a **Sickness** or **Injury**, **We** will pay the **Outpatient Durable Medical Equipment Fixed Indemnity Benefit** amount shown on the **Certificate Schedule** for each applicable item of **Durable Medical Equipment** up to the maximum number of fixed indemnity payments for such items per **Insured** as shown on the **Certificate Schedule**.]

[C. WELLNESS EXAMINATIONS AND HEALTH SCREENING FIXED INDEMNITY BENEFITS]

[1. Annual Physical Examination Fixed Indemnity Benefit]

[After the expiration of the waiting period shown in section VIII.A.2 LIMITATIONS-WAITING PERIODS of this **Certificate** for this **Covered Medical & Surgical Service**, if a routine and **Medically Necessary** annual physical examination is **Provided** to an **Insured** by a **Provider** in the professional offices of the **Provider** on an **Outpatient** basis, **We** will pay the amount of the **Annual Physical Examination Fixed Indemnity Benefit** shown on the **Certificate Schedule** per **Insured** per **Policy Year** up to the maximum number of such physical examinations per **Insured** per **Policy Year** as shown on the **Certificate Schedule**.]

[2. EKG Fixed Indemnity Benefit]

[After the expiration of the waiting period shown in section VIII.A.2 LIMITATIONS-WAITING PERIODS of this **Certificate** for this **Covered Medical & Surgical Service**, if a routine and **Medically Necessary EKG** is **Provided** for an **Insured** on an **Outpatient** basis in connection with an annual physical examination, **We** will pay the amount of the **EKG Fixed Indemnity Benefit** shown on the **Certificate Schedule** per **Insured** per **Policy Year** up to the maximum number of such **EKG** tests per **Insured** per **Policy Year** as shown on the **Certificate Schedule**.]

[3. Stress EKG Fixed Indemnity Benefit]

[After the expiration of the waiting period shown in section VIII.A.2 LIMITATIONS-WAITING PERIODS of this **Certificate** for this **Covered Medical & Surgical Service**, if a routine and **Medically Necessary Stress EKG** is **Provided** for an **Insured** on an **Outpatient** basis in connection with an annual physical examination, **We** will pay the amount of the **Stress EKG Fixed Indemnity Benefit** shown on the **Certificate Schedule** per **Insured** per **Policy Year** up to the maximum number of such **Stress EKG** tests per **Insured** per **Policy Year** as shown on the **Certificate Schedule**.]

[4. Mammogram Fixed Indemnity Benefit]

[After the expiration of the waiting period shown in section VIII.A.2 LIMITATIONS-WAITING PERIODS of this **Certificate** for this **Covered Medical & Surgical Service**, if a routine and **Medically Necessary Mammography** is **Provided** to a female **Insured** on an **Outpatient** basis, **We** will pay the amount of the **Mammogram Fixed Indemnity Benefit** shown on the **Certificate Schedule** per female **Insured** per **Policy Year** up to the maximum number of such **Mammogram** per female **Insured** per **Policy Year** as shown on the **Certificate Schedule**.]

[5. Pap Smear Fixed Indemnity Benefit]

[After the expiration of the waiting period shown in section VIII.A.2 LIMITATIONS-WAITING PERIODS of this **Certificate** for this **Covered Medical & Surgical Service**, if a routine and **Medically Necessary Pap Smear** is **Provided** to a female **Insured** on an **Outpatient** basis, **We** will pay the amount of the **Pap Smear Fixed Indemnity Benefit** shown on the **Certificate Schedule** per female **Insured** per **Policy Year** up to the maximum number of such **PAP Smear** tests per female **Insured** per **Policy Year** as shown on the **Certificate Schedule**.]

[6. Osteoporosis Fixed Indemnity Benefit]

[After the expiration of the waiting period shown in section VIII.A.2 LIMITATIONS-WAITING PERIODS of this **Certificate** for this **Covered Medical & Surgical Service**, if a routine and **Medically Necessary Bone Density Test** is provided on an **Outpatient** basis for estrogen deficient **High Risk Female Insureds**, **We** will pay the amount of **Osteoporosis Fixed Indemnity Benefit** shown on the **Certificate Schedule** per female **Insured** per **Policy Year** up to the maximum number of such **Bone Density Tests** per female **Insured** per **Policy Year** as shown on the **Certificate Schedule**.]

[7. PSA Test Fixed Indemnity Benefit]

[After the expiration of the waiting period shown in section VIII.A.2 LIMITATIONS-WAITING PERIODS of this **Certificate** for this **Covered Medical & Surgical Service**, if a routine and **Medically Necessary PSA** test is **Provided** to a male **Insured** on an **Outpatient** basis, **We** will pay the amount of the **PSA Test Fixed Indemnity Benefit** shown on the **Certificate Schedule** per male **Insured** per **Policy Year** up to the maximum number of such **PSA** tests per male **Insured** per **Policy Year** as shown on the **Certificate Schedule**.]

[8. Colonoscopy Fixed Indemnity Benefit]

[After the expiration of the waiting period shown in section VIII.A.2 LIMITATIONS-WAITING PERIODS of this **Certificate** for this **Covered Medical & Surgical Service**, if a routine and **Medically Necessary Colonoscopy** procedure is **Provided** to an **Insured** on an **Outpatient** basis, **We** will pay the amount of the **Colonoscopy Fixed Indemnity Benefit** shown on the **Certificate Schedule** per **Insured** per **Policy Year** up to the maximum number of such **Colonoscopies** per **Insured** per **Policy Year** as shown on the **Certificate Schedule**.]

[9. Children Routine Immunization Fixed Indemnity Benefit]

[After the expiration of the waiting period shown in section VIII.A.2 LIMITATIONS-WAITING PERIODS of this **Certificate** for this **Covered Medical & Surgical Service**, if routine and **Medically Necessary** immunizations by injection are **Provided** to an **Insured** on an **Outpatient** basis in the professional offices of a **Provider**, **We** will pay the fixed indemnity amount of the **Children Routine Immunization Fixed Indemnity Benefit** shown on the **Certificate Schedule** for each immunization a **Provider** bills for such immunizations up to the maximum number of immunizations per child **Insured** per **Policy Year** shown on the **Certificate Schedule**.]

D. [MATERNITY FIXED INDEMNITY BENEFITS]

[1. Pre-Natal Doctor Office Visits Fixed Indemnity Daily Benefit]

[After the expiration of the waiting period shown in section VIII.A.2 LIMITATIONS-WAITING PERIODS of this **Certificate** for this **Covered Medical & Surgical Service**, if a female **Insured** is **Provided Medically Necessary** evaluation and monitoring on an **Outpatient** basis in the professional offices of a **Provider** in connection with a pregnancy that was conceived after the **Issue Date**, **We** will pay the daily fixed indemnity amount of the **Pre-Natal Doctor Office Visits Fixed Indemnity Daily Benefit** shown on the **Certificate Schedule** for each calendar day such female **Insured** is billed by a **Provider** for such a pre-natal doctor office visit up to the maximum number of calendar days per female **Insured** per **Policy Year** shown on the **Certificate Schedule**.]

[2. In-Hospital Labor & Delivery Fixed Indemnity Daily Benefit]

[After the expiration of the waiting period shown in section VIII.A.2 LIMITATIONS-WAITING PERIODS of this **Certificate** for this **Covered Medical & Surgical Service**, and after satisfaction of the **Labor & Delivery Elimination Period** the length of which is shown on the **Certificate Schedule**,] **We** will pay the daily fixed indemnity amount of the **In-Hospital Labor & Delivery Fixed Indemnity Daily Benefit** shown on the **Certificate Schedule** for each calendar day [following the expiration of such **Labor & Delivery Elimination Period**] that a female **Insured** is billed by a **Hospital** for **Medically Necessary** room and board as the result of **Confinement** as an **Inpatient** in the **Hospital** for **Medically Necessary** labor and delivery, up to the maximum number of days for such covered **Confinements** per female **Insured** per **Policy Year** shown on the **Certificate Schedule**.]

[E. SKILLED NURSING HOME FIXED INDEMNITY DAILY BENEFITS]

[If an **Insured** becomes a resident patient in a **Skilled Nursing Home** as prescribed by a **Provider** for the **Medically Necessary** treatment of a **Sickness** or an **Injury** within thirty (30) days following discharge from a **Hospital Confinement** lasting at least three (3) consecutive calendar days for the same **Sickness** or **Injury** **We** will pay the **Skilled Nursing Home Fixed Indemnity Daily Benefit** shown on the **Certificate Schedule** for each consecutive calendar day the **Insured** remains a resident patient of the **Skilled Nursing Home** up to the maximum number of calendar days per **Insured** per **Policy Year** shown on the **Certificate Schedule**.]

[VI. COVERED DENTAL SERVICES]

[**Insureds** have the right to obtain **Covered Dental Services** from the **Dentists** of their choice; however, if the **Insured** chooses to obtain **Covered Dental Services** from **Non-Participating Dentists**, the **Insured's** out of pocket cost for such items will be generally higher than if the **Insured** had chosen to utilize the services of network **Participating Dentists**.]

[Subject to such definitions, terms, conditions, waiting periods in section VIII.A.3. LIMITATIONS-WAITING PERIODS of this **Certificate**, coverage limitations and coverage exclusions contained in this **Certificate**, **We** will pay the fixed indemnity benefit amounts shown in the **Certificate Schedule** for the following specified **Covered Dental Services** incurred and received by an **Insured** while coverage under this **Certificate** for such **Insured** was in full force and effect. All applicable fixed indemnity benefit payments by **Us** under this **Certificate** are limited to the specific dental care, treatment, services and other items listed in this section as **Covered Dental Services**, which in each instance incurred and received by an **Insured** while this **Certificate** is in force and effect for such **Insured**.

All fixed indemnity amounts are shown in the **Certificate Schedule** and unless otherwise specified are payable on a per **Insured** basis. Provided, however, **We** shall never be required to make a fixed indemnity payment for **Covered Dental Services** incurred in excess of the amount of [the **Policy Year Maximum Fixed Indemnity Benefit Payments Per Insured**,] [**Policy Year Outpatient Maximum Fixed Indemnity Benefit Payments Per Insured**,] or the **Lifetime Certificate Maximum Fixed Indemnity Benefit Per Insured**.]

[A. Preventive Dental Care Fixed Indemnity Benefit]

- [1. **Semi-annual Oral Examination Fixed Indemnity Dental Daily Benefit.** After the expiration of the waiting period shown in section VIII.A.3. LIMITATIONS-WAITING PERIODS of this **Certificate** for this **Covered Dental Service**, if an **Insured** receives **Dentally Necessary** oral examination and evaluation, for routine preventative dental care in the professional offices of a **Dentist**, **We** will pay the **Semi-annual Oral Examination Fixed Indemnity Dental Daily Benefit** shown on the **Certificate Schedule** for each calendar day the **Insured** receives such oral examination and evaluation up to the maximum number of calendar days per **Insured** per **Policy Year** shown on the **Certificate Schedule**.]
- [2. **Intraoral X-rays, without Bitewing X-rays Fixed Indemnity Dental Daily Benefit.** After the expiration of the waiting period shown in section VIII.A.3. LIMITATIONS-WAITING PERIODS of this **Certificate** for this **Covered Dental Service**, if an **Insured** receives **Dentally Necessary** intraoral x-rays without **Bitewing X-rays** for routine preventative dental care in the professional offices of a **Dentist** during any consecutive twenty-four (24) month period while coverage for such **Insured** under this **Certificate** has been in full force and effect. **We** will pay the **Intraoral X-rays, without Bitewing X-rays Fixed Indemnity Dental Daily Benefit** shown on the **Certificate Schedule** for each calendar day the **Insured** receives such x-rays up to the maximum number of calendar day per **Insured** shown on the **Certificate Schedule**.]
- [3. **Bitewing X-rays Daily Fixed Indemnity Dental Benefit.** After the expiration of the waiting period shown in section VIII.A.3. LIMITATIONS-WAITING PERIODS of this **Certificate** for this **Covered Dental Service**, if an **Insured** receives **Dentally Necessary Bitewing X-rays** for routine preventative dental care in the professional offices of a **Dentist** during any consecutive twenty four (24) month period while coverage for such **Insured** under this **Certificate** has been in full force and effect. **We** will pay the **Bitewing X-rays Fixed Indemnity Dental Daily Benefit** shown on the **Certificate Schedule** for each calendar day the **Insured** receives such x-rays up to the maximum number of calendar day per **Insured** shown on the **Certificate Schedule**.]
- [4. **Prophylaxis Fixed Indemnity Dental Daily Benefit.** After the expiration of the waiting period shown in section VIII.A.3. LIMITATIONS-WAITING PERIODS of this **Certificate** for this **Covered Dental Service**, if an **Insured** receives **Dentally Necessary Prophylaxis** (professional cleaning and scaling of the teeth) for routine preventative dental care in the professional offices of a **Dentist**. **We** will pay the **Prophylaxis Fixed Indemnity Dental Daily Benefit** shown on the **Certificate Schedule** for each calendar day the **Insured** receives such professional cleaning and scaling of the teeth up to the maximum number of calendar days per **Insured** per **Policy Year** shown on the **Certificate Schedule**.]
- [5. **Periodontal Prophylaxis Fixed Indemnity Dental Daily Benefit.** After the expiration of the waiting period shown in section VIII.A.3. LIMITATIONS-WAITING PERIODS of this **Certificate** for this **Covered Dental Service**, if an **Insured** receives **Dentally Necessary Periodontal Prophylaxis** (professional cleaning and deep scaling of the teeth at an below the gum line) for routine preventative dental care in the professional offices of a **Dentist**, **We** will pay the **Periodontal Prophylaxis Fixed Indemnity Dental Daily Benefit** shown on the **Certificate Schedule** for each calendar day the **Insured** receives such professional cleaning and deep scaling of the teeth at an below the gum line up to the maximum number of calendar days per **Insured** per **Policy Year** shown on the **Certificate Schedule**.]

[B. Basic Dental Care Fixed Indemnity Benefit]

1. **[Cavity Filing Fixed Indemnity Dental Benefit.** After the expiration of the waiting period shown in section VIII.A.3. LIMITATIONS-WAITING PERIODS of this **Certificate** for this **Covered Dental Service**, if an **Insured** receives a **Dentally Necessary** amalgam, silicate cement, acrylic or plastic filing of a tooth cavity in the professional offices of a **Dentist**, **We** will pay the **Cavity Filing Fixed Indemnity Dental Benefit** shown on the **Certificate Schedule** for each tooth cavity filled by such **Dentist** up to the maximum number of such filings per **Insured** per **Policy Year** shown on the **Certificate Schedule**.]
2. **[Posterior Tooth Topical Sealant Application Fixed Indemnity Dental Benefit.** After the expiration of the waiting period shown in section VIII.A.3. LIMITATIONS-WAITING PERIODS of this **Certificate** for this **Covered Dental Service**, if an **Insured** receives a **Dentally Necessary** application of a sealant to a posterior tooth in the professional offices of a **Dentist**, **We** will pay the **Posterior Tooth Topical Sealant Application Fixed Indemnity Dental Benefit** shown on the **Certificate Schedule** for each application of such sealant by such **Dentist** up to the maximum number of such sealant applications per **Insured** per **Policy Year** shown on the **Certificate Schedule**.]

3. **[Apioectomy Surgery Fixed Indemnity Dental Benefit.** After the expiration of the waiting period shown in section VIII.A.3. LIMITATIONS-WAITING PERIODS of this **Certificate** for this **Covered Dental Service**, if an **Insured** receives a **Dentally Necessary Apioectomy** surgery in the professional offices of a **Dentist**, **We** will pay the **Apioectomy Surgery Fixed Indemnity Benefit** shown on the **Certificate Schedule** for each tooth that is either amputated or partially cut off by such **Dentist** up to the maximum number of such teeth per **Insured** per **Policy Year** shown on the **Certificate Schedule**.]
4. **[Simple Tooth Surgical Extraction Fixed Indemnity Dental Benefit.** After the expiration of the waiting period shown in section VIII.A.3. LIMITATIONS-WAITING PERIODS of this **Certificate** for this **Covered Dental Service**, if an **Insured** receives a **Dentally Necessary** simple tooth extraction in the professional offices of a **Dentist**, **We** will pay the **Simple Tooth Surgical Extraction Fixed Indemnity Dental Benefit** shown on the **Certificate Schedule** for each tooth extracted by such **Dentist** up to the maximum number of such teeth per **Insured** per **Policy Year** shown on the **Certificate Schedule**.]
5. **[Impacted Tooth Surgical Extraction Fixed Indemnity Dental Benefit.** After the expiration of the waiting period shown in section VIII.A.3. LIMITATIONS-WAITING PERIODS of this **Certificate** for this **Covered Dental Service**, if an **Insured** receives a **Dentally Necessary Impacted** tooth extraction (including full bony **Impaction**) in the professional offices of a **Dentist**, **We** will pay the **Impacted Tooth Surgical Extraction Fixed Indemnity Dental Benefit** shown on the **Certificate Schedule** for each **Impacted** tooth extracted by such **Dentist** up to the maximum number of such **Impacted** tooth extractions per **Insured** per **Policy Year** shown on the **Certificate Schedule**.]
6. **[Gingivectomy Surgery Fixed Indemnity Dental Daily Benefit.** After the expiration of the waiting period shown in section VIII.A.3. LIMITATIONS-WAITING PERIODS of this **Certificate** for this **Covered Dental Service**, if an **Insured** receives **Dentally Necessary Gingivectomy** surgery in the professional offices of a **Dentist**, **We** will pay the **Gingivectomy Surgery Fixed Indemnity Dental Daily Benefit** shown on the **Certificate Schedule** for each calendar day the **Insured** receives such excision of diseased gum tissue up to the maximum number of calendar days per **Insured** per **Policy Year** shown on the **Certificate Schedule**.]

[C. Major Dental Care Fixed Indemnity Benefit]

1. **[Single Crown Restoration Fixed Indemnity Dental Benefit.** After the expiration of the waiting period shown in section VIII.A.3. LIMITATIONS-WAITING PERIODS of this **Certificate** for this **Covered Dental Service**, if an **Insured** receives **Dentally Necessary** single **Crown** restoration procedure(s) in the professional offices of a **Dentist**, **We** will pay the **Single Crown Restoration Fixed Indemnity Dental Benefit** shown on the **Certificate Schedule** for each calendar day the **Insured** receives such single **Crown** restoration procedure(s) up to the maximum number of single **Crown** restoration procedure per **Insured** per **Policy Year** shown on the **Certificate Schedule**.]
2. **[Bridge Pontic Fixed Indemnity Dental Daily Benefit.** After the expiration of the waiting period shown in section VIII.A.3. LIMITATIONS-WAITING PERIODS of this **Certificate** for this **Covered Dental Service**, if an **Insured** receives **Dentally Necessary** bridge **Pontic(s)** in the professional offices of a **Dentist**, **We** will pay the **Bridge Pontic Fixed Indemnity Dental Daily Benefit** shown on the **Certificate Schedule** for each calendar day the **Insured** receives such bridge **Pontic(s)** up to the maximum number of calendar days per **Insured** per **Policy Year** shown on the **Certificate Schedule**.]
3. **[Abutment Crowns Fixed Indemnity Dental Daily Benefit.** After the expiration of the waiting period shown in section VIII.A.3. LIMITATIONS-WAITING PERIODS of this **Certificate** for this **Covered Dental Service**, if an **Insured** receives **Dentally Necessary Abutment Crowns** in the professional offices of a **Dentist**, **We** will pay the **Abutment Crowns Fixed Indemnity Dental Daily Benefit** shown on the **Certificate Schedule** for each calendar day the **Insured** receives such **Abutment Crowns** procedure(s) up to the maximum number of calendar days per **Insured** per **Policy Year** shown on the **Certificate Schedule**.]

VII. CLAIM PROCEDURES, INVESTIGATION AND PAYMENT

1. NOTICE OF CLAIM

Written notice of claim must be received by **Us** within thirty (30) days of the date that each **Covered Medical & Surgical Services [and Covered Dental Services]** is incurred by an **Insured**. If it is not reasonably possible for the notice of claim to be transmitted to **Us** so that it is received within such thirty (30) day period, then written notice of claim must be received by **Us** as soon thereafter as reasonably possible. A **Provider's** billing statement that is timely received by **Us** will suffice as a written notice of the claim under this section. **Our** current address for providing a written notice of claim is shown on Page 1. A written notice of claim should include the applicable **Insured's** name, the **Primary Insured's** name, the applicable **Provider's** name, and the **Certificate** number.

2. CLAIM FORMS AND ADDITIONAL INFORMATION TO BE PROVIDED

When **We** receive timely written notice of claim, **We** will normally send **You** a claim form to be completed, signed and returned. The general purpose of the claim form is to provide **Us** with general background information about the nature of the claim, which information may be necessary in order to complete a proper proof of loss. If this claim form is not provided to **You** within fifteen (15) days, of **Our** timely receipt of written notice of the claim, then **You** will not be required to later complete, sign and return the written claim form, but may be required to provide other information, including a written authorization for the release of medical records and information, which in each event is necessary either for **Our** investigation of the claim or otherwise as part of the completion of a proper proof of loss. **We** must receive information requested within the time limit stated in the section V.E.3. PROOFS OF LOSS.

3. PROOFS OF LOSS

Written proof of **Covered Medical & Surgical Services [Covered Dental Services]** must be provided to **Us** within ninety (90) days of such services incurred by an **Insured**. If it was not reasonably possible for **You** to give **Us** proof in the time required, **We** will not reduce or deny the claim for this reason if the proof is filed as soon as possible. In any event, the proof of loss required must be provided no later than one (1) year from the date such services were **Provided** to an **Insured** unless **You** are legally incompetent or otherwise physically unable to act.

4. CLAIMS REVIEW, INVESTIGATION, ADJUSTMENT AND ADJUDICATION

As written notice of claims, completed claim forms, signed authorizations for release of medical authorizations, medical records, and other written information from **Insureds** and **Providers** are received and reviewed additional investigation, requests for information and other matters may occur in connection with the completion of a proper proof of loss, adjustment and adjudication of the claim. At **Our** expense, **We** have the right to have the **Insured** examined by a **Provider** of **Our** choice as often as is reasonably necessary while a claim or other benefit determination is pending. Information received during the review and investigation of a claim will be considered, as applicable, in connection of whether a timely and proper proof of loss has been completed. After **Our** investigation has been completed, claims will be adjusted and adjudicated in accordance with the coverage under this **Certificate** that was in force on the date the applicable **Covered Medical & Surgical Services [and Covered Dental Services]** were **Provided** to the **Insured**. Part of the adjustment and adjudication process includes a determination of the specific services **Provided** and the amount of fees charged for the applicable services rendered. This determination will normally require communication with the network with whom the applicable **Provider** was contracted at the time the service was rendered, as well as other matters. Once a decision has been made on a claim and this decision has been processed, an explanation of benefits form will be transmitted to the **Primary Insured** and each applicable **Provider**.

5. PAYMENT OF CLAIMS

The applicable fixed indemnity payment under this **Certificate** for **Covered Medical & Surgical Services [and Covered Dental Services]** **Provided** to an **Insured**, which are owed by the **Company** under this **Certificate**, will be paid to the **Primary Insured**, unless the right to such payment was previously assigned to a **Provider** for direct payment. Upon the death of the **Primary Insured**, the unpaid amount

of any applicable fixed indemnity payment under this **Certificate** for **Covered Medical & Surgical Services** [and **Covered Dental Services**] **Provided** to an **Insured**, which are owed by the **Company** under this **Certificate** will be paid to the **Beneficiary**, unless the right to such payment was previously assigned to a **Provider** for direct payment. Any fixed indemnity claim payment made by **Us** in good faith will fully discharge **Our** liability under this **Certificate** for such fixed indemnity claim to the extent of the amount of such good faith fixed indemnity payment.

6. TIME OF PAYMENT OF CLAIMS

We will make fixed indemnity payments due promptly once a decision has been made on a claim and this decision has been processed.

Fixed indemnity payment shall be treated as being made on the date a draft or valid instrument was placed in the United States mail to the last known address of the applicable **Primary Insured, Provider, or Beneficiary** in a properly addressed, postage paid envelope, or, if not so posted, on the date of delivery.

A fixed indemnity benefit payment owed by **Us** under this **Certificate**, but not paid within thirty (30) days after the date of **Our** receipt of a proper proof of loss and the completion of **Our** investigation of the claim, will be considered past due. **We** will pay interest on any past due benefit payment amount at the rate of one and one-half percent (1.5%) per month commencing on the thirty-first (31st) day after the completion and **Our** receipt of a proper proof of loss and the completion of **Our** investigation of the claim until the date such payment is tendered by **Us**.

VIII. LIMITATIONS AND EXCLUSIONS

A. LIMITATIONS-WAITING PERIODS

Coverage under this **Certificate** is limited as provided by the definitions, limitations, exclusions, and terms contained in each and every section of this **Certificate**, as well as the following limitations and waiting periods:

- [1.] [any treatment, medical service, surgery, medication, equipment, claim, loss or expense received, purchased, leased or otherwise incurred as a result of an **Insured's Pre-existing Condition** [not disclosed on the application] is not covered under this **Certificate** unless such treatment, medical service, surgery, medication, equipment, claim, loss or expense constitutes **Covered Medical & Surgical Services** incurred by such **Insured** more than twelve (12) months after the **Issue Date**, and are not otherwise limited or excluded by this **Certificate** or any riders, endorsements, or amendments attached to this **Certificate**[:]]
- [2.] [any fixed indemnity benefit claim under this **Certificate** for (i) [the **Outpatient Sleep Apnea Evaluation Fixed Indemnity Daily Benefit**,] (ii) [the **Outpatient Sleep Apnea C-PAP Machine Fixed Indemnity Benefit**,] (iii) [**Outpatient Chiropractor Office Visit Sickness and Injury Fixed Indemnity Daily Benefit**,] (iv) [**Annual Physical Examination Fixed Indemnity Benefit**,] (v) [the **Mammogram Fixed Indemnity Benefit**,] (vi) [the **PSA Test Fixed Indemnity Benefit**,] (vii) [**Pap Smear Fixed Indemnity Benefit**,] (viii) **Osteoporosis Fixed Indemnity Benefit**; (ix) [the **Colonoscopy Fixed Indemnity Benefit**,] (x) [the **EKG Fixed Indemnity Benefit**,] (xi) [the **Stress EKG Fixed Indemnity Benefit**] (xii) [the **Children Routine Immunization Fixed Indemnity Benefit**,] (xiii) [the **Pre-Natal Doctor Office Visits Fixed Indemnity Daily Benefit**,] [and] (xiv) [the **In-Hospital Labor & Delivery Fixed Indemnity Daily Benefit**] shall not be eligible for payment or covered under this **Certificate** until [two (2), three (3), six (6), twelve (12)] months from the **Issue Date**, provided the applicable condition for which the care, treatment, evaluation and/or services and supplies in question were not for a **Pre-existing Condition**:]
- [3.] [provided the applicable condition for which the care, treatment, evaluation and/or services and supplies in question were not for a **Pre-existing Condition**, any fixed indemnity benefit claim under this **Certificate** for (i) **Preventive Dental Care Fixed Indemnity Benefit** shall not be eligible for payment or covered under this **Certificate** until [two (2), three (3), six (6), twelve (12)] months from the **Issue Date**, (ii) **Basic Dental Care Fixed Indemnity Benefit** shall not be eligible for payment or covered under this **Certificate** until [two (2), three (3), six (6), twelve (12)] months from the **Issue Date**, (iii) and the **Major Dental Care Fixed Indemnity Benefit** shall not be eligible for payment or covered under this **Certificate** until [two (2), three (3), six (6), twelve (12)] months from the **Issue Date**:] [and]
- [4.] [any treatment, medical service, surgery, medication, equipment, that is received by an **Insured**, which results from the diagnosis, care or treatment of hernia, disease or disorders of the reproductive organs,

hemorrhoids, varicose veins, tonsils and/or adenoids, otitis media, shall be covered under this **Certificate** and eligible for a fixed indemnity benefit payment hereunder only if (i) such treatment, medical service, surgery, medication, equipment, constitutes **Covered Medical & Surgical Services** received by an **Insured** after this **Certificate** has been in force for a period of six (6) months from the **Issue Date**, (ii) such **Sicknesses** are not otherwise limited or excluded by this **Certificate** or any riders, endorsements, or amendments attached to this **Certificate**, and (iii) such **Sicknesses** are not **Pre-existing Conditions**].

B. EXCLUSIONS

Coverage under this **Certificate** is limited as provided by the definitions, terms, conditions, limitations, and exclusions contained in each and every section of this **Certificate**. In addition, this **Certificate** does not provide coverage for professional and medical services **Provided** to an **Insured** or any fixed indemnity payment obligation for **Us** under this **Certificate** for any of the following, all of which are excluded from coverage:

- [1.] treatments, care, procedures, services or supplies which do not constitute **Covered Medical & Surgical Services** [or **Covered Dental Services**];
- [2.] treatments, care, procedures, services or supplies received before the **Certificate Issue Date**;
- [3.] **Covered Medical & Surgical Services** [and **Covered Dental Services**] received after this **Certificate** terminates, regardless of when the condition originated, except as **Provided** in the EXTENSION OF BENEFITS provision;
- [4.] Fixed indemnity payments under this **Certificate** for **Covered Medical & Surgical Services**[and **Covered Dental Services**] that in combination exceed the amount of either the **Policy Year Maximum Fixed Indemnity Benefit Payments Per Insured** or the **Lifetime Certificate Maximum Fixed Indemnity Benefit Per Insured** ;
- [5.] **[Prescription Drugs]**;
- [6.] any treatments, care, procedures, services or supplies which are not specifically enumerated in the COVERED MEDICAL AND SURGICAL SERVICES [and COVERED DENTAL SERVICES] section of this **Certificate** and any optional coverage rider attached hereto;
- [7.] any professional services for which the **Insured** and/or any covered **Family** member are not legally liable for payment;
- [8.] any professional services for which the **Insured** and/or any covered **Family** member were once legally liable for payment, but from which liability the **Insured** and/or **Family** member were released;
- [9.] **Injury** or **Sickness** due to any act of war (whether declared or undeclared);
- [10.] services provided by any state or federal government agency, including the Veterans Administration unless, by law, an **Insured** must pay for such services;
- [11.] medical and surgical services, and **Prescription Drugs** that are payable or reimbursable by either:
 - a. a plan or program of any governmental agency (except Medicaid), or
 - b. **Medicare** Part A, Part B and/or Part D (if the applicable **Insured** does not enroll in **Medicare**, **We** will estimate the charges that would have been paid if such enrollment had occurred);
- [12.] [drugs or medication not used for a Food and Drug Administration (“FDA”) approved use or indication;]
- [13.] [administration of experimental drugs or substances or investigational use or experimental use of **Prescription Drugs** except for any **Prescription Drug** prescribed to treat a covered chronic, disabling, life-threatening **Sickness** or **Injury**, but only if the investigational or experimental drug in question:
 - a. has been approved by the FDA for at least one indication; and
 - b. is recognized for treatment of the indication for which the drug is prescribed in:
 1. a standard drug reference compendia; or
 2. substantially accepted peer-reviewed medical literature.
 - c. drugs labeled “Caution – limited by Federal law to investigational use”];
- [14.] experimental procedures or treatment methods not approved by the American Medical Association, American Dental Association or other appropriate medical society;
- [15.] any **Injury** or **Sickness** or dental condition covered by any Workers’ Compensation or Occupational Disease Law insurance coverage, or similar coverage underwritten in connection with any Occupational Disease Law, or Employer’s Liability Law, regardless of whether **You** file a claim for benefits thereunder;
- [16.] eye refractions, eyeglasses, contact lenses, radial keratotomy, lasik surgery, hearing aids, and exams for their prescription or fitting;
- [17.] cochlear implants;
- [18.] any professional and medical services **Provided** an **Insured** in treatment of a **Sickness** or **Injury** caused or contributed to by such **Insured’s** being intoxicated or under the influence of any drug, narcotic or hallucinogens unless administered on the advice of a **Provider**, and taken in accordance with the limits of such advice;

- [19.] intentionally self-inflicted **Injury**, suicide or any suicide attempt while sane or insane;
- [20.] **Sickness** or **Injury** while serving in one of the branches of the armed forces of the United States of America
- [21.] **Sickness** or **Injury** while in a foreign country and serving on active duty in the United States Army, Navy Marine Corp or Air Force Reserves or the National Guard;
- [22.] **Sickness** or **Injury** while serving on active duty in the armed forces of any foreign country or any international authority;
- [23.] voluntary abortions, abortifacients or any other drug or device that terminates a pregnancy;
- [24.] services **Provided** by **You** or a **Provider** who is a member of an **Insured's Family**;
- [25.] any medical condition excluded by name or specific description by either this **Certificate** or any riders, endorsements, or amendments attached to this **Certificate**;
- [26.] any loss to which a contributing cause was the **Insured's** being engaged in an illegal occupation or illegal activity;
- [27.] [participation in aviation, except as fare-paying passenger traveling on a regular scheduled commercial airline flight;]
- [28.] cosmetic surgery or cosmetic dentistry, except for **Medically Necessary** cosmetic surgery performed under the following circumstances: (i) where such cosmetic surgery is incidental to or following surgery resulting from trauma or infection to correct a normal bodily function, or (ii) such cosmetic surgery constitutes **Breast Reconstruction** that is incident to a **Mastectomy** provided any of the above occurred while the **Insured** was covered under this **Certificate**;
- [29.] charges for breast reduction or augmentation or complications arising from these procedures;
- [30.] **Prescription Drugs** or other medicines and products used for cosmetic purposes or indications;]
- [31.] [voluntary sterilization, reversal or attempted reversal of a previous elective attempt to induce or facilitate sterilization;]
- [32.] fertility hormone therapy and/or fertility devices for any type fertility therapy, artificial insemination or any other direct conception;
- [33.] any operation or treatment performed, [**Prescription** or] medication prescribed in connection with sex transformations or any type of sexual or erectile dysfunction, including complications arising from any such operation or treatment;
- [34.] appetite suppressants, including but not limited to, anorectics or any other drugs used for the purpose of weight control, or services, treatments, or surgical procedures rendered or performed in connection with an overweight condition or a condition of obesity or related conditions;
- [35.] any professional fees or other medical expenses incurred as the result of an **Injury** which was caused or contributed by an **Insured** racing any land or water vehicle;
- [36.] any professional fees, or other medical expenses incurred for the diagnosis, care or treatment of **Mental and Emotional Disorders, Alcoholism, and drug addiction/abuse**;
- [37.] **Prescription Drugs** that are classified as psychotherapeutic drugs, including antidepressants;]
- [38.] [except for **Complications of Pregnancy**, routine maternity or any other expenses related to childbirth, including routine nursery charges and well-baby care except as specified in the MATERNITY FIXED INDEMNITY BENEFITS section;]
- [39.] [contraceptives, oral or otherwise, whether medication or device, regardless of intended use;]
- [40.] **Outpatient Prescription Drugs** that are dispensed by a **Provider, Hospital** or other state-licensed facility;]
- [41.] **Prescription Drugs** produced from blood, blood plasma and blood products, derivatives, Hemofil M, Factor VIII, and synthetic blood products, or immunization agents, biological or allergy sera, hematinics, blood or blood products administered on an **Outpatient** basis;]
- [42.] [level one controlled substances;]
- [43.] **Prescription Drugs** used to treat or cure hair loss or baldness;]
- [44.] **Prescription Drugs** that are classified as anabolic steroids or growth hormones;]
- [45.] [compounded **Prescription Drugs**;]
- [46.] fluoride products;
- [47.] [allergy kits intended for future emergency treatment of possible future allergic reactions;]
- [48.] [replacement of a prior filled **Prescription** for **Prescription Drugs** that was covered and is replaced because the original **Prescription** was lost, stolen or damaged;]
- [49.] [any intentional misuse or abuse of **Prescription Drugs**, including **Prescription Drugs** purchased by an **Insured** for consumption by someone other than such **Insured**;]
- [50.] programs, treatment or procedures for tobacco use cessation;
- [51.] **Prescription Drugs** that are classified as tobacco cessation products;]
- [52.] [drugs prescribed for the treatment of any disease, illness or condition that has been excluded from coverage under the **Certificate** by exclusionary rider, limitation or exclusion;]

- [53.] [charges for blood, blood plasma, or derivatives that has been replaced;]
- [54.] [treatment of autism;]
- [55.] Temporomandibular Joint Disorder (TMJ) and Craniomandibular Disorder (CMD); and
- [56.] [treatment received outside of the United States.]
- [57.] [treatment on or to the teeth or gums for cosmetic purposes, including charges for personalizations, characterizations or **Dentures**;]
- [58.] [oral hygiene instructions, a plaque control program or dietary instructions;]
- [59.] [replacement of lost or stolen prosthetics;]
- [60.] [restorative services (i.e. the initial placement of a complete or **Partial Denture** or for **Fixed Bridgework**) or **Endodontic** therapy if it involves the replacement of one or more natural teeth missing on the **Issue Date** of this **Certificate** or when initial preparations were started prior to **Your Issue Date** as shown on the **Certificate Schedule**;]
- [61.] [restorative services for one (1) or more natural teeth missing on the **Issue Date** as shown on the **Certificate Schedule** of the **Certificate** will be considered **Covered Dental Service** if incurred five (5) years after the **Issue Date**;]
- [62.] [dental services performed in a **Hospital** and any related expenses;]
- [63.] [replacement of an appliance or prosthetic device, **Crown**, cast restoration or a **Fixed Bridge** within five (5) years after the date it was last placed, whether under this plan or any prior plan under which You were covered. This exclusion does not apply if replacement is due to accidental dental Injury received while covered under this **Certificate**;]
- [64.] [treatment of cleft palate, andontia or mandibular prognathicism;]
- [65.] [general anesthesia, except as specifically **Provided** in the COVERED MEDICAL & SURGICAL BENEFITS section;]
- [66.] [placement of bone grafts or extra-oral substances in the treatment of periodontal disorders;]
- [67.] [the use of unilateral, removable prosthetics;]
- [68.] [**Orthodontic** diagnosis or treatment;]
- [69.] [charges incurred by **You** due to broken or cancelled appointments;]
- [70.] [**Crowns** for teeth that are restorable by other means or for the purpose of periodontal splinting;]
- [71.] [implants, including any appliances and/or **Crowns** and the surgical insertion or removal of implants;]
- [72.] [**Prescriptions**, treatment or services for behavioral or learning disorders, Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD);]
- [73.] [**Crowns**, fillings or appliances that are used to correct (splint) teeth, or change or alter the way the teeth meet, including altering the vertical dimension, restoring the bite (occlusion) or for cosmetic purposes;]
[and]
- [74.] [Orthognathic surgery].

IX. INCREASE IN LIFETIME CERTIFICATE MAXIMUM

A. CONDITIONAL ANNUAL INCREASE

Notwithstanding the amount of the **Lifetime Certificate Maximum Fixed Indemnity Benefit Per Insured** stated on the **Certificate Schedule**, but subject to all applicable definitions, exclusions, limitations, waiting periods, and provisions contained in the **Certificate**, as well as all riders, endorsements, and amendments attached to the **Certificate**, **We** will automatically increase the amount of the **Lifetime Certificate Maximum Fixed Indemnity Benefit Per Insured** on each anniversary of the **Issue Date** while coverage under the **Certificate** has remained in full force and effect on the following terms and conditions:

1. [\$125,000] FIRST ANNIVERSARY OF ISSUE DATE

[\$125,000] shall be added to the amount shown on the **Certificate Schedule** for the **Lifetime Certificate Maximum Fixed Indemnity Benefit Per Insured** on the first anniversary of the **Issue Date**, if the [total amount of all fixed indemnity benefits paid by all **Insureds** and] submitted to **Us** for consideration during the **First Certificate Year**, [is less than [\$500-\$1000] applicable to such **Insureds** as shown on the **Certificate Schedule**

2. [\$250,000] FIRST ANNIVERSARY OF ISSUE DATE

[\$250,000] shall be added to the amount shown on the **Certificate Schedule** for the **Lifetime Certificate Maximum Fixed Indemnity Benefit Per Insured** on the first anniversary of the **Issue Date**, if the [total

amount of all fixed indemnity benefits paid by all **Insureds** and] submitted to **Us** for consideration during the **First Certificate Year** is less or equal to [\$0-\$500] applicable to such **Insureds** as shown on the **Certificate Schedule**].

3. **[\$125,000] SUBSEQUENT CERTIFICATE YEARS**

[\$125,000] shall be added to the then current amount of the **Lifetime Certificate Maximum Fixed Indemnity Benefit Per Insured** on each subsequent anniversary of the **Issue Date**, if the [total amount of all fixed indemnity benefits paid by all **Insureds** and] submitted to **Us** for consideration during the **Subsequent Certificate Year** that immediately precedes such anniversary of the **Issue Date** [is less than [\$500-\$1000] applicable to such **Insureds** as], shown on the **Certificate Schedule**].

4. **[\$250,000] SUBSEQUENT CERTIFICATE YEARS**

[\$250,000] shall be added to the then current amount of the **Lifetime Certificate Maximum Fixed Indemnity Benefit Per Insured** on each subsequent anniversary of the **Issue Date**, if the [total amount of fixed indemnity benefits paid by all **Insureds** and] submitted to **Us** for consideration during the **Subsequent Certificate Year** that immediately precedes such anniversary of the **Issue Date** is less than or equal to [\$0-\$500] applicable to such **Insureds** as shown on the **Certificate Schedule**].

However, that the maximum total amount of all applicable annual increases in the **Lifetime Certificate Maximum Fixed Indemnity Benefit Per Insured** pursuant to this section shall not exceed the sum of [\$2,000,000].]

X. UNIFORM PROVISIONS

A. ENTIRE CONTRACT - CHANGES

The entire contract between **You** and the **Company** consists of the **Group Fixed Indemnity Insurance Policy**, this **Certificate**, including **Your** application, which is attached hereto, and any amendments, riders, or endorsements attached to this **Certificate**. All statements made by **You** will, in the absence of fraud, be deemed representations and not warranties. No statement made by an applicant for insurance will be used to contest the insurance or reduce the **Covered Medical & Surgical Services** [and the **Covered Dental Services**] unless contained in a written application, which is signed by the applicant. No agent may:

1. change, alter or modify the **Group Fixed Indemnity Insurance Policy**, this **Certificate**, or any amendments, riders, or endorsements attached to this **Certificate**;
2. waive any provisions of the **Group Fixed Indemnity Insurance Policy**, this **Certificate**, or any amendments, riders, or endorsements attached to this **Certificate**;
3. extend the time period for payment of premiums under this **Certificate**; or
4. waive any of the **Company's** rights or requirements.

No change in the **Group Fixed Indemnity Insurance Policy** or this **Certificate** will be valid unless it is:

1. noted on or attached to the **Group Fixed Indemnity Insurance Policy** or this **Certificate**;
2. signed by one of **Our** officers; and
3. delivered to the **Primary Insured**, as shown on the **Certificate Schedule**.

B. TIME LIMIT ON CERTAIN DEFENSES

After two (2) years from the effective date of coverage, only fraudulent misstatements in the enrollment application may be used to void this **Certificate** or deny any claim for fixed indemnity benefits occurring after the two (2) year period.

No claim for fixed indemnity benefits after two (2) years from the **Insured's** effective date of coverage will be reduced or denied because a medical condition, not excluded by name or specific description, existed before the effective date of coverage.

C. OTHER INSURANCE WITH US

You may have only one policy or certificate providing major medical or medical and surgical coverage with **Us**. If through error, **We** issue more than one like policy or certificate to **You**, only one policy or certificate chosen by **You** or **Your** estate, as the case may be, will stay in force. **We** will return the money **You** paid for the other policy(ies) or certificate(s).

D. CONFORMITY WITH STATE STATUTES

Any provision of this **Certificate** or the **Group Fixed Indemnity Insurance Policy** which, on its effective date, is in conflict with the laws of the state in which **You** live on that date, is amended to conform to the minimum requirements of such laws.

E. MISSTATEMENT OF AGE

If the age of an **Insured** has not been stated correctly, his or her correct age will be used to determine (i) the amount of insurance for which he or she is entitled, (ii) the effective date of termination of insurance, and (iii) any other rights under this **Certificate** or the **Group Fixed Indemnity Insurance Policy**.

Premiums will be adjusted if too much or too little was paid due to the misstatement.

F. NONDISCLOSED MEDICAL HISTORY, MEDICAL CONDITIONS AND RELATED INFORMATION

During the first two (2) years coverage under this **Certificate** is in force it may be modified as provided below if, within that time, **We** discover that a medical condition or other material information was mistakenly not disclosed to **Us**:

1. The coverage under this **Certificate** will stay in force with no change in COVERED MEDICAL & SURGICAL SERVICES [or COVERED DENTAL SERVICES] section[s] of this , or premiums if the disclosure of such condition would not have affected the way the **Certificate** was issued.
2. If the disclosure would have resulted in coverage not being issued to an **Insured**, **We** will return all premium paid, less any fixed indemnity benefits paid for that person during the time the coverage was in force in error. The coverage for that person shall be void from the **Issue Date**.
3. If the disclosure would have resulted in coverage under this **Certificate** being issued either: (i) at an increased premium, or (ii) with an endorsement eliminating that condition from coverage, **We** will either (i) have **You** pay the increased rate beginning with the **Issue Date** (if **You** do not pay the increased premium within thirty (30) days after receiving **Our** notice, **We** will refund all premium paid less any fixed indemnity benefits paid, and the coverage under this **Certificate** will be void from the **Issue Date**); or (ii) add an endorsement to the **Certificate** to exclude that condition from coverage. The endorsement must be signed by **You** to put this change in effect. If **You** do not return a signed copy of the endorsement within thirty (30) days after receiving it, **We** will refund all premiums paid less any fixed indemnity benefits paid, and the **Certificate** will be void from the **Issue Date**.

This section does not apply to any fraudulent misrepresentations that are made, which in all events can result in rescission of any coverage issued as a result of such fraudulent misrepresentations.

G. LEGAL ACTION

No action at law or in equity will be brought to recover on this **Certificate** prior to the expiration of sixty (60) days after proof of loss has been filed as required by this **Certificate**; nor will any action be brought after three (3) years from the expiration of the time within which proof of loss is required by this **Certificate**.

[H. **SUBROGATION**

We shall be subrogated to all rights of recovery which any **Insured** may acquire against any party for ordinary negligence, gross negligence, strict liability in tort or any willful or intentional act or omissions resulting in **Injury** or **Sickness** for which **We** pay any fixed indemnity benefits under this **Certificate**. Any **Insured**, by receiving a fixed indemnity payment under this **Certificate**, in such case, shall be deemed to have assigned such rights of recovery to **Us** and have agreed to do whatever may be necessary to secure the recovery, including, but not limited to, the execution of any and all appropriate documents or papers. The **Insured** also agrees to execute and deliver all necessary instruments, to furnish such information and assistance, and to take any action **We** may require to facilitate enforcement of **Our** rights.]

[I. **EXTRATERRITORIAL MEDICAL EXPENSES**

Covered Medical & Surgical Services Provided in any jurisdiction outside the United States of America (U.S.) or its territories or possessions shall be eligible for a fixed indemnity payment under the terms and conditions of this **Certificate**.]

THIS CONCLUDES THIS CERTIFICATE

SERFF Tracking Number: *USHG-126846557* *State:* *Arkansas*
Filing Company: *Freedom Life Insurance Company of America* *State Tracking Number:* *47019*
Company Tracking Number:
TOI: *H21 Health - Other* *Sub-TOI:* *H21.000 Health - Other*
Product Name: *GFIM-2010-C-AR-FLIC*
Project Name/Number: /

Rate data does NOT apply to filing.

SERFF Tracking Number: USHG-126846557 State: Arkansas
 Filing Company: Freedom Life Insurance Company of America State Tracking Number: 47019
 Company Tracking Number:
 TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
 Product Name: GFIM-2010-C-AR-FLIC
 Project Name/Number: /

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification	Approved-Closed	10/19/2010
Comments: Please see the attached Flesch Certification.		
Attachment: AR FLESCH.flic.pdf		

	Item Status:	Status Date:
Bypassed - Item: Application	Approved-Closed	10/19/2010
Bypass Reason: Application to be used with this form is already approved.		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Health - Actuarial Justification	Approved-Closed	10/19/2010
Bypass Reason: Not applicable		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Outline of Coverage	Approved-Closed	10/19/2010
Bypass Reason: Not applicable		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: PPACA Uniform Compliance Summary	Approved-Closed	10/19/2010
Bypass Reason: This form is not subject to PPACA.		
Comments:		

SERFF Tracking Number: USHG-126846557 State: Arkansas
Filing Company: Freedom Life Insurance Company of America State Tracking Number: 47019
Company Tracking Number:
TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
Product Name: GFIM-2010-C-AR-FLIC
Project Name/Number: /

Item Status: Approved-Closed
Status Date: 10/19/2010
Satisfied - Item: Cover Letter
Comments:
Please see the attached Cover Letter.
Attachment:
AR GFIM Cover Ltr FLIC.pdf

Item Status: Approved-Closed
Status Date: 10/19/2010
Satisfied - Item: 10-14-10 Response Letter
Comments:
Please see the attached Response Letter.
Attachment:
Rspns Ltr FLIC.pdf

FREEDOM LIFE INSURANCE COMPANY OF AMERICA

3100 Burnett Plaza • 801 Cherry Street • Unit 33 • Fort Worth, Texas 76102 • (800) 387-9027

READABILITY CERTIFICATION

I hereby certify that the forms, listed below, have been properly scored and have achieved the Flesch Score, as indicated.

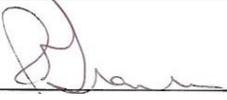
Form Number

Flesch Score

GFIM-2010-C-FLIC

50.6

Name: Ranita Grauwiler

Signature:  _____

Title: Vice President – Product Development

Dated: October 8, 2010

FREEDOM LIFE INSURANCE COMPANY OF AMERICA

3100 Burnett Plaza • 801 Cherry Street • Unit 33 • Fort Worth, Texas 76102 • (800) 387-9027

October 8, 2010

The Honorable Jay Bradford
Life and Health Division
Department of Insurance
1200 West 3rd Street
Little Rock, AR 72201-1904

RE: **Freedom Life Insurance Company of America**
FEIN # 73-1187572 NAIC # 98205

GFIM-2010-C-AR-FLIC

Association Group Fixed Indemnity Medical Plan

Dear Commissioner Bradford:

Enclosed is the referenced form for your review and approval. This form is new and is not intended to replace any forms previously filed with your Department. This form will be marketed using application form APP-FI-FLIC, et al and/or APP-09-NOARB-FLIC, previously approved by your Department on October 18, 2006 and May 18, 2009, respectively. Previously filed optional riders and amendatory endorsements may be issued with this certificate to provide additional benefits or meet regulatory requirements.

This is a fixed indemnity medical plan that pays up to a fixed amount when an insured makes a claim, on a per-day, per-month, or per-year basis. The plan is designed so that it can provide a variety of benefits including hospital confinement, surgery, doctor office visits, prescriptions, ambulance transportation, testing, maternity, and dental services.

Please note that throughout the certificate, references to *{Option 1}* and *{Option 2}* denote two different options that the policyholder can choose from with regard to a specific subject. The terms *{Option 1}* and *{Option 2}* are shown for clarification only and will not show in the issued certificate. Only the bracketed language following *{Option 1}* or *{Option 2}* will show in the actual issued certificate, depending on which option is chosen by the policyholder.

This product will be issued to any associations previously filed in your state or that will be filed in the future. The group policy will be issued in Arizona, using previously exempt forms GRP-P-06-FLIC and GRP-APP-FLIC. A certificate of insurance will be issued to members of the association to evidence coverage under the group policy. Please be advised this product is not employer/employee based, and we are offering it to individuals. The product is fully underwritten on an individual basis.

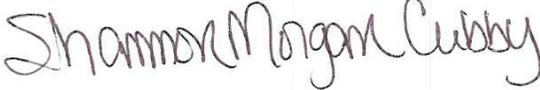
All numbers (excluding form numbers) are variable. Numbers within a provision determined by the laws of the governing jurisdiction will be varied only within the confines of the law. Paragraphs and definitions may vary to the extent that such paragraphs and definitions may be included, omitted or transferred to another page to suit the needs of a particular policyholder subject to: (a) any statutory or regulatory requirements; and (b) the condition that the language and benefits be within the intent and framework of the particular provisions. Additionally, there will also be items that customarily vary according to the certificateholder's specific plan of insurance. The schedule pages of the certificate are variable to accommodate this information.

We also reserve the right to amend the referenced form to correct any minor typographical errors we may have neglected to find prior to submission, and to amend the language in order to clarify the intent within the confines of the law.

Attached, please find all required filing documentation.

Your consideration of this filing is appreciated. Should you have any questions, please contact me as listed below.

Sincerely,

A handwritten signature in black ink that reads "Shannon Morgan Cubby". The signature is written in a cursive, flowing style.

Shannon Morgan Cubby
Product Analyst
Product Development
Tel. 800-387-9027 ext 748
Fax 817-878-3310
cubbys@ushealthgroup.com

FREEDOM LIFE INSURANCE COMPANY OF AMERICA

3100 Burnett Plaza • 801 Cherry Street • Unit 33 • Fort Worth, Texas 76102 • (800) 387-9027

October 14, 2010

Ms. Rosalind Minor
Life and Health Division
Department of Insurance
1200 West 3rd Street
Little Rock, AR 72201-1904

RE: **Freedom Life Insurance Company of America**
FEIN # 73-1187572 NAIC # 98205
Your Letter Dated October 12, 2010

GFIM-2010-C-AR-FLIC Association Group Fixed Indemnity Medical Plan

Dear Ms. Minor:

Thank you for your letter dated August 25, 2010. Per your objections, please see the following comments. For your ease of review, I have restated your objection, followed by my response.

1. *Coverage for newborn infants must be for at least 90 days. Refer to ACA 23-79-129.*
 - a. The Eligibility and Additions section has been revised to include coverage for newborn infants for at least 90 days.
2. *With respect to coverage for minors for whom the insured has filed a petition to adopt, please refer to the 60-day period outline under ACA 23-79-137.*
 - a. The Eligibility and Additions section has been revised to include coverage for minors for whom the insured has filed a petition to adopt.
3. *With respect to handicapped dependents, there can be no time limit set for furnishing proof of incapacity. Refer to ACA 23-86-108(4) and Bulletin 14-81.*
 - a. The handicapped dependents time limit has been removed.
4. *It is stated in the certificate that an insured is not entitled to a Conversion Policy if he/she has not been covered for three (3) months prior to termination. The three months is a limitation which is not allowed under ACA 23-86-115.*
 - a. Item number 3 under the Conversion Policy section has been removed.

Thank you very much for your continued assistance with this filing. Should you have any questions, please contact me via email at cubbys@ushealthgroup.com, via telephone at (800) 387-9027, ext. 748, or via fax at (817) 878-3810.

Sincerely,



Shannon Morgan Cubby
Product Analyst
Product Development