

SERFF Tracking Number: ICCI-127018332 State: Arkansas
 Filing Company: Humana Insurance Company State Tracking Number: 48013
 Company Tracking Number: HIC-HS-POL 2/11
 TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.002 Dread Disease
 Limited Benefit
 Product Name: Humana H&S Policy HIC-HS-POL 2/11
 Project Name/Number: Humana H&S Policy HIC-HS-POL 2/11/Humana H&S Policy HIC-HS-POL 2/11

Filing at a Glance

Company: Humana Insurance Company

Product Name: Humana H&S Policy HIC-HS- POL 2/11 SERFF Tr Num: ICCI-127018332 State: Arkansas

TOI: H071 Individual Health - Specified Disease - Limited Benefit SERFF Status: Closed-Approved- Closed State Tr Num: 48013

Sub-TOI: H071.002 Dread Disease Co Tr Num: HIC-HS-POL 2/11 State Status: Approved-Closed
 Filing Type: Form/Rate Reviewer(s): Rosalind Minor

Author: Brenda Dawson Disposition Date: 03/09/2011

Date Submitted: 02/17/2011 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Humana H&S Policy HIC-HS-POL 2/11

Status of Filing in Domicile:

Project Number: Humana H&S Policy HIC-HS-POL 2/11

Date Approved in Domicile:

Requested Filing Mode:

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 03/09/2011

State Status Changed: 03/09/2011

Deemer Date:

Created By: Brenda Dawson

Submitted By: Brenda Dawson

Corresponding Filing Tracking Number:

Filing Description:

We are hereby submitting the forms attached to the form schedule tab. These forms are new and are not intended to replace any forms previously filed in your state.

Insurance Compliance Consultants, Inc., is making this filing on behalf of Humana Insurance Company, a Wisconsin domiciled company. A filing authorization letter is attached. All correspondence should be addressed to Insurance Compliance Consultants, Inc.

Individual Heart and Stroke policy form HIC-HS-POL-AR 2/11 provides coverage for Heart Attacks and Strokes.

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Application form HIC-HS-APP-AR 2/11 will be used to apply for the policy.

Intensive Care Unit Benefit Rider form HIC-HS-ICR-AR 2/11 and Cancer First Diagnosis HIC-HS-CFD-AR 2/11 are available if selected on the application and the additional premium is paid. Outline of Coverage HIC-HS-OOC-AR 2/11, for the referenced policy is also enclosed.

We certify that to the best of our knowledge and belief, these forms do not violate any laws or regulations of your state and do not contain any previously disapproved provisions. These forms were prepared on a personal computer and will ultimately be printed from another data processing system that may cause some print style and/or page spacing changes. However, there will not be any changes to the actual text of the contract or to the general print size.

Company and Contact

Filing Contact Information

Brenda Dawson, Authorized Representative Brendadawson@inscompliance.com
3925 East State Street, Suite 200 815-316-6714 [Phone]
Rockford, IL 61108 815-986-2355 [FAX]

Filing Company Information

(This filing was made by a third party - insurancecomplianceconsultantsinc)

Humana Insurance Company CoCode: 73288 State of Domicile: Wisconsin
P.O Box 740036 Group Code: 119 Company Type: L&H
500 West Main Street Group Name: Humana Insurance State ID Number:
Company
Louisville, KY 40201-7436 FEIN Number: 39-1263473
(502) 580-2712 ext. [Phone]

Filing Fees

Fee Required? Yes
Fee Amount: \$300.00
Retaliatory? No
Fee Explanation: \$50 per form
Per Company: No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Humana Insurance Company	\$300.00	02/17/2011	44797416

SERFF Tracking Number: ICCL-127018332 State: Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	03/09/2011	03/09/2011

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	02/28/2011	02/28/2011	Brenda Dawson	03/09/2011	03/09/2011

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Disposition

Disposition Date: 03/09/2011

Implementation Date:

Status: Approved-Closed

Comment:

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Humana Insurance Company	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%
	Percent Change Approved:						
	Minimum:	%	Maximum:	%	Weighted Average:		%

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	authorization letter	Approved-Closed	Yes
Form (revised)	Heart and Stroke Policy	Approved-Closed	Yes
Form	Heart and Stroke Policy	Replaced	Yes
Form	Intensive Care Rider	Approved-Closed	Yes
Form	Cancer First Diagnosis Rider	Approved-Closed	Yes
Form	Policy Amendment Rider	Approved-Closed	Yes
Form (revised)	Outline of Coverage	Approved-Closed	Yes
Form	Outline of Coverage	Replaced	Yes
Form	Application	Approved-Closed	Yes
Rate	act memo and rate sheet	Approved-Closed	No

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Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 02/28/2011

Submitted Date 02/28/2011

Respond By Date

Dear Brenda Dawson,

This will acknowledge receipt of the captioned filing.

Objection 1

- Heart and Stroke Policy, HIC-HS-POL-AR 2/11 (Form)

Comment: Coverage must be provided for all minors for whom the insured has filed a petition to adopt. Please note the 60-day period. Refer to ACA 23-85-137.

Objection 2

- Heart and Stroke Policy, HIC-HS-POL-AR 2/11 (Form)

Comment:

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

Objection 3

- Heart and Stroke Policy, HIC-HS-POL-AR 2/11 (Form)

Comment:

As outlined under Rule and Regulation 18, APPENDIX, 1A(3), specified disease policies shall provide benefits to any covered person not only for the specified disease(s) but also for any other condition(s) or disease(s), directly caused or aggravated by the specified disease(s) or the treatment of the specified disease(s).

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

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Response Letter

Response Letter Status Submitted to State
 Response Letter Date 03/09/2011
 Submitted Date 03/09/2011

Dear Rosalind Minor,

Comments:

Hi Rosalind - thank you for your letter.

Response 1

Comments: Please find attached revised policy form HIC-HS-POL-AR 2/11. On page 7 we revised the provision to include Adopted Children.

Related Objection 1

Applies To:

- Heart and Stroke Policy, HIC-HS-POL-AR 2/11 (Form)

Comment:

Coverage must be provided for all minors for whom the insured has filed a petition to adopt. Please note the 60-day period. Refer to ACA 23-85-137.

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
Heart and Stroke Policy	HIC-HS-POL-AR	2/11	Policy/Contract/Fraternal Certificate	Initial			HIC-HS-POL-AR-2-11 3-3-11.pdf

Previous Version

Heart and Stroke Policy	HIC-HS-		Policy/Contract/Fraternal	Initial			HIC-HS-
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 Product Name: Humana H&S Policy HIC-HS-POL 2/11
 Project Name/Number: Humana H&S Policy HIC-HS-POL 2/11/Humana H&S Policy HIC-HS-POL 2/11
 POL-AR Certificate POL-AR
 2/11 2-11.pdf

No Rate/Rule Schedule items changed.

Response 2

Comments: Page 8 of the policy was revised to remove the time limit for furnishing proof of incapacity.

Related Objection 1

Applies To:
 - Heart and Stroke Policy, HIC-HS-POL-AR 2/11 (Form)
 Comment:

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

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Heart and Stroke Policy	HIC-HS-POL-AR	2/11	Policy/Contract/Fraternal Certificate	Initial			HIC-HS-POL-AR 2-11 3-3-11.pdf

Previous Version

Heart and Stroke Policy	HIC-HS-POL-AR	2/11	Policy/Contract/Fraternal Certificate	Initial			HIC-HS-POL-AR 2-11.pdf
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No Rate/Rule Schedule items changed.

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Response 3

Comments: Page 9 and 14 were revised to include language that benefits are provided to covered person not only for the specified disease but also for any other condition or disease directly caused or aggravated by the specified disease, etc.

All applicable revision were also made to the outline of coverage.

Related Objection 1

Applies To:

- Heart and Stroke Policy, HIC-HS-POL-AR 2/11 (Form)

Comment:

As outlined under Rule and Regulation 18, APPENDIX, 1A(3), specified disease policies shall provide benefits to any covered person not only for the specified disease(s) but also for any other condition(s) or disease(s), directly caused or aggravated by the specified diseases(s) or the treatment of the specified disease(s).

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
Heart and Stroke Policy	HIC-HS-POL-AR	2/11	Policy/Contract/Fraternal Certificate	Initial			HIC-HS-POL-AR 2-11 3-3-11.pdf

Previous Version

Heart and Stroke Policy	HIC-HS-POL-AR	2/11	Policy/Contract/Fraternal Certificate	Initial			HIC-HS-POL-AR 2-11.pdf
Outline of Coverage	HIC-HS-OOC-AR	2/11	Outline of Coverage	Initial			HIC-HS-OOC-AR 2-11 3-3-

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11.pdf

Previous Version

Outline of Coverage	HIC-HS- OOC-AR 2/11	Outline of Coverage	Initial	HIC-HS- OOC-AR 2-11.pdf
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No Rate/Rule Schedule items changed.

Your continued review for approval is greatly appreciated. Thank you.

Sincerely,
Brenda Dawson

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Form Schedule

Lead Form Number: HIC-HS-POL-AR 2/11

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 03/09/2011	HIC-HS-POL-AR 2/11	Policy/Cont	Heart and Stroke ract/Fratern Policy al Certificate	Initial			HIC-HS-POL-AR 2-11 3-3-11.pdf
Approved-Closed 03/09/2011	HIC-HS-ICR-AR 2/11	Policy/Cont	Intensive Care Rider ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial			HIC-HS-ICR-AR 2-11.pdf
Approved-Closed 03/09/2011	HIC-HS-CFR-AR 2/11	Policy/Cont	Cancer First ract/Fratern Diagnosis Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial			HIC-HS-CFD-AR 2-11.pdf
Approved-Closed 03/09/2011	HIC-HS-AMENDMENT NT	Policy/Cont	Policy Amendment ract/Fratern Rider al Certificate: Amendmen t, Insert Page, Endorseme	Initial			HIC-HS-AMENDMENT.pdf

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Approved- Closed 03/09/2011	HIC-HS- OOC-AR 2/11	Outline of Coverage	Outline of Coverage	Initial	HIC-HS- OOC-AR 2-11 3-3-11.pdf
Approved- Closed 03/09/2011	HIC-HS- APP-AR 2/11	Application/ Enrollment Form	Application	Initial	HIC-HS-APP- AR 2-11.pdf

Humana Insurance Company

1100 Employers Boulevard
Green Bay, Wisconsin 54344
1-800-845-7519

NAMED INSURED: [JOHN DOE]

TYPE OF COVERAGE: [«COV_CODE»]

POLICY EFFECTIVE DATE: [JANUARY 1, 2003]

PREMIUM: \$[«PREM_TOTAL»]

POLICY NUMBER: [XXXXXX]

RENEWAL PREMIUM PERIOD: [«PREM_PERIOD»]

**HEART ATTACK, HEART DISEASE AND STROKE SUPPLEMENTAL INDEMNITY BENEFITS POLICY
GUARANTEED RENEWABLE FOR LIFE
PREMIUMS SUBJECT TO CHANGE ON RENEWAL**

IMPORTANT PLEASE READ

Your application is attached to and forms a part of the Policy. PLEASE READ the copy of Your application. If anything in it is not correct, You should tell Us. Your Policy was issued on the basis that all information in the application is correct and complete. If not, Your Policy may not be valid.

30-DAY RIGHT TO EXAMINE POLICY

If You decide not to keep this Policy, send it to Us or Our agent within 30 days after You receive it. We will treat the Policy as though it had never been issued. We will refund any premiums paid.

RENEWAL AGREEMENT

Except for fraud or material misrepresentation, the Named Insured has the right to renew this Policy as long as premiums are paid on time. This Policy will terminate on the last day of the period for which premium is paid unless continued in force during the Grace Period.

PREMIUM CHANGE

We can change premium rates on premiums becoming due after the first premium. However, We can only change the rate on this Policy by making the rate change for all such policies in a class. Once the Policy has been issued, We cannot place any restrictive riders on it or cancel or refuse to renew Your Policy if You maintain it continuously in force. If We do change rates on all like policies in Your class, We will mail You a notice of this change. Notice will be mailed at least 60 days prior to such changes. It will be mailed to Your address as shown on Our records. No change in premiums is effective unless this notice is mailed.

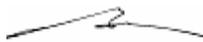
THIS IS NOT A MEDICARE SUPPLEMENT POLICY.

If You are eligible for Medicare, review the Medicare Supplement Buyers' Guide available from the Company.

This is a Non-Participating Policy.

THIS IS A LIMITED POLICY. PLEASE READ IT CAREFULLY.

Signed for HUMANA INSURANCE COMPANY at its Home Office on the Policy Effective Date.

 Michael B. McCallister President	 Gerald L. Ganoni Vice President
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POLICY CONTENTS

NOTICE OF THIRTY (30) DAY RIGHT TO EXAMINE POLICY	X
RENEWAL AGREEMENT	X
PREMIUM CHANGE	X
POLICY CONTENTS	X
POLICY SCHEDULE	X
SECTION I	
DEFINITIONS	X
SECTION II	
ELIGIBILITY	X
SECTION III	
EFFECTIVE AND TERMINATION DATES	X
SECTION IV	
PAYMENT OF BENEFITS.....	X
SECTION V	
SCHEDULE OF BENEFITS	X
SECTION VI	
SURGICAL SCHEDULE.....	X
SECTION VII	
PRE-EXISTING CONDITION LIMITATION	X
SECTION VIII	
EXCEPTIONS AND OTHER LIMITATIONS.....	X
SECTION IX	
CLAIMS PROVISIONS	X
SECTION X	
GENERAL PROVISIONS	X
AMENDMENT/RIDERS -	
[PAYMENT OF BENEFITS	
CANCER FIRST DIAGNOSIS	
HOSPITAL INTENSIVE CARE]	

POLICY SCHEDULE

NAMED INSURED [JOHN DOE]
 POLICY EFFECTIVE DATE [January 1, 2003]
 POLICY NUMBER [XXXXX]
 TYPE OF COVERAGE [«COV_CODE»]
 TOTAL MONTHLY PREMIUM \$[«PREM_TOTAL»]

FAMILY MEMBER COVERED:
 [Mary Doe (Spouse)]
 [Stephen Doe (Son)]
 [Joyce Doe (Daughter)]
 [None]

<u>BENEFIT</u>	<u>MAXIMUM AMOUNT</u>	<u>APPLICABLE COVERAGE UNITS *</u>
HEART ATTACK, HEART DISEASE AND STROKE	See Section V – Schedule of Benefits	[xx]

ADDITIONAL BENEFITS OR PROVISIONS (AS PROVIDED BY RIDER OR AMENDMENT)

<u>BENEFIT</u>	<u>MAXIMUM AMOUNT</u>	<u>APPLICABLE COVERAGE UNITS *</u>
[HOSPITAL INTENSIVE CARE]	\$200	[xx]
[CANCER FIRST DIAGNOSIS]	\$10,000	[xx]
[PAYMENT OF BENEFITS]		

* The benefit amounts displayed in this Policy Schedule and in Section V - Schedule of Benefits are the amounts that apply to one unit of coverage. If a factor other than 1 is indicated as the Applicable Coverage Unit, the benefit amount(s) displayed must be multiplied by that factor to determine the actual amount payable.

If more than one Policy Schedule is attached to this Policy, the Policy Schedule with the most recent Policy Effective Date will be valid.

SECTION I - DEFINITIONS

Age - means the Covered Person's attained age at last birthday.

Ambulatory Surgical Center - means a licensed surgical center consisting of:

- (a) an operating room; or
- (b) facilities for the administration of general anesthesia; and
- (c) a post surgery recovery room to which the patient is admitted and discharged from within a period of less than 24 hours.

Class - means any group of persons insured individually under this Policy form who have a common characteristic, such as age or geographic area.

Continuous Hospital Confinement - means one continuous confinement, or two or more separate Hospital Confinements not separated by more than 30 days. If there are more than 30 days between confinements, they are considered separate confinements.

Covered Person - means any of the following:

- (a) the Named Insured; or
- (b) any eligible Spouse or Child, as defined and as named on the Policy Schedule whose coverage has become effective;
- (c) any eligible Spouse or Child, as defined and added to this Policy by endorsement after the Policy Effective Date whose coverage has become effective; or
- (d) a Newborn Child (as described in the Eligibility Section).

Dependent means:

- (a) your spouse, unless divorced or legally separated from you;
- (b) your unmarried child(ren) who are less than age 21 and primarily dependent on you for support and maintenance; and
- (c) your unmarried child(ren) who are at least age 21 but less than age 25 who:
 - 1) regularly attend an institution of learning; and
 - 2) are primarily dependent on You for support and maintenance.

A Child includes a stepchild residing with You, a child placed with you for adoption, a legally adopted child and a foster child. Child will also include a grandchild, if, at the time of his or her birth, one parent is Your dependent.

If you give Us a Written Request, You may add Dependents to the Policy while it is in force.

Emergency Room - means the emergency room of:

- (a) a Hospital;
- (b) an Ambulatory Surgical Center; or
- (c) a satellite emergency center of a Hospital.

Family Coverage - means coverage that includes the Named Insured and other Covered Persons, as defined.

Heart Attack - means a myocardial infarction, coronary thrombosis or coronary occlusion which is first manifested on or after the Policy Effective Date. The attack must be positively diagnosed by a Physician based upon generally accepted diagnostic criteria.

Heart Disease - means a heart attack or other disease of the heart or coronary arteries which is first manifested on or after the Policy Effective Date. The disease must be positively diagnosed by a Physician based upon generally accepted diagnostic criteria. Heart disease does not mean abnormal blood pressure or any disease, injury or disorder of any blood vessel other than the coronary arteries.

Hospital - means an institution which:

- (a) operates pursuant to law;
- (b) primarily and continuously provides medical care and treatment of sick and injured persons on an Inpatient basis;
- (c) operates facilities for medical and surgical diagnosis and treatment by or under the supervision of a staff of legally qualified Physicians; and
- (d) provides 24 hour a day nursing service by or under the supervision of registered graduate Nurses (R.N.).

Hospital will also mean a sanatorium operated by or certified by the First Church of Christ, Scientist, Boston, Massachusetts.

Hospital does not mean any institution or part thereof which is used primarily as:

- (a) a nursing home, convalescent home, or skilled nursing facility;
- (b) a place for rest, custodial care, or for the aged;
- (c) a clinic;
- (d) a place for the treatment of mental illness, alcoholism, or drug addiction.

However, a place for the treatment of Mental, Nervous or Emotional Disorders will be regarded as a Hospital if:

- (a) it is part of an institution that meets the above requirements; and
- (b) it is listed in the American Hospital Association Guide as a general Hospital.

Hospital Confined or Confinement - means confined as an Inpatient in a Hospital.

Inpatient - means a Covered Person who is a resident patient using the room and board facilities of a Hospital.

Named Insured - means the person accepted for coverage by Us who has completed and signed the application. This is the person whose name appears on the Policy Schedule.

Non-Local - means more than a 100 mile radius from the home of the Covered Person.

Nurse - means any one of the following who is not a member of the Named Insured's immediate family:

- (a) licensed practical Nurse (L.P.N.); or
- (b) licensed vocational Nurse (L.V.N.); or
- (c) graduate registered Nurse (R.N.).

With respect to the benefits provided under this Policy, Nurse will not include an L.P.N., L.V.N. or R.N. who is employed by the Hospital where the Covered Person is confined.

Physician - means a legally qualified physician or surgeon other than a physician or surgeon who is related to the Named Insured by blood or marriage and who practices within the scope of his or her license.

Policy Effective Date - means the day on which coverage begins and is shown on the Policy Schedule page.

Pre-Existing Condition - means any injury or sickness, diagnosed or undiagnosed, for which medical care is received by a Covered Person within the [12 month] period prior to the Covered Person's effective date of insurance; or with respect to the limitation for increase in coverage, within the [12 month] period prior to the effective date of the Covered Person's increase in coverage.

We will consider medical care received when a Physician is consulted or medical advice is given; or treatment is recommended or prescribed by, or received from a Physician.

We will consider treatment to include, but not be limited to, any:

- (a) medical examination, test, treatment, or observation;
- (b) medical services, supplies, or equipment, including their prescription or use; or
- (c) prescribed drugs or medicines, including their prescription or use.

All manifestations, symptoms, or findings which result from the same or related accident or sickness, or from any aggravations of accident or sickness, are considered to be the same accident or sickness for the purpose of determining a Pre-Existing Condition.

Renewal Date - means the date the renewal premium is due.

Spouse - means the Named Insured's Spouse, provided the Named Insured and his or her Spouse are not legally separated or divorced.

Stroke - means apoplexy (due to rupture or acute occlusion of a cerebral artery) which is first manifested on or after the Policy Effective Date. The stroke must be positively diagnosed by a Physician based upon generally accepted diagnostic criteria. Stroke does not mean head injury, transient ischemic attack or chronic cerebrovascular insufficiency.

Surgery - means manual procedures involving cutting of body tissue, debridement or permanent joining of body tissue for repair of wounds, treatment of fractured bones or dislocated joints, endoscopic procedures, and other manual procedures, when used in lieu of cutting for purposes or removal, destruction or repair of body tissue.

We, Our, Us, or Company - means Humana Insurance Company.

You or Your - means the Named Insured or any other Covered Person.

SECTION II - ELIGIBILITY

Family members eligible for coverage are:

- (a) the Named Insured;
- (b) his or her Spouse on the Policy Effective Date or a Spouse added by rider after the Policy Effective Date;
- (c) his or her unmarried child(ren), as defined.

Newborn Child: If a child is born to the Named Insured or his or her Spouse while Family Coverage is in force under this Policy, the child will become covered under this Policy from the moment of birth. If a child is born to the Named Insured or his or her Spouse and Family Coverage is not in force under this Policy, the child will still become covered under this Policy from the moment of birth. But we must be notified of the birth of the child within 31 days after the birth if coverage for that child is to continue. Upon notification, We will convert the Policy to individual and child or Family Coverage and advise the Covered Person of the additional premium due.

Adopted Child: Coverage for an adopted child or a minor under your charge, care and control for whom you have filed a petition to adopt, is effective upon the earlier of the date of placement for the purpose of adoption, or the date of the entry of an order granting the adoptive parent custody of the child for purposes of adoption. Coverage for such child will be the same as for all other dependents. Coverage will continue unless the placement is disrupted prior to legal adoption and the child is removed from placement. However, you must notify us in writing within 60 days of such placement for adoption or entry of an order and pay the required additional premium, if any, in order to have coverage for the adopted child continue beyond such 60 day period.

Any person who becomes a family member after the Policy Effective Date (except newborns) must be added by endorsement.

SECTION III EFFECTIVE AND TERMINATION DATES

This Policy begins on the Policy Effective Date shown in the Schedule at 12:01 A.M. Standard Time at Your place of residence. The Policy Effective Date is the date from which policy years and premium due dates will be figured.

You may terminate this Policy on any premium due date by giving 31 days advance written notice to Us.

This Policy may also at any time be terminated by mutual consent of You and Us.

This Policy terminates automatically on the earlier of: (1) the premium due date if premiums are not paid when due, subject to the Grace Period provision; or (2) the date You make a written request that coverage be terminated.

If We accept premium for coverage extending beyond the date, age, or event specified for termination of a Covered Person, then coverage of such person shall continue during the period for which such premium was accepted. This does not apply where such acceptance was based on a misstatement of age.

Termination of coverage takes effect at 12:01 A.M. Standard Time at Your place of residence on the date of termination.

Termination of coverage will not affect a claim for a covered loss that occurred while coverage was in force under this Policy.

Spouse and Child Termination: If the Named Insured's Spouse or child is a Covered Person, his or her coverage will end:

- a) on the date the Named Insured's coverage ends; or
- b) with respect to a covered Spouse, on the date he or she is Divorced from the Named Insured; or
- c) on the date the required premium for the Spouse or child's coverage is not paid; or
- d) with respect to a covered child, on the Policy anniversary following the date the child no longer qualifies as a child, as defined, unless continued under the Incapacitated Child Continuation provision.

Widow or Widower's Continuation: If the Named Insured's coverage ends due to his or her death while his or her Spouse is covered under the Policy, the Spouse may continue his or her coverage; and coverage of any children who were covered by the Policy on the date of the Named Insured's death.

We must receive the Spouse's Request and required premium to continue the coverage within 31 days of the premium due date next following the death of the Named Insured. Solely for the purpose of continuing the coverage, the Spouse will be considered a Covered Person. However, this will not continue the Spouse's coverage beyond a date the coverage would normally cease under the Spouse Termination provision. Any coverage continued by this Widow/er's Continuation provision will terminate on the premium due date on or next following the date the Spouse remarries.

Incapacitated Child Continuation If, on the date a child reaches age 21 or 25, he or she is covered under the Policy and an Incapacitated Child as defined, his or her coverage will not terminate solely due to age. But the Named Insured must give us notice of the incapacity. The child's coverage will continue as long as the child qualifies as an Incapacitated Child and the required premium is paid.

We may, from time to time, require proof of continued incapacity and dependency. After the first two years, We cannot require proof more than once each year.

Incapacitated Child - means the Named Insured's or his or her Spouse's child who is mentally retarded or physically handicapped and incapable of earning his or her own living and unmarried and primarily dependent on the Named Insured for support and maintenance.

Divorced Spouse Conversion: If the Spouse's coverage under this Policy would terminate because of his or her Divorce from the Named Insured, We agree to issue a new Policy to the Spouse. The Spouse must request the new Policy and pay the required premium within 30 days of the Divorce. Such premium will be identical to premiums charged under this Policy form.

Other dependents covered under this Policy may be covered under the new Policy or under this Policy as the Named Insured and his or her Spouse elect. They may not be covered under both Policies.

If either this Policy or a new Policy is in force on the Named Insured or his or her Divorced Spouse and either remarries, such new Spouse may be covered under the appropriate Policy. We must be advised of the remarriage by the completion of a new application for the new Spouse. This new application is subject to Our approval.

Divorce/Divorced - means annulment, dissolution of marriage, or legal separation from the Spouse.

Child Conversion: If the Covered Person's child's coverage under this Policy would terminate because of his or her reaching the termination age, We agree to issue a new Policy to the child. The child must request the new Policy and pay the required premium within 30 days of reaching the termination age. Such premium will be identical to premiums charged under this Policy form. The child may not be covered under both Policies.

Grace Period. No Grace Period is allowed for the first premium which is due on the Policy Effective Date. A Grace Period of 31 days is allowed for payment of each premium due after the first premium. We will continue the insurance during the Grace Period. If a Covered Person incurs a covered loss during the Grace Period, he or she will be liable to us for payment of any premium accruing during the period We continued the coverage in force under this provision.

The Grace Period will not continue coverage beyond a date stated in a Termination Date provision.

Reinstatement. If the renewal premium is not paid before the Grace Period ends, the Policy will lapse. Later acceptance of the premium by Us without requiring an application for reinstatement will reinstate this Policy.

If We require an application, the Named Insured will be given a receipt for the premium. If the application is approved, the Policy will be reinstated as of the approval date. Lacking that approval, the Policy will be reinstated on the 45th day after the date of the receipt unless We have previously written the Named Insured of its disapproval.

The reinstated Policy will cover only loss that results from a covered disease that starts more than 10 days after the date of reinstatement. In all other respects, the Named Insured's rights and Our rights will remain the same, subject to any provisions noted on or attached to the reinstated Policy.

SECTION IV – PAYMENT OF BENEFITS

We will pay the following benefits in Section V for service and treatment administered to or received by a Covered Person for treatment of a Heart Attack, Heart Disease or Stroke, **and for any other conditions or diseases directly caused or aggravated by Heart Attack, Heart Disease or Stroke or the treatment of the Heart Attack, Heart Disease or Stroke.** Benefits are payable for a positive diagnosis that is made more than 30 days after this Policy has been in force. All benefits are subject to terms of this Policy.

If Heart Attack, Heart Disease or Stroke is diagnosed while You or any Covered Person is confined in a Hospital, benefits will begin on the day of admission or 10 days prior to the date of diagnosis if this is more favorable to You. Admission to the Hospital must begin more than 30 days after the Policy Effective Date.

If a positive diagnosis is made for Heart Attack, Heart Disease or Stroke within 12 months after a tentative diagnosis, benefits will be paid from the date of the tentative diagnosis if the tentative diagnosis is made more than 30 days after the Policy Effective Date. If the positive diagnosis of Heart Attack, Heart Disease or Stroke can only be confirmed post-mortem, then We will pay benefits beginning on the first day of confinement for the terminal admission for up to 45 days.

Effect of simultaneous surgical or invasive procedures: Two or more surgical or invasive procedures done at the same time and through a common incision or entry point are considered one operation. If benefits would otherwise be payable by this Policy for two or more surgical invasive procedures which are considered one operation, benefits for that operation are only payable for the one surgical or invasive procedure with the largest total benefits.

Such treatment or service must be:

- (a) incurred by a Covered Person while coverage under this Policy is in force on that person;
- (b) necessary for the care and treatment of Heart Attack, Heart Disease or Stroke; and recommended by a Physician.

SECTION V - SCHEDULE OF BENEFITS

The benefits stated below are payable in accordance with Section IV above. The benefit amounts shown below are for one unit of coverage.

BENEFITS		MAXIMUM AMOUNT
A.	Hospital Confinement: We will pay for each day a Covered Person is admitted to and confined as an Inpatient in a Hospital due to Heart Attack, Heart Disease or Stroke.	\$200 per day for each period of Continuous Hospital Confinement
B.	Physician's Attendance: We will pay for each day a Covered Person requires services of a Physician while Hospital Confined due to Heart Attack, Heart Disease or Stroke. This benefit is payable only for the number of days the Hospital Confinement benefit in this Policy is payable.	\$25 per day
C.	Inpatient Drugs and Medicine: We will pay the amount, per day, for drugs or medicine required while Hospital Confined due to Heart Attack, Heart Disease or Stroke. This benefit is payable only for the number of days the Hospital Confinement benefit in this Policy is payable.	\$25 per day
D.	Private Duty Nursing: We will pay the amount, per day, for private nursing care and attendance by a Nurse while Hospital Confined due to Heart Attack, Heart Disease or Stroke. Nursing services must be required and authorized by the attending Physician. The maximum number of days this benefit is payable is 60 days for each period of continuous Hospital Confinement.	\$100 per day
E.	Physiotherapy: We will pay the amount, per day, for physiotherapy performed by a licensed physical therapist, as required while Hospital Confined due to Heart Attack, Heart Disease or Stroke. The maximum number of days this benefit is payable is 60 days for each period of continuous Hospital Confinement.	\$50 per day
F.	Oxygen: We will pay the amount for the use of oxygen equipment while Hospital Confined due to Heart Attack, Heart Disease or Stroke. This benefit is payable only once each period of continuous Hospital Confinement.	\$200 per period of continuous Hospital Confinement
G.	Cardiograms: We will pay the amount for an electrocardiogram, echocardiogram, phonocardiogram, or vectorcardiogram which requires Hospital Confinement due to Heart Attack, Heart Disease or Stroke. This benefit is payable only once for each period of continuous Hospital Confinement.	\$100 per period of continuous Hospital Confinement
H.	Cerebral or Cartoid Angiogram: We will pay the amount for a cerebral or cartoid angiogram required while Hospital Confined due to Heart Attack, Heart Disease or Stroke. This benefit is payable only once for each period of continuous Hospital Confinement.	\$150 per period of continuous Hospital Confinement
I.	Blood, Plasma and Platelets: We will pay the amount for the administration of blood, plasma or platelets while Hospital Confined due to Heart Attack, Heart Disease or Stroke. This benefit is payable only once for each period of continuous Hospital Confinement.	\$200 per period of continuous Hospital Confinement

BENEFITS		MAXIMUM AMOUNT
J.	Cardiac Catheterization: We will pay the amount for a cardiac catheterization procedure required for the treatment of Heart Attack, Heart Disease or Stroke.	\$500
K.	Coronary Angioplasty: We will pay the amount for a Angioplasty procedure required for the treatment of Heart Attack, Heart Disease or Stroke. Only the amount shown is payable regardless of the number of blood vessels repaired during this procedure.	\$750
L.	Pacemaker Insertion: We will pay the amount for the initial insertion of a permanent pacemaker required for the treatment of Heart Attack, Heart Disease or Stroke.	\$1,000
M.	Coronary Artery Bypass Graft Operation: We will pay for a coronary artery bypass graft operation required for the treatment of Heart Attack, Heart Disease or Stroke. Only the amount shown is payable regardless of the number of grafts performed during the operation.	\$2,500
N.	Thromboendarterectomy: We will pay for a thromboendarterectomy operation required for the treatment of Heart Attack, Heart Disease or Stroke.	\$2,500
O.	Heart Transplant: We will pay for the implantation of a natural human heart required for the treatment of Heart Attack, Heart Disease or Stroke. This benefit is payable only once per Covered Person.	\$100,000
P.	<p>Surgery and Anesthesia: We will pay for the following benefits for Surgery performed in a Hospital or an Ambulatory Surgical Center, provided that the Surgery is required for the treatment of Heart Attack, Heart Disease or Stroke.</p> <p>1. Surgery: See Surgical Schedule. If any surgical procedure for the treatment of Heart Attack, Heart Disease or Stroke other than those listed in the Surgical Schedule is performed, We will pay the unit value for a surgical procedure as set forth in the 1994 California Relative Value Schedule (C.R.V.S.) multiplied by \$17 per unit of coverage, up to a maximum of \$10,000 per unit of coverage. If the surgical procedure has no unit value or is not shown in the 1994 C.R.V.S., We will pay an amount we reasonably determine based upon relative difficulty and payment amounts for other procedures, up to a maximum of \$5,000 per unit of coverage.</p> <p>2. Anesthesia: We will pay an additional percentage of the amount paid for benefit "P.1. Surgery" for anesthesia received by a Covered Person during the course of covered Surgery.</p> <p>3. Ambulatory Surgical Center: We pay an additional amount when benefit "P.1. Surgery " is paid for an operation performed at an Ambulatory Surgical Center. This benefit does not pay for surgeries covered by other benefits in this Policy.</p>	<p>1. See Surgical Schedule</p> <p>2. 25% of item P1</p> <p>3. \$250</p>

BENEFITS		MAXIMUM AMOUNT
Q.	Second Surgical Opinion: We will pay the amount for a second opinion obtained after a positive diagnosis that results in a Physician recommending Surgery for the treatment of Heart Attack, Heart Disease or Stroke.	\$100
R.	Ambulance: We will pay for transfer by a licensed ambulance service or a hospital owned ambulance to a Hospital or emergency room for the treatment of Heart Attack, Heart Disease or Stroke.	\$200 (double for air ambulance)
S.	Non-Local Transportation: We will pay the amount when a Covered Person requires Hospital Confinement for the treatment of Heart Attack, Heart Disease or Stroke prescribed by your local attending Physician that cannot be obtained locally. This benefit is payable only once per continuous Hospital Confinement.	\$200 per period of continuous Hospital Confinement
T.	<p>Family Member Lodging & Transportation: We will pay the following benefits for a member of the Covered Person's family to be near the Covered Person when a Covered Person is confined in a Non-Local Hospital for the treatment of Heart Attack, Heart Disease or Stroke.</p> <p>1. Lodging: We will pay the amount shown, per day, for a motel, hotel or other accommodations acceptable to us. This benefit is limited to 60 days for each period of continuous Hospital Confinement.</p> <p>2. Transportation: We will pay the amount shown for each period of continuous Hospital Confinement when the Non-Local transportation benefit is paid and a family member travels more than 100 miles from his or her home to be near the Covered Person for a portion of his or her continuous Hospital Confinement.</p>	<p>1. \$50 per day</p> <p>2. \$200 per period of continuous Hospital Confinement</p>

SECTION VI - SURGICAL SCHEDULE

The surgical benefit amounts shown below are for one unit of coverage.

SURGICAL PROCEDURE	PROCEDURE CODE	SURGICAL BENEFIT
CARDIAC VALVE PROCEDURES		
Valvuloplasty, with bypass		
Aortic Valve	33406	\$6,800
Mitral Valve	33425	\$6,800
Tricuspid Valve	33460	\$6,800
Commissurotomy, with bypass		
Aortic Valve	33403	\$6,120
Mitral Valve, open	33422	\$6,460
Tricuspid valve, open	33452	\$6,460
Pulmonary Valve, open	33474	\$6,800
Multiple Valve Procedures		
Single valve replacement, with commissurotomy or valvuloplasty of another valve	33481	\$7,650
Single valve replacement, with commissurotomy or valvuloplasty of two valves	33482	\$8,160
Double valve replacement	33483	\$9,010
Double valve replacement, with commissurotomy or valvuloplasty to one valve	33485	\$9,860
Triple valve replacement	33492	\$10,000
PERICARDIUM PROCEDURES		
Pericardiotomy for removal of clot or foreign body (primary procedure)	33020	\$3,400
Partial resection for chronic constrictive pericarditis without bypass	33030	\$5,100
Complete ventricular decortication, with bypass	33035	\$4,800
POST INFARCTION MYOCARDIAL PROCEDURES		
Myocardial resection	33542	\$4,800
Repair of post infarction ventricular septal defect, with or without myocardial resection	33545	\$7,820
CRANIECTOMY OR CRANIOTOMY PROCEDURES		
Exploratory, supratentorial	61304	\$4,250
Exploratory, infratentorial	61305	\$5,100
Evacuation of hematoma; extradural, subdural, or intracerebral, supratentorial	61310	\$3,400

SECTION VII - PRE-EXISTING CONDITION LIMITATION.

During the first [12 months] of a Covered Person's insurance, losses incurred for Pre-Existing Conditions are not covered. During the first [12 months] following the date a Covered Person makes a change in coverage that increases his or her benefits, the increase will not be paid for Pre-Existing Conditions.

SECTION VIII - EXCEPTIONS AND OTHER LIMITATIONS

This policy provides benefits only for Heart Attack, Heart Disease or Stroke. This policy does not cover any other disease or sickness or incapacity other than Heart Attack, Heart Disease or Stroke **and any other conditions directly caused or aggravated by Heart Attack, Heart Disease or Stroke or the treatment of Heart Attack, Heart Disease or Stroke.**

If a covered confinement is due to more than one covered condition, benefits will be payable as though the confinement were due to one condition. If a confinement due to a covered disease is also due to a condition that is not covered, benefits will be payable only for the part of confinement attributable to the covered condition.

SECTION IX- CLAIM PROVISIONS

Notice of Claim. Written notice of claim must be given to Us within 30 days after an Covered Person's loss, or as soon thereafter as reasonably possible. Written notice given by or on behalf of the claimant to Us with information sufficient to identify the Covered Person, is deemed notice to Us.

Claim Forms. We will send claim forms to the claimant upon receipt of a written notice of claim. If such forms are not sent within 15 days after the giving of notice, the claimant will be deemed to have met the proof of loss requirements upon submitting, within the time fixed in this Policy for filing proof of loss, Written proof describing and documenting the occurrence, the character and the extent of the loss for which claim is made. The written notice should include the Covered Person's name and the Policy number.

Proof of Loss. Written proof of loss must be furnished to Us within 90 days after the date of the loss. If the loss is one for which this Policy requires continuing eligibility for periodic benefit payments, subsequent written proofs of eligibility must be furnished at such intervals as the Company may reasonably require. Failure to furnish proof within the time required neither invalidates nor reduces any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity of the claimant, later than one year from the time proof is otherwise required.

Payment of Claims. Upon receipt of due written proof of loss, payments for all losses will be made to the Covered Person. If the Covered Person dies before all payments due have been made, the amount still payable will be paid to the Covered Person's estate.

If any payee is a minor or is not competent to give a valid release for the payment, the payment will be made to the legal guardian of the payee's property. If the payee has no legal guardian for his or her property, a payment not exceeding \$1,000 per month may be made, at Our option, to any relative by blood or connection by marriage of the payee, who has submitted reliable documentary evidence and, in Our opinion, has assumed the custody and support of the minor or responsibility for the incompetent person's affairs.

Any payment We make in good faith fully discharges Our liability to the extent of the payment made.

If the Covered Person provides Us with a written release to do so, we may, at Our option, pay benefits directly to the institution or person rendering treatment or services covered under this Policy.

Time of Payment of Claims. Benefits payable under this Policy for any loss other than loss for which this Policy provides any periodic payment will be paid immediately upon Our receipt of due written proof of the loss. Subject to Our receipt of due written proof of loss, all accrued benefits for loss for which this Policy provides periodic payment will be paid at the expiration of each month during the continuance of the period for which

We are liable and any balance remaining unpaid upon termination of liability will be paid immediately upon receipt of such proof.

Unpaid Premium. When a claim is paid, any premium due and unpaid may be deducted from the claim payment.

SECTION X - GENERAL PROVISIONS

Entire Contract; Changes. This Policy, the Application, and any attached Riders or Amendments make up the entire contract. A copy of the Application is attached. In the absence of fraud, all statements made on the Application will be considered representations and not warranties. No Written statement made by the Named Insured will be used in any contest unless a copy of the statement is furnished to the Named Insured or his or her personal representative.

No change in this Policy will be valid until approved by an officer of the Company. The change must be signed by an officer of the Company and attached to this Policy. No agent may change this Policy or waive any of its provisions. Any change that modifies, limits or excludes coverage must contain the Named Insured's signature in order for the change to be binding.

Incontestability. The validity of this Policy will not be contested after it has been in force for two year(s) from the Policy Effective Date [, except as to nonpayment of premiums].

After two years from the Policy Effective Date, no misstatements made in the Application, except fraudulent misstatements, will be used to contest a claim under this Policy. We may only contest coverage if the misstatement is made in a written instrument containing the signature of the Named Insured and a copy is given to the Named Insured.

Physical Examination and Autopsy. We, at Our own expense, have the right and opportunity to examine the person of any individual whose loss is the basis of claim under this Policy when and as often as We may reasonably require during the pendency of the claim. We also have the right to make an autopsy in case of death where it is not forbidden by law.

Legal Actions. No action at law or in equity may be brought to recover on this Policy prior to the expiration of 60 days after written proof of loss has been furnished in accordance with the requirements of this Policy. No such action may be brought after the expiration of three years after the time written proof of loss is required to be furnished.

Noncompliance with Policy Requirements. Any express waiver by Us of any requirements of this Policy will not constitute a continuing waiver of such requirements. Any failure by Us to insist upon compliance with any Policy provision will not operate as a waiver or amendment of that provision.

Conformity with State Statutes. Any provision of this Policy which, on its Policy Effective Date, is in conflict with the statutes of the state in which this Policy is delivered is hereby amended to conform to the minimum requirements of those statutes.

Clerical Error. Clerical error, whether by You or Us, will not void the insurance of any Covered Person if that insurance would otherwise have been in effect or extend the insurance of any Covered Person if that insurance would otherwise have ended or been reduced as provided in this Policy.

Assignment. You may assign all of Your rights, privileges and benefits under this Policy to the institution or person rendering the service as allowed in the Payment of Claims provision. We are not bound by an assignment until We receive and file a copy of the assignment containing the Named Insured's signature. We are not responsible for the validity of assignments. The assignee only takes such rights as the assignor possessed and such rights are subject to state and federal laws and the terms of this Policy.

Misstatement of Age. If premiums for the Covered Person are based on age and the Covered Person's age has been misstated, there will be a fair adjustment of premiums based on his or her true age. If the benefits for which the Covered Person is insured are based on age and the Covered Person's age has been misstated, there will be an adjustment of said benefit based on his or her true age. We may require satisfactory proof of age before paying any claim.

Termination of a Covered Person. Upon the termination of coverage of a Covered Person, the premium on this Policy shall be the applicable premium for the remaining Covered Persons.

Refund of Unearned Premium. If a Covered Person dies, any premium paid to Us on behalf of the deceased for a period after the date of such death will be refunded on a pro-rata basis. Notice of death should be sent to us within 12 months, or as soon as reasonably possible, after a Covered Person has died.

**HEART ATTACK, HEART DISEASE AND
STROKE SUPPLEMENTAL INDEMNITY
BENEFITS**

**This Policy is Guaranteed Renewable for Life,
Subject to Our Right to Change Premiums by
Class at the Renewal Date.**

**HUMANA INSURANCE COMPANY,
1100 Employers Boulevard
Green Bay, Wisconsin 54344**

Please read Your Policy and Your copy of the Application which is attached. If there is anything in the Policy You do not understand or should You find any error or omission in Your application, We urge You to write Us. We will answer Your question or give immediate consideration to any error or omission in Your application.

When writing to the Home Office, please give Us the number of Your Policy.

Humana Insurance Company

1100 Employers Boulevard
Green Bay, Wisconsin 54344
1-800-845-7519

INTENSIVE CARE UNIT BENEFIT RIDER

This Rider forms a part of the Policy to which it is attached and is effective on the Policy Effective Date. In consideration of the additional premium shown on the Policy Schedule, the Policy is hereby amended by the addition of the following benefit:

Definitions:

Cancer – means the presence of a malignancy characterized by the uncontrolled and abnormal growth and spread of malignant cells in any part of the body. This includes Hodgkins Disease; leukemia; lymphoma, carcinoma, sarcoma; or malignant tumor. It does not include other conditions which may be considered precancerous, including, but not limited to: leukoplakia; actinic keratosis; carcinoid; hyperplasia; polycythemia; nonmalignant melanoma; moles; or similar diseases or lesions.

Common Carrier Injury - means an accidental bodily injury sustained directly and independently of all other causes from an accident which occurs while the Covered Person is covered under this benefit of the Policy and as a result of being struck by an automobile, bus, truck, motorcycle, train or airplane or being involved in an accident where the Covered Person was an operator or a passenger in such vehicle.

Intensive Care Unit (ICU) - means a specifically designated portion a Hospital that provides the highest level of medical care and is restricted to patients whose condition requires such level of care. The facilities must be apart from the surgical recovery room and from private or semi-private rooms. The ICU must be permanently equipped with special life-saving equipment for the care of the critically ill or injured. The patients must be under constant and continuous care of Nurses assigned just to the ICU. 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 types of facilities that meet this definition:

- (a) Intensive Care Unit;
- (b) Cardiac Intensive Care Unit; and
- (c) Infant (neonatal) Intensive Care Unit.

These do not include surgical recovery rooms, progressive care, intermediate care, private monitored rooms, observation units, telemetry units, or other facilities which do not meet the standards for a Intensive Care Unit as defined.

Period of Confinement - means an interval of time during which a Covered Person is confined as an inpatient in the Intensive Care Unit of a Hospital. A Period of Confinement begins on the date the Covered Person is admitted to the ICU of the Hospital. Successive confinements due to the same or related causes and separated by less than 30 days are part of the same Period of Confinement.

A new Period of Confinement begins when the Covered Person is readmitted to the ICU of the Hospital for a new sickness or injury unrelated to the causes of a prior confinement; or after he or she has been free of confinement in the ICU of the Hospital for 30 days or more.

Specified Disease – means any of the following: Addison's Disease, Amyotrophic Lateral Sclerosis, Cystic Fibrosis, Diphtheria, Encephalitis, Epilepsy, Hansen's Disease, Legionnaire's Disease, Lupus Erythematosus, Lyme Disease, Malaria, Meningitis(epidemic cerebrospinal), Multiple Sclerosis, Muscular Dystrophy, Myasthenia Gravis, Niemann-Pick Disease, Osteomyelitis, Poliomyelitis, Rabies, Reye's Syndrome, Rheumatic Fever, Rocky Mountain Spotted Fever, Scarlet Fever, Sickle Cell Anemia, Tay-Sachs Disease, Tetanus, Toxic Epidermal Necrolysis, Tuberculosis, Tularemia, Typhoid Fever, Undulant Fever, Whipple's Disease.

Step Down Unit - means a specially designed area of the Hospital that provides medical care restricted to those patients whose condition requires a level of care just under that of an Intensive Care Unit. Step Down Unit includes: progressive care units; subacute intensive care units; and intermediate care units. This does not include treatment units such as: private or semi-private rooms; private monitored rooms; observation units; or surgical recovery units.

Benefit

The Covered Person's daily benefit amount under this Rider will be as elected on his or her application and shown on the Policy Schedule. The election must be in accordance with the terms of the Policy to which this Rider is attached.

Daily Benefit Amount

For confinement in an Intensive Care Unit (ICU) for treatment other than for Cancer or Specified Disease or Common Carrier Injury	\$100– \$800 in \$100 increments
For confinement in a Step Down Unit	One-half the daily benefit amount elected for Intensive Care Unit confinement
For confinement in an ICU for treatment of Cancer or Specified Disease	2 times the daily benefit amount elected for Intensive Care Unit confinement
For confinement in an ICU for treatment of Common Carrier Injury	2 times the daily benefit amount elected for Intensive Care Unit confinement
Maximum payment period	45 days per Period of Confinement

ICU Benefit. We will pay the daily benefit amount for each day of a Covered Person's Period of Confinement in an ICU. The Period of Confinement must be due to sickness or injury and begin while the Covered Person is covered under the Policy. Benefits are payable from the first day of ICU confinement. A day is defined as a 24-hour period. If a Covered Person is confined to an ICU for only part of a day, a pro-rata portion of the daily benefit will be paid.

Emergency Confinement and Transfer to an ICU. We will pay the ICU daily benefit amount for a non-ICU admission to a Hospital if:

- (a) the Covered Person is admitted to a Hospital on an emergency basis; and
- (b) the Covered Person is receiving the highest level of care available in a Hospital that does not have an ICU; and
- (c) within 48 hours of the admission, the Covered Person is transferred directly to the ICU of a Hospital that has an ICU.

Benefits will be payable for the ICU confinement in accordance with the provisions of this Rider.

Double ICU Benefit. Benefits are doubled for a Covered Person's Period of Confinement in an ICU for treatment due to Cancer or a Specified Disease or treatment of a Common Carrier Injury. The double benefit for Common Carrier Injury is payable only for the initial ICU confinement that occurs within 48 hours of the Common Carrier Injury. Under this item, double benefits are not payable for successive periods of ICU confinement, even when part of the same Period of Confinement.

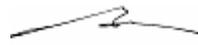
Reduction in Amount of Insurance. On the Policy Renewal Date on or next following the date a Covered Person attains age 75, his or her daily benefit amount payable for ICU confinement will be reduced to one-half of that which applied to him or her on the day preceding the date he or she attained age 75.

Exceptions and Other Limitations. This benefit does not cover ICU or Step Down Unit confinements which occur during a Period of Confinement that began before the Policy Effective Date, as defined in the Policy or resulting from intentionally self-inflicted injury or suicide attempt. This benefit does not cover any loss as a result of the Covered Person's being intoxicated or under the influence of alcohol, drugs or any narcotic unless administered on the advice of a Physician and taken according to the Physician's advice. The term 'intoxicated' refers to that condition as defined by law or the legal decisions of the jurisdiction in which the accident or the cause of the loss or losses occurred.

In all other respects, the Policy remains the same.

Signed for by Humana Insurance Company, at its Home Office on the Policy Effective Date.


Michael B. McCallister
President


Gerald L. Ganoni
Vice President

Humana Insurance Company
1100 Employers Boulevard
Green Bay, Wisconsin 54344
1-800-845-7519

CANCER FIRST DIAGNOSIS RIDER

This Rider forms a part of the Policy to which it is attached and is effective on [the Policy Effective Date]. In consideration of the additional premium shown in the Policy Schedule, the Policy is hereby amended by the addition of the following benefit:

Initial Diagnosis Benefit: We will pay a one-time benefit as shown on the Policy Schedule when a Covered Person is Positively Diagnosed for the first time as having Cancer (other than Skin Cancer as defined below). The first diagnosis must occur:

- a) 30 days after the effective date of this Rider; and
- b) while this Rider is in force on such Covered Person.

This benefit is payable only once per Covered Person.

We do not pay a benefit under this Rider for a Pre-Existing Condition (as defined in the Policy) that is diagnosed during the first [12 months] of the Covered Person's insurance. We do not pay a benefit under this Rider for diagnosis of any disease other than Cancer as defined.

DEFINITIONS:

Policy - means the policy to which this Rider is attached.

Cancer - means the disease manifested by the presence of a malignancy characterized by the uncontrolled and abnormal growth and spread of malignant cells in any part of the body. This includes: Hodgkin's disease; leukemia, lymphoma; carcinoma, sarcoma; or malignant tumor. It does not include skin cancer or conditions which may be considered pre-cancerous, such as leukoplakia; actinic keratosis; carcinoid; hyperplasia; polycythemia; non-malignant melanoma; moles; or similar diseases or lesions.

Positive Diagnosis - means a diagnosis by a pathologist or an osteopathic pathologist. Diagnosis is based on a microscopic examination of fixed tissue or preparations from the hemic system. We accept clinical diagnosis of Cancer as evidence that Cancer existed in a Covered Person when a pathological diagnosis cannot be made provided medical evidence substantially documents the diagnosis and the Covered Person received definitive treatment for the Cancer.

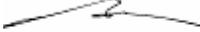
This Rider terminates automatically on the earlier of:

- a) the premium due date if premiums are not paid when due, subject to the Grace Period provision; or
- b) the date the Policy terminates; or
- c) the date You make a written request that coverage be terminated; or
- d) the maximum benefit has been paid.

Skin Cancer means a malignant tumor, ulcer, pimple or mole that arises on the surface of the body (skin) including lesions classified as basal cell carcinoma, squamous cell carcinoma, melanoma in situ and Clark's Levels I and II.

In all other respects, the Policy remains the same.

Signed for by HUMANA INSURANCE COMPANY at its Home Office on the Policy Effective Date.

 Michael B. McCallister President	 Gerald L. Ganoni Vice President
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Humana Insurance Company
1100 Employers Boulevard
Green Bay, Wisconsin 54344
1-800-845-7519

Named Insured: [_____]
Policy Number: [XXXXXX]

**HEART ATTACK, HEART DISEASE AND STROKE SUPPLEMENTAL INDEMNITY BENEFITS
POLICY AMENDMENT [NO. 1]**

[THIS AMENDMENT FORM IS BEING FILED AS VARIABLE, BUT ONLY FOR THE PURPOSE OF AMENDING OR RENEWING THE CONTRACT WITHIN THE PARAMETERS OF FILED VARIABLES. THE TEXT BELOW ILLUSTRATES SEVERAL POTENTIAL CHANGES.]

This Policy Amendment is attached to and made part of the Policy effective [Month Day, Year] at 12:01 AM, Standard Time at Your place of residence. Any changes in coverage apply only with respect to covered losses that occur on or after that date. Any changes in premium apply as of the first premium due date on or after the effective date of this Policy Amendment.

In consideration of timely payment of the required premium, the Policy has been as follows:

[The following Dependent(s) is (are) added/deleted as Covered Persons under the Policy

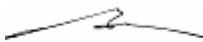
- John Doe (Spouse)
- Jane Doe (Daughter)

The Intensive Care Unit Benefit Rider [HIC-HS-ICR] is hereby attached to/deleted from the Policy.

The Total Monthly Premium under the Policy is hereby changed to \$xxx.xxx]

This Policy Amendment expires concurrently with the Policy and is subject to all of the provisions, limitations and conditions of the Policy except as they are specifically modified by this Policy Amendment.

Signed for by Humana Insurance Company at its Home Office on the Policy Effective Date.

 Michael B. McCallister President	 Gerald L. Ganoni Vice President
--	--

Humana Insurance Company
1100 Employers Boulevard
Green Bay, Wisconsin 54344
1-800-845-7519

**HEART ATTACK, HEART DISEASE AND STROKE POLICY COVERAGE
REQUIRED OUTLINE OF COVERAGE FOR HIC-HS-POL-AR 2/11**

THIS IS NOT A MEDICARE SUPPLEMENT POLICY.

**If You are eligible for Medicare, see the Medicare Supplement Buyers Guide available from the Company.
RETAIN THIS FOR YOUR RECORDS!**

- A. **Read Your Policy Carefully!** This outline of coverage provides a very brief description of some of the important policy features. This is not the insurance contract. The actual policy provisions will control. The policy describes in detail, the rights and obligations of both You and the insurance company. Therefore, it is important that You **READ YOUR POLICY CAREFULLY!**
- B. **SPECIFIED DISEASE COVERAGE.** Coverage is designed to provide to persons insured, benefits only when certain losses occur as a result of Heart Attack, Heart Disease or Stroke, subject to any limitations set forth in the policy. Such policies do not provide any benefits other than those described below and any additional benefits provided in a rider attached to the policy described below.
- C. **BENEFITS.**

NUMBER OF UNITS SELECTED .25 Unit .5 Unit .75 Unit 1 Unit 2 Units 3 Units

We pay the following benefits for service and treatment administered to or received by a covered person for Heart Attack, Heart Disease or Stroke, and for any other conditions or diseases directly caused or aggravated by Heart Attack, Heart Disease or Stroke or the treatment of the Heart Attack, Heart Disease or Stroke. Such treatment or service must be: a) incurred by a covered person while coverage under this policy is in force for that person; b) necessary for the care and treatment of Heart Attack, Heart Disease or Stroke; and c) recommended by a physician.

The following schedule represents one unit of coverage:

1. **Hospital Confinement.** \$200 per unit of coverage for each day during a period of Continuous Hospital Confinement that a covered person is admitted to and confined as an inpatient in a hospital due to Heart Attack, Heart Disease or Stroke.
2. **Physician's Attendance.** \$25 per unit of coverage for each day a covered person requires the services of a physician while hospital confined due to Heart Attack, Heart Disease or Stroke. Only payable for the number of days the hospital confinement benefit is payable.
3. **Inpatient Drugs and Medicine.** \$25 per unit of coverage, per day, for drugs or medicine required while hospital confined due to Heart Attack, Heart Disease or Stroke. Only payable for the number of days the hospital confinement benefit is payable.
4. **Private Duty Nursing.** \$100 per unit of coverage per day for private nursing care while hospital confined due to Heart Attack, Heart Disease or Stroke. Must be required and authorized by the attending physician. The maximum number of days payable is 60 days for each period of continuous hospital confinement.
5. **Physiotherapy.** \$50 per unit of coverage per day for physiotherapy performed by a licensed physical therapist, as required while hospital confined due to Heart Attack, Heart Disease or Stroke. The maximum number of days payable is 60 days for each period of continuous hospital confinement.
6. **Oxygen.** \$200 per unit of coverage for the use of oxygen equipment while hospital confined due to Heart Attack, Heart Disease or Stroke. Payable only once for each period of continuous hospital confinement.
7. **Cardiograms.** \$100 per unit of coverage for an electrocardiogram, echocardiogram, phonocardiogram or vectorcardiogram required while hospital confined due to Heart Attack, Heart Disease or Stroke. Payable only once for each period of continuous hospital confinement.
8. **Cerebral or Carotid Angiogram.** \$150 per unit of coverage for a cerebral or carotid angiogram required while hospital confined due to Heart Attack, Heart Disease or Stroke. Payable only once for each period of continuous hospital confinement.
9. **Blood, Plasma and Platelets.** \$200 per unit of coverage for the administration of blood, plasma or platelets while hospital confined due to Heart Attack, Heart Disease or Stroke. Payable only once for each period of continuous hospital confinement.
10. **Cardiac Catheterization.** \$500 per unit of coverage for a cardiac catheterization procedure required for the treatment of Heart Attack, Heart Disease or Stroke.

11. **Coronary Angioplasty.** \$750 per unit of coverage for a coronary angioplasty procedure required for the treatment of Heart Attack, Heart Disease or Stroke. Only \$750 per unit of coverage is payable regardless of the number of blood vessels repaired during the procedure.
12. **Pacemaker Insertion.** \$1,000 per unit of coverage for the initial insertion of a permanent pacemaker required for the treatment of Heart Attack, Heart Disease or Stroke.
13. **Coronary Artery Bypass Graft Operation.** \$2,500 per unit of coverage for a coronary artery bypass graft operation required for the treatment of Heart Attack, Heart Disease or Stroke. Only \$2,500 per unit of coverage is payable regardless of the number of grafts performed during the operation.
14. **Thromboendarterectomy.** \$2,500 per unit of coverage for a thromboendarterectomy required for the treatment of Heart Attack, Heart Disease or Stroke.
15. **Heart Transplant.** \$100,000 per unit of coverage for the implantation of a natural human heart required for the treatment of Heart Attack, Heart Disease or Stroke. Payable only once per covered person.
16. **Surgery and Anesthesia.** We pay the following benefits for surgery performed in a hospital or an ambulatory surgical center, for surgery required for the treatment of Heart Attack, Heart Disease or Stroke.
 - (a) Surgery - The amount shown in the surgical Schedule in the policy, per unit of coverage. For a surgical procedure not listed in the Surgical Schedule, we pay \$17 per unit multiplied by the 1994 C.R.V.S. unit value for the procedure, subject to a maximum of \$10,000 per unit. If no 1994 C.R.V.S. unit value exists for the procedure, then the payment amount is based upon relative difficulty and payment amounts for other procedures, up to a maximum of \$10,000 per unit.
 - (b) Anesthesia - 25% of the amount paid for benefit "16(a) Surgery" for anesthesia received during covered surgery.
 - (c) Ambulatory Surgical Center - \$250 per unit of coverage when benefit "16(a) Surgery" is paid for an operation performed at an ambulatory surgical center.

The Surgery Benefit does not pay for surgeries covered by other benefits in the policy.
17. **Second Surgical Opinion.** \$100 per unit of coverage for a second opinion obtained after a positive diagnosis that results in a physician recommending surgery for the treatment of Heart Attack, Heart Disease or Stroke.
18. **Ambulance.** \$200 per unit of coverage (\$400 for air ambulance) for transfer by a licensed ambulance service or a hospital owned ambulance to a hospital or emergency room for the treatment of Heart Attack, Heart Disease or Stroke.
19. **Non-Local Transportation.** \$200 per unit of coverage when a covered person requires hospital confinement for the treatment of Heart Attack, Heart Disease or Stroke prescribed by Your local attending physician that cannot be obtained locally. Payable only once per continuous hospital confinement.
20. **Family Member Lodging and Transportation.** We pay the following benefits for a member of the covered person's family when a covered person is confined in a non-local hospital for the treatment of Heart Attack, Heart Disease or Stroke:
 - (a). Lodging - \$50 per unit of coverage, per day, for a motel, hotel or other accommodations acceptable to us. Limited to 60 days for each period of continuous hospital confinement.
 - (b) Transportation - \$200 per unit of coverage for each period of continuous hospital confinement when:
 - (1) the non-local transportation benefit is paid, and
 - (2) a family member travels more than 100 miles from his or her home to be near the covered person.

D. PRE-EXISTING CONDITION LIMITATION.

If a covered person has a pre-existing condition as defined in the policy, we do not pay benefits for such conditions under the policy or any riders attached to the policy during the 12 month period beginning on the date that person became a covered person.

E. EXCLUSIONS AND OTHER LIMITATIONS.

The policy provides benefits only for Heart Attack, Heart Disease or Stroke. The policy does not cover any other disease or sickness or incapacity other than Heart Attack, Heart Disease or Stroke and any other conditions directly caused or aggravated by Heart Attack, Heart Disease or Stroke or the treatment of Heart Attack, Heart Disease or Stroke. If a covered confinement is due to more than one covered condition, benefits will be payable as though the confinement was due to one condition. If a confinement due to a covered disease is also due to a condition that is not covered, benefits will be payable only for the part of the confinement attributable to the covered condition.

Effect of Simultaneous Surgical or Invasive Procedures. Two or more surgical or invasive procedures done at the same time and through a common incision or entry point are considered one operation. If benefits would otherwise be payable for two or more surgical or invasive procedures which are considered one operation, benefits for that operation are only payable for the one surgical or invasive procedure with the largest total benefits.

F. RENEWABILITY. The policy is guaranteed renewable for life, subject to change in premiums by class.

G. **PREMIUMS.** The annual premium is \$_____, if other than annual, \$ _____, mode_____.

Premiums may change on a class basis. A notice is mailed in advance of any change. A grace period is granted for payment of each premium after the first. The policy remains in force during the grace period.

H. **INTENSIVE CARE INSURANCE.** Optional Benefit Rider.

1. This coverage will provide you with benefits if you go into a intensive care unit (ICU).
2. **Benefits.** Your benefits start the first day you go into ICU. The benefit is payable for up to 45 days per ICU stay.
 - (a) **Hospital Intensive Care Confinement Benefit.** You may choose a benefit of \$100; \$200; \$300; \$400; \$500; \$600 \$700; or \$800 per day. It is reduced by one-half at age 75.
 - (b) **Step Down Unit.** We will pay a benefit equal to one half the benefit indicated on the application for confinement to a step down unit.
 - (c) **Double Benefits.** We will double the daily benefits for each day you are in ICU as a result of cancer or a specified disease as defined in the rider. We will also double the benefit for an injury that results from:
 - being struck by an automobile, bus, truck, motorcycle, train, or airplane; or
 - being involved in an accident in which the named insured was the operator or was a passenger in such vehicle. ICU confinement must occur within 48 hours of accident.
 - (d) **Emergency Hospitalization and Subsequent Transfer to an ICU.** We will pay the benefit selected by you for the highest level of care in a hospital that does not have an ICU. You must be transferred within 48 hours.
3. **Exceptions and Other Limitations.**
 - (a) **Exceptions.** Except as provided in 2b. and 2d. above, coverage does not provide benefits for:
 - surgical recovery rooms;
 - progressive care;
 - intermediate care;
 - private monitored rooms;
 - observation units;
 - telemetry units; or other facilities which do not meet the standards for a intensive care unit.
 - (b) **Limitations.** Benefits are not payable:
 - if you go into ICU before the "Effective Date;"
 - if you go into ICU for intentionally self-inflicted bodily injury or suicide attempts;
 - if you go into ICU due to being intoxicated or under the influence of alcohol, drugs or any narcotic. This would not apply if, administered on the advice of a physician and taken according to the physician's instructions. The term "intoxicated" refers to that condition as defined by law in the jurisdiction where the accident or cause of loss occurred.
4. **RENEWABILITY.** As long as premiums are paid on time, you have the right to renew the Rider.
5. **PREMIUMS.** The annual premium is \$_____; if other than annual, indicate mode of payment_____ and premium amount \$_____. We have the right to change the premium for this Rider. The change in premium will apply to all riders of this form number issued in your state of residence.

I. **CANCER FIRST DIAGNOSIS RIDER.** Optional Benefit Rider.

NUMBER OF UNITS SELECTED 1 Unit 2 Units 3 Units 4 Units 5 Units

1. **BENEFITS.** We will pay a one-time benefit of \$10,000 per unit when a covered person is positively diagnosed for the first time as having cancer (other than Skin Cancer) as defined in the rider. The first diagnosis must occur: a) 30 days after the rider effective date; and b) while this rider is in force on such covered person. This benefit is payable only once per covered person.
2. **PRE-EXISTING CONDITION LIMITATION AND EXCLUSIONS AND OTHER LIMITATIONS.** We do not pay a benefit under this rider for a pre-existing condition as defined in the policy during the 12 month period beginning on the date that person became a covered person. We do not pay a benefit under this rider for any disease other than cancer as defined in this rider.
3. **RENEWABILITY.** The Renewability provision of the policy applies to this rider.
4. **PREMIUMS.** The annual premium for this plan is \$ _____if other than annual, indicate mode of payment _____and premium amount \$_____.

J. **TOTAL PREMIUMS.** The annual premium is \$ _____; if other than annual, indicate mode of payment _____and premium amount \$_____.

I hereby acknowledge that this Outline of Coverage was delivered to me on _____, 20__ by _____

(Signature of Agent)

(Signature of Applicant)

This Outline of Coverage is not a contract. It is intended only as a general description of the policy provisions in the planning of Your program. The benefits are determined by the terms and conditions of the policy alone. IN ALL CASES, CONSULT YOUR POLICY FOR FULL DETAILS.]

**APPLICATION FOR HEART ATTACK, HEART DISEASE, STROKE INSURANCE
AND OPTIONAL INTENSIVE CARE RIDER AND CANCER FIRST DIAGNOSIS RIDER**
Humana Insurance Company
1100 Employers Boulevard, Green Bay, Wisconsin 54344

ADMINISTERED BY:
Bay Bridge Administrators, LLC
P.O. Box 161690 Austin, TX 78716
(800) 845-7519

PROPOSED INSURED LAST			FIRST	MIDDLE	SEX	DATE OF BIRTH	AGE
STATE OF BIRTH	HEIGHT	WEIGHT	SOCIAL SECURITY NO.	MAILING ADDRESS			
CITY	STATE	ZIP	PHONE NO.	OCCUPATION	ANNUAL SALARY		

Complete For Family Coverage:

FIRST / LAST NAME	DOB	AGE	SEX	FIRST / LAST NAME	DOB	AGE	SEX
Spouse				Child			
Child				Child			
Child				Child			

1. SELECTION OF COVERAGE: [MONTHLY PAYROLL DEDUCTION]

[HEART ATTACK/HEART DISEASE/STROKE FORM HIC-HS-POL-AR 2/11]	OPTIONAL INTENSIVE CARE RIDER FORM HIC-HS-ICU-AR 2/11	OPTIONAL CANCER FIRST DIAGNOSIS RIDER FORM NUMBER HIC-HS-CFD-AR 2/11
<input type="checkbox"/> .25 Unit <input type="checkbox"/> 1 Unit <input type="checkbox"/> .5 Unit <input type="checkbox"/> 2 Units <input type="checkbox"/> .75 Unit <input type="checkbox"/> 3 Units	<input type="checkbox"/> 1 Unit <input type="checkbox"/> 5 Units <input type="checkbox"/> 2 Units <input type="checkbox"/> 6 Units <input type="checkbox"/> 3 Units <input type="checkbox"/> 7 Units <input type="checkbox"/> 4 Units <input type="checkbox"/> 8 Units	<input type="checkbox"/> 1 Unit <input type="checkbox"/> 4 Units <input type="checkbox"/> 2 Units <input type="checkbox"/> 5 Units <input type="checkbox"/> 3 Units
Monthly Rate\$ _____	Monthly Rate\$ _____	Monthly Rate\$ _____
<input type="checkbox"/> Individual <input type="checkbox"/> Individual & Spouse <input type="checkbox"/> Individual & Child(ren) <input type="checkbox"/> Family Total Monthly Rate \$ _____]		

I hereby authorize my Employer _____ to reduce my salary by the TOTAL DEDUCTION and forward this amount to Humana Insurance Company. The TOTAL DEDUCTION is calculated so as to produce the premium as shown herein.

3. COMPLETED BY AGENT	TOTAL DEDUCTION
Frequency of Deduction: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-monthly	\$ _____

REPRESENTATIONS AND AGREEMENTS OF APPLICANT:

A. HEART DISEASE, HEART ATTACK, STROKE

I hereby represent that to the best of my knowledge, information and belief, all persons to be insured:

- Are not now being treated, receiving medical advice or taking prescribed medication; nor have been treated received medical advice or taken prescribed medication within the last ten (10) years, for stroke or any disease, disorder or abnormality of the brain, heart or circulatory system (arteries, veins, lymphatic nodes and vessels), except: _____ who is (are) to be excluded from coverage under this policy. (If none, state "none")
- Are not now being treated, receiving medical advice or taking prescribed medication; nor have been treated, received medical advice, or taken prescribed medication within the past two (2) years, for high blood pressure, except: _____ who is (are) to be excluded from coverage under this policy. (If none, state "none")
- Are not now being treated, receiving medical advice or taking prescribed medication or using insulin; nor have been treated, received medical advice, taken prescribed medication or used insulin within the past one (1) year for diabetes, except: _____ who is (are) to be excluded from coverage under this policy. (If none, state "none")

B. INTENSIVE CARE RIDER- Has anyone proposed for coverage been diagnosed as having or been treated for heart attack, heart disease, a heart condition, or any abnormality of the heart? Yes No

If "yes", name(s) and condition: _____ (who is excluded from coverage under this policy)

C. CANCER/ FIRST DIAGNOSIS RIDER- Has anyone proposed for coverage been diagnosed with as having, or been treated for cancer or any malignancy? Yes No If "yes:" name(s) and condition: _____

(who is excluded from coverage)

Is this insurance to replace or change other insurance? Yes No

If "Yes", state company and policy number: _____

I have received the required Outline of Coverage: Yes No

I also certify that I have read, or had read to me, the completed application and realize that any false statement or misrepresentation thereon which materially affects the insurance company's acceptance of any person for coverage under a policy or rider may result in loss of coverage for that person during the first two policy years.

Agent's Signature _____

Split _____

Applicant's Signature _____

Agent's Number _____

Date of Signature _____

Agent's Number _____

SERFF Tracking Number: ICCL-127018332 State: Arkansas
 Filing Company: Humana Insurance Company State Tracking Number: 48013
 Company Tracking Number: HIC-HS-POL 2/11
 TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.002 Dread Disease
 Product Name: Humana H&S Policy HIC-HS-POL 2/11
 Project Name/Number: Humana H&S Policy HIC-HS-POL 2/11/Humana H&S Policy HIC-HS-POL 2/11

Rate Information

Rate data applies to filing.

Filing Method: for approval
Rate Change Type: %
Overall Percentage of Last Rate Revision: %
Effective Date of Last Rate Revision:
Filing Method of Last Filing:

Company Rate Information

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Humana Insurance Company	N/A	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

SERFF Tracking Number: ICCI-127018332 State: Arkansas
 Filing Company: Humana Insurance Company State Tracking Number: 48013
 Company Tracking Number: HIC-HS-POL 2/11
 TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.002 Dread Disease
 Limited Benefit
 Product Name: Humana H&S Policy HIC-HS-POL 2/11
 Project Name/Number: Humana H&S Policy HIC-HS-POL 2/11/Humana H&S Policy HIC-HS-POL 2/11

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachment: Cert of Comp. with Rule 19 Ind H&S.pdf	Approved-Closed	03/09/2011

	Item Status:	Status Date:
Bypassed - Item: Application Bypass Reason: see form schedule tab Comments:	Approved-Closed	03/09/2011

	Item Status:	Status Date:
Satisfied - Item: Outline of Coverage Comments: see form schedule tab	Approved-Closed	03/09/2011

	Item Status:	Status Date:
Satisfied - Item: authorization letter Comments: Attachment: Humana Insurance Company Authorization letter _2011_.pdf	Approved-Closed	03/09/2011

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

Insurer: Humana Insurance Company

Form Number(s): HIC-HS-POL-AR 2/11, HIC-HS-ICR-AR 2/11, HIC-HS-CFD-AR 2/11,
HIC-HS-AMENDMENT, HIC-HS-OCC-AR 2/11, HIC-HS-APP-AR 2/11

I hereby certify that the filing above meets all applicable Arkansas requirements including the requirement of Rule and Regulation 19.



Signature of Company Officer

Gerald L. Ganoni

Name

President

Title

February 11, 2011

Date



January 1, 2011

To: All State Insurance Departments

Humana Insurance Company hereby authorizes Insurance Compliance Consultants, Inc., to file the attached form(s) or a state specific variation of it, and to act on Our behalf regarding such filings, in all jurisdictions where this form(s) or a state specific variation of it is being filed. Humana Insurance Company may withdraw this authorization at any time, by giving notice to Insurance Compliance Consultants.

Sincerely,

Dave Vanden Heuvel
Director of Business Services
Humana Insurance Company

SERFF Tracking Number: *ICCI-127018332* State: *Arkansas*
 Filing Company: *Humana Insurance Company* State Tracking Number: *48013*
 Company Tracking Number: *HIC-HS-POL 2/11*
 TOI: *H071 Individual Health - Specified Disease - Limited Benefit* Sub-TOI: *H071.002 Dread Disease*
 Product Name: *Humana H&S Policy HIC-HS-POL 2/11*
 Project Name/Number: *Humana H&S Policy HIC-HS-POL 2/11/Humana H&S Policy HIC-HS-POL 2/11*

Superseded Schedule Items

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

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
02/11/2011	Form	Heart and Stroke Policy	03/09/2011	HIC-HS-POL-AR 2-11.pdf (Superseded)
02/11/2011	Form	Outline of Coverage	03/09/2011	HIC-HS-OOC-AR 2-11.pdf (Superseded)

Humana Insurance Company

1100 Employers Boulevard
Green Bay, Wisconsin 54344
1-800-845-7519

NAMED INSURED: [JOHN DOE]

TYPE OF COVERAGE: [«COV_CODE»]

POLICY EFFECTIVE DATE: [JANUARY 1, 2003]

PREMIUM: \$[«PREM_TOTAL»]

POLICY NUMBER: [XXXXXX]

RENEWAL PREMIUM PERIOD: [«PREM_PERIOD»]

**HEART ATTACK, HEART DISEASE AND STROKE SUPPLEMENTAL INDEMNITY BENEFITS POLICY
GUARANTEED RENEWABLE FOR LIFE
PREMIUMS SUBJECT TO CHANGE ON RENEWAL**

IMPORTANT PLEASE READ

Your application is attached to and forms a part of the Policy. PLEASE READ the copy of Your application. If anything in it is not correct, You should tell Us. Your Policy was issued on the basis that all information in the application is correct and complete. If not, Your Policy may not be valid.

30-DAY RIGHT TO EXAMINE POLICY

If You decide not to keep this Policy, send it to Us or Our agent within 30 days after You receive it. We will treat the Policy as though it had never been issued. We will refund any premiums paid.

RENEWAL AGREEMENT

Except for fraud or material misrepresentation, the Named Insured has the right to renew this Policy as long as premiums are paid on time. This Policy will terminate on the last day of the period for which premium is paid unless continued in force during the Grace Period.

PREMIUM CHANGE

We can change premium rates on premiums becoming due after the first premium. However, We can only change the rate on this Policy by making the rate change for all such policies in a class. Once the Policy has been issued, We cannot place any restrictive riders on it or cancel or refuse to renew Your Policy if You maintain it continuously in force. If We do change rates on all like policies in Your class, We will mail You a notice of this change. Notice will be mailed at least 60 days prior to such changes. It will be mailed to Your address as shown on Our records. No change in premiums is effective unless this notice is mailed.

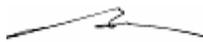
THIS IS NOT A MEDICARE SUPPLEMENT POLICY.

If You are eligible for Medicare, review the Medicare Supplement Buyers' Guide available from the Company.

This is a Non-Participating Policy.

THIS IS A LIMITED POLICY. PLEASE READ IT CAREFULLY.

Signed for HUMANA INSURANCE COMPANY at its Home Office on the Policy Effective Date.

 Michael B. McCallister President	 Gerald L. Ganoni Vice President
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[PAYMENT OF BENEFITS	
CANCER FIRST DIAGNOSIS	
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POLICY SCHEDULE

NAMED INSURED [JOHN DOE]
 POLICY EFFECTIVE DATE [January 1, 2003]
 POLICY NUMBER [XXXXX]
 TYPE OF COVERAGE [«COV_CODE»]
 TOTAL MONTHLY PREMIUM \$[«PREM_TOTAL»]

FAMILY MEMBER COVERED:
 [Mary Doe (Spouse)]
 [Stephen Doe (Son)]
 [Joyce Doe (Daughter)]
 [None]

<u>BENEFIT</u>	<u>MAXIMUM AMOUNT</u>	<u>APPLICABLE COVERAGE UNITS *</u>
HEART ATTACK, HEART DISEASE AND STROKE	See Section V – Schedule of Benefits	[xx]

ADDITIONAL BENEFITS OR PROVISIONS (AS PROVIDED BY RIDER OR AMENDMENT)

<u>BENEFIT</u>	<u>MAXIMUM AMOUNT</u>	<u>APPLICABLE COVERAGE UNITS *</u>
[HOSPITAL INTENSIVE CARE]	\$200	[xx]
[CANCER FIRST DIAGNOSIS]	\$10,000	[xx]
[PAYMENT OF BENEFITS]		

* The benefit amounts displayed in this Policy Schedule and in Section V - Schedule of Benefits are the amounts that apply to one unit of coverage. If a factor other than 1 is indicated as the Applicable Coverage Unit, the benefit amount(s) displayed must be multiplied by that factor to determine the actual amount payable.

If more than one Policy Schedule is attached to this Policy, the Policy Schedule with the most recent Policy Effective Date will be valid.

SECTION I - DEFINITIONS

Age - means the Covered Person's attained age at last birthday.

Ambulatory Surgical Center - means a licensed surgical center consisting of:

- (a) an operating room; or
- (b) facilities for the administration of general anesthesia; and
- (c) a post surgery recovery room to which the patient is admitted and discharged from within a period of less than 24 hours.

Class - means any group of persons insured individually under this Policy form who have a common characteristic, such as age or geographic area.

Continuous Hospital Confinement - means one continuous confinement, or two or more separate Hospital Confinements not separated by more than 30 days. If there are more than 30 days between confinements, they are considered separate confinements.

Covered Person - means any of the following:

- (a) the Named Insured; or
- (b) any eligible Spouse or Child, as defined and as named on the Policy Schedule whose coverage has become effective;
- (c) any eligible Spouse or Child, as defined and added to this Policy by endorsement after the Policy Effective Date whose coverage has become effective; or
- (d) a Newborn Child (as described in the Eligibility Section).

Dependent means:

- (a) your spouse, unless divorced or legally separated from you;
- (b) your unmarried child(ren) who are less than age 21 and primarily dependent on you for support and maintenance; and
- (c) your unmarried child(ren) who are at least age 21 but less than age 25 who:
 - 1) regularly attend an institution of learning; and
 - 2) are primarily dependent on You for support and maintenance.

A Child includes a stepchild residing with You, a child placed with you for adoption, a legally adopted child and a foster child. Child will also include a grandchild, if, at the time of his or her birth, one parent is Your dependent.

If you give Us a Written Request, You may add Dependents to the Policy while it is in force.

Emergency Room - means the emergency room of:

- (a) a Hospital;
- (b) an Ambulatory Surgical Center; or
- (c) a satellite emergency center of a Hospital.

Family Coverage - means coverage that includes the Named Insured and other Covered Persons, as defined.

Heart Attack - means a myocardial infarction, coronary thrombosis or coronary occlusion which is first manifested on or after the Policy Effective Date. The attack must be positively diagnosed by a Physician based upon generally accepted diagnostic criteria.

Heart Disease - means a heart attack or other disease of the heart or coronary arteries which is first manifested on or after the Policy Effective Date. The disease must be positively diagnosed by a Physician based upon generally accepted diagnostic criteria. Heart disease does not mean abnormal blood pressure or any disease, injury or disorder of any blood vessel other than the coronary arteries.

Hospital - means an institution which:

- (a) operates pursuant to law;
- (b) primarily and continuously provides medical care and treatment of sick and injured persons on an Inpatient basis;
- (c) operates facilities for medical and surgical diagnosis and treatment by or under the supervision of a staff of legally qualified Physicians; and
- (d) provides 24 hour a day nursing service by or under the supervision of registered graduate Nurses (R.N.).

Hospital will also mean a sanatorium operated by or certified by the First Church of Christ, Scientist, Boston, Massachusetts.

Hospital does not mean any institution or part thereof which is used primarily as:

- (a) a nursing home, convalescent home, or skilled nursing facility;
- (b) a place for rest, custodial care, or for the aged;
- (c) a clinic;
- (d) a place for the treatment of mental illness, alcoholism, or drug addiction.

However, a place for the treatment of Mental, Nervous or Emotional Disorders will be regarded as a Hospital if:

- (a) it is part of an institution that meets the above requirements; and
- (b) it is listed in the American Hospital Association Guide as a general Hospital.

Hospital Confined or Confinement - means confined as an Inpatient in a Hospital.

Inpatient - means a Covered Person who is a resident patient using the room and board facilities of a Hospital.

Named Insured - means the person accepted for coverage by Us who has completed and signed the application. This is the person whose name appears on the Policy Schedule.

Non-Local - means more than a 100 mile radius from the home of the Covered Person.

Nurse - means any one of the following who is not a member of the Named Insured's immediate family:

- (a) licensed practical Nurse (L.P.N.); or
- (b) licensed vocational Nurse (L.V.N.); or
- (c) graduate registered Nurse (R.N.).

With respect to the benefits provided under this Policy, Nurse will not include an L.P.N., L.V.N. or R.N. who is employed by the Hospital where the Covered Person is confined.

Physician - means a legally qualified physician or surgeon other than a physician or surgeon who is related to the Named Insured by blood or marriage and who practices within the scope of his or her license.

Policy Effective Date - means the day on which coverage begins and is shown on the Policy Schedule page.

Pre-Existing Condition - means any injury or sickness, diagnosed or undiagnosed, for which medical care is received by a Covered Person within the [12 month] period prior to the Covered Person's effective date of insurance; or with respect to the limitation for increase in coverage, within the [12 month] period prior to the effective date of the Covered Person's increase in coverage.

We will consider medical care received when a Physician is consulted or medical advice is given; or treatment is recommended or prescribed by, or received from a Physician.

We will consider treatment to include, but not be limited to, any:

- (a) medical examination, test, treatment, or observation;
- (b) medical services, supplies, or equipment, including their prescription or use; or
- (c) prescribed drugs or medicines, including their prescription or use.

All manifestations, symptoms, or findings which result from the same or related accident or sickness, or from any aggravations of accident or sickness, are considered to be the same accident or sickness for the purpose of determining a Pre-Existing Condition.

Renewal Date - means the date the renewal premium is due.

Spouse - means the Named Insured's Spouse, provided the Named Insured and his or her Spouse are not legally separated or divorced.

Stroke - means apoplexy (due to rupture or acute occlusion of a cerebral artery) which is first manifested on or after the Policy Effective Date. The stroke must be positively diagnosed by a Physician based upon generally accepted diagnostic criteria. Stroke does not mean head injury, transient ischemic attack or chronic cerebrovascular insufficiency.

Surgery - means manual procedures involving cutting of body tissue, debridement or permanent joining of body tissue for repair of wounds, treatment of fractured bones or dislocated joints, endoscopic procedures, and other manual procedures, when used in lieu of cutting for purposes or removal, destruction or repair of body tissue.

We, Our, Us, or Company - means Humana Insurance Company.

You or Your - means the Named Insured or any other Covered Person.

SECTION II - ELIGIBILITY

Family members eligible for coverage are:

- (a) the Named Insured;
- (b) his or her Spouse on the Policy Effective Date or a Spouse added by rider after the Policy Effective Date;
- (c) his or her unmarried child(ren), as defined.

Newborn Child: If a child is born to the Named Insured or his or her Spouse while Family Coverage is in force under this Policy, the child will become covered under this Policy from the moment of birth. If a child is born to the Named Insured or his or her Spouse and Family Coverage is no in force under this Policy, the child will still become covered under this Policy from the moment of birth. But we must be notified of the birth of the child within 31 days after the birth if coverage for that child is to continue. Upon notification, We will convert the Policy to individual and child or Family Coverage and advise the Covered Person of the additional premium due.

Any person who becomes a family member after the Policy Effective Date (except newborns) must be added by endorsement.

SECTION III EFFECTIVE AND TERMINATION DATES

This Policy begins on the Policy Effective Date shown in the Schedule at 12:01 A.M. Standard Time at Your place of residence. The Policy Effective Date is the date from which policy years and premium due dates will be figured.

You may terminate this Policy on any premium due date by giving 31 days advance written notice to Us.

This Policy may also at any time be terminated by mutual consent of You and Us.

This Policy terminates automatically on the earlier of: (1) the premium due date if premiums are not paid when due, subject to the Grace Period provision; or (2) the date You make a written request that coverage be terminated.

If We accept premium for coverage extending beyond the date, age, or event specified for termination of a Covered Person, then coverage of such person shall continue during the period for which such premium was accepted. This does not apply where such acceptance was based on a misstatement of age.

Termination of coverage takes effect at 12:01 A.M. Standard Time at Your place of residence on the date of termination.

Termination of coverage will not affect a claim for a covered loss that occurred while coverage was in force under this Policy.

Spouse and Child Termination: If the Named Insured's Spouse or child is a Covered Person, his or her coverage will end:

- a) on the date the Named Insured's coverage ends; or
- b) with respect to a covered Spouse, on the date he or she is Divorced from the Named Insured; or
- c) on the date the required premium for the Spouse or child's coverage is not paid; or
- d) with respect to a covered child, on the Policy anniversary following the date the child no longer qualifies as a child, as defined, unless continued under the Incapacitated Child Continuation provision.

Widow or Widower's Continuation: If the Named Insured's coverage ends due to his or her death while his or her Spouse is covered under the Policy, the Spouse may continue his or her coverage; and coverage of any children who were covered by the Policy on the date of the Named Insured's death.

We must receive the Spouse's Request and required premium to continue the coverage within 31 days of the premium due date next following the death of the Named Insured. Solely for the purpose of continuing the coverage, the Spouse will be considered a Covered Person. However, this will not continue the Spouse's coverage beyond a date the coverage would normally cease under the Spouse Termination provision. Any coverage continued by this Widow/er's Continuation provision will terminate on the premium due date on or next following the date the Spouse remarries.

Incapacitated Child Continuation If, on the date a child reaches age 21 or 25, he or she is covered under the Policy and an Incapacitated Child as defined, his or her coverage will not terminate solely due to age. But the Named Insured must give us notice of the incapacity within 31 days of the Termination Date. The child's coverage will continue as long as the child qualifies as an Incapacitated Child and the required premium is paid. We may, from time to time, require proof of continued incapacity and dependency. After the first two years, We cannot require proof more than once each year.

Incapacitated Child - means the Named Insured's or his or her Spouse's child who is mentally retarded or physically handicapped and incapable of earning his or her own living and unmarried and primarily dependent on the Named Insured for support and maintenance.

Divorced Spouse Conversion: If the Spouse's coverage under this Policy would terminate because of his or her Divorce from the Named Insured, We agree to issue a new Policy to the Spouse. The Spouse must request the new Policy and pay the required premium within 30 days of the Divorce. Such premium will be identical to premiums charged under this Policy form.

Other dependents covered under this Policy may be covered under the new Policy or under this Policy as the Named Insured and his or her Spouse elect. They may not be covered under both Policies.

If either this Policy or a new Policy is in force on the Named Insured or his or her Divorced Spouse and either remarries, such new Spouse may be covered under the appropriate Policy. We must be advised of the remarriage by the completion of a new application for the new Spouse. This new application is subject to Our approval.

Divorce/Divorced - means annulment, dissolution of marriage, or legal separation from the Spouse.

Child Conversion: If the Covered Person's child's coverage under this Policy would terminate because of his or her reaching the termination age, We agree to issue a new Policy to the child. The child must request the new Policy and pay the required premium within 30 days of reaching the termination age. Such premium will be identical to premiums charged under this Policy form. The child may not be covered under both Policies.

Grace Period. No Grace Period is allowed for the first premium which is due on the Policy Effective Date. A Grace Period of 31 days is allowed for payment of each premium due after the first premium. We will continue the insurance during the Grace Period. If a Covered Person incurs a covered loss during the Grace Period, he or she will be liable to us for payment of any premium accruing during the period We continued the coverage in force under this provision.

The Grace Period will not continue coverage beyond a date stated in a Termination Date provision.

Reinstatement. If the renewal premium is not paid before the Grace Period ends, the Policy will lapse. Later acceptance of the premium by Us without requiring an application for reinstatement will reinstate this Policy.

If We require an application, the Named Insured will be given a receipt for the premium. If the application is approved, the Policy will be reinstated as of the approval date. Lacking that approval, the Policy will be reinstated on the 45th day after the date of the receipt unless We have previously written the Named Insured of its disapproval.

The reinstated Policy will cover only loss that results from a covered disease that starts more than 10 days after the date of reinstatement. In all other respects, the Named Insured's rights and Our rights will remain the same, subject to any provisions noted on or attached to the reinstated Policy.

SECTION IV – PAYMENT OF BENEFITS

We will pay the following benefits in Section V for service and treatment administered to or received by a Covered Person for treatment of a Heart Attack, Heart Disease or Stroke. Benefits are payable for a positive diagnosis that is made more than 30 days after this Policy has been in force. All benefits are subject to terms of this Policy.

If Heart Attack, Heart Disease or Stroke is diagnosed while You or any Covered Person is confined in a Hospital, benefits will begin on the day of admission or 10 days prior to the date of diagnosis if this is more favorable to You. Admission to the Hospital must begin more than 30 days after the Policy Effective Date.

If a positive diagnosis is made for Heart Attack, Heart Disease or Stroke within 12 months after a tentative diagnosis, benefits will be paid from the date of the tentative diagnosis if the tentative diagnosis is made more than 30 days after the Policy Effective Date. If the positive diagnosis of Heart Attack, Heart Disease or Stroke can only be confirmed post-mortem, then We will pay benefits beginning on the first day of confinement for the terminal admission for up to 45 days.

Effect of simultaneous surgical or invasive procedures: Two or more surgical or invasive procedures done at the same time and through a common incision or entry point are considered one operation. If benefits would otherwise be payable by this Policy for two or more surgical invasive procedures which are considered one operation, benefits for that operation are only payable for the one surgical or invasive procedure with the largest total benefits.

Such treatment or service must be:

- (a) incurred by a Covered Person while coverage under this Policy is in force on that person;
- (b) necessary for the care and treatment of Heart Attack, Heart Disease or Stroke; and recommended by a Physician.

SECTION V - SCHEDULE OF BENEFITS

The benefits stated below are payable in accordance with Section IV above. The benefit amounts shown below are for one unit of coverage.

BENEFITS		MAXIMUM AMOUNT
A.	Hospital Confinement: We will pay for each day a Covered Person is admitted to and confined as an Inpatient in a Hospital due to Heart Attack, Heart Disease or Stroke.	\$200 per day for each period of Continuous Hospital Confinement
B.	Physician's Attendance: We will pay for each day a Covered Person requires services of a Physician while Hospital Confined due to Heart Attack, Heart Disease or Stroke. This benefit is payable only for the number of days the Hospital Confinement benefit in this Policy is payable.	\$25 per day
C.	Inpatient Drugs and Medicine: We will pay the amount, per day, for drugs or medicine required while Hospital Confined due to Heart Attack, Heart Disease or Stroke. This benefit is payable only for the number of days the Hospital Confinement benefit in this Policy is payable.	\$25 per day
D.	Private Duty Nursing: We will pay the amount, per day, for private nursing care and attendance by a Nurse while Hospital Confined due to Heart Attack, Heart Disease or Stroke. Nursing services must be required and authorized by the attending Physician. The maximum number of days this benefit is payable is 60 days for each period of continuous Hospital Confinement.	\$100 per day
E.	Physiotherapy: We will pay the amount, per day, for physiotherapy performed by a licensed physical therapist, as required while Hospital Confined due to Heart Attack, Heart Disease or Stroke. The maximum number of days this benefit is payable is 60 days for each period of continuous Hospital Confinement.	\$50 per day
F.	Oxygen: We will pay the amount for the use of oxygen equipment while Hospital Confined due to Heart Attack, Heart Disease or Stroke. This benefit is payable only once each period of continuous Hospital Confinement.	\$200 per period of continuous Hospital Confinement
G.	Cardiograms: We will pay the amount for an electrocardiogram, echocardiogram, phonocardiogram, or vectorcardiogram which requires Hospital Confinement due to Heart Attack, Heart Disease or Stroke. This benefit is payable only once for each period of continuous Hospital Confinement.	\$100 per period of continuous Hospital Confinement
H.	Cerebral or Cartoid Angiogram: We will pay the amount for a cerebral or cartoid angiogram required while Hospital Confined due to Heart Attack, Heart Disease or Stroke. This benefit is payable only once for each period of continuous Hospital Confinement.	\$150 per period of continuous Hospital Confinement
I.	Blood, Plasma and Platelets: We will pay the amount for the administration of blood, plasma or platelets while Hospital Confined due to Heart Attack, Heart Disease or Stroke. This benefit is payable only once for each period of continuous Hospital Confinement.	\$200 per period of continuous Hospital Confinement

BENEFITS		MAXIMUM AMOUNT
J.	Cardiac Catheterization: We will pay the amount for a cardiac catheterization procedure required for the treatment of Heart Attack, Heart Disease or Stroke.	\$500
K.	Coronary Angioplasty: We will pay the amount for a Angioplasty procedure required for the treatment of Heart Attack, Heart Disease or Stroke. Only the amount shown is payable regardless of the number of blood vessels repaired during this procedure.	\$750
L.	Pacemaker Insertion: We will pay the amount for the initial insertion of a permanent pacemaker required for the treatment of Heart Attack, Heart Disease or Stroke.	\$1,000
M.	Coronary Artery Bypass Graft Operation: We will pay for a coronary artery bypass graft operation required for the treatment of Heart Attack, Heart Disease or Stroke. Only the amount shown is payable regardless of the number of grafts performed during the operation.	\$2,500
N.	Thromboendarterectomy: We will pay for a thromboendarterectomy operation required for the treatment of Heart Attack, Heart Disease or Stroke.	\$2,500
O.	Heart Transplant: We will pay for the implantation of a natural human heart required for the treatment of Heart Attack, Heart Disease or Stroke. This benefit is payable only once per Covered Person.	\$100,000
P.	<p>Surgery and Anesthesia: We will pay for the following benefits for Surgery performed in a Hospital or an Ambulatory Surgical Center, provided that the Surgery is required for the treatment of Heart Attack, Heart Disease or Stroke.</p> <p>1. Surgery: See Surgical Schedule. If any surgical procedure for the treatment of Heart Attack, Heart Disease or Stroke other than those listed in the Surgical Schedule is performed, We will pay the unit value for a surgical procedure as set forth in the 1994 California Relative Value Schedule (C.R.V.S.) multiplied by \$17 per unit of coverage, up to a maximum of \$10,000 per unit of coverage. If the surgical procedure has no unit value or is not shown in the 1994 C.R.V.S., We will pay an amount we reasonably determine based upon relative difficulty and payment amounts for other procedures, up to a maximum of \$5,000 per unit of coverage.</p> <p>2. Anesthesia: We will pay an additional percentage of the amount paid for benefit "P.1. Surgery" for anesthesia received by a Covered Person during the course of covered Surgery.</p> <p>3. Ambulatory Surgical Center: We pay an additional amount when benefit "P.1. Surgery " is paid for an operation performed at an Ambulatory Surgical Center. This benefit does not pay for surgeries covered by other benefits in this Policy.</p>	<p>1. See Surgical Schedule</p> <p>2. 25% of item P1</p> <p>3. \$250</p>

BENEFITS		MAXIMUM AMOUNT
Q.	Second Surgical Opinion: We will pay the amount for a second opinion obtained after a positive diagnosis that results in a Physician recommending Surgery for the treatment of Heart Attack, Heart Disease or Stroke.	\$100
R.	Ambulance: We will pay for transfer by a licensed ambulance service or a hospital owned ambulance to a Hospital or emergency room for the treatment of Heart Attack, Heart Disease or Stroke.	\$200 (double for air ambulance)
S.	Non-Local Transportation: We will pay the amount when a Covered Person requires Hospital Confinement for the treatment of Heart Attack, Heart Disease or Stroke prescribed by your local attending Physician that cannot be obtained locally. This benefit is payable only once per continuous Hospital Confinement.	\$200 per period of continuous Hospital Confinement
T.	<p>Family Member Lodging & Transportation: We will pay the following benefits for a member of the Covered Person's family to be near the Covered Person when a Covered Person is confined in a Non-Local Hospital for the treatment of Heart Attack, Heart Disease or Stroke.</p> <p>1. Lodging: We will pay the amount shown, per day, for a motel, hotel or other accommodations acceptable to us. This benefit is limited to 60 days for each period of continuous Hospital Confinement.</p> <p>2. Transportation: We will pay the amount shown for each period of continuous Hospital Confinement when the Non-Local transportation benefit is paid and a family member travels more than 100 miles from his or her home to be near the Covered Person for a portion of his or her continuous Hospital Confinement.</p>	<p>1. \$50 per day</p> <p>2. \$200 per period of continuous Hospital Confinement</p>

SECTION VI - SURGICAL SCHEDULE

The surgical benefit amounts shown below are for one unit of coverage.

SURGICAL PROCEDURE	PROCEDURE CODE	SURGICAL BENEFIT
CARDIAC VALVE PROCEDURES		
Valvuloplasty, with bypass		
Aortic Valve	33406	\$6,800
Mitral Valve	33425	\$6,800
Tricuspid Valve	33460	\$6,800
Commissurotomy, with bypass		
Aortic Valve	33403	\$6,120
Mitral Valve, open	33422	\$6,460
Tricuspid valve, open	33452	\$6,460
Pulmonary Valve, open	33474	\$6,800
Multiple Valve Procedures		
Single valve replacement, with commissurotomy or valvuloplasty of another valve	33481	\$7,650
Single valve replacement, with commissurotomy or valvuloplasty of two valves	33482	\$8,160
Double valve replacement	33483	\$9,010
Double valve replacement, with commissurotomy or valvuloplasty to one valve	33485	\$9,860
Triple valve replacement	33492	\$10,000
PERICARDIUM PROCEDURES		
Pericardiotomy for removal of clot or foreign body (primary procedure)	33020	\$3,400
Partial resection for chronic constrictive pericarditis without bypass	33030	\$5,100
Complete ventricular decortication, with bypass	33035	\$4,800
POST INFARCTION MYOCARDIAL PROCEDURES		
Myocardial resection	33542	\$4,800
Repair of post infarction ventricular septal defect, with or without myocardial resection	33545	\$7,820
CRANIECTOMY OR CRANIOTOMY PROCEDURES		
Exploratory, supratentorial	61304	\$4,250
Exploratory, infratentorial	61305	\$5,100
Evacuation of hematoma; extradural, subdural, or intracerebral, supratentorial	61310	\$3,400

SECTION VII - PRE-EXISTING CONDITION LIMITATION.

During the first [12 months] of a Covered Person's insurance, losses incurred for Pre-Existing Conditions are not covered. During the first [12 months] following the date a Covered Person makes a change in coverage that increases his or her benefits, the increase will not be paid for Pre-Existing Conditions.

SECTION VIII - EXCEPTIONS AND OTHER LIMITATIONS

This policy provides benefits only for Heart Attack, Heart Disease or Stroke. This policy does not cover any other disease or sickness or incapacity other than Heart Attack, Heart Disease or Stroke even though such disease, sickness or incapacity may be caused, complicated or otherwise affected by Heart Attack, Heart Disease or Stroke.

If a covered confinement is due to more than one covered condition, benefits will be payable as though the confinement were due to one condition. If a confinement due to a covered disease is also due to a condition that is not covered, benefits will be payable only for the part of confinement attributable to the covered condition.

SECTION IX- CLAIM PROVISIONS

Notice of Claim. Written notice of claim must be given to Us within 30 days after an Covered Person's loss, or as soon thereafter as reasonably possible. Written notice given by or on behalf of the claimant to Us with information sufficient to identify the Covered Person, is deemed notice to Us.

Claim Forms. We will send claim forms to the claimant upon receipt of a written notice of claim. If such forms are not sent within 15 days after the giving of notice, the claimant will be deemed to have met the proof of loss requirements upon submitting, within the time fixed in this Policy for filing proof of loss, Written proof describing and documenting the occurrence, the character and the extent of the loss for which claim is made. The written notice should include the Covered Person's name and the Policy number.

Proof of Loss. Written proof of loss must be furnished to Us within 90 days after the date of the loss. If the loss is one for which this Policy requires continuing eligibility for periodic benefit payments, subsequent written proofs of eligibility must be furnished at such intervals as the Company may reasonably require. Failure to furnish proof within the time required neither invalidates nor reduces any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity of the claimant, later than one year from the time proof is otherwise required.

Payment of Claims. Upon receipt of due written proof of loss, payments for all losses will be made to the Covered Person. If the Covered Person dies before all payments due have been made, the amount still payable will be paid to the Covered Person's estate.

If any payee is a minor or is not competent to give a valid release for the payment, the payment will be made to the legal guardian of the payee's property. If the payee has no legal guardian for his or her property, a payment not exceeding \$1,000 per month may be made, at Our option, to any relative by blood or connection by marriage of the payee, who has submitted reliable documentary evidence and, in Our opinion, has assumed the custody and support of the minor or responsibility for the incompetent person's affairs.

Any payment We make in good faith fully discharges Our liability to the extent of the payment made.

If the Covered Person provides Us with a written release to do so, we may, at Our option, pay benefits directly to the institution or person rendering treatment or services covered under this Policy.

Time of Payment of Claims. Benefits payable under this Policy for any loss other than loss for which this Policy provides any periodic payment will be paid immediately upon Our receipt of due written proof of the loss. Subject to Our receipt of due written proof of loss, all accrued benefits for loss for which this Policy provides periodic payment will be paid at the expiration of each month during the continuance of the period for which

We are liable and any balance remaining unpaid upon termination of liability will be paid immediately upon receipt of such proof.

Unpaid Premium. When a claim is paid, any premium due and unpaid may be deducted from the claim payment.

SECTION X - GENERAL PROVISIONS

Entire Contract; Changes. This Policy, the Application, and any attached Riders or Amendments make up the entire contract. A copy of the Application is attached. In the absence of fraud, all statements made on the Application will be considered representations and not warranties. No Written statement made by the Named Insured will be used in any contest unless a copy of the statement is furnished to the Named Insured or his or her personal representative.

No change in this Policy will be valid until approved by an officer of the Company. The change must be signed by an officer of the Company and attached to this Policy. No agent may change this Policy or waive any of its provisions. Any change that modifies, limits or excludes coverage must contain the Named Insured's signature in order for the change to be binding.

Incontestability. The validity of this Policy will not be contested after it has been in force for two year(s) from the Policy Effective Date [, except as to nonpayment of premiums].

After two years from the Policy Effective Date, no misstatements made in the Application, except fraudulent misstatements, will be used to contest a claim under this Policy. We may only contest coverage if the misstatement is made in a written instrument containing the signature of the Named Insured and a copy is given to the Named Insured.

Physical Examination and Autopsy. We, at Our own expense, have the right and opportunity to examine the person of any individual whose loss is the basis of claim under this Policy when and as often as We may reasonably require during the pendency of the claim. We also have the right to make an autopsy in case of death where it is not forbidden by law.

Legal Actions. No action at law or in equity may be brought to recover on this Policy prior to the expiration of 60 days after written proof of loss has been furnished in accordance with the requirements of this Policy. No such action may be brought after the expiration of three years after the time written proof of loss is required to be furnished.

Noncompliance with Policy Requirements. Any express waiver by Us of any requirements of this Policy will not constitute a continuing waiver of such requirements. Any failure by Us to insist upon compliance with any Policy provision will not operate as a waiver or amendment of that provision.

Conformity with State Statutes. Any provision of this Policy which, on its Policy Effective Date, is in conflict with the statutes of the state in which this Policy is delivered is hereby amended to conform to the minimum requirements of those statutes.

Clerical Error. Clerical error, whether by You or Us, will not void the insurance of any Covered Person if that insurance would otherwise have been in effect or extend the insurance of any Covered Person if that insurance would otherwise have ended or been reduced as provided in this Policy.

Assignment. You may assign all of Your rights, privileges and benefits under this Policy to the institution or person rendering the service as allowed in the Payment of Claims provision. We are not bound by an assignment until We receive and file a copy of the assignment containing the Named Insured's signature. We are not responsible for the validity of assignments. The assignee only takes such rights as the assignor possessed and such rights are subject to state and federal laws and the terms of this Policy.

Misstatement of Age. If premiums for the Covered Person are based on age and the Covered Person's age has been misstated, there will be a fair adjustment of premiums based on his or her true age. If the benefits for which the Covered Person is insured are based on age and the Covered Person's age has been misstated, there will be an adjustment of said benefit based on his or her true age. We may require satisfactory proof of age before paying any claim.

Termination of a Covered Person. Upon the termination of coverage of a Covered Person, the premium on this Policy shall be the applicable premium for the remaining Covered Persons.

Refund of Unearned Premium. If a Covered Person dies, any premium paid to Us on behalf of the deceased for a period after the date of such death will be refunded on a pro-rata basis. Notice of death should be sent to us within 12 months, or as soon as reasonably possible, after a Covered Person has died.

**HEART ATTACK, HEART DISEASE AND
STROKE SUPPLEMENTAL INDEMNITY
BENEFITS**

**This Policy is Guaranteed Renewable for Life,
Subject to Our Right to Change Premiums by
Class at the Renewal Date.**

**HUMANA INSURANCE COMPANY,
1100 Employers Boulevard
Green Bay, Wisconsin 54344**

Please read Your Policy and Your copy of the Application which is attached. If there is anything in the Policy You do not understand or should You find any error or omission in Your application, We urge You to write Us. We will answer Your question or give immediate consideration to any error or omission in Your application.

When writing to the Home Office, please give Us the number of Your Policy.

Humana Insurance Company
1100 Employers Boulevard
Green Bay, Wisconsin 54344
1-800-845-7519

**HEART ATTACK, HEART DISEASE AND STROKE POLICY COVERAGE
REQUIRED OUTLINE OF COVERAGE FOR HIC-HS-POL-AR 2/11**

THIS IS NOT A MEDICARE SUPPLEMENT POLICY.

**If You are eligible for Medicare, see the Medicare Supplement Buyers Guide available from the Company.
RETAIN THIS FOR YOUR RECORDS!**

- A. **Read Your Policy Carefully!** This outline of coverage provides a very brief description of some of the important policy features. This is not the insurance contract. The actual policy provisions will control. The policy describes in detail, the rights and obligations of both You and the insurance company. Therefore, it is important that You **READ YOUR POLICY CAREFULLY!**
- B. **SPECIFIED DISEASE COVERAGE.** Coverage is designed to provide to persons insured, benefits only when certain losses occur as a result of Heart Attack, Heart Disease or Stroke, subject to any limitations set forth in the policy. Such policies do not provide any benefits other than those described below and any additional benefits provided in a rider attached to the policy described below.
- C. **BENEFITS.**

NUMBER OF UNITS SELECTED .25 Unit .5 Unit .75 Unit 1 Unit 2 Units 3 Units

We pay the following benefits for service and treatment administered to or received by a covered person for Heart Attack, Heart Disease or Stroke. Such treatment or service must be: a) incurred by a covered person while coverage under this policy is in force for that person; b) necessary for the care and treatment of Heart Attack, Heart Disease or Stroke; and c) recommended by a physician.

The following schedule represents one unit of coverage:

1. **Hospital Confinement.** \$200 per unit of coverage for each day during a period of Continuous Hospital Confinement that a covered person is admitted to and confined as an inpatient in a hospital due to Heart Attack, Heart Disease or Stroke.
2. **Physician's Attendance.** \$25 per unit of coverage for each day a covered person requires the services of a physician while hospital confined due to Heart Attack, Heart Disease or Stroke. Only payable for the number of days the hospital confinement benefit is payable.
3. **Inpatient Drugs and Medicine.** \$25 per unit of coverage, per day, for drugs or medicine required while hospital confined due to Heart Attack, Heart Disease or Stroke. Only payable for the number of days the hospital confinement benefit is payable.
4. **Private Duty Nursing.** \$100 per unit of coverage per day for private nursing care while hospital confined due to Heart Attack, Heart Disease or Stroke. Must be required and authorized by the attending physician. The maximum number of days payable is 60 days for each period of continuous hospital confinement.
5. **Physiotherapy.** \$50 per unit of coverage per day for physiotherapy performed by a licensed physical therapist, as required while hospital confined due to Heart Attack, Heart Disease or Stroke. The maximum number of days payable is 60 days for each period of continuous hospital confinement.
6. **Oxygen.** \$200 per unit of coverage for the use of oxygen equipment while hospital confined due to Heart Attack, Heart Disease or Stroke. Payable only once for each period of continuous hospital confinement.
7. **Cardiograms.** \$100 per unit of coverage for an electrocardiogram, echocardiogram, phonocardiogram or vectorcardiogram required while hospital confined due to Heart Attack, Heart Disease or Stroke. Payable only once for each period of continuous hospital confinement.
8. **Cerebral or Carotid Angiogram.** \$150 per unit of coverage for a cerebral or carotid angiogram required while hospital confined due to Heart Attack, Heart Disease or Stroke. Payable only once for each period of continuous hospital confinement.
9. **Blood, Plasma and Platelets.** \$200 per unit of coverage for the administration of blood, plasma or platelets while hospital confined due to Heart Attack, Heart Disease or Stroke. Payable only once for each period of continuous hospital confinement.
10. **Cardiac Catheterization.** \$500 per unit of coverage for a cardiac catheterization procedure required for the treatment of Heart Attack, Heart Disease or Stroke.

11. **Coronary Angioplasty.** \$750 per unit of coverage for a coronary angioplasty procedure required for the treatment of Heart Attack, Heart Disease or Stroke. Only \$750 per unit of coverage is payable regardless of the number of blood vessels repaired during the procedure.
12. **Pacemaker Insertion.** \$1,000 per unit of coverage for the initial insertion of a permanent pacemaker required for the treatment of Heart Attack, Heart Disease or Stroke.
13. **Coronary Artery Bypass Graft Operation.** \$2,500 per unit of coverage for a coronary artery bypass graft operation required for the treatment of Heart Attack, Heart Disease or Stroke. Only \$2,500 per unit of coverage is payable regardless of the number of grafts performed during the operation.
14. **Thromboendarterectomy.** \$2,500 per unit of coverage for a thromboendarterectomy required for the treatment of Heart Attack, Heart Disease or Stroke.
15. **Heart Transplant.** \$100,000 per unit of coverage for the implantation of a natural human heart required for the treatment of Heart Attack, Heart Disease or Stroke. Payable only once per covered person.
16. **Surgery and Anesthesia.** We pay the following benefits for surgery performed in a hospital or an ambulatory surgical center, for surgery required for the treatment of Heart Attack, Heart Disease or Stroke.
 - (a) Surgery - The amount shown in the surgical Schedule in the policy, per unit of coverage. For a surgical procedure not listed in the Surgical Schedule, we pay \$17 per unit multiplied by the 1994 C.R.V.S. unit value for the procedure, subject to a maximum of \$10,000 per unit. If no 1994 C.R.V.S. unit value exists for the procedure, then the payment amount is based upon relative difficulty and payment amounts for other procedures, up to a maximum of \$10,000 per unit.
 - (b) Anesthesia - 25% of the amount paid for benefit "16(a) Surgery" for anesthesia received during covered surgery.
 - (c) Ambulatory Surgical Center - \$250 per unit of coverage when benefit "16(a) Surgery" is paid for an operation performed at an ambulatory surgical center.

The Surgery Benefit does not pay for surgeries covered by other benefits in the policy.
17. **Second Surgical Opinion.** \$100 per unit of coverage for a second opinion obtained after a positive diagnosis that results in a physician recommending surgery for the treatment of Heart Attack, Heart Disease or Stroke.
18. **Ambulance.** \$200 per unit of coverage (\$400 for air ambulance) for transfer by a licensed ambulance service or a hospital owned ambulance to a hospital or emergency room for the treatment of Heart Attack, Heart Disease or Stroke.
19. **Non-Local Transportation.** \$200 per unit of coverage when a covered person requires hospital confinement for the treatment of Heart Attack, Heart Disease or Stroke prescribed by Your local attending physician that cannot be obtained locally. Payable only once per continuous hospital confinement.
20. **Family Member Lodging and Transportation.** We pay the following benefits for a member of the covered person's family when a covered person is confined in a non-local hospital for the treatment of Heart Attack, Heart Disease or Stroke:
 - (a). Lodging - \$50 per unit of coverage, per day, for a motel, hotel or other accommodations acceptable to us. Limited to 60 days for each period of continuous hospital confinement.
 - (b) Transportation - \$200 per unit of coverage for each period of continuous hospital confinement when:
 - (1) the non-local transportation benefit is paid, and
 - (2) a family member travels more than 100 miles from his or her home to be near the covered person.

D. PRE-EXISTING CONDITION LIMITATION.

If a covered person has a pre-existing condition as defined in the policy, we do not pay benefits for such conditions under the policy or any riders attached to the policy during the 12 month period beginning on the date that person became a covered person.

E. EXCLUSIONS AND OTHER LIMITATIONS.

The policy provides benefits only for Heart Attack, Heart Disease or Stroke. The policy does not cover any other disease or sickness or incapacity other than Heart Attack, Heart Disease or Stroke even though such disease, sickness or incapacity may be caused, complicated or otherwise affected by Heart Attack, Heart Disease or Stroke. If a covered confinement is due to more than one covered condition, benefits will be payable as though the confinement was due to one condition. If a confinement due to a covered disease is also due to a condition that is not covered, benefits will be payable only for the part of the confinement attributable to the covered condition.

Effect of Simultaneous Surgical or Invasive Procedures. Two or more surgical or invasive procedures done at the same time and through a common incision or entry point are considered one operation. If benefits would otherwise be payable for two or more surgical or invasive procedures which are considered one operation, benefits for that operation are only payable for the one surgical or invasive procedure with the largest total benefits.

F. RENEWABILITY. The policy is guaranteed renewable for life, subject to change in premiums by class.

G. **PREMIUMS.** The annual premium is \$_____, if other than annual, \$ _____, mode_____.

Premiums may change on a class basis. A notice is mailed in advance of any change. A grace period is granted for payment of each premium after the first. The policy remains in force during the grace period.

H. **INTENSIVE CARE INSURANCE.** Optional Benefit Rider.

1. This coverage will provide you with benefits if you go into a intensive care unit (ICU).
2. **Benefits.** Your benefits start the first day you go into ICU. The benefit is payable for up to 45 days per ICU stay.
 - (a) **Hospital Intensive Care Confinement Benefit.** You may choose a benefit of \$100; \$200; \$300; \$400; \$500; \$600 \$700; or \$800 per day. It is reduced by one-half at age 75.
 - (b) **Step Down Unit.** We will pay a benefit equal to one half the benefit indicated on the application for confinement to a step down unit.
 - (c) **Double Benefits.** We will double the daily benefits for each day you are in ICU as a result of cancer or a specified disease as defined in the rider. We will also double the benefit for an injury that results from:
 - being struck by an automobile, bus, truck, motorcycle, train, or airplane; or
 - being involved in an accident in which the named insured was the operator or was a passenger in such vehicle. ICU confinement must occur within 48 hours of accident.
 - (d) **Emergency Hospitalization and Subsequent Transfer to an ICU.** We will pay the benefit selected by you for the highest level of care in a hospital that does not have an ICU. You must be transferred within 48 hours.
3. **Exceptions and Other Limitations.**
 - (a) **Exceptions.** Except as provided in 2b. and 2d. above, coverage does not provide benefits for:
 - surgical recovery rooms;
 - progressive care;
 - intermediate care;
 - private monitored rooms;
 - observation units;
 - telemetry units; or other facilities which do not meet the standards for a intensive care unit.
 - (b) **Limitations.** Benefits are not payable:
 - if you go into ICU before the "Effective Date;"
 - if you go into ICU for intentionally self-inflicted bodily injury or suicide attempts;
 - if you go into ICU due to being intoxicated or under the influence of alcohol, drugs or any narcotic. This would not apply if, administered on the advice of a physician and taken according to the physician's instructions. The term "intoxicated" refers to that condition as defined by law in the jurisdiction where the accident or cause of loss occurred.
4. **RENEWABILITY.** As long as premiums are paid on time, you have the right to renew the Rider.
5. **PREMIUMS.** The annual premium is \$_____; if other than annual, indicate mode of payment_____ and premium amount \$_____. We have the right to change the premium for this Rider. The change in premium will apply to all riders of this form number issued in your state of residence.

I. **CANCER FIRST DIAGNOSIS RIDER.** Optional Benefit Rider.

NUMBER OF UNITS SELECTED 1 Unit 2 Units 3 Units 4 Units 5 Units

1. **BENEFITS.** We will pay a one-time benefit of \$10,000 per unit when a covered person is positively diagnosed for the first time as having cancer (other than Skin Cancer) as defined in the rider. The first diagnosis must occur: a) 30 days after the rider effective date; and b) while this rider is in force on such covered person. This benefit is payable only once per covered person.
2. **PRE-EXISTING CONDITION LIMITATION AND EXCLUSIONS AND OTHER LIMITATIONS.** We do not pay a benefit under this rider for a pre-existing condition as defined in the policy during the 12 month period beginning on the date that person became a covered person. We do not pay a benefit under this rider for any disease other than cancer as defined in this rider.
3. **RENEWABILITY.** The Renewability provision of the policy applies to this rider.
4. **PREMIUMS.** The annual premium for this plan is \$ _____if other than annual, indicate mode of payment _____and premium amount \$_____.

J. **TOTAL PREMIUMS.** The annual premium is \$ _____; if other than annual, indicate mode of payment _____and premium amount \$_____.

I hereby acknowledge that this Outline of Coverage was delivered to me on _____, 20__ by _____

(Signature of Agent)

(Signature of Applicant)

This Outline of Coverage is not a contract. It is intended only as a general description of the policy provisions in the planning of Your program. The benefits are determined by the terms and conditions of the policy alone. IN ALL CASES, CONSULT YOUR POLICY FOR FULL DETAILS.]