

Illness Policies	Illness Policies	Accidental Injury Only Policies	Dental and Vision Policies	Disability Policies
CancerWise Plus	HospitalWise	Accident Companion	Premiere Vision (Snr/ Non- Snr)	Accident Disability Direct
HeartWise	Hospital Confinement Direct	Accident Direct	PPO Dental (Senior/ Non-Senior)	Income Protection Direct
CancerWise	Fixed Indemnity Direct	Critical Accident Direct	Prime DVH	Reference
Critical Illness Direct	Metal Gap	ProtectFit Plus	NH Vision	2020 Application
			Dental (Bronze / Silver / Gold)	2019 Application
Term Life				2018 Application
SecureWise Term Life				Business Rules
				Glossary

Supplemental Insurance Protection Supplemental Portfolio



General Comments

- 1 All applications must be submitted electronically. Paper applications are no longer accepted.
- 2 The application is a part of the contract. It is important, therefore, that all statements be complete and accurate.
- 3 Select good risks – those who are in good health.
- 4 Remember, the precise terms of the policy will always govern the benefits available. Personal interpretations or explanations of policy provisions should be avoided to prevent any misunderstandings at a later date.
- 5 Coverage and eligibility – one or more members of the immediate family group may be eligible for coverage under the same policy. The family group is considered as proposed insured, spouse or domestic partner, and their unmarried dependent children. Legally adopted children and stepchildren of either the proposed insured, spouse/domestic partner will also be considered part of the family group. Children must be dependent on the proposed insured and spouse/domestic partner.
- 6 For coverage and eligibility, the underwriter also looks at any other insurance coverage any applicant may have with the company, to protect against adverse selection and to prevent over-insurance or fraud.
- 7 Policies will not be backdated prior to the date of application for any reason.
- 8 It is imperative the email address entered is owned and controlled by the Applicant. This email address will provide the Consumer access to all future communications, Marketing Materials, an image of the submitted Application, and policy print if e-delivery is selected and coverage is issued. **Failure to enter a valid Applicant owned email address can be considered fraud and may result in the loss of appointment.**
- 9 Medicaid Recipients: The Medicaid program may seek to recover benefits paid under supplemental insurance plans, and where benefits are not recovered by Medicaid, they may be countable as income for purposes of determining Medicaid eligibility. Supplemental products are typically not suitable for Medicaid recipients
- 10 Applications to change existing coverage are also accepted and processed. Common changes include benefit increase/decrease and dependent additions (spouse and/or child dependents).

For a copy of the application and required forms, click the blue boxes in the upper-right corner of next page.

These products are intended as a supplement to and not a substitute for comprehensive health insurance. This document is not inclusive of all policy provisions. Please see policy forms for complete details and any additional state variations regarding Termination of Coverage, Renewability, Premium Changes, Eligible Dependents, and Policy Definitions. For reference purposes only. Not for public distribution.



LEGEND SI – Applies to Simplified Issue (SI) plans only GI – Applies to Guaranteed Issue (GI) plans only SI/GI – Applies to SI and Guaranteed issue (GI) plans		CancerWise Plus	HeartWise Or Rider Version	Critical Condition Rider	HospitalWise	Fixed Ind Direct	Metal Gap	Accident Comp	Accident Direct	Crit Accident Direct	ProtectFit Plus	Premiere Vision	PPO Dental	Prime DVH	Accident Dis Direct	Income Prot Direct	SecureWise	CCALBR
		Questions																
Underwriting Questions																		
4	Within the past 10 years, has any Applicant been diagnosed, received medical care or advice, or experienced symptoms related to any of the following: melanoma, cancer excluding basal cell carcinomas , Hodgkin's Disease, non-Hodgkin's Lymphoma, leukemia or other malignant growths or malignant tumors?	SI		SI	SI	SI	SI								SI	SI		
5	Has any Applicant ever been diagnosed or treated for Acquired Immune Deficiency Syndrome (AIDS) or AIDS-related complex, or tested positive for Human Immunodeficiency Virus (HIV) or an AIDS-related test?	SI	SI	SI	SI	SI	SI								SI	SI		
6	Within the past 2 years has any Applicant: a. had any abnormal diagnostic test results that were not later confirmed as normal through follow-up? b. been advised by a Physician to have any testing or treatment, including surgery, which has not yet occurred, for which results are still pending, and/or that requires follow-up that has not been completed?	SI	SI	SI	SI	SI	SI								SI	SI		
7	Within in the past 3 years has any Applicant been prescribed to take any medication for more than one consecutive month other than the following: medication to treat diabetes, blood pressure, cholesterol, menopause, ulcers, asthma, allergies, depression/anxiety, migraines, ADD/ADHD, thyroid, erectile dysfunction, benign prostate enlargement, or heartburn/acid reflux or sleep aids, contraceptives, antibiotics, anti-viral, anti-inflammatory/analgesics, or dermatological creams?	SI	SI	SI	SI	SI	SI								SI	SI		
8	Is any Applicant currently confined to a hospital, nursing home, wheelchair or bedridden, or under hospice care?	SI	SI	SI	SI	SI	SI								SI	SI		



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Questions																		
Underwriting Questions																		
9	Has any Applicant been admitted to a hospital or nursing home for an overnight stay, 2 or more times in the past 12 months?	SI	SI	SI	SI	SI	SI										SI	
10	Has any Applicant been diagnosed with any of the following, or received medical care or advice, or experienced symptoms related to any of the following: <ul style="list-style-type: none"> a. Uncontrolled cholesterol or uncontrolled blood pressure, within the last 12 months, that is not currently being controlled with medication? b. Heart disorder or disease, including heart attack, congestive heart failure (CHF), cardiomyopathy, aneurysm, carotid artery disease, heart rhythm disorders (including atrial fibrillation), or heart surgery (including angioplasty and stent placement) within the last 5 years? c. Brain disorder or disease, thrombosis, stroke or mini-stroke (including transient ischemic attack (TIA)), Alzheimer's disease, or senile dementia, within the last 5 years? d. Diabetes requiring the use of 50 or more units of insulin per day, or diabetes (except gestational diabetes) with A1C levels above 7%, within the last 2 years? 		SI	SI	SI	SI	SI								SI		SI	
11	Is any Applicant currently using supplemental oxygen (oxygen tank) or have a pacemaker?		SI	SI	SI	SI	SI								SI		SI	
12	Within the past 3 years, has any Applicant been diagnosed, received medical care or advice, or experienced symptoms related to any of the following: substance abuse, alcoholism, or bipolar, major depressive or psychotic disorder?				SI	SI	SI								SI		SI	



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		Questions																
Underwriting Questions																		
13	Within the past 5 years, has any Applicant been diagnosed, received medical care or advice, or experienced symptoms related to any of the following: Lupus Erythematosus, Rheumatoid Arthritis, Muscular Dystrophy, Multiple Sclerosis or Osteoporosis with bone fractures?				SI	SI	SI								SI	SI		
14	Has any Applicant been diagnosed with any of the following, or received medical care or advice, or experienced symptoms related to any of the following: <ol style="list-style-type: none"> Parkinson’s Disease or Lou Gehrig’s Disease (ALS), within the last 5 years? Kidney failure or abnormal kidney functions (excludes kidney stones), including Chronic Kidney Disease and End Stage Renal Failure, within the last 5 years? Organ transplant, or any condition for which an organ transplant has been recommended? Respiratory disorder, including COPD, Emphysema, Cystic / Pulmonary Fibrosis or lung disease, excluding asthma, within the past 2 years? Hepatitis C, Cirrhosis, or liver disease (excluding Hepatitis A or B), within the past 5 years? Crohn’s disease (Ileitis) or Ulcerative Colitis? 			SI	SI	SI	SI								SI	SI		
15	Does any Applicant (excluding infants/toddlers) require human assistance of any kind to perform activities of daily living (bathing, dressing, continence, eating, using the toilet, or transfer and mobility)?			SI	SI	SI	SI								SI	SI		
16	Is any Applicant now pregnant, or an expectant father, or being tested for or receiving treatment for fertility/infertility?				SI	SI	SI											
17	Has any Applicant ever been convicted of any felony activity?														SI	SI		



	<p>LEGEND SI – Applies to Simplified Issue (SI) plans only GI – Applies to Guaranteed Issue (GI) plans only SI/GI – Applies to SI and Guaranteed issue (GI) plans</p>	CancerWise Plus	HeartWise Or Rider Version	Critical Condition Rider	HospitalWise	Fixed Ind Direct	Metal Gap	Accident Comp	Accident Direct	Crit Accident Direct	ProtectFit Plus	Premiere Vision	PPO Dental	Prime DVH	Accident Dis Direct	Income Prot Direct	SecureWise	CCALBR
Questions																		
	Underwriting Questions																	
25	Within the past 5 years, has Applicant: <ol style="list-style-type: none"> Been convicted of driving or operating a motor vehicle while intoxicated or under the influence of drugs or alcohol; or Been convicted of reckless driving or had three or more moving violations; or Had his/her driver's license suspended or revoked? 																SI	
26	During the past 12 months, did Applicant participate in, or in the next 12 months, does the Applicant plan to participate in, any of the following activities: <ol style="list-style-type: none"> Mountain climbing, rock climbing, or mountaineering using ropes and/or any other equipment; Skydiving, parachute jumping, base jumping, bungee jumping, hang gliding, parasailing, parakiting, ultra-light flying, or any other type of experimental aviation; Motorized racing (including drivers, pit crews, owners, mechanics, speed test, or stunt show); Competitive versions of the following sports: skiing, snowboarding, biking, or skateboarding; Heli-skiing/snowboarding or any type of skiing if paid to participate or instruct; Scuba/skin diving deeper than 130 feet; Giving or receiving any kind of student pilot training or instruction (airplane, helicopter, glider, ultra-light); or Pilot or crewmember of a non-commercial aircraft (airplane, helicopter, glider or hot air balloon)? 																SI	



	<p>LEGEND SI – Applies to Simplified Issue (SI) plans only GI – Applies to Guaranteed Issue (GI) plans only SI/GI – Applies to SI and Guaranteed issue (GI) plans</p>	CancerWise Plus	HeartWise Or Rider Version	Critical Condition Rider	HospitalWise	Fixed Ind Direct	Metal Gap	Accident Comp	Accident Direct	Crit Accident Direct	ProtectFit Plus	Premiere Vision	PPO Dental	Prime DVH	Accident Dis Direct	Income Prot Direct	SecureWise	CCALBR
Questions																		
27	Underwriting Questions																	
	Is Applicant employed in any of the following occupations: <ul style="list-style-type: none"> a) Transportation of hazardous materials; b) Demolition or any handling or transport of explosives; c) Logging industry (any outdoor occupation in this industry); d) Any offshore occupation in fishing, salvage, oil, or natural gas industry; e) Professional diving or diving attendants; f) Stunt, carnival or circus workers, or professional rodeo performers; g) Underground mining workers; h) Structural iron or steel workers (greater than 2 stories); i) Foreign travel required for missionary, diplomats, journalists, archaeologist, geologist, foreign, or volunteer aid worker? 																SI	



Advertising

Approvals All advertising must be pre-approved by the Chesapeake Compliance Department. **Note:** Sales agents cannot create their own advertising.

Military Sales Follow state laws for marketing to military personnel and/or on military bases.

Application Fees: Standards

Direct to Consumer Direct to Consumer means there is no agent involved in the actual selling of the product. There are no application fees in most states. MetLife is considered direct to consumer.

Agent Assisted There is a \$20 application fee in most states. The application fee is charged per application and not per product. If one or more products with an application fee are selected, then only one application fee is charged.

Application Fees: State – Specific

OH – \$20 application fee

DE, IN – \$20 application fee, except for ProtectFit Plus
MS – \$6 application fee

Free Look Period – General

A 30 day free look period is standard for all states. Customer will receive a full refund including application fee.

Coverage Effective Date

Future Effective dates Applicants must propose an effective date from the application signature date forward, but not more than 90 days from the signature date.

Date Restrictions The effective date cannot be the 29th, 30th or 31st of the month.

Coverage Effective Date In no event can coverage be effective prior to the application signature date.

Receipt of Application The application must be received within 30 days of the signature date.

Effective Date Changes Effective date changes must be limited to one within 90 days from the application date, if requested no later than 30 days past the effective date, as long as there are no claims submitted for that time period.

Note: Coverage effective date drives billing/collection date.

Minimum Essential Coverage and Title XIX

Minimum Essential Coverage (MEC) and Title XIX requirements vary by state and product. [Click here to view a chart of all requirements](#)

Note: This chart lists the requirements, regardless of product availability in the state.



Premium Payment: Standards		State-Specific
<i>Chesapeake accepts payments by Electronic Fund Transfer (ACH) or Credit/Debit Cards</i>		
Authorization Forms	An authorization form must be signed by the payor for each payment method used in an application. If a different method is used for initial and ongoing payment, an authorization form is required for each.	
Payment Frequency	<p>Individual Applications: Monthly, Quarterly, Semi-Annually, Annually, Direct Quarterly, Direct Semi-Annual, Direct Annual.</p> <p>List Bill Applications: A single monthly paper billing notice sent to the employer for all new and recurring applicants.</p>	MA – Cannot accept recurring electronic fund transfer payments on a quarterly, semi-annual, or annual frequency.
Payment Date	If an effective date or application date is the 29th, 30th or 31 st of the month, the application must be issued effective as of the 1 st of the following month.	
Payment Type	<p>Individual Applications: The initial payment should be through ACH (bank draft), debit card or credit card. New Business does not accept paper checks or money orders with an application due to privacy concerns.</p> <p>List Bill Applications: Paper checks are accepted.</p>	
ACH Transfer Rules	Electronic Fund Transfer (ACH) is allowed as payment for the initial premium and reoccurring payments.	
ACH Financial Institution Rule	The initial ACH and reoccurring payments must be from the same financial institution account.	
Time of Payment Withdrawal	<p>Withdrawal from the financial institution for Electronic Applications: Initial payment for Chesapeake supplemental products, will be processed upon coverage being issued, regardless of the effective date requested. The withdrawal from the financial institution will be submitted by the carrier to the customer’s account listed on the application upon coverage being issued.</p> <p>Credit/Debit Card Payments – Are allowed for the initial and recurring premiums.</p> <p>Cards Accepted: The Company will accept credit or debit cards from Visa, MasterCard, American Express and Discover.</p> <p>Recurring Payments: All recurring premiums can be paid via electronic fund transfer or credit card. Direct billing is available for quarterly, semi-annual, annual payments only.</p>	
Business Accounts	Payments from business accounts are acceptable in all states, however, businesses cannot contribute toward the premium for employees. The primary applicant or spouse must be the owner of the account and sign the check or the payment authorization form.	
List Bill	<p>Employer List Bill is available on the 2015/2019/2020 applications as an Initial and Ongoing method payment method. An Employee must select a policy effective date from one of the two adjacent months. Month Options:</p> <ul style="list-style-type: none"> • 1st through the 11th: month immediately following and the month after. <i>Example: Date is March 11th, Employee may select a policy effective date in April or May.</i> • 12th through the 31st: the two months after the next month. <i>Example: Date is March 18th, Employee may select a policy effective date in May or June.</i> 	



Refunds

Partial Refunds

Partial refunds are refunds given in less than one-month increments. We give partial refunds in the following situations:

- When the supplemental policy is canceled with a health insurance plan which is under our direct control (i.e., a MEGA, MidWest, or Chesapeake health policy)
- If a supplemental policy has reached its maximum benefit or a lump sum has been paid.

Refunds when coverage not issued

For situations such as declines, incomplete, canceled before issued, application rejects, a full refund will be issued.

Marriage / Domestic Partnerships – Standards

Same Sex / Common Law

Same-sex marriages and same-sex partners are allowed on our Supplemental products in all states even when the state does not recognize the partnership. CLICO will also allow common law marriages, committed partnerships, and civil unions between heterosexual couples even in states where this is not recognized.

Occupations

[Click here to see the Occupation table](#)

We will accept all occupations for all products, except for disability products. For disability products, non-income earning, part-time, temporary & seasonal workers will be declined. Also, disability product premiums are calculated using occupational class (blue v. white). A list of disability products or products with disability components is shown below.

- Accident Disability Direct
- Income Protection Direct

Adding a Newborn or Adopted Child Post Issue

The newborn and adopted children provision can vary between products in the same state. For a complete chart, [click here](#).



Visa Guidelines – All products (including Dental and Vision)

Immigrant Visas/Resident Alien/Green Card including DACA Recipients will be accepted. Temporary Visas are **not accepted.**

Immigrant Visas allow travelers to enter the U.S. in order to live and work permanently in the U.S. A Resident Alien Visa sometimes known as a “green card” is a type of Immigrant Visa. This is a pathway to US citizenship. In many cases, the spouse or family of a Resident Alien Visa holder will have a V type Visa. This Visa would qualify as an Immigrant Visa as well. Temporary or non-immigrant Visas allow travelers to enter the U.S. temporarily for a specific reason (i.e., tourism, temporary work, school, medical treatment or business.)

In most cases to acquire an Immigrant Visa, a person must be sponsored by a U.S. Citizen relative, a U.S. lawful permanent resident, or by a prospective employer. They must also be the beneficiary of an approved petition filed with U.S. Citizenship and Immigration Services (USCIS). Diversity Visas from countries with low rates of immigration to the U.S. which are provided by way of a lottery are also called Immigrant Visas. However, this Immigrant visa does not require a U.S. sponsor.

Immigrant Visas require documentation by USCIS such as:

- Affidavit of Support
- Required Application Documents (i.e., birth certificates, police reports, marriage/divorce certificates, etc.)
- Medical Exam
- Interviews

DACA (Deferred Action Childhood Arrival) recipients

Certain individuals that came to the United States as children and met several key guidelines were granted DACA. These individuals are eligible to work in the United States as they request permanent status. We will consider individuals that have been granted DACA already, not those in the process of obtaining it. These individuals would have received a receipt notice from USCIS as proof of their DACA status.

Temporary Visas - Partial List

B-1	Business visitors
B-2	Visitors for pleasure or medical treatment
E-1	Treaty traders working for a U.S. trading company that does 50% or more of its business with the trader’s home country and their spouses and children
H-2B	Temporary workers of various kinds coming to the U.S. to perform temporary jobs for which there is a shortage of available, qualified U.S. workers
J-1	Exchange visitors coming to the U.S to study, work, or train as part of an exchange program officially recognized by the U.S. Department of State
K-1	Fiancés or fiancées of U.S. citizens coming to the U.S for the purpose of getting married
P-1	Internationally recognized athletes and entertainers, and their essential support staff
S-5	People coming to the U.S. to supply information to the U.S. authorities about a criminal organization.



Servicing Agent Change Requests

Agents can become the Member's "servicing broker/agent" if the agent is supporting a member on their current policy but is not the original writing broker/agent. Any request for to become a servicing broker/agent must be made by the member. Requests by the member may be verbal (by calling the SureBridge / HealthMarkets Operations team) or in writing via email, fax or mail.

Note: *If a Member wishes to increase their benefits on their existing plan or purchase additional coverage with SureBridge / HealthMarkets, a new application will be required.*

Customer Resident State Change

When an insured customer moves to another state their policy remains in effect with the rules from the state where issued.

Maximum Dependent Age – Standard

The maximum age for dependents is up to 26. See each product for state-by-state differences.

Child Primary and Child Dependent Minimum Age- Standard

Child Primary Minimum Age	A Child Primary age begins at age -0-. Refer to the individual product sections for plans that may not accept child primaries or minimum age may differ. Note: <i>Child Primaries should be on their own application with their own quote.</i>
Child Dependent Minimum Age	A Child Dependent age begins at age -0-. Refer to the individual product sections for plans that the minimum age may differ.
Application Signatures	If a child age 18 or younger is on the quote/application without an adult, the parent/guardian must sign the application.

Guaranteed Issue Products

Underwriting	<ul style="list-style-type: none"> • Guaranteed issue (GI) products are lower benefit levels which can be selected at the point of sale for some products. • A customer can also check a box on the app to get a GI version of these products, should they not qualify for their original selection. • Eligible plans do not have height, weight or any medical Underwriting questions. • Eligibility questions still apply, such as citizenship, income or blue or white collar. • For more information, consult the Product Applicability chart in the 2015/2019/2020 Applications Section of this document.
Claims Adjudication	There is no impact to claims processing if a plan is guaranteed issue (GI). If a plan was subject to pre-ex or waiting periods as a non-GI plan, it is still subject to pre-ex and waiting periods as GI plan. All exclusions and limitations and other plan provisions from the non-GI plan also apply to the GI plan.
State Applicability	GI products are available in all states where CLICO products are sold.



Plan Description

- SureBridge offers two new supplemental insurance coverage options under the marketing name CI Wise™ Suite:
 - CancerWise® Plus
 - HeartWise™
- Pays the Member a lump sum cash benefit upon a first diagnosis of a Qualifying Event within the Cancer Category.

General Benefit Options

- Benefit Level available based on Age rules
- See State Specific Benefits Section for available options

Non-Senior

- GI Non-Senior only \$5,000 & \$10,000
- SI \$15,000-\$100,000 (\$5,000 increments)

Senior

- SI Only \$5,000-\$50,000 (\$5,000 increments)

General Age Guidelines

Non-Senior

- Child Primaries: Not Allowed
- Child Dependents: Are allowed (0-25) - See State-Specific Marketing Rules for maximum ages.
- Issue Age: Primary (19-63) – Spouse/Domestic partner (19-63)

Senior

- Child Primaries: Not Allowed
- Child Dependents: Are allowed (0-25) - See State-Specific Marketing Rules for maximum ages.
- Issue Age: Primary (64-90) – Spouse/Domestic partner (19-90)

General Sales Guidelines

- Benefit Amounts: Primary and Spouse can select different benefit levels. All Dependent Children must have the same benefit level and cannot exceed the Primary Insured Benefit Level.
- Cannot have more than \$100K of coverage per condition between the existing Critical Illness and/or Cancer plan and the CancerWise Plus, Critical Condition Rider, the HeartWise or Heart Attack and Stroke Riders.
- All applicants covered on the base plan are also covered on the attached Riders if selected and approved through underwriting.
- If GI benefit levels are selected, the base plan and riders should only allow GI amounts to be selected and the same for SI benefit levels.

HMIA, AMO



Premium Rating Factors

- ▶ Issue Age
- ▶ Sex
- ▶ Benefit Level

Underwriting

- ▶ Simplified or guaranteed issue available (GI not available on senior products)

Coordination of Benefits

- ▶ No

Subrogation

- ▶ No

State – Specific Marketing Rules

- ▶ **CA** – GI Non-Senior benefit \$10,000 only. Issue Age: Primary (19-64), Spouse/Domestic Partner (19-64). Senior plan is not available.
- ▶ **CT** – All applicants must have the same benefit option amount.
- ▶ **OH** – Senior: 1) Minimum Issue Age for Spouse/Domestic Partner must be 64.
2) Child Dependents not allowed.
- ▶ **SD** – No GI plan is available
- ▶ **NM** – No longer available
- ▶ The issue age limits for dependents is 0-25 except in the states shown below:

State	Min Age	Max Age
CT	0	26
FL	0	30
IL	0	29
NE	0	29
OH	0	27
SD	0	29
WI	0	26

Prior Coverage Credit

Description	Existing SureBridge Plan	New Plan or Rider	Credit
When CancerWise Plus, HeartWise or HospitalWise is replacing an existing compatible Chesapeake or MidWest plan, the customer will be given credit toward any previously satisfied waiting period and pre-existing condition limitation under the existing plan. Newly issued plans are subject to underwriting and new issue age.	CLICO: Hospital Confinement Direct Plan, Fixed Indemnity Direct (Senior, non-Senior), Metal Gap MidWest: Direct Benefit, Essential Core Care, Hospital Confinement	HospitalWise	Pre-Existing Condition
	CLICO: CancerWise® MidWest: CancerWise®	CancerWise® Plus	Waiting Period and Pre-Existing Condition
	CLICO: Critical Illness Direct MidWest: Critical Care / Critical Care Plus	HeartWise™, CancerWise® Plus, and/or Critical Condition Rider	Waiting Period and Pre-Existing Condition



Standard Benefits					State-Specific Benefits
Benefit	Waiting Period	Benefit Options Non-Senior	Benefit Options Senior	Benefit Percentage	
Invasive Cancer Benefit <i>Provides a lump sum cash benefit upon first ever diagnosis of a Qualifying Event. Payable once per insured per lifetime.</i>	30 Days	\$5K - \$100K (\$5K increments)	\$5K - \$50K (\$5K increments)	100%	CA – Benefits start at \$10K (no \$5K option) MO – Benefits for a First Diagnosis of a Cancer Benefit Qualifying Event made during the Waiting Period will be limited to \$250, per Insured Person, per Lifetime. The Lifetime Maximum Benefit will be reduced by any benefit paid during the Waiting Period and no further benefits will be paid under the policy for such Insured Person for that Particular Cancer Benefit Qualifying Event. SD – Benefits start at \$15K for Non-Senior (no \$5K or \$10k option)
Cancer in Situ or Benign Brain Tumor Benefit* <i>Provides a lump sum cash benefit upon first ever diagnosis of a Qualifying Event. Payable once per insured per lifetime.</i>	30 Days	\$5K - \$100K (\$5K increments)	\$5K - \$50K (\$5K increments)	25%	CA – Benefits start at \$10K (no \$5K option) MO – See previous note SD – Benefits start at \$15K for Non-Senior (no \$5K or \$10k option) VA – 100% of benefit amount
Skin Cancer Benefit* <i>Provides a lump sum cash benefit upon first ever diagnosis of a Qualifying Event. Payable once per insured per lifetime.</i>	30 Days	\$250	\$250	-	ID – Provides a one-time \$1000 benefit upon the diagnosis of skin cancer. MO – See previous note
Termination Age Standard					
None					



The CancerWise Plus plan can contain optional benefit riders, as shown below. These riders contain their own Exclusions, Limitations, Definitions and sales compatibility rules. To view the generic E&L, definition and print examples, see the example policy print supplied with the CancerWise Plus.

Optional Benefits				State-Specific Benefits	
Benefit	Waiting Period	Benefit Options Non-Senior and Senior	Benefit Details	Benefit Percentage	
Critical Condition Rider <i>Provides a lump-sum benefit upon proof of a first-ever diagnosis of a Qualifying Event within the Critical Conditions Category. (See benefit Details)</i>		Same as policy benefit	ALS Alzheimer's Coma Loss of Independent Living Major Organ Transplant – Registered ¹ Major Organ Transplant - Procedure End Stage Renal Failure	100% 100% 100% 25% 25% 75% 100%	CA – Benefits start at \$10K (no \$5K option). No “Loss of Independent Living” benefit ID, PA, VA – Rider Not Available MO – NOTE: Benefits for a First Diagnosis of a Critical Condition Rider Qualifying Event made during the Waiting Period will be limited to \$250, per Insured Person, per Lifetime. The Lifetime Maximum Benefit will be reduced by any benefit Paid during the Waiting Period and no further Benefits will be paid under the Rider to such Insured Person for that particular Critical Condition Rider Qualifying Event. NH – Major Organ Failure 100% SD – Benefits start at \$15K for Non-Senior (no \$5K or \$10k option) TN – Sickness only
Rider – Specific General Age Guidelines			State-Specific Variations		
Issue Age: 19-75 – Primary & Spouse/Domestic Partner Issue Age: 0-25 – Child Dependents (may vary by state) Note: The maximum issue age for this rider is different from the base plans					

¹ 25% of the Major Organ Transplant benefit is advanced upon registry as a transplant candidate with the United Network of Organ Sharing (UNOS) with remaining 75% paid upon completed transplant procedure.

Transplant must come from a human and covers Heart, Lung, Liver, Kidney, Pancreas and Intestine.



Optional Benefits				State-Specific Benefits	
Benefit	Waiting Period	Benefit Options Non-Senior and Senior	Benefit Details	Benefit Percentage	
Invasive Cancer Recurrence Rider¹ <i>Provides a one-time, lump-sum benefit for subsequent (recurrent) diagnosis of Invasive Cancer for which benefits were previously paid. For benefits to be payable, the insured must have been "Symptom and Treatment Free" or experienced a "Period of Remission" for at least 365 consecutive days prior to the subsequent (recurrent) diagnosis.</i>		Same as policy benefit	Invasive Cancer	50%	TN, VA – Rider Not Available
Lump-Sum Heart Attack and Stroke Rider <i>Provides a one-time, lump-sum benefit upon proof of a first-ever diagnosis of a Qualifying Event within the Heart and Stroke Category.</i>		Same as policy benefit	Heart Attack Stroke Coronary Artery Bypass Graft Angioplasty	100% 100% 25% 10%	ID, PA, VA – Rider Not Available MO – NOTE: Benefits for a First Diagnosis of a Heart Attack and Stroke Rider Qualifying Event made during the Waiting Period will be limited to \$250, per Insured Person, per Lifetime, The Lifetime Maximum Benefit will be reduced by any benefit paid during the Waiting Period and no further benefits will be paid under the Rider to such Insured Person for that particular Heart Attack and Stroke Rider Qualifying Event.



Optional Benefits					State-Specific Benefits
Benefit	Waiting Period	Benefit Options Non-Senior and Senior	Benefit Details	Benefit Percentage	
Heart Attack and Stroke Recurrence Rider² <i>Provides a lump-sum benefit for subsequent (recurrent) diagnosis of a Heart Attack or Stroke for which benefits were previously paid. For benefits to be payable, the insured must have been "Symptom and Treatment Free" for at least 365 consecutive days prior to the subsequent (recurrent) diagnosis.</i>		Same as policy benefit	Heart Attack Stroke	50% 50%	ID, PA, TN, VA – Rider Not Available
Wellness Rider <i>Provides a benefit when an insured person receives one of the following covered wellness exams after the Rider Waiting Period</i>	90 Days	\$50	<ul style="list-style-type: none"> • annual physical • biopsy for skin cancer • blood test for triglycerides • bone marrow biopsy and aspiration • CA 19-9 (blood test for cancer) • breast ultrasound • fast blood glucose test • CA 15-3 (blood test for cancer) • hemocult stool analysis • CA 125 (blood test for cancer) • PSA (blood test for prostate cancer) • CEA (blood test for cancer) • chest X-ray • immunizations/vaccinations • colonoscopy • vision/hearing exams • flexible sigmoidoscopy • Serum protein electrophoresis (blood test for Myeloma) • serum cholesterol test to determine level of HDL and LDL • stress test • mammography • Low-Dose computed tomography (lung cancer screening) 	-	CA – Adds “or any other generally medically accepted cancer screening tests” CT, ID, MD, MI, MO, NH, PA, VA – Rider Not Available ME, TN – Waiting period is 30 days ND – No waiting period WA – Known as the Health Screening Rider



Standard Exclusions and Limitations	Major State – Specific E&L Variations
<p>Pre Ex Non-Senior and Senior</p> <p>Benefits will not be payable for a Cancer Benefit Qualifying Event resulting from a Pre-Existing Condition unless the First Diagnosis of such Cancer Benefit Qualifying Event occurs more than 12 months after the Insured Person’s Effective Date of Coverage.</p>	<p>CA – Revises to “2 years before” (diagnosis or treatment received); “12 months after” GA, NH, UT – Revises to “six months after” IL – N/A MD – Revises “12 months” to “2 Years” ME, NM – Revises “12 months” to “six months” MS – Removes “first”; Revises to “24 months” MT – Revises to “2 years before” (medical advice, diagnosis, care or treatment recommended or received); “12 months after” NC (Non-Senior) – Revises to “1 year before”; “12 months after” NC – (Senior) Pre-Existing Condition(s) do not apply to Insured Persons that are sixty-five (65) or older on the Policy Effective Date unless specifically excluded by a rider SD – Revises to “Benefits will not be payable for a Cancer Benefit Qualifying Event resulting from a Pre-Existing Condition during the 12 months after the Insured Person’s Effective Date of Coverage.” VA – Removes “first”</p>
<p>1</p> <p>Any care or benefits which are not specifically provided for in this Policy;</p>	<p>ID, SD – Removed entirely</p>
<p>2</p> <p>Any Diagnosis, as defined, which is determined to be caused by war or act of war, declared or undeclared;</p>	<p>NC – Adds “Except for Terrorism” OK – Adds “while serving in the military or an auxiliary unit thereto”</p>
<p>3</p> <p>Any Diagnosis, as defined, which is made by You or a member of Your Immediate Family or household;</p>	<p>AZ – Removed entirely GA – Adds “Domestic Partner” SD – Adds “unless the member is the only Legally Qualified Physician in the area acting within the scope of practice”</p>
<p>4</p> <p>Any Diagnosis, as defined, which occurs prior to an Insured Person’s Effective Date of Coverage;</p>	<p>IN, MD, SD – Removed entirely</p>
<p>5</p> <p>Any Diagnosis, as defined, which is made outside the U.S.; or</p>	<p>AK – Adds “or Canada” TX – Removed entirely</p>
<p>6</p> <p>Any Diagnosis, as defined, which occurs after the date on which coverage under this Policy has been terminated.</p>	



Standard Benefits Will not be Payable For		Major State – Specific Variations
1	The First Diagnosis of a Cancer Benefit Qualifying Event, which occurs within the Waiting Period as specified in the POLICY SCHEDULE – SCHEDULE OF BENEFITS;	MD, MO – Removed entirely MS, SD, VA – Removes “First”
2	Any Cancer Benefit Qualifying Event caused directly or indirectly by Acquired Immune Deficiency Syndrome (AIDS) or AIDS-related complex;	AZ, CA, FL, IA, ID, KY, MD, NC, NH, PA, TN, TX – Removed entirely IL – Removes “Indirectly”
3	Any condition that is not Diagnosed as a Cancer Benefit Qualifying Event, as defined herein; or	
4	Loss resulting from any other disease, sickness or incapacity, other than loss resulting from a Cancer Benefit Qualifying Event, as defined herein. This includes any other disease or incapacity which may have been complicated or directly or indirectly affected or caused by a Cancer Benefit Qualifying Event or as a result of treatment of a Cancer Benefit Qualifying Event.	CA, UT – Removed entirely IL – Removes “Indirectly” NH – Removes the second sentence, “This includes any...”

State Specific Exclusions and Limitations		
SS	If this policy replaces or is in addition to an existing specified disease coverage, we will give credit for the expired portion of any waiting period, elimination period, probationary period, pre-existing condition limitation or exclusion provision or conditions for any specified disease coverage replaced or issued in addition to this policy or attached rider.	KS Only
SS	Premalignant lesions, tumors or polyps, benign tumors or polyps.	CA Only



Standard Definitions

Pre-Existing Condition

A condition, disease, infection, or disorder not excluded by name or specific description for which:

1. Medical advice, consultation or treatment was recommended by or received from a Legally Qualified Physician within the two-year period before the Effective Date of Coverage; or
2. Symptoms existed within the one-year period before the Effective Date of Coverage, which would cause an ordinarily prudent person to seek Diagnosis, examination, care or treatment.

Major State – Specific Definition Variations

CA – #1 Removes “Medical advice, consultation or” and adds “Diagnosis or”
Removed #2

CT – Removed #2, changes timeframe for #1 to “12 months”

DC – #2 Removes “an ordinarily prudent”

GA – Removes “consultation”

ID – Revises entirely to “Means a condition for which medical advice, diagnosis, care, or treatment was recommended or received within the six-month period immediately before the Effective Date of Coverage”

IL – Removed entirely

MD – Removes “not excluded by name or specific description,” adds “disorder that was not revealed in the application for this Policy unless the condition is excluded by means of a signed waiver.” Revises timeframe for #2 to “two-year period”

ME – Revises timeframe for #1 and #2 to “six months”

MS – Revises timeframes to #1: “5 years”; #2: “2 years”

MT – #1 Removes “consultation,” adds “diagnosis, care.” Removed #2

NC – Revises entirely to “A medical condition for which medical advice, diagnosis, care or treatment was recommended by or received from a Legally Qualified Physician within the one-year period before the Effective of Coverage”

ND, NE – Removed #2

NH – Revises to “A condition for which medical advice, diagnosis, care or treatment was recommended or received from a Legally Qualified Physician within the six-month period before the Effective Date of Coverage.”

NM – Revises #2 “The condition manifested within the six-month period before the Effective Date of Coverage . . .”

PA – #1 Removes “consultation”; Removed #2

SD – Revises timeframe for #1 and #2 to “12 months”

TX – Removes “disease, infection, or disorder not excluded by name or specific description”; #1 Removes “consultation”; #2 Removes “examination”

UT – Revises entirely to “A condition which first manifested itself within six months prior to the Effective Date of Coverage or which was diagnosed by a Legally Qualified Physician at any time prior to the Effective Date of Coverage”

VA – Revises timeframes to #1: “10 years”; #2: “six months”

WY – Removed #2; Revises timeframe for #1 to “six months”



Plan Description

- SureBridge offers two new supplemental insurance coverage options under the marketing name CI Wise™ Suite:
 - CancerWise® Plus
 - HeartWise™
- Pays the Member a lump-sum benefit upon proof of a first diagnosis of a Qualifying Event within the Heart and Stroke Category.

General Benefit Options

- Benefit Level available based on Age rules
- See State Specific Benefits Section for available options

Non-Senior

- GI Non-Senior only \$5,000 & \$10,000
- SI \$15,000-\$100,000 (\$5,000 increments)

Senior

- SI Only \$5,000-\$50,000 (\$5,000 increments)

General Age Guidelines

Non-Senior

- Child Primaries: Not Allowed
- Child Dependents: Are allowed (0-25) - See State-Specific Marketing Rules for maximum ages.
- Issue Age: Primary (19-63) – Spouse/Domestic partner (19-63)

Senior

- Child Primaries: Not Allowed
- Child Dependents: Are allowed (0-25) - See State-Specific Marketing Rules for maximum ages.
- Issue Age: Primary (64-90) – Spouse/Domestic partner (19-90)

General Sales Guidelines

- Benefit Amounts: Primary and Spouse can select different benefit levels. All Dependent Children must have the same benefit level and cannot exceed the Primary Insured Benefit Level.
- Cannot have more than \$100K of coverage per condition between the existing Critical Illness and/or Cancer plan and the CancerWise Plus, Critical Condition Rider, the HeartWise or Heart Attack and Stroke Riders.
- All applicants covered on the base plan are also covered on the attached Riders if selected and approved through underwriting.
- If GI benefit levels are selected, the base plan and riders should only allow GI amounts to be selected and the same for SI benefit levels.

HMIA, AMO



Premium Rating Factors

- ▶ Issue Age
- ▶ Sex
- ▶ Benefit Level

Underwriting

- ▶ Simplified or guaranteed issue available (GI not available on senior products)

Coordination of Benefits

- ▶ No

Subrogation

- ▶ No

State – Specific Marketing Rules

- ▶ **CA** – GI Non-Senior benefit \$10,000 only. Issue Age: Primary (19-64), Spouse/Domestic Partner (19-64). Senior plan is not available.
- ▶ **CT** – All applicants must have the same benefit option amount.
- ▶ **OH** – Senior: 1) Minimum Issue Age for Spouse/Domestic Partner must be 64.
2) Child Dependents not allowed.
- ▶ **SD** – No GI plan is available
- ▶ **ID, NM** – No longer available
- ▶ The issue age limits for dependents is 0-25 except in the states shown below:

State	Min Age	Max Age
CT	0	26
FL	0	30
IL	0	29
NE	0	29
OH	0	27
SD	0	29
WI	0	26

Prior Coverage Credit

Description	Existing SureBridge Plan	New Plan or Rider	Credit
When CancerWise Plus, HeartWise or HospitalWise is replacing an existing compatible Chesapeake or MidWest plan, the customer will be given credit toward any previously satisfied waiting period and pre-existing condition limitation under the existing plan. Newly issued plans are subject to underwriting and new issue age.	CLICO: Hospital Confinement Direct Plan, Fixed Indemnity Direct (Senior, non-Senior), Metal Gap MidWest: Direct Benefit, Essential Core Care, Hospital Confinement	HospitalWise	Pre-Existing Condition
	CLICO: CancerWise® MidWest: CancerWise®	CancerWise® Plus	Waiting Period and Pre-Existing Condition
	CLICO: Critical Illness Direct MidWest: Critical Care / Critical Care Plus	HeartWise™, CancerWise® Plus, and/or Critical Condition Rider	Waiting Period and Pre-Existing Condition



Standard Benefits					State-Specific Benefits
Benefit	Waiting Period	Benefit Options Non-Senior	Benefit Options Senior	Benefit Percentage	
Heart Attack Benefit <i>Provides a lump sum cash benefit upon first ever diagnosis of a Qualifying Event. Payable once per insured per lifetime.</i>	30 Days	\$5K - \$100K (\$5K increments)	\$5K - \$50K (\$5K increments)	100%	CA – Benefits start at \$10K (no \$5K option) MO – Benefits for a First Diagnosis of a Heart Attack and Stroke Qualifying Event made during the waiting period will be limited to \$250, per Insured Person, per Lifetime. The Lifetime Maximum Benefit will be reduced by any benefit paid during the Waiting Period and no further will be paid under the policy for such Insured Person for that particular Heart Attack and Stroke Qualifying Event SD – Benefits start at \$15K for Non-Senior (no \$5K or \$10k option)
Stroke Benefit <i>Provides a lump sum cash benefit upon first ever diagnosis of a Qualifying Event. Payable once per insured per lifetime.</i>	30 Days	\$5K - \$100K (\$5K increments)	\$5K - \$50K (\$5K increments)	100%	CA – Benefits start at \$10K (no \$5K option) MO – See previous note SD – Benefits start at \$15K for Non-Senior (no \$5K or \$10k option)
Coronary Artery Bypass Graft <i>Provides a lump sum cash benefit upon first ever diagnosis of a Qualifying Event. Payable once per insured per lifetime.</i>	30 Days	\$5K - \$100K (\$5K increments)	\$5K - \$50K (\$5K increments)	25%	CA – Benefits start at \$10K (no \$5K option) SD – Benefits start at \$15K for Non-Senior (no \$5K or \$10k option)
Angioplasty <i>Provides a lump sum cash benefit upon first ever diagnosis of a Qualifying Event. Payable once per insured per lifetime.</i>	30 Days	\$5K - \$100K (\$5K increments)	\$5K - \$50K (\$5K increments)	10%	CA – Benefits start at \$10K (no \$5K option) SD – Benefits start at \$15K for Non-Senior (no \$5K or \$10k option)
Termination Age Standard					
None					



Optional Benefits				State-Specific Benefits	
Benefit	Waiting Period	Benefit Options Non-Senior and Senior	Benefit Details	Benefit Percentage	
Critical Condition Rider <i>Provides a lump-sum benefit upon proof of a first-ever diagnosis of a Qualifying Event within the Critical Conditions Category. (See benefit Details)</i>		Same as policy benefit	ALS Alzheimer's Coma Loss of Independent Living Major Organ Transplant – Registered ¹ Major Organ Transplant – Procedure End Stage Renal Failure	100% 100% 100% 25% 25% 75% 100%	CA – No “Loss of Independent Living” benefit MO – Loss of Independent Living 100% NOTE: Benefits for a First Diagnosis of a Critical Condition Rider Qualifying Event made during the Waiting Period will be limited to \$250, per Insured Person, per Lifetime. The Lifetime Maximum will be reduced by any benefit paid during the Waiting Period and no further benefits will be paid under the Rider to such Insured Person for that particular Critical Condition Rider Qualifying Event. NH – Major Organ Failure 100% PA, VA – Rider Not Available TN – For sickness only
Rider – Specific General Age Guidelines			State-Specific Variations		
Issue Age: 19-75 – Primary & Spouse/Domestic Partner Issue Age: 0-25 – Child Dependents (may vary by state) Note: <i>The maximum issue age for this rider is different from the base plans</i>					

¹ 25% of the Major Organ Transplant benefit is advanced upon registry as a transplant candidate with the United Network of Organ Sharing (UNOS) with the remaining 75% paid upon completed transplant procedure.

Transplant must come from a human and covers Heart, Lung, Liver, Kidney, Pancreas, and Intestine.



Optional Benefits				State-Specific Benefits	
Benefit	Waiting Period	Benefit Options Non-Senior and Senior	Benefit Details	Benefit Percentage	
<p>Heart Attack and Stroke Recurrence Rider² <i>Provides a lump-sum benefit for subsequent (recurrent) diagnosis of a Heart Attack or Stroke for which benefits were previously paid. For benefits to be payable, the insured must have been "Symptom and Treatment Free" for at least 365 consecutive days prior to the subsequent (recurrent) diagnosis.</i></p>		Same as policy benefit	Heart Attack Stroke	50% 50%	TN – Rider Not Available
<p>Wellness Rider <i>Provides a benefit when an insured person receives one of the following covered wellness exams after the Rider Waiting Period</i></p>	90 Days	\$50	<ul style="list-style-type: none"> • annual physical • biopsy for skin cancer • blood test for triglycerides • bone marrow biopsy and aspiration • CA 19-9 (blood test for cancer) • breast ultrasound • fast blood glucose test • CA 15-3 (blood test for cancer) • hemocult stool analysis • CA 125 (blood test for cancer) • PSA (blood test for prostate cancer) • CEA (blood test for cancer) • chest X-ray • immunizations/vaccinations • colonoscopy • vision/hearing exams • flexible sigmoidoscopy • Serum protein electrophoresis (blood test for Myeloma) • serum cholesterol test to determine the level of HDL and LDL • stress test • mammography • Low-Dose computed tomography (lung cancer screening) 	-	<p>CA – Adds “or any other generally medically accepted cancer screening tests” CT, ID, MD, MI, MO, NH, PA, VA – Rider Not Available ME, TN – Waiting period is 30 days ND – No waiting period WA – Known as the Health Screening Rider</p>



Standard Exclusions and Limitations		Major State – Specific E&L Variations	
<p>Pre Ex Non-Senior and Senior</p> <p>Benefits will not be payable for a Heart Attack and Stroke Qualifying Event resulting from a Pre-Existing Condition unless the First Diagnosis of such Heart Attack and Stroke Qualifying Event occurs more than 12 months after the Insured Person's Effective Date of Coverage.</p>		<p>CA – Revises to “2 years before” (diagnosis or treatment received); “12 months after”</p> <p>GA, NH, UT – Revises to “six months after”</p> <p>IL – N/A</p> <p>MD – Revises “12 months” to “2 years”</p> <p>ME, NM – Revises “12 months” to “six months”</p> <p>MS – Removes “first”, revises to “24 months”</p> <p>MT – Revises to “2 years before” (medical advice, diagnosis, care or treatment recommended or received); “12 months after”</p> <p>NC (Non-Senior) – Revises to “1 year before”; “12 months after”</p> <p>NC – (Senior) Pre-Existing Condition(s) do not apply to Insured Persons that are sixty-five (65) or older on the Policy Effective Date unless specifically excluded by a rider.</p> <p>SD – Revises to “Benefits will not be payable for a Heart Attack and Stroke Qualifying Event resulting from a Pre-Existing Condition during the 12 months after the Insured Person's Effective Date of Coverage”</p> <p>VA – Removes “first”</p>	
	1	An Injury or accident	CA – Removed entirely
	2	Any care or benefits which are not specifically provided for in this Policy	SD – Removed entirely
	3	Any act of war declared or undeclared	<p>CA, OK – Adds “while serving in the military or an auxiliary unit thereto”</p> <p>FL, NC – Adds “Except for Terrorism”</p> <p>VA – Adds “‘war’ does not include terrorism”</p>
	4	Active military duty in the service of any country	<p>AR, FL, TX, VA – Adds “Upon receipt of written request, premiums will be refunded on a pro-rata basis for the period of such military services”</p> <p>PA – Adds “Subject to the Military Service Reinstatement provision”</p>
	5	Participation in a riot, civil commotion or insurrection	<p>MD, TX – Removed entirely</p> <p>MI – Revises completely to “Participation in a civil infraction or other activity that rises to the level of a misdemeanor or felony”</p> <p>NH – Revises to “Participation in a felony, riot or insurrection”</p> <p>OR, UT – Revises “Participation” to “Voluntary participation”</p> <p>PA, VA – Removes “civil commotion”</p>



Standard Exclusions and Limitations	Major State – Specific E&L Variations
6 Suicide, attempted suicide, or any intentionally self-inflicted injury, while sane or insane	CO – Removes “or insane” MI, MN – Removed entirely
7 Payment for care for military service-connected disabilities for which the Insured Person is legally entitled to services and for which facilities are reasonably available to the Insured Person and payment for care for conditions that state or local law requires to be treated in a public facility;	CA, ME, VA – Removed entirely AR – Adds at the end “for which, in the absence of insurance, the Insured Person would not be required to pay;” TN – Removes “and payment for care for conditions that state...”
8 Experimental or investigational medicine	AK, NH – Removed entirely MD – Adds “when the treating Legally Qualified Physician determines that the treatment is experimental or investigational medicine”
9 Cosmetic surgery	CA – Removed entirely MD – Adds “or other modification of the physical body in order to improve the psychological, mental, or emotional well-being of the Insured Person, and/or when the treating Legally Qualified Physician determines that the treatment is cosmetic”
10 Any Diagnosis, as defined, which is made by You or a member of Your Immediate Family or household	GA – Adds “Domestic Partner” SD – Adds “unless the member is the only Legally Qualified Physician in the area acting within the scope of practice”
11 Any Diagnosis, as defined, which occurs prior to an Insured Person’s Effective Date of Coverage	IN, MD, SD – Removed entirely
12 Any Diagnosis, as defined, which is made outside the U.S.	AK – Adds “or Canada” TX – Removed entirely
13 Any Diagnosis, as defined, which occurs after the date on which coverage under this Policy has been terminated	



Standard Exclusions and Limitations

14

Drug abuse or addiction including alcoholism, or overdose of drugs, narcotics, or hallucinogens, directly or indirectly

Major State – Specific E&L Variations

AL, AZ, FL, KS, KY, NH, WY – Adds “unless taken as prescribed by a...Physician”

CA, GA, MD, MI, NV, SD, TX, VA – Removed entirely

CT – Revises entirely to “No indemnity will be paid for loss caused by the voluntary use of any controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as now or hereafter amended, unless as prescribed by a Legally Qualified Physician for the insured.”

IL – Adds “unless taken as prescribed by a ... Physician”; Removes “directly or indirectly”

MN – Adds “unless administered on the advice of a Legally Qualified Physician”; Removes “including alcoholism”

IN, NC, NE – Adds “unless administered on the advice of a ... Physician”

OK – Revises to “Drug addiction or alcoholism”

PA – Revises entirely to “Any loss sustained or contracted in consequence of the Insured Person being intoxicated, or under the influence of any narcotic, unless administered on the advice of a Legally Qualified Physician;”

TN – Adds “‘intentional’ overdose of drugs, narcotics...”



Standard Exclusions and Limitations	Major State – Specific E&L Variations
<p>15 An overdose of drugs, being intoxicated or under the influence of intoxicants, hallucinogens, narcotics or other drugs, directly or indirectly</p>	<p>AK, IN, NC – Adds “unless administered on the advice of a ... physician”</p> <p>AL – Removes “or under the influence of intoxicants”; Adds “unless taken as prescribed by a ... physician”</p> <p>AZ, FL, KS, KY, WY – Adds “unless taken as prescribed by a ... Physician”</p> <p>CA – Revises entirely to “Being intoxicated or under the influence of any controlled substance, unless administered on the advice of a Physician”</p> <p>CT – Revises entirely to “Being intoxicated; defined as having a blood alcohol content which results in the Insured person being deemed legally intoxicated under the laws of the jurisdiction in which the loss is sustained or contracted”</p> <p>GA – Revises to “Being intoxicated or under the influence of intoxicants or any narcotics, unless administered upon the advice of a Legally Qualified Physician”</p> <p>IL – Revises to “Being intoxicated or under the influence of intoxicants that which is defined and determined by the laws of the state where the loss or cause of the loss was incurred, hallucinogens, narcotics or other drugs, unless taken as prescribed by a Legally Qualified Physician”</p> <p>LA – Removes “or other drugs”; Adds “unless administered by a ... physician”</p> <p>MD, MI, NV, PA, SD, TX – Removed entirely</p> <p>MN – Revises to “An overdose of drugs, being intoxicated (limited to an Insured Person driving or operating a motor vehicle and who has been determined to have a blood alcohol level exceeding the legal limit as defined by state law) or under the influence of hallucinogens, narcotics or other drugs, directly or indirectly, unless administered on the advice of a Legally Qualified Physician”</p> <p>MT – Revises to “A voluntary overdose of drugs, being voluntarily intoxicated or under the influence of intoxicants, hallucinogens, narcotics, or other drugs, directly or indirectly”</p> <p>NE – Revises to “An intentional overdose of drugs, being intoxicated or under the influence of any narcotic, unless administered on the advice of a physician, or other illegal drugs, directly or indirectly”</p> <p>NH – Revises to “Illness or injury arising from an overdose of drugs, under the influence of hallucinogens, narcotics or other drugs, unless taken as prescribed by a Legally Qualified Physician, directly or indirectly”</p> <p>OK – Revises to “Being under the influence of any narcotics, unless taken as prescribed by a Legally Qualified Physician”</p> <p>TN – Revises to “Being intoxicated or under the influence of any narcotic, unless administered on the advice of a ... Physician”</p> <p>UT – Removes “being intoxicated or under the influence of intoxicants”</p> <p>VA – Revises to “Being drunk, or under the influence of any narcotic unless taken on the advice of a Legally Qualified Physician”</p> <p>WA – Revises to “An overdose of drugs, directly or indirectly, except that treatment of an injury solely because the injury was sustained as a consequence of the Insured Person’s being intoxicated or under the influence of a narcotic is not excluded”</p>



Standard Exclusions and Limitations		Major State – Specific E&L Variations
16	Directly or indirectly engaging in an illegal occupation or illegal activity or Your being incarcerated	<p>AZ, IA, MO – Removes “Your being incarcerated”</p> <p>CA, MD, MI, NH, PA – Removed entirely (see State Specific E&L’s below)</p> <p>GA – Revises entirely to “Commission of or attempt to commit a felony or being engaged in an illegal occupation”</p> <p>IL – Revises to “Directly engaging in an illegal occupation or Your being incarcerated”</p> <p>NE – Revises to “Engaging in an illegal occupation or Your being incarcerated”</p> <p>TN – Removes “illegal activity”</p> <p>UT – Adds “...as a voluntary participant...”</p> <p>VA – Revises to “Engaging in an illegal occupation”</p>
17	Committing or trying to commit a felony	<p>CA, MD, NH – Removed entirely</p> <p>CT – Revises entirely to “Loss caused by the commission of a felony for which you have been convicted under state or federal law”</p> <p>GA – Combined with #16</p> <p>MI – Revises entirely to “Commission of or attempt to commit a felony or to which a contributing cause was the Insured’s being engaged in an illegal occupation or other willful criminal activity per Michigan Compiled Law Section 500.3452”</p> <p>MT – Revises to “Committing a felony”</p> <p>UT – Adds “as a voluntary participant”</p>

State Specific Exclusions and Limitations		
SS	Any loss to which a contributing cause was the Insured Person's commission of or attempt to commit a felony, or to which a contributing cause was the Insured Person's being engaged in an illegal occupation	CA, PA
SS	Your being incarcerated	MD, PA
SS	The use of alcohol that substantially contributes to, causes the loss, or is over the legal limit	UT Only
SS	If this policy replaces or is in addition to an existing specified disease coverage, we will give credit for the expired portion of any waiting period, elimination period, probationary period, pre-existing condition limitation or exclusion provision or conditions for any specified disease coverage replaced or issued in addition to this policy or attached rider.	KS Only



Standard Benefits Will not be Payable For	Major State – Specific Variations
1 The First Diagnosis of a Heart Attack and Stroke Qualifying Event, which occurs within the Waiting Period as specified in the POLICY SCHEDULE – SCHEDULE OF BENEFITS	MD, MO – Removed entirely MS, SD, VA – Removes “First”
2 Any Heart Attack and Stroke Qualifying Event caused directly or indirectly by Acquired Immune Deficiency Syndrome (AIDS) or AIDS-related complex	AZ, CA, FL, IA, KY, MD, NC, NH, PA, TN, TX – Removed entirely IL – Removes “or indirectly”
3 Any condition that is not Diagnosed as a Heart Attack and Stroke Qualifying Event, as defined herein	
4 Loss resulting from any other disease, sickness or incapacity, other than loss resulting from a Heart Attack and Stroke Qualifying Event, as defined herein. This includes any other disease or incapacity which may have been complicated or directly or indirectly affected or caused by a Heart Attack and Stroke Qualifying Event or as a result of treatment of a Heart Attack and Stroke Qualifying Event	CA, UT – Removed entirely IL – Removes “or indirectly” NH – Removed second sentence, “This includes any other...”



Standard Definitions

Pre-Existing Condition

A condition, disease, infection, or disorder not excluded by name or specific description for which:

1. Medical advice, consultation or treatment was recommended by or received from a Legally Qualified Physician within the two-year period before the Effective Date of Coverage; or
2. Symptoms existed within the one-year period before the Effective Date of Coverage, which would cause an ordinarily prudent person to seek Diagnosis, examination, care or treatment.

Major State – Specific Definition Variations

CA – #1 Removes “Medical advice, consultation or” and adds “Diagnosis or”

CT – Removed #2; Revises timeframe for #1 to “12 months”

DC – #2 Removes “an ordinarily prudent”

GA – Removes “consultation”

ID – Revises entirely to “Means a condition for which medical advice, diagnosis, care, or treatment was recommended or received within the six-month period immediately before the Effective Date of Coverage”

IL – Removed entirely

MD – Removes “not excluded by name or specific description,” adds “disorder that was not revealed in the application for this Policy unless the condition is excluded by means of a signed waiver.” Revises timeframe for #2 to “two-year period”

ME – Revises timeframe for #1 and #2 to “six months”

MS – Revises timeframes to #1: “5 years”; #2: “2 years”

MT – #1 Removes “consultation,” adds “diagnosis, care”; Removed #2

NC – A medical condition for which medical advice, diagnosis, care or treatment was recommended by or received from a Legally Qualified Physician within the one-year period before the Effective of Coverage.

ND, NE – Removed #2

NH – Revises to “A condition for which medical advice, diagnosis, care or treatment was recommended or received from a Legally Qualified Physician within the six-month period before the Effective Date of Coverage”

NM – Revises time frame for #1 to “six months”; Revises #2 “The condition manifested within the six-month period before the Effective Date of Coverage, which would cause an ordinarily prudent person to seek Diagnosis, examination, care or treatment”

PA – Removes “consultation”; Removed #2.

SD – Revises timeframe for #1 and #2 to “12 month”

TX – Removes “disease, infection, or disorder not excluded by name or specific description”; #1 Removes “consultation”; #2 Removes “examination”

UT – Revises entirely to “A condition which first manifested itself within 6 months prior to the Effective Date of Coverage or which was diagnosed by a Legally Qualified Physician at any time prior to the Effective Date of Coverage”

VA – Revises timeframes to #1: “10 years”; #2: “six months”

WY – Removed #2; Revises timeframe for #1 to “six months”



Plan Description*

- CancerWise pays the Member a lump sum cash benefit upon a first diagnosis of cancer.

General Benefit Options

- SI Only - \$20,000, \$30,000, \$40,000, \$50,000
- Combined benefits of any CancerWise and Critical Illness plan cannot exceed \$100,000
- See State Specific Benefits Section for available options

General Age Guidelines

- Child Primaries: Not Allowed
- Child Dependents: Are allowed (1-25) – Subject to state specific child dependent maximum age limitations.
- Issue Age: Primary (19-60) – Spouse/Domestic Partner (19-60)

General Sales Guidelines

- Benefit Amounts: All participants must have the same benefit amount.
- Sales Rules: Cannot be sold with another cancer plan offered by Midwest or CLICO. If sold with Critical Illness Direct, combined benefits cannot exceed \$100,000 at the personal level.

***CancerWise is no longer available for new sales.**



Premium Rating Factors

- ▶ Issue Age (Attained Age in **KY**)
- ▶ Sex
- ▶ Tobacco Use
- ▶ Benefit level

Underwriting

- ▶ Simplified issue only

Coordination of Benefits

- ▶ No

Subrogation

- ▶ No

State – Specific Marketing Rules

- ▶ **CA** – Primary (19-60) – Spouse/Domestic partner (19-60)
- ▶ **DE** – Primary (19-55) - Spouse/Domestic partner (19-55)
- ▶ **NH** – Cannot be sold with another Cancer Plan or Critical Illness Direct
- ▶ The age limits for dependents is 1-25 except in the states shown below:

State	Min Age	Max Age
N/A		



Standard Benefits						State – Specific Benefits
Benefit	Description	Option 1	Option 2	Option 3	Option 4	
CancerWise Benefit	<p>Pays one benefit per insured, per lifetime for First Diagnosis of internal Cancer or malignant melanoma Leukemia, Hodgkin’s Disease, or cancer in situ:</p> <ul style="list-style-type: none"> • Upon written pathological diagnosis • Provided the diagnosis is after the waiting period and while the policy is in force <p>Benefit available for each covered person in the family Provides benefit upon diagnosis, regardless of hospitalization or treatment</p>	\$20,000	\$30,000	\$40,000	\$50,000	<p>VA – \$1,000 benefit payable per lifetime for non-melanoma skin cancer. WA – \$20,000 option replaced by \$25,000 option</p>
CancerWise Waiting Period	<p>30–Day Waiting Period</p> <ul style="list-style-type: none"> • If a covered person is First Diagnosed with Cancer during the waiting period, the maximum payment is \$500 	\$500	\$500	\$500	\$500	<p>KS – If this policy replaces or is in addition to an existing cancer specified disease policy, we will give credit for the expired portion of any waiting period, elimination period, probationary period or any similar provision. This credit will not exceed that earned by the insured person under the replaced or previously existing policy. VA – The waiting period does not apply WA – No benefit if diagnosed within the 30-day waiting period</p>
Mammography Screening Benefit	Actual Charges, up to \$70					MT only
Termination Age Standard				Major State–Specific Variations		
Primary/Spouses Termination Age	65, or Medicare Eligibility whichever occurs first			CT, MT, VA – No Termination Age		



Standard Exclusions and Limitations	Major State – Specific Exclusions and Limitations Variations
<p>Pre-Existing Condition Limitation: Benefits will not be payable for Cancer resulting from a Pre-Existing Condition unless the First Diagnosis of such Cancer occurs more than 12 months after the Insured Person’s Effective Date of Coverage, including the Waiting Period.</p>	<p>FL, IL, NH, PA, SD, VA – N/A MD – Removes “...including the Waiting Period” ME, NM, UT – Revises “12 months” to “6 months”</p>
<p>1 Any services, supplies, care or treatment of cancer, or any other disease, sickness or incapacity</p>	<p>CA – Adds “invasive” before cancer GA – Adds “other than cancer as defined” VA – Replaces "Cancer" with "Malignant Cancer/Cancer in Situ and Non-Melanoma Skin Cancer"</p>
<p>2 Any disease, sickness, or incapacity which is not included within the definition of cancer as defined under the policy</p>	<p>CA – Replaces “included within the definition of” with “considered invasive” VA – Replaces "Cancer" with "Malignant Cancer/Cancer in Situ and Non-Melanoma Skin Cancer"</p>
<p>3 All skin cancer which is not diagnosed, by definition, specifically as malignant melanoma</p>	<p>CA – Removed entirely</p>
<p>4 Any diagnosis, as defined, which is determined to be caused by war or an act of war</p>	<p>OK – Adds “(whether declared or undeclared) while serving in the military or any auxiliary unit attached to the military or working in an area of war whether voluntary or as required by an employer.”</p>
<p>5 Any diagnosis, as defined, which is made by the insured or a member of the insured’s immediate family or household</p>	<p>GA – Adds “domestic partner”</p>
<p>6 Any diagnosis, as defined, which is made outside the U.S.</p>	<p>WA – Adds “any diagnosis, as defined, which is made during the waiting period” WY – N/A</p>
<p>7 Any diagnosis, as defined, which is made after the date on which coverage under the policy has been terminated.</p>	<p>FL – Adds “except for a first diagnosis of Cancer which is made post-mortem provided that the policy is not terminated due to a condition stated in the provision under the termination of coverage section.” VA – Adds “unless care or confinement for the Malignant Cancer / Cancer In Situ and Non-Melanoma Skin Cancer began while coverage was in force within 90 days prior to the Diagnosis.”</p>
<p>SS Any Cancer that is not First Diagnosed while coverage is in effect under this Policy</p>	<p>FL, IL, NH, PA, SD, UT, VA – N/A</p>
<p>SS Any Diagnosis, as defined, which occurs prior to an Insured Person’s Effective Date of Coverage</p>	<p>FL, IL, NH, PA, SD, UT, VA – N/A</p>



Standard Definitions

Major State – Specific Definition Variations

Cancer

Means a disease manifested by the presence of a malignant internal tumor characterized by the uncontrolled growth and spreading of malignant cells and/or the invasion of tissue, a Malignant Melanoma, Leukemia, Hodgkin’s disease, or cancer in situ that is in the natural or normal place, which is confined to the site of origin and has not invaded neighboring tissue. Cancer does not include premalignant conditions, conditions with malignant potential or all other skin cancer which is not specifically Malignant Melanoma.

CA – Replaces definition with Cancer in Tissue of Origin (Cancer In Situ) and added definition of Invasive Cancer.

Diagnosis

Means Cancer, as defined, that is positively identified by a legally licensed Doctor of Medicine certified by the American Board of Pathology to practice Pathologic Anatomy, or a certified Osteopathic Pathologist. Diagnosis must be based on a microscopic examination of fixed tissue, or preparation from the hemic system (either during life or postmortem). The pathologist establishing the diagnosis shall base their judgment solely on the criteria of malignancy as accepted by the American Board of Pathology or the Osteopathic Board of Pathology after a study of the histocytologic architecture or pattern of the suspect tumor, tissue, or specimen.

CA – Adds “...**Invasive** Cancer” (Summarized)

UT – Removes “...certified by the...Pathologist”; Removes the second sentence.

WY – Replaces “...certified by the American Board of Pathology to practice Pathologic Anatomy, or a certified Osteopathic Pathologist” with “...and is in good standing in the medical community.”

First Diagnosis Or First Diagnosis of Cancer

Means an insured who has received a diagnosis, as defined, for the first time while their coverage is in effect under the policy.

CA – Adds “invasive” before Cancer; Adds “in their life” after first time; Replaces “effect” with “force”

Issue Age

The age of an individual at the time of application. This locks in premiums that may not be changed unless a payment is missed.

Attained Age

Means the Insured Person’s age on the most recent annual anniversary of the Policy.



Standard Definitions

Means a condition, disease, infection, or disorder not excluded by name or specific description for which:

1. Medical advice, consultation or treatment was recommended by or received from a Legally Qualified Physician with the two year period before the Effective Date of Coverage; or
2. Symptoms existed within the one year period before the Effective Date of Coverage, which would cause an ordinarily prudent person to seek Diagnosis, examination, care or treatment.

Pre-Existing Condition

Major State – Specific Definition Variations

CA – Removed #2

CT – Removes “two year period” from #1; Removes #2 entirely

DC – Removes “...an ordinarily prudent...” from #2

FL, IL, NH, PA, SD, VA – N/A

ID – Revises to “means a condition for which medical advice, diagnosis, care, or treatment was recommended or received within the six month period immediately before the Effective Date of Coverage.”

MD – Revises the first statement to “means a condition, disease, infection or disorder that was not revealed in the application for this Policy unless the condition is excluded by means of a signed waiver...”

ME – Revises “two year period and one year period” to “6 months”

MT – Revises to “...which medical advices, diagnosis, care or treatment was recommended by or received from a legally Qualified Physician within the three year period before the Effective Date”; Removes #1 and #2

NC – Revises entirely to “means a medical condition for which medical advice, diagnosis, care or treatment was recommended by or received from a medical practitioner acting with the scope of his or her license within the twelve month period before the Effective Date of Coverage.”

ND, NE – Removes #2

NM, NV – Revises “two years and one year period” to “six month period”

TN – Removes “consultation”

UT – Revises entirely to “means a condition which first manifested itself within six months prior to the Effective Date of Coverage or which was diagnosed by a Legally Qualified Physician at any time prior to the Effective Date of Coverage.”

WY – Revises “two years” to “six months” in #1; Removes #2



Plan Description*

- Provides a one-time lump sum benefit upon a first occurrence diagnosis of a qualifying event. The benefit is paid directly to the insured. There is a 30 day waiting period.

General Benefit Options

- GI: \$10,000
- SI: \$15,000, \$20,000, \$30,000, \$40,000, \$50,000, \$60,000, \$80,000, and \$100,000
- Combined benefits of any CancerWise and Critical Illness plan cannot exceed \$100,000
- See State Specific Benefits Section for available options

General Age Guidelines

- Child Primaries: Not Allowed
- Child Dependents: Are allowed (1-25) - See State-Specific Marketing Rules for maximum ages.
- Issue Age: Primary (19-63) – Spouse/Domestic partner (19-63)

General Sales Guidelines

- Benefit Amounts: Primary, Spouse/Domestic Partner and Dependent Children can each select their own benefit option. However, all Dependent children must have the same benefit option.
- Sales Rules: Cannot be sold with another critical illness plan offered by Midwest or CLICO. If sold with CancerWise, combined benefits cannot exceed \$100,000 at the person level.

***Critical Illness Direct is no longer available for new sales.**



Premium Rating Factors

- ▶ Issue Age (Attained Age in **KY**)
- ▶ Sex
- ▶ Tobacco Use
- ▶ Benefit level

Underwriting

- ▶ Simplified or guaranteed issue available

Coordination of Benefits

- ▶ No

Subrogation

- ▶ No

State – Specific Marketing Rules

- ▶ **CA** – Primary (19-60) – Spouse/Domestic partner (19-60)
- ▶ **CT** – All applicants must have the same benefit option amount
- ▶ **DE** – Primary (19-55) - Spouse/Domestic partner (19-55)
- ▶ **NH** – Cannot be sold with another Cancer Plan or Critical Illness Direct
- ▶ **MA** – No longer available
- ▶ The age limits for dependents is 1 - 25 except in the states shown below:

State	Min Age	Max Age
N/A		



Standard Benefits		State-Specific							
Condition	Benefit Amount	Option 1 (GI Option)	Option 2	Option 3	Option 4	Option 5	Option 6	Option 7	Benefits
Advanced Alzheimer's Disease Illness-induced coma Heart attack Life-threatening cancer Major organ transplant Stroke Amyotrophic lateral sclerosis (Lou Gehrig's disease) End-stage renal failure	100% of Benefit Amount Chosen <i>Percentage reduced by ½ on date insured reaches age 70</i>	\$10,000	\$20,000	\$30,000	\$40,000	\$60,000	\$80,000	\$100,000	CT, MA – Benefits do not reduce at age 70 GA – Removes "Advanced" on Alzheimer's Disease and removes "Illness induced coma" NH – Cancer does not have to be "Life Threatening"; "Major Organ Transplant" replaced with "Major Organ Failure"; Adds "severe" to Stroke VA – No GI option. Benefits are 10,000, 15,000, 20,000, 30,000, 40,000, 50,000, 60,000 WA – No GI option. Benefit Amounts are: \$25,000, \$30,000, \$40,000, and \$60,000, \$80,000 and \$100,000
Coronary artery bypass Cancer in situ Benign brain tumor	25% of Benefit Amount Chosen <i>Percentage reduced by ½ on date insured reaches age 70</i> <i>In the event that a customer suffers an event paying a 25% benefit, they will retain the remaining 75% of the amount for future diagnoses</i>	\$2,500	\$5,000	\$7,500	\$10,000	\$15,000	\$20,000	\$25,000	CT, MA – Benefits do not reduce at age 70 GA – Removes "Benign brain tumor" WA – Adjust to 25% of the benefit amounts shown above
Waiting Period	Waiting period is 30 days from effective date								MA, SD – See Pre-Existing Condition Limitation in the Exclusions and Limitations for details MD – Does not apply MO, MT – Up to \$250 for qualified events within the first 30 days
Skin Cancer	Limited to one benefit payable per insured person, per lifetime								MA Only MA – \$1,250 of Lifetime Maximum Benefit Amount



Termination Age Standard		Major State–Specific Termination Age Variations
Termination Age	75	CA – Terminates at age 65 CT, MT – No Termination Age
Standard Exclusions and Limitations		Major State – Specific E&L Variations
<p>Pre-Existing Condition Limitation: Benefits will not be payable for a Qualifying Event resulting from a Pre-Existing Condition unless the First Diagnosis of such Qualifying Event occurs more than 12 months after the Insured Person’s Effective Date of Coverage, including the Waiting Period.</p>		DC, FL, GA, IL, PA, SD, UT – N/A MA, SD – Revises to “If a Qualifying Event occurs during the Waiting Period, You must elect (a.) whether the Policy is to be voided and a full premium refund issued, or (b.) if the Policy is to remain in force. If the Policy remains in force, the diagnosed Qualifying Event will be subject to a 12-month Pre-Existing Condition limitation beginning from the Effective Date of Coverage. MA —6 months vs. 12. MD – Removes “...including the Waiting Period.” ME, NM – Revises “12 months” to “six months”
1	An injury or accident	CA – N/A
2	Any care or benefits which are not specifically provided for in the policy	SD – N/A
3	Any act of war declared or undeclared	NC – Adds “...except for terrorism” CA, OK – Adds “when serving in the military or an auxiliary unit thereto”
4	Active military duty in the service of any country	PA – Adds “subject to the Military Service Reinstatement provision”
5	Participation in a riot, civil commotion or insurrection	ID – Adds “felony”; removed “civil commotion” MD – N/A OR – Revises “Participation” to “Voluntary participation” PA – Removes “civil commotion”
6	Suicide, attempted suicide, or intentionally self-inflicted injury, while sane or insane	MO, MT – Removes “insane” MA – Removes “suicide” MD – Removes “while insane” PA – Removes “attempted suicide” and “while sane or insane” WA – Adds “...unless such act is the direct result of an underlying medical condition.”
7	Payment for care for military service-connected disabilities for which the insured person is legally entitled to services and for which facilities are reasonably available to the insured person and payment for care for conditions that state or local law requires be treated in a public facility	CA, ME – Removed entirely
8	Experimental or investigational medicine	
9	Intentionally medically induced qualifying event, except in the case of a major organ transplant	ID – N/A



Standard Exclusions and Limitations

Major State – Specific Exclusions and Limitations Variations

10	Cosmetic surgery	<p>CA – Removed entirely</p> <p>DC – Adds “...except as mandated by D.C.”</p> <p>NC – Adds “...except for cleft palate”</p> <p>PA – Adds “...except when necessitated by covered sickness or injury”</p>
11	Drug abuse or addiction including alcoholism, or overdose of drugs, narcotics, or hallucinogens, directly or indirectly	<p>AL, IL, KY, NC, WY – Adds “...unless taken as prescribed by a legally qualified physician”</p> <p>DC – Removes “...narcotics”</p> <p>CA, CT, MD, MI, OR – N/A</p>
12	An overdose of drugs, being intoxicated or under the influence of intoxicants, hallucinogens, narcotics or other drugs, directly or indirectly	<p>AL – Removes “...or under the influence of intoxicants”</p> <p>AL, FL, ID, IL, KY, NC, PA, WY – Adds statements concerning “...unless taken as prescribed by a legally qualified physician.”</p> <p>CA – Revises to “Being intoxicated or under the influence of narcotics, unless administered on the advice of a Legally Qualified Physician”</p> <p>CT, IN, MD, MI, OR – N/A</p> <p>MT – Adds “A voluntary overdose...” and “voluntary intoxicated”</p> <p>OK – Revises to “Drug addiction or alcoholism”</p> <p>WA – Revises to “An overdose of drugs, directly or indirectly, except for the treatment of an injury solely because the injury was sustained as a consequence of the Insured Person’s being intoxicated or under the influence of a narcotic is not excluded.”</p>
13	Directly or indirectly engaging in an illegal occupation or illegal activity or your being incarcerated	<p>CT, MD – N/A</p> <p>OK – Revises to “Being under the influence of any narcotics, unless taken as prescribed by a Legally Qualified Physician.”</p>
14	Committing or trying to commit a felony	CT, MD – N/A
SS	Services or supplies for the treatment of an occupational injury or sickness which are paid under the NC Workers' Compensation Act only to the extent such services or supplies are the liability of the employee, employer or workers' compensation insurance carrier according to a final adjudications under the NC Workers' Compensation Act or an order of the NC Industrial Commission approving a settlement agreement under the NC Workers' Compensation Act.	NC only
SS	The use of alcohol that substantially contributes to, causes the loss, or is over the legal limit	UT only
SS	Any Diagnosis, as defined, which is made by You or a member of Your Immediate Family or household	CA, DC, FL, GA, IL, MA, NH, PA, SD, UT – N/A
SS	No indemnity will be paid for loss caused by the voluntary use of any controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as now or hereafter amended, unless as prescribed by a Legally Qualified Physician for the insured;	CT only



Standard Exclusions and Limitations

Major State – Specific Variations

SS	Being intoxicated; defined as having a blood alcohol content which results in the Insured person being deemed legally intoxicated under the laws of the jurisdiction in which the loss is sustained or contracted, or	CT only
SS	Loss caused by the commission of a felony for which you have been convicted under state or federal law.	CT only

Qualifying Event Exclusions and Limitations

Major State – Specific Exclusions and Limitations Variations

1	A Qualifying Event, which First Occurs prior to an insured person's effective date of coverage or within the waiting period as specified in the policy schedule.	MA, MT – N/A MO – Removes “or within the waiting period” OK – Adds “...In the event of a cancer diagnosis within the first 30 days, we will pay no more than \$1,000 of the lifetime maximum benefit amount selected”
2	Any Qualifying Event caused directly or indirectly by Acquired Immune Deficiency Syndrome (AIDS) or AIDS-related complex.	AZ, CT, DC, IA, KY, MA, MD, NM, NC, PA – N/A IL – Removes “indirectly”
3	Any condition that is not diagnosed as a Qualifying Event as defined in the policy.	
4	Loss resulting from any other disease, sickness or incapacity, other than loss resulting from a Qualifying Event, as defined in the policy. This includes any other disease or incapacity which may have been complicated or directly or indirectly affected or caused by a Qualifying Event or as a result of treatment of a Qualifying Event.	
5	Any amounts in excess of the lifetime benefit amount.	
SS	When this policy replaces another specified disease policy, we will give credit for the expired portion of any waiting period, elimination period, probationary period, or any similar provision. This credit will not exceed that time earned by the insured person under the replaced or previously existing policy. This credit will not be used to place the insured person in a more favorable position than would have been the case had a replacement or additional policy not been issued.	KS only

Standard Definitions

Major State – Specific Definition Variations

First Occurs, First Occurred or First Occurrence	Means any diagnosis, treatment, surgery or advice by a legally qualified physician having initially occurred for the first time in the insured's lifetime and while the policy is in force for the insured.	FL – Adds “Diagnosis may also include a postmortem diagnosis.” GA, MA, SD – N/A
Cancer in Situ	Includes a diagnosis of cancer wherein the tumor cells still lie within the tissue of origin without having invaded neighboring tissue. Stage 0 transitional carcinoma of urinary bladder and early prostate cancer requiring medical treatment is considered Cancer in Situ. <i>Cancer in Situ does not include premalignant lesions, tumor or polyps; benign tumors or polyps; or skin cancer</i>	CA – Revises definition to “Cancer in Tissue of Origin (Cancer in Situ)” NC – Removes “ <i>Cancer in Situ does not include premalignant lesions, tumor or polyps; benign tumors or polyps; or skin cancer</i> ”



Standard Definitions

Major State – Specific Definition Variations

Life-Threatening Cancer

Means only those types of cancer manifested by the presence of a malignant neoplasm characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue. Leukemia and Hodgkin's Disease are considered Life-Threatening Cancer.
Life-Threatening Cancer does not include: premalignant lesions, tumors or polyps; cancer in situ; stage 0 transitional carcinoma of the urinary bladder; early prostate cancer; benign tumors or polyps; any skin cancer other than invasive malignant melanoma in the dermis or deeper; or skin malignancies that have become Life Threatening Cancer.

CA – Revises definition to "Invasive Cancer"
NH – N/A

Illness Induced Coma

Means loss of consciousness due to illness for a continuous 96 hour period in which external stimulation produces only primitive avoidance reflexes.
Illness Induced Coma does not include deliberately induced Comas for medical reasons or comas resulting from an injury.

GA – N/A
PA – Removes "for a continuous 96 hour period"

Major Organ (for a Major Organ Transplant)

Includes only the following organs: heart; lung or lungs; liver; kidney; pancreas; heart/lung combined; or bone marrow.



Standard Definitions

Pre-Existing
Condition

Means a condition, disease, infection, or disorder not excluded by name or specific description for which:

1. Medical advice, consultation or treatment was recommended by or received from a Legally Qualified Physician within the two year period before the Effective Date of Coverage or;
2. Symptoms existed within the one year period before the Effective Date of Coverage, which would cause an ordinarily prudent person to seek Diagnosis, examination, care or treatment.

Major State – Specific Definition Variations

CA – Removed #2

CT – Revises “two year period” to “twelve month period” in #1; Removed #2

DC, FL, GA, IL, NH, PA, UT – N/A

ID – Revises to “means a condition for which medical advice, diagnosis, care or treatment was recommended or received within the six month period immediately before the Effective Date of Coverage.”

ID, NC ND, NE – Removed #2

MA – Revises to “means a condition for which medical advice was given or treatment was recommended by, or received from, a Legally Qualified Physician within the six-month period prior to the Insured Person’s Effective Date of Coverage.”

MD – Adds “...disorder that was not revealed in the application for this Policy unless the condition is excluded by means of a signed waiver...”

ME, NM, NV – Revises “two year and one year period” to “six month period”

MT – Revises to “...for which medical advice, diagnosis, care or treatment was recommended by or received from a Legally Qualified Physician within the three year period before the Effective Date”; Removed #1 and #2

NC – Revises to “...a medical condition for which medical advice, diagnosis, care or treatment was recommended by or received from a medical practitioner acting with the scope of his or her license, within the twelve month period before the Effective Date of Coverage.”

NH – Revises to “a condition for which medical advice, diagnosis, care or treatment was recommended or received from a Legally qualified Physician within the six month period before the Effective Date of Coverage”; Removed #1 and #2

SD – Revises “two year period” to “twelve months”

TX – Removes “consultation”

WY – Revises “two year” to “six months” in #1; Removed #2



Plan Description

- Paid directly to the insured due to Sickness or Injury. Benefits are payable, based on Benefit Period elected, for each day of Medically Necessary Hospital Confinement of an Insured Person due to a covered Sickness or Injury. Includes limited benefits for Mental Health Confinement and Hospital Observation.

General Benefit Options

- GI: Not Available
- SI: 3 day \$50-\$1000, 6 day \$50-\$1000, 10 day \$50-\$1000, 21 day \$50-\$750, 180 day \$50-\$250, 365 day \$50-\$250
- Benefit Level available based on Age rules**
- See State Specific Benefits Section for available options

General Age Guidelines

Non-Senior

- Child Primaries: Allowed
- Child Dependents: Are allowed (0-25) - See State-Specific Marketing Rules for maximum ages.
- Issue Age: Primary (0-63) – Spouse/Domestic partner (16-63)

Senior

- Child Primaries: Not Allowed
- Child Dependents: Are allowed (0-25) - See State-Specific Marketing Rules for maximum ages.
- Issue Age: Primary (64-90) – Spouse/Domestic partner (16-90)

General Sales Guidelines

- Benefit Amounts: All applicants must select the same benefit level.
- Sales Rules: Cannot be sold with Fixed Indemnity, Metal Gap, Hospital Confinement Direct, or another HospitalWise, at an applicant level.
- All applicants covered on the base plan are also covered on the attached Riders if selected and approved through underwriting.



Premium Rating Factors

- ▶ Issue Age
- ▶ Benefit level

Underwriting

- ▶ Simplified issue

Coordination of Benefits

- ▶ No

Subrogation

- ▶ No

State – Specific Marketing Rules

- ▶ **CA** – Issue age: Primary (age 0-64), Spouse/Domestic partner (age 16-64).
- ▶ **CA** – No senior version available.
- ▶ **NM** – No longer available
- ▶ The issue age limits for dependents is 0 - 25 except in the states shown below:

State	Min Age	Max Age
CT	0	26
FL	0	30
IL	0	29
NE	0	29
OH	0	27
SD	0	29
WI	0	26

Prior Coverage Credit

Description	Existing SureBridge Plan	New Plan or Rider	Credit
When CancerWise Plus, HeartWise or HospitalWise is replacing an existing compatible Chesapeake or MidWest plan, the customer will be given credit toward any previously satisfied waiting period and pre-existing condition limitation under the existing plan. Newly issued plans are subject to underwriting and new issue age.	CLICO: Hospital Confinement Direct Plan, Fixed Indemnity Direct (Senior, non-Senior), Metal Gap MidWest: Direct Benefit, Essential Core Care, Hospital Confinement	HospitalWise	Pre-Existing Condition
	CLICO: CancerWise® MidWest: CancerWise®	CancerWise® Plus	Waiting Period and Pre-Existing Condition
	CLICO: Critical Illness Direct MidWest: Critical Care / Critical Care Plus	HeartWise™, CancerWise® Plus, and/or Critical Condition Rider	Waiting Period and Pre-Existing Condition



Standard Benefits			State Specific Benefits
Benefits Description	Benefit Detail	Benefit Amount	
<p>Daily Hospital Confinement Benefit for Sickness or Accident</p> <p><i>Provides the Daily Benefit Amount for each day the insured person is confined to the hospital subject to the Benefit Period. Confinement must be the result of an injury or a sickness.</i></p>	<p>3, 6 or 10 days</p> <p>21 days</p> <p>180 or 365 days</p>	<p>\$50-\$1,000</p> <p>\$50 - \$750</p> <p>\$50 - \$250</p> <p>(\$50/Unit)</p>	<p>If a Benefit Period of 3 days -21 days are chosen, pays beyond elected Benefit Period Option up through 31 days at an amount of:</p> <p>AR – \$80 per day CT, FL, IA, IL, KS, ME, NH, OK, PA, TX, UT, VA, WA, WV – \$50 per day</p>
<p>Daily Hospital Confinement Benefit for Mental or Nervous Disorders</p> <p><i>Provides a daily benefit for each day the insured person is confined to the hospital. Payable for a maximum of 7 days per calendar year per insured person. Benefits are paid in lieu of and not in addition to the Hospital Confinement Benefit for Sickness or Injury.</i></p>	<p>7 days</p>	<p>\$250</p>	<p>ID – 31 Days FL, UT, VA – Adds (including suicide, attempted suicide or any intentionally self-inflicted injury) NH – Pays the Daily Benefit selected from above (\$50-\$1,000) per insured person, limited to the Benefit Period selected from above (3 days -365 days) per insured person, per period of confinement. If a Benefit Period of 3 days -21 days are chosen, pays beyond elected Benefit Period Option up through 31 days at an amount of \$50</p>
<p>Hospital Observation Benefit for Sickness or Accident</p> <p><i>Provides a benefit amount equal to the Daily Benefit Amount when the insured is admitted to a hospital for observation for a period of 12 – 24 hours. Payable 4 times per calendar year per insured person. Observation must be the result of an injury or a sickness.</i></p>	<p>4 times per insured person per calendar year</p>	<p>\$50-\$1,000</p> <p>(\$50/unit)</p>	<p>ID, SD – N/A</p>
Termination Age Standard		Major State–Specific Termination Age Variations	
None			



Optional Benefits Description	Benefit Detail	Benefit Amount	State Specific Variations
<p>Lump Sum Hospital Confinement Rider</p> <p><i>Provides a lump-sum benefit upon an insured person's first annual confinement in a hospital during the calendar year. Confinement must be the result of an injury or a sickness. Not payable when an Insured Person is Hospital Confined due to Mental or Nervous Disorders or for Hospital Observation.</i></p>	<p>1 time per insured person per calendar year</p>	<p>\$250 - \$3,000 (\$250/unit)</p>	<p>ID – N/A SD – Removes restriction on Hospital Observation</p>
<p>Outpatient Surgery Rider</p> <p><i>Provides a daily benefit when an insured person receives a surgical procedure performed by a doctor in an ambulatory surgical center or outpatient facility of a hospital.</i></p>	<p>2 times per insured person per calendar year</p>	<p>\$250 - \$2,000 (\$250/unit)</p>	<p>CT, ID – N/A</p>
<p>Skilled Nursing Facility Rider</p> <p><i>Provides a daily benefit when an insured person is confined to a Skilled Nursing Facility. Daily benefits are payable subject to the riders benefit period and elimination period. Skilled nursing confinement must follow a covered hospital Confinement by a period no greater than 30 days. Treatment must be the result of an injury or sickness.</i></p>	<p>1 – 20 Days, 0 Day Elimination Period</p> <p>21 – 100 Days, 20 Day Elimination Period</p> <p>1 - 100 Days 0 Day Elimination Period</p>	<p>\$100 - \$500 (\$100/unit)</p>	<p>ID – N/A ND, NH – No 21-100 Day option</p>



Optional Benefits Description	Benefit Detail	Benefit Amount	State Specific Variations
<p>Ambulance Transport Rider</p> <p><i>Provides a benefit when an insured person is transported by an ambulance immediately preceding hospital confinement. Treatment must be the result of an injury or a sickness.</i></p>	<p>4 times per insured person per calendar year</p>	<p>\$100 - \$500 (\$100/unit)</p>	<p>CA, ID – N/A</p>
<p>Emergency Care Rider</p> <p><i>Provides a benefit when an insured person receives care in a hospital emergency room. Treatment must be the result of an injury or a sickness.</i></p>	<p>4 times per insured person per calendar year</p>	<p>\$100 - \$500 (\$100/unit)</p>	<p>CT, ID – N/A</p>
<p>Outpatient Major Diagnostic Exam Rider</p> <p><i>Provides a benefit when an insured person receives a covered major diagnostic exam on an outpatient basis. Treatment must be the result of an injury or sickness.</i></p> <p><i>Covered Exams:</i></p> <ul style="list-style-type: none"> • Computerized Tomography (CT) • Magnetic Resonance Imaging (MRI) • Positron Emission Tomography (PET) scan • Angiogram • Computerized Tomography Angiogram Scan (CTA) • Electroencephalogram (EEG) or • Electrocardiogram (EKG) 	<p>2 times per insured person per calendar year</p>	<p>\$100 - \$500 (\$100/unit)</p>	<p>CT, ID – N/A</p>



Optional Benefits Description	Benefit Detail	Benefit Amount	State Specific Variations
<p>Wellness Rider</p> <p><i>After a 90 day waiting period, benefit payable of \$50 per insured person, per exam:</i></p> <ul style="list-style-type: none"> • annual physical • biopsy for skin cancer • blood test for triglycerides • bone marrow biopsy and aspiration • CA 19-9 (blood test for cancer) • breast ultrasound • fast blood glucose test • CA 15-3 (blood test for cancer) • hemocult stool analysis • CA 125 (blood test for cancer) • PSA (blood test for prostate cancer) • CEA (blood test for cancer) • pap smear • chest X-ray • immunizations/vaccinations • colonoscopy • vision/hearing exams • flexible sigmoidoscopy • Serum protein electrophoresis (blood test for Myeloma) • serum cholesterol test to determine the level of HDL and LDL • stress test • mammography • Low-Dose computed tomography (lung cancer screening) 	<p>1 time per insured person per calendar year</p>	<p>\$50</p>	<p>CA – Adds “or any other generally medically accepted cancer screening tests</p> <p>CT, ID, MI, NH – N/A</p> <p>MD, NE – Removes rider waiting period</p> <p>ME, TN – Waiting period is 30 days</p> <p>ND – No waiting period</p> <p>WA – Known as the Health Screening Rider</p>



Standard Exclusions and Limitations		Major State – Specific E&L Variations
Pre Ex Clause Non-Senior and Senior	We will not provide benefits for any loss resulting from a Pre-Existing Condition, as defined unless the loss is incurred at least six months after the Effective Date of Coverage for an Insured Person.	<p>NC – Insured Persons under age 65 on the Policy Effective Date pre-existing is six months before/six months after; Insured Persons age 65 and older on the Policy Effective Date the Pre-Existing Condition clause does not apply.</p> <p>NH – N/A</p> <p>VA – Revises to “We will not provide benefits for any loss resulting from a Pre-Existing Condition, as defined unless the claim for the loss incurred starts at least six months after the Effective Date of Coverage for an Insured Person.”</p>
1	Any care or benefits which are not specifically provided for in this Policy	SD – Removed entirely
2	Any act of war declared or undeclared	<p>FL, NC – Adds “Except for Terrorism”</p> <p>OK – Adds “while serving in the military or an auxiliary unit thereto;”</p> <p>VA – Adds “‘war’ does not include terrorism”</p> <p>NH – Revises to “War or act of war, declared or undeclared”</p>
3	Active military duty in the service of any country	<p>AR, FL, TX, VA – Adds “Upon receipt of written request, premiums will be refunded on a pro-rata basis for the period of such military services;”</p> <p>ID, NH – Revises entirely to “Service in the armed forces or units auxiliary to it”</p> <p>PA – Adds “Subject to the Military Service Reinstatement provision”</p>



Standard Exclusions and Limitations		Major State – Specific E&L Variations
4	Participation in a riot, civil commotion or insurrection	<p>ID, NH – Revises entirely to “Participation in a felony, riot, or insurrections”</p> <p>MD – Removed entirely</p> <p>MI – Revises entirely to “Participation in a civil infraction or other activity that rises to the level of a misdemeanor or felony”</p> <p>NC – Revises “Participation” to “Active participation”</p> <p>OR, UT – Revises “Participation” to “Voluntary participation”</p> <p>PA, VA – Removes “civil commotion”</p>
5	Mental or Nervous Disorders, unless otherwise stated herein	<p>ID – Replaces “Nervous Disorders” with “emotional disorders, alcoholism and drug addiction”</p> <p>NH, VA – Removed entirely</p> <p>TX – Adds “without demonstrable organic disease”</p>
6	Mandibular or maxillofacial surgery to correct growth defects after one year from the date of birth, jaw disproportions or malocclusions, or to increase vertical dimension or reconstruct occlusion	<p>AZ, CA, ID, MD, NC, NH, VA – Removed entirely</p> <p>FL – Unless deemed to be medically necessary by a Physician.</p>
7	Weight loss or modification, or complications arising therefrom, or procedures resulting therefrom, or for surgical treatment of obesity, including wiring of the teeth and all forms of surgery performed for the purpose of weight loss or modification	<p>ID, NH – Removed entirely</p> <p>IL – Adds “except for morbid obesity”</p>
8	Breast reduction or augmentation unless necessary in connection with breast reconstructive surgery following a mastectomy performed while insured under this Policy	<p>ID, VA – Removed entirely</p> <p>IN – Removes “while insured under this Policy”</p> <p>NH – Revises entirely with “Cosmetic surgery, except reconstructive surgery incidental to or following surgery resulting from trauma, infection or other diseases of the involved part, and reconstructive surgery due to a congenital disease or anomaly of a Covered Dependent child that has resulted in a functional defect;”</p>
9	Modification of the physical body in order to improve the psychological mental or emotional well-being of the Insured Person, such as sex-change surgery	<p>CA, FL, ID, MD, NH – Removed entirely</p> <p>OR, VA – Removes “such as sex-change surgery”</p>



Standard Exclusions and Limitations	Major State – Specific E&L Variations
<p>10 Payment for care for military service-connected disabilities for which the Insured Person is legally entitled to services and for which facilities are reasonably available to the Insured Person and payment for care for conditions that state or local law requires be treated in a public facility</p>	<p>CA, ME, NH, TX, VA – Removed entirely TN – Removes “and payment for care for conditions that state or local law requires be treated in a public facility”</p>
<p>11 Experimental or investigational medicine</p>	<p>AK, NH – Removed entirely MD – Adds “when the treating Physician determines that the treatment is experimental or investigational medicine” WA – Revises “investigational medicine” to “investigative”</p>
<p>12 Any treatment or procedure that either promotes or prevents conception or prevents childbirth, including but not limited to: (a) artificial insemination; (b) in-vitro fertilization or other treatment for infertility; (c) treatment for impotency; (d) sterilization or reversal of sterilization; or (e) abortion (unless the life of the mother would be endangered if the fetus were carried to term), unless otherwise stated herein</p>	<p>FL, KY – Removes “including but not limited to” ID – Revises entirely to “Abortion (unless the life of the mother would be endangered if the fetus were carried to term)” NH – Removed entirely TN – Adds “or the fetus is non-viable” VA – Adds to (e), “except when the pregnancy is a result of an alleged act of rape or incest”</p>
<p>13 Cosmetic surgery</p>	<p>CA – Adds “for the sole purpose of improvement of physical appearance, unless necessary in connection with breast Reconstructive Surgery following a mastectomy performed while insured under this Policy” ID – Adds “except that ‘cosmetic surgery’ shall not include reconstructive surgery when the service is incidental to or follows surgery resulting from trauma, infection or other diseases of the involved part, and reconstructive surgery because of congenital disease or anomaly of a Covered Dependent child” MD – Adds “or other modification of the physical body in order to improve the psychological mental or emotional well-being of the Insured Person, and/or when the treating Physician determines that the treatment is cosmetic” NC – Adds “except for congenital defects or anomalies associated with cleft lip or cleft palate” NH – Removed entirely PA – Adds “except when necessitated by a covered Sickness or Injury” VA – Adds “except for conditions specified in the definition of Cosmetic Surgery”</p>
<p>14 Radial keratotomy or any eye surgery when the primary purpose is to correct nearsightedness, farsightedness, astigmatism, or any other refractive error</p>	<p>NH – Removed entirely</p>
<p>15 Operating any motorized passenger vehicle for wage, compensation, or profit</p>	<p>IL, NH, OK, TX, VA – Removed entirely</p>



Standard E&Ls	Major State – Specific E&L Variations
<p>16 Drug abuse or addiction including alcoholism, or overdose of drugs, narcotics, or hallucinogens, directly or indirectly</p>	<p>AL, AZ, FL, KS, KY, WY – Adds “unless taken as prescribed by a Physician” CA, GA, ID, MD, MI, NV, OR, SC, SD, VA – Removed entirely CT – Revises to “No indemnity will be paid for loss caused by the voluntary use of any controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as now or hereafter amended, unless as prescribed by a legally qualified physician for the insured” IL – Adds “unless taken as prescribed by a ... Physician”; Removes “directly or indirectly” IN, NE – Adds “unless administered on the advice of a ... physician” MN – Adds “unless administered on the advice of a ... physician”, removed “including alcoholism” NH – Revises entirely to “Drug abuse or addiction including alcoholism” OK – Revises entirely to “Drug addiction or alcoholism” PA – Revises entirely to “Any loss sustained or contracted in consequence of the Insured Person being intoxicated, or under the influence of any narcotic, unless administered on the advice of a Legally Qualified Physician” TN – Adds “intentional overdose”</p>
<p>17 An overdose of drugs, being intoxicated or under the influence of intoxicants, hallucinogens, narcotics or other drugs, directly or indirectly</p>	<p>AL – Adds “unless taken as prescribed by a Physician”, Removed “or under the influence of intoxicants” AZ, FL, KS, WY – Adds “unless taken as prescribed by a Physician” AK, IN, NC – Adds “unless administered on the advice of a ... physician” CA – Revises entirely to “Being intoxicated or under the influence of any controlled substance, unless administered on the advice of a Physician” CT – Revises entirely to “Being intoxicated or under the influence of an intoxicant; defined as having a blood alcohol content which results in the Insured person being deemed legally intoxicated under the laws of the jurisdiction in which the loss is sustained or contracted” GA – Revises to “Being intoxicated or under the influence of intoxicants or any narcotics, unless administered upon the advice of a Physician” ID, MD, MI, NH, NV, OR, PA, SC, SD, VA – Removed Entirely IL – Revises to “Being intoxicated or under the influence of intoxicants that which is defined and determined by the laws of the state where the loss or cause of the loss was incurred, hallucinogens, narcotics or other drugs, unless taken as prescribed by a Physician” KY – Removes “or other drugs”; Adds “unless taken as prescribed by a Physician” LA – Removes “or other drugs”; Adds “unless administered by a Physician” MN – Revises entirely to “An overdose of drugs, being intoxicated (limited to an Insured Person driving or operating a motor vehicle and who has been determined to have a blood alcohol level exceeding the legal limit as defined by state law) or under the influence of hallucinogens, narcotics or other drugs, directly or indirectly, unless administered on the advice of a Physician” MT – Adds “voluntary” overdose and “voluntarily” intoxicated NE – Revises to “An intentional overdose of drugs, being intoxicated or under the influence of any narcotic, unless administered on the advice of a physician, or other illegal drugs, directly or indirectly” OK – Revises to “Being under the influence of any narcotics, unless taken as prescribed by a Physician” TN – Revises to “Being intoxicated or under the influence of any narcotic unless administered on the advice of a Physician” UT – Removes “Being intoxicated or under the influence of intoxicants” WA – Revises entirely to “An overdose of drugs, directly or indirectly, except that treatment of an injury solely because the injury was sustained as a consequence of the Insured Person’s being intoxicated or under the influence of a narcotic is not excluded”</p>



Standard Exclusions and Limitations	Major State – Specific E&L Variations
<p>18 Directly or indirectly engaging in an illegal occupation or illegal activity or Your being incarcerated</p>	<p>CA – Revises to “Any loss to which a contributing cause was the Insured Person’s commission of or attempt to commit a felony or to which a contributing cause was the Insured’s being engaged in an illegal occupation”</p> <p>GA – Revises to “Commission of or attempt to commit a felony or being engaged in an illegal occupation”</p> <p>ID – Revises to “Any loss to which a contributing cause was the Insured Person being engaged in an illegal occupation”</p> <p>IL – Revises to “Directly engaging in an illegal occupation or Your being incarcerated”</p> <p>NE – Revises to “Engaging in an illegal occupation or Your being incarcerated”</p> <p>MD, NH – Removed entirely</p> <p>MO – Removes “Your being incarcerated”</p> <p>PA – Revises to “Any loss to which a contributing cause was the Insured Person’s commission of or attempt to commit a felony, or to which a contributing cause was the Insured Person’s being engaged in an illegal occupation”</p> <p>TN – Removes “or illegal activity”</p> <p>VA – Revises to “Engaging in an illegal occupation”</p> <p>UT – Adds “as a voluntary participant”</p>
<p>19 Committing or trying to commit a felony</p>	<p>CA, GA, ID, MD, NH, TX – Removed entirely</p> <p>MI – Revises to “Commission of or attempt to commit a felony or to which a contributing cause was the Insured’s being engaged in an illegal occupation or other willful criminal activity”</p> <p>MT – Removes “Trying to commit”</p> <p>UT – Adds “as a voluntary participant”</p>
<p>20 Normal pregnancy, except for Complications of Pregnancy while Hospital Confined</p>	<p>MT, NH – Removed entirely</p> <p>ND, PA, TN, VA – Removes “while Hospital Confined”</p>
<p>21 Hospital Confinement for routine or normal newborn childcare</p>	<p>MT, NH – Removed entirely</p> <p>OR – Revises to “Routine or normal newborn childcare while Hospital Confined”</p> <p>VA – Adds “unless otherwise stated herein”</p>



Standard Exclusions and Limitations	Major State – Specific E&L Variations
<p>22 Mountaineering using ropes and/or other equipment, parachuting, hang gliding, racing any type of vehicle in an organized or unorganized event, sky diving, scuba diving below 130 feet, motorized racing, para-sailing, experimental aviation, ultra-light flying, base jumping, bungee jumping, heli-skiing or heli-snowboarding</p>	<p>CT, FL, IL, NH, OK, TX, VA, WA – Removed entirely IA – Revises to “Aviation, including experimental aviation or ultra-light flying” ID – Adds “Participation as a professional in hazardous activities, such as” NE – Removes “unorganized”; Adds “organized motorized racing”</p>
<p>23 Travel in or descent from any vehicle or device for aerial navigation, except as a fare-paying passenger in an aircraft operated by a commercial airline certified by the U.S. Federal Aviation Administration (FAA), on a regularly scheduled passenger trip</p>	<p>CT, IL, VA – Revises to “Aviation, except as a fare-paying passenger in an aircraft operated by a commercial airline certified by the U.S. Federal Aviation Administration (FAA), on a regularly scheduled passenger trip” ID, TX – Removed entirely NH – Revises to “Aviation, except as a fare-paying passenger”</p>
<p>24 Care received outside of the United States</p>	<p>AK – Adds “Or Canada” FL, TX – Removed entirely GA – Adds “Non-emergency...”</p>

State Specific Exclusions and Limitations		
SS	Your being incarcerated	MD, PA
SS	Services or supplies for the treatment of an Occupational Injury or Sickness which are paid under the North Carolina Workers' Compensation Act only to the extent such services or supplies are the liability of the employee, employer or workers' compensation insurance carrier according to a final adjudication under the North Carolina Workers' Compensation Act or an order of the North Carolina Industrial Commission approving a settlement agreement under the North Carolina Workers' Compensation Act.	NC Only
SS	Physician services provided by You or a member of Your Immediate Family or household	TX Only
SS	The use of alcohol that substantially contributes to, causes the loss, or is over the legal limit	UT Only
SS	Care, services or treatment for sexual reassignment or change, including medications, implants, hormone therapy, surgery, medical or psychiatric treatment	CA Only
SS	Professional aviation for wage or profit	ID Only
SS	Alcoholism and drug addiction	VA Only



Standard Definitions

Hospital An institution operated pursuant to its license for the care and treatment of sick and injured persons or persons with Mental or Nervous Disorders for which a charge is made that the Insured Person is legally obligated to pay. The institution must:

1. Maintain on its premises organized facilities for medical, diagnostic and surgical care for sick and injured persons or persons with Mental or Nervous Disorders on an inpatient basis;
2. Maintain a staff of one or more duly licensed Physicians;
3. Provide 24-hour nursing care by or under the supervision of a registered graduate professional nurse (R.N.); and
4. Be accredited as a Hospital by the Joint Commission on Accreditation of Hospitals.

The term "Hospital" does not include:

1. A hospice unit, including any bed designated as a hospice or a swing bed; a convalescent home; a rest or nursing facility; an extended care facility; a skilled nursing facility or a facility primarily affording rehabilitation care, custodial or educational care, or care for the aged; or a substance abuse treatment center or a facility primarily affording care or treatment for persons addicted to drugs or alcohol; and
2. Any military or veteran's hospital, soldier's home or any hospital contracted for or operated by the Federal Government or any agencies thereof for the treatment of members or former members of the Armed Forces, unless the Insured Person is legally required to pay for services in the absence of this insurance coverage.

Major State – Specific Definition Variations

AK, SD – Removes #4

IA – Removes #4; Removes #2 of “The term ‘Hospital’ does not include”

ID – Adds to #1 “...or in facilities available to the Hospital on a contractual or pre-arranged basis”

IL – Adds to #1 “...or in facilities having an agreement to provide”

LA – Removes “for which a charge is made that the Insured Person is legally obligated to pay;” Adds #5: “Is owned and operated by the State of Louisiana or any of its political subdivisions.”

MO, OK, WV – Removes #2 of “The term ‘Hospital’ does not include”

NH – Revises to “An institution licensed to operate as a Hospital pursuant to law. The institution must: Revises (1) to “Be primarily and continuously engaged in providing or operating, either on it premises or in facilities available to the Hospital on a prearranged basis”; Revises (2) to “Maintain organized facilities for medical, diagnostic and surgical care for medical care of sick and injured persons or persons with Mental or Nervous Disorders on an inpatient basis for which a charge is made and the Insured Person is legally obligated to pay”; Revises #1 in “The term ‘Hospital’ does not include” entirely to “a hospice unit, including any bed designated as a hospice or a swing bed; a convalescent home; a rest or nursing facility; an extended care facility; a skilled nursing facility or a facility primarily affording custodial or educational care, care for the aged; or care for persons addicted to drugs or alcohol”; Removes #2 of “The term ‘Hospital’ does not include”

OR – Removes #2 of “The term ‘Hospital’ does not include”; Adds “The term includes a hospital owned or operated by the State of Oregon or any state-approved program.”

PA – Revises #1 to “Maintain on its premises organized facilities for medical and diagnostic for sick and injured persons on an inpatient basis”; Removes #2; Adds to #4 “or the American Osteopathic Association”; Revises #1 in “The term ‘Hospital’ does not include” entirely to “A convalescent, nursing, rest or rehabilitative facility; a home for the aged; or a special ward, floor or other accommodation for convalescent, nursing, rehabilitation, ambulatory or extended care purposes; or hotel units, residential annexes or nurse administered units in or associated with a Hospital; or”

States continued on next page



Standard Definitions

Hospital (continued)

An institution operated pursuant to its license for the care and treatment of sick and injured persons or persons with Mental or Nervous Disorders for which a charge is made that the Insured Person is legally obligated to pay. The institution must:

1. Maintain on its premises organized facilities for medical, diagnostic and surgical care for sick and injured persons or persons with Mental or Nervous Disorders on an inpatient basis;
2. Maintain a staff of one or more duly licensed Physicians;
3. Provide 24-hour nursing care by or under the supervision of a registered graduate professional nurse (R.N.); and
4. Be accredited as a Hospital by the Joint Commission on Accreditation of Hospitals.

The term "Hospital" does not include:

1. A hospice unit, including any bed designated as a hospice or a swing bed; a convalescent home; a rest or nursing facility; an extended care facility; a skilled nursing facility or a facility primarily affording rehabilitation care, custodial or educational care, or care for the aged; or a substance abuse treatment center or a facility primarily affording care or treatment for persons addicted to drugs or alcohol; and
2. Any military or veteran's hospital, soldier's home or any hospital contracted for or operated by the Federal Government or any agencies thereof for the treatment of members or former members of the Armed Forces, unless the Insured Person is legally required to pay for services in the absence of this insurance coverage.

Major State – Specific Definition Variations

Continued from last page

SD – Removes #4 “Be accredited as a Hospital by the Joint Commission on Accreditation of Hospitals”

TN – Removes “for which a charge is made that the Insured Person is legally obligated to pay”

TX – Adds #1: “(either on its premises or in facilities available to the Hospital on a contractual prearranged basis and under the supervision of a staff of one or more duly licensed Physicians)”; Revises #4 to “Is licensed as a Hospital and operated pursuant to law.”

UT – Revises to “A facility that is licensed and operating within the scope of such license;” Removes #2 of “The term ‘Hospital’ does not include”

VA – Adds #1 “The institution must” “or in facilities available to the hospital on a pre-arranged basis” and Revises #2 to “Under the supervision of a staff of duly licensed Physicians”; Revises #1 “does not include” to “A Rehabilitation Unit or Rehabilitation Facility; a Hospice unit, including any bed designated as a Hospice; a convalescent home; a rest or nursing facility; an extended care facility; a Skilled Nursing Facility or a facility primarily affording custodial or educational care, or care for the aged; a mental health facility or a facility primarily affording care or treatment for persons suffering from Mental or Nervous Disorders; or a substance abuse treatment center or a facility primarily affording care or treatment for persons addicted to drugs or alcohol”; Removes #2 of “The term ‘Hospital’ does not include”

WA – Removes “skilled” for #1 of “does not include”



Standard Definitions

Period of Confinement

A period which begins on the date an Insured Person is Hospital Confined and ends when the Insured Person completes 60 consecutive days without being Confined.

Major State – Specific Definition Variations

FL – Revises entirely to “One or more separate or combined periods of Confinement in a Hospital, for the same or related causes, unless separated by an interval of not more than six consecutive months between the end of one such period and the beginning of the succeeding period. When succeeding Confinements for the same or related causes are separated by a six-month interval, the following Confinement will be considered a new period of confinement, and any applicable benefit provisions will be restored”

NH – Adds “Confinement for the same or related condition within 60 days of discharge will be treated as a continuation of the prior Confinement. Successive confinements separated by more than 60 days will be treated as a new and separate Confinement”

PA – Revises to “One or more separate or combined periods of confinement in a Hospital, for the same or related causes for a period which begins on the date an Insured Person is Hospital Confined and ends when the Insured Person completes 60 consecutive days without being Confined, not separated by an interval of at least 6 consecutive months between the end of one such period and the beginning of the succeeding period. When succeeding Confinements for the same or related causes are separated by such a 6-month interval, the second Confinement will be considered a new period of confinement and any applicable benefit limits will be restored”



Standard Definitions

Pre-Existing Condition

A medical condition, Sickness or Injury not excluded by name or specific description for which:

1. Medical advice, consultation, or treatment was recommended by or received from a medical practitioner acting within the scope of his or her license, within the six month period before the Effective Date of Coverage; or
2. Symptoms existed which would cause an ordinarily prudent person to seek diagnosis, care or treatment within the six month period before the Effective Date of Coverage.

Major State – Specific Definition Variations

CA – Revises entirely to “means a medical condition, Sickness, or Injury not excluded by name or specific description, for which diagnosis or treatment was received from a medical practitioner acting within the scope of his or her license, within the six-month period before the Effective Date of Coverage”

CT – Removes in #2 “which would cause an ordinarily prudent person to seek diagnosis, care, or treatment”

DC – Removes in #2 “an ordinarily prudent”

FL – Revises entirely to “means a medical condition, Sickness or Injury not excluded by name or specific description for which during the six-month period immediately preceding an Insured Person’s Effective Date of Coverage, had manifested themselves in such a manner as would cause an ordinarily prudent person to seek medical advice, diagnosis, care, or treatment or for which medical advice, diagnosis, care, or treatment was recommended or received. Credit will be given for the time such Insured Person was covered under previous coverage if the previous coverage was a Hospital Indemnity plan similar to or exceeded the coverage provided under this Policy and if the previous coverage was continuous to a date not more than 62 days before such Insured Person’s Effective Date of Coverage under this Policy”

GA, PA, TX – Removes “Consultation”

ID – Revises #1 to “A condition that would have caused an ordinarily prudent person to seek medical advice, diagnosis, care or treatment during the six (6) months immediately preceding the Effective Date of Coverage.” Revises #2 to “A condition which medical advice, diagnosis, care or treatment was recommended or received during the six (6) months immediately preceding the Effective Date of Coverage”

MD – Revises entirely to “means a medical condition that was not revealed in the application for this Policy unless the condition is excluded by means of a signed waiver, for which medical advice, consultation, or treatment was recommended by or received from a Physician within the six month period before the Effective Date of Coverage; or Symptoms existed which would cause an ordinarily prudent person to seek diagnosis, care or treatment within the six month period before the Effective Date of Coverage”

MT – Removes “consultation,” adds “diagnosis, care”; Removed #2

NC – Removes “not excluded by name or specific description”; Removed #2

ND, NE, PA, WY – Removed #2

NH – Removed entirely

NM – Revises #2 to “The condition manifested within the six-month period before the Effective Date of Coverage, which would cause an ordinarily prudent person to seek diagnosis, care or treatment”



Plan Description*

- Paid directly to the insured due to Sickness or Injury. Benefits are payable for each day of Medically Necessary Hospital Confinement of an Insured Person due to a covered Sickness after satisfaction of the 30-day waiting period, no waiting period for Injury.

General Benefit Options

- Benefit Options: GI - \$250, SI - \$500, \$750 and \$1,000.
- (See State Specific Benefits Section for available options.)

General Age Guidelines

- Child Primaries: Are allowed (1-18)
- Child Dependents: Are allowed (1-25) – See State-Specific Marketing Rules for maximum ages.
- Max Issue Age: Primary (1-63) - Spouse/Domestic Partner (16-63)

General Sales Guidelines

- Benefit Amounts: All participants must have the same benefit amount.
- Sales Rules: Cannot be sold with another Hospital Confinement Direct, HospitalWise, Metal Gap, or Fixed Indemnity Direct offered by Midwest or CLICO.

***Hospital Confinement Direct is no longer available for new sales.**



Premium Rating Factors

- ▶ Issue Age
- ▶ Sex
- ▶ Benefit level

Underwriting

- ▶ Simplified or guaranteed issue available

Coordination of Benefits

- ▶ No

Subrogation

- ▶ No

State – Specific Marketing Rules

- ▶ **VA** – 1-55 primary and spouse/domestic partner 16-55.
- ▶ **MA** – No longer available
- ▶ The age limits for dependents is 1 - 25 except in the states shown below:

State	Min Age	Max Age
N/A		

Hospital Confinement Direct

Form CH-26116-IP (01/10) (or its state variation)



Standard Benefits						State – Specific Benefits
Benefit	Description	GI Option	Option 1	Option 2	Option 3	
Lifetime Maximum	365 days (per insured)					
Waiting Period	Sickness – 30 days Injury – 0 days					ID, MO, MT, NH, WV – N/A
Daily Benefit Amount		\$250	\$500	\$750	\$1000	VA – No GI option MA – Only daily benefit options available are \$250 and \$500
Hospital Confinement Benefit	Days 1 – 5: 100% of Daily Benefit Amount Days 6-10: 50% of the Daily Benefit Amount Days 11 +: Fixed amount per day <i>Note: Confinement means an Insured Person's admission to and subsequent continued stay in a Hospital for which a daily charge for room and board is made for each day of Confinement with no discharge or interruption in such Hospital Stay.</i>	\$250 \$125 \$100	\$500 \$250 \$100	\$750 \$375 \$100	\$1000 \$500 \$100	FL – Effective 7-1-20 Days 6-10: 100% of the Daily Benefit Amount
Intensive Care/Cardiac Care Unit Confinement Benefit	Days 1-2: 200% of Daily Benefit Amount Days 3-10: 100% of Daily Benefit Amount Days 11-30: 50% of the Daily Benefit Amount Days 31 +: Fixed amount per day <i>Note: Paid in lieu of Hospital Confinement Benefit</i>	\$500 \$250 \$125 \$100	\$1000 \$500 \$250 \$100	\$1500 \$750 \$375 \$100	\$2000 \$1000 \$500 \$100	FL – Effective 7-1-20 Days 3-10: 200% of the Daily Benefit Amount
Waiver of Premium	Monthly premiums due for the policy will be waived after the primary insured has been hospital confined for at least 30 consecutive days.					
Termination Age Standard			Major State–Specific Termination Age Variations			
Termination Age	65					MT – No Termination Age

Hospital Confinement Direct

Form CH-26116-IP (01/10) (or its state variation)



Standard Exclusions and Limitations		Major State – Specific E&L Variations
	Pre-Existing Condition Limitation: We will not provide benefits for any loss resulting from a Pre-Existing Condition, as defined unless the loss is incurred at least one-year after the effective date of coverage for an insured person	NH – N/A
1	Any care or benefits which are not specifically provided for in the policy	
2	Any act of war declared or undeclared	
3	Active military duty in the service of any country	
4	Participation in a riot, civil commotion or insurrection	MD – N/A
5	Suicide, attempted suicide, or any intentionally self-inflicted injury, while sane or insane	MA – Removes first “Suicide”
6	Mental or nervous disorders	DC – Except as mandated by DC ID – Adds “alcoholism or drug addiction” TX – Adds “without demonstrable organic disease”
7	Mandibular or maxillofacial surgery to correct growth defects after one year from the date of birth, jaw disproportions or malocclusions, or to increase vertical dimension or reconstruct occlusion	NH, PA – N/A
8	Weight loss or modification, or complications arising therefrom, or procedures resulting therefrom, or for surgical treatment of obesity, including wiring of the teeth and all forms of surgery performed for the purpose of weight loss or modification	NH, PA – N/A
9	Breast reduction or augmentation unless necessary in connection with breast reconstructive surgery following a mastectomy performed while insured under the policy	NH, PA – N/A
10	Modification of the physical body in order to improve the psychological, mental or emotional well-being of the insured person, such as sex-change surgery	NH, PA – N/A

Hospital Confinement Direct

Form CH-26116-IP (01/10) (or its state variation)



Standard Exclusions and Limitations	Major State – Specific E&L Variations
<p>11 Payment for care for military service-connected disabilities for which the insured person is legally entitled to for services and for which facilities are reasonably available to the insured person and payment for care for conditions that state or local law requires be treated in a public facility</p>	<p>ME, NH – N/A</p>
<p>12 Experimental or investigational medicine</p>	<p>DC – Adds “...except as mandated by DC” NH – N/A</p>
<p>13 Any treatment or procedure that either promotes or prevents conception or prevents childbirth, including but not limited to 1) artificial insemination 2) in-vitro fertilization or other treatment for infertility 3) treatment for impotency 4) sterilization or reversal of sterilization or 5) abortion (unless the life of the mother would be endangered if the fetus were carried to term), unless otherwise stated in the policy</p>	<p>DC – Adds “...except as mandated by DC” FL – Removes “but not limited to” NH, PA – N/A</p>
<p>14 Cosmetic surgery</p>	<p>DC – Adds “...except as mandated by DC” ID, NH – Adds “...except for reconstructive surgery due to congenital anomalies for a covered dependent child” NH – Adds “...except reconstructive surgery incidental to or following surgery resulting from trauma, infection or other diseases of the involved part.” PA – Except when necessitated by covered sickness or injury</p>
<p>15 Radial keratotomy or any eye surgery when the primary purpose is to correct nearsightedness, farsightedness, astigmatism, or any refractive error</p>	<p>NH – N/A</p>
<p>16 Operating any motorized passenger vehicle for wage, compensation or profit</p>	<p>IL, NH, OK – N/A</p>
<p>17 Drug abuse or addiction including alcoholism, or overdose of drugs, narcotics, or hallucinogens, directly or indirectly</p>	<p>AK, FL, KS – Adds “unless taken as prescribed by a physician” AL, GA, ID, IL, NV, PA – Adds “unless taken as prescribed by a legally qualified physician” MD, MI, OR – N/A NH – Removes “or overdose of drugs, narcotics, or hallucinogens, directly or indirectly”</p>
<p>18 An overdose of drugs, being intoxicated or under the influence of intoxicants, hallucinogens, narcotics or other drugs, directly or indirectly</p>	<p>AK, KS – Adds “unless taken as prescribed by a physician” AL, GA, ID, OK, PA – Adds “unless taken as prescribed by a legally qualified physician” DC, IN, MD, NH, NV, OR, PA, VA – N/A</p>

Hospital Confinement Direct

Form CH-26116-IP (01/10) (or its state variation)



Standard Exclusions and Limitations		Major State – Specific E&L Variations
19	Directly or indirectly engaging in an illegal occupation or illegal activity or your being incarcerated	NH – N/A
20	Committing or trying to commit a felony	MD – N/A
21	Normal pregnancy, except for complications of pregnancy while hospital confined	MO – N/A
22	Hospital confinement for routine or normal newborn childcare	NH – N/A
23	Mountaineering using ropes and/or other equipment, parachuting, hang gliding, racing any type of vehicle in an organized or unorganized event, sky diving, scuba diving below 130 feet, motorized racing, para-sailing, experimental aviation, ultra-light flying, base jumping, bungee jumping, heli-skiing, or heli-snowboarding.	FL – Adds “using ropes, ice axes, screws, belays, anchors and harnesses” IA – Revises to “aviation, including experimental aviation, or ultra-light flying.” Adds “officiating or coaching,” specifies “diving below 50 feet” WY – Adds “officiating or coaching,” specifies “diving below 50 feet” IL, OK, VA, WA – Removed entirely
24	Travel in or descent from any vehicle or device for aerial navigation, except as a fare-paying passenger in an aircraft operated by a commercial airline (other than a charter airline) certified by U.S. Federal Aviation Administration (FAA), on a regularly scheduled passenger trip	
SS	The voluntary use of illegal drugs; the intentional taking of over the counter medication not in accordance with the recommended dosage and warning instructions; and the intentional misuse of prescription drugs, except as mandated by D.C.	DC only
SS	Any loss sustained or contracted in consequence of the Insured Person being intoxicated or under the influence or any narcotic unless administered on the advice of a legally qualified physician.	ID, PA only



Standard Exclusions and Limitations

SS	Services or supplies for the treatment of an Occupational Injury or Sickness which are paid under the North Carolina Workers' Compensation Act only to the extent such services or supplies are the liability of the employee, employer or workers' compensation insurance carrier according to a final adjudication under the North Carolina Workers' Compensation Act or an order of the North Carolina Industrial Commission approving a settlement agreement under the North Carolina Workers' Compensation Act.
SS	The use of alcohol that substantially contributes to, causes the loss, or is over the legal limit.
SS	Alcoholism and drug addiction.

Major State – Specific E&L Variations

NC only

UT only

VA only

Standard Definitions

Pre-Existing Condition	Means a medical condition, sickness or injury not excluded by name or specific description for which medical advice, consultation, or treatment was recommended by or received from a medical practitioner acting within the scope of his or her license, within the two years before the effective date of coverage; or symptoms existed which would cause an ordinarily prudent person to seek diagnosis, care or treatment within the two year period before the effective date of coverage.
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Major State – Specific Definition Variations

AL – Revises “two years” to “five month period”
CT – Removes “...which would cause an ordinarily prudent person to seek diagnosis, care or treatment...”
DC – Revises “two years” to “one year period”
IL – Revises by changing the second reference of “two years” to “one year”
KS, MD, MS – Revised to one year
MA – Removes “sickness or injury not excluded by name or specific description” and “consultation”; Revises “diagnosis, care” to “medical advice”
NH – N/A
NM – Revises to “six months”



Plan Description

- Provides customers a daily cash benefit after receiving health services for inpatient and outpatient hospital care.

General Benefit Options

- Non-Senior Benefit Options (SI Only): Plan 1-6
- Senior Benefit Options (SI Only): Plan 1-3
- (See State Specific Benefits Section for available options.)

General Age Guidelines

- Non-Senior
 - Child Primaries: Are allowed (1-18)
 - Child Dependents: Are allowed (1-25) – See State-Specific Marketing Rules for maximum ages.
 - Max Issue Age: Primary (1-63) – Spouse/ Domestic Partner (16-63)
- Senior
 - Child Primaries: Not allowed
 - Child Dependents: Are allowed (1-25) – See State-Specific Marketing Rules for maximum ages.
 - Senior Max Issue Age: Primary (64-83) – Spouse/ Domestic Partner (16-83)

General Sales Guidelines

- Benefit Amounts: All applicants must select the same benefit option.
- Sales Rules: Cannot be sold with the Hospital Confinement Direct, HospitalWise, Metal Gap or another Fixed Indemnity Direct offered by Midwest or CLICO.



Premium Rating Factors

- ▶ Benefit Option
- ▶ Age (Attained age in all states)
- ▶ Sex
- ▶ Tobacco Use

Underwriting

- ▶ Simplified issue only

Coordination of Benefits

- ▶ No

Subrogation

- ▶ No

State – Specific Marketing Rules

- ▶ **All states** - This plan is NOT considered "minimum essential coverage" under the ACA and therefore you may be subject to a tax penalty.
- ▶ **CA, NC** – Non-Senior Primary (1-63) / Spouse/Domestic Partner (16-63)
- ▶ **CA, NC** – This product is not available to the Senior Market.
- ▶ **TX, UT** – Primary/Child Primary minimum issue age is 0
- ▶ **ID, NM** – No longer available
- ▶ The issue age limits for dependents is 1 - 25 except in the states shown below:

State	Min Age	Max Age
CT	1	26
FL	1	30
IL	1	29
NE	1	29
OH	1	27
SD	1	29
TX	0	25
UT	0	25
WI	1	26

Simplified Underwriting Criteria

- ▶ Personal history interview at the discretion of underwriter.
- ▶ Underwriting and eligibility questions apply - see the Product Applicability section of the 2019 & 2020 Applications.

Fixed Indemnity Direct

Policy Form CH-26126-IP (10/13) (or its state variation)



Benefit Description	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6	State-Specific Variations
	Available to Ages 1-83			Available to Ages 1-63			TX, UT – Dependent Minimum Age is -0- CA, NC – Issue Age Maximum is 63
Hospital Confinement Benefit							
<i>Daily Benefit without Surgery</i>	\$100	\$250	\$500	\$1,000	\$2,000	\$3,000	
<i>Daily Benefit with Surgery</i>	\$200	\$750	\$750	\$1,500	\$2,500	\$3,500	
<i>Maximum Days per Confinement</i>	365	365	365	365	365	365	
Intensive Care/Cardiac Care Unit Confinement Benefit							UT – Maximum Number of Days per Year is 31
<i>Daily Benefit</i>	\$200	\$500	\$1,000	\$2,000	\$4,000	\$6,000	
<i>Max Number of Days per Year</i>	30	30	30	30	30	30	
Continuous Care Benefit							TX, VA – Care must begin within 14 days of a hospital confinement
<i>Daily Benefit</i>	\$50	\$125	\$250	\$250	\$250	\$250	
<i>Max Number of Days per Year</i>	30	30	30	30	30	30	
Physician Office Visit Benefit							CA, TX – Also offered on plans 1-3. Payable if within 30 days of a Hospital Confinement (30 days Before/After). The Physician office visit must be for the same Sickness or Injury for which the Insured Person was Hospital Confined
<i>Daily Benefit</i>	\$0	\$0	\$0	\$75	\$75	\$75	
<i>Max Number of Days per Year</i>	0	0	0	4	4	4	
Outpatient Surgery Benefit							
<i>Daily Benefit</i>	\$350	\$500	\$750	\$1,500	\$2,500	\$3,500	
<i>Max Number of Days per Year</i>	3	3	3	3	3	3	
Emergency Room Benefit							
<i>Daily Benefit</i>	\$50	\$50	\$50	\$75	\$100	\$150	
<i>Max Number of Days per Year</i>	2	2	2	2	2	2	

Fixed Indemnity Direct

Policy Form CH-26126-IP (10/13) (or its state variation)



Benefit Description	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6	State-Specific Variation
	Ages 1-83			Ages 1-63			
Outpatient Diagnostic, X-Ray, and Laboratory Procedures Benefit							
<i>X-Ray and Laboratory Daily Benefit</i>	\$50	\$50	\$50	\$100	\$100	\$100	CA, TX – Payable if within 30 days of an Outpatient Surgery or Hospital Confinement (30 days Before/After)
<i>Max Number of Days per Year</i>	5	5	5	5	5	5	
<i>Diagnostic Daily Benefit</i>	\$100	\$250	\$250	\$500	\$500	\$500	
<i>Max # of Diagnostic Days per Year</i>	2	2	2	2	2	2	
Ambulance							
<i>Daily Benefit</i>	\$100	\$200	\$200	\$200	\$200	\$200	CA – No benefit available TX – Payable only if Hospital Confined
<i>Max Amount Per Lifetime</i>	\$2,400	\$2,400	\$2,400	\$2,400	\$2,400	\$2,400	
Waiting Period							
<i>Sickness (In Days)</i>	30	30	30	30	30	30	GA, MD, MO, ND – No Waiting Period WV – Removes “sickness and injury” and adds “for any loss caused by or resulting from: Benign Brain Tumor: 30 days; Heart Attack: 30 days; Stroke: 30 days”
<i>Injury (In Days)</i>	0	0	0	0	0	0	
Termination Age Standard	Renewability Definition						Major State-Specific Termination Age Variations
Primary /Spouse Termination Age	85	The policy is guaranteed renewable to age 85, subject to the Company’s right to discontinue or terminate the coverage as provided in the TERMINATION OF COVERAGE section of the policy.					CA, NC – Plan terminates at age 65 IA, KY, TN – Revises “guaranteed” to “conditionally” MT – No Termination Age WA – Revises to “The policy is not guaranteed renewable; however, it is renewable, subject to the Company’s right to discontinue or terminate the coverage as provided in the TERMINATION OF COVERAGE section of the policy”



Standard Exclusions and Limitations	Major State – Specific E&L Variations
1 Any care or benefits which are not specifically provided for in the Policy;	SD, VA – Removed entirely
2 Any act of war declared or undeclared;	FL, NC – Adds “except for terrorism” OK – Adds “when serving in the military or an auxiliary unit thereto” VA – Adds (“war” does not include terrorism)
3 Active military duty in the service of any country;	TX – Adds “Upon receipt of written request, premiums will be refunded on a pro-rata basis for the period of such military services.” VA – Removed entirely
4 Participation in a riot, civil commotion or insurrection;	MD – N/A MI – Revises to “Participation in a civil infraction or other activity that rises to the level of a misdemeanor or felony” NC – Revises “Participation” to “Active participation” OR, UT – Revises “Participation” to “Voluntary participation” VA – Removes “civil commotion”



Standard Exclusions and Limitations	Major State – Specific E&L Variations
<p>5 Suicide, attempted suicide, or any intentionally self-inflicted injury, while sane or insane;</p>	<p>CA – Removes “while sane or insane” MI – Removed entirely MO, MT – Removes “or insane” WA – Adds “unless such act is the direct result of an underlying medical condition”</p>
<p>6 Mental or Nervous Disorders;</p>	<p>TX – Adds “without demonstrable organic disease” VA – Revises to “Mental or Emotional Disorders”</p>
<p>7 Mandibular or maxillofacial surgery to correct growth defects after one year from the date of birth, jaw disproportions or malocclusions, or to increase vertical dimension or reconstruct occlusion;</p>	<p>ID, MD, NC, VA – N/A</p>
<p>8 Weight loss or modification, or complications arising therefrom, or procedures resulting therefrom, or for surgical treatment of obesity, including wiring of the teeth and all forms of surgery performed for the purpose of weight loss or modification;</p>	
<p>9 Breast reduction or augmentation unless necessary in connection with breast reconstructive surgery following a mastectomy performed while insured under the Policy;</p>	<p>ID, VA – Removed entirely IN – Removes “performed while insured under the policy”</p>
<p>10 Modification of the physical body in order to improve the psychological mental or emotional well-being of the Insured Person, such as sex-change surgery;</p>	<p>CA, MD – N/A OR – Removes “such as sex-change surgery”</p>
<p>11 Payment for care for military service-connected disabilities for which the Insured Person is legally entitled to services and for which facilities are reasonably available to the Insured Person and payment for care for conditions that state or local law requires be treated in a public facility;</p>	<p>CA, TX, VA – Removed entirely</p>



Standard Exclusions and Limitations

Major State – Specific E&L Variations

12 Experimental or investigational medicine;

MD – Adds “when treating Physician determines that the treatment is experimental or investigational medicine”

WA – Revises “investigational medicine” to “investigative”

13 Any treatment or procedure that either promotes or prevents conception or prevents childbirth, including but not limited to – (a) artificial insemination; (b) in-vitro fertilization or other treatment for infertility; (c) treatment for impotency; (d) sterilization or reversal of sterilization; or (e) abortion (unless the life of the mother would be endangered if the fetus were carried to term), unless otherwise stated in the policy;

FL, KY– Removes “including but not limited to”

ID – Removed entirely

TN – Adds “or the fetus is non-viable” to (e)

14 Cosmetic surgery;

MD – Adds “or other modification of the physical body in order to improve the psychological, mental, or emotional well-being of the Insured Person, and/or when the treating Physician determines that the treatment is cosmetic”

NC – Adds “except for those associated with cleft lip or cleft palate”

VA – Adds “except for conditions specified in the definition of Cosmetic Surgery”

15 Radial keratotomy or any eye surgery when the primary purpose is to correct nearsightedness, farsightedness, astigmatism, or any other refractive error;



Standard Exclusions and Limitations

Major State – Specific E&L Variations

- 16 Operating any motorized passenger vehicle for wage, compensation or profit;

IL, OK, TX, VA – Removed entirely

- 17 Drug abuse or addiction including alcoholism, or overdose of drugs, narcotics, or hallucinogens, directly or indirectly;

AL – Adds statements regarding “unless taken as prescribed by a legally qualified physician”

CA, DC, GA, ID, MD, MI, NV, OR, SC, SD, VA – Removed entirely

FL, KY – Adds “unless taken as prescribed by a Physician”

IL – Removes “directly or indirectly”; Adds “unless taken as prescribed by a Physician”

IN, NE – Adds “unless administered on the advice of a Physician”

OK – Revises to “Drug addiction or alcoholism”

WY – Adds “unless used as prescribed by a Physician”

- 18 An overdose of drugs, being intoxicated or under the influence of intoxicants, hallucinogens, narcotics or other drugs, directly or indirectly;

AL – Adds “unless taken as prescribed by a legally qualified physician”; Removes “or under the influence of intoxicants”

CA – Revises to “Being intoxicated or under the influence of any controlled substance, unless administered on the advice of a Physician”

DC – Revises to “The voluntary use of illegal drugs; the intentional taking of over the counter medication not in accordance with recommended dosage and warning instructions; and the intentional misuse of prescription drugs”

FL – Adds “unless taken as prescribed by a Physician”

GA – Revises to “Being intoxicated or under the influence of intoxicants or any narcotics unless administered upon the advice of a Physician”

ID, MD, MI, NV, OR, SC, SD, VA – Removed entirely

IL – Revises to “being intoxicated or under the influence of intoxicants that which is defined and determined by the laws of the state where the loss or cause of the loss was incurred, hallucinogens, narcotics or other drugs, unless taken as prescribed by a physician”

IN, NC, NE – Adds “unless administered on the advice of a Physician”

KY – Removes “or other drugs”; Adds “unless taken as prescribed by a Physician”

LA – Adds “unless administered by a Physician”

MT – Revises to “A voluntary overdose of drugs, being voluntarily intoxicated or under the influence of intoxicants, hallucinogens, narcotics, or other drugs, directly or indirectly”

OK – Revises to “Being under the influence of any narcotics, unless taken as prescribed by a Physician”

TN – Adds “for alcohol intoxication this means over the legal limit of .08”

UT – Removes “being intoxicated or under the influence of intoxicants”

WA – Revises to “An overdose of drugs, directly or indirectly, except that treatment of an injury solely because the injury was sustained as a consequence of the Insured Person’s being intoxicated or under the influence of a narcotic is not excluded”

WY – Adds “unless used as prescribed by a Physician”



Standard Exclusions and Limitations

Major State – Specific E&L Variations

19 Directly or indirectly engaging in an illegal occupation or illegal activity or Your being incarcerated;

CA – Revises to “Any loss to which a contributing cause was the Insured Person’s commission of or attempt to commit a felony or to which a contributing cause was the Insured’s being engaged in an illegal occupation”

GA – Revises to “Directly or indirectly engaging in an illegal occupation or a felony or an attempted felony”

ID, MD – N/A

IL – Removes “or indirectly” and “or illegal activity”

MO – Removes “or your being incarcerated”

NE – Revises to “Engaging in an illegal occupation”

UT – Adds “as a voluntary participant”

VA – Removes “or illegal activity or your being incarcerated”

20 Committing or trying to commit a felony;

CA, GA, ID, MD – N/A

MI – Revises to “Commission of or attempt to commit a felony or to which a contributing cause was the Insured’s being engaged in an illegal occupation or other willful criminal activity.”

UT – Adds “as a voluntary participant”

21 Normal pregnancy, except for Complications of Pregnancy while Hospital Confined;

ND, VA – Removes “while Hospital Confined”

22 Hospital Confinement for routine or normal newborn child care;

OR – Revises to “Routine or normal newborn child care while hospital confined”

VA – Adds “or unless otherwise stated herein”

TX – Combines with Exclusion #21.

23 Mountaineering using ropes and/or other equipment, parachuting, hang gliding, racing any type of vehicle in an organized or unorganized event, sky diving, scuba diving below 130 feet, motorized racing, para-sailing, experimental aviation, ultra-light flying, base jumping, bungee jumping, heli-skiing, or heli-snowboarding.

GA, ID – Adds “Participation as a professional in hazardous activities, such as...”

IA – Revises to “aviation, including experimental aviation, or ultra-light flying.”

IL, OK, TX, VA, WA – Removed entirely



Standard Exclusions and Limitations

Major State – Specific E&L Variations

24

Travel in or descent from any vehicle or device for aerial navigation, except as a fare-paying passenger in an aircraft operated by a commercial airline certified by the U.S. Federal Aviation Administration (FAA), on a regularly scheduled passenger trip;

ID – Adds “except on a non-professional basis or”

TX – Removed entirely

VA – Revises to “Aviation, except as a fare-paying passenger in an aircraft operated by a commercial airline (other than a charter airline) certified by the U.S. Federal Aviation Administration (FAA), on a regularly scheduled passenger trip.”

25

Care received outside of the United States.

GA – Replaces “Care” with “Non-emergency care”

TX – Removed entirely

SS

Your being incarcerated.

MD, NE Only

SS

Services or supplies for the treatment of an Occupational Injury or Sickness which are paid under the North Carolina Workers’ Compensation Act only to the extent such services or supplies are the liability of the employee, employer or workers’ compensation insurance carrier according to a final adjudication under the North Carolina Workers’ Compensation Act or an order of the North Carolina Industrial Commission approving a settlement agreement under the North Carolina Workers’ Compensation Act.

NC Only

SS

The use of alcohol that substantially contributes to, causes the loss, or is over the legal limit.

UT Only

SS

Alcoholism and drug addiction

VA Only

Pre-Existing

We will not provide benefits for any loss resulting from a Pre-Existing Condition, as defined in the Policy, unless the loss is incurred at least one year after the Effective Date of Coverage for an Insured Person.

ID – Revises “at least one year” to “more than 12 months”

TX – Adds “...issued coverage under the age of 65 or unless the loss is incurred at least six months after the effective date of coverage for an Insured Person who has been issued coverage at age 65 or older.”

NM – Revises “one year” to “six months”

VA – Revises to “We will not provide benefits for any loss resulting from a Pre-Existing Condition, as defined unless the loss incurred starts at least one year after the Effective Date of Coverage for an Insured Person.”



Standard Definitions		Major State – Specific Definition Variations
Confined/Confinement	Means an insured person's admission to and subsequent continued stay in a hospital, a hospital intensive care/cardiac care unit, skilled nursing facility, rehabilitation facility, rehabilitation unit, or hospice unit, for which a daily charge for room and board is made for each day of confinement.	WA – Removes "skilled"
Hospital	Means an institution operated pursuant to its license for the care and treatment of sick and injured persons for which a charge is made that the insured person is legally obligated to pay. The institution must – (1) Maintain on its premises organized facilities for medical, diagnostic and surgical care for sick and injured persons on an inpatient basis; (2) Maintain a staff of one or more duly licensed legally qualified physicians; (3) Provide 24 hour nursing care by or under the supervision of a registered graduate professional nurse (R.N.); and (4) Is accredited as a hospital by the Joint Commission on Accreditation of Hospitals. Hospital does not include – a rehabilitation unit or facility; hospice; convalescent home; rest or nursing facility; extended care facility; skilled nursing facility; mental health facility; substance abuse treatment facility; military or veteran's hospital (unless insured is required to pay charges).	<p>IA – Revises (1) to "Be operated pursuant to Iowa law"; Revises (2) to "Be primarily and continuously engaged in providing and operating, either on its premises or in facilities available to the hospital on a prearranged basis and under the supervision of a staff of Legally Qualified Physicians, medical diagnostic and major surgical facilities for the medical care and treatment of sick or injured persons on an inpatient basis; for which a charge is made"; Removes (4) "Is accredited as a Hospital by the joint Commission on Accreditation of Hospitals" and "military or veteran's hospital (unless insured is required to pay charges)."</p> <p>IL – Adds "or in facilities having an agreement to provide" after "organized facilities for"</p> <p>LA – Adds "is owned and operated by the state of Louisiana or any of its political subdivisions"</p> <p>OK – Removes (2) of the definition.</p> <p>OR – Adds "The term includes a Hospital owned or operated by the State of Oregon or any state-approved program"</p> <p>SD – Removes (2) "legally qualified"; Removes (4) "Is accredited as a Hospital by the Joint Commission on Accreditation of Hospitals"</p> <p>TX – Adds for (1) "either on its premises, or in facilities available to the Hospital on a contractual prearranged basis and under the supervision of a staff of one or more duly licensed Physicians"; Revises (4) to "Is licensed as a Hospital and operated pursuant to law"</p> <p>UT – Removes (4) "Be accredited as a Hospital by the Joint Commission on Accreditation of Hospitals"</p> <p>WA – Removes "skilled" from "skilled nursing" in "Hospital does not include" definition</p> <p>WV – Removes "military or veteran's hospital" in "Hospital does not include" definition</p> <p>VA – Adds for (1) "or in facilities available to the hospital on a prearranged basis"</p>



Standard Definitions		Major State – Specific Definition Variations
Sickness	Means an illness or disease.	NC – Adds “including Complications of Pregnancy”
Injury	Means bodily harm caused by an accident resulting in unforeseen trauma requiring immediate medical attention and is not contributed to, directly or indirectly, by a sickness.	<p>CA – Removes “directly or indirectly”</p> <p>GA – Adds “or within 72 hours”</p> <p>IL – Revises “contributed to, direct or indirectly” to “directly related to”</p> <p>IN – Removes “resulting in unforeseen trauma”</p> <p>OK – Injury means accidental bodily Injury sustained by the Insured Person which are the direct cause, independent of disease or bodily infirmity or any other cause. The Injury must first occur after the Insured Person’s coverage has become effective and while the coverage is in force.</p> <p>VA – Revises to “Means accidental bodily injury sustained by the Insured Person which are the direct result of an accident, independent of disease or bodily infirmity or any other cause, and which occur while the insurance is in force. Injury includes pregnancy following an act of rape of an Insured Person, which was reported to the police with 7 days following its occurrence. In the case of an act of rape or incest to a female Insured Person under the age of 13, the 7-day requirement is extended to 180 days.”</p>



Standard Definitions

Pre-Existing Condition

Means a medical condition, sickness or injury not excluded by name or specific description for which – (1) Medical advice, consultation, or treatment was recommended by or received from a medical practitioner acting within the scope of his or her license, within the one year period before the effective date of coverage; or (2) Symptoms existed which would cause an ordinarily prudent person to seek diagnosis, care or treatment within the one year period before the effective date of coverage.

Waiting Period

Means the consecutive period of time beginning from the Effective Date of Coverage in which an Insured Person must be insured under the Policy before benefits are payable.

Major State – Specific Definition Variations

CA – Revises entirely to “Means a medical condition, sickness or injury not excluded by name or specific description, for which diagnosis or treatment was received from a medical practitioner acting within the scope of his or her license, within the one year period before the effective date of coverage”

DC – Removes “an ordinarily prudent”

MD – Revises entirely to “Means a medical condition that was not revealed in the application for the Policy unless the condition is excluded by means of a signed waiver, for which – (1) Medical advice, consultation or treatment was recommended by or received from a Physician within the one year period before the effective date of coverage”

MT, ND, NE – Removes (2)

NC – Revises entirely to, “Means a medical condition, sickness or injury for which medical advice, diagnosis, care, or treatment was recommended by or received from a medical practitioner acting within the scope of his or her license, within the twelve month period before the effective date of coverage”

NM – Revises “one year period” to “six month period”

TX – Removes “consultation”

WY – Revises “one year” to “six months”; Removed #2 entirely

GA, ID, ND – Removed entirely

TN – Adds “Such period will not exceed 30 days for Sickness. There is no waiting period for Injury.”

WV – Adds “for any loss caused by or resulting from Benign Brain Tumor, Cancer, Heart Attack or Stroke, as defined in the policy”



Plan Description

- Provides customers a lump sum cash benefit after receiving health services for inpatient and outpatient hospital care.

General Benefit Options

- Benefit Options: SI Only - Plan 1: Package A - \$2,000, Package B - \$4,000, Package C - \$6,000
- (See State Specific Benefits Section for available options.)

General Age Guidelines

- Child Primaries: Are allowed (1-18)
- Child Dependents: Are allowed (1-25) – See State-Specific Marketing Rules for maximum ages.
- Max Issue Age: Primary (1-63) - Spouse/Domestic Partner (16-63)

General Sales Guidelines

- Benefit Amounts: All applicants must select the same benefit option.
- Sales Rules: Cannot be sold with another Metal Gap, Hospital Confinement Direct, HospitalWise or Fixed Indemnity Direct offered by Midwest or CLICO.



Premium Rating Factors

- ▶ Benefit Option
- ▶ Age (Attained age in all states)
- ▶ Sex
- ▶ Tobacco Use

Underwriting

- ▶ Simplified issue only

Coordination of Benefits

- ▶ No

Subrogation

- ▶ No

State – Specific Marketing Rules

- ▶ **FL** – Child primaries not allowed; spouse begins at age 18
- ▶ **TX, UT** – Primary/Child Primary minimum issue age is 0
- ▶ **ID, NM** – No longer available
- ▶ The issue age limits for dependents is 1 - 25 except in the states shown below:

State	Min Age	Max Age
CT	1	26
FL	1	30
IL	1	29
NE	1	29
OH	1	27
SD	1	29
TX	0	25
UT	0	25
WI	1	26

Simplified Underwriting Criteria

- ▶ Underwriting and eligibility questions apply - see the Product Applicability section of the 2019 & 2020 Applications.



Standard Benefits		Plan 1			State – Specific Benefits
Benefit	Description	Package A	Package B	Package C	
Waiting Period	Sickness – 30 days Injury – 0 days	Applies to all options			GA, ID, MD, MO, ND – No waiting period WV – Removes “sickness and injury” and adds “for any loss caused by or resulting from: Benign brain tumor: 30 days, Cancer: 30 days, Heart Attack: 30 days, Stroke: 30 days for plans 1, 2, 3 & 4”
Pre-Existing Condition Limitation		One year- Applies to all options			See definitions and Exclusions and Limitations for more details.
Calendar Year Maximum <i>Per Insured Person</i> <i>Per Insured Family</i>		\$2000 \$4000	\$4000 \$8000	\$6000 \$12,000	TX – A: \$2,500/\$4,500, B: \$4,500/\$8,500, C: \$6,500/\$12,500
Lump Sum Hospital Confinement Benefit <i>Per Insured Person, per Calendar Year</i>	Note: Confinement means an Insured Person’s admission to and subsequent continued stay in a Hospital for which a daily charge for room and board is made for each day of Confinement with no discharge or interruption in such Hospital Stay.	\$2000	\$4000	\$6000	TX – A: Day 1 \$2,000 / Days 2-21 \$15, B: Day 1 \$4,000 / Days 2-21 \$15, C: Day 1 \$6,000 / Days 2-21 \$15
Outpatient Surgery Benefit <i>Per Insured Person, per Calendar Year</i>		\$1000	\$2000	\$3000	CT, KS – Benefit Not Available
Injury-Only Emergency Room Benefit <i>Per Insured Person, per Calendar Year</i>		\$250	\$350	\$500	CT, KS – Benefit Not Available



Termination Age Standard

Termination Age | **65**

Major State–Specific Termination Age Variations

MT – No Termination Age

Standard Exclusions and Limitations

Major State – Specific E&L Variations

1 Any care or benefits which are not specifically provided for in the policy

SD, VA – Removed entirely

2 Routine and/or preventative Physician office visits

CT, KS, ID, MD, OH – Removed entirely

3 Any act of war, declared or undeclared

FL, NC – Adds “except for terrorism”

OK – Adds “while serving in the military or an auxiliary unit thereto”

VA – Adds “‘war’ does not include terrorism”

4 Active military duty in the service of any country

ID – Replaces “active military duty” with “service of any country” with “armed forces or units auxiliary to it”

PA – Adds “subject to the Military Service Reinstatement provision”

TX – Adds “Upon receipt of written request, premiums will be refunded on a pro-rata basis for the period of such military services.”

VA – Removed entirely



Standard Exclusions and Limitations		Major State – Specific E&L Variations
5	Participation in a riot, civil commotion or insurrection	<p>ID – Adds “felony”; Removes “civil commotion”</p> <p>MD – Removed entirely</p> <p>MI – Revises to “Participation in a civil infraction or other activity that rises to the level of a misdemeanor or felony”</p> <p>NC – Adds “Active participation”</p> <p>OR – Adds “Voluntary participation”</p> <p>PA, VA – Removes “civil commotion”</p> <p>UT – Adds “Voluntary participation”</p>
6	Suicide, attempted suicide, or any intentionally self-inflicted injury, while sane or insane	<p>CA – Removes “while sane or insane.”</p> <p>CO, MO, MT – Removes “or insane”</p> <p>MI – Removed entirely</p> <p>PA – Removes “attempted suicide” and “while sane or insane”</p> <p>WA – Adds “unless such act is the direct result of an underlying medical condition”</p>
7	Mental or nervous disorders	<p>ID – Replaces “nervous disorders” with “emotional disorders, alcoholism and drug addiction”</p> <p>TX – Adds “without demonstrable organic disease”</p> <p>VA – Revises to “Mental or Emotional Disorders”</p>
8	Mandibular or maxillofacial surgery to correct growth defects after one year from the date of birth, jaw disproportions or malocclusions, or to increase vertical dimension or reconstruct occlusion	<p>ID, MD, NC, VA – Removed entirely</p>
9	Weight loss or modification, or complications arising there from, or procedures resulting there from, or for surgical treatment of obesity, including wiring of the teeth and all forms of surgery performed for the purpose of weight loss or modification	<p>ID – Removes “performed while insured under the policy”</p>



Standard Exclusions and Limitations

Major State – Specific E&L Variations

10	Breast reduction or augmentation unless necessary in connection with breast reconstructive surgery following a mastectomy performed while insured under the policy	ID, VA – Removed entirely IN – Removes “performed while insured under the policy”
11	Modification of the physical body in order to improve the psychological, mental or emotional well-being of the insured person, such as sex-change surgery	CA, ID, MD – Removed entirely OR – Removes “such as sex change surgery”
12	Payment for care for military service-connected disabilities for which the Insured Person is legally entitled to for services and for which facilities are reasonably available to the insured person and payment for care for conditions that state or local law requires be treated in a public facility	CA, ME, TX, VA – Removed entirely TN – Removes “and payment for care....in a public facility”
13	Experimental or investigational medicine	AK – Removed entirely MD – Adds “when the treating Physician determines that the treatment is experimental or investigational medicine” WA – Revises “investigational medicine” to “investigative”
14	Any treatment or procedure that either promotes or prevents conception or prevents childbirth, including but not limited to – 1) artificial insemination 2) in-vitro fertilization or other treatment for infertility 3) treatment for impotency 4) sterilization or reversal of sterilization or 5) abortion (unless the life of the mother would be endangered if the fetus were carried to term), unless otherwise stated in the policy	FL – Removes “including but not limited to” ID – Removed entirely KY – Revises “including but not limited to” to “for example” TN – Adds “...carried to term, or the fetus is non-viable...” VA – Adds “except when the pregnancy is a result of an alleged act of rape or incest”
15	Cosmetic surgery	CA – Adds “unless necessary in connection with breast reconstructive surgery following a mastectomy performed while insured under this Policy” ID – Adds “except that ‘cosmetic surgery’ shall not include reconstructive surgery when the service is incidental to or follows surgery resulting from trauma, infection or other diseases of the involved part, and reconstructive surgery because of congenital disease or anomaly of a Covered Dependent child” MD – Adds “or other modification of the physical body in order to improve the psychological mental or emotional well-being of the Insured Person, and/or when the treating Physician determines that the treatment is cosmetic” NC – Adds “except for those associated with cleft lip or cleft palate” PA – Adds “except when necessitated by covered sickness or injury” VA – Adds “except for conditions specified in the definition of Cosmetic Surgery”
16	Radial keratotomy or any eye surgery when the primary purpose is to correct nearsightedness, farsightedness, astigmatism, or any other refractive error;	
17	Operating any motorized passenger vehicle for wage, compensation or profit;	IL, OK, TX – Removed entirely



Standard Exclusions and Limitations	Major State – Specific E&L Variations
<p>18 Drug abuse or addiction including alcoholism, or overdose of drugs, narcotics, or hallucinogens, directly or indirectly;</p>	<p>AL, KS – Adds “unless taken as prescribed by a ... physician” CA, CT, DC, GA, ID, MD, MI, NV, OR, SC, SD, VA – Removed entirely FL, KY – Adds “unless taken as prescribed by a physician” IL – Removes “directly or indirectly”; adds “unless taken as prescribed by a Physician” IN, NE – Adds “unless administered on the advice of a Physician” OK – Revises to “Drug addiction or alcoholism” PA – Revises entirely to “Any loss sustained or contracted in consequence of the Insured Person being intoxicated, or under the influence of any narcotic, unless administered on the advice of a Legally Qualified Physician” TN – Adds “intentional overdose” WY – Adds “unless used as prescribed by a Physician”</p>
<p>19 An overdose of drugs, being intoxicated or under the influence of intoxicants, hallucinogens, narcotics or other drugs, directly or indirectly;</p>	<p>AK, IN, NC – Adds “unless administered on the advice of a Physician” AL – Adds “unless taken as prescribed by a legally qualified Physician” and Removes “or under the influence of intoxicants” CA – Revises entirely to “Being intoxicated or under the influence of any controlled substance, unless administered on the advice of a Physician” CT – Adds “...defined as having a blood alcohol content which results in the Insured person being deemed legally intoxicated under the laws of the jurisdiction in which the loss is sustained or contracted” DC – Revises to “The voluntary use of illegal drugs; the intentional taking of over-the-counter medication not in accordance with recommended dosage and warning instructions; and the intentional misuse of prescription drugs” FL, KS – Adds “unless taken as prescribed by a Physician” GA – Revises to “Being intoxicated or under the influence of intoxicants or any narcotics unless administered upon the advice of a Physician” ID, MD, MI, NV, OR, SC, SD, VA – Removed entirely IL – Revises to “being intoxicated or under the influence of intoxicants that which is defined and determined by the laws of the state where the loss or cause of the loss was incurred, hallucinogens, narcotics or other drugs, unless taken as prescribed by a physician” KY – Revises to “An overdose of drugs, being intoxicated or under the influence of intoxicants, hallucinogens or narcotics, directly or indirectly, unless taken as prescribed by a Physician” LA – Revises to “An overdose of drugs, being intoxicated or under the influence of intoxicants, hallucinogens or narcotics, directly or indirectly, unless administered by a Physician” MT – Revises to “A voluntary overdose of drugs, being voluntarily intoxicated or under the influence of intoxicants, hallucinogens, narcotics, or other drugs, directly or indirectly” NE – Revises to “An intentional overdose of drugs, being intoxicated or under the influence of any narcotic, unless administered on the advice of a physician, or other illegal drugs, directly or indirectly” OK – Revises to “Being under the influence of any narcotics, unless taken as prescribed by a Physician” TN – Revises to “Being intoxicated or under the influence of any narcotic unless administered on the advice of a physician” UT – Revises to “An overdose of drugs, hallucinogens, narcotics or other drugs, directly or indirectly” WA – Revises to “An overdose of drugs, directly or indirectly, except that treatment of an injury solely because the injury was sustained as a consequence of the Insured Person's being intoxicated or under the influence of a narcotic is not excluded” WY – Adds “unless used as prescribed by a Physician”</p>



Standard Exclusions and Limitations	Major State – Specific E&L Variations
<p>20 Directly or indirectly engaging in an illegal occupation or illegal activity or Your being incarcerated;</p>	<p>CA – Revises entirely to “Any loss to which a contributing cause was the Insured Person’s commission of or attempt to commit a felony or to which a contributing cause was the insured’s being engaged in an illegal occupation.”</p> <p>GA – Revises entirely to “Commission of or attempt to commit a felony or being engaged in an illegal occupation.”</p> <p>ID, MD, PA – Removed entirely</p> <p>IL – Revises to “Directly engaging in an illegal occupation or Your being incarcerated”</p> <p>MO – Removes “or your being incarcerated”</p> <p>NE – Revises to “Engaging in an illegal occupation”</p> <p>UT – Adds “as a voluntary participant”</p> <p>TN – Removes “or illegal activity”</p> <p>VA – Removes “or illegal activity or your being incarcerated”</p>
<p>21 Committing or trying to commit a felony;</p>	<p>CA, ID, GA, MD – Removed entirely</p> <p>MI – Revises to “Commission of or attempt to commit a felony or to which a contributing cause was the Insured’s being engaged in an illegal occupation or other willful criminal activity”</p> <p>UT – Adds “as a voluntary participant”</p>
<p>22 Normal pregnancy, except for Complications of Pregnancy while Hospital Confined;</p>	<p>MT – N/A</p> <p>ND, PA, TN, VA – Removes “while Hospital Confined”</p>
<p>23 Hospital Confinement for routine or normal newborn child care;</p>	<p>MT – N/A</p> <p>OR – Revises to “Routine or normal newborn child care while Hospital Confined”</p> <p>TX – Combines with Exclusion #22</p> <p>VA – Adds “or unless otherwise stated in the policy”</p>
<p>24 Mountaineering using ropes and/or other equipment, parachuting, hang gliding, racing any type of vehicle in an organized or unorganized event, sky diving, scuba diving below 130 feet, motorized racing, parasailing, experimental aviation, ultra-light flying, base jumping, bungee jumping, heli-skiing or heli-snowboarding;</p>	<p>GA – Adds “Participation in an organized contest as a professional in hazardous activities, such as Mountaineering...”</p> <p>IA – Revises to “Aviation, including experimental aviation or ultra-light flying;”</p> <p>ID – Adds “Participation as a professional in hazardous activities”</p> <p>CT, IL, OK, TX, VA, WA – Removed entirely</p> <p>NE – Removes “or unorganized”; Adds “organized motor racing”</p>
<p>25 Travel in or descent from any vehicle or device for aerial navigation, except as a fare paying passenger in an aircraft operated by a commercial airline certified by the U.S. Federal Aviation Administration (FAA), on a regularly scheduled passenger trip; and</p>	<p>CT, TX – Removed entirely</p> <p>ID – Adds “except on a non-professional basis”</p> <p>VA – Revises to “Aviation, except as a fare paying passenger in an aircraft operated by a commercial airline (other than a charter airline) certified by the U.S. Federal Aviation Administration (FAA), on a regularly scheduled passenger trip”</p>
<p>26 Care received outside of the United States.</p>	<p>GA – Revises “Care” to “Non-emergency care”</p> <p>AK, TX – Removes entirely</p>



Standard Exclusions and Limitations		Major State – Specific E&L Variations
SS	Services or supplies for the treatment of an Occupational Injury or Sickness which are paid under the North Carolina Workers' Compensation Act only to the extent such services or supplies are the liability of the employee, employer or workers' compensation insurance carrier according to a final adjudication under the North Carolina Workers' Compensation Act or an order of the North Carolina Industrial Commission approving a settlement agreement under the North Carolina Workers' Compensation Act.	NC Only
SS	Any loss sustained or contracted in consequence of the Insured Person being intoxicated or under the influence of any narcotic, unless taken as prescribed by a Physician;	ID Only
SS	No indemnity will be paid for loss caused by the voluntary use of any controlled substance as defined in Title II of the comprehensive Drug Abuse Prevention and Control Act of 1970, as now or hereafter amended, unless as prescribed by his physician for the insured.	CT Only
SS	The voluntary use of illegal drugs; the intentional taking of over the counter medication not in accordance with recommended dosage and warning instructions; and the intentional misuse of prescription drugs;	DC Only
SS	Any loss to which a contributing cause was the Insured Person's commission of or attempt to commit a felony, or to which a contributing cause was the Insured Person's being engaged in an illegal occupation;	PA Only
SS	Your being incarcerated	MD, NE, PA Only
SS	The use of alcohol that substantially contributes to, causes the loss, or is over the legal limit;	UT Only
SS	Alcoholism and drug addiction	VA Only
Pre Ex	We will not provide benefits for any loss resulting from a Pre-Existing Condition, as defined in the Policy, unless the loss is incurred at least one year after the Effective Date of Coverage for an Insured Person.	GA – Revises "one year" to "12 months" ID – Revises "one year" to "more than 12 months" NM – Revises to "six months"
Standard Definitions		Major State – Specific Definition Variations
Confined/ Confinement	Confined/Confinement means an Insured Person's admission to and subsequent continued stay in a Hospital for which a daily charge for room and board is made for each day of Confinement with no discharge or interruption in such Hospital stay.	LA – Adds "inpatient" before "admission"; Removes "for which a daily charge for room and board is made for each day of Confinement" TN – Removes "for which a daily charge for room and board is made for each day of Confinement"



Standard Definitions

Hospital means an institution operated pursuant to its license for the care and treatment of sick and injured persons for which a charge is made that the Insured Person is legally obligated to pay. The institution must:

1. Maintain on its premises organized facilities for medical, diagnostic and surgical care for sick and injured persons on an inpatient basis;
2. Maintain a staff of one or more duly licensed Physicians;
3. Provide 24 hour nursing care by or under the supervision of a registered graduate professional nurse (R.N.); and
4. Be accredited as a Hospital by the Joint Commission on Accreditation of Hospitals.

The term "Hospital" does not include:

1. A hospice unit, including any bed designated as a hospice or a swing bed; a convalescent home; a rest or nursing facility; an extended care facility; a skilled nursing facility or a facility primarily affording rehabilitation care, custodial or educational care, or care for the aged; a mental health facility or a facility primarily affording care or treatment for persons suffering from Mental or Nervous Disorders; or a substance abuse treatment center or a facility primarily affording care or treatment for persons addicted to drugs or alcohol; and
2. Any military or veteran's hospital, soldier's home or any hospital contracted for or operated by the Federal Government or any agencies thereof for the treatment of members or former members of the Armed Forces, unless the Insured Person is legally required to pay for services in the absence of this insurance coverage.

Hospital

Major State – Specific Definition Variations

AK – Removes #4 “institution must”

TN – Removes “for which a charge is made that the Insured Person is legally obligated to pay”

ID – Adds “or in facility available to the Hospital on a contractual or pre-arranged basis”

IA – (summarized) adds “Must be operated pursuant to Iowa law”, Deletes “military or veteran’s hospital (unless insured is required to pay charges).”

IL – Adds “or in facilities having an agreement to provide” after “organized facilities for”

LA – Adds “is owned and operated by the state of Louisiana or any of its political subdivisions”, removed “for which a charge is made that the Insured Person is legally obligated to pay.”

OK – Removes #2 “military or veteran’s hospital” in its entirety

PA – Revises #1 to “Maintain on its premises organized facilities for medical and diagnostic for sick and injured persons on an inpatient basis”; Removes #2. Revises #1 in “The term ‘Hospital’ does not include” definition to “A convalescent, nursing, rest or rehabilitative facility; a home for the aged; or a special ward, floor or other accommodation for convalescent, nursing, rehabilitation, ambulatory or extended care purposes; or hotel units, residential annexes or nurse administered units in or associated with a Hospital; or”

TX – Adds to #1 “either on its premises, or in facilities available to the Hospital on a contractual pre-arranged basis and under the supervision of a staff of one or more duly licensed Physicians...”;

Revises #4 to “Is licensed as a Hospital and operated pursuant to law”
UT – Revises entirely to “Hospital means a facility that is licensed and operating within the scope of such license.”

OR – Adds “The term includes a Hospital owned or operated by the State of Oregon or any state-approved program”

SD – Removed #4 “Be accredited as a Hospital by the Joint Commission on Accreditation of Hospitals”

VA – Adds for #1 “or in facilities available to the hospital on a pre-arranged basis”

WV – Removes #2 in “The term ‘Hospital’ does not include” definition



Standard Definitions

Injury

Means bodily harm caused by an accident resulting in unforeseen trauma requiring immediate medical attention and is not contributed to, directly or indirectly, by a sickness.

Major State – Specific Definition Variations

CA – Removes “caused by an accident” and “directly or indirectly”

GA – Adds “requiring immediate medical attention or within 72 hours”

IL – Revises “contributed to, direct or indirectly” to read “directly related to”

IN – Removes “resulting in unforeseen trauma”

OK – Revises entirely to “Injury means accidental bodily Injury sustained by the Insured Person which are the direct cause, independent of disease or bodily infirmity or any other cause. The Injury must first occur after the Insured Person’s coverage has become effective and while the coverage is in force.”

PA – Removes “by a Sickness”

VA – Revises entirely to “Means accidental bodily injury sustained by the Insured Person which are the direct result of an accident, independent of disease or bodily infirmity or any other cause, and which occur while the insurance is in force. Injury includes pregnancy following an act of rape of an Insured Person, which was reported to the police within 7 days following its occurrence. In the case of an act of rape or incest to a female Insured Person under the age of 13, the 7-day requirement is extended to 180 days.”



Standard Definitions

Major State – Specific Definition Variations

Pre-Existing Condition

Means a medical condition, sickness or injury not excluded by name or specific description for which – (1) Medical advice, consultation, or treatment was recommended by or received from a medical practitioner acting within the scope of his or her license, within the one year period before the effective date of coverage; or (2) Symptoms existed which would cause an ordinarily prudent person to seek diagnosis, care or treatment within the one year period before the effective date of coverage.

CA – Revises (1) to “...diagnosis or treatment was received”; Removed (2)
CT – Removes “which would cause an ordinarily prudent person to seek diagnosis, care or treatment”
DC – Removes “ordinarily prudent”
GA – Removes “consultation”; Revises “one year” to “12 months”
ID – Revises to “within the six-month period” (summarized)
MD – Revises (1) to “Medical advice, consultation or treatment was recommended by or received from a Physician within the one year period before the effective date of coverage”
MT – Revises entirely to “Means a medical condition, sickness or injury not excluded by name or specific description, for which medical advice, diagnosis, care, or treatment was recommended by or received from a medical practitioner acting within the scope of his or her license, within the one year period before the effective date of coverage”
NC – Revises entirely to “Means a medical condition, sickness or injury for which medical advice, diagnosis, care, or treatment was recommended by or received from a medical practitioner acting within the scope of his or her license, within the twelve month period before the effective date of coverage”
ND, NE – Removed (2)
NM – Revises “one year” to “six months”
PA – Removes “consultation” from (1); Removed (2)
TX – Removes “consultation”
VA – Revises to “We will not provide benefits for any loss resulting from a Pre-Existing Condition, as defined, unless the claim for the loss incurred starts at least one year after the effective date of coverage for an Insured Person”
WY – Revises “one year” to “six months”; Removed section (2)

Sickness

Means an illness or disease.

NC – Adds “including Complications of Pregnancy”
PA – Adds “which is diagnosed or treated after the Insured Person's coverage becomes effective and while the coverage is in force”

Waiting Period

Means the consecutive period of time beginning from the Effective Date of Coverage in which an Insured Person must be insured under the Policy before benefits are payable.

GA, ID, MD, MO, ND – N/A
TN – Adds “Such period will not exceed 30 days for Sickness. There is no Waiting Period for Injury”
WV – Adds “for any loss caused by or resulting from Benign Brain Tumor, Cancer, Heart Attack or Stroke, as defined herein”



Plan Description

- The Accident Companion plan pays a lump-sum cash benefit directly to the Member to help them pay deductible and co-insurance expenses resulting from a covered accident, or the lump-sum may be used for other expenses. Does not provide benefits for loss due to sickness. No waiting period or elimination period.

General Benefit Options

- GI Only - \$2,500, \$5,000, \$7,500, \$10,000
- (See State Specific Benefits Section for available options.)

General Age Guidelines

- Child Primaries: Are allowed (0-18)
- Child Dependents: Are allowed (0-25) – See State-Specific Marketing Rules for maximum ages.
- Max Issue Age: Primary (0-63) – Spouse/Domestic Partner (16-63)

General Sales Rules

- Benefit Amounts: All participants must have the same benefit amount.
- Sales Rules: Cannot be sold with another Accident Companion Direct offered by Midwest or CLICO.



Premium Rating Factors

- ▶ Benefit Level

Underwriting

- ▶ Guaranteed issue only

Coordination of Benefits

- ▶ No

Subrogation

- ▶ No

State – Specific Marketing Rules

- ▶ **NM** – No longer available
- ▶ The issue age limits for dependents is 0 - 25 except in the states shown below:

State	Min Age	Max Age
FL	0	30
IL	0	29
NE	0	29
OH	0	27
SD	0	29
WI	0	26



Standard Benefits						State – Specific Benefits
Benefit	Description	Option 1	Option 2	Option 3	Option 4	
Hospital Confinement	<ul style="list-style-type: none"> One-Time Lump Sum Hospital Confinement Benefit. Must begin within 30 days of Accidental Injury. Limited to one benefit, per Insured Person, per Policy Year. 	\$2,500	\$5,000	\$7,500	\$10,000	NH – \$50 per day, per Insured Person, not to exceed 31 days per Confinement and is limited to two Confinements, Maximum Benefit Amount: \$3,100 per Insured Person, per Policy Year WA – Allows up to 365 days
Emergency Treatment	<ul style="list-style-type: none"> Accidental Injury Emergency Treatment Benefit. Treatment must be received at a Hospital Emergency Room or Urgent Care Center within 72 hours of Accidental Injury. Limited to one benefit, per Insured Person, per Accidental Injury. 	\$250	\$500	\$750	\$1,000	WA – Allows up to 365 days
Major Diagnostic Exam	<ul style="list-style-type: none"> Diagnostic CT scan, MRI or EEG in a Hospital or Urgent Care Center when due to an Accidental Injury. Treatment must be received at a Hospital Emergency Room or Urgent Care Center within 72 hours of Accidental Injury. Limited to one diagnostic exam per Insured Person, per Policy Year. 	\$250	\$500	\$750	\$1,000	GA – This benefit is not available
Follow-Up* Treatment	<ul style="list-style-type: none"> Limited to one Benefit Amount per visit, per Insured Person, not to exceed 5 visits per Policy Year (for all Accidental Injuries combined). Accidental Injury Follow-Up Treatment Benefit. Treatment must follow ER or Urgent Care Center treatment and must begin within 30 days of initial onset of Accidental Injury. Does not include chiropractic or alternative medicine services. 	\$50	\$100	\$100	\$100	FL – \$100 for Option 1 or \$200 for Options 2-4 per visit, per Insured, not to exceed 5 visits per policy year WA – Allows up to 365 days
Follow-Up* Physical Therapy	<ul style="list-style-type: none"> Limited to one Benefit Amount per visit, per Insured Person, not to exceed 5 visits per Policy Year (for all Accidental Injuries combined). Accidental Injury Follow-Up Physical Therapy Benefit. Treatment must follow ER or Urgent Care Center treatment and must begin within 30 days of initial onset of Accidental Injury. 	\$50	\$100	\$100	\$100	FL – \$100 or \$200 per visit, per Insured, not to exceed 5 visits per policy year MD – 30 day requirement removed WA – Allows up to 365 days

**Accidental Injury Follow-Up Treatment and Follow-Up Physical Therapy received on the same day will only receive one benefit.*



Termination Age Standard

Termination
Age

65

Major State–Specific Termination Age Variations

FL – Revises to “The policy is conditionally renewable to age 65, subject to the Company’s right to discontinue or terminate the coverage as provided in the TERMINATION OF COVERAGE section of the policy.”

IA – Revises to “The policy is conditionally renewable to age 65, or Medicare eligibility, whichever occurs first, subject to the Company’s right to discontinue or terminate the coverage as provided in the TERMINATION OF COVERAGE section of the policy.”

KS – Revises to “The policy is conditionally renewable, subject to the Company’s right to discontinue or terminate the coverage as provided in the TERMINATION OF COVERAGE section of the policy.”

MT – No Termination Age



Standard Exclusions and Limitations

Major State – Specific E&L Variations

1	Sickness, including but not limited to pregnancy and childbirth.	<p>KY – Removes “but not limited to”</p> <p>MT, NC, NH – Removes “including but not limited to pregnancy and childbirth”</p> <p>OK – Adds “except for complications of pregnancy”</p> <p>TN – Adds “except for complications of pregnancy, and childbirth”</p>
2	Any care not Medically Necessary (except as specifically provided in the policy) or benefits which are not specifically provided for in the policy.	<p>MD, MT, WY – Removes “not Medically Necessary”</p> <p>NH – Removed entirely</p> <p>SD – Removes “or benefits which are not specifically provided for in the policy”</p>
3	Hospital Confinement for childbirth, including routine or normal newborn child care.	<p>NH – N/A</p> <p>VA – Adds “or unless otherwise stated in the policy”</p>
4	Accidental Injuries that do not First Occur while the policy is in force for the Insured Person.	<p>GA, SD – Revises “First Occur” to “occur”</p> <p>VA – N/A</p>
5	Any act of war, declared or undeclared.	<p>NC – Adds “except for terrorism”</p> <p>NH – Revises to “War or act of war, declared or undeclared”</p> <p>OK – Adds “when serving in the military or an auxiliary unit thereto”</p> <p>VA – Adds “‘war’ does not include terrorism”</p> <p>VA – N/A</p>
6	Active military duty in the service of any country.	<p>NH – Revises to “Service in the armed forces or units auxiliary to it”</p>
7	Participation in a riot, civil commotion or insurrection.	<p>MD – N/A</p> <p>MI – Revises to “Participation in a civil infraction or other activity that rises to the level of a misdemeanor or felony”</p> <p>NC – Adds “Active participation”</p> <p>NH – Revises to “Participation in a felony, riot or insurrection”</p> <p>OR, UT – Revises “Participation” to “Voluntary participation”</p> <p>VA – Removes “civil commotion”</p>
8	Suicide, attempted suicide, or any intentionally self-inflicted injury, while sane or insane.	<p>CO, MO – Removes “or insane”</p> <p>MI – N/A</p> <p>WA – Adds “unless such act is the direct result of an underlying medical condition”</p>
9	Mental or Nervous disorders.	<p>VA – Replaces “Nervous” with “Emotional”</p>



Standard Exclusions and Limitations

Major State – Specific E&L Variations

10	Having Cosmetic Surgery or other elective procedures that are not Medically Necessary.	<p>MD – Revises “that are not Medically Necessary” to “when the treating Physician determines that the treatment is cosmetic or elective”</p> <p>MT – Revises to “Cosmetic Surgery”</p> <p>NH – Revises to “Cosmetic Surgery, except reconstructive surgery incidental to or following surgery resulting from trauma”</p> <p>WY – Removes “not Medically Necessary”</p>
11	Operating any motorized passenger vehicle for wage, compensation or profit.	<p>NC – Adds “such as a taxi or for racing”</p> <p>NH – Removed entirely</p> <p>OK, IL, VA – N/A</p>
12	Drug abuse or addiction including alcoholism, or overdose of drugs, narcotics, or hallucinogens, directly or indirectly.	<p>AK, AL, AZ, FL, KY – Adds “unless taken as prescribed by a Physician”</p> <p>DC, KS, MD, MI, NV, OR, SD, VA, WA – N/A</p> <p>GA – Removes “directly or indirectly”; Adds “unless administered upon the advice of a Physician”</p> <p>IL – Removes “directly or indirectly”; adds “unless taken as prescribed by a legally qualified physician”</p> <p>NC – Adds “unless administered on the advice of a Physician”</p> <p>NH – Revises to “Drug abuse or addiction including alcoholism”</p> <p>OK – Revises to “Drug addiction or alcoholism”</p> <p>UT – Removes “directly or indirectly”</p> <p>WY – Adds “unless used as prescribed by a Physician”</p>



Standard Exclusions and Limitations

- 13 An overdose of drugs, being intoxicated or under the influence of intoxicants, hallucinogens, narcotics, or other drugs, directly or indirectly.

Major State – Specific E&L Variations

AK, FL, KS – Adds “unless taken as prescribed by a Physician”

AL – Adds “unless taken as prescribed by a Physician”; Removes “or under the influence of intoxicants”

DC – Revises to “the voluntary use of illegal drugs; the intentional taking of over the counter medication not in accordance with recommended dosage and warning instructions; and the intentional misuse of prescription drugs, except as mandated by DC”

GA – Removes “directly or indirectly”; Adds “unless administered upon the advice of a Physician”

IN, KY, NC – Adds “unless administered on the advice of a Physician”

IL – Revises to “Being intoxicated or under the influence of intoxicants that which is defined and determined by the laws of the state where the loss or cause of the loss was incurred, hallucinogens, narcotics or other drugs, unless taken as prescribed by a legally qualified Physician”

LA – Revises to “Being intoxicated or under the influence of intoxicants, hallucinogens or narcotics, directly or indirectly”

MD, MI, NV, OR, SD, VA, WA – N/A

NE – Revises to “An overdose of drugs, being intoxicated or under the influence of intoxicants, hallucinations, narcotics unless administered on the advice of a physician or other illegal drugs, directly or indirectly”

NH – Removed entirely

OK – Revises to “Being under the influence of any narcotics, unless taken as prescribed by a Physician”

TN – Adds “for alcohol intoxication this means over the legal limit of .08”

UT – Removes “being intoxicated or under the influence of intoxicants” and “directly or indirectly”

WY – Adds “unless used as prescribed by a Physician”



Standard Exclusions and Limitations		Major State – Specific E&L Variations
14	Directly or indirectly engaging in an illegal occupation or illegal activity or your being incarcerated.	<p>GA, NE – Revises entirely to “Engaging in an illegal occupation”</p> <p>IA, MO – Removes “or your being incarcerated”</p> <p>IL – Revises to “Directly engaging in an illegal occupation your being incarcerated”</p> <p>MD, NH – Removed entirely</p> <p>UT – Revises to “Engaging in an illegal occupation or illegal activity as a voluntary participant, or your being incarcerated”</p> <p>VA – Removes “or illegal activity or your being incarcerated”</p>
15	Committing or trying to commit a felony.	<p>MD, NH – Removed entirely</p> <p>MI – Revises to “Commission of or attempt to commit a felony or to which a contributing cause was the Insured’s being engaged in an illegal occupation or other willful criminal activity per Michigan Compiled Law Section 500.3452”</p> <p>UT – Revises to “Committing or trying to commit a felony as a voluntary participant.”</p>
16	Mountaineering using ropes and/or other equipment, parachuting, hang gliding, racing any type of vehicle in an organized or unorganized event, sky diving, scuba diving below 130 feet, motorized racing, parasailing, experimental aviation, ultra-light flying, base jumping, bungee jumping, heli-skiing, or heli-snowboarding.	<p>GA – Removes “or unorganized”</p> <p>IA – Revises to “aviation, including experimental aviation, or ultra-light flying”</p> <p>IL, OK, VA – Removed entirely</p> <p>NH – Revises to “Racing any type of vehicle in an organized or unorganized event”</p> <p>WA – Revises to “Aviation, ultra-light flying, base jumping, bungee jumping, heli-skiing, or heli-snowboarding”</p>
17	Travel in or descent from any vehicle or device for aerial navigation, except as a fare paying passenger in an aircraft operated by a commercial airline (other than a charter airline) certified by the U.S. Federal Aviation Administration (FAA), on a regularly scheduled passenger trip.	<p>NH, VA – Revises to “Aviation, except as a fare-paying passenger”</p> <p>OK – Removes “descent”</p>
SS	Services or supplies for the treatment of an occupational injury or sickness which are paid under the NC Workers' Compensation Act only to the extent such services or supplies are the liability of the employee, employer or workers' compensation insurance carrier according to a final adjudications under the NC Workers' Compensation Act or an order of the NC Industrial Commission approving a settlement agreement under the NC Workers' Compensation Act.	NC Only
SS	The use of alcohol that substantially contributes to, causes the loss, or is over the legal limit, in the jurisdiction where the loss occurred	UT Only
SS	Alcoholism and drug addiction.	VA Only
SS	Professional Sports	NH Only



Standard Definitions		State – Specific Definitions
Accidental Injury	Means sudden, non–recurrent, traumatic, accidental and unanticipated damage to the body, not of gradual onset requiring immediate medical attention, and not contributed to, directly or indirectly, by a sickness. The Accidental Injury must First Occur after the Insured Person’s coverage has become effective and while the coverage is in force under the Policy.	<p>AR – Removes “traumatic”</p> <p>GA – Removes “non-recurrent, traumatic,” “directly or indirectly,” and “First”</p> <p>IL – Revises “and not contributed to, directly or indirectly, by a sickness” to “and is not directly related to a sickness or disease”</p> <p>ME – Revises to “Accidental bodily injury sustained by the Insured Person that is the direct cause of the condition for which benefits are provided and that occurs after the Insured Person’s coverage has become effective and while coverage is in force under the Policy”</p> <p>OK – Revises to “Accidental bodily injury sustained by the Insured Person which are the direct cause of loss, independent of sickness or bodily infirmity or any other cause while the coverage is in force under the Policy”</p> <p>SD – Revises “First Occur” to “occur”</p> <p>UT – Removes “traumatic” and Revises “damage to the body” to “bodily injury”</p> <p>VA – Revises entirely to “Means accidental bodily injury sustained by the Insured Person which are the direct result of an accident, independent of disease or bodily infirmity or any other cause, and which occur while the insurance is in force”</p> <p>WV – Revises to “Accidental bodily injury or injuries sustained by an Insured Person which directly causes the loss, independent of sickness, bodily infirmity, or any other cause, which occurs after the Insured Person’s coverage has become effective and while the coverage is in force”</p>
First Occur, First Occurred or First Occurrence	Means an Accidental Injury for which diagnosis, treatment, surgery or advice by a physician, or manifested symptoms, initially occurred while the Policy is in force for the Insured Person and for the first time in the Insured Person’s lifetime.	<p>GA, SD – Removed entirely</p> <p>MD – Removes “initially” and “and for the first time in the Insured Person’s lifetime”</p> <p>VA – “First Occur, First Occurred or First Occurrence” has been replaced with “Occur, Occurred or Occurrence”</p>



Plan Description

- The Accident Direct pays a lump-sum cash benefit directly to the Member for Accidental Injuries that First Occur and result in a hospital confinement within 45 days of the Accidental Injury. Does not provide benefits for loss due to sickness. No waiting period or elimination period.

General Benefit Options

- GI Only - \$5,000, \$15,000, \$20,000, \$25,000
- (See State Specific Benefits Section for available options.)

General Age Guidelines

- Child Primaries: Are allowed (0-18)
- Child Dependents: Are allowed (0-25) – See State-Specific Marketing Rules for maximums ages.
- Max Issue Age: Primary (0-63) – Spouse/Domestic Partner (16-63)

General Sales Rules

- Benefit Amounts: All participants must have the same benefit amount.
- Sales Rules: Cannot be sold with another Accident Direct Plan offered by Midwest or CLICO.



Premium Rating Factors

- ▶ Issue Age
- ▶ Sex
- ▶ Adult/Child
- ▶ Benefit Amount

Underwriting

- ▶ Guaranteed issue only

Coordination of Benefits

- ▶ No

Subrogation

- ▶ Yes, varies by state

State – Specific Marketing Rules

- ▶ **NM** – No longer available
- ▶ The age limits for dependents is 0 - 25 except in the states shown below:

State	Min Age	Max Age
FL	0	30
IL	0	29
NE	0	29
OH	0	27
SD	0	29
WI	0	26



Standard Benefits						State – Specific Benefits
Benefit	Description	Option 1	Option 2	Option 3	Option 4	
Accidental Injury Benefit	<p>Benefits refresh each plan year (plan year is each consecutive 12 month period beginning with the effective date of coverage).</p> <p>Accidental Injury Benefit Payable for Hospital Confinement with or without Surgery:</p> <ul style="list-style-type: none"> 14 days or more: 100% of Accidental Injury Benefit Amount 7 to 13 days: 60% of Accidental Injury Benefit Amount 3 to 6 days: 30% of Accidental Injury Benefit Amount 1 to 2 days with surgery: 15% of Accidental Injury Benefit Amount 1 to 2 days without surgery: No benefit payable 	\$5,000	\$15,000	\$20,000	\$25,000	GA, ME – Hospital Confinement 1 – 2 days with or without surgery pays 15% of the selected benefit.
Common Accidental Injury Benefit	<ul style="list-style-type: none"> Provides benefits in addition to the Accidental Injury Benefit Limited to one Common Accidental Injury Benefit Amount under the policy per year Pays 50% of the Accidental injury Benefit Amount when 2 or more insured persons are injured in the same Accidental Injury and at least 2 of whom meet any of the criteria below: <ul style="list-style-type: none"> Criteria One: Hospital Confined for 3 or more days Criteria Two: Hospital Confined for 2 or more days with surgery 	\$2,500	\$7,500	\$10,000	\$12,500	
Outpatient Accidental Injury Benefit	<ul style="list-style-type: none"> Medically Necessary outpatient treatment of Accidental Injuries 	\$500	\$500	\$500	\$500	GA, ME – Specific Benefit Only



Termination Age Standard		Renewability Definition	Major State–Specific Termination Age Variations
Termination Age	65	The Policy is guaranteed renewable to age 65, subject to the Company’s right to discontinue or terminate the coverage as provided in the TERMINATION OF COVERAGE section of the policy	<p>FL, KS, KY, TN – Revises “guaranteed” to “conditionally”</p> <p>IA – Revises to “The policy is conditionally renewable to age 65, or Medicare eligibility, whichever occurs first, subject to the Company’s right to discontinue or terminate the coverage as provided in the TERMINATION OF COVERAGE section of the policy.”</p> <p>MT – No Termination Age</p> <p>WA – Revises to “The policy is not guaranteed renewable; however it is renewable, subject to the Company’s right to discontinue or terminate the coverage as provided in the TERMINATION OF COVERAGE section of the policy.”</p>
Standard Exclusions and Limitations		Major State – Specific E&L Variations	
1	Sickness		
2	Pregnancy and childbirth, including routine or normal newborn child care.		<p>TN – Adds “except for complications of pregnancy”</p> <p>VA – Adds “...or unless otherwise stated in the policy”</p>
3	Any sickness, disease, or other medical condition not the direct result of an accidental injury occurring while the insured person’s coverage is in force.		CA – Revises “not the” to “that is not a”; Removes “accidental”
4	Accidental injuries that do not first occur while the policy is in force for the insured person.		<p>CA – Removes “accidental”</p> <p>SD – Revises “First Occur” to “occur”</p> <p>VA – N/A or Removed entirely</p>
5	Accidental injuries that do not result in a hospital confinement.		<p>CA – Removes “accidental”</p> <p>GA, ME – Revises to “any outpatient care that is not Medically Necessary”</p>
6	Any act of war, declared or undeclared.		<p>FL, NC – Adds “except for terrorism”</p> <p>OK – Adds “when serving in the military or an auxiliary unit thereto”</p> <p>VA – Adds (“war” does not include terrorism)</p>
7	Active military duty in the service of any country.		<p>ID – Revises to “Service in the armed forces or units auxiliary to it”</p> <p>VA – Removed entirely</p>



Standard Exclusions and Limitations

Major State – Specific E&L Variations

8 Participation in a riot, civil commotion or insurrection.

ID – Revises to “Participation in a felony, riot or insurrections”

MD – N/A

MI – Revises to “participation in a civil infraction or other activity that rises to the level of a misdemeanor or felony”

NC – Adds “Active participation”

OR, UT – Adds “Voluntary participation”

9 Suicide, attempted suicide, or any intentionally self–inflicted injury, while sane or insane.

CA – Removes “while sane or insane”

CO, MO – Removes “or insane”

MD – Removes “sane or”

MI – N/A

WA – Adds “unless such act is the direct result of an underlying medical condition”

10 Mental or nervous disorders.

CA – Adds “as defined”

ID – Adds “alcoholism or drug addiction”

VA – Revises to “Mental or Emotional Disorders”

11 Cosmetic surgery

DC – Adds “except as mandated by D.C.”

MD – Adds “when the treating physician determines that the treatment is cosmetic”

ID – Revises to “Having cosmetic surgery, except that ‘cosmetic surgery’ shall not include reconstructive surgery when the service is incidental to or follows surgery resulting from trauma, infection or other diseases of the involved part, and reconstructive surgery because of congenital disease or anomaly of a covered dependent child”

UT – Revises to “Having cosmetic surgery or other elective procedures that are not medically necessary”



Standard Exclusions and Limitations	Major State – Specific E&L Variations
<p>12 Operating any motorized passenger vehicle for wage, compensation or profit.</p>	<p>IL, OK, VA – N/A</p>
<p>13 Drug abuse or addiction including alcoholism, or overdose of drugs, narcotics, or hallucinogens, directly or indirectly.</p>	<p>AK – Adds “unless taken as prescribed by a physician” AL, KY, WY – Adds “unless taken as prescribed by a legally qualified physician” CA, DC, ID, MD, MI, NV, SD, VA – N/A FL – Adds “unless taken as prescribed a physician” GA – Adds “unless administered upon the advice of a legally qualified physician” IL – Adds “unless taken as prescribed by a legally qualified physician”; Removes “directly or indirectly” LA – Revises to “Addiction of alcohol, narcotics, or hallucinogens, directly or indirectly” OK – Revises to “Drug addiction or alcoholism” OR – Revises to “Sickness arising from drug abuse or addiction including alcoholism, or overdose of drugs, narcotics, or hallucinogens, directly or indirectly, unless taken as prescribed by a legally qualified Physician” UT – Removes “directly or indirectly”</p>



Standard Exclusions and Limitations

14

An overdose of drugs, being intoxicated or under the influence of intoxicants, hallucinogens, narcotics, or other drugs, directly or indirectly.

Major State – Specific E&L Variations

AK – Adds “unless taken as prescribed by a physician”

AL – Adds “unless taken as prescribed by a legally qualified physician”; Removes “or under the influence of intoxicants”

CA – Revises to “Any loss sustained or contracted in consequence of the insured being intoxicated or under the influence of any controlled substance, unless administered on the advice of a physician”

DC – Revises to “the voluntary use of illegal drugs; the intentional taking of over the counter medication not in accordance with recommended dosage and warning instructions; and the intentional misuse of prescription drugs except as mandated by D.C.”

FL – Revises to “An overdose of drugs, being intoxicated (defined as having a blood alcohol content which results in the insured person being deemed legally intoxicated under the laws of the jurisdiction in which the loss is sustained or contracted) or under the influence of intoxicants, hallucinogens, narcotics or other drugs, directly or indirectly, unless taken as prescribed by a physician”

GA – Adds “unless administered upon the advice of a legally qualified physician”

ID – Revises to “Any loss sustained or contracted in consequence of the insured person being intoxicated or under the influence of any narcotic, unless administered on the advice of a physician”

IL – Revises to “Being intoxicated or under the influence of intoxicants that which is defined and determined by the laws of the state where the loss or cause of the loss was incurred, hallucinogens, narcotics or other drugs, unless taken as prescribed by a legally qualified physician”

IN, MD, MI, NV, OR, SD, VA – N/A

KY – Adds “unless taken as prescribed by a legally qualified physician”

LA – Revises to “Being intoxicated or under the influence of intoxicants, hallucinogens or narcotics, directly or indirectly”

MT – Revises to “A voluntary overdose of drugs, being voluntarily intoxicated or under the influence of intoxicants, hallucinogens, narcotics, or other drugs, directly or indirectly”

NC – Adds “unless administered on the advice of a legally qualified physician”

NE – Revises to “An overdose of drugs, being intoxicated or under the influence of intoxicants, hallucinogens, narcotics unless administered on the advice of a physician, or other illegal drugs, directly or indirectly”

OK – Revises to “Being under the influence of any narcotics, unless taken as prescribed by a Legally Qualified Physician”

TN – Adds “for alcohol intoxication this means over the legal limit of .08”

UT – Removes “being Intoxicated or under the influence of intoxicants” and “directly or indirectly”

WA – Revises to “an overdose of drugs, directly or indirectly, except that treatment of an injury solely because the injury was sustained as a consequence of the insured person’s being intoxicated or under the influence of a narcotic is not excluded”



Standard Exclusions and Limitations	Major State – Specific E&L Variations
<p>15 Directly or indirectly engaging in an illegal occupation or illegal activity or your being incarcerated.</p>	<p>CA – Revises to “Any loss to which a contributing cause was the Insured Person’s commission of or attempt to commit a felony or to which a contributing cause was the Insured’s being engaged in an illegal occupation” GA – Removes “or illegal activity or your being incarcerated”; Adds “or a felony or an attempted felony” IA, MO, VA – Removes “or your being incarcerated” ID – Revises to “Any loss to which a contributing cause was the insured person’s commission of a felony or to which a contributing cause was the insured person being engaged in an illegal occupation or illegal activity” IL – Revises to “Directly engaging in an illegal occupation or your being incarcerated” MD – N/A NE – Revises to “Engaging in an illegal occupation” UT – Revises to “Engaging in an illegal occupation or illegal activity as a voluntary participant, or your being incarcerated”</p>
<p>16 Committing or trying to commit a felony.</p>	<p>GA, ID, MD – N/A MI – Revises to “Commission of or attempt to commit a felony or to which a contributing cause was the Insured’s being engaged in an illegal occupation or other willful criminal activity per Michigan Compiled Law Section 500.3452” UT – Revises to “Committing or trying to commit a felony as a voluntary participant”</p>
<p>17 Mountaineering using ropes and/or other equipment, parachuting, hang gliding, racing any type of vehicle in an organized or unorganized event, sky diving, scuba diving below 130 feet, motorized racing, para-sailing, experimental aviation, ultra-light flying, base jumping, bungee jumping, heli-skiing, or heli-snowboarding.</p>	<p>GA – Removes “or unorganized” FL – Adds “using ropes, ice axes, screws, belays, anchors and harnesses” IA – Revises to “aviation, including experimental aviation, or ultra-light flying” ID – Adds “Participation as a professional in hazardous activities, such as” IL, OK, VA – Removed entirely WA – Revises to “Aviation, ultra-light flying, base jumping, bungee jumping, heli-skiing or heli-snowboarding”</p>
<p>18 Travel in or descent from any vehicle or device for aerial navigation, except as a fare paying passenger in an aircraft operated by a commercial airline (other than a charter airline) certified by the U.S. Federal Aviation Administration (FAA), on a regularly scheduled passenger trip</p>	<p>ID – Removed entirely OK – Removes “descent” VA – Revised to “Aviation, except as a fare-paying passenger in an aircraft operated by a commercial airline (other than a charter airline) certified by the U.S. Federal Aviation Administration (FAA), on a regularly scheduled passenger trip”</p>



Standard Exclusions and Limitations	Major State – Specific E&L Variations
<p>SS Treatment, services or supplies received outside the U.S. or Canada. However, treatment, services or supplies received as a result of an acute accidental injury sustained during the first 30 days of travel outside of the U.S. or Canada will be considered a covered expense. In no event will treatment, services or supplies received beyond the first 30 days of travel outside the U.S. or Canada be considered a covered expense.</p>	<p>AR, AZ, CO, DC, KS, LA, MO, MS, NM, OH, SC, TX, WA, WI Only</p>
<p>SS Sickness arising from drug abuse or addiction including alcoholism, or overdose of drugs, narcotics, or hallucinogens, directly or indirectly, unless taken as prescribed by a legally qualified physician.</p>	<p>OR only</p>
<p>SS Any loss sustained or contracted in consequence of the Insured Person being intoxicated or under the influence of any narcotic, unless administered on the advice of a Legally Qualified Physician.</p>	<p>ID only</p>
<p>SS Any loss to which a contributing cause was the Insured Person's commission of or attempt to commit a felony or to which a contributing cause was the Insured Person being engaged in an illegal occupation or illegal activity.</p>	<p>ID only</p>
<p>SS Professional aviation for wage or profit.</p>	<p>ID only</p>
<p>SS The use of alcohol that substantially contributes to, causes the loss, or is over the legal limit, in the jurisdiction where the loss occurred.</p>	<p>UT only</p>
<p>SS Alcoholism and drug addiction.</p>	<p>VA only</p>
<p>SS Services or supplies for the treatment of an occupational injury or sickness which are paid under the NC Workers' Compensation Act only to the extent such services or supplies are the liability of the employee, employer or workers' compensation insurance carrier according to a final adjudication under the NC Workers' Compensation Act or an order of the NC Industrial Commission approving a settlement agreement under the NC Workers' Compensation Act.</p>	<p>NC only</p>



Standard Definitions

Accidental Injury

Means sudden, non–recurrent, traumatic, accidental and unanticipated damage to the body, not of gradual onset requiring immediate medical attention, and not contributed to, directly or indirectly, by a sickness. The Accidental Injury must First Occur after the insured person’s coverage has become effective and while the coverage is in force under the policy.

First Occur, First Occurred or First Occurrence

Means an Accidental Injury that initially occurred for the first time while the policy is in force for the insured person. This does not include Accidental Injuries that result in exacerbation or recurrence of a previous injury.

State – Specific Definitions

CA – Revises to “Means sudden, non–recurrent, accidental and unanticipated damage to the body, which is not of gradual onset requiring immediate medical attention. The injury must First Occur after the Insured Person’s coverage has become effective and while the coverage is in force under the Policy”

ID – Revises to “Means accidental bodily injury sustained by the Insured Person that is the direct cause of the condition for which benefits are provided, independent of disease or bodily infirmity or any other cause. The Accidental Injury must First Occur after the Insured Person’s coverage has become effective and while the coverage is in force under the Policy”

IL – Revises “and not contributed to, directly or indirectly, by a sickness” to “and is not directly related to a sickness or disease”

ME – Revises to “Means accidental bodily injury sustained by the Insured Person that is the direct cause of the condition for which benefits are provided and that occurs after the Insured Person’s coverage has become effective and while the coverage is in force under the Policy”

OK – Revises to “Means accidental bodily injury sustained by the Insured Person, which are the direct cause, independent of disease or bodily infirmity or any other cause. The injury must First Occur after the Insured Person’s coverage has become effective and while the coverage is in force”

SD – Revises “First Occur” to “occur”

UT – Removes “traumatic” and revises “damage to the body” to “bodily injury”; Adds “and independent of disease or bodily infirmity” after “by a sickness”

WV – Revises to “accidental bodily injury or injuries sustained by an Insured Person which directly causes the loss, independent of Sickness, bodily infirmity, or any other cause, and which occurs after the insured person’s coverage has become effective and while the coverage is in force”

VA – Revises entirely to “Means accidental bodily injury sustained by the Insured Person which are the direct result of an accident, independent of disease or bodily infirmity or any other cause, and which occur while the insurance is in force. Accidental Injury includes pregnancy following an act of rape of an Insured Person, which was reported to the police within 7 days following its occurrence. In the case of an act of rape or incest to a female Insured Person under the age of 13, the 7-day requirement is extended to 180 days”

CA – Revises to “Means an Injury that initially occurred for the first time while the Policy is in force for the Insured Person. This does not include Injuries that result in exacerbation or recurrence of a previous injury”

GA, SD – Removed entirely

VA – “First Occur, First Occurred or First Occurrence” has been replaced with “Occur, Occurred or Occurrence”



Plan Description

- Provides a one time, lump-sum benefit for a Qualifying Injury when certain losses are a direct result of an Accidental Injury. Qualifying Injury must occur within 60 days of the accident. Does not provide benefits for loss due to sickness. Does not provide benefits for injuries that occur prior to the effective date of coverage.

General Benefit Options

- GI Only - \$10,000, \$15,000, \$20,000, \$30,000, \$40,000, \$50,000 and \$60,000
- (See State Specific Benefits Section for available options.)

General Age Guidelines

- Child Primaries: Are allowed (1-18)
- Child Dependents: Are allowed (1-25) – See State-Specific Marketing Rules for maximum ages.
- Max Issue Age: Primary (1-63) – Spouse/Domestic Partner (16-63)

General Sales Rules

- Benefit Amounts: Primary, Spouse/Domestic Partner and Dependent Children can each select their own benefit option. However, all Dependent Children must have the same amount.
- Sales Rules: Cannot be sold with another Critical Accident Direct offered by Midwest or CLICO.



Premium Rating Factors

- ▶ Issue Age
- ▶ Sex
- ▶ Adult / Child
- ▶ Benefit Amount

Underwriting

- ▶ Guaranteed issue only

Coordination of Benefits

- ▶ No

Subrogation

- ▶ No

State – Specific Marketing Rules

- ▶ **TX, UT** – Primary/Child Primary minimum issue age is 0
- ▶ **NH, NM** – No longer available
- ▶ The issue age limits for dependents is 1 - 25 except in the states shown below:

State	Min Age	Max Age
FL	1	30
IL	1	29
NE	1	29
OH	1	27
SD	1	29
TX	0	25
UT	0	25
WI	1	26



Qualifying Injury									State – Specific Benefits	
Condition	Benefit Amount	Option 1	Option 2	Option 3	Option 4	Option 5	Option 6	Option 7		
<p>Quadriplegia – Total Paralysis of Both Upper and Lower Limbs</p> <p>Paraplegia – Total Paralysis of Lower Limbs</p> <p>Hemiplegia – Total Paralysis of Upper and Lower Limbs on One Side of the Body</p>	<ul style="list-style-type: none"> Only one benefit amount will be paid per insured, per lifetime Coverage ends on the date the Qualifying Injury occurs and benefit is paid Must result in defined loss of not less than 30 continuous days 	\$10,000	\$15,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	<p>WA – Benefit Amounts are: \$25,000, \$30,000, \$40,000, \$50,000 and \$60,000</p>	
<p>Second-Degree Burn to at least 20% of the Body</p> <p>Third-Degree Burn to at least 10% of the Body</p> <p>Coma (lasting 7 or more continuous days)</p> <p>Loss of Sight in Both Eyes</p> <p>Loss of Hearing in Both Ears</p>	<ul style="list-style-type: none"> Only one benefit amount will be paid per insured, per lifetime Coverage ends on the date the Qualifying Injury occurs and benefit is paid 	\$10,000	\$15,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	<p>WA – Benefit Amounts are: \$25,000, \$30,000, \$40,000, \$50,000 and \$60,000</p>	
Termination Age Standard		Renewability Definition			Major State–Specific Termination Age Variations					
Termination Age	75	The Policy is guaranteed renewable to age 75, subject to the Company’s right to discontinue or terminate the coverage as provided in the TERMINATION OF COVERAGE section of the policy			<p>FL, IA, KS, KY, TN – Revises “guaranteed” to “conditionally”</p> <p>MT – No Termination Age</p> <p>WA – Revises to “The policy is not guaranteed renewable; however it is renewable, subject to the Company’s right to discontinue or terminate the coverage as provided in the TERMINATION OF COVERAGE section of the policy.”</p>					



Standard Exclusions and Limitations		Major State – Specific Exclusions and Limitations Variations
1	A Sickness	
2	Any care or benefits which are not specifically provided for in the Policy	ID – Revises to “Any condition that does not meet the definition of a qualifying injury, as defined in the Policy” SD – N/A
3	Any act of war, declared or undeclared	FL, NC – Adds “except for terrorism” OK – Adds “when serving in the military or an auxiliary unit thereto” VA – N/A
4	Active military duty in the service of any country	ID – Revises to “Service in the armed forces or units auxiliary to it” VA – N/A
5	Participation in a riot, civil commotion or insurrection	ID – Revises to “Participation in a felony, riot or insurrections” MD – N/A MI – Revises to “Participation in a civil infraction or other activity that rises to the level of a misdemeanor or felony” NC – Adds “Active participation” OR – Adds “voluntary participation” VA – Removes “civil commotion”
6	Suicide, attempted suicide, or any intentionally self-inflicted injury, while sane or insane	CO, MO – Removes “or insane” MI – N/A WA – Adds “unless such act is the direct result of an underlying medical condition”
7	Payment for care for military service-connected disabilities for which the Insured Person is legally entitled to services and for which facilities are reasonably available to the Insured Person and payment for care for conditions that state or local law requires be treated in a public facility	ID – N/A
8	Experimental or investigational medicine	MD – Adds “when the treating Physician determines that the treatment is experimental or investigational medicine” VA – N/A
9	Intentionally medically induced Qualifying Injury	ID – Revises to “Intentionally medically induced Coma”



Standard Exclusions and Limitations	Major State – Specific E&L Variations
<p>10 Cosmetic surgery</p>	<p>DC – Adds “except as mandated by D.C.” ID – Revises to “Cosmetic surgery, except that ‘cosmetic surgery’ shall not include reconstructive surgery when the service is incidental to or follows surgery resulting from trauma, infection or other diseases of the involved part, and reconstructive surgery because of congenital disease or anomaly of a covered dependent child” MD – Adds “when the treating Physician determines that the treatment is cosmetic” NC – Adds “except for those associated with cleft lip or cleft palate”</p>
<p>11 Drug abuse or addiction including alcoholism, or overdose of drugs, narcotics, or hallucinogens, directly or indirectly</p>	<p>AK, AL, FL, KS – Adds “unless taken as prescribed by a Physician” DC – Removes “narcotics” ID – Revises to “Mental or emotional disorders, alcoholism and drug addiction” IL – Removes “directly or indirectly”; Adds “unless taken as prescribed by a legally qualified physician” KY, NH – Adds “unless taken as prescribed by a legally qualified Physician” LA – Revises to “Addiction of alcohol, narcotics, or hallucinogens, directly or indirectly.” MD, MI, NV, OR, SD, VA – N/A NC – Adds “unless administered on the advice a legally qualified Physician” OK – Revises to “drug addiction or alcoholism” WY – Adds “unless used as prescribed by a Physician”</p>



Standard Exclusions and Limitations

Major State – Specific E&L Variations

12

An overdose of drugs, being intoxicated or under the influence of intoxicants, hallucinogens, narcotics or other drugs, directly or indirectly

AK, KS – Adds “unless taken as prescribed by a Physician”

AL – Adds “unless taken as prescribed by a Physician”; Removes “or under the influence of intoxicants”

DC, ID, MD, MI, NV, OR, SD, VA – N/A

FL – Revises to “An overdose of drugs, being intoxicated (defined as having a blood alcohol content which results in the insured person being deemed legally intoxicated under the laws of the jurisdiction in which the loss is sustained or contracted) or under the influence of intoxicants, hallucinogens, narcotics or other drugs, directly or indirectly, unless taken as prescribed by a physician”

IL – Revises to “Being intoxicated or under the influence of intoxicants that which is defined and determined by the laws of the state where the loss or cause of the loss was incurred, hallucinogens, narcotics or other drugs, unless taken as prescribed by a legally qualified physician”

IN, NC – Adds “unless administered on the advice a legally qualified Physician”

NH – Revises to “Sickness or Injury arising from an overdose of drugs, under the influence of hallucinogens, narcotics or other drugs unless taken as prescribed by a Physician, directly or indirectly”

KY – Adds “unless taken as prescribed by a legally qualified Physician”

LA – Revises to “being intoxicated or under the influence of intoxicants, hallucinogens or narcotics, directly or indirectly”

OK – Revises to “being under the influence of any narcotics, unless taken as prescribed by a legally qualified physician.”

TN – Adds “for alcohol intoxication this means over the legal limit of .08”

UT – Removes “being Intoxicated or under the influence of intoxicants”

WA – Revises to “An overdose of drugs, directly or indirectly, except that treatment of an injury solely because the injury was sustained as a consequence of the insured person’s being intoxicated or under the influence of a narcotic is not excluded”

WY – Adds “unless used as prescribed by a Physician”



Standard Exclusions and Limitations		Major State – Specific E&L Variations
13	Directly or indirectly engaging in an illegal occupation or illegal activity or Your being incarcerated	<p>IA, MO, VA – Removes “or Your being incarcerated”</p> <p>ID, MD, NH – N/A</p> <p>IL – Revises to “Directly engaging in an illegal occupation or your being incarcerated”</p> <p>NE – Revises to “Engaging in an illegal occupation”</p> <p>UT – Revises to “Directly engaging in an illegal occupation or illegal activity as a voluntary participant, or your being incarcerated”</p>
14	Committing or trying to commit a felony	<p>ID, MD – N/A</p> <p>MI – Revises to “Commission of or attempt to commit a felony or to which a contributing cause was the Insured’s being engaged in an illegal occupation or other willful criminal activity per Michigan Compiled Law Section 500.3452”</p> <p>UT – Revises to “Committing or trying to commit a felony as a voluntary participant”</p>
15	Sunburn	OR, VA – N/A
SS	Benefits provided under Medicare or other governmental program (except Medicaid).	ID only
SS	Any loss to which a contributing cause was the Insured Person’s commission of a felony or to which a contributing cause was the Insured Person being engaged in an illegal occupation or illegal activity.	ID only
SS	Treatment, services or supplies received outside the U.S. or Canada. However, treatment, services or supplies received as a result of an acute accidental injury sustained during the first 30 days of travel outside of the U.S. or Canada will be considered a covered expense. In no event will treatment, services or supplies received beyond the first 30 days of travel outside the U.S. or Canada be considered a covered expense.	KS only
SS	Services or supplies for the treatment of an occupational injury or sickness which are paid under the NC Workers' Compensation Act only to the extent such services or supplies are the liability of the employee, employer or workers' compensation insurance carrier according to a final adjudication under the NC Workers' Compensation Act or an order of the NC Industrial Commission approving a settlement agreement under the NC Workers' Compensation Act.	NC only



Standard Exclusions and Limitations

SS The use of alcohol that substantially contributes to, causes the loss or is over the legal limit.

Major State – Specific E&L Variations

UT only

SS Alcoholism and drug addiction.

VA only

Standard Definitions

Qualifying Injury

A Qualifying Injury means one of the conditions listed above that occurs while the Policy is in force and within 60 days of the accident and is the direct result of an Accidental Injury.

Major State – Specific Definition Variations

ID – 90 days
WA – 365 days

Standard Benefits Will Not Be Payable For

1 A Qualifying Injury that occurred prior to an Insured Person's Effective Date of Coverage;

Major State – Specific Variations

ID – Revises entirely to "A Qualifying Injury will be subject to a six (6) month Pre-existing Condition limitation prior to an Insured Person's Effective Date of Coverage."

2 Any condition that is not a Qualifying Injury, as defined in the Policy;

3 Loss resulting from any other condition or incapacity, other than loss resulting from a Qualifying Injury, as defined in the Policy. This includes any other condition or incapacity which may have been complicated or directly or indirectly affected or caused by a Qualifying Injury or as a result of treatment of a Qualifying Injury; or

ID – Removes "or as a result of treatment of a Qualifying Injury"
IL – Removes "indirectly"

4 Any amounts in excess of the Benefit Amount.



Plan Description

- The ProtectFit Plus supplemental insurance plan provides a blend of lump sum and daily benefits paid directly to the Member when the Member receives accident-related care such as emergency medical care, hospitalization, in-hospital rehabilitation, restorative services, disability and other expenses. The ProtectFit Plus provides benefits for accidental injuries that First Occur after the insured's coverage becomes effective and while in force. Does not provide benefits for losses resulting from a sickness.

General Benefit Options

- GI Only - High, Low

General Age Guidelines

- Child Primaries: Not allowed
- Child Dependents: Allowed (0-25)
- Max Issue Age: Primary (19-64) – Spouse/Domestic Partner (19-64)

General Sales Rules

- Benefit Amounts: All participants must have the same benefit amount.
- Sales Rules: Cannot be sold to dependent children unless the primary and/or spouse/domestic partner have also selected the plan.
- ProtectFit Plus (Low) and ProtectFit Plus (High) cannot be sold together.



Premium Rating Factors

- ▶ Issue Age
- ▶ Low / High Option
- ▶ Single, Couple, Single + Children, Family

Underwriting

- ▶ Guaranteed issue only

Coordination of Benefits

- ▶ No

Subrogation

- ▶ No

State – Specific Marketing Rules

- ▶ **MD** – Maximum Issue Age: Primary (19-63) – Spouse/Domestic partner (19-63)
- ▶ **MA, NM** – No longer available
- ▶ The issue age limits for dependents is 0 - 25 except in the states shown below:

State	Min Age	Max Age
CT	0	26
FL	0	30
IL	0	29
NE	0	29
OH	0	27
SD	0	29
WI	0	26



Standard Benefits				State – Specific Benefits
Benefit	Description	High Option	Low Option	
Inpatient Hospital Confinement: One-Time Lump Sum Hospital Benefit	Per insured, per policy year <i>Confinement must begin within 30 days of Accidental Injury</i>	\$1,000	\$500	PA, UT – The confinement must begin within 31 days instead of 30 days. WA – The confinement must begin within 365 days instead of 30 days.
Inpatient Hospital Confinement: Daily Hospital Confinement Benefit	Per insured per day, Up to 365 days for each covered accidental injury <i>Confinement must begin within 30 days of Accidental Injury</i>	\$300	\$150	PA, UT – The confinement must begin within 31 days instead of 30 days. WA – The confinement must begin within 365 days instead of 30 days.
Inpatient Hospital Confinement: One-Time Lump Sum Intensive Care Hospital Confinement Benefit	Per insured, per policy year <i>Confinement must begin within 30 days of Accidental Injury</i>	\$2,000	\$1,000	PA, UT – The confinement must begin within 31 days instead of 30 days. WA – The confinement must begin within 365 days instead of 30 days.
Inpatient Hospital Confinement: Daily Intensive Care Hospital Confinement Benefit	Per insured, per day up to 15 days, for each covered accidental injury <i>Confinement must begin within 30 days of Accidental Injury</i>	\$500	\$250	PA, UT – The confinement must begin within 31 days instead of 30 days. WA – The confinement must begin within 365 days instead of 30 days.
Outpatient, Emergency and Diagnostic: Accidental Injury Emergency Treatment	One benefit per insured, per covered accident <i>Treatment must be received within 72 hours of injury</i>	\$150 \$100	\$100 \$50	PA, UT – “Treatment must be received within 72 hours” is changed by adding “or as soon as reasonably possible.” WA – “Treatment must be received within 365 days.”
Outpatient, Emergency and Diagnostic: Major Diagnostic Examinations	CT Scan, MRI, EEG <i>One exam per person, per policy year</i>	\$200	\$100	



Standard Benefits				State – Specific Benefits
Benefit	Description	High Option	Low Option	
Lump Sum Accidental Injury	Dislocation, burn, skin grafts, eye injury, laceration, fracture, brain concussion, emergency dental repairs, coma, paralysis <i>Examples of Covered Injuries and range of benefit amounts shown below. See policy for complete list of covered injuries and benefit amounts. *within 72 hours of injury</i>	\$35-\$12,500	\$25-\$6,250	WA – “must begin within 365 days”
	Dislocation (based on type of injury; up to 2 benefits per injury)*	\$100 - \$1,500	\$50 - \$750	
	Burns, 2 nd Degree (based on percent of body surface burned; 1 benefit per injury)*	\$75-\$1,250	\$35-\$625	
	Burns, 3 rd Degree (based on percent of body surface burned; 1 benefit per injury)*	\$175-\$12,500	\$75-\$6,250	
	Skin Grafts (within 12 months of burn injury)	50% of Burn Benefit	50% of Burn Benefit	
	Laceration, with no sutures (1 benefit per injury)*	\$35	\$25	
	Laceration, with sutures (1 benefit per injury)*	\$65 - \$500	\$35 - \$250	
	Fracture (1 benefit per fracture type, per Insured Person, per Accidental Injury)	\$175 - \$1,750	\$100 - \$875	
	Coma (duration 7 or more days)	\$12,500	\$6,250	PA – Revises entirely to “Subject to a 7 day Elimination Period before benefits are payable”
	Paralysis, Quadriplegia (subject to 30-day elimination period)	\$12,500	\$6,250	MA, OK – Removes “30-day elimination period”
Paralysis, Paraplegia (subject to 30-day elimination period)	\$6,250	\$3,125	MA, OK – Removes “30-day elimination period”	
Follow – Up / Restorative: Accidental Injury Follow-Up Treatment	Must follow ER or Urgent Care treatment and must begin within 30 days of the covered injury Per visit, per Policy Year	\$35 10 visits	\$25 5 visits	WA – “must begin within 365 days”
Follow – Up / Restorative: Accidental Injury Follow-Up Physical Therapy	Must follow ER or Urgent Care treatment and must begin within 30 days of the covered injury Per visit, per Policy Year	\$35 10 visits	\$25 5 visits	MD – Removes “must begin within 30 days” WA – “must begin within 365 days”
Follow – Up / Restorative: Hospital Rehabilitation Unit	Per day of rehabilitation Maximum for each insured person per hospital confinement Maximum per policy year Paid in lieu of daily hospital confinement benefit	\$150 30 days 60 days	\$75 30 days 60 days	
Follow – Up / Restorative	Appliances Prosthesis Blood Plasma and Platelets <i>Per insured, per covered injury</i>	\$150 \$750 \$200	\$100 \$375 \$100	



Standard Benefits				State – Specific Benefits
Benefit	Description	High Option	Low Option	
Accidental Death and Dismemberment: Death	<ul style="list-style-type: none"> Benefits are payable if death or loss occurs within 90 days of a covered accident. Primary and covered spouse Covered dependent child(ren) 	\$50,000 \$15,000	\$25,000 \$7,500	OR, UT – Benefits are payable if death or loss occurs within 180 days of a covered accident. WA – Benefits are payable if death or loss occurs within 365 days of a covered accident.
Accidental Death and Dismemberment: Common Carrier Death	Primary and covered spouse Covered dependent child(ren)	\$150,000 \$25,000	\$75,000 \$12,500	OR, UT – Benefits are payable if death or loss occurs within 180 days of a covered accident. WA – Benefits are payable if death or loss occurs within 365 days of a covered accident.
Accidental Death and Dismemberment: Dismemberment	Primary and covered spouse Covered dependent child(ren)	\$3,000-\$50,000 \$1,000-\$15,000	\$1,500-\$25,000 \$500-\$7,500	OR, UT – Benefits are payable if death or loss occurs within 180 days of a covered accident. WA – Benefits are payable if death or loss occurs within 365 days of a covered accident.
Transportation	Emergency Ground or Water Ambulance Emergency Air Ambulance <i>One trip per insured person per accident</i>	\$250 \$2,500	\$125 \$1,250	CT – Ambulance Transport – Emergency Ambulance Benefit: Actual Charge up to the maximum allowable rate established by the Dept. of Public Health. 100% of covered expenses.
Supplemental Disability Income Protection	<ul style="list-style-type: none"> Total Disability must occur within 60 days of the accident Subject to a 21-day elimination period Per month, payable up to 12 continuous months Must be employed at time of purchase for high plan only Primary and covered spouse only. 	\$500	-	CT – Additional benefit for Accidental Injury Emergency Treatment for Accidental Ingestion/Consumption of a Controlled Drug, \$500 per person, per year. MA – \$500 Low Option is available. OK, WV – There are no Elimination periods. WA – Not Available

Termination Age Standard

Major State–Specific Termination Age Variations

Termination Age:

65

MA, MT – No Termination age



Standard Exclusions and Limitations		Major State – Specific E&L Variations
1	Sickness, including but not limited to pregnancy and childbirth.	KY – Removes “...but not limited to” MT – Revises to “Sickness.” OK – Adds “except for complications of pregnancy” TN – Adds “except for complications of pregnancy and childbirth”
2	Any care not Medically Necessary (except as specifically provided herein) or benefits which are not specifically provided for in the policy.	CT, MA – Revises to “Any disease, or other medical condition not the direct result of an Accidental Injury occurring while the Insured Person’s coverage is in force which are not specifically provided for in the policy” MD, WY – Removes “not Medically Necessary”
3	Hospital Confinement for childbirth, including routine or normal newborn child care.	
4	Accidental Injuries that do not First Occur while the policy is in force for the insured person.	PA – Adds “subject to the Time Limit on Certain Defenses provision” VA – N/A
5	Any act of war, declared or undeclared.	OK – Adds “when serving in the military or an auxiliary unit thereto” FL, NC, VA – Adds “except for terrorism”
6	Active military duty in the service of any country.	ID – N/A PA – Adds “subject to the Military Service Reinstatement provision”
7	Participation in a riot, civil commotion or insurrection.	MD – N/A MI – Revises to “Participation in a civil infraction or other activity that rises to the level of a misdemeanor or felony” NC – Adds “Active participation...” OR, UT – Adds “Voluntary participation...” PA – Removes “civil commotion”



Standard Exclusions and Limitations		Major State – Specific E&L Variations
8	Suicide, attempted suicide, or any intentionally self-inflicted injury, while sane or insane.	<p>CO, MO – Removes “or insane”</p> <p>CT – Adds “except when related to mental or nervous disorders”</p> <p>MD – Removes “sane or”</p> <p>MI – N/A</p> <p>PA – Removes “attempted suicide” and “while sane or insane”</p> <p>WA – Adds “unless such act is the direct result of an underlying medical condition”</p>
9	Mental or nervous disorders.	<p>DC – Adds “as defined in the Policy”</p> <p>VA – Adds “emotional disorders”</p>
10	Having cosmetic surgery or other elective procedures that are not medically necessary.	<p>CT, MA, WY – Removes “that are not medically necessary”</p> <p>DC – Adds “except as mandated by D.C.”</p> <p>MD – Adds “when the treating physician determines that the treatment is cosmetic or elective”</p> <p>PA – Adds “other elective procedures (not to exceed 6 months) that are not medically necessary”</p>



Standard Exclusions and Limitations		Major State – Specific E&L Variations
11	Operating any motorized passenger vehicle for wage, compensation or profit.	IL, OK, VA – N/A
12	Drug abuse or addiction including alcoholism, or overdose of drugs, narcotics, or hallucinogens, directly or indirectly.	<p>AL, FL, KY – Adds “unless taken as prescribed by a physician”</p> <p>CT, DC, KS, MD, MI, NV, OR, SD, VA – N/A</p> <p>IL – Removes “directly or indirectly”; Adds “unless taken as prescribed by a physician”</p> <p>OK – Revises to “Drug addiction or alcoholism”</p> <p>UT – Removes “directly or indirectly”</p> <p>WY – Adds “unless used as prescribed by a physician”</p>
13	An overdose of drugs, being intoxicated or under the influence of intoxicants, hallucinogens, narcotics or other drugs, directly or indirectly.	<p>AL – Adds “unless taken as prescribed by a physician”; Removes “or under the influence of intoxicants”</p> <p>AK – Adds “unless administered on the advice of a physician”</p> <p>CA, ID – Adds “unless taken as prescribed by a legally qualified physician”</p> <p>CT – Revises to “Being intoxicated or under the influence of intoxicants; defined as having a blood alcohol content which results in the Insured Person being deemed legally intoxicated under the laws of the jurisdiction in which the loss is sustained or contracted”</p> <p>DC – Revises to “The voluntary use of illegal drugs; the intentional taking of over the counter medication not in accordance with recommended dosage and warning instructions; and the intentional misuse of prescription drugs except as mandated by D.C.”</p> <p>FL – Revises to “An overdose of drugs, being intoxicated (defined as having a blood alcohol content which results in the insured person being deemed legally intoxicated under the laws of the jurisdiction in which the loss is sustained or contracted) or under the influence of intoxicants, hallucinogens, narcotics or other drugs, directly or indirectly, unless taken as prescribed by a Physician”</p> <p>IL – Revises to “Being intoxicated or under the influence of intoxicants that which is defined and determined by the laws of the state where the loss was incurred, hallucinogens, narcotics or other drugs, unless taken as prescribed by a Physician”</p> <p>IN, MD, MI, NV, OR, SD – N/A</p> <p>KS, KY – Adds “unless taken as prescribed by a physician”</p> <p>MT – Revises to “A voluntary overdose of drugs, being voluntarily intoxicated or under the influence of intoxicants, hallucinogens, narcotics, or other drugs, directly or indirectly”</p> <p>NC – Adds “unless administered on the advice of a physician”</p> <p>NE – Revises to “An overdose of drugs, being intoxicated or under the influence of intoxicants, hallucinogens, narcotics unless administered on the advice of a physician, or other illegal drugs, directly or indirectly”</p> <p>OK – Revises to “Being under the influence of any narcotics, unless taken as prescribed by a Physician”</p> <p>TN – Adds “for alcohol intoxication this means over the legal limit of .08”</p> <p>UT – Removes “being intoxicated or under the influence of intoxicants” and “directly or indirectly”</p> <p>WA – Revises to “An overdose of drugs, directly or indirectly, except that treatment of an injury solely because the injury was sustained as a consequence of the Insured Person’s being intoxicated or under the influence of a narcotic is not excluded”</p> <p>WY – Adds “unless used as prescribed by a physician”</p>



Standard Exclusions and Limitations		Major State – Specific E&L Variations
14	Directly or indirectly engaging in an illegal occupation or illegal activity or insured being incarcerated.	<p>IA, VA – Removes “or insured being incarcerated”</p> <p>IL – Revises to “Directly engaging in an illegal occupation or your being incarcerated”</p> <p>NE – Revises to “Engaging in an illegal occupation”</p> <p>UT – Revises to “Engaging in an illegal occupation or illegal activity as a voluntary participant, or your being incarcerated”</p>
15	Committing or trying to commit a felony.	<p>CT – N/A</p> <p>MI – Revises to “Commission of or attempt to commit a felony or to which a contributing cause was the Insured’s being engaged in an illegal occupation or other willful criminal activity per Michigan Compiled Law Section 500.3452”</p> <p>UT – Adds “as a voluntary participant”</p>
16	Mountaineering using ropes and/or other equipment, parachuting, hang gliding, racing any type of vehicle in an organized or unorganized event, sky diving, scuba diving below 130 feet, motorized racing, para-sailing, experimental aviation, ultra-light flying, base jumping, bungee jumping, heli-skiing, or heli-snowboarding.	<p>FL – Adds “using ropes, ice axes, screws, belays, anchors and harnesses”</p> <p>IA – Revises to “aviation, including experimental aviation, or ultra-light flying”</p> <p>IL, OK, VA, WA – Removed entirely</p>
17	Travel in or descent from any vehicle or device for aerial navigation, except as a fare paying passenger in an aircraft operated by a commercial airline (other than a charter airline) certified by the U.S. Federal Aviation Administration (FAA), on a regularly scheduled passenger trip.	<p>OK – Removes “descent”</p>
SS	The use of alcohol that substantially contributes to, causes the loss or is over the legal limit, in the jurisdiction where the loss occurred.	<p>UT Only</p>
SS	No indemnity will be paid for loss caused by the voluntary use of any controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as now or hereafter amended, unless as prescribed by a legally qualified Physician for the Insured.	<p>CT Only</p>



Standard Definitions

Accidental Injury

Means sudden, non–recurrent, traumatic, accidental and unanticipated damage to the body, not of gradual onset requiring immediate medical attention, and not contributed to, directly or indirectly, by a sickness. The Accidental Injury must First Occur after the insured person’s coverage has become effective and while the coverage is in force under the policy.

First Occur, First Occurred or First Occurrence

Means an Accidental Injury for which diagnosis, treatment, surgery or advice by a Physician or manifested symptoms, initially occurred while the Policy is in force for the Insured Person and for the first time in the Insured Person’s lifetime.

Actively at Work

Means you are:
Working on a permanent basis at least 25 hours a week
Performing the material and substantial duties of your regular job for which You are qualified by reason of education, training or experience.

State Specific Definitions

CT – Adds “Accidental injury also includes accidental ingestion or consumption of a controlled drug”

IL – Revises “and not contributed to, directly or indirectly, by a sickness” to “and is not directly related to a sickness or disease”

MA – Removes “requiring immediate medical attention”

ME – Revises to “Means accidental bodily injury, sustained by the Insured Person that is the direct cause of the condition for which benefits provided and that occurs after the Insured Person’s coverage has become effective and while the coverage is in force under the policy”

OK – Revises to “Means accidental bodily injury, sustained by the Insured Person, which are the direct cause of loss, independent of Sickness or bodily infirmity or any other cause while the coverage is in force under the policy”

UT – Removes “traumatic”; Revises “damage to the body” to “bodily injury”; Adds “and independent of disease or bodily infirmity” after “by a sickness”

MA – Revises to “Means an Accidental Injury for which any diagnosis, treatment, surgery or advice by a Legally Qualified Physician or manifested symptoms, initially occurred while the Policy is in force for the Insured Person and for the first time in the Insured Person’s lifetime”

MD – Removes “and for the first time in the Insured Person’s lifetime”

PA – Revises to “Means an Accidental Injury for which surgery or advice by a Physician, or treatment or diagnosis, initially occurred for the first time while the policy is in force for the Insured Person”



Plan Description

- The Accident Disability Direct plan provides a Monthly Total Disability benefit if the insured becomes Totally Disabled within 30 days of an Injury while covered under the policy and is Actively at Work. Does NOT provide benefits for loss due to sickness.

General Benefit Options

- GI - \$500, \$1,000, \$1,500, \$2,000 and \$2,500

General Age Guidelines

- Child Primaries: Not Allowed
- Child Dependents: Not Allowed
- Max Issue Age: Primary (19-60) – Spouse/Domestic Partner (19-60)

General Sales Rules

- Benefit Amounts: Adult Primary and Adult Spouse/Domestic Partner can select different benefit option and/or disability plans.
- Sales Rules: Cannot be sold with another Accident Disability Direct or an Income Protection Direct offered by CLICO or an Income Protection Plus or Income Protection offered by Midwest.



Premium Rating Factors

- ▶ Issue Age (Attained Age in **KY** and **TN**)
- ▶ Sex
- ▶ Benefit Amount
- ▶ Benefit Period
- ▶ Elimination Period
- ▶ Occupation

Underwriting

- ▶ Guaranteed Issue

Coordination of Benefits

- ▶ If the insured has other benefits paid for their disability, the monthly benefit under this plan will be reduced.
- ▶ This includes other disability paid under another plan, employer sick pay, retirement or pension plan, benefits from workers' compensation or any other retirement program including retirement benefits under Social Security.

Subrogation

- ▶ No

Eligibility Rules Based on Benefit Options vs. AGI

Annual Gross Income	Maximum Monthly Indemnity Benefit that can be selected
Under \$10,000	Decline Coverage
\$10,000 - \$19,999	\$500
\$20,000 - \$29,999	\$500, \$1000
\$30,000 - \$39,999	\$500, \$1000, \$1500
\$40,000 - \$49,999	\$500, \$1000, \$1500, \$2000
\$50,000 and over	\$500, \$1000, \$1500, \$2000, \$2500

New Business

- ▶ Spouses applying for coverage with the Primary will receive a separate policy.

State – Specific Marketing Rules

- ▶ **DE** – Max Issue Age Primary (19-55) – Spouse/Domestic partner (19-55)
- ▶ **MA, NM** – No longer available

Accident Disability Direct

Form CH-26114-IP (01/10) (or its state variation)



Standard Benefits						State – Specific Benefits	
Benefit	Description	Option 1	Option 2	Option 3	Option 4	Option 5	
Benefit Options	<ul style="list-style-type: none"> Due to Injury that occurs after the effective date of coverage Must be Actively at Work Total Disability must begin within 30 days after the Accidental Injury Total Disability for a full month provides for the lesser of The Monthly Indemnity Benefit; or 60% of the insured's gross prior monthly income Total Disability for a partial month is 1/30 per day of the Monthly Indemnity Benefit 	\$500	\$1,000	\$1,500	\$2,000	\$2,500	<p>CT – Removes “Must be Actively at Work” and “Total Disability must begin within 30 days after the Accidental Injury”</p> <p>MD – The Monthly Total Disability Benefit pays the chosen benefit amount and deletes the reference to pay “or 60% of gross monthly earnings”</p>
Maximum Period Payable Options	<ul style="list-style-type: none"> Selected independent of Benefit Amount Benefit continues through end of Maximum Period Payable selected as long as Total Disability continues 	12 or 24 Months	12 or 24 Months	12 or 24 Months	12 or 24 Months	12 or 24 Months	
Elimination Period	Selected independent of Benefit Amount	14, 30, 60 or 90 Days	14, 30, 60 or 90 Days	14, 30, 60 or 90 Days	14, 30, 60 or 90 Days	14, 30, 60 or 90 Days	DE – Only 14- and 30-day elimination period available
Waiver of Premium	<ul style="list-style-type: none"> When an insured has been continuously disabled as defined for 90 days and receiving benefits, future premiums will be waived for the remainder of the disability period. Insured must resume premium payments within 31 days when no longer eligible for waiver of premium to keep coverage in force. 						

Accident Disability Direct

Form CH-26114-IP (01/10) (or its state variation)



Standard Benefits						State – Specific Benefits	
Benefit	Description	Option 1	Option 2	Option 3	Option 4	Option 5	
Recurrent Disability	<p>Following the end of the preceding disability, after a Period of Total Disability, if the insured is disabled and has not been actively at work for at least 6 months:</p> <ul style="list-style-type: none"> • A new elimination period not required • Subject to the Maximum Period Payable that started with the preceding Period of Total Disability • If the Maximum Period Payable has ended, no benefits will be payable for a recurrence 						<p>CT – Removes “actively at work for at least 6 months”</p> <p>ID – Revises “for at least 6 months” to “for 6 months or more”</p>
Concurrent Disability	If a Total Disability is caused by more than one injury, benefits are paid as only one injury						
Termination Age Standard			Major State–Specific Termination Age Variations				
Termination Age	65		MA – No Termination Age				



Standard Exclusions and Limitations		Major State – Specific E&L Variations
1	Sickness, including but not limited to pregnancy and childbirth	KY – Removes “but not limited to” NC, TN – Adds “except for complication of pregnancy”
2	Injuries that do not first occur while the policy is in force for the insured person	GA, NC, SD, VA – Removes “first” MD – N/A
3	Any act of war, declared or undeclared	NC – Adds “except for terrorism” OK – Adds “when serving in the military or an auxiliary unit thereto” VA – Adds “(‘war’ does not include terrorism)”
4	Active military duty in the service of any country	ID, NH – Revises to “Service in the armed forces or units auxiliary to it” VA – N/A
5	Participation in a riot, civil commotion or insurrection	GA – Adds “or directly or indirectly engaging in an illegal occupation or a felony or an attempted felony” ID, NH – Revises to “Participation in a felony, riot, or insurrection” MD – N/A MI – Revises to “Participation in a civil infraction or other activity that rises to the level of a misdemeanor or felony” NC – Adds “Active” before “participation” OR, UT – Adds “voluntary participation”



Standard Exclusions and Limitations	Major State – Specific E&L Variations
<p>6 Suicide, attempted suicide, or any intentionally self-inflicted injury, while sane or insane</p>	<p>CO, MO – Removes “or insane” MD – Removes “sane or” MI, MN – N/A PA – Removes “attempted suicide” and “while sane or insane” WA – Adds “unless such act is the direct result of an underlying medical condition”</p>
<p>7 Mental or nervous disorders</p>	<p>ID – Adds “alcoholism or drug addiction” VA – Revises to “Mental or Emotional Disorders” TX – Adds “without demonstrable organic disease”</p>
<p>8 Having cosmetic surgery</p>	<p>DC – Adds “except as mandated by D.C.” ID – Revises by adding “except that ‘cosmetic surgery’ shall not include reconstructive surgery when the service is incidental to or follows surgery resulting from trauma, infections or other diseases of the involved part, and reconstructive surgery because of the congenital disease or anomaly of a covered dependent child” MD – Revises to “any cosmetic surgery or surgical procedure except for disabilities arising directly from unplanned and unanticipated adverse consequences of such surgery”</p>



Standard Exclusions and Limitations

Major State – Specific E&L Variations

Standard Exclusions and Limitations	Major State – Specific E&L Variations
<p>9 Operating any motorized passenger vehicle for wage, compensation or profit</p>	<p>IL, OK, VA – N/A NC – Adds “such as a taxi or for racing” NH – Revises to “Operating any motorized passenger vehicle while intoxicated or under the influence of any narcotics, unless administered on the advice of a Physician”</p>
<p>10 Drug abuse or addiction including alcoholism, or overdose of drugs, narcotics, or hallucinogens, directly or indirectly</p>	<p>AK – Adds “unless taken as prescribed by a Physician” AL, KY – Adds “unless taken as prescribed by a legally qualified Physician” CT – Revises to “no indemnity will be paid for loss caused by the voluntary use of any controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as now or hereafter amended, unless as prescribed by a legally qualified Physician for the Insured” DC – Revises to “the voluntary use of illegal drugs, the intentional taking of over the counter medication not in accordance with recommended dosage and warning instructions; and the intentional misuse of prescriptions drugs, except as mandated by D.C.” GA – Revises entirely to “Drug abuse or addiction including alcoholism, being intoxicated or under the influence of intoxicants, an overdose of or under the influence of drugs, narcotics, or hallucinogens, directly or indirectly, unless administered upon the advice of a Physician” ID, MD, MI, OR, PA, SD, VA – N/A IL – Removes “directly or indirectly”; Adds “unless taken as prescribed by a legally qualified Physician” LA – Revises to “addiction of alcohol, narcotics, or hallucinogens, directly or indirectly” MN – Removes “including alcoholism”; Adds “unless administered on the advice of a Physician” NC – Adds “unless administered on the advice of a legally qualified Physician” NH – Revises to “Drug abuse or addiction including alcoholism” OK – Revises to “drug addiction or alcoholism” WY – Adds “unless used as prescribed by a legally qualified Physician”</p>



Standard Exclusions and Limitations

Major State – Specific E&L Variations

- 11 An overdose of drugs, being intoxicated or under the influence of intoxicants, hallucinogens, narcotics or other drugs, directly or indirectly

AK – Adds “unless taken as prescribed by a Physician”

AL – Adds “unless taken as prescribed by a legally qualified Physician”; Removes “or under the influence of intoxicants”

CT – Revises to “Being intoxicated or under the influence of intoxicants; defined as having a blood alcohol content which results in the Insured Person being deemed legally intoxicated under the laws of the jurisdiction in which the loss is sustained or contracted”

DC – Revises to “the voluntary use of illegal drugs, the intentional taking of over the counter medication not in accordance with recommended dosage and warning instructions; and the intentional misuse of prescriptions drugs, except as mandated by D.C.”

GA, IN, MD, MI, NH, OR, SD, VA – N/A

ID – Revises to “Any loss sustained or contracted in consequence of the insured person being intoxicated or under the influence of any narcotic, unless administered on the advice of a physician”

IL – Revises to “being intoxicated or under the influence of intoxicants that which is defined and determined by the laws of the state where the loss or cause of the loss was incurred, hallucinogens, narcotics or other drugs, unless taken as prescribed by a legally qualified physician”

KY – Adds “unless taken as prescribed by a legally qualified physician”

LA – Revises to “being intoxicated or under the influence of intoxicants, hallucinogens or narcotics, directly or indirectly”

MN – Revises to “An overdose of drugs, being intoxicated (limited to an Insured Person driving or operating a motor vehicle and who has been determined to have a blood alcohol level exceeding the legal limit as defined by state law) or under the influence of hallucinogens, narcotics or other drugs, directly or indirectly, unless administered on the advice of a physician”

MT – Revises to “A voluntary overdose of drugs, being voluntarily intoxicated or under the influence of intoxicants, hallucinogens, narcotics, or other drugs, directly or indirectly”

NC – Adds “unless administered on the advice of a physician”

NE – Revises to “An overdose of drugs, being intoxicated or under the influence of intoxicants, hallucinations, narcotics unless administered on the advice of a physician or other illegal drugs, directly or indirectly”

OK – Revises to “being under the influence of narcotics, unless taken as prescribed by a legally qualified physician”

PA – Revises to “any loss sustained or contracted in consequence of the insured person being intoxicated or under the influence or any narcotic, unless administered on the advice of a legally qualified physician.”

TN – Adds “for alcohol intoxication this means over the legal limit of .08”

UT – Removes “being intoxicated or under the influence of intoxicants” and “directly or indirectly”

WA – Revises to “an overdose of drugs, directly or indirectly, except that treatment of an injury solely because the injury was sustained as a consequence of the Insured Person’s being intoxicated or under the influence of a narcotic is not excluded”

WY – Adds “unless used as prescribed by a legally qualified physician”



Standard Exclusions and Limitations	Major State – Specific E&L Variations
<p>12 Directly or indirectly engaging in an illegal occupation or illegal activity or your being incarcerated</p>	<p>CT – Revises to “Loss to which a contributing cause was the Insured Person’s being engaged in a felonious act” GA, MD – N/A IA, MO, VA – Removes “or your being incarcerated” ID – Revises to “Any loss to which a contributing cause was the insured person’s commission of a felony or to which a contributing cause was the insured person being engaged in an illegal occupation” IL – Revises to “Directly engaging in an illegal occupation or your being incarcerated” NE – Revises to “engaging in an illegal occupation” NH – Revises to “Your being incarcerated” PA – Removes “or illegal activity or your being incarcerated” UT – Revises to “Engaging in an illegal occupation or illegal activity as a voluntary participant, or your being incarcerated”</p>
<p>13 Committing or trying to commit a felony</p>	<p>CT, ID, MD, NH – N/A MI – Revises to “Commission of or attempt to commit a felony or to which a contributing cause was the Insured’s being engaged in an illegal occupation or other willful criminal activity per Michigan Compiled Law Section 500.3452” UT – Adds “as a voluntary participant”</p>
<p>14 Mountaineering using ropes and/or other equipment, parachuting, hang gliding, racing any type of vehicle in an organized or unorganized event, sky diving, scuba diving below 130 feet, motorized racing, para-sailing, experimental aviation, ultra-light flying, base jumping, bungee jumping, heli-skiing, or heli-snowboarding</p>	<p>GA – Removes “or unorganized” ID – Adds “Participation as a professional in hazardous activities, such as” IL, IA, NH, OK, VA, WA – Removed entirely</p>
<p>15 Travel in or descent from any vehicle or device for aerial navigation, except as a fare paying passenger in an aircraft operated by a commercial airline (other than a charter airline) certified by the U.S. Federal Aviation Administration (FAA) on a regularly scheduled passenger trip</p>	<p>ID – Adds “on a non-professional basis or” immediately after “except” NH – Revises to “Aviation, except as a fare-paying passenger” OK – Removes “descent” VA – Removes “Travel in or descent from any vehicle or device for aerial navigation...” and replaced with “Aviation...”</p>

Accident Disability Direct

Form CH-26114-IP (01/10) (or its state variation)



Standard Exclusions and Limitations

SS	Being intoxicated or under the influence of intoxicants; defined as having a blood alcohol content which results in the insured person being deemed legally intoxicated under the laws of the jurisdiction in which the loss is sustained or contracted.	CT only
SS	Services or supplies for the treatment of an occupational injury or sickness which are paid under the NC Workers' Compensation Act only to the extent such services or supplies are the liability of the employee, employer or workers' compensation insurance carrier according to a final adjudication under the NC Workers' Compensation Act or an order of the NC Industrial Commission approving a settlement agreement under the NC Workers' Compensation Act.	NC only
SS	The use of alcohol that substantially contributes to, causes the loss, or is over the legal limit in the jurisdiction where the loss occurred.	UT only
SS	Alcoholism and drug addiction	VA only

Major State – Specific E&L Variations

Standard Definitions

<p>Actively at Work</p>	<p>Means working on a permanent basis at least 25 hours per week for wage or salary; and performing the material and substantial duties of a regular job or any other job for which the insured is qualified by reason of education, training or experience.</p>	<p>CT – Removed entirely MD – References to “actively at work” are removed, except where used under Recurrent Disability. TN – Replaces “job” with “gainful occupation”</p>
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Major State – Specific Definition Variations



Standard Definitions

Total Disability or Total Disabled

Means that due to Injury, the insured is under a legally qualified physician's care; and not in fact Actively at Work, as certified by a legally qualified physician upon our request.

Major State – Specific Definition Variations

CT – Revises entirely to “Means that due to Injury, the Insured is completely disabled from engaging in any employment or occupation for which you are (or have become) qualified by reason of education, training or experience; unable to perform required duties of employment or occupation for which you are (or have become) qualified by reason of education, training or experience; unable to perform all of the substantial and material duties of your regular occupation; Not, in fact, engaged in any employment or occupation for wage or profit; and under the care of a Legally Qualified Physician”

GA – Revises entirely to “Means that due to Sickness or Injury, the insured is under a Legally Qualified Physician's care; and not in fact, actively at work, as certified by a Legally Qualified Physician”

MD – Revises entirely to “Means that due to Sickness or Injury, the insured is under a Legally Qualified Physician's care (such care will not be required if it is determined that such regular care would be of no benefit to the insured); and during the first 12 months for which benefits are payable and You are unable to perform each and every duty pertaining to your occupation. After the first 12 months, it means you are unable to perform each and every duty of any business or occupation for which the Insured Person is reasonably fitted by education, training and experience, as certified by a Legally Qualified Physician upon our request”

NC – Revises entirely to “Means that due to Sickness or Injury, the insured is under a Legally Qualified Physician's care until you have reached the maximum point of recovery; are still considered to be disabled under the terms of the policy; and not in fact, actively at work, as certified by a Legally Qualified Physician upon our request”

PA – Revises entirely to “Means that due to Sickness or Injury, the insured is under a Legally Qualified Physician's care; and after 24 months of continuous disability, You are not in fact Actively at Work, as certified by a Legally Qualified Physician upon our request”

TX – Revises entirely to “Means that due to Injury, the insured is under a Legally Qualified Physician's care; and unable to perform the material and substantial duties of your regular job or any other job for which you are qualified by reason of education, training or experience, as certified by a Legally Qualified Physician upon our request”

VA – Revises entirely to “Means that due to injury, the Insured is under a legally qualified physician's care; and unable to engage in any employment or occupation for which you are qualified by reason of education, training or experience and are not in fact Actively at Work, as certified by a legally qualified physician upon our request”



Plan Description

- The Income Protection Direct plan provides a Monthly Total Disability benefit if the insured becomes Totally Disabled within 30 days of sickness onset or occurrence of an injury while covered under the policy and is Actively at Work.

General Benefit Options

- GI - \$500,
- SI - \$1,000, \$1,500, \$2,000 and \$2,500. (See State Specific Benefits Section for available options.)

General Age Guidelines

- Child Primaries: Not Allowed
- Child Dependents: Not Allowed
- Max Issue Age: Primary (19-60) – Spouse/Domestic Partner (19-60)

General Sales Rules

- Benefit Amounts: Adult Primary and Adult Spouse/Domestic Partner can select different benefit option and/or disability plans.
- Sales Rules: Cannot be sold with another Income Protection Direct or Accident Disability Direct offered by CLICO or an Income Protection Plus or Income Protection offered by Midwest.



Premium Rating Factors

- ▶ Issue Age (Attained Age in **KY** and **TN**)
- ▶ Sex
- ▶ Benefit Amount
- ▶ Benefit Period
- ▶ Elimination Period
- ▶ Occupation

Underwriting

- ▶ Simplified or guaranteed issue available

Coordination of Benefits

- ▶ If the insured has other benefits paid for their disability, the monthly benefit under this plan will be reduced.
- ▶ This includes other disability paid under another plan, employer sick pay, retirement or pension plan, benefits from workers' compensation or any other retirement program including retirement benefits under Social Security.

Subrogation

- ▶ No

Underwriting Rules Based on Benefit Options vs. AGI

Annual Gross Income	Maximum Monthly Indemnity Benefit that can be selected
Under \$10,000	Decline Coverage
\$10,000 - \$19,999	\$500
\$20,000 - \$29,999	\$500, \$1000
\$30,000 - \$39,999	\$500, \$1000, \$1500
\$40,000 - \$49,999	\$500, \$1000, \$1500, \$2000
\$50,000 and over	\$500, \$1000, \$1500, \$2000, \$2500

New Business

- ▶ Spouses applying for coverage with the Primary will receive a separate policy.

State – Specific Marketing Rules

- ▶ **DE** – Max Issue Age Primary (19-55) / Spouse (19-55)
- ▶ **MA, NM** – No longer available



Standard Benefits							State – Specific Benefits
Benefit	Description	GI Option	Option 1	Option 2	Option 3	Option 4	
Benefit Options	<ul style="list-style-type: none"> Due to Injury or Sickness that occurs after the effective date of coverage Must be Actively at Work Total Disability must begin within 30 days after the Accidental Injury or onset of Sickness Total Disability for a full month provides for the lesser of The Monthly Indemnity Benefit; or 60% of the insured's gross prior monthly income Total Disability for a partial month is 1/30 per day of the Monthly Indemnity Benefit 	\$500	\$1,000	\$1,500	\$2,000	\$2,500	<p>CT – Removes “Must be Actively at Work” and “Total Disability must begin within 30 days after the Accidental Injury or onset of Sickness”</p> <p>MD – The Monthly Total Disability Benefit pays the chosen benefit amount and deletes the reference to pay “or 60% of gross monthly earnings”</p>
Maximum Period Payable Options	<ul style="list-style-type: none"> Selected independent of Benefit Amount Benefit continues through end of Maximum Period Payable selected as long as Total Disability continues 	12 Months	12 or 24 Months	12 or 24 Months	12 or 24 Months	12 or 24 Months	
Elimination Period	Selected independent of Benefit Amount	90 Days	14, 30, 60 or 90 Days	14, 30, 60 or 90 Days	14, 30, 60 or 90 Days	14, 30, 60 or 90 Days	DE – GI option only offers 30-day elimination period. Only 14- and 30-day elimination periods available for other options.
Waiver of Premium	<ul style="list-style-type: none"> When an insured has been continuously disabled as defined for 90 days and receiving benefits, future premiums will be waived for the remainder of the disability period. Insured must resume premium payments within 31 days when no longer eligible for waiver of premium to keep coverage in force. 						



Standard Benefits							State – Specific Benefits
Benefit	Description	GI Option	Option 1	Option 2	Option 3	Option 4	
Recurrent Disability	<p>Following the end of the preceding disability, after a Period of Total Disability, if the insured is disabled and has not been actively at work for at least 6 months:</p> <ul style="list-style-type: none"> • A new elimination period not required • Subject to the Maximum Period Payable that started with the preceding Period of Total Disability • If the Maximum Period Payable has ended, no benefits will be payable for a recurrence 						<p>CT – Removes “actively at work for at least 6 months”</p> <p>ID – Revises “for at least 6 months” to “for 6 months or more”</p>
Concurrent Disability	If a Total Disability is caused by more than one injury or sickness, benefits are paid as only one injury or sickness						
Termination Age Standard			Major State–Specific Termination Age Variations				
Termination Age	65						



Standard Exclusions and Limitations

Major State – Specific Exclusions and Limitations Variations

Pre-Existing Condition Limitation: We will not provide benefits for any loss resulting from a Pre-Existing Condition, as defined in the policy, unless the loss is incurred at least one year after the Insured Person's Effective Date of Coverage

ID – Revises “at least one year” to “more than twelve (12) months”
NH – Revises “one year” to “9 months”
NM – Revises “one year” to “six months”
SD – Revises “one year” to “12 months”

1 Injuries that do not first occur while the policy is in force for the insured person

GA, IL, SD, VA – Removes “First”
MD – N/A

2 Any act of war, declared or undeclared

NC – Adds “except for terrorism”
OK – Adds “when serving in the military or an auxiliary unit thereto”
VA – Adds (“war” does not include terrorism)

3 Active military duty in the service of any country

ID, NH – Revises to “Service in the armed forces or units auxiliary to it”
VA – Removed entirely

4 Participation in a riot, civil commotion or insurrection

GA – Adds “or directly or indirectly engaging in an illegal occupation or a felony or an attempted felony”
ID, NH – Revises to “Participation in a felony, riot, or insurrections”
MD – N/A
MI – Revises to “Participation in a civil infraction or other activity that rises to the level of a misdemeanor or felony”
NC – Adds “Active” before “participation”
OR, UT – Adds “voluntary participation”

5 Suicide, attempted suicide, or any intentionally self-inflicted injury, while sane or insane

CO, MO, MT – Removes “or insane”
MD – Removes “sane or”
MI, MN – N/A
PA – Removes “attempted suicide” and “while sane or insane”
WA – Adds “unless such act is the direct result of an underlying medical condition”

6 Mental or nervous disorders

ID – Adds “alcoholism or drug addiction”
MT – Adds “except severe mental illness”
TX – Adds “without demonstrable organic disease”
VA – Revises to “Mental or Emotional Disorders”



Standard Exclusions and Limitations

Major State – Specific Exclusions and Limitations Variations

7 Having cosmetic surgery

DC – Adds “except as mandated by D.C.”

ID – Adds “except that ‘cosmetic surgery’ shall not include reconstructive surgery when the service is incidental to or follows surgery resulting from trauma, infection or other diseases of the involved part, and reconstructive surgery because of congenital disease or anomaly of a covered dependent child.”

MD – Revises to “any cosmetic surgery or surgical procedure except for disabilities arising directly from unplanned and unanticipated adverse consequences of such surgery.”

8 Experimental or investigational medicine

NH – N/A

9 Operating any motorized passenger vehicle for wage, compensation or profit.

IL, OK, VA – N/A

NC – Adds “such as taxi or for racing” after “vehicle”

NH – Revises to “Operating any motorized passenger vehicle while intoxicated or under the influence of any narcotics, unless administered on the advice of a Physician”

10 Drug abuse or addiction including alcoholism, or overdose of drugs, narcotics, or hallucinogens, directly or indirectly.

AK – Adds “unless taken as prescribed by a physician”

AL, KY – Adds “unless taken as prescribed by a legally qualified physician”

CT – Revises to “No indemnity will be paid for loss caused by the voluntary use of any controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as now or hereafter amended, unless as prescribed by a legally qualified physician for the insured”

DC – Revises to “the voluntary use of illegal drugs, the intentional taking of over the counter medication not in accordance with recommended dosage and warning instructions; and the intentional misuse of prescription drugs, except as mandated by D.C.”

GA – Revises entirely to “Drug abuse or addiction including alcoholism, being intoxicated or under the influence of intoxicants, an overdose of or under the influence of drugs, narcotics, or hallucinogens, directly or indirectly, unless administered upon the advice of a physician”

ID, KS, MD, MI, OR, SD, VA – N/A

IL – Adds “unless taken as prescribed by a legally qualified physician”; Removes “directly or indirectly”

LA – Revises to “addiction of alcohol, narcotics, or hallucinogens, directly or indirectly”

NC – Adds “unless administered upon the advice of a legally qualified physician”

NH – Revises to “Drug abuse or addiction including alcoholism”

OK – Revises to “drug addiction or alcoholism”

PA – Revises to “any loss sustained or contracted in consequence of the insured person being intoxicated or under the influence of any narcotic, unless administered on the advice of a legally qualified physician”

UT – Removes “directly or indirectly”

WY – Adds “unless used as prescribed by a legally qualified physician”



Standard Exclusions and Limitations

Major State – Specific E&L Variations

11

An overdose of drugs, being intoxicated or under the influence of intoxicants, hallucinogens, narcotics or other drugs, directly or indirectly.

AK – Adds “unless taken as prescribed by a Physician”

AL – Adds “unless taken as prescribed by a legally qualified Physician”; Removes “or under the influence of intoxicants”

CT – Revises to “Being intoxicated or under the influence of intoxicants; defined as having a blood alcohol content which results in the Insured Person being deemed legally intoxicated under the laws of the jurisdiction in which the loss is sustained or contracted”

DC – Revises to “the voluntary use of illegal drugs, the intentional taking of over the counter medication not in accordance with recommended dosage and warning instructions; and the intentional misuse of prescription drugs, except as mandated by D.C.”

GA, IN, MD, MI, NH, OR, SD, VA – N/A

ID – Revises to “any loss sustained or contracted in consequence of the insured person being intoxicated or under the influence of any narcotic, unless administered on the advice of a Physician”

IL – Revises to “being intoxicated or under the influence of intoxicants that which is defined and determined by the laws of the state where the loss or cause of the loss was incurred, hallucinogens, narcotics or other drugs, unless taken as prescribed by a legally qualified Physician”

KY – Adds “unless taken as prescribed by a legally qualified Physician”;

LA – Revises to “being intoxicated or under the influence of intoxicants, hallucinogens, or narcotics, directly or indirectly”

MT – Revises to “A voluntary overdose of drugs, being voluntarily intoxicated or under the influence of intoxicants, hallucinogens, narcotics, or other drugs, directly or indirectly”

NC – Adds “unless administered upon the advice of a legally qualified Physician”

NE – Revises to “An overdose of drugs, being intoxicated or under the influence of intoxicants, hallucinogens, or narcotics unless administered on the advice of a physician, or other illegal drugs, directly or indirectly”

OK – Revises to “being under the influence of narcotics, unless taken as prescribed by a legally qualified Physician”

PA – Revises to “any loss sustained or contracted in consequence of the insured person being intoxicated or under the influence of any narcotic, unless administered on the advice of a legally qualified Physician”

TN – Adds “for alcohol intoxication this means over the legal limit of .08”

UT – Removes “being intoxicated or under the influence of intoxicants” and “directly or indirectly”

WA – Revises to “an overdose of drugs, directly or indirectly, except that treatment of an injury solely because the injury was sustained as a consequence of the Insured Person’s being intoxicated or under the influence of a narcotic is not excluded”

WY – Adds “unless used as prescribed by a legally qualified Physician”



Standard Exclusions and Limitations

Major State – Specific E&L Variations

<p>12 Directly or indirectly engaging in an illegal occupation or illegal activity or your being incarcerated</p>	<p>CT – Revises to “Loss to which a contributing cause was the Insured Person’s being engaged in a felonious act” GA, MD – N/A NH – Revises to “Your being incarcerated” ID – Revises to “Any loss to which a contributing cause was the insured person’s commission of or attempt to commit a felony or to which a contributing cause was the insured person being engaged in an illegal occupation” IL – Removes “indirectly” and “illegal activity” MO, VA – Removes “or your being incarcerated” NE – Revises to “Engaging in an illegal occupation” PA – Removes “...or illegal activity or your being incarcerated” UT – Revises to “Engaging in an illegal occupation or illegal activity as a voluntary participant, or your being incarcerated”</p>
<p>13 Committing or trying to commit a felony</p>	<p>CT, GA, ID, MD, NH – N/A MI – Revises to “Commission of or attempt to commit a felony or to which a contributing cause was the Insured’s being engaged in an illegal occupation or other willful criminal activity per Michigan Compiled Law Section 500.3452” UT – Adds “as a voluntary participant”</p>
<p>14 Pregnancy and childbirth</p>	<p>IA – Adds “except for complications of pregnancy as defined” KS – Adds “except for complications of pregnancy (as defined)” NC, TN – Adds “except for complications of pregnancy”</p>
<p>15 Mountaineering using ropes and/or other equipment, parachuting, hang gliding, racing any type of vehicle in an organized or unorganized event, sky diving, scuba diving below 130 feet, motorized racing, parasailing, experimental aviation, ultra-light flying, base jumping, bungee jumping, heli-skiing, or heli-snowboarding.</p>	<p>GA – Removes “or unorganized” IA – Revises to “aviation, including experimental aviation, or ultra-light flying” ID – Adds “Participation as a professional in hazardous activities, such as” IL, NH, OK, VA, WA – Removed entirely</p>
<p>16 Travel in or descent from any vehicle or device for aerial navigation, except as a fare paying passenger in an aircraft operated by a commercial airline (other than a charter airline) certified by the U.S. Federal Aviation Administration (FAA) on a regularly scheduled passenger trip</p>	<p>AK – Removes “(other than a charter airline)” ID – Adds “on a non-professional basis” NH – Revises to “Aviation, except as a fare-paying passenger” OK – Removes “descent” VA – Replaces “Travel in or descent from any vehicle or device for aerial navigation” with “Aviation”</p>



Standard Exclusions and Limitations	Major State – Specific Exclusions and Limitations Variations
SS Services or supplies for the treatment of an occupational injury or sickness which are paid under the NC Workers' Compensation Act only to the extent such services or supplies are the liability of the employee, employer or workers' compensation insurance carrier according to the final adjudications under the NC Workers' Compensation Act or an order of the NC Industrial Commission approving a settlement agreement under the NC Workers' Compensation Act."	NC only
SS The use of alcohol that substantially contributes to, causes the loss, or is over the legal limit in the jurisdiction where the loss occurred.	UT only
SS Alcoholism and drug addiction	VA only
SS Professional Sports	NH only



Standard Definitions

Major State – Specific Definition Variations

Actively at Work

Means working on a permanent basis at least 25 hours per week for wage or salary; and performing the material and substantial duties of a regular job or any other job for which the insured is qualified by reason of education, training or experience.

CT – Removed entirely
TN – Replaces “job” with “gainful occupation”

Total Disability or Total Disabled

Means that due to Injury, the insured is under a legally qualified physician’s care; and not in fact Actively at Work, as certified by a legally qualified physician upon our request.

CT – Revises entirely to “Means that due to Injury, the Insured is completely disabled from engaging in any employment or occupation for which you are (or have become) qualified by reason of education, training or experience; unable to perform required duties of employment or occupation for which you are (or have become) qualified by reason of education, training or experience; unable to perform all of the substantial and material duties of your regular occupation; Not, in fact, engaged in any employment or occupation for wage or profit; and under the care of a Legally Qualified Physician”

GA – Revises entirely to “Means that due to Sickness or Injury, the insured is under a Legally Qualified Physician’s care; and not in fact, actively at work, as certified by a Legally Qualified Physician”

PA – Revises entirely to “Means that due to Sickness or Injury, the insured is under a Legally Qualified Physician’s care; and after 24 months of continuous disability, You are not in fact Actively at Work, as certified by a Legally Qualified Physician upon our request”

VA – Revises entirely to “Means that due to injury, the Insured is under a legally qualified physician’s care; and unable to engage in any employment or occupation for which you are qualified by reason of education, training or experience and are not in fact Actively at Work, as certified by a legally qualified physician upon our request”



Standard Definitions

Major State – Specific Definition Variations

Means a sickness not excluded by name or specific description for which:

- 1) Medical advice, consultation or treatment was recommended by or received from a medical practitioner acting within the scope of her or her license, within the two-year period before the effective date of coverage; or
- 2) Symptoms existed which would cause an ordinarily prudent person to seek diagnosis, care or treatment within the two-year period before the effective date of coverage.

Pre-Existing Condition

AL – Revises “two years” to “five months”

CT – Removes “which would cause an ordinarily prudent person to seek diagnosis, care or treatment”

DC – Revises “two years” to “one year”; Removes “ordinarily prudent”

ID – Revises #1 to “A condition that would have caused an ordinarily prudent person to seek medical advice, diagnosis, care or treatment during the six (6) months immediately preceding the Effective Date of Coverage.”
Revises #2 to “A condition which medical advice, diagnosis, care or treatment was recommended or received during the six (6) months immediately preceding the Effective Date of Coverage.”

IL, KS, MS – Revises “two years” to “one year”

MD – Revises entirely to “a medical condition that was not revealed in the application for the Policy unless the condition is excluded by means of a signed waiver for which: 1) medical advice, consultation or treatment was recommended by or received from a Physician within the 12-month period before the effective date of coverage; or 2) symptoms existed which would cause an ordinarily prudent person to seek diagnosis, care or treatment within the 12-month period before the effective date of coverage”

MT – Removes “symptoms existed which would cause an ordinarily prudent person....”

NC – Revises to “Pre-existing Condition means a Sickness for which medical advice, diagnosis, care, or treatment was recommended by or received from a medical practitioner acting within the scope of his or her license, within the twelve-month period before the effective date of coverage”

ND – Removed #2

NH – Revises to “Means: 1) A condition for which medical advice, consultation, or treatment was recommended by or received from a medical practitioner acting within the scope of his or her license, within a 24-month period before the effective date of coverage; or 2) The existence of symptoms that would cause an ordinarily prudent person to seek medical advice or treatment within a 24-month period before the effective date of coverage”

NM – Revises “two-year period” to “six-month period”

SD – Revises to “Means a sickness or injury not excluded by name or specific description for which: 1) medical advice or treatment was recommended by or received from a medical practitioner acting within the scope of his or her license, within the twelve month period before the effective date of coverage; or 2) symptoms existed which would cause an ordinarily prudent person to seek medical advice or treatment within the twelve month period before the effective date of coverage”

WY – Revises “two-year period” to “six-month period”; Removed #2



Plan Description

- Provides lump-sum cash benefit for an added layer of protection in the event of a death.

General Benefit Options

- SI only \$25,000 - \$250,000 (\$25,000 increments)

General Age Guidelines

- Issue Age: Primary 19-64 for 10-Year / Primary 19-54 for 20-Year
- Child Primaries: Not Allowed

General Sales Guidelines

- 10-Year Term Life cannot be sold with 20-Year Term Life
- Cannot be sold with any other Term Life Plan (CLICO or GRIC) and cannot exceed \$250k
- Cannot exceed \$100k for combined Critical Illness coverages
- CCALBR is available only for the primary insured
- CCALBR must be less than or equal to the base Term Life (cannot be more than)
- The Spouse and Dependent Term Life Riders are both GI with approval of primary



Premium Rating Factors

- ▶ Issue Age
- ▶ Gender
- ▶ Tobacco or Nicotine
- ▶ Benefit Maximum

Underwriting

- ▶ Simplified Issue Only

Subrogation

- ▶ No

Coordination of Benefits

- ▶ No

SecureWise Term Life

Form CH-TL-20 (or its state variation)



Standard Benefits			State-Specific Benefits		
Benefit	10-year Term Issue Age	20-year Term Issue Age	Benefit Options	Benefit Percentage	
Death Benefit <i>Provides a lump-sum cash benefit to the Beneficiary upon proof of death of the Insured.</i>	19 - 64	19-54	\$25,000 - \$250,000 (\$25K increments)	100%	
Renewability					
Annually Renewable to Age 75 after Initial Term Period					
Termination Age Standard					
Termination Age	75				

SecureWise Term Life

Form CH-TL-20 (or its state variation)



The SecureWise Term Life plan can contain optional benefit riders, as shown below. These riders contain their own Exclusions, Limitations, Definitions and sales compatibility rules. To view the generic E&L, definition, and print examples, see the example policy print supplied with the SecureWise Term Life.

Optional Benefits				State-Specific Benefits	
Benefit	Waiting Period	10- and 20-year Term Lifetime Maximum Benefit Options	Benefit Details	Benefit Percentage	
Critical Condition Accelerated Living Benefit Rider (CCALBR or Critical Condition ALBR)* <i>Provides a lump-sum benefit upon proof of a first-ever diagnosis of a Qualifying Event within the Critical Conditions Category. (See benefit Details)</i>	30 days	\$10,000 - \$100,000 (\$10K increments)	Life-Threatening Cancer Carcinoma in Situ Heart Attack Stroke Coronary Artery Bypass End-Stage Renal Failure ALS Major Organ Transplant Terminal Illness	100% 25% 100% 100% 25% 100% 100% 100% 100%	CA, CT, KS, PA – Rider Not Available IL, VA – Removes all references to “first” MD, MN, VA – No benefit for Carcinoma in Situ MD, VA – No benefit for Coronary Artery Bypass OH – Waiting Period is removed; Revises “First Diagnosis” to “occurrence” and “First Diagnosis Benefit Percentage” to “Benefit Percentage” TX – Waiting Period is waived for Terminal Illness Qualifying Event
*MD – Known as Terminal and Critical Condition Accelerated Living Benefit Rider *MN, VA – Known as Accelerated Benefit Rider *OH – Known as Critical Condition Accelerated Death Benefit Rider					
Rider – Specific General Age Guidelines*			State-Specific Variations		
10-year Term Issue Age: 19-64 – Primary only 20-year Term Issue Age: 19-54 – Primary only					
*Rider terminates at the end of the initial term period, or at age 75 if earlier, or if the maximum benefit under this rider has been paid.					

SecureWise Term Life

Form CH-TL-20 (or its state variation)



Optional Benefits					State-Specific Benefits
Benefit	Waiting Period	10-year Term Benefit Options	20-year Term Benefit Options	Benefit Percentage	
Spouse Rider* <i>Provides a lump-sum cash benefit to the designated Beneficiary upon proof of death of the Insured.</i>		\$10,000 or \$20,000	\$10,000 or \$20,000	100%	
*ID, LA – Known as Spouse/Domestic Partner Rider *VA – Known as Spouse or Domestic Partner Rider					
Rider – Specific General Age Guidelines			State-Specific Variations		
10-year Term Life Issue Age: 18-64 20-year Term Life Issue Age: 18-50 Note: <i>The minimum issue age for this rider is different from the base plan</i>			MD – 18-46 for the 20-year Term Life		

SecureWise Term Life

Form CH-TL-20 (or its state variation)



Optional Benefits				State-Specific Benefits	
Benefit	Waiting Period	10-year Term Benefit Options	20-year Term Benefit Options	Benefit Percentage	
Dependent Child Rider <i>Provides a lump-sum cash benefit to the designated Beneficiary upon proof of death of the Insured.</i>		\$5,000 or \$10,000	\$5,000 or \$10,000	100%	
Rider – Specific General Age Guidelines					
10-year Term Life Issue Age: 15 days – 25 years 20-year Term Life Issue Age: 15 days – 25 years					



Standard Exclusions and Limitations

A Death Benefit will not be paid for any death caused directly, indirectly, wholly or partly by:

1

The Insured Person committing suicide or any intentionally self-inflicted bodily harm/injury, while sane or insane, within two years from the Effective Date or date of reinstatement;

2

The Insured Person driving while intoxicated or under the influence of illegal narcotics or controlled substance as defined by applicable state law in the state in which the death occurred;

Major State – Specific E&L Variations

IL – Revises to “Chesapeake will not pay a death benefit for any death caused by 1) the insured person committing suicide or any intentionally self-inflicted bodily harm/injury, while sane or insane, within two years of the effective date or date of reinstatement; 2) war or act of war (declared or undeclared), relating to the insured person’s naval or military service in time of war. For death under the circumstances to which these exclusions and limitations apply, Chesapeake will pay the reserve in a lump sum to the Beneficiary. The reserves under the Policy are computed according to the Commissioner’s Reserve Valuation Method with the prevailing maximum valuation interest rate at 3.00%, and the 2017 CSO ALB Ultimate Mortality Tables.

CO, ND – Removes “while sane or insane”

CO, MO, ND – Revises “two years” to “one year”

LA, VA – Removes “or date of reinstatement”

SD, WY – Removes “or any intentionally self-inflicted bodily harm/injury”

AL, IL, LA, MD, NH, NV, OH, SD, TN, TX, WA, WY – Removed entirely

CT – Revises to “The insured person driving while intoxicated; defined as having a blood alcohol content which results in the insured person being deemed legally intoxicated under the jurisdiction in which the death occurred”

OK – Removes “intoxicated or”



Standard Exclusions and Limitations

3

Any war or act of war (declared or undeclared), serving in the military service, active participation in a riot, insurrection, or terrorist activity;

Major State – Specific E&L Variations

AL, OH – Revises to “Any war or act of war (declared or undeclared), serving in the military service”

CT – Revises to “Participation in a riot or insurrection. Participation means the insured person is taking an active part in common with others. Riot means any use or threat to use force or violence by three or more persons without authority of law”

LA – Revises to “Any war or act of war (declared or undeclared) while either in a) the military, naval, or air forces of any country at war, declared or undeclared; b) any ambulance, medical, hospital, or civilian noncombatant unit serving with or within six months after termination of service in such forces or units”

NC – Revises to “Active participation in a riot, insurrection, or terrorist activity”

NH – Revises to “Any war or act of war (declared or undeclared), if death occurs a) while the insured person is outside the 50 states of the United States, D.C., and Canada and is in military service or a civilian unit required to serve with a military force; b) within 6 months after the insured person returns to the United States, D.C., and Canada from military service or from service in a civilian unit required to serve with a military force, provided the insured person is still in military service at the time of death; c) within 6 months after the insured person returns from service in a civilian unit required to serve with a military force outside the 50 states of the United States, D.C., or Canada provided the insured person is still in such service at the time of death”

OK – Adds “or an auxiliary unit” after “military service”

TN – Removes “or undeclared”

TX – Removed entirely

VA – Revises to “Any war or act of war (declared or undeclared), serving in the military service, active participation in a riot or insurrection”

WA – Revises, “Active participation in a riot, insurrection, or terrorist activity” to “naval or air forces or in civilian forces auxiliary thereto, or from any cause while member of such military, naval or air forces of any country at war, declared or undeclared”

WY – Revises to “Any war or act of war (declared or undeclared)”



Standard Exclusions and Limitations

Major State – Specific E&L Variations

- 4 The Insured Person’s commission or attempt to commit a felony or participation in an illegal occupation or activity; or

AL – Revises to “Participation in an illegal occupation”
CT – Replaces with the exclusion “Loss caused by the voluntary use of any controlled substance as defined in the Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as now or hereafter amended, unless as prescribed by a physician for the insured person”
LA, MD, NH, OH, TN, TX, WA, WY – Removed entirely
SD – Revises to “The insured person committing a felony”

- 5 Participating, instructing, demonstrating, guiding, or accompanying others in any of the following:
- Mountain climbing, rock climbing, or mountaineering using ropes and/or any other equipment;
 - Skydiving, parachute jumping, base jumping, bungee jumping, hang gliding, parasailing, parakiting, ultra-light flying, or any other type of experimental aviation;
 - Motorized racing (including drivers, pit crews, owners, mechanics, speed test, or stunt show);
 - Competitive versions of the following sports: skiing, snowboarding, biking, or skateboarding;
 - Heli-skiing/snowboarding or any type of skiing if paid to participate or instruct;
 - Scuba/skin diving deeper than 130 feet;
 - Giving or receiving any kind of student pilot training or instruction (airplane, helicopter, glider, ultra-light); or
 - Pilot or crewmember of a non-commercial aircraft (airplane, helicopter, glider, or hot air balloon).

CT – Replaces with the separate exclusions “Giving or receiving any kind of student pilot training or instruction (airplane, helicopter, glider, ultra-light)” and “Piloting or being a crewmember of a non-commercial aircraft (airplane, helicopter, glider or hot air balloon)”
FL – Removes “and/or any other equipment” from a) and “or any other type of experimental aviation” from b)
LA – Adds “for pay within two years from the effective date” after “accompanying others”; Revises “Pilot” to “Piloting or being a Pilot”
MD – Adds “within two years from the effective date” after “any of the following”
NH – Revises to “Death as a result of aviation, other than as a fare-paying passenger, or other than military personnel, except the crew, aboard military multi-engine fixed wing air transports within the United States”
OH – Removes a), c), d), e), and f)
SD – Revises “Participating, instructing, demonstrating, guiding, or accompanying others in any of the following” to “The insured person’s occupation in any of the following”; Adds “Participating, instructing, demonstrating, guiding, or accompanying others in any of the following” to g) before “Giving”
TN – Adds “within two years from the effective date or date of reimbursement after “accompanying others”
TX – Revises to “Participating, instructing, demonstrating, or guiding others in a professional (paid to participate or instruct) manner in any of the following”; Removes a), b), c), d), e), and f)
WA – Removes a), b), c), d), e), and f)

SecureWise Term Life

Form CH-TL-20 (or its state variation)



Coverage Information		State – Specific
Renewability	At the end of the initial term period, you may renew your Policy for additional annual renewable term periods until the insured person's 75 th birthday. Evidence of insurability is not required. The provisions of the Policy will apply to each annual renewal time period.	MD – Revises “initial term period” to “level premium period”
Premium Changes	The Policy Specification page shows the amount and frequency of premium payments for the Policy and any benefit Riders attached on the effective date. Premiums are guaranteed to remain unchanged for the initial term period as shown on the Policy Specification page. After the initial term period, the premiums will increase each year as shown on the Guaranteed Maximum Annual Premiums page. Chesapeake will give you written notice of the new premium 30 days before the new premium changes takes effect.	AK, FL, NC – Revises “30 days” to “45 days” MD – Revises “initial term period” to “level premium period” WI – Revises “30 days” to “60 days”
Termination	<p>The Policy will terminate on the earliest of:</p> <ol style="list-style-type: none"> 1) The insured person's 75th birthday 2) Nonpayment of premiums when due, subject to the Grace Period provision in the Policy 3) At the end of the period for which premium has been paid following our receipt of your written request to terminate the Policy, or any later date stated in your request 4) The date of the insured person's death 5) The date 100% of the Death Benefit shown on the Policy Specification page has been paid pursuant to the Policy or any rider attached to the Policy 6) The date the insured person is no longer a permanent resident of the United States <p>Premium will only be refunded for any full months paid beyond the termination date.</p>	PA, MD – Removes 6)



Plan Description

- Provides network and non-network benefits including comprehensive eye examinations, corrective lenses, contacts and frames. Paid to Provider.

General Benefit Options

- GI - One benefit level

General Age Guidelines

- Non-Senior
 - Child Primaries: Are allowed (0-18)
 - Child Dependents: Are allowed (0-25) – See State-Specific Marketing Rules for maximum ages.
 - Max Issue Age: Primary (0-63) – Spouse/ Domestic Partner (16-63)
- Senior
 - Child Primaries: Not Allowed
 - Child Dependents: Are allowed (0-25) See State-Specific Marketing Rules for maximum ages.
 - Max Issue Age: Primary (64-99) – Spouse/Domestic Partner (16-99)

General Sales Rules

- Non-Senior: Cannot be sold with any other Vision or Dental, Vision, and Hearing Plan offered by Midwest or CLICO. May be sold with a Senior Vision or Dental, Vision, and Hearing Plan for a different applicant.
- Senior: Cannot be sold with any other Senior Vision or Dental, Vision, and Hearing Plan offered by Midwest or CLICO. May be sold with a Non-Senior Vision or Dental, Vision, and Hearing Plan for a different applicant. Ten total applicants are allowed on 2015/2019/2020 applications.



Premium Rating Factors

- ▶ Age of Primary Insured (Attained Age in **KY**)
- ▶ Individual, 2 Person, Family

Underwriting

- ▶ Guaranteed issue only

Coordination of Benefits

- ▶ No

Subrogation

- ▶ No

Senior Vision Marketing Rules

- ▶ Medicare Advantage plans may contain benefit provisions that could potentially duplicate the Premiere Vision policy benefits.
- ▶ If you are offering the Premiere Vision policy in the senior market, you must determine if the potential applicant has existing vision coverage (refer to the application question regarding other coverage).
- ▶ Do not offer a Premiere Vision policy to a customer who has an existing Medicare Advantage plan with vision benefits or other existing vision coverage.

State – Specific Marketing Rules

- ▶ **MA** – This plan is not available in the Dukes, Franklin or Nantucket Counties
- ▶ **NM** – No longer available
- ▶ The issue age limits for dependents is 0 - 25 except in the states shown below:

State	Min Age	Max Age
CT	0	26
FL	0	30
IL	0	29
NE	0	29
OH	0	27
SD	0	29
WI	0	26



Standard Benefits			State – Specific Benefits
Benefit Description	Network Benefits	Non-Network Benefits	
Examination <ul style="list-style-type: none"> Includes eye exam, refraction and dilation as necessary Limited to one exam every 12 months from last date of service, per insured person 	100 % Comprehensive Eye Examinations per Insured Person	100 % up to a maximum of \$30 per Comprehensive Eye Examination, per Insured Person	AR – Non-Network: 75%. FL – Network and Non-Network: 100% up to \$40 GA, MD – Network: 100% up to \$30.
Corrective Spectacle Lenses (standard, uncoated plastic lenses) <ul style="list-style-type: none"> Co-pay \$10 (per insured person) Limited to one purchase every 12 months from the last date of service, per insured person In lieu of corrective contact lenses 	Single Vision Lenses, Bifocal Lenses and Trifocal Lenses paid at 100%	Not Covered	AR – Non-Network: 75%. CT, FL, ID, IL, KS, KY, MD, MO, NC, NM, NV, OH, OK, PA, TX, UT – Non-Network: Single vision lenses 100% up to \$35, Bifocal lenses 100% up to \$55, and Trifocal lenses 100% up to \$90 FL, GA, ME – Network and Non-Network: Single vision lenses 100% up to \$35, Bifocal lenses 100% up to \$55, and Trifocal lenses 100% up to \$90;
Frames <ul style="list-style-type: none"> Co-pay \$10 (per insured person) Limited to one purchase every 12 months from the last date of service, per insured person In lieu of corrective contact lenses 	Paid at 100% up to \$120	Not Covered	AR – Non-Network: 100% up to \$90 FL, ID, IL, KS, KY, MO, NC, NM, NV, OH, OK, PA, TX, UT – Non-Network: 100% up to \$60 GA – Non-Network: 100% up to \$84 MD – Non-Network: 100% up to \$120 ME – Non-Network: 100% up to \$100
Corrective Contact Lenses <ul style="list-style-type: none"> Co-pay \$10 (per insured person) Limited to one purchase every 12 months from the last date of service, per insured person In lieu of corrective spectacle lenses and frames Contact lens fitting and follow-up visits are not covered. 	Paid at 100% up to \$120	Not Covered	AR, CT, FL, GA, ID, IL, KS, KY, MD, ME, MO, NC, NM, NV, OH, OK, PA, TX, UT – Non-Network: Paid at 100% up to \$120
Contact Lens Fitting	Not Covered	Not Covered	
Follow-up Visits	Not Covered	Not Covered	



Termination Age Standard

Major State–Specific Termination Age Variations

Termination Age:
Non-Senior

No termination age

Termination Age:
Senior

No termination age

Standard Exclusions and Limitations

Major State – Specific E&L Variations

1	Orthoptic or vision training and any associated supplemental testing	
2	Plano lenses	
3	Lens coating	
4	Two pair of glasses, in lieu of bifocals or trifocals	
5	Medical or surgical treatment of the eyes	
6	Any type of corrective vision surgery, including LASIK surgery	
7	Any eye examination, or any corrective eyewear, required by an employer as a condition of employment	CA – Revises to “Eye examinations required by your employer as a condition of employment”



Standard Exclusions and Limitations	Major State – Specific E&L Variations
<p>8 Any services or supplies when paid under any Workers' Compensation or similar law</p>	<p>NC – Revises to “any injury or sickness arising out of, or in the course of, employment for wage or profit, for which benefits are paid under the Worker’s Compensation Act, Occupational Disease Act, or similar act or law and if determined by a final adjudication of the claim, the employee, employer, or Workers Compensation Carrier under such Article or by an order of the NC Industrial Commission, is liable/responsible for such charges, unless the Insured is self-employed.”</p>
<p>9 No-line bifocal or progressive lenses</p>	
<p>10 Photochromic, transition, or polycarbonate lenses</p>	<p>CA – Revises to “Photochromic, transition polycarbonate, polarized or oversized lenses”</p>
<p>11 Lenticular lenses</p>	
<p>12 Sub-normal vision aids or non-prescription lenses</p>	
<p>13 Services rendered, or supplies purchased outside the U.S. or Canada, unless the insured person resides in the U.S. or Canada and the charges are incurred while on a business or pleasure trip</p>	
<p>14 Eyeglasses when the change in prescription is less than .5 Diopter</p>	
<p>15 Experimental or investigational or non-conventional treatment or device</p>	<p>MD – N/A</p>
<p>16 Eyeglass lens treatments, including “add-ons”, UV coating, anti-reflective coating, scratch resistant coating, tinting, or edge polishing</p>	<p>CA – Revises “including ‘add-ons’” to “such as”</p>
<p>17 Oversized lenses</p>	
<p>18 High index lenses of any material type</p>	
<p>19 Fitting for contact lenses</p>	<p>CA – Revises to “A separate charge from the annual exam for the fitting of contact lenses”</p>
<p>20 Follow-up visits</p>	
<p>21 Charges incurred after the policy has terminated or coverage has ended</p>	<p>MD – Adds “subject to the Extension of Benefits”</p>
<p>SS Corrective eyewear required by your employer as a condition of employment</p>	<p>CA Only</p>



Plan Description

- Plan provides benefits for covered expenses through Network Providers and Non-Network Providers.

General Benefit Options

- GI - Premiere, Basic

General Age Guidelines

- Non-Senior
 - Child Primaries: Are allowed (0-18)
 - Child Dependents: Are allowed (0-25) – See State-Specific Marketing Rules for maximum ages.
 - Max Issue Age: Primary (0-63) – Spouse/ Domestic Partner (16-63)
- Senior
 - Child Primaries: Not Allowed
 - Child Dependents: Are allowed (0-25) See State-Specific Marketing Rules for maximum ages.
 - Max Issue Age: Primary (64-99) – Spouse/ Domestic Partner (16-99)

General Sales Rules

- 2015/2019/2020 Applications: Ten total applicants are allowed.
- 2015 Application: All Applicants must select the same type of plan.
- 2019/2020 Applications: Applicants can select different plans.
- Non-Senior: Cannot be sold with another Dental or Dental, Vision, and Hearing Plan offered by Midwest or CLICO. May be sold with a Senior Dental or Dental, Vision, and Hearing Plan for a different applicant.
- Senior: Cannot be sold with any other Senior Dental or Dental, Vision, and Hearing Plan offered by Midwest or CLICO. May be sold with a Non-Senior Dental or Dental, Vision, and Hearing Plan for a different applicant.



Premium Rating Factors

- ▶ Age of Primary Insured (Attained Age in **KY**)
- ▶ Adult, Child (0-18)
- ▶ Basic, Premiere

Underwriting

- ▶ Guaranteed issue only

Subrogation

- ▶ Yes, varies by state

Senior Dental Marketing Rules

- ▶ Medicare Advantage plans may contain benefit provisions that could potentially duplicate the PPO Dental policy benefits.
- ▶ If you are offering the PPO Dental policy in the senior market, you must determine if the potential applicant has existing dental coverage (refer to the application question regarding other coverage).
- ▶ Do not offer a PPO Dental policy to a customer with an existing Medicare Advantage plan that includes dental benefits or other existing dental coverage.

Coordination of Benefits

- ▶ There is no coordination of benefits for the PPO Dental plan.

Network Information

- ▶ Both plans provide benefits for covered expenses through Network Providers and Non-Network Providers.
- ▶ Includes access to the Maximum Care Network providers for covered and non-covered services.

State – Specific Marketing Rules

- ▶ **MA** – This plan is not available in the Dukes, Franklin or Nantucket Counties
- ▶ **NM** – No longer available
- ▶ The issue age limits for dependents is 0 - 25 except in the states shown below:

State	Min Age	Max Age
CT	0	26
FL	0	30
IL	0	29
NE	0	29
OH	0	27
SD	0	29
WI	0	26



Standard Benefits			State – Specific Benefits
Benefit Description	Premiere	Basic	
Calendar Year Deductible Family	Limited to 3 per family	Limited to 3 per family	MA – Basic and Premiere, Type I Expenses have no deductible. Type II and III expense deductibles are as shown to the left.
Calendar Year Benefit Maximum	\$1,200 per insured \$6,000 per family	\$1,000 per insured \$5,000 per family	FL – Basic Maximum is \$1,200 per Insured; Premiere Maximum is \$1,500 per Insured LA, TX – Have individual \$1,000 per person and \$5,000 per family benefit maximums on both the Premiere and Basic. MA – Does not have a Family benefit maximum for Basic or Premiere
Orthodontics	Not Included	Not Included	SC – Covers orthodontics. \$50 Premiere or \$100 Basic, per Insured, per Calendar Year Deductible must be paid before benefits are considered at 60% in-network or 50% non-network up to the Calendar Year Benefit Maximum.
Type I Covered Expenses			
Preventative <ul style="list-style-type: none"> Prophylaxis, once every 6 months Topical fluoride, once every 12 months, up to age 16 Sealants, once every 36 months, up to age 16 Diagnostic <ul style="list-style-type: none"> Oral evaluations, once every 6 months Bitewing x-rays, once every 12 months Vertical bitewings, once every 36 months Diagnostic casts 	Deductible: 0 Waiting Period: 0 months Coinsurance Network: 100% Coinsurance Non-Network: 80%	Same	MD – Prophylaxis, limited to twice a year MD – Topical Fluoride, limited to once a year, up to age 16 MD – Sealants, limited to once every 3 years, up to age 16
Type II Covered Expenses			
Preventive: <ul style="list-style-type: none"> Space maintainers, up to age 6 Diagnostic: <ul style="list-style-type: none"> Intraoral films, extraoral films, and panoramic film, once every 36 months Restorative: <ul style="list-style-type: none"> Amalgam, primary or permanent and resin-based composite Adjunctive Services <i>Includes services such as:</i> <ul style="list-style-type: none"> Palliative (emergency) treatment of pain Fixed partial denture sectioning Local anesthesia Analgesia, up to age 13 Inhalation of nitrous oxide Occlusion analysis and occlusion adjustment 	Deductible: \$50 per insured per calendar year Waiting Period: 6 months Coinsurance Network: 80% Coinsurance Non-Network: 60%	Deductible: \$100 per insured per calendar year Waiting Period: 6 months Coinsurance Network: 50% Coinsurance Non-Network: 50%	GA, LA, TX – Choosing a non-network provider pays the same coinsurance percentage as a network provider. MD – Adjunctive Services: Replaces “emergency” with “Emergency Dental Care”; Waiting Period waived for Emergency Dental Care.



Standard Benefits	Premiere	Basic	State – Specific Benefits
<p>Type III Covered Expenses</p> <p>Restorative <i>Includes services such as:</i></p> <ul style="list-style-type: none"> Inlays and onlays (and recementing, once every 12 months) Crowns; cast posts and core buildups Pin retention in addition to restoration, up to 2 procedures every 12 months Sedative fillings <p>Endodontics <i>Includes services such as:</i></p> <ul style="list-style-type: none"> Pulp caps; therapeutic pulpotomy; pulpal therapy Root canal or endodontic therapy <p>Periodontics <i>Includes services such as:</i></p> <ul style="list-style-type: none"> Gingivectomy/gingivoplasty, once every 36 months Gingival flap procedure and osseous surgery, each limited to once every 36 months Soft tissue graft procedures Periodontal scaling and root planning, limited to 4 separate quadrants every 2 years Full-mouth debridement to enable evaluation and diagnosis, once every 36 months <p>Prosthodontics <i>Includes services such as:</i></p> <ul style="list-style-type: none"> Complete and partial dentures (once every 5 years for complete dentures to replace missing / broken teeth) Adjustment and repair of dentures <p>Oral Surgery <i>Includes services such as:</i></p> <ul style="list-style-type: none"> Extraction of erupted tooth; removal of impacted tooth Tooth transplantation Alveoloplasty Removal of cyst/tumor Incision and drainage of abscess 	<p>Deductible: \$50 per insured per calendar year Waiting Period: 12 months Coinsurance Network: 60% Coinsurance Non-Network: 50%</p>	<p>Not Included</p>	<p>SC – Type III and Type IV Services are covered under the Basic Plan: Deductible: \$100 per insured per calendar year Waiting Period: 12 months Coinsurance Network: 60% Coinsurance Non-Network: 50%</p> <p>SC – Type III services are considered a covered expense under the Basic Plan only when received by your covered dependent for the care and treatment of cleft lip and cleft palate.</p> <p>SC – Type IV services are considered a covered expense under the Basic and Premiere Plans only when received by your covered dependent for the care and treatment of cleft lip and cleft palate.</p>
<p>Tooth Missing But Not Replaced</p> <p><i>Coverage for the first installation of removable dentures, fixed bridgework and other Type III Prosthetic or Prosthodontic services are subject to the following requirements:</i></p>	<ul style="list-style-type: none"> Such services are needed to replace one or more natural teeth that were removed while this Policy was in force for the Insured Person; and Such services are not abutments to a partial denture, removable bridge, or fixed bridge installed during the prior 8 years. 	<p>Not Included</p>	<p>MD – N/A</p>



Termination Age Standard		Major State–Specific Termination Age Variations
Termination Age: Non-Senior or Senior	No termination age	
Standard Exclusions and Limitations		Major State – Specific E&L Variations
Premiere and Basic	Treatment, care, services or supplies for which benefits are not specifically provided for in this Policy;	SD – N/A
Premiere and Basic	Charges exceeding the Maximum Benefit Amount, if any;	
Premiere and Basic	Attempted suicide or any intentionally self-inflicted injury;	MI, MN – N/A
Premiere and Basic	Directly or indirectly engaging in illegal activity;	IL – Revises to “directly engaging in illegal activity” MD, NH, VA – N/A MI – Revises to “Directly or indirectly engaging in willful criminal activity per Michigan Compiled Law Section 500.3452” UT – Revises to “directly engaging in illegal activity”
Premiere and Basic	Treatment of disturbances of the temporomandibular joint (TMJ);	MN, NM – N/A
Premiere and Basic	A service not furnished by a Dentist, UNLESS by a dental hygienist under the Dentist’s supervision and x-rays are ordered by the Dentist;	VA – Revises to “a service not rendered by a dentist, or physician, unless by a dental hygienist under the dentist’s supervision and x-rays are ordered by the dentist or physician” WA – Adds “or denturist” after “dental hygienist”
Premiere and Basic	Plaque control; completion of claim forms; broken appointments; prescription or take-home fluoride; or diagnostic photographs;	
Premiere and Basic	Oral/facial images, including intra- and extra-oral images;	



Standard Exclusions and Limitations		Major State – Specific E&L Variations
Premiere and Basic	Pulp vitality tests;	
Premiere and Basic	Chair side, labial veneers (laminates);	
Premiere and Basic	Regional block anesthesia;	
Premiere and Basic	Care or treatment of a condition for which benefits are payable under any Workers' Compensation Act or similar law;	SD – Revises “payable” to “paid”
Premiere and Basic	Orthodontic procedures;	SC – Adds “except for necessary care and treatment of Your Covered Dependent(s) Cleft Lip and Cleft Palate”
Premiere and Basic	Covered Expenses for which an Insured Person is not legally obligated to pay; or	
Premiere and Basic	Hospital, house, or extended care facility calls;	
Premiere and Basic	Office visits for the purpose of observation, during or after regularly scheduled hours;	
Premiere and Basic	Office visits outside of regularly scheduled hours;	
Premiere and Basic	Experimental/Investigational treatment.	CA, MD – N/A
Premiere and Basic	Services in connection with war or any act of war, whether declare or undeclared, (war does not include terrorism)	NH – Revises to “Services in connection with war or any act of war, whether declared or undeclared, or service in the armed forces or units auxiliary to it” VA Only
Premiere and Basic	Enamel micro-abrasions;	



Standard Exclusions and Limitations		Major State – Specific E&L Variations
Premiere and Basic	Services not completed by the end of the month in which coverage terminates;	MD – Revises “end of the month” to “within 90 days” VA – N/A
Premiere and Basic	Procedures that are begun, but not completed;	CA, MD, VA – N/A TN – Adds “within 30 days of the termination of the Policy”
Premiere and Basic	Those services for which there would be no charge in the absence of insurance or for any service or treatment provided without charge;	MD – Adds “except when received in a hospital or other institution of the state or of the county or municipal corporation of the state, whether or not the hospital or other institution is deemed charitable”
Premiere and Basic	Services in connection with war or any act of war, whether declared or undeclared, or condition contracted or accident occurring while on full-time active duty in the armed forces of any country or combination of countries;	OK – Revises to “services in connection with war or any act of war, whether declared or undeclared, while serving in the military or any auxiliary unit attached to the military or working in an area of war whether voluntary or as required by an employer; participation in a felony, riot or insurrections, service in the armed forces or units auxiliary thereto”
Basic Only	Cosmetic Procedures	CA, MD – N/A VA – Adds “unless due to an injury or for congenital/developmental malformation”
Premiere Only	Implants; replacement of lost or stolen appliances; replacement of orthodontic retainers; athletic mouth guards; precision or semi-precision attachments; denture duplication; or splinting;	
Premiere Only	Post removals UNLESS in conjunction with endodontic therapy;	
Premiere Only	Replacement of any prosthetic appliance, crown, inlay, or onlay restoration, or fixed bridge within 5 years of the date of the last replacement, UNLESS due to an injury;	
Premiere Only	The replacement of full and partial dentures, bridges, inlays, onlays or crowns that can be repaired or restored to normal function;	



Standard Exclusions and Limitations		Major State – Specific E&L Variations
Premiere Only	An initial placement of a partial or full removable denture or fixed bridgework if it involves the replacement of one or more natural teeth lost before coverage was effective under this Policy. This limitation does not apply if replacement includes a natural tooth extracted while covered under the Policy;	SD – Removes “one or more natural” and “This This limitation does not apply if replacement includes a natural tooth extracted while covered under the Policy”
Premiere Only	Cosmetic procedures, UNLESS due to an injury or for congenital / developmental malformation. Facing on crowns, or pontics, posterior to the second bicuspid is considered cosmetic;	CA, MD – N/A
Premiere Only	Intentional re-implantation, including necessary splinting;	
Premiere Only	Surgical procedure for isolation of tooth with rubber dam;	VA – N/A
Premiere Only	Canal preparation and fitting of performed dowel or post;	VA – N/A



Plan Description

- Provides benefits for dental (Preventive, Basic, and Major), vision, and hearing services through Network Providers and Non-Network Providers.

General Benefit Options

Non-Senior and Senior

- GI only \$1,000, \$1,500 & \$2,000

General Age Guidelines

Non-Senior

- Child Primaries: Are allowed (0-18)
- Child Dependents: Are allowed (0-25) - See State-Specific Marketing Rules for maximum ages.
- Issue Age: Primary (0 - 63) – Spouse/Domestic partner (16 - 63)

Senior

- Child Primaries: Not allowed
- Child Dependents: Are allowed (0-25) - See State-Specific Marketing Rules for maximum ages.
- Issue Age: Primary (64 - 90) – Spouse/Domestic partner (16 - 90)

General Sales Guidelines

- Cannot be sold with another Dental, Vision, and Hearing Plan, Dental Plan, or Vision Plan offered by Mid-West or CLICO.
- Applicants on the same plan must select the same benefit levels.
- Non-Senior: May be sold with a Senior Dental, Vision, and Hearing Plan for a different applicant.
- Senior: May be sold with a Non-Senior Dental, Vision, and Hearing Plan for a different applicant.
- A new application is needed for a customer changing from a PPO Dental Basic or PPO Premiere plan to Prime DVH.
- Dental policy upgrades and downgrades may be done only on the policy anniversary.
- For changes that must be made on the anniversary date, we will accept applications up to 90 days prior to the policy anniversary date and will date them as of the policy anniversary date. We will not accept applications after the policy anniversary date.



Premium Rating Factors

- ▶ Issue Age
- ▶ Unisex, Unismoke
- ▶ Benefit Maximum

Underwriting

- ▶ Guaranteed Issue Only

Subrogation

- ▶ No

Coordination of Benefits

- ▶ No

State – Specific Marketing Rules

- ▶ **NM** – No longer available
- ▶ The issue age limits for dependents is 0 - 25 except in the states shown below:

State	Min Age	Max Age
CT	0	26
FL	0	30
IL	0	29
NE	0	29
OH	0	27
SD	0	29
WI	0	26



Standard Benefits	Prime DVH	State – Specific Benefits
Benefit Description		
Policy Year Deductible	\$100 per insured person, per policy year	
Annual Benefit Levels	\$1,000 / \$1,500 / \$2,000	
Dental Benefits		
Type I Covered Expenses Coinsurance	100% Coverage in all years No Deductible	
Type II Covered Expenses	Deductible: \$100 per insured, per policy year Percentage of Covered Expenses, we pay: 60% Year 1 70% Year 2 80% Year 3+	
Type III Covered Expenses	Deductible: \$100 per insured, per policy year 9 Month Waiting Period Percentage of Covered Expenses, we pay: 60% Year 1 70% Year 2 80% Year 3+	KS – 12 Month Waiting Period
Vision Benefits		
Maximum Benefit Per policy year per person, subject to policy maximum chosen.	\$200 per insured person	
Exams	100% in all years No Waiting Period	
Hardware Includes the following: <ul style="list-style-type: none"> • Frames • Corrective Spectacle Lenses • Corrective Contact Lenses 	Deductible: \$100 per insured, per policy year 9 Month Waiting Period Percentage of Covered Expenses, we pay: 60% Year 1 70% Year 2 80% Year 3+	KS – 12 Month Waiting Period



Hearing Benefits		State – Specific Benefits
Benefit Description	Prime DVH	
Maximum Benefit Per calendar year per person, subject to policy maximum chosen.	\$500 per insured person, during any 2 policy years	MD – N/A
Exams	100% up to \$75, per insured, per policy year No Deductible No Waiting Period	MD – \$75 per Insured Person, per Policy Year
Hardware Includes the following: <ul style="list-style-type: none"> Hearing Aids and Hearing Aid repair 	Deductible: \$100 per insured, per policy year 9 Month Waiting Period Percentage of Covered Expenses, we pay: 60% Year 1 70% Year 2 80% Year 3+ Necessary repairs to hearing aids	KS – 12 Month Waiting Period



Dental Standard Benefits	State – Specific Benefits	
Benefit Description	Prime DVH	
<p>Type I Covered Expenses</p> <p>Preventative</p> <ul style="list-style-type: none"> • Prophylaxis, once every 6 months • Topical fluoride, once every 12 months, up to age 16 • Sealants, once every 36 months, up to age 16 <p>Diagnostic</p> <ul style="list-style-type: none"> • Oral evaluations, once every 6 months • Bitewing x-rays, once every 12 months • Vertical bitewings, once every 36 months • Diagnostic casts 	<p>Deductible: 0 100% Coverage in all years No Waiting Period</p>	
<p>Type II Covered Expenses</p> <p>Preventive:</p> <ul style="list-style-type: none"> • Space maintainers, up to age 6 <p>Diagnostic:</p> <ul style="list-style-type: none"> • Intraoral films, extraoral films, and panoramic film, once every 36 months <p>Restorative:</p> <ul style="list-style-type: none"> • Amalgam, primary or permanent and resin-based composite <p>Adjunctive Services <i>Includes services such as:</i></p> <ul style="list-style-type: none"> • Palliative (emergency) treatment of pain • Fixed partial denture sectioning • Local anesthesia • Analgesia, up to age 13 • Inhalation of nitrous oxide • Occlusion analysis and occlusion adjustment 	<p>Deductible: \$100 per insured, per policy year</p> <p>No Waiting Period</p> <p>Percentage of Covered Expenses, we pay: 60% Year 1 70% Year 2 80% Year 3+</p>	<p>MD, UT – Adjunctive Services - Revises “emergency” to “Emergency Dental Care.” No Waiting Period for Emergency Dental Care.</p>



Dental Standard Benefits

Benefit Description

Prime DVH

State – Specific Benefits

Type III Covered Expenses

Restorative *Includes services such as:*

- Inlays and onlays (metallic/porcelain/ceramic/resin)
- Recementing of inlays and onlays within 6 months of application, once every 12 months.
- Crowns, ¾ cast crowns and full cast crowns (Composite/resin/metal/prefab)
- Recement cast or prefabricated post and core
- Protective restoration
- Sedative fillings
- Core buildups, including pins;
- Pin retention in addition to restoration (per tooth), limited to 2 procedures every 12 months;
- Cast/prefabricated post or core in addition to crown and any additional posts;

Endodontics *Includes services such as:*

- Pulp caps; therapeutic pulpotomy; pulpal therapy
- Root canal or endodontic therapy and retreatment
- Internal tooth repair of perforation defects
- Apexification/recalcification
- Apicoectomy/periradicular surgery
- Retrograde fillings;
- Root amputations; and
- Hemisection

Periodontics *Includes services such as:*

- Gingivectomy/gingivoplasty, once every 36 months
- Gingival flap procedure and osseous surgery, each limited to once every 36 months
- Soft tissue graft procedures
- Periodontal scaling and root planning, limited to 4 separate quadrants every 2 years
- Full-mouth debridement to enable evaluation and diagnosis, once every 36 months

Prosthodontics *Includes services such as:*

- Complete and partial dentures (once every 5 years for complete dentures to replace missing/broken teeth)
- Adjustment and repair of dentures

Oral Surgery *Includes services such as:*

- Extraction of erupted tooth; removal of impacted tooth
- Tooth transplantation
- Alveoloplasty
- Removal of cyst/tumor
- Incision and drainage of abscess

Deductible: \$100 per insured, per policy year

9 Month Waiting Period

Percentage of Covered Expenses, we pay:

60% Year 1

70% Year 2

80% Year 3+

KS – 12 Month Waiting Period

NC – Covered Expenses under Type III include dental services and procedures for congenital defects or anomalies, all necessary treatment and care needed by Your Covered Dependent(s) born with cleft lip and cleft palate

SC – Orthodontic Covered Expenses under Type III for dental services and procedures will only be payable when received by Covered Dependents for the care and treatment of Cleft Lip and Cleft Palate. See State Specific section below for further details



Dental Standard Benefits	State – Specific Benefits	
Benefit Description	Prime DVH	
<p>Tooth Missing But Not Replaced <i>Coverage for the first installation of removable dentures, fixed bridgework and other Type III Prosthetic or Prosthodontic services are subject to the following requirements:</i></p>	<ul style="list-style-type: none"> Such services are needed to replace one or more natural teeth that were removed while this Policy was in force for the Insured Person; and Such services are not abutments to a partial denture, removable bridge, or fixed bridge installed during the prior 8 years. 	<p>MD – N/A SD – Removes “one or more natural”</p>

State Specific Dental Benefit Description		
SS	<p>Orthodontics The following Covered Expenses will be considered as Type III Dental Covered Expenses when received by Your Covered Dependents for the care and treatment of Cleft Lip and Cleft Palate:</p> <ul style="list-style-type: none"> Diagnostic cephalometric film Limited orthodontic treatment of the primary, transitional, adolescent, or adult dentition Interceptive orthodontic treatment of the primary or transitional dentition Comprehensive orthodontic treatment of the transitional, adolescent, or adult dentition Removable appliance therapy Pre-orthodontic treatment visit 	SC Only
SS	Dental Covered Expenses will also include under Type II and Type III dental services and procedures when received by an Insured Person for the care and treatment of temporomandibular joint (TMJ) disorders and craniomandibular disorders.	MN, NM
SS	Covered Expenses under Type III will also include dental services and procedures for congenital defects or anomalies, all necessary treatment and care needed by Your Covered Dependent(s) born with cleft lip and cleft palate	NC Only



Vision Standard Benefits		State – Specific Benefits
Benefit Description	Prime DVH	
Examination <ul style="list-style-type: none"> Includes comprehensive eye exams 	100% per insured person	
Hardware <ul style="list-style-type: none"> Includes corrective spectacle lenses, frames, contact lenses, corrective spectacle lens fittings and follow-up visits 	Percentage of Benefit Amount Chosen: 60% Year 1 70% Year 2 80% Year 3+	

Hearing Standard Benefits		State – Specific Benefits
Benefit Description	Prime DVH	
Examination <ul style="list-style-type: none"> Includes hearing exams 	100% (up to \$75) per insured person	MD – \$75 per Insured Person, per Policy Year
Hardware <ul style="list-style-type: none"> Includes hearing aids and hearing aid repair 	Percentage of Benefit Amount Chosen: 60% Year 1 70% Year 2 80% Year 3+	



Termination Age Standard		Major State – Specific Termination Age Variations
Termination Age: Non-Senior or Senior		No termination age
Standard Exclusions and Limitations		Major State – Specific E&L Variations
1	Treatment, care, services or supplies for which benefits are not specifically provided for in this Policy	SD, VA – N/A
2	Charges exceeding the Maximum Benefit Amount, if any	
3	Attempted suicide or any intentionally self-inflicted injury	MI, MN – N/A NH – Adds “while sane or insane”
4	Directly or indirectly engaging in illegal activity	CA – Revises to “Any loss to which a contributing cause was the insured’s commission of or attempt to commit a felony or to which a contributing cause was the insured’s being engaged in an illegal occupation” CT, FL – Revises “illegal” to “felonious” GA – Revises to “Commission of or attempt to commit a felony or being engaged in an illegal occupation” IL – Removes “or indirectly”; Revises “activity” to “occupation” MI – Revises to “Directly or indirectly engaging in willful criminal activity per Michigan Compiled Law Section 500.3452” MD, NH – N/A NE – Revises to “Engaging in an illegal occupation” UT – Removes “or indirectly” VA – Revises to “Participation in a felony”



Standard Exclusions and Limitations		Major State – Specific E&L Variations
5	Treatment of disturbances of the temporomandibular joint (TMJ)	MN, NM – N/A
6	A service not furnished by a Dentist, UNLESS by a dental hygienist under the Dentist's supervision and x-rays are ordered by the Dentist	VA – Revises to "A service not rendered by a Dentist or physician, unless by a dental hygienist under the Dentist's supervision and x-rays are ordered by the Dentist or physician"
7	Cosmetic procedures, UNLESS due to an injury or for congenital / developmental malformation. Facing on crowns, or pontics, posterior to the second bicuspid is considered cosmetic	MD – N/A
8	The replacement of full and partial dentures, bridges, inlays, onlays or crowns that can be repaired or restored to normal function	
9	Implants; replacement of lost or stolen appliances; replacement of orthodontic retainers; athletic mouth guards; precision or semi-precision attachments; denture duplication; or splinting	



Standard Exclusions and Limitations		Major State – Specific E&L Variations
10	Plaque control; completion of claim forms; broken appointments; prescription or take-home fluoride; or diagnostic photographs	
11	Replacement of any prosthetic appliance, crown, inlay, or onlay restoration, or fixed bridge within 5 years of the date of the last replacement, UNLESS due to an injury	
12	Oral/facial images, including intra- and extra-oral images	
13	Pulp vitality tests	
14	Post removals UNLESS in conjunction with endodontic therapy	
15	Chair side, labial veneers (laminates)	
16	Intentional re-implantation, including necessary splinting	
17	Surgical procedure for isolation of tooth with rubber dam	
18	Canal preparation and fitting of performed dowel or post	
19	Regional block anesthesia	
20	Hospital, house, or extended care facility calls	
21	Office visits for the purpose of observation, during or after regularly scheduled hours	
22	Office visits outside of regularly scheduled hours	
23	Enamel microabrasions	
24	An initial placement of a partial or full removable denture or fixed bridgework if it involves the replacement of one or more natural teeth lost before coverage was effective under this Policy. This limitation does not apply if replacement includes a natural tooth extracted while covered under the Policy	SD – Removes “one or more natural” and “This limitation does not apply if replacement includes a natural tooth extracted while covered under the Policy”
25	Services not completed by the end of the month in which coverage terminates	MD – Revises to “Services not completed within 90 days after coverage terminates (subject to the Extension of Benefits provision)” TN – N/A



Standard Exclusions and Limitations

Major State – Specific E&L Variations

26

Procedures that are begun, but not completed

FL – Revises to “Procedures that are begun before an Insured Person’s Effective Date of Coverage, but not completed”

MD – N/A

TN – Adds “within 30 days of the termination of the Policy”

27

Those services for which there would be no charge in the absence of insurance or for any service or treatment provided without charge

MD – Adds “except when received in a hospital or other institution of the state or of a county or municipal corporation of the state, whether or not the hospital or other institution is deemed charitable (other than benefits provided by Medicaid)”

28

Services in connection with war or any act of war, whether declared or undeclared, or condition contracted or accident occurring while on full-time active duty in the armed forces of any country or combination of countries

AR – Adds “Upon receipt of written request, premiums will be refunded on a pro-rata basis for the period of such military services”

NC – Adds “except for terrorism”

NH – Revises to “Services in connection with war or any act of war, whether declared or undeclared, or service in the armed forces or units auxiliary to it”

OK – Revises to “Services in connection with war or any act of war, whether declared or undeclared, while serving in the military or any auxiliary unit attached to the military or working in an area of war whether voluntary or as required by an employer; participation in a felony, riot or insurrections, service in the armed forces or units auxiliary thereto”

VA – Revises to “Services in connection with war or any act of war, whether declared or undeclared (‘war’ does not include terrorism)”



Standard Exclusions and Limitations

Major State – Specific E&L Variations

29	Any Services, supplies or care or treatment of a condition for which benefits are payable under any Workers' Compensation Act or similar law	<p>KS – Revises to “Benefits will not be provided for services or injuries or diseases related to Your job to the extent you are covered or are required to be covered by the Workers’ Compensation law. If You enter into a settlement giving up your right to recover future medical benefits under a Workers’ Compensation law, this Policy will not pay those medical benefits that would have been payable in absence of that settlement”</p> <p>CA – Revises “payable” to “paid”</p>
30	Orthodontic procedures	<p>NC – Adds “except for congenital defects or anomalies, including all necessary treatment and care needed by Your Covered Dependent(s) born with cleft lip and cleft palate”</p> <p>SC – Adds “except for necessary care and treatment of Your Covered Dependent(s) Cleft Lip and Cleft Palate”</p>
31	Covered Expenses for which an Insured Person is not legally obligated to pay	MD – Adds “(other than benefits provided by Medicaid)”
32	Orthoptic or vision training and any associated supplemental testing	
33	Plano lenses	
34	Medical or surgical treatment of the eyes	
35	Any type of corrective vision surgery, including LASIK surgery	



Standard Exclusions and Limitations		Major State – Specific E&L Variations
36	Any eye examination, or any corrective eyewear, required by an employer as a condition of employment	
37	Safety eyewear	
38	Replacement of lost or broken lenses, frames, glasses, or contact lenses	
39	Contact lens fitting	
40	Sub-normal vision aids or non-prescription lenses	
41	Services rendered or supplies purchased outside the U.S. or Canada, unless the insured person resides in the U.S. or Canada and the charges are incurred while on a business or pleasure trip	
42	Experimental/Investigational or non-conventional treatment or device	MD, NH – N/A
43	Charges incurred after the policy has terminated or coverage has ended	MD – Adds “(subject to the Extension of Benefits provision)”
44	Assistive Listening Devices (ALDs)	
45	Medical and/or surgical treatment of the internal or external structures of the ear	
46	Hearing Aids not prescribed by an Audiologist or Physician	
47	Ear protective devices or plugs	
48	Hearing Aids maintenance including batteries, maintenance/service contracts, fittings, and ear molds	TX – Removes “fittings, and ear molds”
49	Physician services, except for Dental Covered Expenses, provided by You or a member of Your Immediate Family or household	TX Only



Plan Description

- Provides benefits including comprehensive eye examinations, corrective lenses or contacts. Paid to Provider.

General Benefit Options

- GI - One benefit level

General Age Guidelines

- Non-Senior:
 - Child Primaries: Are allowed (0-18)
 - Child Dependents: Are allowed (0-25)
 - Max Issue Age: NH – Primary (0-63) – Spouse/Domestic Partner (16-63)
- Senior:
 - Child Primaries: Not Allowed
 - Child Dependents: Are allowed (0-25)
 - Max Issue Age: Primary (64-99) – Spouse/Domestic Partner (16-99)

General Sales Rules

- Cannot be sold with any other Vision or Dental, Vision, and Hearing Plan offered by Midwest or CLICO.

**Premium Rating Factors**

- ▶ Attained Age

Underwriting

- ▶ Guaranteed issue only

Coordination of Benefits

- ▶ No

Subrogation

- ▶ No

Premium Discount

- ▶ A one-month discount is given when the payment frequency is annual.
- ▶ The maximum age for dependents is up to 26.



Standard Benefits		
Benefit Description	Network Benefits	Non-Network Benefits
Examination <ul style="list-style-type: none"> Limited to one comprehensive exam every 12 months from last date of service, per insured person 	100%	100% of the Network Provider negotiated rate
Corrective Spectacle Lenses (standard, uncoated plastic lenses) <ul style="list-style-type: none"> Limited to one purchase every 12 months from the last date of service, per insured person 	Single Vision Lenses, Bifocal Lenses and Trifocal Lenses paid at 100%	Not Covered
Corrective Contact Lenses <ul style="list-style-type: none"> Limited to one purchase every 12 months from the last date of service, per insured person In lieu of corrective spectacle lenses and frames. 	Non-Disposable and Disposable paid at 100% Therapeutic not covered	Non-Disposable and Disposable not covered Therapeutic not covered
Frames	Not Covered	Not Covered
Contact Lens Fitting	Not Covered	Not Covered
Follow-Up Visits	Not Covered	Not Covered
Termination Age Standard		
None		



Exclusions and Limitations

- 1 Orthoptic or vision training and any associated supplemental testing
- 2 Plano lenses
- 3 Lens coating
- 4 Two pair of glasses, in lieu of bifocals or trifocals
- 5 Medical or surgical treatment of the eyes
- 6 Any type of corrective vision surgery, including LASIK surgery
- 7 Any eye examination, or any corrective eyewear, required by an employer as a condition of employment
- 8 Any services or supplies when paid under any Workers' Compensation or similar law
- 9 No-line bifocal or progressive lenses
- 10 Photochromic, transition, or polycarbonate lenses
- 11 Lenticular lenses
- 12 Sub-normal vision aids or non-prescription lenses
- 13 Services rendered or supplies purchased outside the U.S. or Canada, unless the Insured Person resides in the U.S. or Canada and the charges are incurred while on a business or pleasure trip
- 14 Eyeglasses when the change in prescription is less than .5 Diopter
- 15 Eyeglass lens treatments, including "add-ons", UV coating, anti-reflective coating, scratch resistant coating, tinting, or edge polishing
- 16 Oversized lenses
- 17 High index lenses of any material type
- 18 Fitting for contact lenses
- 19 Follow-up visits
- 20 Frames for corrective spectacle lenses;
- 21 Therapeutic contact lenses
- 22 Charges incurred after the Policy has terminated or coverage has ended

Dental (Bronze, Silver, Gold)

Policy Form CH-26099 (01/08)

Policy Form CH-26099-IP (1/08) NC

[Copy of Policy Print – Bronze](#)

[Copy of Policy Print – Silver](#)

[Copy of Policy Print – Gold](#)



Plan Description

- Provides benefits under a Scheduled plan based on the type of procedure. Paid to Provider.

General Benefit Options

- GI - Bronze, Silver, Gold

General Age Guidelines

- Non-Senior (Available in NC only)
 - Child Primaries: Are allowed (0-18)
 - Child Dependents: Are allowed (0-25) – See State-Specific Marketing Rules for maximum ages.
 - Max Issue Age (NC): Primary (0-63) – Spouse/ Domestic Partner (16-63)

General Sales Rules

- Benefit Amounts: All applicants must select the same type of plan
- Non-Senior: Sales Rules: Cannot be sold with another Dental or Dental, Vision, and Hearing Plan offered by Midwest or CLICO. May be sold with a Senior Dental or Dental, Vision, and Hearing Plan for a different applicant.



Premium Rating Factors

- ▶ Issue Age
- ▶ Adult, Child
- ▶ Bronze, Silver, Gold

Underwriting

- ▶ Guaranteed issue only

Coordination of Benefits

- ▶ There is no coordination of benefits for the Dental Insurance policy.

Subrogation

- ▶ Yes, varies by state

Premium Discount

- ▶ **NC** - A one-month discount is given when the payment frequency is annual.

State – Specific Marketing Rules

- ▶ The maximum age for dependents is up to 26.



Standard Benefits			
Benefit Description	Bronze	Silver	Gold
Calendar Year Deductible Per Person	\$0	\$100 per person per year, per calendar year	\$100 per person per lifetime
Waiting Periods	0 months	0-12 months	0-12 months
Preventative/Diagnostics	According to Schedule	According to Schedule	According to Schedule
Restorative Endodontics Periodontics Oral Surgery	No benefits available but discounted by an In-Network Provider Only	According to Schedule	According to Schedule
Annual Benefit Maximum	\$0	\$1000 per insured person	\$1200 per insured person
Orthodontic Services	No benefits available but discounted by an In-Network Provider Only	No benefits available but discounted by an In-Network Provider Only	\$50 per month, up to \$1200 Orthodontic Lifetime Maximum
Termination Age Standard		Major State–Specific Termination Age Variations	
Termination Age	65		

Dental – Bronze, Silver, Gold

Form CH-26099-IP (01/08) (or its state variation)



Exclusions and Limitations	Product Variations
1 Any portion of a charge for any service not listed as a Covered Expense in the POLICY SCHEDULE/SCHEDULE OF BENEFITS	
2 Care, treatment, services or supplies that exceed the scheduled benefit amount;	
3 Treatment of disturbances of the Temporomandibular joint (TMJ);	
4 A service not furnished by a Dentist, unless by a dental hygienist under the Dentist's supervision and x-rays are ordered by the Dentist.	
5 Cosmetic procedures, UNLESS due to an injury or for congenital / developmental malformation. Facing on crowns, or pontics, posterior to the second bicuspid is considered cosmetic;	
6 The replacement of full and partial dentures, bridges, inlays, onlays or crowns that can be repaired or restored to normal function;	
7 Implants; replacement of lost or stolen appliances; replacement of orthodontic retainers; athletic mouth guards; precision or semi-precision attachments; denture duplication; or splinting;	
8 Plaque control; completion of claim forms; broken appointments; prescription or take-home fluoride; or diagnostic photographs;	
9 Replacement of any prosthetic appliance, crown, inlay, or onlay restoration, or fixed bridge within 5 years of the date of the last replacement, UNLESS due to an injury;	
10 An initial placement of a partial or full removable denture or fixed bridgework if it involves the replacement of one or more natural teeth lost before coverage was effective under this Policy. This limitation does not apply if replacement includes a natural tooth extracted while covered under the Policy;	
11 Services not completed by the end of the month in which coverage terminates;	
12 Procedures that are begun, but not completed;	
13 Those services for which there would be no charge in the absence of insurance or for any service or treatment provided without charge;	
14 Services in connection with war or any act of war, whether declared or undeclared, or condition contracted or accident occurring while on full-time active duty in the armed forces of any country or combination of countries;	



Exclusions and Limitations	Product Variations
<p>15 Services or supplies for the treatment of an Occupational injury or sickness which are paid under the North Carolina Workers' Compensation Act only to the extent such services or supplies are the liability of the employee, employer or workers' compensation insurance carrier according to a final adjudication under the North Carolina Workers' Compensation Act of an order of the North Carolina Industrial Commission approving a settlement agreement under the North Carolina Workers' Compensation Act.</p>	
<p>16 Care or treatment of a condition for which benefits are payable under any Workers' Compensation Act or similar law;</p>	
<p>17 Charges that are applied toward the satisfaction of a Deductible, in any;</p>	Bronze Plan – N/A
<p>18 Orthodontic procedures</p>	Gold Plan – N/A
<p>19 Covered Expenses for which an Insured Person is not legally obligated to pay.</p>	



Help!

- ▶ **Question:** I am trying to do a presentation and every time I click to view a document, like the application or a policy print, it closes the product guide! Why is this happening?
- ▶ **Answer:** Adobe Reader has a default setting which opens any new documents in the original window. This is not a particularly useful feature. To disable it and have multiple windows open, follow the steps below (Based on Adobe Reader 9. Almost all Adobe Readers will be similar).

Step One
Open the Product Guide in Adobe Reader.

Step Two
From the menu selection called "Edit," Select "Preferences."

Step Three
In Preferences, select Documents.

Step Four
Uncheck this box.

Step Five
Click OK.
Problem should stay solved for your Adobe / computer combination indefinitely. It is not file-specific.

All Products
General Business Rules

Accidental Only Po
Accident Co



This glossary contains general definitions of insurance terminology used in underwriting. While every effort has been made to present accurate and up-to-date definitions, it should be used as a resource, not as an authority.

A

Accept/Reject Underwriting

Underwriting where an applicant or a policy is approved or declined and exclusions are not used.

Accident

An unforeseen, unexpected and unintended event resulting in bodily injury.

Accident prone

Having or susceptible to having a greater than average number of accidents or mishaps.

Adverse Selection

The tendency of persons with poorer-than-average health expectations (higher risk) to apply for, or continue insurance coverage to a greater extent than persons with average or better-than-average health expectations (lesser risk).

Age Limits

Ages below and above which an insurance company will not accept applications or renew policies.

Agent

A state-licensed individual or entity representing one or more insurance companies. An agent solicits and facilitates the sale of insurance contracts or policies and provides services to the policyholder on behalf of the insurer.

Applicant

The person applying for the insurance policy. The applicant may be different from the proposed insured or the policy owner.

Application

Forms required by the insurance company which the proposed insured completes when requesting coverage from an insurer.

Approved

A status that indicates the insurance company has completed underwriting and agrees to issue a policy to the proposed insured.

Attained Age

The age of an individual on a given date. Some of our supplemental plans use attained age as a method of calculating insurance premiums.

B

Backdating

A procedure used to make the effective date of a policy earlier than the application date. Policies issued by the Insurance Company are not backdated for any reason.

C

Carrier

Another name for an insurance company.

D

Decline

An applicant is denied coverage due to specified reasons.

Dependent

An individual other than a primary or policy holder in the policy/contract. Generally, dependents are limited to the primary's spouse or domestic partner and minor children.

E

Effective Date

The date an insurance policy goes into effect. This is sometimes referred to as the Policy Date.

Eligible Dependent

A dependent (usually spouse, domestic partner or child) of an insured person who is eligible for insurance coverage.

Exclusions

Specific conditions or circumstances listed in an insurance policy for which the policy will not provide benefit payments.

F

Felony activity

An act committed or omitted in violation of a law forbidding or commanding it and for which punishment is imposed upon conviction.

Fraud

The outright misrepresentation of facts with the direct intent to defraud either Medicare and/or an insurance company.

G

Guaranteed Issue

Guaranteed issue (GI) products are lower benefit levels which can be selected at the point of sale for some products. These plans do not have height, weight or any medical Underwriting questions. Eligibility questions still apply, such as citizenship, income or blue or white collar.



H

Hazardous Activities

These are activities that, if participated in may make the insured ineligible for coverage from the insurance carrier. Examples include, but are not limited to scuba diving, jet, snow, and water skiing, snowboarding, hang gliding, skydiving, paragliding, bungee jumping, mountain climbing, and amateur racing.

HIPAA

(Health Insurance Portability and Accountability Act of 1996) – Legislation mandating specific privacy rules and practices for medical care providers and health insurance companies, designed to streamline the healthcare and insurance industries and to protect the privacy and identity of healthcare consumers.

I

Illegal Occupation

Injury or sickness due to engaging in an occupation or activity forbidden by law.

Insurance

A system for reducing risk by transferring the risks of several individual entities to one entity, such as an insurance company. Each individual entity contributes monetarily (premiums) to cover the risk assumed by the insurance company.

Insurance Company

A company that provides insurance coverage through the issuance of insurance policies. This is also referred to as the Insurer.

Insured

The individual covered by an insurance policy.

Issue Age

The age of an individual at the time of application. This locks in premiums that may not be changed unless a payment is missed. Some of our supplemental plans use issue age as a method of calculating insurance premiums.

Issue Date

The actual date an insurance policy is issued. This may also be the effective date of the policy.

Issue State

State in which the policy was issued.

J, K, L

M

Material Misrepresentation

A statement made by an applicant or proposed insured in the policy's application which is not factually correct. If the truth had been disclosed, the insurance company would not have

issued the policy, would have issued it differently, or would have issued it with limited benefits or a higher premium.

Medicaid

A state-funded healthcare program for low income and disabled persons.

Medicare

A national, federally administered health insurance program authorized in 1965 to cover the cost of hospitalization, medical care, and some related health services for most people over age 65 and certain other eligible individuals.

Minimum Essential Health Coverage

Minimum Essential Health Coverage (MEC) includes:

- Employer-sponsored coverage, including self-insured plans, COBRA coverage and retiree coverage
 - Coverage purchased in the individual market, including a qualified health plan offered by the Health Insurance Marketplace
 - Medicare Part A coverage and Medicare Advantage plans
 - Most Medicaid coverage (*please note that for the purpose of satisfying the MEC requirement for purchasing Hospital/Fixed Indemnity or Specified Disease/Cancer plans in California, the CDI has indicated that Medicaid **does not** qualify as MEC*)
 - Children's Health Insurance Program (CHIP) coverage
 - Certain types of veterans' health coverage administered by the Veterans Administration
 - Most types of TRICARE coverage
 - Coverage provided to Peace Corps volunteers
 - Coverage under the Non-appropriated Fund Health Benefit Program
 - Refugee Medical Assistance supported by the Administration for Children and Families
 - Self-funded health coverage offered to students by universities for plan or policy years that begin on or before December 31, 2014 (for later plan or policy years, sponsors of these programs may apply to HHS to be recognized as minimum essential coverage)
 - State high risk pools for plan or policy years that begin on or before December 31, 2014 (for later plan or policy years, sponsors of these programs may apply to HHS to be recognized as minimum essential coverage)
 - Other coverage recognized by the Secretary of HHS as minimum essential coverage
- MEC **does not** include:
- Coverage consisting solely of HIPAA accepted benefits (*i.e. supplemental insurance coverage*)
 - Limited Medicaid benefits

Misrepresentation

The act of making, issuing, circulating, or causing to be issued or circulated any written or verbal statement that does not accurately represent the correct policy terms.

Mortality

The frequency of deaths in proportion to a specific population.

Mortality Rate

The number of deaths in a group of people, usually expressed as deaths per thousand.



N

Non-Tobacco/Non-Smoker

A rating class assigned to an insurance policy in which the insured has been classified as a non-user of tobacco and/or nicotine products.

O

Occupational Class

A classification system by which disability coverage is assessed based on occupation.

Occupational Class – Blue-Collar

Skilled and manual occupations in lighter industries, or occupations involving heavy manual labor or unskilled workers where there is increased risk of accident.

Occupational Class – White-Collar

Professional, office-type, laboratory, technical, supervisory, and service work occupations that are rarely exposed to physical or occupational hazards

Occupational Hazards

Hazards associated with an insured's occupation that increases the possibility of injury, illness or death. Such hazards may have an impact on the insurability of an applicant.

P

Personal health information (PHI)

Also referred to as protected health information, generally refers to demographic information, medical history, test and laboratory results, insurance information and other data that is collected by a health care professional to identify an individual and determine appropriate care. The Underwriting Department and their business associates are limited in the types of PHI they can collect from individuals, share with other organizations or use in marketing communications.

Policy Date

The date the insurance policy becomes effective.

Pre-Existing Condition

A physical and/or mental condition of an insured person that existed prior to the issuance of his or her insurance policy or that existed prior to issuance and for which treatment was received.

Prescription

A written order or refill notice issued by a licensed medical professional for drugs which are only available through a pharmacy.

Q

Quote

The estimated premium amount for an applicant based on several factors including type of insurance, coverage amount, length of coverage, age, gender, health and medical history, family history, build and approximate rating class. All quotes are preliminary estimates with final rates determined by insurance company underwriting.

R

Risk

The probability of injury, illness or death associated with an insured.

S

Simplified Underwriting

An underwriting process that applies a less strict analysis of risk factors.

T

Tobacco

Examples include, but are not limited to cigarettes, cigars, chewing tobacco, and snuff. Use of these products can have an impact on the rating class the insured receives.

U

Underwriter

The individual or team within an insurance company who is trained to evaluate risk, the insurability and determine the classification of applicants for insurance protection.

Underwriting

The process of evaluating applications for insurance based on an established set of guidelines. Underwriting determines the risk associated with an applicant and either assigns the appropriate rating class for the policy or declines to offer a policy.

Underwriting Guide

Details the underwriting practices of an insurance company and provides specific guidance as to how underwriters should analyze all of the various types of applicants they might encounter. Also called an underwriting manual, underwriting guidelines, or manual of underwriting policy.

Uninsurable Risk

An individual who is not acceptable for insurance due to excessive risk related to current health, medical history, occupation, avocations, etc.

V, W, X, Y, Z

Administrative Information

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Location

This original document is housed in the following location. All revisions to or convenience copies of this document must be copied from this location:

W:\Supplemental Operations\BPM\Supp Ops Training\Supp Ops - UW\CLICO UW and PRODUCT GUIDE

Revision Date	Version	Reason for Change	Author	Approved By	Approval Location
03/29/2013	1	<ul style="list-style-type: none">Combination of business rules, underwriting guides and product data from various sources.	Ryan Johnson Stephanie Savidge	Linton Checka Taryn Risucci	Q:\UW Guide and Product Rules\Chesapeake Underwriting and Product Guide
04/15/2013	2	<ul style="list-style-type: none">Updates to the Situation Guide and corrections to the Critical Illness, Hospital Confinement Direct and Income Protection Direct UW questions regarding medication and uncontrolled cholesterol and blood pressure.	Stephanie Savidge	Linton Checka Taryn Risucci	Q:\UW Guide and Product Rules\Chesapeake Underwriting and Product Guide

Revision Date	Version	Reason for Change	Author	Approved By	Approval Location
06/07/2013	3	<ul style="list-style-type: none"> • Minor revisions to Situation Guide, Occupations, Visa Guidelines. • Rating factors revisions on the Critical Illness Direct, Hospital Confinement Direct, Accident Companion, Accident Direct, Critical Accident Direct, ProtectFit Plus, Accident Disability Direct, Income Protection Direct, the Bundles, Premiere Vision, Vision, Dental and PPO Dental. • Addition of medical questions for the Accident Disability Direct and Income Protection Direct • Addition of Underwriting Rules Based on benefit options for the Accident Disability Direct and Income Protection Direct. • Added State Specific information to Critical Illness Direct, Hospital Confinement Direct, ProtectFit Plus, Accident Companion, Income Protection Direct, Accident Disability Direct • Age limit revision to the Accident/Complete/Hospital Direct Bundles, Dental, PPO Dental, Senior Dental/Senior PPO Dental, Vision, Premiere Vision and the Senior Premiere Vision • Revisions to the Limiting Age for Children chart • Updated Marriage Table with new copy from Compliance 	Stephanie Savidge	Linton Checka Taryn Risucci	H:\RESTRICTED\UW Guidebook Changes\2013 - CLICO UW and Product Rules
07/22/2013	4	<ul style="list-style-type: none"> • Updated Subrogation statements to reflect “yes” or “no” to all plans • Added WA State Specific Benefit on Cancerwise Plan regarding no benefits if diagnosed within the first 30 days • Removed Marriage Table as a business decision was made to recognize same sex marriages and couples and exceptions for heterosexual couples when the states do not recognize these exceptions. 	Stephanie Savidge	Linton Checka Taryn Risucci Dave Clabaugh, MetLife (by silent approval)	H:\RESTRICTED\UW Guidebook Changes\2013 - CLICO UW and Product Rules

Revision Date	Version	Reason for Change	Author	Approved By	Approval Location
09/12/2013	5	<ul style="list-style-type: none"> Updated Advertising approvals to include Compliance and to add that Sales agents cannot make their own advertising. Added to the Application Fees section that the app fee does not apply to MetLife. Added the word "Policy" to the policy form numbers for all products. Added the word "policy" in front of "form" on all introductory product pages to indicate it is the policy form and not the application form. Added Qualifying Injury definition and WA state specific benefit to the Critical Accident Policy. Removed UW Decision Appeals Section to be consistency with the 2012 application Revised the Accident Companion, Accident Direct and Critical Accident Rating Factors as rate variables were either added or corrected. Revised the Premiere Vision Plan benefits to be consistent with the policy print. Revised "spouse" language to include "partner" to be consistent with the business rules" implemented in Version 4 	Stephanie Savidge	Hillary Caffey Linton Checka Taryn Risucci	H:\RESTRICTED\UW Guidebook Changes\2013 - CLICO UW and Product Rules
10/16/2013	6	<ul style="list-style-type: none"> Added MT to the Termination Age for Accident Direct, Accident Companion, Critical Accident Direct, Hospital Confinement Direct, Critical Illness Direct, CancerWise and ProtectFit Plus 	Kimberley Bonnette	Linton Checka Taryn Risucci	H:\RESTRICTED\UW Guidebook Changes\2013 - CLICO UW and Product Rules
12/13/2013	7	<ul style="list-style-type: none"> Corrected Sales Rules for Bundle Plans as the information was obsolete 	Stephanie Savidge	Linton Checka Taryn Risucci	H:\RESTRICTED\UW Guidebook Changes\2013 - CLICO UW and Product Rules
01/09/2014	8	<ul style="list-style-type: none"> Added Fixed Indemnity Direct Product Updated all UW questions to reflect 2013 App for all products Added "domestic" in front of partner for all products in the guide to match new application terminology Updated to include copy of 2013 App Premier Vision now available to ISP as well as AMO Updated General Business rules chart in Appendix to match 2013 App Simplified Visa rules to state we do not accept temporary visas. Left declined visa list intact until we fully transition from 2012 application Removed the elimination period restriction in Georgia for the Accident Disability Direct and the Income Protection Direct, as it is no longer applicable. Removed restriction stating PPO Dental was not available in NM. Updated the CO State Specific Information for Application Fees in the General Business Rules 	Ryan Johnson	Linton Checka Taryn Risucci	H:\RESTRICTED\UW Guidebook Changes\2013 - CLICO UW and Product Rules

Revision Date	Version	Reason for Change	Author	Approved By	Approval Location
02/05/14	9	<ul style="list-style-type: none"> • Added declinable conditions to Fixed Indemnity Direct • Added new Texas dependent rules to the Critical Illness Direct, Critical Accident Direct, Hospital Confinement Direct and Fixed Indemnity Direct. • Removed the CO Vision Application Fee Information in the Business Rules. • Added additional state specific information to the Fixed Indemnity Direct. • Removed MA and NH State Specific Information regarding recurring credit card payments • Revised MD State Specific information regarding credit card payments • Added IL and WI State Specific information regarding the Fixed Indemnity Direct Dependent Termination Age • Revised Visa Guidelines to remove US Visa and add Immigrant Visa. 	Ryan Johnson Stephanie Savidge	Linton Checka Taryn Risucci	H:\RESTRICTED\UW Guidebook Changes\2013 - CLICO UW and Product Rules

Revision Date	Version	Reason for Change	Author	Approved By	Approval Location
03/31/14	10	<ul style="list-style-type: none"> For the Dental – Bronze/Silver/Gold Plan added NC to Premium Discount Rules and removed the “two dependent children” statement under the Sales Rules For Vision 26023, removed KS from the premium discount rules and removed DC from State Specific Marketing Rules as the Vision plan is no longer available in those states For all plans, added GA to the State Specific Marketing Rules that the customer must acknowledge the plan is a supplemental and not health. On the Complete Direct and Accident Direct Bundles, the Spouse/Domestic Partner maximum issue age was changed from 63 to 60 On the Income Protection Direct and Accident Disability Direct, Sales Rules were revised for clarification of products with MEGA, Midwest and CLICO. On Hospital Confinement Direct, removed from Sales Rules Direct Benefit/Essential Core Care and added Fixed Indemnity Direct. On Hospital Confinement Direct, Critical Illness Direct and Fixed Indemnity Direct, clarified TX Child Primary Guidelines On the Critical Illness Direct, removed the “cannot be more than the...” primary statement under the Benefit Amounts and added <i>individual</i> to the Sale Rules On the Fixed Indemnity Direct, added MI to the State Specific Marketing Rules and added Senior Max Issue Ages Removed the State Specific Application Fee information from the Direct to Consumer as this information was applicable to Agent Assisted. On the Critical Illness Direct and the Cancerwise, added state specific marketing rules for AR, CA, CT, ID, NH and VA Under the General Business Rules section, removed ProtectFit Plus High as the occupations are not relevant to this plan Under the General Business Rules section, added SC to the 10-day Free look period Under the General Business Rules section, added Maximum Dependent Age for CT and updated the child primary application signatures from 17 to 18 On the Hospital Confinement Direct, Accident Direct Bundle, Hospital Direct Bundle, and Complete Direct Bundle, added MI state specific marketing rule that these plans cannot be issued if a member is not covered under Minimum Essential Health coverage. On the Fixed Indemnity Direct, changed the Spouse/Domestic Partner minimum age from 15 to 16. 	Stephanie Savidge	Linton Checka Taryn Risucci	H:\RESTRICTED\UW Guidebook Changes\2013 - CLICO UW and Product Rules

Revision Date	Version	Reason for Change	Author	Approved By	Approval Location
04/24/14	11	<ul style="list-style-type: none"> • Under Credit/Debit Card Payments section of the General Business Rules, removed the MD State Information as the restriction does not apply to the 2013 application form in MD • Revised the introductory statement of the Height and Weight chart. • On the Fixed Indemnity Direct plan, added NC maximum issue age of 63 to State Specific Information column • On the Fixed Indemnity Direct plan, added a IA and IL state specific question for hazardous activities • On the Fixed Indemnity Direct plan, revised the maximum limiting age for a spouse • Revised the Situation Guide to include additional states and added disclaimer for states not listed in the current guide to refer to an archived version. • On the Protect Fit Plus, added MD maximum issue age for primary and spouse/domestic partner • On the Accident Direct and Complete Direct bundled plans, updated the spouse minimum age from 16 to 19 • On the Accident Direct, Hospital Direct and the Complete Direct Bundles added to the Sales Rules, must be at an application level • Added additional detail to the Visa guidelines • Removed a medical question from the CancerWise plan as it was not on the application. • On the Fixed Indemnity Direct plan, added NC State specific rules with termination age and statement that product is not available in the Sr. Market. • Added an Accept/Reject Definition and a Minimum Essential Health Coverage Definition in the Glossary of Terms 	Stephanie Savidge	Linton Checka Taryn Risucci	H:\RESTRICTED\UW Guidebook Changes\2013 - CLICO UW and Product Rules
06/24/2014	12	<ul style="list-style-type: none"> • Revised the Fixed Indemnity Direct to reflect the following rules in California: <ul style="list-style-type: none"> ○ Maximum issue age is 63; ○ Termination age is 65; ○ Do not market the plan unless a health plan is in place. • Revised complete guide to indicate that it is based on a 2013 generic application. • Revised all Supplemental products that contain a substance exclusion(s) to indicate that these do not apply in the state of Michigan. • Updated the Dental (B, S, G) plan to reflect only the currently marketed states of ME and NC. 	Stephanie Savidge	Linton Checka Taryn Risucci	H:\RESTRICTED\UW Guidebook Changes\2013 - CLICO UW and Product Rules

Revision Date	Version	Reason for Change	Author	Approved By	Approval Location
07/25/2014	13	<ul style="list-style-type: none"> Revised the “Premium Payment – Standard” category names in the General Business Rules section to be more descriptive Updated the Visa/Citizenship General Business Rules section to include Dental and Vision products Removed the state specific information in the Premium Payment Standards “Business Account” rules in the General Business Rules section as it is not applicable to Supplemental products. Updated the Child Primary Rules on the CancerWise, Critical Illness Direct, Hospital Confinement Direct, and Critical Accident Direct plans. Updated the Max Issue Age on the CancerWise and Vision (26023) plans. Updated the Termination Age on the CancerWise plan. Updated the Policy Lapse/Termination General Business Rules to include Medicare eligibility. 	Stephanie Savidge	Linton Checka Taryn Risucci	H:\RESTRICTED\UW Guidebook Changes\2013 - CLICO UW and Product Rules
09/11/2014	14	<ul style="list-style-type: none"> Revised the Newborn Rules to include the CancerWise and Fixed Indemnity Direct plans Removed the CA state specific Mammography Benefit from the Hospital Confinement Direct plan as it no longer applies. Removed the CO state specific Premium Rating Discount Factors from the Critical Illness Direct plan as it no longer applies. Added NH State Specific Information to the Hospital Confinement Direct plan. Updated the CancerWise and Critical Illness Direct plans to include pre-existing definitions and limitations. 	Stephanie Savidge	Barbara Hughes Linton Checka Taryn Risucci	H:\RESTRICTED\UW Guidebook Changes\2013 - CLICO UW and Product Rules

Revision Date	Version	Reason for Change	Author	Approved By	Approval Location
11/07/2014	15	<ul style="list-style-type: none"> Updated the generic application to indicate 2014 Revised the Future Coverage Effective Date General Business Rules section from 60 to 90 days. Revised the Date Restriction Coverage Effective Date General Business Rules section to indicate the effective date cannot be the 29th, 30th, or 31st of the month. Revised the Newborn General Business Rules to include state specific information on the CancerWise plan only. Added two additional underwriting questions regarding Minimum Essential Health Coverage to the Hospital Confinement Direct, Fixed Indemnity Direct, Accident Direct Bundle, Hospital Direct Bundle, and Complete Direct Bundle. Updated the Vision (26023) plan to MA and NH only Revised the CancerWise, Critical Illness, and Fixed Indemnity State Specific Sections to coincide with the 11/6 product revision release. Added Payment Type to the Generic Payment Standards General Business Rules Section Added two additional categories for Minimum Essential Coverage to the Product Situation Guide in the Appendix Section Added GA state specific information to the CancerWise State Specific Marketing Rules 	Stephanie Savidge	Barbara Hughes Linton Checka Taryn Risucci	H:\RESTRICTED\UW Guidebook Changes\2013 - CLICO UW and Product Rules
01/18/2015	16	<ul style="list-style-type: none"> Revised the State Specific Marketing Rules on the Hospital Confinement Direct, Fixed Indemnity Direct and all Bundled Plans to indicate that all states must have Minimum Essential Coverage in order to purchase these plans. 	Stephanie Savidge	Linton Checka Taryn Risucci	H:\RESTRICTED\UW Guidebook Changes\2013 - CLICO UW and Product Rules
02/26/2015	17	<ul style="list-style-type: none"> Updated the CancerWise and Critical Illness Direct plans in the following states to include Pre-existing definitions and Exclusions and Limitations – AK, CT, GA, KY, OR, UT, WA and WY. Removed the premium discount rules in KY for the CancerWise plan as it is no longer available. Added the POS Business Rules Guide to this document in order to combine both documents into one. 	Stephanie Savidge	Barbara Hughes Lisa Duncan Linton Checka Taryn Risucci	H:\RESTRICTED\UW Guidebook Changes\2013 - CLICO UW and Product Rules
04/24/2015	18	<ul style="list-style-type: none"> Added SC state specific information to the PPO Dental Plan 	Stephanie Savidge	Linton Checka Taryn Risucci	H:\RESTRICTED\UW Guidebook Changes\2013 - CLICO UW and Product Rules
08/11/15	19	<ul style="list-style-type: none"> Removed the Child Dependent Rule on the ProtectFit Plus Plan as it was added in error on previous version 	Stephanie Branam	Taryn Risucci	H:\RESTRICTED\UW Guidebook Changes\2013 - CLICO UW and Product Rules

Revision Date	Version	Reason for Change	Author	Approved By	Approval Location
11/02/2015	20	<ul style="list-style-type: none"> • Added the Metal Gap Plan • Added GI product information for Hospital Confinement, Critical Illness Direct, Accident disability Direct, Income Protection Direct and made product specific adjustments to benefits accordingly • Added GI product rules to general business rules section • Adjusted information under Dependents general business rules section • Added 2015 app product applicability chart, removed plan situation guide • Expanded 2015 general comments section to cover common FAQs. • Added MA Dental PPO and Vision Premiere information • Removed MA from legacy vision plan, leaving NH only • Removed bundle plan information from guide • Added list bill information to general business rules • Adjusted payment general business rules to indicate money is taken upon issue • Adjusted UT dependent age rules. • GA – requires a notarized Domestic Partnership affidavit added under Marriage/Domestic Partnership standards in general business rules • Added GI or SI product indication for each product on the second page of each product, indicated GI or SI for benefit levels on introductory pages • Clarified Application Fee section • Clarified a full refund is given for cancellation in the free look period. • Clarified language on Servicing Agent Requests • Clarified language on Policy Lapse/Termination rules. • Clarified description of CancerWise Waiting Period • RE-installed color blocks showing the age ranges for Fixed Indemnity Direct plans • Clarified benefit payable by option chosen for common Accidental Injury benefit for Accident Direct. • Clarified ProtectFit Plus Outpatient Emergency and Diagnostic: Accidental Injury Emergency Treatment Description. • Clarified Recurrent Disability for Income Protection Direct/ Accident Disability Direct. • Clarified Senior Dental Marketing rules for the PPO Dental Plan • Clarified rate factors for ProtectFit Plus, removed “based on hospital confinement benefit” wording and benefit amounts from main Protect Fit Plus page and left plan numbers (1-6) only. • Moved definitions behind E&L sections • Removed business rules section defining lapse dates based on type of termination. • Redid title to read Chesapeake Product and Underwriting Guide 	Ryan Johnson	Taryn Risucci	H:\RESTRICTED\UW Guidebook Changes\CLICO UW and PRODUCT GUIDE

Revision Date	Version	Reason for Change	Author	Approved By	Approval Location
11/24/2015	21	<ul style="list-style-type: none"> Corrected Policy Prints for CancerWise, Critical Illness Direct Removed MA Vision CH-26023-IP information, renamed as "NH Vision" to avoid confusion with Premiere Vision New NC specific policy prints to replace generic prints for Dental Bronze, Silver, Gold 	Ryan Johnson	Taryn Risucci	H:\RESTRICTED\UW Guidebook Changes\CLICO UW and PRODUCT GUIDE
01/06/2016	22	<ul style="list-style-type: none"> Correction to CancerWise termination age for state of WA: should be 65. Moved Dependent Limiting Age chart into each product Correction to Critical Accident Direct Child primary limiting age: Should be 1. Clarification of Newborn general business rules section creation of new chart, move of state-by-state information into each product section. 	Ryan Johnson	Steve Slowik	H:\RESTRICTED\UW Guidebook Changes\CLICO UW and PRODUCT GUIDE
04/04/2016	23	<ul style="list-style-type: none"> Release of GI plan amounts in AZ, CA, FL, MD, WA. Revised Critical Illness and CancerWise plan forms in CA, with associated plan changes Release of Metal Gap product in FL, TN, AZ, CA, TX, WA. Rule Adjustment – Child Primary not allowed for CA CancerWise (state exception deleted). Rule Adjustment – Child primary not allowed on FL Metal Gap Rule Adjustment – Child primary not allowed on WA Critical Illness; WA Dependent follows standard rules for benefit selection. Moved state-by-state dependent limiting age/minimum age into a single chart on a product by product basis. Correction to NH vision – does not cover frames. 	Ryan Johnson	Taryn Risucci	W:\Supplemental Operations\BPM\Supp Ops Training\Supp Ops - UW\CLICO UW and PRODUCT GUIDE\Approvals\Version 23 - 04 04 16
04/12/2016	24	<ul style="list-style-type: none"> Rule Adjustment – Effective Date Changes: The effective date can be changed once up to 90 days from the application date if requested within the first 14 days of the effective date given, as long as there are no claims submitted for that time period. 	Ryan Johnson	Taryn Risucci	W:\Supplemental Operations\BPM\Supp Ops Training\Supp Ops - UW\CLICO UW and PRODUCT GUIDE\Approvals\Version 24 - 04 12 16
04/21/2016	25	<ul style="list-style-type: none"> MEC Chart: MEC and Title XIX wording has been replaced with a new comprehensive chart which can be accessed via the 2015 Product Applicability chart and the general business rules. 	Ryan Johnson	Taryn Risucci	W:\Supplemental Operations\BPM\Supp Ops Training\Supp Ops - UW\CLICO UW and PRODUCT GUIDE\Approvals\Version 24 - 04 21 16

Revision Date	Version	Reason for Change	Author	Approved By	Approval Location
11/10/2016	26	<ul style="list-style-type: none"> MEC Chart: only thirteen states still require the MEC question: DC,DE,IL,KY,ME,MS,MT,NC,NH,NM,NV,SC,WV Removal of Rhode Island from all current product listings State specific GI amount corrections for Critical Illness Direct, Hospital Confinement Direct, Accident Disability Direct and Income protection Direct. 	Ryan Johnson	Taryn Risucci	W:\Supplemental Operations\BPM\Supp Ops Training\Supp Ops - UW\CLICO UW and PRODUCT GUIDE\Approvals\Version 26 - 11 10 16
12/29/2016	27	<ul style="list-style-type: none"> Indicate that CancerWise and Critical Illness cannot be sold with one another. 	Ryan Johnson	Taryn Risucci	W:\Supplemental Operations\BPM\Supp Ops Training\Supp Ops - UW\CLICO UW and PRODUCT GUIDE\Approvals\Version 27 - 12 29 16
03/03/2017	28	<ul style="list-style-type: none"> Change to new format Child Primary and Child Dependent Minimum Age- Standard – Corrected to 18 CancerWise Pre-Existing Condition Limitations – Removed UT Critical Illness Direct – Minimum age corrections to chart Critical Illness Direct – Coronary artery by-pass, Cancer in situ, Benign brain tumor amounts corrected Critical Illness Direct – NH removed from E&L. NH Vision – Max Issue Age for Senior corrected. Clarified premium discount for vision plans is for annual payments Changed ISP agency references to HMIA 	Ryan Johnson	Taryn Risucci	W:\Supplemental Operations\BPM\Supp Ops Training\Supp Ops - UW\CLICO UW and PRODUCT GUIDE\Approvals\Version 28 - 03 03 17
03/08/2017	28.5	<ul style="list-style-type: none"> Correction to CancerWise Pre-Existing Condition Limitations – Removed UT: Removed UT from N/A, added to changing 12 to 6 months 	Ryan Johnson	Taryn Risucci	W:\Supplemental Operations\BPM\Supp Ops Training\Supp Ops - UW\CLICO UW and PRODUCT GUIDE\Approvals\Version 28-5 - 03 08 17

Revision Date	Version	Reason for Change	Author	Approved By	Approval Location
05/31/2017	29	<ul style="list-style-type: none"> Added Metal Gap in AK, CT, DC, DE, KS, KY, MT, ND, NM, OR, SD, WV Added Fixed Indemnity Direct and Sr. Fixed Indemnity Direct in ND GI products now in all states except VA Rule Adjustment: CancerWise/CI amounts cannot exceed 100,000 combined Rule Adjustment: 30 day administrative free look in all states. Rule Adjustment: Marital Status no longer enforced for any product in any state Rule Adjustment: Product Selection Form (included in required forms packet) Rule Adjustment: MEC Chart – Only CA, DC, MT, NV and NM have products to which the MEC question applies. MEC question is ignored in UW otherwise. Chart Adjustment: Newborn and Adopted Children additions is now a stand-alone chart, removing this section from the individual product grids in the guide. Rule Adjustment: With the new application form, the ProtectFit Plus marketing name in MA is the same as any other state. Rule Adjustment: Ten total applicants are allowed on a 2015 application 	Ryan Johnson	Taryn Risucci	W:\Supplemental Operations\BPM\Supp Ops Training\Supp Ops - UW\CLICO UW and PRODUCT GUIDE\Approvals\Version 29 - 05 31 17
12/22/17	30	<ul style="list-style-type: none"> Adjust Visa summary statement rules. Clarified MA payment options in Business Rules page 6 Clarified rules on list bill effective dates on Page 6. Added NE revisions to list of E&Ls for Fixed Indemnity Direct Added NE revisions to list of E&Ls for Metal Gap Added NE revisions to list of E&Ls for Critical Accident Direct Added NC revisions to list of E&Ls for ProtectFit Plus Clarified that elimination period options available in DE for Accident Disability Direct Added MA and DE clarification to GI plan under Income Protection Direct Added VA revisions to list of E&Ls for Income Protection Direct MEC chart revisions Updated dependents allowed on applications for Vision and Dental plans. 	Ryan Johnson	Steve Slowik	W:\Supplemental Operations\BPM\Supp Ops Training\Supp Ops - UW\CLICO UW and PRODUCT GUIDE\Approvals\Version 30 - 12 22 17
07/18/18	31	<ul style="list-style-type: none"> Updated to reflect South Carolina Dental Type III services for treatment of cleft lip and cleft palate. 	Roberto Lopez	Taryn Risucci	W:\Supplemental Operations\BPM\Supp Ops Training\Supp Ops - UW\CLICO UW and PRODUCT GUIDE\Approvals\Version 31 - 07 18 18

Revision Date	Version	Reason for Change	Author	Approved By	Approval Location
08/17/18	32	<ul style="list-style-type: none"> Added CancerWise Plus, HeartWise, HospitalWise, and 2018 Application. Began revisions to remove state specific information on sunset products (CancerWise, Critical illness and Hospital Confinement Direct) Clarified that the Uninsurable Conditions list for Metal Gap and Fixed Indemnity Direct applies only to the 2015 application. Revised Effective Date Changes rule Transition to new color scheme Clarify Fixed Indemnity Direct and Metal Gap are attained age in all states Revised maximum and senior ages for <ul style="list-style-type: none"> Dental Bronze, Silver Gold PPO Dental Fixed Indemnity Direct Vision NH Vision 	Ryan Johnson, Roberto Lopez, Linton Checka	Taryn Risucci	W:\Supplemental Operations\BPM\Supp Ops Training\Supp Ops - UW\CLICO UW and PRODUCT GUIDE\Approvals\Version 32
10/16/18	33	<ul style="list-style-type: none"> Added product information by state as follows: <ul style="list-style-type: none"> CO – HospitalWise CT – HospitalWise MS – HospitalWise and CIWise NH - HospitalWise and CIWise OR - HospitalWise and CIWise UT - HospitalWise and CIWise Updated App Fee Business Rules Removed “waiting period” from HospitalWise Plan Description 	David Saffo	Taryn Risucci	W:\Supplemental Operations\BPM\Supp Ops Training\Supp Ops - UW\CLICO UW and PRODUCT GUIDE\Approvals\Version 33
11/21/18	34	<ul style="list-style-type: none"> Added SI for ht/wt to 2018 application product availability chart for Accident DI and Income Protection DI Added Declinable Medications List for SI products Adjusted page numbers to make the cover page = 1 Moved Critical Condition Rider next to the HeartWise and CancerWise Plus on the 2018 app grid 	David Saffo	Taryn Risucci	W:\Supplemental Operations\BPM\Supp Ops Training\Supp Ops - UW\CLICO UW and PRODUCT GUIDE\Approvals\Version 34
12/18/18	34.5	<ul style="list-style-type: none"> Clarified Critical Illness Direct pre-ex product information for MA 	David Saffo	Taryn Risucci	W:\Supplemental Operations\BPM\Supp Ops Training\Supp Ops - UW\CLICO UW and PRODUCT GUIDE\Approvals\Version 34-5

Revision Date	Version	Reason for Change	Author	Approved By	Approval Location
1/18/19	35	<ul style="list-style-type: none"> • Added product information by state as follows: <ul style="list-style-type: none"> ○ AK – CancerWise Plus, HeartWise, HospitalWise ○ AZ – CancerWise Plus, HeartWise ○ CA – Fixed Indemnity Direct ○ CO – CancerWise Plus, HeartWise ○ CT – CancerWise Plus, HeartWise ○ DC– CancerWise Plus ○ FL – CancerWise Plus, HeartWise, HospitalWise, Fixed Indemnity Direct ○ GA – Fixed Indemnity Direct ○ IA – Fixed Indemnity Direct ○ ID – Fixed Indemnity Direct ○ IL – Metal Gap ○ KS – HeartWise, ○ KY – CancerWise Plus, HeartWise, HospitalWise ○ LA – HospitalWise ○ MD – Fixed Indemnity Direct, Accident Companion ○ ME – CancerWise Plus, HeartWise, HospitalWise, and PPO Dental ○ MI – CancerWise Plus, HeartWise, Fixed Indemnity Direct, Metal Gap, Accident Companion, Accident Direct, Critical Accident Direct, ProtectFit Plus, Accident Disability Direct, Income Protection Direct, PPO Dental ○ MO – CancerWise Plus, HeartWise ○ MT – CancerWise Plus, HeartWise, HospitalWise, Fixed Indemnity Direct, Metal Gap ○ NC – Fixed Indemnity Direct ○ NE – Fixed Indemnity Direct, Metal Gap ○ NM – CancerWise Plus, Fixed Indemnity Direct ○ OR – HospitalWise, Fixed Indemnity Direct, Accident Companion, Accident Direct, ProtectFit Plus ○ PA – Metal Gap ○ SD – HospitalWise, Fixed Indemnity Direct ○ TN – CancerWise Plus, HeartWise ○ TX – Fixed Indemnity Direct ○ UT – HospitalWise, Fixed Indemnity Direct, Accident Companion, Accident Direct, Critical Accident Direct, ProtectFit Plus, Accident Disability Direct, Income Protection Direct ○ VA – Fixed Indemnity Direct, Accident Companion ○ WA – HospitalWise, Fixed Indemnity Direct ○ WY – Fixed Indemnity Direct • Removed ME from Dental (Bronze, Silver, Gold) • Removed MD Wellness Rider from CancerWise Plus, HeartWise • Updated SI/GI codes for Accident Disability Direct and Income Protection Direct on 2015 and 2018 Applications • Updated Medications Table • Updated MEC chart 	David Saffo	Taryn Risucci	W:\Supplemental Operations\BPM\Supp Ops Training\Supp Ops - UW\CLICO UW and PRODUCT GUIDE\Approvals\Version 35

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02/22/19	36	<ul style="list-style-type: none">Corrected grammar throughout document	BethAnn Burdette		

Revision Date	Version	Reason for Change	Author	Approved By	Approval Location
3/11/19	36	<ul style="list-style-type: none"> • Updated MEC Chart • Added product information by state as follows: <ul style="list-style-type: none"> ○ AK – HeartWise, Accident Dis Direct, Income Prot Direct ○ AL – HeartWise, Accident Comp ○ AZ – Accident Comp ○ CA – HospitalWise, PPO Dental ○ CT – Accident Dis Direct ○ FL – HospitalWise, Accident Comp, Accident Dis Direct, Income Prot Direct ○ GA – HospitalWise, Accident Comp, Accident Dis Direct, Income Prot Direct ○ IA – Accident Comp, Income Prot Direct ○ ID – HospitalWise, Accident Dis Direct ○ IL – HeartWise, Accident Dis Direct, Income Prot Direct ○ KS – Accident Comp, Income Prot Direct ○ KY – HeartWise, HospitalWise, Accident Comp, Accident Dis Direct, Income Prot Direct ○ LA – HeartWise ○ MD – CancerWise Plus, HeartWise, HospitalWise, Income Prot Direct, PPO Dental ○ MN – HeartWise, HospitalWise, Accident Dis Direct, Income Prot Direct, PPO Dental ○ MS – CancerWise Plus, ○ MT – Income Prot Direct ○ NC – HeartWise, HospitalWise, Accident Dis Direct ○ ND – Income Prot Direct ○ NE – Accident Dis Direct, Income Prot Direct ○ NH – PPO Dental ○ NM – HeartWise, Income Prot Direct, PPO Dental ○ OH – CancerWise Plus, HeartWise ○ OK – HeartWise, Accident Dis Direct ○ PA – Accident Dis Direct ○ SC – PPO Dental ○ SD – CancerWise Plus, HeartWise, PPO Dental, PPO Dental ○ TN – HeartWise, HospitalWise, Accident Dis Direct, Income Prot Direct ○ TX – CancerWise Plus, HeartWise, HospitalWise ○ UT – Accident Comp, Income Prot Direct ○ VA – PPO Dental ○ WV – HospitalWise, Accident Comp ○ WY – Accident Dis Direct, Income Prot Direct 	David Saffo	Taryn Risucci	W:\Supplemental Operations\BPM\Supp Ops Training\Supp Ops - UW\CLICO UW and PRODUCT GUIDE\Approvals\Version 36

Revision Date	Version	Reason for Change	Author	Approved By	Approval Location		
5/2/19	37	<ul style="list-style-type: none"> Added Dental, Vision Hearing Product Added HospitalWise as an exclusion under Sales Rules to Fixed Indemnity and Metal Gap sections Removed 2015 product applicability chart and added 2019 chart Added product information by state as follows: 	David Saffo, Mindy Bierwiler	Taryn Risucci	W:\Supplemental Operations\BPM\Supp Ops Training\Supp Ops - UW\CLICO UW and PRODUCT GUIDE\Approvals\Version 37		
		AK – Accident Comp, Accident Dis Direct				IL – Fixed Indemnity Dir	NH – Accident Comp
		CA – Fixed Indemnity Dir, Premiere Vision				KS – CancerWise Plus, HeartWise	OK – Accident Comp
		FL – Accident Comp, PPO Dental, Fixed Indemnity Dir, ProtectFit plus				KY – Accident Comp, ProtectFit plus	UT – Accident Comp, ProtectFit plus
		GA – Metal Gap, Accident Dis Direct, Income Prot Direct				MD – Fixed Indemnity Dir, Premiere Vision, PPO Dental	VA – Fixed Indemnity Dir, Accident Comp, Accident Dis Direct
		IA – ProtectFit plus				NC – Accident Comp, Accident Dis Direct	WA – Fixed Indemnity Dir
		ID – Fixed Indemnity Dir, Accident Dis Direct, Income Prot Direct				NE – Accident Dis Direct	
		6/8/19				38	<ul style="list-style-type: none"> Added new application rule for PPO Dental to DVH plan change Revised DVH: DentalWise Plus “waiver of waiting periods” in Credit table Added product information by state as follows:
AR – Accident Comp	IL – DVH, Accident Comp		NM – DVH				
CA – CancerWise, Critical Illness Dir	KS – DVH		SD – DVH				
DC – Accident Comp	MD – HeartWise, Accident Comp		TX – DVH				
DE – Accident Dis Direct	MN - DVH		UT – DVH, Accident Comp				
FL – DVH	NE – DVH		VA – HospitalWise, CancerWise Plus, HeartWise, Metal Gap, Accident Dis Direct, Income Prot Direct, Accident Comp				
IA – Accident Comp							

Revision Date	Version	Reason for Change	Author	Approved By	Approval Location		
7/26/19	39	<ul style="list-style-type: none"> DVH conversion business rules update Added product information by state as follows: 	David Saffo	Taryn Risucci	W:\Supplemental Operations\BPM\Supp Ops Training\Supp Ops - UW\CLICO UW and PRODUCT GUIDE\Approvals\Version 39		
		AK – Accident Dis Direct				KS – Accident Comp	OK – Accident Comp
		CA – CancerWise Plus, HeartWise				KY - Accident Dis Direct	OR – Accident Comp
		CT – Accident Dis Direct, Income Prot Direct				LA – Accident Comp	PA – Accident Dis Direct
		DC – Accident Comp				ME – Accident Comp	SD – Accident Comp, Accident Dis Direct
		GA – Accident Comp, Income Prot Direct				MT – Accident Comp	TN – PPO Dental
		ID – Accident Comp, Income Prot Direct				ND – CancerWise Plus	TX – DVH, Metal Gap
		IL – Accident Comp				NE – Accident Comp, Income Prot Direct	VA – Accident Dis Direct
						NV – Accident Comp	WA – Accident Comp
8/21/19	39.5	<ul style="list-style-type: none"> Removed "Senior Dental/Vision Marketing Rules" from DVH sections of both guides. Added new MEC Chart. 	David Saffo	Taryn Risucci	W:\Supplemental Operations\BPM\Supp Ops Training\Supp Ops - UW\CLICO UW and PRODUCT GUIDE\Approvals\Version 39.5		

Revision Date	Version	Reason for Change	Author	Approved By	Approval Location
10/9/19	40	<ul style="list-style-type: none"> • CA DVH Launch for late September • Added notice that Income Protection Direct will no longer be available for sale in MA as of 09/27/19. • Removed MA from Income Protection Direct Standard Benefits and E&L's. • Updated General Sales Guidelines per NBUW for DentalWise Plus • Removed OH from list of states the CancerWise Plus Wellness Rider is not available in. • Removed OH from list of states the HeartWise Wellness Rider is not available in. • Added NH – Revises to “War or act of war, declared or undeclared” to HospitalWise. • Revised E&L #16 for HospitalWise to include “legally qualified”. • Under Hospital definitions for HospitalWise, removed NH for #2 and added state specific variation. • Under Accident Companion- revised and added revisions for E&Ls • Under Accident Direct - revised E&Ls. • Under Accident Disability Direct – revised E&Ls • Under Accident Disability Direct – revised Standard Definition for Total Disability. • Under Income Protection Direct – revised Standard Benefits, E&Ls, and Pre-Existing Conditions • Removed reference to 2013 application information. • Updated HeartWise non-senior SI benefit to \$15,000 • Added state specific benefits for WA for Critical Accident Direct. • Updated sales rules language for the Premiere Vision Policy plan. • Removed VA exception for GI products. • Updated Ht/Wt chart for MT specifications. 	BethAnn Burdette	Steve Slowik	W:\Supplemental Operations\BPM\Supp Ops Training\Supp Ops - UW\CLICO UW and PRODUCT GUIDE\Approvals\Version 40

Revision Date	Version	Reason for Change	Author	Approved By	Approval Location
1/24/20	41	<ul style="list-style-type: none"> • Combined Prime DVH and DentalWise Plus into a single document • DentalWise Plus caveat – available to a limited audience • Accident Disability Direct no longer available in MA • PPO Dental – General Sales Rules revised • Fixed Indemnity Direct, Metal Gap – deleted uninsurable conditions list for 2015 application 	David Saffo	Taryn Risucci	W:\Supplemental Operations\BPM\Supp Ops Training\Supp Ops - UW\CLICO UW and PRODUCT GUIDE\Approvals\Version 41
		AL – Hospital Conf. Dir., Fixed Indemn. Dir., Critical Accident Dir.			IN – Accident Dir.
		AK – Accident Dir., Critical Accident Dir.			NM – Fixed Indemn. Dir.
		CA – Accident Dir., Fixed Indemn. Dir.			NV – Critical Accident Dir.
		CO – ProtectFit Plus			OK – Accident Dir., Critical Accident Dir.
		DC – Hospital Conf. Dir., Fixed Indemn. Dir., Critical Accident Dir., ProtectFit Plus			SD – Critical Accident Dir.
		FL – Accident Dir., Critical Accident Dir.			TN – Metal Gap
		GA – Fixed Indemn. Dir., Accident Dir.			UT – Prime DVH, Fixed Indemn. Dir., Metal Gap, Accident Dir., Critical Accident Dir., Accident Disability Dir., Income Protection Dir.
		ID – CancerWise Plus, HeartWise, Critical Accident Dir.			VA – Prime DVH, DentalWise Plus, Critical Accident Dir., Accident Disability Dir., Income Protection Dir.
		IA – Fixed Indemn. Dir.			WA – Fixed Indemn. Dir., Critical Accident Dir.
		IL – Critical Accident Dir.			WV – Fixed Indemn. Dir., Metal Gap
					WY – Critical Accident Dir., ProtectFit Plus

Revision Date	Version	Reason for Change	Author	Approved By	Approval Location																								
2/4/20	41.5	<ul style="list-style-type: none"> Minor correction: missing page added – DentalWise Plus page 187 	David Saffo	Taryn Risucci	W:\Supplemental Operations\BPM\Supp Ops Training\Supp Ops - UW\CLICO UW and PRODUCT GUIDE\Approvals\Version 41.5																								
3/4/20	42	<ul style="list-style-type: none"> Split Prime DVH and DentalWise Plus into two document versions MEC Chart update – added Hospital Confinement to MA Added Dental Waiver language to DentalWise Plus Added product information by state as follows: <table border="1"> <tbody> <tr> <td>AK – Metal Gap</td> <td>IN – Metal Gap</td> <td>NH – Critical Accident Dir.</td> </tr> <tr> <td>AL – Metal Gap</td> <td>KS – Metal Gap</td> <td>OK – ProtectFit Plus</td> </tr> <tr> <td>CA – Premiere Vision</td> <td>KY – Metal Gap</td> <td>OR – Metal Gap, Accident Direct</td> </tr> <tr> <td>CT – ProtectFit Plus</td> <td>MA – ProtectFit Plus</td> <td>PA – Metal Gap</td> </tr> <tr> <td>FL – Metal Gap, ProtectFit Plus</td> <td>MD – Prime DVH, DentalWise Plus, Metal Gap, ProtectFit Plus</td> <td>TN – Metal Gap</td> </tr> <tr> <td>GA – Accident Direct</td> <td>ME – Accident Direct, ProtectFit Plus</td> <td>UT – Metal Gap</td> </tr> <tr> <td>ID – CancerWise Plus, HeartWise, HospitalWise, Accident Direct</td> <td>MT – HeartWise, Fixed Indemnity Dir., Metal Gap</td> <td>WY – Metal Gap, ProtectFit Plus</td> </tr> <tr> <td>IL – Metal Gap</td> <td>NC – Metal Gap, ProtectFit Plus</td> <td></td> </tr> </tbody> </table>	AK – Metal Gap	IN – Metal Gap	NH – Critical Accident Dir.	AL – Metal Gap	KS – Metal Gap	OK – ProtectFit Plus	CA – Premiere Vision	KY – Metal Gap	OR – Metal Gap, Accident Direct	CT – ProtectFit Plus	MA – ProtectFit Plus	PA – Metal Gap	FL – Metal Gap, ProtectFit Plus	MD – Prime DVH, DentalWise Plus, Metal Gap, ProtectFit Plus	TN – Metal Gap	GA – Accident Direct	ME – Accident Direct, ProtectFit Plus	UT – Metal Gap	ID – CancerWise Plus, HeartWise, HospitalWise, Accident Direct	MT – HeartWise, Fixed Indemnity Dir., Metal Gap	WY – Metal Gap, ProtectFit Plus	IL – Metal Gap	NC – Metal Gap, ProtectFit Plus		David Saffo	Taryn Risucci	W:\Supplemental Operations\BPM\Supp Ops Training\Supp Ops - UW\CLICO UW and PRODUCT GUIDE\Approvals\Version 42
AK – Metal Gap	IN – Metal Gap	NH – Critical Accident Dir.																											
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IL – Metal Gap	NC – Metal Gap, ProtectFit Plus																												

Revision Date	Version	Reason for Change	Author	Approved By	Approval Location																					
6/16/20	43	<ul style="list-style-type: none"> Massachusetts product decommissions: Critical Illness Direct, Hospital Confinement Direct, ProtectFit Plus (High and Low) Exchanged 8 Policy Prints with better generic versions for CancerWise, CancerWise Plus, Critical Illness Direct, DentalWise Plus, HeartWise, HospitalWise, Metal Gap, Prime DVH Added product information by state as follows: <table border="1"> <tr> <td>AK – Hospital Conf Dir</td> <td>LA – Metal Gap</td> <td>SC – Metal Gap</td> </tr> <tr> <td>CA – Premiere Vision</td> <td>MA – Premiere Vision</td> <td>SD – PPO Dental</td> </tr> <tr> <td>DC – Metal Gap</td> <td>MD – PPO Dental</td> <td>TN – Metal Gap</td> </tr> <tr> <td>FL – Hospital Conf Dir</td> <td>NH – Vision, PPO Dental, Income Protection Dir, Accident Disability Dir, Accident Companion, HospitalWise, HeartWise</td> <td>UT – Fixed Indemnity Dir</td> </tr> <tr> <td>ID – CancerWise Plus, Fixed Indemnity Dir, Metal Gap</td> <td>OK – ProtectFit Plus, Metal Gap</td> <td>VA – Fixed Indemnity Dir, Metal Gap</td> </tr> <tr> <td>IN – Fixed Indemnity Dir</td> <td>OR – Fixed Indemnity Dir</td> <td>WA – Metal Gap, PPO Dental</td> </tr> <tr> <td>KS – Hospital Conf Dir</td> <td>PA – HospitalWise, ProtectFit Plus, Accident Disability Dir, Income Protection Dir</td> <td></td> </tr> </table>	AK – Hospital Conf Dir	LA – Metal Gap	SC – Metal Gap	CA – Premiere Vision	MA – Premiere Vision	SD – PPO Dental	DC – Metal Gap	MD – PPO Dental	TN – Metal Gap	FL – Hospital Conf Dir	NH – Vision, PPO Dental, Income Protection Dir, Accident Disability Dir, Accident Companion, HospitalWise, HeartWise	UT – Fixed Indemnity Dir	ID – CancerWise Plus, Fixed Indemnity Dir, Metal Gap	OK – ProtectFit Plus, Metal Gap	VA – Fixed Indemnity Dir, Metal Gap	IN – Fixed Indemnity Dir	OR – Fixed Indemnity Dir	WA – Metal Gap, PPO Dental	KS – Hospital Conf Dir	PA – HospitalWise, ProtectFit Plus, Accident Disability Dir, Income Protection Dir		David Saffo	Sarah Porter	W:\Supplemental Operations\BPM\Supp Ops Training\Supp Ops - UW\CLICO UW and PRODUCT GUIDE\Approvals\Version 43
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7/15/20	43.5	<ul style="list-style-type: none"> Deleted link and Medications Table from document Added Riders to CancerWise Plus, HeartWise, and HospitalWise Policy Prints 	David Saffo	Sarah Porter	W:\Supplemental Operations\BPM\Supp Ops Training\Supp Ops - UW\CLICO UW and PRODUCT GUIDE\Approvals\Version 43.5																					
12/2/20	44	<ul style="list-style-type: none"> Hospital Confinement Direct caveat: no longer available for new sales. Added product information as follows: <table border="1"> <tr> <td>CA – CancerWise Plus</td> <td>LA – Metal Gap</td> <td>TN – Metal Gap</td> </tr> <tr> <td>IA – Accident Comp, Accident Direct, Critical Accident Dir</td> <td>MT – Fixed Indemnity Dir, Metal Gap</td> <td>UT – Metal Gap</td> </tr> <tr> <td>ID – CancerWise Plus, HospitalWise, Accident Dir, Accident Disability Dir, Critical Accident Dir, Income Protection Dir</td> <td>NH – Vision, Accident Comp,</td> <td>WA – Accident Dir, Critical Accident Dir, ProtectFit Plus</td> </tr> <tr> <td>IL – Fixed Indemnity Dir, Metal Gap</td> <td>OR – Metal Gap</td> <td></td> </tr> <tr> <td>IN – Metal Gap</td> <td>SD – CancerWise Plus, HeartWise</td> <td></td> </tr> </table>	CA – CancerWise Plus	LA – Metal Gap	TN – Metal Gap	IA – Accident Comp, Accident Direct, Critical Accident Dir	MT – Fixed Indemnity Dir, Metal Gap	UT – Metal Gap	ID – CancerWise Plus, HospitalWise, Accident Dir, Accident Disability Dir, Critical Accident Dir, Income Protection Dir	NH – Vision, Accident Comp,	WA – Accident Dir, Critical Accident Dir, ProtectFit Plus	IL – Fixed Indemnity Dir, Metal Gap	OR – Metal Gap		IN – Metal Gap	SD – CancerWise Plus, HeartWise		David Saffo	Sarah Porter	W:\Supplemental Operations\BPM\Supp Ops Training\Supp Ops - UW\CLICO UW and PRODUCT GUIDE\Approvals\Version 44						
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8/26/21	45	<ul style="list-style-type: none"> Added 2021 Application & Product Applicability chart Added SecureWise Term Life product and Riders Added CCALBR to Product Applicability chart Added product information as follows: <ul style="list-style-type: none"> CA – HospitalWise ME – CancerWise Plus, HeartWise, HospitalWise ND – HospitalWise TN – CancerWise Plus, HeartWise, HospitalWise 	David Saffo	Sarah Porter	W:\Supplemental Operations\BPM\Supp Ops Training\Supp Ops - UW\CLICO UW and PRODUCT GUIDE\Approvals\Version 45												
11/2/21	46	<ul style="list-style-type: none"> Added “NM – No Longer Available” to all products except SecureWise and Dental – Bronze, Silver, Gold CancerWise caveat: no longer available for new sales. Critical Illness Direct caveat: no longer available for new sales. Revised updated wording in 2020 Application (not 2021) throughout Added product information as follows: <table border="1"> <tbody> <tr> <td>ID – CancerWise Plus, HospitalWise, Accident Dir, Accident Disability Dir, Critical Accident Dir, Income Protection Dir, SecureWise</td> <td>MD – Accident Comp, PPO Dental</td> <td>OK – SecureWise</td> </tr> <tr> <td>IL – Critical Accident Dir</td> <td>NH – Accident Comp, Prime DVH, DentalWise Plus</td> <td>PA – SecureWise</td> </tr> <tr> <td>IN – CancerWise Plus, HeartWise Plus</td> <td>OH – Prime DVH, DentalWise Plus</td> <td>VA – SecureWise</td> </tr> <tr> <td>LA – SecureWise</td> <td></td> <td></td> </tr> </tbody> </table>	ID – CancerWise Plus, HospitalWise, Accident Dir, Accident Disability Dir, Critical Accident Dir, Income Protection Dir, SecureWise	MD – Accident Comp, PPO Dental	OK – SecureWise	IL – Critical Accident Dir	NH – Accident Comp, Prime DVH, DentalWise Plus	PA – SecureWise	IN – CancerWise Plus, HeartWise Plus	OH – Prime DVH, DentalWise Plus	VA – SecureWise	LA – SecureWise			David Saffo	Sarah Porter	W:\Supplemental Operations\BPM\Supp Ops Training\Supp Ops - UW\CLICO UW and PRODUCT GUIDE\Approvals\Version 46
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