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**SPECIFIED DISEASE POLICY  
FORM H-0226**

**OUTLINE OF COVERAGE**

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

**THIS POLICY IS NOT A MEDICARE SUPPLEMENT POLICY.** If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from the company.

**BENEFITS**

While the policy is in force, the actual charge up to the usual, customary and reasonable amount will be paid for expenses incurred for a Covered Condition/Procedure subject to Covered Condition/Procedure definitions, Exclusions and Limitations, Deductibles, Lifetime Policy Maximum Benefit and Calendar Year Maximum Benefits.

LIFETIME POLICY MAXIMUM BENEFIT (total benefits paid before policy terminates): \$2,000,000

CALENDAR YEAR MAXIMUM BENEFIT (per policy): \$250,000 / \$500,000 / \$1,000,000

DEDUCTIBLE: \$25,000 / \$50,000 / \$75,000 / \$100,000  
(per insured person with a maximum of 3 deductibles per Calendar Year)

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**COVERED CONDITIONS/PROCEDURES**

- Amputation
- Amyotrophic Lateral Sclerosis (ALS)
- Angioplasty
- Cancer (Internal Cancer)
- Coronary Artery Bypass Surgery
- End Stage Renal Failure
- Heart Attack
- Heart Valve Surgery
- Joint Replacement
- Major Organ Failure/Major Organ Transplant (bone marrow, heart, kidney, liver, lung, pancreas)\*
- Pacemaker Implant or Insertion of Implantable Cardiac Defibrillator
- Ruptured Aneurysm (Ruptured Cerebral, Carotid or Aortic Aneurysm)
- Stroke

\* The maximum lifetime transplant benefit for all transplants is \$100,000 per insured person per policy.

**DEFINITIONS**

**COVERED CONDITION(S)/PROCEDURE(S)**

One of the medical conditions, diseases or procedures listed in paragraphs A. through M. below.

**A. Amputation**

Amputation is the surgical removal of all or part of a limb or extremity such as an arm, leg, foot, hand, toe or finger due to sickness including diabetes, poor circulation or cancer. The policy does not cover amputations caused by injury from an accident.

**B. Amyotrophic Lateral Sclerosis (ALS)**

The unequivocal diagnosis by a legally qualified physician of amyotrophic lateral sclerosis (A.L.S. or Lou Gehrig's Disease).

**C. Angioplasty**

Angioplasty means the actual undergoing of a percutaneous transluminal angioplasty to correct a narrowing or blockage of one or more coronary arteries. A legally qualified physician must perform the procedure.

**D. Cancer (Internal Cancer)**

A disease that is identified by the uncontrolled and abnormal growth of malignant cells. This includes Hodgkin's Disease, leukemia, lymphoma, carcinoma, sarcoma, carcinoma in-situ, malignant melanoma that is diagnosed as Clark's Level III or above or Breslow greater than .75mm and malignant tumors. Diagnosis must be made by a legally qualified physician. Clinical diagnosis of cancer will be accepted as evidence of cancer existing in an insured person, provided such medical evidence substantially documents the diagnosis of cancer and the insured person receives treatment for cancer by a legally qualified physician.

Excluded Cancers: Skin cancer (basal cell carcinoma, basal cell epithelioma or squamous cell carcinoma of the skin), melanoma that is diagnosed as Clark's Level I or II or Breslow less than 0.75mm., localized non-invasive tumors showing only early malignant changes or other conditions which may be considered pre-cancerous or having malignant potential such as cervical intraepithelial neoplasia (CIN) stages I and II, leukoplakia, hyperplasia, carcinoid, polycythemia, moles, or similar lesions.

**E. Coronary Artery Bypass Surgery**

Heart surgery to correct narrowing or blockage of one or more coronary arteries with bypass grafts, performed by a legally qualified physician.

**F. End Stage Renal Failure**

Diagnosis by a legally qualified physician of End Stage Renal disease which:

- (1) results in chronic irreversible failure of both kidneys to function; and
- (2) requires an insured person to undergo regular renal dialysis at least weekly.

**G. Heart Attack**

Heart Attack means an Acute Myocardial Infarction resulting in injury to a portion of the heart muscle (myocardium) due to a blockage of one or more coronary arteries and resulting in the loss of the normal function of the heart. The diagnosis must be made by a legally qualified physician and based on both:

- (1) new clinical presentation and electrocardiographic changes consistent with an evolving heart attack; and
- (2) serial measurement of cardiac biomarkers showing a pattern and to a level consistent with a diagnosis of Heart Attack. Established (old) Myocardial Infarction is excluded.

**H. Heart Valve Surgery**

Heart valve means Mitral valve, Tricuspid valve, Pulmonary valve and Aortic valve needing surgical repair or replacement by a legally qualified physician due to regurgitation, stenosis and atresia.

**I. Joint Replacement**

Joint Replacement is a surgical procedure in which parts of an arthritic or damaged joint are removed and replaced with a prosthesis made from metal, plastic or ceramic. The policy does not include Joint Replacement for fractures or other conditions caused by injury from accident.

**J. Major Organ Failure/Major Organ Transplant (bone marrow, heart, kidney, liver, lung, pancreas)**

Major Organ Failure or Major Organ Transplant means the clinical evidence of major organ(s) failure which requires the malfunctioning organ(s) or tissue of the insured person to be replaced with an organ(s) or tissue from a suitable human donor (excluding the insured person) under generally accepted medical procedures. The organs and tissues covered by this definition are limited to: bone marrow, heart, kidney, liver, lung and pancreas. The maximum lifetime transplant benefit for all transplants is \$100,000 per insured person per policy.

**K. Pacemaker Implant or Insertion of Implantable Cardiac Defibrillator**

The procedure to insert an artificial pacemaker or an implantable cardiac defibrillator. A pacemaker is a device that sends small electrical impulses to the heart muscle to maintain a suitable heart rate or to stimulate the lower chambers of the heart (ventricles). A pacemaker may also be used to treat fainting spells (syncope), congestive heart failure and hypertrophic cardiomyopathy. An ICD is a battery-powered device placed under

the skin that keeps track of an individual's heart rate. Thin wires connect the ICD to the individual's heart. If an abnormal heart rhythm is detected the device will deliver an electric shock to restore a normal heartbeat.

**L. Ruptured Aneurysm (Ruptured Cerebral, Carotid or Aortic Aneurysm)**

The diagnosis by a legally qualified physician of a ruptured cerebral, carotid or aortic aneurysm. The diagnosis must be supported by medical records. These records must include radiographically specific diagnostics such as, but not limited to:

- (1) angiography;
- (2) CT scan;
- (3) MRI; or
- (4) ultrasound.

Aorta refers to the thoracic and abdominal aorta, but not its branches.

**M. Stroke**

A cerebrovascular event resulting in permanent neurological damage, including infarction of, hemorrhage of, or embolization to brain tissue from an extracranial source. Diagnosis of Stroke must be made by a legally qualified physician. Diagnosis of a Stroke must be based on the following criteria:

- (1) documented neurological impairment or deficits; and
- (2) confirming neuroimaging studies.

Stroke does not mean a cerebrovascular event resulting from a head injury, Transient Ischemic Attack (mini-stroke), chronic cerebrovascular insufficiency and reversible ischemic neurological deficits. (Transient Ischemic Attack is a transient episode of neurological dysfunction caused by focal brain, spinal cord, or retinal ischemia, without acute infarction.)

**EXCLUSIONS AND LIMITATIONS**

Benefits will not be payable for any such loss resulting from or in connection with:

- (1) suicide, attempted suicide or intentional self-inflicted injury, whether sane or insane;
- (2) war or any act of war (whether declared or undeclared) or participating in a riot or felony;
- (3) any expense occurring directly or indirectly as a result of an Insured person being intoxicated, or under the influence of any narcotic unless administered on the advice of a physician;
- (4) the insured person's commission or attempt to commit a felony or to which a contributing cause was the insured person's being engaged in an illegal occupation;
- (5) loss that begins prior to the effective date of coverage.

**PRE-EXISTING SICKNESS OR INJURY PROVISION**

The benefits of the policy will not be payable during the first 12 months that coverage is in force with respect to an insured person for a loss caused by a Pre-Existing Sickness or Injury disclosed or not disclosed in the application. This 12 month period is measured from the effective date of coverage for each insured person. A Pre-Existing Sickness or Injury means a sickness or injury which is diagnosed by a legally qualified physician or for which medical advice or treatment was recommended or received from a legally qualified physician within 12 months prior to the effective date of coverage for each insured person.

**RENEWABILITY**

The policy is guaranteed renewable to age 65. Premium rates are subject to change.

**PREMIUM**

Your premium for the policy is \$\_\_\_\_\_ monthly. The policy provides a 31-day grace period during which period the policy will remain in force.