

Heart Attack, Heart Disease, Stroke Insurance

With Optional Benefits for Intensive Care

and Cancer First Diagnosis

WHEN YOU EXPERIENCE A HEART ATTACK, STROKE OR HEART DISEASE WHAT HAPPENS TO YOUR FINANCIAL SITUATION?

Your Expenses increase... for medications, co-payments, deductibles and other medical costs.

Your recovery could take weeks or months resulting in lost wages.

All the while your everyday expenses do not stop. House payments or rent, utilities, credit card bills, and all other monthly obligations continue on their regular schedule.

HOW CAN YOU BEST PROTECT YOURSELF AND MEET YOUR FINANCIAL OBLIGATIONS?

- Borrow from relatives, Your savings or even take out a loan.
- Liquidate assets.
- Protect yourself with Heart Attack, Stroke, Heart Disease Insurance Benefits.

PLAN PAYS YOU!!!

This Plan pays money directly to you or a person designated by you.
You can use the money any way you want.

HIGHLIGHTS...

*Pays regardless of other coverage

*Guaranteed Renewable for Life

*Portable (take it with you)

*In- and out-of-hospital benefits

***Premiums for this policy are calculated at age at issue class as of the effective date of the policy. You lock in your age class for the life of the policy. The premium for this policy and riders, if selected, may change but will not change because you attain the next premium rate age classification.**

Security For You and Your Family

Underwritten by Humana Insurance Company

Heart Attack, Heart Disease and Stroke Policy Form HIC-HS-POL-TX 7/09

HEART ATTACK, HEART DISEASE AND STROKE POLICY COVERAGE FOR HIC-HS-POL-TX 7/09

SPECIFIED DISEASE COVERAGE. Coverage is designed to provide benefits to insured persons only when certain losses occur as a result of Heart Attack, Heart Disease or Stroke, subject to any limitations set forth in the policy. Such policies do not provide any benefits other than those described below and any additional benefits provided in a rider attached to the policy described below.

BENEFITS.

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

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

The following schedule represents 1 Unit of coverage: For .5 Units divide benefit by 2, for 2 Units multiply by 2, and for 3 Units multiply by 3.

Hospital Confinement. \$200 per unit of coverage for each day during a period of Continuous Hospital Confinement that a covered person is admitted to and confined as an inpatient in a hospital due to Heart Attack, Heart Disease or Stroke.

Physician's Attendance. \$25 per unit of coverage for each day a covered person requires the services of a physician while hospital confined due to Heart Attack, Heart Disease or Stroke. Only payable for the number of days the hospital confinement benefit is payable.

Inpatient Drugs and Medicine. \$25 per unit of coverage, per day, for drugs or medicine required while hospital confined due to Heart Attack, Heart Disease or Stroke. Only payable for the number of days the hospital confinement benefit is payable.

Private Duty Nursing. \$100 per unit of coverage per day for private nursing care while hospital confined due to Heart Attack, Heart Disease or Stroke. Must be required and authorized by the attending physician. The maximum number of days payable is 60 days for each period of continuous hospital confinement.

Physiotherapy. \$50 per unit of coverage per day for physiotherapy performed by a licensed physical therapist, as required while hospital confined due to Heart Attack, Heart Disease or Stroke. The maximum number of days payable is 60 days for each period of continuous hospital confinement.

Oxygen. \$200 per unit of coverage for the use of oxygen equipment while hospital confined due to Heart Attack, Heart Disease or Stroke. Payable only once for each period of continuous hospital confinement.

Cardiograms. \$100 per unit of coverage for an electrocardiogram, echocardiogram, phonocardiogram or vectorcardiogram required while hospital confined due to Heart Attack, Heart Disease or Stroke. Payable only once for each period of continuous hospital confinement.

Cerebral or Carotid Angiogram. \$150 per unit of coverage for a cerebral or carotid angiogram required while hospital confined due to Heart Attack, Heart Disease or Stroke. Payable only once for each period of continuous hospital confinement.

Blood, Plasma and Platelets. \$200 per unit of coverage for the administration of blood, plasma or platelets while hospital confined due to Heart Attack, Heart Disease or Stroke. Payable only once for each period of continuous hospital confinement.

Cardiac Catheterization. \$500 per unit of coverage for a cardiac catheterization procedure required for the treatment of Heart Attack, Heart Disease or Stroke.

Coronary Angioplasty. \$750 per unit of coverage for a coronary angioplasty procedure required for the treatment of Heart Attack, Heart Disease or Stroke. Only \$750 per unit of coverage is payable regardless of the number of blood vessels repaired during the procedure.

Pacemaker Insertion. \$1,000 per unit of coverage for the initial insertion of a permanent pacemaker required for the treatment of Heart Attack, Heart Disease or Stroke.

Coronary Artery Bypass Graft Operation. \$2,500 per unit of coverage for a coronary artery bypass graft operation required for the treatment of Heart Attack, Heart Disease or Stroke. Only \$2,500 per unit of coverage is payable regardless of the number of grafts performed during the operation.

Thromboendarterectomy. \$2,500 per unit of coverage for a thromboendarterectomy required for the treatment of Heart Attack, Heart Disease or Stroke.

Heart Transplant. \$100,000 per unit of coverage for the implantation of a natural human heart required for the treatment of Heart Attack, Heart Disease or Stroke. Payable only once per covered person.

Surgery and Anesthesia. We pay the following benefits for surgery performed in a hospital or an ambulatory surgical center, for surgery required for the treatment of Heart Attack, Heart Disease or Stroke.

Surgery - The amount shown in the surgical Schedule in the policy, per unit of coverage. For a surgical procedure not listed in the Surgical Schedule, we pay \$17 per unit multiplied by the 1994 C.R.V.S. unit value for the procedure, subject to a maximum of \$10,000 per unit. If no 1994 C.R.V.S. unit value exists for the

procedure, then the payment amount is based upon relative difficulty and payment amounts for other procedures, up to a maximum of \$10,000 per unit.

Anesthesia - 25% of the amount paid for benefit "16(a) Surgery" for anesthesia received during covered surgery.

Ambulatory Surgical Center - \$250 per unit of coverage when benefit "16(a) Surgery" is paid for an operation performed at an ambulatory surgical center. The Surgery Benefit does not pay for surgeries covered by other benefits in the policy.

Second Surgical Opinion. \$100 per unit of coverage for a second opinion obtained after a positive diagnosis that results in a physician recommending surgery for the treatment of Heart Attack, Heart Disease or Stroke.

Ambulance. \$200 per unit of coverage (\$400 for air ambulance) for transfer by a licensed ambulance service or a hospital owned ambulance to a hospital or emergency room for the treatment of Heart Attack, Heart Disease or Stroke.

Non-Local Transportation. \$200 per unit of coverage when a covered person requires hospital confinement for the treatment of Heart Attack, Heart Disease or Stroke prescribed by Your local attending physician that cannot be obtained locally. Payable only once per continuous hospital confinement.

Family Member Lodging and Transportation. We pay the following benefits for a member of the covered person's family when a covered person is confined in a non-local hospital for the treatment of Heart Attack, Heart Disease or Stroke:

Lodging - \$50 per unit of coverage, per day, for a motel, hotel or other accommodations acceptable to us. Limited to 60 days for each period of continuous hospital confinement.

Transportation - \$200 per unit of coverage for each period of continuous hospital confinement when: the non-local transportation benefit is paid, and a family member travels more than 100 miles from his or her home to be near the covered person.

PRE-EXISTING CONDITION LIMITATION.

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

EXCLUSIONS AND OTHER LIMITATIONS.

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

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

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

PREMIUMS.

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

Dependent means:

- (a) your spouse, unless divorced or legally separated from you;
- (b) your unmarried child(ren) who are less than age 25 and primarily dependent on you for support and maintenance; and
- (c) your unmarried child(ren) who are at least age 25 but less than age 26 who:
 - 1) regularly attend an institution of learning; and
 - 2) are primarily dependent on You for support and maintenance.

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

INTENSIVE CARE INSURANCE. Optional Benefit Rider.

Form HIC-HS-ICR-TX 7/09

This coverage will provide you with benefits if you go into a intensive care unit (ICU).

Benefits. Your benefits start the first day you go into ICU. The benefit is payable for up to 45 days per ICU stay.

Hospital Intensive Care Confinement Benefit. You may choose a benefit of;

\$100; \$200; \$300; \$400; \$500; \$600 \$700; or \$800 per day.

It is reduced by one-half at age 75.

Step Down Unit. We will pay a benefit equal to one half the benefit indicated on the application for confinement to a step down unit.

Double Benefits. We will double the daily benefits for each day you are in ICU as a result of cancer or a specified disease as defined in the rider. We will also double the benefit for an injury that results from:

being struck by an automobile, bus, truck, motorcycle, train, or airplane; or

being involved in an accident in which the named insured was the operator or was a passenger in such vehicle. ICU confinement must occur within 48 hours of accident.

Emergency Hospitalization and Subsequent Transfer to an ICU. We will pay the benefit selected by you for the highest level of care in a hospital that does not have an ICU. You must be transferred within 48 hours.

Exceptions and Other Limitations.

Exceptions. Except as provided above, coverage does not provide benefits for:

surgical recovery rooms;

progressive care;

intermediate care;

private monitored rooms;

observation units;

telemetry units; or other facilities which do not meet the standards for a intensive care unit.

Limitations. Benefits are not payable:

if you go into ICU before the "Effective Date",

if you go into ICU for intentionally self-inflicted bodily injury or suicide attempts;

if you go into ICU due to being intoxicated or under the influence of alcohol, drugs or any narcotic. This would not apply if administered on the advice of a physician and taken according to the physician's instructions. The term "intoxicated" refers to that condition as defined by law in the jurisdiction where the accident or cause of loss occurred.

Renewability. As long as premiums are paid on time, you have the right to renew the Rider.

CANCER FIRST DIAGNOSIS INSURANCE. Optional Benefit Rider.

Form HIC-HS-CFD-TX 7/09

Number of Units Selected

1 Unit

2 Units

3 Units

4 Units

5 Units

Benefits. We will pay a one-time benefit of \$10,000 per unit when a covered person is positively diagnosed for the first time as having cancer (other than Skin Cancer) as defined in the rider. The first diagnosis must occur: a) 30 days after the rider effective date; and b) while this rider is in force on such covered person. This benefit is payable only once per covered person.

Pre-Existing Condition Limitation and Exclusions. We do not pay a benefit under this rider for a pre-existing condition as defined in the policy during the 12 month period beginning on the date that person became a covered person. We do not pay a benefit under this rider for any disease other than cancer as defined in this rider.

Renewability. The Renewability provision of the policy applies to this rider.

**Administered by:
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