

Hospital Cash Plan



No one plans to get sick or injured.
Be prepared if it happens to you.

HUMANA[®]
Guidance when you need it most

Humana Financial Protection Products

Hospital Cash Plan



Protect your savings from unexpected expenses.

In recent years, more than 40% of Americans have made an unexpected visit to an emergency room.* Your hard-earned savings could be at risk because of an accident or illness you have no way of predicting or preventing. Humana's **Hospital Cash Plan** is insurance that pays cash to you, or your designee, when you're sick or injured and need medical attention. Cash that can help pay for things your other insurance plans may not cover like copayments, deductibles, transportation expenses, and more ... the choices are endless.

Even if you already have insurance, this plan pays you cash for:

- ✓ Emergency room treatment for accidental injury or sickness
- ✓ Benefits for hospital confinement and outpatient surgery

Base benefits

Lump Sum for Hospital Confinement – Five Policy Options				
\$250	\$500	\$1,000	\$1,500	\$2,000
Maximum of one confinement for each insured per year				
Lump Sum for Accidental Injury and Sickness				
\$150 for each Emergency Room visit		Within 72 hours of an accidental injury		
Maximum payments per year				
• Individual – 2		• Single Parent – 4		• Family – 6
Lump Sum for Outpatient Surgery				
\$150 for each Outpatient Surgery				
Paid per admittance/visit. For multiple surgeries within one admittance/visit, policy provides one cash payment.				
Maximum payments per year				
• Individual – 2		• Single Parent – 4		• Family – 6

Optional benefits

Hospital Indemnity/ICU Daily Benefit Rider – Three Policy Options
<ul style="list-style-type: none"> • \$50/day (\$200/day if ICU) • \$100/day (\$400/day if ICU) • \$200/day (\$800/day if ICU)
Maximum of 30 days during a period of confinement resulting from injury or sickness, under the supervision of a physician, and beginning while rider is in force
Paid day one along with the lump-sum hospital confinement benefit
One period of confinement means one continuous hospital confinement or two or more hospital confinements for the same or related injury or sickness.
All hospital confinements due to the same or related cause or causes shall be considered one and the same confinement unless periods of confinement resulting there from are separated by an interval of at least 180 consecutive days between the end of one such confinement and the beginning of a subsequent such confinement.

Policy limitations Covers certain pre-existing conditions after a 12-month waiting period. Waiting periods apply to certain conditions, see policy form for details.

Hospital Cash Plan is Kanawha Insurance Company policy Form 90840 CO and optional rider policy Form 90841 CO. Limitations and exclusions apply. The benefits and riders offered are supplemental and not intended to cover all medical expenses. Please see actual policy for complete details. Underwritten by Kanawha Insurance Company – a member of the Humana family of companies.

* U.S. Department of Health and Human Services, Advance Data, June, 2007.



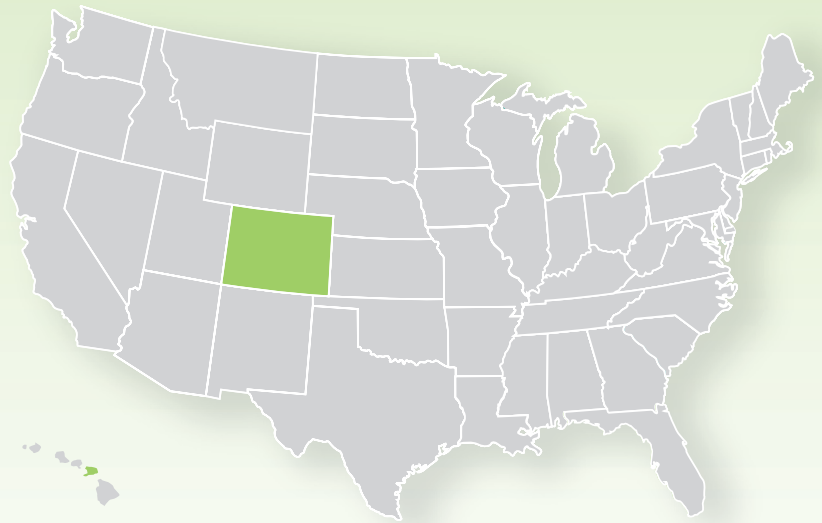
Hospital Cash Plan

Rate Sheet

June 2009

Policy - 90840

Area 1 MLR



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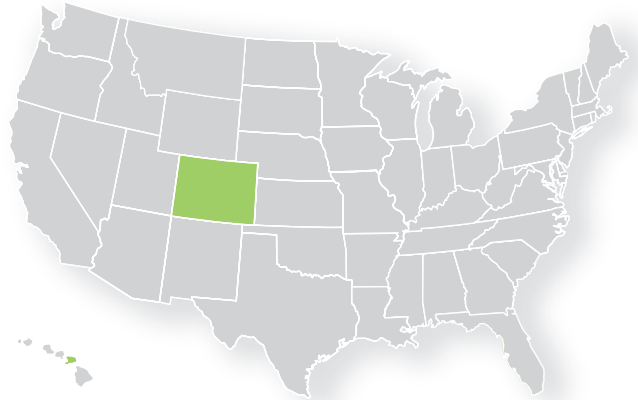
Hospital Fund Monthly Rates • Area 1MLR

Single Rates

Base Policy

Issue	\$250		\$500		\$1000		\$1500		\$2000	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Age										
18-44	7.96	12.48	9.10	15.35	11.36	21.10	13.62	26.84	15.88	32.59
45-54	9.10	9.74	11.26	11.79	15.60	15.89	19.93	19.98	24.27	24.08
55-64	10.98	11.19	14.14	14.08	20.45	19.85	26.77	25.63	33.07	31.39
65-69	12.02	12.55	15.00	15.49	20.97	21.36	26.94	27.23	33.07	33.10
\$50 Optional Daily Benefit										
18-44	1.10	1.91	1.10	1.91	1.10	1.91	1.10	1.91	1.10	1.91
45-54	2.18	1.91	2.18	1.91	2.18	1.91	2.18	1.91	2.18	1.91
55-64	3.36	2.95	3.36	2.95	3.66	2.95	3.36	2.95	3.36	2.95
65-69	3.51	3.18	3.51	3.18	3.51	3.18	3.51	3.18	3.51	3.18
\$100 Optional Daily Benefit										
18-44	2.20	3.84	2.20	3.84	2.20	3.84	2.20	3.84	2.20	3.84
45-54	4.36	3.81	4.36	3.81	4.36	3.81	4.36	3.81	4.36	3.81
55-64	6.72	5.90	6.72	5.90	6.72	5.90	6.72	5.90	6.72	5.90
65-69	7.01	6.35	7.01	6.35	7.01	6.35	7.01	6.35	7.01	6.35
\$200 Optional Daily Benefit										
18-44	4.40	7.68	4.40	7.68	4.40	7.68	4.40	7.68	4.40	7.68
45-54	8.72	7.62	8.72	7.62	8.72	7.62	8.72	7.62	8.72	7.62
55-64	13.44	11.79	13.44	11.79	13.44	11.79	13.44	11.79	13.44	11.79
65-69	14.04	12.71	14.04	12.71	14.04	12.71	14.04	12.71	14.04	12.71

Policy - 90840



Single Parent Rates

Base Policy

Issue	\$250		\$500		\$1000		\$1500		\$2000	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Age										
18-44	18.16	28.45	20.74	35.00	25.91	48.10	31.05	61.20	36.21	74.30
45-54	20.74	22.21	25.68	26.90	35.57	36.23	45.45	45.55	55.33	54.89
55-64	25.04	25.52	32.23	32.11	46.62	45.26	61.03	58.43	75.41	71.58
65-69	27.41	28.63	34.21	35.32	47.82	48.71	61.43	62.08	75.41	75.48
\$50 Optional Daily Benefit										
18-44	2.52	4.36	2.52	4.36	2.52	4.36	2.52	4.36	2.52	4.36
45-54	4.98	4.35	4.98	4.35	4.98	4.35	4.98	4.35	4.98	4.35
55-64	7.65	6.73	7.65	6.73	7.65	6.73	7.65	6.73	7.65	6.73
65-69	8.00	7.24	8.00	7.24	8.00	7.24	8.00	7.24	8.00	7.24
\$100 Optional Daily Benefit										
18-44	5.03	8.75	5.03	8.75	5.03	8.75	5.03	8.75	5.03	8.75
45-54	9.95	8.70	9.95	8.70	9.95	8.70	9.95	8.70	9.95	8.70
55-64	15.31	13.45	15.31	13.45	15.31	13.45	15.31	13.45	15.31	13.45
65-69	15.99	14.49	15.99	14.49	15.99	14.49	15.99	14.49	15.99	14.49
\$200 Optional Daily Benefit										
18-44	10.04	17.50	10.04	17.50	10.04	17.50	10.04	17.50	10.04	17.50
45-54	19.87	17.38	19.87	17.38	19.87	17.38	19.87	17.38	19.87	17.38
55-64	30.63	26.88	30.63	26.88	30.63	26.88	30.63	26.88	30.63	26.88
65-69	32.00	28.99	32.00	28.99	32.00	28.99	32.00	28.99	32.00	28.99

Family Rates

Base Policy

Issue	\$250	\$500	\$1000	\$1500	\$2000
	Unisex	Unisex	Unisex	Unisex	Unisex
Age					
18-44	38.13	45.60	60.53	75.46	90.40
45-54	35.13	43.00	58.74	74.44	90.16
55-64	41.36	52.63	75.16	97.71	120.24
65-69	45.83	56.86	78.96	101.03	123.42
\$50 Optional Daily Benefit					
18-44	5.62	5.62	5.62	5.62	5.62
45-54	7.62	7.62	7.62	7.62	7.62
55-64	11.76	11.76	11.76	11.76	11.76
65-69	12.47	12.47	12.47	12.47	12.47
\$100 Optional Daily Benefit					
18-44	11.27	11.27	11.27	11.27	11.27
45-54	15.25	15.25	15.25	15.25	15.25
55-64	23.53	23.53	23.53	23.53	23.53
65-69	24.93	24.93	24.93	24.93	24.93
\$200 Optional Daily Benefit					
18-44	22.52	22.52	22.52	22.52	22.52
45-54	30.47	30.47	30.47	30.47	30.47
55-64	47.04	47.04	47.04	47.04	47.04
65-69	49.89	49.89	49.89	49.89	49.89

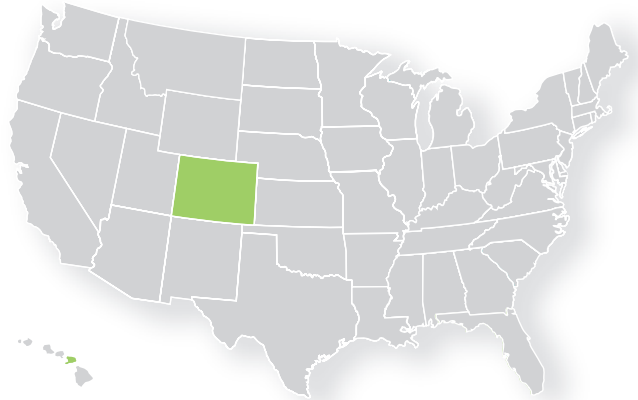
Hospital Fund Semi-Annual Rates • Area 1MLR

Single Rates

Base Policy

Issue	\$250		\$500		\$1000		\$1500		\$2000	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Age										
18-44	47.79	74.88	54.59	92.11	68.17	126.59	81.72	161.06	95.31	195.54
45-54	54.59	58.46	67.58	70.77	93.62	95.35	119.61	119.88	145.60	144.46
55-64	65.89	67.17	84.82	84.50	122.71	119.11	160.61	153.77	198.45	188.38
65-69	72.14	75.33	90.02	92.94	125.86	128.18	161.65	163.39	198.45	198.64
\$50 Optional Daily Benefit										
18-44	6.61	11.49	6.61	11.49	6.61	11.49	6.61	11.49	6.61	11.49
45-54	13.09	11.45	13.09	11.45	13.09	11.45	13.09	11.45	13.09	11.45
55-64	20.16	17.70	20.16	17.70	20.16	17.70	20.16	17.70	20.16	17.70
65-69	21.07	19.06	21.07	19.06	21.07	19.06	21.07	19.06	21.07	19.06
\$100 Optional Daily Benefit										
18-44	13.23	23.03	13.23	23.03	13.23	23.03	13.23	23.03	13.23	23.03
45-54	26.18	22.89	26.18	22.89	26.18	22.89	26.18	22.89	26.18	22.89
55-64	40.31	35.39	40.31	35.39	40.31	35.39	40.31	35.39	40.31	35.39
65-69	42.09	38.12	42.09	38.12	42.09	38.12	42.09	38.12	42.09	38.12
\$200 Optional Daily Benefit										
18-44	26.40	46.06	26.40	46.06	26.40	46.06	26.40	46.06	26.40	46.06
45-54	52.31	45.74	52.31	45.74	52.31	45.74	52.31	45.74	52.31	45.74
55-64	80.62	70.73	80.62	70.73	80.62	70.73	80.62	70.73	80.62	70.73
65-69	84.23	76.29	84.23	76.29	84.23	76.29	84.23	76.29	84.23	76.29

Policy - 90840



Single Parent Rates

Base Policy

Issue	\$250		\$500		\$1000		\$1500		\$2000	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Age										
18-44	108.94	170.73	124.44	210.04	155.45	288.60	186.32	367.22	217.29	445.83
45-54	124.44	133.29	154.08	161.38	213.46	217.38	272.69	273.33	331.97	329.37
55-64	150.25	153.13	193.39	192.66	279.76	271.55	366.17	350.58	452.49	429.51
65-69	164.48	171.78	205.25	211.91	286.96	292.25	368.59	372.51	452.49	452.90
\$50 Optional Daily Benefit										
18-44	15.10	26.18	15.10	26.18	15.10	26.18	15.10	26.18	15.10	26.18
45-54	29.87	26.09	29.87	26.09	29.87	26.09	29.87	26.09	29.87	26.09
55-64	45.92	40.36	45.92	40.36	45.92	40.36	45.92	40.36	45.92	40.36
65-69	48.02	43.46	48.02	43.46	48.02	43.46	48.02	43.46	48.02	43.46
\$100 Optional Daily Benefit										
18-44	30.19	52.49	30.19	52.49	30.19	52.49	30.19	52.49	30.19	52.49
45-54	59.69	52.21	59.69	52.21	59.69	52.21	59.69	52.21	59.69	52.21
55-64	91.89	80.71	91.89	80.71	91.89	80.71	91.89	80.71	91.89	80.71
65-69	95.94	86.92	95.94	86.92	95.94	86.92	95.94	86.92	95.94	86.92
\$200 Optional Daily Benefit										
18-44	60.24	105.02	60.24	105.02	60.24	105.02	60.24	105.02	60.24	105.02
45-54	119.25	104.29	119.25	104.29	119.25	104.29	119.25	104.29	119.25	104.29
55-64	183.82	161.29	183.82	161.29	183.82	161.29	183.82	161.29	183.82	161.29
65-69	192.02	173.92	192.02	173.92	192.02	173.92	192.02	173.92	192.02	173.92

Family Rates

Base Policy

Issue	\$250	\$500	\$1000	\$1500	\$2000
	Unisex	Unisex	Unisex	Unisex	Unisex
Age					
18-44	228.78	273.60	363.21	452.76	542.41
45-54	210.81	258.01	352.44	446.65	540.96
55-64	248.16	315.78	450.99	586.28	721.44
65-69	275.02	341.18	473.79	606.21	740.55
\$50 Optional Daily Benefit					
18-44	33.75	33.75	33.75	33.75	33.75
45-54	45.74	45.74	45.74	45.74	45.74
55-64	70.59	70.59	70.59	70.59	70.59
65-69	74.83	74.83	74.83	74.83	74.83
\$100 Optional Daily Benefit					
18-44	67.63	67.63	67.63	67.63	67.63
45-54	91.52	91.52	91.52	91.52	91.52
55-64	141.18	141.18	141.18	141.18	141.18
65-69	149.62	149.62	149.62	149.62	149.62
\$200 Optional Daily Benefit					
18-44	135.12	135.12	135.12	135.12	135.12
45-54	182.86	182.86	182.86	182.86	182.86
55-64	282.27	282.27	282.27	282.27	282.27
65-69	299.37	299.37	299.37	299.37	299.37

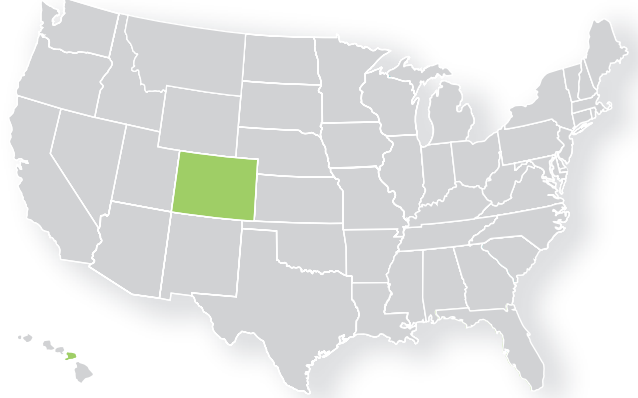
Hospital Fund Annual Rates • Area 1MLR

Single Rates

Base Policy

Issue	\$250		\$500		\$1000		\$1500		\$2000	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Age										
18-44	95.58	149.75	109.17	184.22	136.34	253.17	163.43	322.12	190.61	391.07
45-54	109.17	116.92	135.16	141.54	187.23	190.70	239.22	239.76	291.20	288.92
55-64	131.78	134.34	169.63	168.99	245.42	238.21	321.21	307.53	396.90	376.75
65-69	144.28	150.66	180.03	185.87	251.71	256.36	323.30	326.77	396.90	397.27
\$50 Optional Daily Benefit										
18-44	13.22	22.98	13.22	22.98	13.22	22.98	13.22	22.98	13.22	22.98
45-54	26.17	22.89	26.17	22.89	26.17	22.89	26.17	22.89	26.17	22.89
55-64	40.31	35.39	40.31	35.39	40.31	35.39	40.31	35.39	40.31	35.39
65-69	42.13	38.12	42.13	38.12	42.13	38.12	42.13	38.12	42.13	38.12
\$100 Optional Daily Benefit										
18-44	26.45	46.06	26.45	46.06	26.45	46.06	26.45	46.06	26.45	46.06
45-54	52.35	45.78	52.35	45.78	52.35	45.78	52.35	45.78	52.35	45.78
55-64	80.62	70.77	80.62	70.77	80.62	70.77	80.62	70.77	80.62	70.77
65-69	84.18	76.24	84.18	76.24	84.18	76.24	84.18	76.24	84.18	76.24
\$200 Optional Daily Benefit										
18-44	52.80	92.11	52.80	92.11	52.80	92.11	52.80	92.11	52.80	92.11
45-54	104.61	91.47	104.61	91.47	104.61	91.47	104.61	91.47	104.61	91.47
55-64	161.24	141.45	161.24	141.45	161.24	141.45	161.24	141.45	161.24	141.45
65-69	168.45	152.58	168.45	152.58	168.45	152.58	168.45	152.58	168.45	152.58

Policy - 90840



Single Parent Rates

Base Policy

Issue	\$250		\$500		\$1000		\$1500		\$2000	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Age										
18-44	217.88	341.45	248.88	420.07	310.90	577.20	372.64	734.43	434.57	891.66
45-54	248.88	266.58	308.16	322.76	426.91	434.75	545.38	546.65	663.94	658.74
55-64	300.50	306.25	386.78	385.32	559.51	543.10	732.34	701.15	904.98	859.01
65-69	328.96	343.55	410.49	423.81	573.92	584.50	737.17	745.01	904.98	905.80
\$50 Optional Daily Benefit										
18-44	30.19	52.35	30.19	52.35	30.19	52.35	30.19	52.35	30.19	52.35
45-54	59.74	52.17	59.74	52.17	59.74	52.17	59.74	52.17	59.74	52.17
55-64	91.84	80.71	91.84	80.71	91.84	80.71	91.84	80.71	91.84	80.71
65-69	96.03	86.91	96.03	86.91	96.03	86.91	96.03	86.91	96.03	86.91
\$100 Optional Daily Benefit										
18-44	60.37	104.97	60.37	104.97	60.37	104.97	60.37	104.97	60.37	104.97
45-54	119.38	104.42	119.38	104.42	119.38	104.42	119.38	104.42	119.38	104.42
55-64	183.77	161.42	183.77	161.42	183.77	161.42	183.77	161.42	183.77	161.42
65-69	191.88	173.83	191.88	173.83	191.88	173.83	191.88	173.83	191.88	173.83
\$200 Optional Daily Benefit										
18-44	120.48	210.03	120.48	210.03	120.48	210.03	120.48	210.03	120.48	210.03
45-54	238.49	208.57	238.49	208.57	238.49	208.57	238.49	208.57	238.49	208.57
55-64	367.63	322.57	367.63	322.57	367.63	322.57	367.63	322.57	367.63	322.57
65-69	384.04	347.84	384.04	347.84	384.04	347.84	384.04	347.84	384.04	347.84

Family Rates

Base Policy

Issue	\$250	\$500	\$1000	\$1500	\$2000
	Unisex	Unisex	Unisex	Unisex	Unisex
Age					
18-44	457.55	547.20	726.41	905.52	1,084.82
45-54	421.62	516.01	704.88	893.30	1,081.91
55-64	496.31	631.56	901.97	1,172.56	1,442.88
65-69	550.03	682.36	947.57	1,212.41	1,481.09
\$50 Optional Daily Benefit					
18-44	67.49	67.49	67.49	67.49	67.49
45-54	91.47	91.47	91.47	91.47	91.47
55-64	141.18	141.18	141.18	141.18	141.18
65-69	149.66	149.66	149.66	149.66	149.66
\$100 Optional Daily Benefit					
18-44	135.25	135.25	135.25	135.25	135.25
45-54	183.04	183.04	183.04	183.04	183.04
55-64	282.36	282.36	282.36	282.36	282.36
65-69	299.23	299.23	299.23	299.23	299.23
\$200 Optional Daily Benefit					
18-44	270.23	270.23	270.23	270.23	270.23
	365.71	365.71	365.71	365.71	365.71
55-64	564.53	564.53	564.53	564.53	564.53
65-69	598.73	598.73	598.73	598.73	598.73

CONDITIONAL RECEIPT

A Conditional Receipt is to be given to an applicant upon receipt of the applicant's check as a deposit for the modal premium(s) for the Policy(ies) applied for herein.

Make checks payable to Kanawha Insurance Company. Do not make payable to Insurance Producer or leave payee blank.

Received from _____ the _____ day of _____, _____
Name Month Year

the sum of \$ _____ being the payment of _____ month(s) premium for the following policies

The insurance applied for shall not take effect until:

- the date of Policy,
- payment of the modal premium, and
- the Proposed Insured(s) has been approved for coverage as applied.

In the event the application is declined, any payment made by the applicant will be returned.

No coverage is provided under this Conditional Receipt unless the conditions on this receipt are fulfilled.

No coverage is provided for any claims that begin prior to the approval date.

No coverage is provided under this Conditional Receipt if the Proposed insured misrepresented a material fact or facts in the Application for insurance/ reinstatement Application.

No insurance producer can waive or alter any of the conditions or requirements stated on this conditional receipt.

Signature of Insurance Producer/Policy Administrator

Telephone Number of Insurance Producer



210 South White Street; Post Office Box 610
Lancaster, South Carolina 29721-0610
Telephone (Toll Free) 1-877-378-1505

NOTICE TO APPLICANT REGARDING REPLACEMENT OF ACCIDENT AND SICKNESS INSURANCE

According to your application, you intend to lapse or otherwise terminate your present policy and replace it with a policy to be issued by Kanawha Insurance Company. Your new policy will provide 30 days within which you may decide without cost whether you desire to keep the policy.

You should review this new coverage carefully. Compare it with all accident and sickness coverage you now have. If, after due consideration, you find the purchase of this accident and sickness coverage is a wise decision you should evaluate the need for other accident and sickness coverage you have that may duplicate this policy.

Statement to Applicant by Issuer or Producer:

I have reviewed your current accident and sickness insurance coverage. To the best of my knowledge, this accident and sickness policy will not duplicate your existing coverage because you intend to terminate your existing coverage. The replacement policy is being purchased for the following reason(s)(check one):

Additional benefits No change in benefits, but lower premiums
 Fewer benefits and lower premiums Other (please specify) _____

1. Health conditions which you may presently have (preexisting conditions) may not be immediately or fully covered under the new policy. This could result in denial or delay of claim for benefits under the new policy, whereas a similar claim may have been payable under your present policy.
2. State law provides that your replacement policy or contract may not contain new preexisting conditions, waiting periods, elimination periods or probationary periods. The issuer will waive any time periods applicable to preexisting conditions, waiting periods, elimination periods, or probationary periods in the new policy (or coverage) for similar benefits to the extent such time was spent (depleted) under the present policy.
3. If you wish to terminate your present policy and replace it with new coverage, be certain to truthfully and completely answer all questions on the application concerning your medical and health history. Failure to include all material medical information on an application may provide a basis for the company to deny any future claims and to refund your premium as though your policy has never been in force. After the application has been completed and before you sign it, review it carefully to be certain that all information has been properly recorded.

Do not cancel your present policy until you have received your new policy and are sure that you want to keep it.

Signature of Producer or Other Representative*

Signature of Applicant

Typed Name and Address of Issuer or Producer

Date

* Signature is not required for direct response sales.

Original to Applicant; Copy to Home Office with Application

Kanawha Insurance Company is a member of the Humana family of companies.



IMPORTANT NOTICE TO PERSONS ON MEDICARE

THIS INSURANCE DUPLICATES SOME MEDICARE BENEFITS.

This is not Medicare Supplement insurance.

This insurance pays a fixed amount, regardless of your expenses, if you meet the policy conditions, for one of the specific diseases or health conditions named in the policy. It does not pay your Medicare deductibles or coinsurance, and is not a substitute for Medicare Supplement insurance.

This insurance duplicates Medicare benefits because Medicare generally pays for most of the expenses for the diagnosis and treatment of the specific conditions or diagnoses named in the policy.

Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:

- Hospitalization
- Physician services
- Hospice
- Other approved items and services

- ✓ Check the coverage in all health policies you already have.
- ✓ For more information about Medicare and Medicare Supplement insurance, review the ***Guide to Health Insurance for People with Medicare*** available from Kanawha Insurance Company.
- ✓ For help in understanding your health insurance, contact your state insurance department or state senior insurance counseling program.

Date

Signature of Proposed Insured

KANAWHA INSURANCE COMPANY

[210 S. WHITE STREET]
[LANCASTER, SC 29720]

[PO BOX 610]
[LANCASTER, SC 29721-0610]

TELEPHONE: [877-207-0158]

OUTLINE OF COVERAGE FOR HOSPITAL INDEMNITY POLICY FORM 90840 CO

A LIMITED BENEFITS POLICY

PLEASE READ YOUR POLICY CAREFULLY. This Outline of Coverage provides a very brief description of some of the important features of Your Policy. This is not the insurance contract. Only the actual Policy terms will control. The Policy itself states the rights and duties of both You and Kanawha Insurance Company ("Kanawha"). The Policy also states the benefits and requirements. It is therefore important that **YOU READ YOUR POLICY CAREFULLY!** Please contact Us if You have questions.

LIMITED BENEFITS COVERAGE. Policies of this type are designed to provide covered persons with limited or supplemental coverage. The Benefits Summary section below outlines the coverage provided by the Policy. Benefits described in the Benefits Summary may be limited by the Limitations and Exclusions sections, and other terms in Your Policy.

NO RECOVERY FOR PRE-EXISTING CONDITIONS. No benefits will be provided during the first 12 months of the Policy and any attached Rider for any Pre-existing Condition, as defined in the Policy.

BENEFITS SUMMARY

Hospital Confinement Lump Sum Benefit. If a Covered Person is confined as an inpatient in a Hospital for the treatment of an Injury or Sickness, Kanawha will pay the Hospital Confinement Lump Sum Benefit Amount shown on the Policy Schedule. This benefit is subject to a maximum of one Hospital Confinement for each Covered Person each Calendar Year. Other maximums may apply as well.

Hospital Confinement Lump Sum Benefit Amount: [\$_____]

Emergency Room Treatment Lump Sum Benefit. If a Covered Person requires and receives Emergency Room Care in a Hospital emergency room due to an Injury or Sickness, Kanawha will pay the Emergency Room Treatment Lump Sum Benefit Amount shown on the Policy Schedule. This benefit is subject to a maximum of two Hospital emergency room visits for each Covered Person each Calendar Year. Other maximums may apply as well.

Emergency Room Treatment Lump Sum Benefit Amount: [\$_____]

Outpatient Surgery Lump Sum Benefit. If a Covered Person requires and undergoes an Outpatient Surgical Procedure due to an Injury or Sickness, Kanawha will pay the Outpatient Surgery Lump Sum Benefit Amount shown on the Policy Schedule. This benefit is subject to a maximum of two Outpatient Surgical Procedures for each Covered Person each Calendar Year. Other maximums may apply as well.

Outpatient Surgery Lump Sum Benefit Amount: [\$_____]

BENEFITS ARE PAYABLE SUBJECT TO ALL OF THE TERMS OF THE POLICY.

THIS IS NOT A MEDICARE SUPPLEMENT POLICY

GUARANTEED RENEWABLE. You can keep Your Policy until the Policy Anniversary date following the Primary Insured's 70th birthday. You must pay each Premium due before the end of the Grace Period. Your Premium can be changed if Kanawha changes the Premium on all policies in Your Premium class. Kanawha will give 60 days written notice before such Premium change starts. If You move, Your Premium may also change.

PREMIUM. Your first Premium is [\$_____.____]. Your renewal Premium is stated below. Your Premium is subject to change as outlined above and as stated in Your Policy.

Modal Premium: [\$_____.____] [_____]

Payment Mode: [_____]

If You have Rider coverage under Your Policy, the above stated Premium includes Rider coverage.

GRACE PERIOD. A Grace Period of 31 days is provided for payment of each Premium due, except for the first Premium. Coverage will remain in force during the Grace Period.

OPTIONAL HOSPITAL CONFINEMENT DAILY BENEFIT RIDER (FORM 90841 CO)

Rider benefits are provided as outlined below for Covered Persons under Your Policy if You have Rider coverage. You have Rider coverage if You applied for it, if such coverage is shown on the Policy Schedule and the Rider was issued attached to Your Policy. If this Rider was not attached to Your Policy when You received it, then the Rider coverage is not available to Covered Persons under Your Policy. This is only a summary of Rider benefits. The terms contained in the Rider will control. **PLEASE READ YOUR RIDER.**

Hospital Confinement Daily Benefit. For each Full Day a Covered Person is confined as an inpatient in a Hospital, Kanawha will pay the Hospital Confinement Daily Benefit Amount shown on the Policy Schedule. Kanawha will pay this daily amount up to a total of 30 Full Days for any one period of Hospital Confinement.

Hospital Confinement Daily Benefit Amount: [\$_____]

Intensive Care Unit Daily Benefit. For each Full Day of a Covered Person's Hospital Confinement that he or she is a patient in the Hospital's Intensive Care Unit (ICU), Kanawha will pay the Intensive Care Unit (ICU) Daily Benefit Amount shown on the Policy Schedule, up to a total of 30 Full Days for any one period of Hospital Confinement.

Intensive Care Unit (ICU) Daily Benefit Amount: [\$_____]

For each Full Day that a Covered Person is in the ICU, only the ICU Daily Benefit will be paid. The Hospital Confinement Daily Benefit and the Intensive Care Unit Daily Benefit will not both be paid for the same Full Day.

LIMITATIONS

Waiting Period(s)

Six Months

No benefits are provided or paid under the Policy or Rider for care or treatment occurring during the first six (6) months from the Date of Policy/Rider for the following (unless on an emergency basis):

- cancer;
- hernia(s); and
- adenoids, tonsils or appendix.

Ten Months

No benefits are provided or paid under the Policy or Rider for care or treatment occurring during the first ten (10) months from the Date of Policy/Rider for the following:

- pregnancy; and
- childbirth.

Twelve Months

No benefits are provided or paid under the Policy or Rider for care or treatment of any Covered Person donating an organ occurring during the first twelve (12) months from the Date of Policy/Rider.

EXCLUSIONS

No benefits are provided or paid under the Policy or Rider for any loss, expense, care or treatment due or related to:

- intentionally self-inflicted Injury;
- suicide or any attempted suicide, whether sane or insane;
- mental or emotional disorders without demonstrable organic disease;
- Injury or Sickness incurred as a result of engaging in an illegal occupation;
- voluntary ingestion, injection, inhalation or use of any drug, narcotic or sedative, unless prescribed by and taken in accordance with the directions of the prescribing Physician;
- voluntary ingestion, injection, inhalation, taking, absorbing or use of any poison, poisonous gas, fumes or any other substance that results in Injury or Sickness;
- being intoxicated as intoxication is defined by the laws of the state in which the incident occurred;
- alcoholism or drug addiction;
- war, whether declared or undeclared;
- cosmetic surgery;
- elective surgery not medically necessary, other than organ donation and complications related to organ donation after the appropriate Waiting Period;
- dental services or dental treatments unless necessitated by Injury;
- Injury or Sickness incurred as a result of being engaged as a paid athlete;
- participation in a riot, felony or insurrection;
- travel in, on or descending from any kind of aircraft, unless as a fare paying passenger on a commercial airline, passenger on a private airline charter or as a passenger on a privately owned and operated airplane that seats more than ten (10) passengers;
- sky diving;
- eye examinations, eye glasses, hearing aids or the fitting thereof;
- care or treatment received outside of the United States or its territories; or
- care or treatment of a Covered Person's newborn child, newly adopted child or child recently placed for adoption with a Covered Person (except if Hospital Confinement for such child is due to Injury or Sickness, including the necessary care and treatment of medically diagnosed congenital defects and birth abnormalities).

The following which may be associated with or related to pregnancy are excluded from coverage under the Policy or Rider and no benefits are provided or paid for any care, treatment or claim related to:

- an elective abortion;
- false labor;
- occasional spotting;
- Physician prescribed rest; or
- morning sickness.