



# Secure Advantage



**United National Life**  
Insurance Company of America

## Do you have the means to pay for the rising cost of medical care?

Cost for hospital care, outpatient surgery, and home health care are rising every day. Even if you have medical insurance, you will need to pay what your policy doesn't, like deductibles and co payments as well as any other continuing expenses that occur while you are sick or hurt. Expenses such as the rent or mortgage, food, utilities, and auto payments just to name a few.

And although we always hope we will always be healthy, look at the statistics,

- The average hospital stay is five days at an average cost of \$19,700.<sup>(1)</sup>
- 34 million Americans seek treatment in a hospital emergency room each year.<sup>(2)</sup>
- Physicians in the United States see 87 million people annually.<sup>(2)</sup>
- Cancer and heart disease will strike 7 out of 10 Americans in their lifetime.<sup>(3)</sup>

These statistics may continue to rise and if history is any indication, cost will as well. That is why United National Life Insurance Company of America has created the **Secure Advantage** plan.

**Secure Advantage** offers several levels of coverage and many different benefits to protect your hard earned money. Benefits such as lump sum hospital confinement, doctor office visits, wellness, outpatient surgery, emergency room, as well as home health care and recovery. All of these benefits are covered on each of our plans; the amount of coverage depends on the level you choose. And all of these are indemnity amounts paid directly to you (or whomever you choose) to use the best way for your personal circumstances.

<sup>(1)</sup>Healthcare Cost and Utilization Project- Facts and Figures (2005)

<sup>(2)</sup>Injury Facts 2005-2006 Edition, National Safety Council

<sup>(3)</sup>American Cancer Society, 2007 Cancer Facts and Figures



## HOSPITAL CARE AND OUTPATIENT SERVICES

### Hospital Confinement Indemnity Benefit

When you are covered with a Secure Advantage plan, we will pay a lump sum hospital confinement amount after 24 hours in a hospital, as well as a daily hospital benefit when the stay is seven or more days. The confinement must be medically necessary due to an injury or illness, not to exceed 180 days of hospital confinement in a covered persons lifetime.

### Doctor Office Visit Benefit

We will pay a weekly benefit when you receive medical services from a doctor. Visits are limited to one per week and five per year, payable only for a specific injury or sickness.

If the Child Rider is added, we will pay a weekly benefit not to exceed a total of five doctor office visits per calendar year (shared by all children in the household).

### Wellness Benefit

We will pay a covered person a specific benefit each year for a wellness visit.

### Emergency Room Benefit

We will pay a weekly benefit if you receive emergency care due to an injury, including emergency room services, while covered under the policy.

### Outpatient Surgery Benefit

When you are covered under the plan, we will pay up to the covered amount for outpatient surgery procedures. This benefit is only payable if no hospital confinement benefit is paid.

## HOME CARE AND RECOVERY SERVICES

### Home Recovery Benefit

We will pay you one day for home recovery for every day you are confined in a hospital up to 30 days at home per confinement.

To qualify for the following benefits, you must suffer from cognitive impairment or can not perform one of the six Activities of Daily Living (bathing, dressing, eating, continence, toileting, transferring).

### Home Health Care Benefit

When covered, we will pay a weekly benefit for each week that you receive three or more home health care practitioner's visits on separate days, not to exceed 26 weeks per period of care.

A home health care practitioner can include, but is not limited to:

- A Registered Nurse (RN)
- A licensed respiratory or physical therapist
- A licensed speech therapist or audiologist
- A licensed chemotherapy specialist

### Homemaker/Companion Benefit

Following a covered hospital confinement, we will pay a weekly benefit for each week you receive two or more Homemaker/Companion services on separate days up to a maximum of 26 weeks per benefit period.

These services must be provided by a licensed employee of a Home Health Care agency, and can include:

- Preparing of meals and nutrition
- Shopping for groceries, supplies and medicines
- Transportation to and from medical appointments
- Assisting in general housekeeping duties

## The features of this policy make it easy for you to keep this valuable coverage for many years to come...

- All benefits are paid directly to you.
- **Guaranteed renewable.** As long as your premiums are paid, your policy can never be cancelled.
- **Stable premiums.** Your premiums can not change due to declining health like some other health policies. Your premium can only change if we change all like policies in your state.
- **30 day free look.** If you are not completely satisfied with your policy you can return it within 30 days for a full refund of your premium.
- **Payment grace period.** You have 31 days after your premium is due to keep your policy in force.
- **Policy Continuation.** If the main insured passes away while the policy is in force, and the surviving spouse is covered under the policy, the surviving spouse will become the principle insured.

Benefit	Plan A	Plan B	Plan C	Plan D
<b>Lump Sum/Daily Hospital Confinement Indemnity</b>	\$500 day 1, \$100 per day starting day 7	\$1000 day 1, \$200 per day starting day 7	\$1500 day 1, \$300 per day starting day 7	\$2000 day 1, \$400 per day starting day 7
<b>Home Recovery,</b> one day for each day in hospital	\$20/day up to 30 days	\$30/day up to 30 days	\$40/day up to 30 days	\$50/day up to 30 days
<b>Doctor Office Visit</b> (sickness or injury only)	\$40/week (\$200/year max)	\$50/week (\$250/year max)	\$60/week (\$300/year max)	\$70/week (\$350/year max)
<b>Preventive/Wellness</b> (one visit per year)	\$50/year	\$50/year	\$100/year	\$100/year
<b>Emergency Room</b> (injury only)	\$150/visit (\$450/year max)	\$150/visit (\$450/year max)	\$250/visit (\$750/year max)	\$250/visit (\$750/year max)
<b>Outpatient Surgery</b>	up to \$200 (\$400/year max)	up to \$400 \$800/year max	up to \$600 (\$1200/year max)	up to \$800 (\$1600/year max)
<b>Home Health Care</b>	\$150/week	\$150/week	\$250/week	\$250/week
<b>Homemaker/Companion</b>	\$75/week	\$75/week	\$100/week	\$100/week
<b>Accidental Death</b>	\$5,000	\$5,000	\$5,000	\$5,000

### Child Rider Benefit

We understand that many families want insurance on their children as well. UNL offers coverage for a maximum of five doctor visits (shared by all kids in the family) and all the other benefits in Plan A for each child in the household.

## A PRE-EXISTING CONDITION IS:

A Sickness or Injury, disclosed or not disclosed on the application, for which medical care, treatment, diagnosis or advice was received or recommended within the 6 month period immediately prior to the Covered Person's Effective Date of coverage under this Policy; or the existence of symptoms which would cause an ordinarily prudent person to seek diagnosis, care or treatment within the 6 months prior to the Covered Person's Effective Date of coverage under this Policy. Treatment includes the taking of Prescription Drugs or medicines.

Pre-existing conditions are not covered unless the loss begins more than 6 months after the Covered Person's Effective Date of coverage.

## EXCLUSIONS

This policy does not cover loss:

1. For treatment, services or supplies which:
  - Are not Medically Necessary;
  - Are not prescribed by a Doctor as necessary to treat a Sickness or Injury;
  - Are determined to be Experimental/Investigational in nature by Us;
  - Are received without charge or legal obligation to pay;
  - Would not routinely be paid in the absence of insurance;
  - Are received from any Immediate Family Member.
2. For treatment of an Injury or Sickness due to war or an act of war, declared or undeclared; service in the armed forces of any country.
3. For treatment of intentionally self-inflicted injuries or attempted suicide while sane or insane.
4. For treatment of an Injury or Sickness for which a Covered Person is entitled to benefits under any Workers' Compensation or Occupational Disease Law (self-employed Covered Persons are covered for occupational Injury).
5. For normal pregnancy and childbirth if conception was before the Effective Date. Complications of pregnancy are covered as a Sickness.
6. For Mental or Nervous Disorders.
7. For treatment of an Injury that results from the Covered Person's commission of, or attempt to commit a felony, or from the Covered Person's being engaged in an illegal activity.
8. For cosmetic surgery. However "cosmetic surgery" does not include reconstructive surgery which is incidental because of previous surgery due to trauma, infection, or other disease of the involved part; or reconstructive surgery because of a congenital disease or anomaly.
9. For Injury due to being legally intoxicated, as defined by the jurisdiction in which an Accident occurs.
10. For loss due to voluntarily using any drug, narcotic or controlled substance, unless as prescribed by a Doctor.
11. For confinement or treatment received outside the United States or its possessions, unless loss is incurred while the Covered Person is on a trip of not more than 30 days' duration.

## EXCLUSIONS (Continued)

12. For services provided by a Home Health Care Agency which has any financial relationship with a Covered Person, with any member of the Covered Person's Immediate Family, or with a Covered Person's Doctor.

13. For the following surgeries under the Outpatient Surgery Benefit;

- Surgery performed in a Doctor's office or when Hospital Confined.
- Surgery for corns, calluses and bunions; deviated nasal septum, including submucous resection and/or other surgical corrections thereof unless due to Injury occurring while coverage is in force for the Covered Person;
- Surgery for removal of breast implants. This exclusion shall not apply to the removal of breast implants for the Medically Necessary treatment of a covered Sickness or Injury, unless the implants were implanted solely for cosmetic purposes and not for surgery performed as reconstruction resulting from an Sickness or Injury;
- Surgery for non-malignant warts, moles (boils), and lesions unless Medically Necessary;
- Surgery for sex transformation or reversal thereof;
- Dental surgery except oral surgery for excision of tumors, growths and cysts of the jaw and mouth and surgery to Sound Natural Teeth made necessary by Injury;
- Surgery for refractive anomalies;

14. Under the Accidental Death Benefit due to;

- Bodily or mental infirmity.
- Bacterial infections except:  
Infections which occur simultaneously with or through a cut or wound sustained as the direct result of an Injury, independent of any other cause; and  
The accidental ingestion of a contaminated substance.
- Any kind of disease or hernia.
- Medical or surgical treatment, except losses that result directly from surgical operations made necessary solely by Injury which is the direct result of an Accident, independent of disease or bodily infirmity or any other cause, and performed within 90 days of the Accident.
- Travel, or flight in or descent from any kind of aircraft unless:  
As a fare paying passenger on a regularly scheduled flight; or  
As a passenger on an official flight of the Military Airlift Command of the United States or similar air transport services of other countries.
- Any Accident or occurrence arising out of or in the course of employment.
- Sickness or its medical or surgical treatment, including diagnosis.
- Voluntary gas inhalation or poison voluntarily taken, administered or inhaled.
- Riding or driving as a professional in any kind of race for prize money or profit.

This brochure is an illustration for Policy Form U0950 (Hospital Confinement and Home Care Indemnity), and is not a contract of insurance. For complete details of all provisions or benefits, please read your policy carefully.