HEART & STROKE

Humana
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www.baybridgeadministrators.com/employees.php

Laurel Insurance Agency & Assoc.
4519 San Bernardo 2nd Floor
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Individual Heart & Stroke Plan - Monthly Rates

Base Policy: Rates Per Unit (Units Available: .25, .5 , .75, 1, 2, or 3)

Coverage Tier	0-30	30-44	45-59	60+
Individual	$3.17	$10.26	$23.23	$46.14
Ind + Spouse	$6.34	$20.52	$46.46	$92.27
Ind + Child(ren)	$4.14	$11.23	$24.19	$47.10
Family	$7.31	$21.49	$47.42	$93.24

Intensive Care Rider: Rates Per Unit (Units Available: 1 - 8)

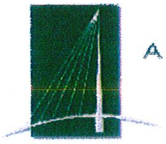
Coverage Tier	0-30	30-44	45-59	60+
Individual	$0.42	$0.73	$0.93	$1.01
Ind + Spouse	$0.84	$1.46	$1.87	$2.03
Ind + Child(ren)	$0.87	$1.18	$1.38	$1.46
Family	$1.29	$1.91	$2.32	$2.48

First Diagnosis: Rates Per Unit (Units Available: 1 - 5)

Coverage Tier	0-30	30-44	45-59	60+
Individual	$3.88	$8.04	$18.78	$32.07
Ind + Spouse	$7.76	$16.08	$37.56	$64.13
Ind + Child(ren)	$6.59	$10.75	$21.49	$34.77
Family	$10.47	$18.79	$40.27	$66.84

Underwritten by:
Humana Insurance Company

Administered by:



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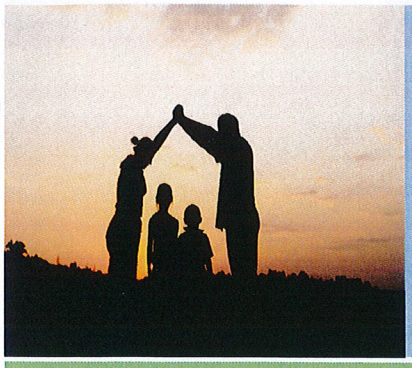

Heart Stroke Insurance

POLICY FORM HIC-HS-POL-TX 7/09
Underwritten by Humana Insurance Company

Plan Features

- Renewable for Life
- In and Out of hospital benefits
- Pays regardless of other coverage

Benefit options include:

- Angioplasty
- Surgery
- Coronary Artery Bypass
- Cardiac Catheterization

The following schedule represents one unit of coverage:

Benefit	Maximum Amount
Hospital Confinement: We will pay for each day a Covered Person is admitted to and confined as an Inpatient in a Hospital due to Heart Attack, Heart Disease or Stroke.	$200 per day for each period of Continuous Hospital Confinement
Physician's Attendance: We will pay for each day a Covered Person requires services of a Physician while Hospital Confined due to Heart Attack, Heart Disease or Stroke. This benefit is payable only for the number of days the Hospital Confinement benefit in this Policy is payable.	$25 per day
Inpatient Drugs and Medicine: We will pay the amount, per day, for drugs or medicine required while Hospital Confined due to Heart Attack, Heart Disease or Stroke. This benefit is payable only for the number of days the Hospital Confinement benefit in this Policy is payable.	$25 per day
Private Duty Nursing: We will pay the amount, per day, for private nursing care and attendance by a Nurse while Hospital Confined due to Heart Attack, Heart Disease or Stroke. Nursing services must be required and authorized by the attending Physician. The maximum number of days this benefit is payable is 60 days for each period of continuous Hospital Confinement.	$100 per day
Physiotherapy: We will pay the amount, 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 this benefit is payable is 60 days for each period of continuous Hospital Confinement.	$50 per day
Oxygen: We will pay the amount for the use of oxygen equipment while Hospital Confined due to Heart Attack, Heart Disease or Stroke. This benefit is payable only once each period of continuous Hospital Confinement.	$200 per period of continuous Hospital Confinement
Cardiograms: We will pay the amount for an electrocardiogram, echocardiogram, phonocardiogram, or vectorcardiogram which requires Hospital Confinement due to Heart Attack, Heart Disease or Stroke. This benefit is payable only once for each period of continuous Hospital Confinement.	$100 per period of continuous Hospital Confinement
Cerebral or Cartoid Angiogram: We will pay the amount for a cerebral or cartoid angiogram required while Hospital Confined due to Heart Attack, Heart Disease or Stroke. This benefit is payable only once for each period of continuous Hospital Confinement.	$150 per period of continuous Hospital Confinement

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Benefit	Maximum Amount
Blood, Plasma and Platelets: We will pay the amount for the administration of blood, plasma or platelets while Hospital Confined due to Heart Attack, Heart Disease or Stroke. This benefit is payable only once for each period of continuous Hospital Confinement.	$200 per period of continuous Hospital Confinement
Cardiac Catheterization: We will pay the amount for a cardiac catheterization procedure required for the treatment of Heart Attack, Heart Disease or Stroke.	$500
Coronary Angioplasty: We will pay the amount for a Angioplasty procedure required for the treatment of Heart Attack, Heart Disease or Stroke. Only the amount shown is payable regardless of the number of blood vessels repaired during this procedure.	$750
Pacemaker Insertion: We will pay the amount for the initial insertion of a permanent pacemaker required for the treatment of Heart Attack, Heart Disease or Stroke.	$1,000
Coronary Artery Bypass Graft Operation: We will pay for a coronary artery bypass graft operation required for the treatment of Heart Attack, Heart Disease or Stroke. Only the amount shown is payable regardless of the number of grafts performed during the operation.	$2,500
Thromboendarterectomy: We will pay for a thromboendarterectomy operation required for the treatment of Heart Attack, Heart Disease or Stroke.	$2,500
Heart Transplant: We will pay for the implantation of a natural human heart required for the treatment of Heart Attack, Heart Disease or Stroke. This benefit is payable only once per Covered Person.	$100,000
Surgery and Anesthesia: We will pay for the following benefits for Surgery performed in a Hospital or an Ambulatory Surgical Center, provided that the Surgery is required for the treatment of Heart Attack, Heart Disease or Stroke.	
1. Surgery: See Surgical Schedule. If any surgical procedure for the treatment of Heart Attack, Heart Disease or Stroke other than those listed in the Surgical Schedule is performed, We will pay the unit value for a surgical procedure as set forth in the 1994 California Relative Value Schedule (C.R.V.S.) multiplied by $17 per unit of coverage, up to a maximum of $10,000 per unit of coverage. If the surgical procedure has no unit value or is not shown in the 1994 C.R.V.S., We will pay an amount we reasonably determine based upon relative difficulty and payment amounts for other procedures, up to a maximum of $5,000 per unit of coverage.	See Surgical Schedule 25% of item P1
2. Anesthesia: We will pay an additional percentage of the amount paid for benefit "P.1. Surgery" for anesthesia received by a Covered Person during the course of covered Surgery.	$250
3. Ambulatory Surgical Center: We pay an additional amount when benefit "P.1. Surgery " is paid for an operation performed at an Ambulatory Surgical Center. This benefit does not pay for surgeries covered by other benefits in this Policy.	
Second Surgical Opinion: We will pay the amount 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.	$100
Ambulance: We will pay 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.	$200 (double for air ambulance)
Non-Local Transportation: We will pay the amount 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. This benefit is payable only once per continuous Hospital Confinement.	$200 per period of continuous Hospital Confinement
Family Member Lodging & Transportation: We will pay the following benefits for a member of the Covered Person's family to be near the Covered Person when a Covered Person is confined in a Non-Local Hospital for the treatment of Heart Attack, Heart Disease or Stroke.	
Lodging: We will pay the amount shown, per day, for a motel, hotel or other accommodations acceptable to us. This benefit is limited to 60 days for each period of continuous Hospital Confinement.	$50 per day
Transporation: We will pay the amount shown 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 for a portion of his or her continuous Hospital Confinement.	$200 per period of continuous Hospital Confinement

Exceptions 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.

Pre-Existing Condition Limitation

Pre-Existing Condition means any injury or sickness, diagnosed or undiagnosed, for which medical care is received by a Covered Person within the 12 month period prior to the Covered Person's effective date of insurance; or with respect to the limitation for increase in coverage, within the 12 month period prior to the effective date of the Covered Person's increase in coverage.

We will consider medical care received when a Physician is consulted or medical advice is given; or treatment is recommended or prescribed by, or received from a Physician. We will consider treatment to include, but not be limited to, any:

(a) medical examination, test, treatment, or observation;
(b) medical services, supplies, or equipment, including their prescription or use; or
(c) prescribed drugs or medicines, including their prescription or use.

All manifestations, symptoms, or findings which result from the same or related accident or sickness, or from any aggravations of accident or sickness, are considered to be the same accident or sickness for the purpose of determining a Pre-Existing Condition.

During the first 12 months of a Covered Person's insurance, losses incurred for Pre-Existing Conditions are not covered. During the first 12 months following the date a Covered Person makes a change in coverage that increases his or her benefits, the increase will not be paid for Pre-Existing Conditions.

30-Day Right to Examine Policy

If You decide not to keep this Policy, send it to Us or Our agent within 30 days after You receive it. We will treat the Policy as though it had never been issued. We will refund any premiums paid.

Payment of Benefits

Benefits are payable for a Covered Person's Heart Attack, Heart Disease or Stroke Positive Diagnosis that begins after the Policy Effective Date and while this Policy has remained in force.

Renewability

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

Premiums

We can change premium rates on premiums becoming due after the first premium. However, We can only change the rate on this Policy by making the rate change for all such policies in a class. Once the Policy has been issued, We cannot place any restrictive riders on it or cancel or refuse to renew Your Policy if You maintain it continuously in force. If We do change rates on all like policies in Your class, We will mail You a notice of this change. Notice will be mailed at least 31 days prior to such changes. It will be mailed to Your address as shown on Our records. No change in premiums is effective unless this notice is mailed.

Covered Persons

Covered Person means any of the following:
(a) the Named Insured; or
(b) any eligible Spouse or Child, as defined and as named on the Policy Schedule whose coverage has become effective;
(c) any eligible Spouse or Child, as defined and added to this Policy by endorsement after the Policy Effective Date whose coverage has become effective; or
(d) a Newborn Child (as described in the Eligibility Section).

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. If you give Us a Written Request, You may add Dependents to the Policy while it is in force.

Option to Add Additional Benefits
Intensive Care Insurance
Form Number HIC-HS-ICR-TX 7/09

In consideration of additional premium, 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. We will also double the benefit for an injury that results from:
1) being struck by an automobile, bus, truck, motorcycle, train, or airplane; or
2) 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
a. Exceptions.
Except as provided in 2b. and 2d. above, coverage does not provide benefits for:
1) surgical recovery rooms;
2) progressive care;
3) intermediate care;
4) private monitored rooms;
5) observation units;
6) telemetry units; or other facilities which do not meet the standards for a intensive care unit.

b. Limitations.
Benefits are not payable:
1) if you go into ICU before the "Effective Date;"
2) if you go into ICU for intentionally self-inflicted bodily injury or suicide attempts;
3) 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.

Premiums
We have the right to change the premium for this Rider. The change in premium will apply to all riders of this form number issued in your state of residence.

Option to Add Additional Benefits
Cancer First Diagnosis Rider
Form Number HIC-HS-CFD-TX 7/09

In consideration of additional premium, We will pay a one-time benefit when a Covered Person is Positively Diagnosed for the first time as having Cancer (other than Skin Cancer).

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 And Other Limitations
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.

This is a limited policy. Upon receipt of your policy, please review it and your application. This is not a medicare supplement policy. If you are eligible for medicare, see the Medicare Supplement Buyers guide available from the company. Retain this for your records! In all cases, consult your policy for full details. If any information is incorrect, please contact:

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