



New Era Life Insurance Company  
Outline Of Coverage For Individual Basic Hospital-Surgical Expense Policy

P.O. Box 4884, Houston, TX 77210-4884 ♦ 1-800-552-7879

POLICY FORM H-0168.NE

**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 important that you READ YOUR POLICY CAREFULLY.

The following benefits are provided, subject to the limitations and exclusions described below.

**BENEFITS.** We will pay the coinsurance percentage shown in the schedule, of usual and customary eligible expenses which exceed the selected per person calendar year deductible until you have paid a maximum out-of-pocket of \$5,000 per policy per calendar year excluding the calendar year deductible amounts. We will then pay 100% of eligible expenses in a calendar year that exceed the \$5,000 maximum. No more than three deductibles per family will be applicable during any one calendar year.

We will not pay more than the Lifetime Maximum Benefit over the lifetime of any one person. Maximum aggregate benefit per sickness or accident is shown below. Benefits will be reduced by other valid coverage.

**SCHEDULE. INPATIENT HOSPITAL AND OUTPATIENT SURGERY EXPENSES**

Lifetime Maximum Benefit:	\$2,000,000
Maximum Aggregate Benefit per Sickness or Accident:	<input type="checkbox"/> \$100,000 <input type="checkbox"/> \$250,000 <input type="checkbox"/> \$1,000,000
Coinsurance Percentage:	80% after calendar year deductible 100% after maximum out-of-pocket of \$5,000 per family per calendar year (after calendar year deductible)
Per Covered Person:	Selected Calendar Year Deductible <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000
Optional Maternity Benefit Rider (H-0168.NE.MATERNITY)	Pays up to \$1,250 after 10 months of continuous coverage; and \$2,500 after 20 months of continuous coverage <input type="checkbox"/> Yes <input type="checkbox"/> No
Optional Outpatient Benefit Rider (OBR1.NE or OBR2.NE)	Outpatient Aggregate Calendar Year Maximum <input type="checkbox"/> \$2,000 <input type="checkbox"/> \$4,000
Optional Accident Expense Rider (ACC.RDR.NE)	Pays up to \$1,000 for any one accident. <input type="checkbox"/> Yes <input type="checkbox"/> No

Unless if otherwise specified, all benefits payable are subject to the calendar year policy deductible, coinsurance percentage, lifetime maximum benefit, maximum aggregate benefit per sickness or accident and any other limitations and exclusions as specified in the Policy.

**ELIGIBLE EXPENSES.** (Medically necessary and not in excess of regular and customary charges)

- A. Expense incurred for hospital room, not in excess of the semi-private rate. Expense incurred for other hospital services and supplies, surgeon, assistant surgeon, anesthesiologist, doctor calls, radiologist and pathologist while confined.
- B. Expense incurred for facility, surgeon, and anesthesiologist for outpatient surgery up to \$5,000 per surgery, maximum \$10,000 per calendar year.
- C. Expense for pre-admission testing within seven days of confinement.
- D. Expense for emergency treatment for a non-occupational accidental injury or unexpected medical condition up to \$300 after a \$50 deductible. (This section D is not subject to the calendar year deductible or coinsurance requirements.)
- E. Additional mandated expenses: childhood immunizations through age 6 (not subject to deductibles or coinsurance), mammography screening, tests for detection of prostate and colorectal cancer, and expense for breast reconstruction after mastectomy.
- F. Expense for outpatient radiation or chemotherapy up to a maximum of \$25,000 per calendar year.

**LIMITATIONS AND EXCLUSIONS.** Expenses incurred will be limited to only those expenses actually incurred by the Member, not in excess of the regular and customary fee for such charges for the geographic area involved. Expenses incurred prior to the effective date for coverage or while the member's coverage is not in force or not specified as a benefit herein are not covered.

Expenses resulting from any of the following are not covered: 1) outpatient care other than that provided for in Part Two; 2) treatment of mental or nervous disorders or substance abuse, whether organic or non-organic, chemical or non-chemical, biological or non-biological in origin, including counseling and psychotherapy; 3) rest cures; 4) pregnancy, childbirth or voluntary abortion, except for complications of pregnancy as defined or unless Maternity Rider is purchased; 5) ambulance other than that provided for in Part Two, Section A; 6) participation in a riot or insurrection, or committing or attempting to commit a felony; 7) where the Member is covered by expense incurred by Employers Liability, Worker's Compensation, Occupational Disease Coverage or medical coverage under any automobile insurance; 8) where in the absence of this policy, you are not required to pay for such service, except for Medicaid; 9) accidental bodily injury or sickness caused by war or any act incident to war, declared or undeclared; 10) sterilization and sterilization reversal; 11) dental treatment, except treatment required because of injury; 12) organ transplant expenses in excess of a lifetime maximum of \$100,000; 13) emergency room treatment for non-emergency sickness unless immediately hospital confined; 14) hospital confinement and other medical expenses which are not medically necessary or for which the principal purpose is physical examination or diagnosis unless a specific diagnosis is made; 15) treatment, surgery, drugs or devices for weight control, weight reduction, obesity, or repair of gastric bypass; 16) cosmetic, reconstructive, or plastic surgery that is primarily a cosmetic procedure (excluding reconstructive surgery incidental to or following surgery, resulting trauma inflection or other disease of involved part of the breast reconstruction following a mastectomy, including reconstructive surgery on a non-disease breast to establish symmetry with a diseased breast on which reconstructive surgery has been performed); 17) experimental or investigative treatment, procedures or devices; 18) treatment of corns, calluses, bunions, toe nails, orthopedic or corrective shoes, orthotics, or other supportive devices; 19) immune deficiency disorder or AIDS related complex expenses in excess of \$10,000 per year and \$20,000 lifetime; 20) hernia, reproductive organs, gallbladder, hemorrhoids, varicose veins, tonsils and adenoids during the first six months (waived if medical emergency, subject to pre-existing limitations); 21) expenses paid or payable by Medicare; 22) treatment for infertility including drugs and medications, artificial insemination or in-vitro insemination; 23) alcohol, narcotic or drug abuse or addiction or any loss sustained by reason of the Member's being intoxicated or under the influence of any narcotic unless administered under the advice of a physician; 24) medical care furnished outside the United States; and 25) complications of any treatment or surgery for an excluded service or procedure.

**PRE-EXISTING CONDITIONS.** Except for disease or conditions excluded under Exclusions and Limitations or by rider or endorsement attached, the policy covers recurrence of pre-existing injury or sickness if loss occurs after this policy has been in force for twelve months from effective date. The pre-existing provision shall not apply to an individual who was continuously covered for an aggregate period of 18 months by creditable coverage that was in effect up to a date not more than 63 days before the effective date of coverage (excluding any waiting period) and whose most recent creditable coverage was under a group health plan, government plan, or church plan. **Pre-existing Condition** means the existence of symptoms which would cause an ordinarily prudent person to seek diagnosis, care or treatment within the 12 month period preceding the effective date of the policy or a condition for which medical advice or treatment was recommend by a physician or received from a physician within the 12 month period immediately preceding the effective date of the policy

**RENEWABILITY.** This policy is guaranteed renewable for each insured adult member, and each insured dependent member to age 24, subject to the company's right to adjust premium rates by class in accordance with its experience under this type of policy. A GRACE PERIOD OF 31 DAYS IS ALLOWED FOR PAYMENT OF PREMIUM AFTER THE DUE DATE.

**TEN DAY MONEY BACK GUARANTEE.** You have ten (10) days after receiving the policy, and if you are not satisfied for any reason, you may return it to the company for a full refund of all premiums paid.

**Important Notice: This Outline of Coverage provides general information about the Policy Form Number H-0168.NE. It is not a contract. Only the actual Policy provisions issued by New Era Life Insurance Company will control.**

Received from \_\_\_\_\_ \$ \_\_\_\_\_ for \_\_\_\_\_ month's premium with application for:

- HOSPITAL-SURGICAL EXPENSE PLAN
- MATERNITY RIDER       OUTPATIENT BENEFIT RIDER       ACCIDENT EXPENSE RIDER

If for any reason policy is not issued, payment is to be refunded. Insurance is not effective until policy applied for has been issued. If you do not receive the policy in 30 days, please write the company.

Authorized Representative \_\_\_\_\_ Date \_\_\_\_\_