Chesapeake
Product and Underwriting Guide

Version 30
12/22/2017
FINAL

Illness Policies

- CancerWise
- Critical Illness Direct
- Hospital Confinement Direct
- Fixed Indemnity Direct
- Metal Gap

Accidental Injury Only Policies

- Accident Companion
- Accident Direct
- Critical Accident Direct
- ProtectFit Plus

Dental and Vision Policies

- Premiere Vision (Senior/ Non-Senior)
- PPO Dental (Senior/ Non-Senior)
- NH Vision
- Dental (Bronze / Silver / Gold)

Disability Policies

- Accident Disability Direct
- Income Protection Direct

Reference

- 2015 Application
- Business Rules
- Glossary

Supplemental Insurance Protection
Supplemental Portfolio

? Having issues with links or opening documents? Click here for help.

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2015 Application

General Comments

General Comments	
1	All applications must be submitted electronically. Paper applications are no longer accepted.
2	The application is a part of the contract. It is important, therefore, that all statements be complete and accurate.
3	Select good risks – those who are in good health.
4	Remember, the precise terms of the policy will always govern the benefits available. You should avoid personal interpretations or explanations of policy provisions so as to avoid any misunderstandings at a later date.
5	Coverage and eligibility – one or more members of the immediate family group may be eligible for coverage under the same policy. The family group is considered as proposed insured, spouse or domestic partner, and their unmarried dependent children. Legally adopted children and step children of either the proposed insured, spouse/domestic partner will also be considered part of the family group. Children must be dependent on the proposed insured and spouse/domestic partner.
6	For coverage and eligibility, the underwriter also looks at any other insurance coverage any applicant may have with the company, to protect against adverse selection and to prevent over-insurance or fraud.
7	Policy will not be back-dated prior to the date of application for any reason.
8	It is imperative the email address entered is owned and controlled by the Applicant. This email address will provide the Consumer access to all future communications, Marketing Materials, image of the submitted Application, and policy print if e-delivery is selected and coverage is issued. **Failure to enter a valid Applicant owned email address can be considered fraud and may result in the loss of appointment.**
9	Medicaid Recipients: The Medicaid program may seek to recover benefits paid under supplemental insurance plans, and where benefits are not recovered by Medicaid, they may be countable as income for purposes of determining Medicaid eligibility. Supplemental products are typically not suitable for Medicaid recipients

For a copy of the application and required forms, click the blue boxes in the upper-right corner of this screen.

These products are intended as a supplement to and not a substitute for comprehensive health insurance. This document is not inclusive of all policy provisions. Please see policy forms for complete details and any additional state variations regarding Termination of Coverage, Renewability, Premium Changes, Eligible Dependents, and Policy Definitions. For reference purposes only. Not for public distribution.

2015 Application

Product Applicability

LEGEND
SI – Applies to Simplified Issue (SI) plans only
GI – Applies to Guaranteed Issue (GI) plans only
SI/GI – Applies to SI and Guaranteed issue (GI) plans
[1] Does not apply to Senior Fixed Indemnity Direct

	Questions	CancerWise	Critical Illness Direct	Hosp Conf Direct	Fixed Ind Direct	Metal Gap	Accident Comp	Accident Direct	Crit Accident Direct	ProtectFit Plus	Premiere Vision	PPO Dental	Vision	Dental	Accident Dis Direct	Income Prot Direct
	Eligibility/Rating Questions															
	Applicant Sex	SI	SI/GI	SI/GI	SI	SI	GI	GI	GI	GI	GI	GI	GI	GI	SI/GI	SI/GI
	Applicant DOB	SI	SI/GI	SI/GI	SI	SI	GI	GI	GI	GI	GI	GI	GI	GI	SI/GI	SI/GI
	Height/Weight (Click here to see chart)	SI	SI	SI	SI	SI									SI	SI
	Tobacco or Nicotine substitute use in last 12 months?	SI	SI/GI		SI	SI										
	Is the Primary Applicant a U.S. Citizen? Is the Spouse/Domestic Partner Applicant a U.S. Citizen?	SI	SI/GI	SI/GI	SI	SI	GI	GI	GI	GI	GI	GI	GI	GI	SI/GI	SI/GI
	Is any Applicant Eligible for Medicare?	SI			SI[1]	SI									SI/GI	SI/GI
	Please indicate applicants, if any, who are not currently covered under other health coverage that is Minimum Essential Coverage			SI	SI	SI										
1	a) Occupation / Duties of Primary Applicant Primary Applicant's gross income b) Occupation / Duties of Spouse/Domestic Partner Spouse/Domestic Partner Applicant's gross income														SI	SI
	Underwriting Questions															
2	Within the past 2 years has any Applicant: a) had any abnormal diagnostic test results that were not later confirmed as normal through follow-up, or unexplained weight loss? B) been advised by a Physician to have any testing or treatment which has not yet occurred, for which results are still pending, and/or that requires follow-up that has not been completed?	SI	SI	SI	SI	SI										SI
3	Does Applicant have two or more immediate family members (biological parents or siblings), living or deceased, who have had any form of cancer (other than skin cancer) prior to age 65?	SI	SI													
4	Does Applicant have two or more immediate family members (biological parents or siblings), living or deceased, who prior to age 65 have had Heart Disease, Stroke, Diabetes (Type I), Kidney Disease, Liver Disease, Alzheimer's or Senile Dementia?		SI													

2015 Application

Product Applicability

LEGEND
SI – Applies to Simplified Issue (SI) plans only
GI – Applies to Guaranteed Issue (GI) plans only
SI/GI – Applies to SI and Guaranteed issue (GI) plans

	Questions	CancerWise	Critical Illness Direct	Hosp Conf Direct	Fixed Ind Direct	Metal Gap	Accident Comp	Accident Direct	Crit Accident Direct	ProtectFit Plus	Premiere Vision	PPO Dental	Vision	Dental	Accident Dis Direct	Income Prot Direct
	Underwriting Questions															
5	Has any Applicant ever been diagnosed, received medical care or advice, or experienced symptoms related to any of the following: melanoma, cancer Hodgkin's Disease, non-Hodgkin's Lymphoma, leukemia or other malignant growths or tumors?	SI	SI	SI	SI	SI										SI
6	Has any Applicant been diagnosed or treated for Acquired Immune Deficiency Syndrome (AIDS) or AIDS-related complex, or tested positive for Human Immunodeficiency Virus (HIV) or an AIDS-related test?	SI	SI	SI	SI	SI										SI
7	Within the past 3 years has any Applicant been prescribed to take any medication for more than one consecutive month other than the **following**: medication to treat blood pressure, cholesterol, menopause, ulcers, asthma, allergies, depression/anxiety, migraines, ADD/ADHD, thyroid, or heartburn/acid reflux or sleep aids, contraceptives, antibiotics, anti-viral, anti-inflammatory/analgesics or dermatological creams?		SI	SI	SI	SI										SI
8	Does any Applicant (excluding infants/toddlers) require human assistance of any kind to perform activities of daily living (bathing, dressing, continence, eating, or using the toilet)?		SI	SI	SI	SI										SI
9	Has any Applicant been diagnosed, received medical care or advice, or experienced symptoms related to any of the following: a) Uncontrolled cholesterol or uncontrolled blood pressure, within the last 12 months, that is not currently being controlled with medication? b) Substance abuse, alcoholism, or bipolar, major depressive or psychotic disorder, within the past 3 years? c) Brain or heart disorder or disease, heart attack, stroke or mini-stroke (including transient ischemic attack (TIA)), within the last 10 years? d)Alzheimer's disease or senile dementia, within the last 5 years? e) Lou Gehrig's disease (ALS), within the last 5 years? f) Kidney failure or abnormal kidney functions (excludes kidney stones), within the last ten years? g) Diabetes (type I or II), within the last 10 years? h) Organ transplant?		SI	SI	SI	SI										SI
10	Is any Applicant now pregnant, or being tested for or receiving treatment for fertility/infertility?				SI	SI										

2015 Application

Product Applicability

LEGEND
SI – Applies to Simplified Issue (SI) plans only
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SI/GI – Applies to SI and Guaranteed issue (GI) plans

	Questions	CancerWise	Critical Illness Direct	Hosp Conf Direct	Fixed Ind Direct	Metal Gap	Accident Comp	Accident Direct	Crit Accident Direct	ProtectFit Plus	Premiere Vision	PPO Dental	Vision	Dental	Accident Dis Direct	Income Prot Direct
	Underwriting Questions															
11	Within the past 5 years has any Applicant been diagnosed, received medical care or advice, or experienced symptoms related to any of the following: a) Respiratory disorder, including COPD, Emphysema, lung disease? b)Hepatitis C, Cirrhosis, or liver disease? c) Lupus Erythematosus, Fibromyalgia, Rheumatoid Arthritis, Cystic Fibrosis, Muscular Dystrophy or Multiple Sclerosis? d) Crohn's disease (ileitis) or Ulcerative Colitis?				SI	SI										
12	Within the past 5 years has any Applicant received any other medical or surgical advice, hospitalizations, treatment, operations or testing?				SI	SI										
13	Has Applicant ever been convicted of any felony activity?														SI	SI
14	a) Within the past 12 months, has the Primary Applicant been unemployed for more than one month or consistently worked less than 25 hours per week? b) Within the past 12 months, has the Spouse/Domestic Partner been unemployed for more than one month or consistently worked less than 25 hours per week?														SI	SI
15	In the last five years has any Applicant been hospitalized or had surgery for spine, neck or back, or surgical joint repair or replacement?														SI	SI
16	Has any Applicant currently or within the past 5 years filed a claim or received benefits from any disability insurance or salary continuation plan for disability (other than pregnancy)?														SI	SI
17	Has any Applicant has symptoms, been diagnosed, received medical advice or been treated for sleep apnea, fibromyalgia, Parkinson's, chronic fatigue syndrome, unresolved carpal tunnel syndrome, rheumatoid arthritis, or Epstein Barr, within the last 12 months?														SI	SI

General Business Rules

Apply to All Products

Advertising

Approvals	All advertising must be pre-approved by the Chesapeake Compliance Department. **Note:** Sales agents cannot create their own advertising.
Military Sales	Follow state laws for marketing to military personnel and/or on military bases.

Application Fees: Standards

Direct to Consumer	Direct to Consumer means there is no agent involvement in the actual selling of the product. There are no application fees in most states. MetLife is considered direct to consumer.
Agent Assisted	There is a $20 application fee in most states. The application fee is charged per application and not per product. If one or more products with an application fee are selected, then only one application fee is charged.

Application Fees: State – Specific

DE, IN – Do not have an application fee.
MS – Has a $6.00 application fee.

Free Look Period – General

A 30 day free look period is standard for all states. Customer will receive a full refund including app fee.

Coverage Effective Date

Future Effective dates	Applicants must propose an effective date from the application signature date forward, but not more than 90 days from the signature date.
Date Restrictions	The effective date cannot be the 29th, 30th or 31st of the month.
Coverage Effective Date	In no event can coverage be effective prior to the application signature date.
Receipt of Application	The application must be received within 30 days of the signature date.
Effective Date Changes	The effective date can be changed once up to 90 days from the application date if requested within the first 14 days of the effective date given, as long as there are no claims submitted for that time period.

Note: Coverage effective date drives billing/collection date.

Minimum Essential Coverage and Title XIX

Minimum Essential Coverage (MEC) and Title XIX requirements vary by state and product. Click here to view a chart of all requirements.

Note: This chart lists the requirements, regardless of product availability in the state.

General Business Rules

Apply to All Products

Premium Payment: Standards		State – Specific
	Chesapeake accepts payments by Electronic Fund Transfer (ACH) or Credit/Debit Cards	
Authorization Forms	An authorization form must be signed by the payor for each payment method used in an application. If a different method is used for initial and ongoing payment, an authorization form is required for each.	
Payment Frequency	**Individual Applications:** Monthly, Quarterly, Semiannual, Annual. Direct Quarterly, Direct Semiannual, Direct Annual. **List Bill Applications:** A single monthly paper billing notice sent to the employer for all new and recurring applicants.	**MA** – Cannot accept recurring electronic fund transfer payments on a quarterly, semi-annual, or annual frequency.
Payment Date	If an effective date or application date is the 29th, 30th or 31st of the month, the application must be issued effective as of the 1st of the following month.	
Payment Type	**Individual Applications:** The initial payment should be through ACH (bank draft), debit card or credit card. New Business does not accept paper checks or money orders with an application due to privacy concerns. **List Bill Applications:** Paper checks are accepted.	
ACH Transfer Rules	Electronic Fund Transfer (ACH) is allowed as payment for the initial premium and reoccurring payments.	
ACH Financial Institution Rule	The initial ACH and reoccurring payments must be from the same financial institution account.	
Over/Under Rule	If the approved draft amount is short in an amount less than $3.00, the application will continue towards issuance. The primary applicant will be sent a letter at issuance informing them of the addition amount to be drafted.	
Time of Payment Withdrawal	**Withdrawal from the financial institution for Electronic Applications:** Initial payment for Chesapeake supplemental products, will be processed upon coverage being issued, regardless of the effective date requested. The withdrawal from the financial institution will be submitted by the carrier to the customer's account listed on the application upon your coverage being issued. **Credit/Debit Card Payments –** Are allowed for the initial and recurring premiums. **Cards Accepted:** The Company will accept credit or debit cards from Visa, MasterCard, American Express and Discover. **Recurring Payments:** All recurring premiums can be paid via electronic fund transfer or credit card. Direct billing is available for quarterly, semi-annual, annual payments only.	
Business Accounts	Payments from business accounts are acceptable in all states, however businesses cannot contribute toward the premium for employees. The primary applicant or spouse must be the owner of the account and sign the check or the payment authorization form.	
List Bill	Employer List Bill is available on the 2015 application as an Initial and Ongoing method payment method. An Employee must select a policy effective date from one of the two adjacent months. Month Options: • 1st through the 15th: month immediate following and the month after. *Example: Date is March 12th, Employee may select a policy effective date in April or May.* • 16th through the 31st: the two months after the next month. *Example: Date is March 18th, Employee may select a policy effective date in May or June.*	

General Business Rules

Apply to All Products

Refunds

Partial Refunds	Partial refunds are refunds given in less than one-month increments. We give partial refunds in the following situations: • When the supplemental policy is cancelled with a health insurance plan which is under our direct control (i.e., a MEGA, MidWest, or Chesapeake health policy) • If a supplemental policy has reached its maximum benefit or a lump sum has been paid.
Refunds when coverage not issued	For situations such as declines, incomplete, cancelled before issued, application rejects, we issue a full refund, except for the application fee.

Marriage / Domestic Partnerships – Standards

Same Sex / Common Law	Same sex marriages and same sex partners are allowed on our Supplemental products in all states even when the state does not recognize the partnership. CLICO will also allow common law marriages, committed partnerships, and civil unions between heterosexual couples even in states where this is not recognized.

Occupations

Click here to see the Occupation table.

We will accept all occupations for all products, except disability products. For disability products, non-income earning, part time, temporary & seasonal workers will be declined. Also, disability product premiums are calculated using occupational class (blue v. white). A list of disability products or products with disability components are shown below.

- Accident Disability Direct
- Income Protection Direct

Adding a Newborn or Adopted Child Post Issue

The newborn and adopted children provision can vary between products in the same state. For a complete chart, **click here**.

General Business Rules

Apply to All Products

Visa Guidelines – All products (including Dental and Vision)

Only Immigrant Visas will be accepted. Temporary Visas are not accepted.

Immigrant Visas allow travelers to enter the U.S. in order to live and work permanently in the U.S. A Resident Alien Visa sometimes known as a "green card" is a type of Immigrant Visa. This is a pathway to US citizenship. In many cases the spouse or family of a Resident Alien Visa holder will have a V type Visa. This Visa would qualify as an Immigrant Visa as well. Temporary or non-immigrant Visas allow travelers to enter the U.S. temporarily for a specific reason (i.e. tourism, temporary work, school, medical treatment or business.)

In most cases to acquire an Immigrant Visa, a person must be sponsored by a U.S. Citizen relative, a U.S. lawful permanent resident, or by a prospective employer. They must also be the beneficiary of an approved petition filed with U.S. Citizenship and Immigration Services (USCIS). Diversity Visas from countries with low rates of immigration to the U.S. which are provided by way of a lottery are also called Immigrant Visas. However, this Immigrant visa does not require a U.S. sponsor.

Immigrant Visas require documentation by USCIS such as:

- Affidavit of Support
- Required Application Documents (i.e. birth certificates, police reports, marriage/divorce certificates, etc.)
- Medical Exam
- Interviews

Temporary Visas - Partial List

B-1	Business visitors
B-2	Visitors for pleasure or medical treatment
E-1	Treaty traders working for a U.S. trading company that does 50% or more of its business with the trader's home country and their spouses and children
H-2B	Temporary workers of various kinds coming to the U.S. to perform temporary jobs for which there is a shortage of available, qualified U.S. workers
J-1	Exchange visitors coming to the U.S to study, work, or train as part of an exchange program officially recognized by the U.S. Department of State
K-1	Fiancés or fiancées of U.S. citizens coming to the U.S for the purpose of getting married
P-1	Internationally recognized athletes and entertainers, and their essential support staff
S-5	People coming to the U.S. to supply information to the U.S. authorities about a criminal organization.

General Business Rules

Apply to All Products

Servicing Agent Change Requests

Agents can become the Member's "servicing broker/agent" if the agent is supporting a member on their current policy but is not the original writing broker/agent. Any request for to become a servicing broker/agent must be made by the member. Requests by the member may be verbal (by calling the SureBridge / HealthMarkets Operations team) or in writing via email, fax or mail.

Note: *If a Member wishes to increase their benefits on their existing plan or purchase additional coverage with SureBridge / HealthMarkets, a new application will be required*.

Customer Resident State Change

When an insured customer moves to another state their policy remains in effect with the rules from the state where issued.

Maximum Dependent Age – Standard

The maximum age for dependents is up to 26. See each product for state-by-state differences.

Child Primary and Child Dependent Minimum Age- Standard

Child Primary Minimum Age	A Child Primary age begins at age -0-. Refer to the individual product sections for plans that may not accept child primaries or minimum age may differ. ***Note:*** *Child Primaries should be on their own application with their own quote.*
Child Dependent Minimum Age	A Child Dependent age begins at age -0-. Refer to the individual product sections for plans that the minimum age may differ.
Application Signatures	If a child age 18 or younger is on the quote/application without an adult, the parent/guardian must sign the application.

Guaranteed Issue Products

Underwriting	• Guaranteed issue (GI) products are lower benefit levels which can be selected at the point of sale for some products. • A customer can also check a box on the app to get a GI version of these products, should they not qualify for their original selection. • Eligible plans do not have height, weight or any medical Underwriting questions. • Eligibility questions still apply, such as citizenship, income or blue or white collar. • For more information, consult the Product Applicability chart in the 2015 Application Section of this document.
Claims Adjudication	There is no impact to claims processing if a plan is guaranteed issue (GI). If a plan was subject to pre-ex or waiting periods as a non-GI plan, it is still subject to pre-ex and waiting periods as GI plan. All exclusions and limitations and other plan provisions from the non-GI plan also apply to the GI plan.
State Applicability	GI products are available in all states where CLICO products are sold except VA.

CancerWise

Form CH-26055 –IP (03/14) (or its state variation)

Plan Description

- CancerWise pays the Member a lump sum cash benefit upon a first diagnosis of cancer.

General Benefit Options

- SI Only - $20,000, $30,000, $40,000, $50,000
- Combined benefits of any CancerWise and Critical Illness plan cannot exceed $100,000
- See State Specific Benefits Section for available options

General Age Guidelines

- Child Primaries: Not Allowed
- Child Dependents: Are allowed (1-25) – Subject to state specific child dependent maximum age limitations.
- Issue Age: Primary (19-60) – Spouse/Domestic Partner (19-60)

General Sales Guidelines

- Benefit Amounts: All participants must have the same benefit amount
- Sales Rules: Cannot be sold with another cancer plan offered by Midwest or CLICO. If sold with Critical Illness Direct, combined benefits cannot exceed $100,000 at the person level.

CancerWise

Form CH-26055 –IP (03/14) (or its state variation)

Premium Rating Factors

- Issue Age (Attained Age in **KY**)
- Sex
- Tobacco Use
- Benefit level

Underwriting

- Simplified issue only

Coordination of Benefits

- No

Subrogation

- No

State – Specific Marketing Rules

- **NH -** CancerWise cannot be sold with a Critical Illness Direct.
- The age limits for dependents is 1- 25 except in the states shown below:

State	Min Age	Max Age
CT	1	26
FL	0	30
IL	0	29
ND	0	25
NE	1	29
NH	0	25
OH	1	27
PA	0	25
SD	0	29
TX	0	25
UT	0	25
VA	0	25
WI	1	26

CancerWise

Form CH-26055 –IP (03/14) (or its state variation)

Standard Benefits						State – Specific Benefits
Benefit	**Description**	**Option 1**	**Option 2**	**Option 3**	**Option 4**	
CancerWise Benefit	Pays one benefit per insured, per lifetime for First Diagnosis of internal Cancer or malignant melanoma Leukemia, Hodgkin's Disease, or cancer in situ: • Upon written pathological diagnosis • Provided the diagnosis is after the waiting period and while the policy is in force Benefit available for each covered person in family Provides benefit upon diagnosis, regardless of hospitalization or treatment	**$20,000**	**$30,000**	**$40,000**	**$50,000**	**GA –** has $20,000 and $30,000 options only Does ***not*** pay a benefit for Cancer in situ. **VA –** $1,000 benefit payable per lifetime for non–melanoma skin cancer. **WA –** $20,000 option replaced by $25,000 option
CancerWise Waiting Period	30–Day Waiting Period • If a covered person is First Diagnosed with Cancer during the waiting period, the maximum payment is $500	**$500**	**$500**	**$500**	**$500**	**CT, OK –** the benefit during the waiting period is **$1000** **GA –** no benefit is payable during the waiting period **MD, VA –**The waiting period does not apply. **KS –** If this policy replaces or is in addition to an existing cancer specified disease policy, we will give credit for the expired portion of any waiting period, elimination period, probationary period or any similar provision. This credit will not exceed that earned by the insured person under the replaced or previously existing policy. **WA –** No benefit if diagnosed within the 30-day waiting period
Mammography Screening Benefit	Actual Charges, up to $70					**MT only**

Termination Age Standard		Major State–Specific Variations
Primary/Spouses Termination Age	65, or Medicare Eligibility whichever occurs first	**GA, CT, MT, VA –** No Termination Age.

CancerWise

Form CH-26055 –IP (03/14) (or its state variation)

	Standard Exclusions and Limitations	Major State – Specific Exclusions and Limitations Variations
	Pre-Existing Condition Limitation: Benefits will not be payable for Cancer resulting from a Pre-Existing Condition unless the First Diagnosis of such Cancer occurs more than 12 months after the Insured Person's Effective Date of Coverage, including the Waiting Period.	**FL, IL, NH, PA, SD, VA –** N/A **MD –** deletes "…including the Waiting Period" **ME, NM, UT –** revises "12 months" to "6 months"
1	Any services, supplies, care or treatment of cancer, or any other disease, sickness or incapacity	**CA –** adds 'invasive' before cancer **GA –** adds 'other than cancer as defined' **VA –** replaces "Cancer" with "Malignant Cancer/Cancer in Situ and Non-Melanoma Skin Cancer"
2	Any disease, sickness, or incapacity which is not included within the definition of cancer as defined under the policy	**CA –** Replaces 'included within the definition of' with 'considered invasive' **VA –** replaces "Cancer" with "Malignant Cancer/Cancer in Situ and Non-Melanoma Skin Cancer"
3	All skin cancer which is not diagnosed, by definition, specifically as malignant melanoma	**CA –** Deleted entirely
4	Any diagnosis, as defined, which is determined to be caused by war or an act of war	**OK –** Added "…(whether declared or undeclared) while serving in the military or any auxiliary unit attached to the military or working in an area of war whether voluntary or as required by an employer."
5	Any diagnosis, as defined, which is made by the insured or a member of the insured's immediate family or household	**GA –** Added "domestic partner"
6	Any diagnosis, as defined, which is made outside the U.S.	**WA –** Adds "any diagnosis, as defined, which is made during the waiting period" **WY –** N/A
7	Any diagnosis, as defined, which is made after the date on which coverage under the policy has been terminated.	**FL –** Added "…except for a first diagnosis of Cancer which is made post–mortem provided that the policy is not terminated due to a condition stated in the provision under the termination of coverage section." **VA –** Adds "unless care or confinement for the Malignant Cancer / Cancer In Situ and Non-Melanoma Skin Cancer began while coverage was in force within 90 days prior to the Diagnosis."
SS	Any Cancer that is not First Diagnosed while coverage is in effect under this Policy	**FL, IL, NH, PA, SD, UT, VA –** N/A
SS	Any Diagnosis, as defined, which occurs prior to an Insured Person's Effective Date of Coverage	**FL, IL, NH, PA, SD, UT, VA –** N/A

CancerWise

Form CH-26055 –IP (03/14) (or its state variation)

Standard Definitions		Major State – Specific Definition Variations
Cancer	Means a disease manifested by the presence of a malignant internal tumor characterized by the uncontrolled growth and spreading of malignant cells and/or the invasion of tissue, a Malignant Melanoma, Leukemia, Hodgkin's disease, or cancer in situ that is in the natural or normal place, which is confined to the site of origin and has not invaded neighboring tissue. Cancer does not include pre–malignant conditions, conditions with malignant potential or all other skin cancer which is not specifically Malignant Melanoma.	**CA –** Replaced definition with Cancer in Tissue of Origin (Cancer In Situ) and added definition of Invasive Cancer.
Diagnosis	Means Cancer, as defined, that is positively identified by a legally licensed doctor of medicine certified by the American Board of Pathology to practice Pathologic Anatomy, or a certified Osteopathic Pathologist. Diagnosis must be based on a microscopic examination of fixed tissue, or preparation from the hemic system (either during life or post mortem). The pathologist establishing the diagnosis shall base their judgment solely on the criteria of malignancy as accepted by the American Board of Pathology or the Osteopathic Board of Pathology after a study of the histocytologic architecture or pattern of the suspect tumor, tissue, or specimen.	**CA –** Added "…**Invasive** Cancer" (Summarized) **UT –** Removed "…certified by the ……Pathologist" And also deletes the second sentence. **WY –** Replaces "…certified by the American Board of Pathology to practice Pathologic Anatomy, or a certified Osteopathic Pathologist." with "…and is in good standing in the medical community."
First Diagnosis, Or First Diagnosis of Cancer	Means an insured who has received a diagnosis, as defined, for the first time while their coverage is in effect under the policy.	**CA –** Adds 'invasive' before Cancer, adds 'in their life' after first time, and changes 'effect' to 'force'.
Issue Age	The age of an individual at the time of application. This locks in premiums that may not be changed unless a payment is missed.	
Attained Age	Means the Insured Person's age on the most recent annual anniversary of the Policy.	

CancerWise

Form CH-26055 –IP (03/14) (or its state variation)

Standard Definitions		Major State – Specific Definition Variations
Pre-Existing Condition	Means a condition, disease, infection, or disorder not excluded by name or specific description for which: 1. Medical advice, consultation or treatment was recommended by or received from a Legally Qualified Physician with the two year period before the Effective Date of Coverage; or 2. Symptoms existed within the one year period before the Effective Date of Coverage, which would cause an ordinarily prudent person to seek Diagnosis, examination, care or treatment.	**CA –** Removes #2. **FL, IL, NH, PA, SD, VA –** N/A **CT –** deletes "two year period" from part 1 and deletes part 2 of the definition entirely. **DC –** deletes "…an ordinarily prudent…" from #2 part of the definition. **ID –** revises to "means a condition for which medical advice, diagnosis, care, or treatment was recommended or received within the six month period immediately before the Effective Date of Coverage." **MD –** revises the first statement to "means a condition, disease, infection or disorder that was not revealed in the application for this Policy unless the condition is excluded by means of a signed waiver…" **ME –** revises "two year period and one year period " to "6 months" **MT –**revises to add "…which medical advices, diagnosis, care or treatment was recommended by or received from a legally Qualified Physician within the three year period before the Effective Date" and deletes #1 and #2 from definition. **NC –** revises to "means a medical condition for which medical advice, diagnosis, care or treatment was recommended by or received from a medical practitioner acting with the scope of his or her license within the twelve month period before the Effective Date of Coverage. **ND, NE –** deletes #2 of the definition **NM, NV –** revises "two year and one year period" to "6 month period" **TN –** deletes "consultation" **UT –** revises to "means a condition which first manifested itself within 6 months prior to the Effective Date of Coverage or which was diagnosed by a Legally Qualified Physician at any time prior to the Effective Date of Coverage. **WY –** revises "two year" to "six months" in part 1 and deleted part #2 of the definition entirely.

Critical Illness Direct

Form CH-26113-IP (03/14) (or its state variation)

Plan Description

- Provides a one-time lump sum benefit upon a first occurrence diagnosis of a qualifying event. The benefit is paid directly to the insured. There is a 30 day waiting period.

General Benefit Options

- GI: $10,000,
- SI: $15,000, $20,000, $30,000, $40,000, $50,000, $60,000, $80,000, and $100,000
- Combined benefits of any CancerWise and Critical Illness plan cannot exceed $100,000
- See State Specific Benefits Section for available options

General Age Guidelines

- Child Primaries: Not Allowed
- Child Dependents: Are allowed (1-25) - See State-Specific Marketing Rules for maximum ages.
- Issue Age: Primary (19-63) – Spouse/Domestic partner (19-63)

General Sales Guidelines

- Benefit Amounts: Primary, Spouse/Domestic Partner and Dependent Children can each select their own benefit option. However, all Dependent children must have the same benefit option.
- Sales Rules: Cannot be sold with another critical illness plan offered by Midwest or CLICO. If sold with CancerWise, combined benefits cannot exceed $100,000 at the person level.

Critical Illness Direct

Form CH-26113-IP (03/14) (or its state variation)

Premium Rating Factors

- Issue Age (Attained Age in **KY**)
- Sex
- Tobacco Use
- Benefit level

Underwriting

- Simplified or guaranteed issue available

Coordination of Benefits

- No

Subrogation

- No

State – Specific Marketing Rules

- **CA –** Primary (19-60) – Spouse/Domestic partner (19-60)
- **CT –** All applicants must have the same benefit option amount
- **DE –** Primary (19-55) - Spouse/Domestic partner (19-55)
- **NH –** Cannot be sold with another Cancer Plan or Critical Illness Direct
- **TX –** Primary (19-63) – Spouse/Domestic partner (19-63)
- The age limits for dependents is 1- 25 except in the states shown below:

State	Min Age	Max Age
CT	1	26
FL	1	30
IL	1	29
NE	1	29
OH	1	27
SD	1	29
TX	0	25
UT	0	25
WI	1	26

Critical Illness Direct

Form CH-26113-IP (03/14) (or its state variation)

	Standard Benefits								State Specific
Condition	**Benefit Amount**	**Option 1 (GI Option)**	**Option 2**	**Option 3**	**Option 4**	**Option 5**	**Option 6**	**Option 7**	**Benefits**
Advanced Alzheimer's Disease **Illness induced coma** **Heart attack** **Life-threatening cancer** **Major organ transplant** **Stroke** **Amyotrophic lateral sclerosis (Lou Gehrig's disease)** **End stage renal failure**	100% of Benefit Amount Chosen *Percentage reduced by ½ on date insured reaches age 70*	**$10,000**	**$20,000**	**$30,000**	**$40,000**	**$60,000**	**$80,000**	**$100,000**	**CT, MA –** Benefits do not reduce at age 70. **GA –** deletes "Advanced" on Alzheimer's Disease and deletes "Illness induced coma" **NH –** Cancer does not have to be 'Life Threatening,' 'Major Organ Transplant' replaced with 'Major Organ Failure,' Adds "'severe' to Stroke **VA –** No GI option. Benefits are 10,000, 15,000, 20,000, 30,000, 40,000, 50,000, 60,000 **WA –** No GI option. Benefit Amounts are: $25,000, $30,000, $40,000, and $60,000, $80,000 and $100,000.
Coronary artery by-pass **Cancer in situ** **Benign brain tumor**	25% of Benefit Amount Chosen *Percentage reduced by ½ on date insured reaches age 70* *In the event that a customer suffers an event paying a 25% benefit, they will retain the remaining 75% of the amount for future diagnoses*	**$2,500**	**$5,000**	**$7,500**	**$10,000**	**$15,000**	**$20,000**	**$25,000**	**CT, MA –** Benefits do not reduce at age 70.. **GA –** deletes "Benign brain tumor" **WA –** Adjust to 25% of benefit amounts shown above.
Waiting Period	Waiting period is 30 days from effective date								**MD –** Does not apply **MO, NH –** Up to $500 for qualified events within the first 30 days **MT –** Up to $250 for qualified events within the first 30 days **OK –** Up to $1,000 for a cancer diagnosis within the first 30 days. **PA –** From Issue date

Critical Illness Direct

Form CH-26113-IP (03/14) (or its state variation)

Termination Age Standard		Major State–Specific Termination Age Variations
Termination Age	75	CA – Terminates at age 65. CT, MT – No Termination Age.
Standard Exclusions and Limitations		**Major State – Specific E&L Variations**
	Pre-Existing Condition Limitation: Benefits will not be payable for a Qualifying Event resulting from a Pre-Existing Condition unless the First Diagnosis of such Qualifying Event occurs more than 12 months after the Insured Person's Effective Date of Coverage, including the Waiting Period.	DC, FL, GA, IL, MA, PA, SD, UT – N/A MD – deletes "…including the Waiting Period." ME, NM– revises "12 months" to "6 months"
1	An injury or accident	CA – N/A
2	Any care or benefits which are not specifically provided for in the policy	SD – N/A
3	Any act of war, declared or undeclared	NC – Adds "…except for terrorism" CA, OK – Adds "when serving in the military or an auxiliary unit thereto"
4	Active military duty in the service of any country	PA – Adds "subject to the Military Service Reinstatement provision"
5	Participation in a riot, civil commotion or insurrection	ID – Adds "felony"; removes "civil commotion" MD – N/A OR – Revises "Participation" to "Voluntary participation" PA – Removes "civil commotion"
6	Suicide, attempted suicide, or intentionally self-inflicted injury, while sane or insane	MO, MT – Removes "insane" MA – Removes "suicide" MD – Removed "while insane" PA – Removes "attempted suicide" and "while sane or insane" WA – Adds "…unless such act is the direct result of an underlying medical condition."
7	Payment for care for military service connected disabilities for which the insured person is legally entitled to services and for which facilities are reasonably available to the insured person and payment for care for conditions that state or local law requires be treated in a public facility	CA, ME – deleted entirely
8	Experimental or investigational medicine	
9	Intentionally medically induced qualifying event, except in the case of a major organ transplant	ID – N/A

Critical Illness Direct

Form CH-26113-IP (03/14) (or its state variation)

Standard Exclusions and Limitations		Major State – Specific Exclusions and Limitations Variations
10	Cosmetic surgery	**CA –** deleted entirely **DC –** Adds "…except as mandated by D.C." **NC –** Adds "…except for cleft palate" **PA –** Adds "…except when necessitated by covered sickness or injury"
11	Drug abuse or addiction including alcoholism, or overdose of drugs, narcotics, or hallucinogens, directly or indirectly	**AL, IL, KY, NC, WY –**Adds "…unless taken as prescribed by a legally qualified physician" **DC –** Removes "…narcotics" **CA, CT, MD, MI, OR** – N/A
12	An overdose of drugs, being intoxicated or under the influence of intoxicants, hallucinogens, narcotics or other drugs, directly or indirectly	**AL –** Removes "…or under the influence of intoxicants" **AL, FL, ID, IL, KY, NC, PA, WY** – adds statements concerning "…unless taken as prescribed by a legally qualified physician." **CA –** Revises to "Being intoxicated or under the influence of narcotics, unless administered on the advice of a Legally Qualified Physician" **CT, IN, MD, MI, OR** – N/A **MT –** adds "A voluntary overdose…" and "voluntary intoxicated" **OK –** revises to "Drug addiction or alcoholism" **WA –** revises to "An overdose of drugs, directly or indirectly, except for the treatment of an injury solely because the injury was sustained as a consequence of the Insured Person's being intoxicated or under the influence of a narcotic is not excluded."
13	Directly or indirectly engaging in an illegal occupation or illegal activity or your being incarcerated	**CT, MD** – N/A **OK –** revises to "Being under the influence of any narcotics, unless taken as prescribed by a Legally Qualified Physician."
14	Committing or trying to commit a felony	**CT, MD** – N/A
SS	Services or supplies for the treatment of an occupational injury or sickness which are paid under the NC Workers' Compensation Act only to the extent such services or supplies are the liability of the employee, employer or workers' compensation insurance carrier according to a final adjudications under the NC Workers' Compensation Act or an order of the NC Industrial Commission approving a settlement agreement under the NC Workers' Compensation Act.	**NC only**
SS	The use of alcohol that substantially contributes to, causes the loss, or is over the legal limit	**UT only**
SS	Any Diagnosis, as defined, which is made by You or a member of Your Immediate Family or household	**CA, DC, FL, GA, IL, MA, NH, PA, SD, UT –** N/A
SS	No indemnity will be paid for loss caused by the voluntary use of any controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as now or hereafter amended, unless as prescribed by a Legally Qualified Physician for the insured;	**CT only**

Critical Illness Direct

Form CH-26113-IP (03/14) (or its state variation)

Standard Exclusions and Limitations		Major State – Specific Variations
SS	Being intoxicated; defined as having a blood alcohol content which results in the Insured person being deemed legally intoxicated under the laws of the jurisdiction in which the loss is sustained or contracted; or	**CT only**
SS	Loss caused by the commission of a felony for which you have been convicted under state or federal law.	**CT only**

	Qualifying Event Exclusions and Limitations	Major State – Specific Exclusions and Limitations Variations
1	A Qualifying Event, which First Occurs prior to an insured person's effective date of coverage or within the waiting period as specified in the policy schedule.	**MA, MT –** N/A **MO –** Deletes …"or within the waiting period" **OK –** Adds "…In the event of a cancer diagnosis within the first 30 days, we will pay no more than $1,000 of the lifetime maximum benefit amount selected"
2	Any Qualifying Event caused directly or indirectly by Acquired Immune Deficiency Syndrome (AIDS) or AIDS related complex.	**AZ, CT, DC, IA, KY, MA, MD, NM, NC, PA –** N/A **IL –** Removes "indirectly"
3	Any condition that is not diagnosed as a Qualifying Event as defined in the policy.	
4	Loss resulting from any other disease, sickness or incapacity, other than loss resulting from a Qualifying Event, as defined in the policy. This includes any other disease or incapacity which may have been complicated or directly or indirectly affected or caused by a Qualifying Event or as a result of treatment of a Qualifying Event.	
5	Any amounts in excess of the lifetime benefit amount.	
SS	When this policy replaces another specified disease policy, we will give credit for the expired portion of any waiting period, elimination period, probationary period, or any similar provision. This credit will not exceed that time earned by the insured person under the replaced or previously existing policy. This credit will not be used to place the insured person in a more favorable position than would have been the case had a replacement or additional policy not been issued.	**KS only**

Standard Definitions		Major State – Specific Definition Variations
First Occurs, First Occurred or First Occurrence	Means any diagnosis, treatment, surgery or advice by a legally qualified physician having initially occurred for the first time in the insured's lifetime and while the policy is in force for the insured.	**FL –** Added "Diagnosis may also include a postmortem diagnosis." **GA, MA, SD** – N/A
Cancer in Situ	Includes a diagnosis of cancer wherein the tumor cells still lie within the tissue of origin without having invaded neighboring tissue. State 0 transitional carcinoma of urinary bladder and early prostate cancer requiring medical treatment is considered Cancer in Situ *Cancer in Situ does not include premalignant lesions, tumor or polyps; benign tumors or polyps; or skin cancer*	**CA –** Revises definition to "Cancer in Tissue of Origin (Cancer in Situ)" **NC –** Deletes " *Cancer in Situ does not include premalignant lesions, tumor or polyps; benign tumors or polyps; or skin cancer*"

Critical Illness Direct

Form CH-26113-IP (03/14) (or its state variation)

Standard Definitions		Major State – Specific Definition Variations
Life Threatening Cancer	Means only those types of cancer manifested by the presence of a malignant neoplasm characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue. Leukemia and Hodgkin's Disease are considered Life Threatening Cancer. *Life Threatening Cancer does not include: premalignant lesions, tumors or polyps; cancer in situ; stage 0 transitional carcinoma of urinary bladder; early prostate cancer; benign tumors or polyps; any skin cancer other than invasive malignant melanoma in the dermis or deeper; or skin malignancies that have become Life Threatening Cancer.*	**CA –** Revises definition to "Invasive Cancer" **NH –** N/A
Illness Induced Coma	Means loss of consciousness due to illness for a continuous 96 hour period in which external stimulation produces only primitive avoidance refluxes. *Illness Induced Coma does not include: deliberately induced Comas for medical reasons or comas resulting from injury.*	**GA –** N/A **PA –** Deletes "for a continuous 96 hour period"
Major Organ (for a Major Organ Transplant)	Includes only the following organs: heart; lung or lungs; liver; kidney; pancreas; heart/lung combined; or bone marrow.	
Pre-Existing Condition	Means a condition, disease, infection, or disorder not excluded by name or specific description for which: 1. Medical advice, consultation or treatment was recommended by or received from a Legally Qualified Physician within the two year period before the Effective Date of Coverage or; 2. Symptoms existed within the one year period before the Effective Date of Coverage, which would cause an ordinarily prudent person to seek Diagnosis, examination, care or treatment.	**CA –** Removes #2 **CT –** Revises "two year period" to "twelve month period" in part 1 and deletes part 2 from the definition entirely. **DC, FL, GA, IL, MA, NH, PA, SD, UT –** N/A **ID –** revises to "means a condition for which medical advice, diagnosis, care or treatment was recommended or received within the six month period immediately before the Effective Date of Coverage." **ID, NC ND, NE –** deletes #2 of the definition **MD –** adds "…disorder that was not revealed in the application for this Policy unless the condition is excluded by means of a signed waiver…" **ME, NM, NV –** revises "two year and one year period" to "6 month period" **MT –** revises to "…for which medical advice, diagnosis, care or treatment was recommended by or received from a Legally Qualified Physician within the three year period before the Effective Date". Deletes #1 and #2 of definition. **NC –** revises to "…a medical condition for which medical advice, diagnosis, care or treatment was recommended by or received from a medical practitioner acting with the scope of his or her license, within the twelve month period before the Effective Date of Coverage." **NH –** Removes part 1 and two, revises remainder to 'a condition for which medical advice, diagnosis, care or treatment was recommended or received from a Legally qualified Physician within the 6 month period before the Effective Date of Coverage.' **SD –** revises "two year period" to "twelve months" **TX –** deletes "consultation" **WY –** revises "two year" to "six months" in part 1 and deletes part 2 of the definition entirely.

Hospital Confinement Direct

Form CH-26116-IP (01/10) (or its state variation)

Plan Description

- Paid directly to the insured due to Sickness or Injury. Benefits are payable for each day of Medically Necessary Hospital Confinement of an Insured Person due to a covered Sickness after satisfaction of the 30-day waiting period, no waiting period for Injury.

General Benefit Options

- Benefit Options: GI - $250, SI - $500, $750 and $1,000.
- (See State Specific Benefits Section for available options.)

General Age Guidelines

- Child Primaries: Are allowed (1-18)
- Child Dependents: Are allowed (1-25) – See State-Specific Marketing Rules for maximum ages.
- Max Issue Age: Primary (1-63) - Spouse/Domestic Partner (16-63)

General Sales Guidelines

- Benefit Amounts: All participants must have the same benefit amount
- Sales Rules: Cannot be sold with another Hospital Confinement Direct, Metal Gap or Fixed Indemnity Direct offered by Midwest or CLICO

Hospital Confinement Direct

Form CH-26116-IP (01/10) (or its state variation)

Premium Rating Factors

- Issue Age (Attained Age in **TN**)
- Sex
- Benefit level

Underwriting

- Simplified or guaranteed issue available

Coordination of Benefits

- No

Subrogation

- No

State – Specific Marketing Rules

- **DE, VA –** 1-55 primary and spouse/domestic partner 16-55.
- **TX, UT –** Primary/Child Primary minimum issue age is 0
- The age limits for dependents is 1- 25 except in the states shown below:

State	Min Age	Max Age
CT	1	26
FL	1	30
IL	1	29
NE	1	29
OH	1	27
SD	1	29
TX	0	25
UT	0	25
WI	1	26

Hospital Confinement Direct

Form CH-26116-IP (01/10) (or its state variation)

Standard Benefits

State – Specific Benefits

Benefit	Description	GI Option	Option 1	Option 2	Option 3	State – Specific Benefits
Lifetime Maximum	365 days (per insured)					
Waiting Period	Sickness – 30 days Injury – 0 days					**ID, KS, MO, MT, NH, WV –** N/A
Daily Benefit Amount		**$250**	**$500**	**$750**	**$1000**	**VA –** No GI option. **MA –** Only daily benefit options available are $250 and $500
Hospital Confinement Benefit	Days 1 – 5: 100% of Daily Benefit Amount Days 6-10: 50% of the Daily Benefit Amount Days 11 +: Fixed amount per day ***Note:*** *Confinement means an Insured Person's admission to and subsequent continued stay in a Hospital for which a daily charge for room and board is made for each day of Confinement with no discharge or interruption in such Hospital Stay.*	**$250** **$125** **$100**	**$500** **$250** **$100**	**$750** **$375** **$100**	**$1000** **$500** **$100**	
Intensive Care/Cardiac Care Unit Confinement Benefit	Days 1-2: 200% of Daily Benefit Amount Days 3-10: 100% of Daily Benefit Amount Days 11-30: 50% of the Daily Benefit Amount Days 31 +: Fixed amount per day ***Note:*** *Paid in lieu of Hospital Confinement Benefit*	**$1000** **$500** **$250** **$100**	**$1000** **$500** **$250** **$100**	**$1500** **$750** **$375** **$100**	**$2000** **$1000** **$500** **$100**	
Waiver of Premium	Monthly premiums due for the policy will be waived after the primary insured has been hospital confined for at least 30 consecutive days.					

Termination Age Standard

Major State–Specific Termination Age Variations

Termination Age	**65**	**MT –** No Termination Age.

Hospital Confinement Direct

Form CH-26116-IP (01/10) (or its state variation)

	Standard Exclusions and Limitations	Major State – Specific E&L Variations
	Pre-Existing Condition Limitation: We will not provide benefits for any loss resulting from a Pre-Existing Condition, as defined, unless the loss is incurred at least one-year after the effective date of coverage for an insured person	**NH –** N/A
1	Any care or benefits which are not specifically provided for in the policy	
2	Any act of war, declared or undeclared	
3	Active military duty in the service of any country	
4	Participation in a riot, civil commotion or insurrection	**MD** – N/A
5	Suicide, attempted suicide, or any intentionally self-inflicted injury, while sane or insane	
6	Mental or nervous disorders	**DC –** Except as mandated by DC **ID –** Adds alcoholism or drug addiction **TX –** Adds "…without demonstrable organic disease"
7	Mandibular or maxillofacial surgery to correct growth defects after one year from the date of birth, jaw disproportions or malocclusions, or to increase vertical dimension or reconstruct occlusion	**NH, PA –** N/A
8	Weight loss or modification, or complications arising there from, or procedures resulting there from, or for surgical treatment of obesity, including wiring of the teeth and all forms of surgery performed for the purpose of weight loss or modification	**NH, PA –** N/A
9	Breast reduction or augmentation unless necessary in connection with breast reconstructive surgery following a mastectomy performed while insured under the policy	**NH, PA –** N/A
10	Modification of the physical body in order to improve the psychological, mental or emotional well-being of the insured person, such as sex-change surgery	**NH, PA –** N/A

Hospital Confinement Direct

Form CH-26116-IP (01/10) (or its state variation)

	Standard Exclusions and Limitations	Major State – Specific E&L Variations
11	Payment for care for military service connected disabilities for which the insured person is legally entitled to for services and for which facilities are reasonably available to the insured person and payment for care for conditions that state or local law requires be treated in a public facility	**ME, NH –** N/A
12	Experimental or investigational medicine	**DC –** Adds "…except as mandated by DC **NH –** N/A
13	Any treatment or procedure that either promotes or prevents conception or prevents childbirth, including but not limited to: 1) artificial insemination 2) in-vitro fertilization or other treatment for infertility 3) treatment for impotency 4) sterilization or reversal of sterilization or 5) abortion (unless the life of the mother would be endangered if the fetus were carried to term), unless otherwise stated in the policy	**DC –** Adds "…except as mandated by DC." **NH, PA –** N/A
14	Cosmetic surgery	**DC –** Adds "…except as mandated by DC." **ID, NH –** Adds "…except for reconstructive surgery due to congenital anomalies for a covered dependent child **NH –** Adds "…except reconstructive surgery incidental to or following surgery resulting from trauma, infection or other diseases of the involved part. **PA -** except when necessitated by covered sickness or injury
15	Radial keratotomy or any eye surgery when the primary purpose is to correct nearsightedness, farsightedness, astigmatism, or any refractive error	**NH** – N/A
16	Operating any motorized passenger vehicle for wage, compensation or profit	**IL, NH, OK –** N/A
17	Drug abuse or addiction including alcoholism, or overdose of drugs, narcotics, or hallucinogens, directly or indirectly	**AL, GA, ID, IL, NV, PA –**Adds "…unless taken as prescribed by a legally qualified physician" **KS, MD, MI, OR –** N/A **NH –** Deletes "…or overdose of drugs, narcotics, or hallucinogens, directly or indirectly."
18	An overdose of drugs, being intoxicated or under the influence of intoxicants, hallucinogens, narcotics or other drugs, directly or indirectly	**AL, GA, ID, OK, PA –** Adds "…unless taken as prescribed by a legally qualified physician." **DC, IN, MD, NH, NV, OR, PA, VA –** N/A

Hospital Confinement Direct

Form CH-26116-IP (01/10) (or its state variation)

Standard Exclusions and Limitations		Major State – Specific E&L Variations
19	Directly or indirectly engaging in an illegal occupation or illegal activity or your being incarcerated	**NH –** N/A
20	Committing or trying to commit a felony	**MD –** N/A
21	Normal pregnancy, except for complications of pregnancy while hospital confined	**MO –** N/A
22	Hospital confinement for routine or normal newborn child care	**NH –** N/A
23	Mountaineering using ropes and/or other equipment, parachuting, hang gliding, racing any type of vehicle in an organized or unorganized event, sky diving, scuba diving below 130 feet, motorized racing, para-sailing, experimental aviation, ultra-light flying, base jumping, bungee jumping, heli-skiing, or heli-snowboarding.	**FL –** Adds '…using ropes, ice axes, screws, belays, anchors and harnesses' **IA –** Revised to "aviation, including experimental aviation, or ultra-light flying." Includes "…, officiating or coaching," specifies "…diving below 50 feet" **WY –** Includes "…, officiating or coaching," specifies "…diving below 50 feet" **IL, OK, VA, WA –** Deleted entirely
24	Travel in or descent from any vehicle or device for aerial navigation, except as a fare paying passenger in an aircraft operated by a commercial airline (other than a charter airline) certified by U.S. Federal Aviation Administration (FAA), on a regularly scheduled passenger trip	
SS	The voluntary use of illegal drugs; the intentional taking of over the counter medication not in accordance with recommended dosage and warning instructions; and the intentional misuse of prescription drugs, except as mandated by D.C.	**DC only**
SS	Any loss sustained or contracted in consequence of the Insured Person being intoxicated or under the influence or any narcotic, unless administered on the advice of a legally qualified physician.	**ID, PA only**

Hospital Confinement Direct

Form CH-26116-IP (01/10) (or its state variation)

Standard Exclusions and Limitations		Major State – Specific E&L Variations
SS	Services or supplies for the treatment of an Occupational Injury or Sickness which are paid under the North Carolina Workers' Compensation Act only to the extent such services or supplies are the liability of the employee, employer or workers' compensation insurance carrier according to a final adjudication under the North Carolina Workers' Compensation Act or an order of the North Carolina Industrial Commission approving a settlement agreement under the North Carolina Workers' Compensation Act.	**NC only**
SS	The use of alcohol that substantially contributes to, causes the loss, or is over the legal limit.	**UT only**
SS	Alcoholism and drug addiction.	**VA only**

Standard Definitions		Major State – Specific Definition Variations
Pre-Existing Condition	Means a medical condition, sickness or injury not excluded by name or specific description for which medical advice, consultation, or treatment was recommended by or received from a medical practitioner acting within the scope of his or her license, within the two years before the effective date of coverage; or symptoms existed which would cause an ordinarily prudent person to seek diagnosis, care or treatment within the **two year** period before the effective date of coverage.	**AL –** Pre-existing condition is revised from “two years” to “five months” **CT –** Removes "…which would cause an ordinarily prudent person to seek diagnosis, care or treatment…" **DC, KS, MD, MS –** Revised to one year **IL -** Revised by changing the second reference of "two years" to "one year." **MA –** Removes "medical condition, sickness or injury not excluded by name or specific description for which" and "consultation" **NH –** N/A **NM -** Revises to "six months"

Fixed Indemnity Direct

Policy Form CH-26126-IP (10/13) (or its state variation)

Copy of Policy Print

Plan Description

- Provides customers a daily cash benefit after receiving health services for inpatient and outpatient hospital care.

General Benefit Options

- Non-Senior Benefit Options (SI Only): Plan 1-6
- Senior Benefit Options (SI Only): Plan 1-3
- (See State Specific Benefits Section for available options.)

General Age Guidelines

- Non-Senior
  - Child Primaries: Are allowed (1-18)
  - Child Dependents: Are allowed (1-25) – See State-Specific Marketing Rules for maximum ages.
  - Max Issue Age: Primary (1-64) – Spouse/ Domestic Partner (16-64)
- Senior
  - Child Primaries: Not allowed
  - Child Dependents: Are allowed (1-25) – See State-Specific Marketing Rules for maximum ages.
  - Senior Max Issue Age: Primary (65-83) – Spouse/ Domestic Partner (16-83)

General Sales Guidelines

- Benefit Amounts: All applicants must select the same benefit option
- Sales Rules: Cannot be sold with the Hospital Confinement Direct, Metal Gap or Fixed Indemnity Direct offered by Midwest or CLICO

Fixed Indemnity Direct

Policy Form CH-26126-IP (10/13) (or its state variation)

Premium Rating Factors

- Benefit Option
- Age
- Sex
- Tobacco Use

Underwriting

- Simplified issue only

Coordination of Benefits

- No

Subrogation

- No

State – Specific Marketing Rules

- **All states -** This plan is NOT considered "minimum essential coverage" under the ACA and therefore you may be subject to a tax penalty.
- **CA, NC –** Non Senior Primary (1-63) / Spouse/Domestic Partner (16-63)
- **CA, NC -** This product is not available to the Senior Market.
- **TX, UT –** Primary/Child Primary minimum issue age is 0
- The age limits for dependents is 1- 25 except in the states shown below:

State	Min Age	Max Age
CT	1	26
FL	1	30
IL	1	29
NE	1	29
OH	1	27
SD	1	29
TX	0	25
UT	0	25
WI	1	26

Fixed Indemnity Direct

Policy Form CH-26126-IP (10/13) (or its state variation)

Simplified Underwriting Criteria

- Prescription drug check age 18 and over and at discretion of underwriter.
- Personal history interview at discretion of underwriter.
- Underwriting and eligibility questions apply - see the Product Applicability section of the 2015 Application section.
- Uninsurable Conditions: The following conditions are not insurable (this list is not all inclusive, however it does include the most common uninsurable conditions)

Acquired Immune Deficiency Syndrome (AIDS)
AIDS Related Complex (ARC)
Alcohol or Drug Abuse
Alzheimer's Disease
Arterial Disease
Bipolar Disorder/Manic Depression
Bone Disease
Cerebrovascular Accident (CVA)
Chronic Obstructive Lung Disease (COLD)
Chronic Obstructive Pulmonary Disease (COPD)
Cirrhosis
Crohn's Disease (Ileitis)
Emphysema
Fibromyalgia
Grand Mal Epilepsy
Heart Attack
Heart Disease
Heart Surgery
Hepatitis B or C
Human Immunodeficiency Virus (HIV)
Insulin Dependent Diabetes
Internal Cancer
Kidney Disease
Liver Disease
Lou Gehrig's Disease (ALS)
Lupus Erythematosus
Major Depression
Melanoma Cancer
Multiple Sclerosis
Muscular Dystrophy
Myositis/Fibromyositis
Organ Failure
Organ Transplant
Organic Brain Syndrome/Dementia
Osteoporosis with History of Bone Fracture
Paralysis (any type or degree)
Peripheral Vascular Disease
Rheumatoid, Psoriatic, or Disabling Arthritis
Severe Degenerative Joint Disease
Stroke
Substance Abuse
Transient Ischemic Attack (TIA)
Ulcerative Colitis

Fixed Indemnity Direct

Policy Form CH-26126-IP (10/13) (or its state variation)

Benefit Description	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6	State-Specific Variations
	Available to Ages 1-83			Available to Ages 1-64			**TX, UT –** Dependent Minimum Age is -0- **CA, NC –** Issue Age Maximum is 63
Hospital Confinement Benefit							
Daily Benefit without Surgery	$100	$250	$500	$1,000	$2,000	$3,000	
Daily Benefit with Surgery	$200	$750	$750	$1,500	$2,500	$3,500	
Maximum Days per Confinement	365	365	365	365	365	365	
Intensive Care/Cardiac Care Unit Confinement Benefit							
Daily Benefit	$200	$500	$1,000	$2,000	$4,000	$6,000	
Max Number of Days per Year	30	30	30	30	30	30	
Continuous Care Benefit							
Daily Benefit	$50	$125	$250	$250	$250	$250	**TX –** Care must begin within 14 days of a hospital confinement
Max Number of Days per Year	30	30	30	30	30	30	
Physician Office Visit Benefit							**CA, TX –** Also offered on plans 1-3. Payable if within 30 days of a Hospital Confinement (30 days Before/After). The Physician office visit must be for the same Sickness or Injury for which the Insured Person was Hospital Confined.
Daily Benefit	$0	$0	$0	$75	$75	$75	
Max Number of Days per Year	0	0	0	4	4	4	
Outpatient Surgery Benefit							
Daily Benefit	$350	$500	$750	$1,500	$2,500	$3,500	
Max Number of Days per Year	3	3	3	3	3	3	
Emergency Room Benefit							
Daily Benefit	$50	$50	$50	$75	$100	$150	
Max Number of Days per Year	2	2	2	2	2	2	

Fixed Indemnity Direct

Policy Form CH-26126-IP (10/13) (or its state variation)

Benefit Description	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6	Notes
		Ages 1-83			Ages 1-64		
Outpatient Diagnostic, X-Ray, and Laboratory Procedures Benefit							
X-Ray and Laboratory Daily Benefit	$50	$50	$50	$100	$100	$100	**CA, TX –** Payable if within 30 days of an Outpatient Surgery or Hospital Confinement (30 days Before/After).
Max Number of Days per Year	5	5	5	5	5	5	
Diagnostic Daily Benefit	$100	$250	$250	$500	$500	$500	
Max # of Diagnostic Days per Year	2	2	2	2	2	2	
Ambulance							
Daily Benefit	$100	$200	$200	$200	$200	$200	**CA –** No benefit available **TX –** Payable only if Hospital Confined
Max Amount Per Lifetime	$2,400	$2,400	$2,400	$2,400	$2,400	$2,400	
Waiting Period							
Sickness (In Days)	30	30	30	30	30	30	**MO, ND –** No Waiting Period
Injury (In Days)	0	0	0	0	0	0	

Termination Age Standard		Renewability Definition	Major State–Specific Termination Age Variations
Primary /Spouse Termination Age	**85**	The policy is guaranteed renewable to age 85, subject to the Company's right to discontinue or terminate the coverage as provided in the TERMINATION OF COVERAGE section of the policy.	**TN –** Replaces 'guaranteed' with 'conditionally' **CA, NC –** plan terminates at age 65

Fixed Indemnity Direct

Policy Form CH-26126-IP (10/13) (or its state variation)

	Standard Exclusions and Limitations	Major State – Specific E&L Variations
1	Any care or benefits which are not specifically provided for in the Policy;	
2	Any act of war, declared or undeclared;	**OK –** Adds 'when serving in the military or an auxiliary unit thereto'
3	Active military duty in the service of any country;	**TX –** Adds 'Upon receipt of written request, premiums will be refunded on a pro-rata basis for the period of such military services.'
4	Participation in a riot, civil commotion or insurrection;	
5	Suicide, attempted suicide, or any intentionally self-inflicted injury, while sane or insane;	**MO –** Removes 'or insane'
6	Mental or Nervous Disorders;	**TX –** Adds 'without demonstrable organic disease'
7	Mandibular or maxillofacial surgery to correct growth defects after one year from the date of birth, jaw disproportions or malocclusions, or to increase vertical dimension or reconstruct occlusion;	
8	Weight loss or modification, or complications arising therefrom, or procedures resulting therefrom, or for surgical treatment of obesity, including wiring of the teeth and all forms of surgery performed for the purpose of weight loss or modification;	
9	Breast reduction or augmentation unless necessary in connection with breast reconstructive surgery following a mastectomy performed while insured under the Policy;	**IN –** Removes 'performed while insured under the policy'
10	Modification of the physical body in order to improve the psychological mental or emotional well-being of the Insured Person, such as sex-change surgery;	
11	Payment for care for military service connected disabilities for which the Insured Person is legally entitled to services and for which facilities are reasonably available to the Insured Person and payment for care for conditions that state or local law requires be treated in a public facility;	**TX –** Removes entirely

Fixed Indemnity Direct

Policy Form CH-26126-IP (10/13) (or its state variation)

Standard Exclusions and Limitations		Major State – Specific E&L Variations
12	Experimental or investigational medicine;	
13	Any treatment or procedure that either promotes or prevents conception or prevents childbirth, including but not limited to – (a) artificial insemination; (b) in-vitro fertilization or other treatment for infertility; (c) treatment for impotency; (d) sterilization or reversal of sterilization; or (e) abortion (unless the life of the mother would be endangered if the fetus were carried to term), unless otherwise stated in the policy;	**TN –** Adds 'or the fetus is non-viable' to (e)
14	Cosmetic surgery;	
15	Radial keratotomy or any eye surgery when the primary purpose is to correct nearsightedness, farsightedness, astigmatism, or any other refractive error;	
16	Operating any motorized passenger vehicle for wage, compensation or profit;	**IL, OK, TX –** Removes entirely
17	Drug abuse or addiction including alcoholism, or overdose of drugs, narcotics, or hallucinogens, directly or indirectly;	**AL, IL, IN, NE –** Adds statements regarding 'unless taken as prescribed by a legally qualified physician' **MI –** N/A **NV –** Removes entirely **OK –** Revises to 'Drug addiction or alcoholism'
18	An overdose of drugs, being intoxicated or under the influence of intoxicants, hallucinogens, narcotics or other drugs, directly or indirectly;	**AL –** adds 'unless taken as prescribed by a legally qualified physician' **NV –** removed entirely **IL –** revised to read 'being intoxicated or under the influence of intoxicants that which is defined and determined by the laws of the state where the loss or cause of the loss was incurred, hallucinogens, narcotics or other drugs, unless taken as prescribed by a physician' **IN, LA, NE–** adds 'unless administered on the advice of a Physician' **MI –** N/A **OK –** adds 'unless taken as prescribed by a legally qualified physician' **TN –** adds ',for alcohol intoxication this means over the legal limit of .08'

Fixed Indemnity Direct

Policy Form CH-26126-IP (10/13) (or its state variation)

Standard Exclusions and Limitations		Major State – Specific E&L Variations
19	Directly or indirectly engaging in an illegal occupation or illegal activity or Your being incarcerated;	**IL, NE –** removes 'or indirectly' and 'or illegal activity' **MO, NE –** removes 'or your being incarcerated'
20	Committing or trying to commit a felony;	
21	Normal pregnancy, except for Complications of Pregnancy while Hospital Confined;	**ND –** Removes "while Hospital Confined"
22	Hospital Confinement for routine or normal newborn child care;	
23	Mountaineering using ropes and/or other equipment, parachuting, hang gliding, racing any type of vehicle in an organized or unorganized event, sky diving, scuba diving below 130 feet, motorized racing, para-sailing, experimental aviation, ultra-light flying, base jumping, bungee jumping, heli-skiing, or heli-snowboarding.	**FL –** Adds '…using ropes, ice axes, screws, belays, anchors and harnesses' **IA –** Revised to "aviation, including experimental aviation, or ultra-light flying." Includes "…, officiating or coaching," specifies "…diving below 50 feet" **WY –** Includes "…, officiating or coaching," specifies "…diving below 50 feet" **IL, OK, VA, WA –** Deleted entirely
24	Travel in or descent from any vehicle or device for aerial navigation, except as a fare paying passenger in an aircraft operated by a commercial airline certified by the U.S. Federal Aviation Administration (FAA), on a regularly scheduled passenger trip;	**TX –** removed entirely
25	Care received outside of the United States.	**TX –** removed entirely
Pre-Existing	We will not provide benefits for any loss resulting from a Pre-Existing Condition, as defined, unless the loss is incurred at least one year after the Effective Date of Coverage for an Insured Person.	**TX –** adds '…issued covered under the age of 65 or unless the loss is incurred at least 6 months after the effective date of coverage for an Insured Person who is issued coverage at age 65 or older.'

Standard Definitions		Major State – Specific Definition Variations
Confined/Confinement	Means an insured person's admission to and subsequent continued stay in a hospital, a hospital intensive care/cardiac care unit, skilled nursing facility, rehabilitation facility, rehabilitation unit, or hospice unit, for which a daily charge for room and board is made for each day of confinement.	

Fixed Indemnity Direct

Policy Form CH-26126-IP (10/13) (or its state variation)

Standard Definitions		Major State – Specific Definition Variations
Hospital	Means an institution operated pursuant to its license for the care and treatment of sick and injured persons for which a charge is made that the insured person is legally obligated to pay. The institution must – (1) Maintain on its premises organized facilities for medical, diagnostic and surgical care for sick and injured persons on an inpatient basis; (2) Maintain a staff of one or more duly licensed legally qualified physicians; (3) Provide 24 hour nursing care by or under the supervision of a registered graduate professional nurse (R.N.); and (4) Is accredited as a hospital by the Joint Commission on Accreditation of Hospitals. Hospital does not include – a rehabilitation unit or facility; hospice; convalescent home; rest or nursing facility; extended care facility; skilled nursing facility; mental health facility; substance abuse treatment facility; military or veteran's hospital (unless insured is required to pay charges).	**IL –** Adds 'or in facilities having an agreement to provide.' after 'organized facilities for' **LA –** Adds 'is owned and operated by the state of Louisiana or any of its political subdivisions' **OK –** Deletes part 2 of the definition.
Illness	Means a sickness or disease.	
Injury	Means bodily harm caused by an accident resulting in unforeseen trauma requiring immediate medical attention and is not contributed to, directly or indirectly, by a sickness.	**IL –** Revises 'contributed to, direct or indirectly' to read 'directly related to.' **IN –** Removes 'unforeseen trauma' **OK –** Injury means accidental bodily Injury sustained by the Insured Person which are the direct cause, independent of disease or bodily infirmity or any other cause. The Injury must first occur after the Insured Person's coverage has become effective and while the coverage is in force.
Pre-Existing Condition	Means a medical condition, sickness or injury not excluded by name or specific description for which – (1) Medical advice, consultation, or treatment was recommended by or received from a medical practitioner acting within the scope of his or her license, within the one year period before the effective date of coverage; or (2) Symptoms existed which would cause an ordinarily prudent person to seek diagnosis, care or treatment within the one year period before the effective date of coverage.	**TX –** Removes 'consultation' **ND, NE –** Removes (2)
Waiting Period	Means the consecutive period of time beginning from the Effective Date of Coverage in which an Insured Person must be insured under the Policy before benefits are payable.	**TN –** Adds 'Such period will not exceed 30 days for Sickness. There is no waiting period for Injury.' **ND –** Removed entirely

Metal Gap Plan

Policy Form CH-26127–IP (03/15) (or its state variation)

Copy of Policy Print

Plan Description

- Provides customers a lump sum cash benefit after receiving health services for inpatient and outpatient hospital care.

General Benefit Options

- Benefit Options: SI Only - Plan 1: Package A - $2,000, Package B - $4,000, Package C - $6,000
- (See State Specific Benefits Section for available options.)

General Age Guidelines

- Child Primaries: Are allowed (1-18)
- Child Dependents: Are allowed (1-25) – See State-Specific Marketing Rules for maximum ages.
- Max Issue Age: Primary (1-63) - Spouse/Domestic Partner (16-63)

General Sales Guidelines

- Benefit Amounts: All applicants must select the same benefit option.
- Sales Rules: Cannot be sold with another Metal Gap, Hospital Confinement Direct or Fixed Indemnity Direct offered by Midwest or CLICO

Metal Gap Plan

Form CH-26127-IP (3/15) (or its state variation)

Premium Rating Factors

- Benefit Option
- Age
- Sex
- Tobacco Use

Underwriting

- Simplified issue only

Coordination of Benefits

- No

Subrogation

- No

State – Specific Marketing Rules

- **FL –** Child primaries not allowed, spouse begins at age 18.
- **TX, UT –** Primary/Child Primary minimum issue age is 0
- The age limits for dependents is 1- 25 except in the states shown below:

State	Min Age	Max Age
CT	1	26
FL	1	30
IL	1	29
NE	1	29
OH	1	27
SD	1	29
TX	0	25
UT	0	25
WI	1	26

Metal Gap Plan

Form CH-26127-IP (3/15) (or its state variation)

Simplified Underwriting Criteria

- All applicants age 18 and above will be reviewed manually through underwriting, including a prescription drug check age 18 and over, and if additional information is needed in order to make a decision according to the rules stated in this Guide.
- Underwriting and eligibility questions apply - see the Product Applicability section of the 2015 Application section.
- Uninsurable Conditions: The following conditions are not insurable (this list is not all inclusive, however it does include the most common uninsurable conditions)

Acquired Immune Deficiency Syndrome (AIDS)
AIDS Related Complex (ARC)
Alcohol or Drug Abuse
Alzheimer's Disease
Arterial Disease
Bipolar Disorder/Manic Depression
Bone Disease
Cerebrovascular Accident (CVA)
Chronic Obstructive Lung Disease (COLD)
Chronic Obstructive Pulmonary Disease (COPD)
Cirrhosis
Crohn's Disease (Ileitis)
Emphysema
Fibromyalgia
Grand Mal Epilepsy
Heart Attack
Heart Disease
Heart Surgery
Hepatitis B or C
Human Immunodeficiency Virus (HIV)
Insulin Dependent Diabetes
Internal Cancer
Kidney Disease
Liver Disease
Lou Gehrig's Disease (ALS)
Lupus Erythematosus
Major Depression
Melanoma Cancer
Multiple Sclerosis
Muscular Dystrophy
Myositis/Fibromyositis
Organ Failure
Organ Transplant
Organic Brain Syndrome/Dementia
Osteoporosis with History of Bone Fracture
Paralysis (any type or degree)
Peripheral Vascular Disease
Rheumatoid, Psoriatic, or Disabling Arthritis
Severe Degenerative Joint Disease
Stroke
Substance Abuse
Transient Ischemic Attack (TIA)
Ulcerative Colitis

Metal Gap Plan

Form CH-26127-IP (3/15) (or its state variation)

Standard Benefits		Plan 1			State – Specific Benefits
Benefit	**Description**	**Package A**	**Package B**	**Package C**	
Waiting Period	Sickness – 30 days Injury – 0 days	**Applies to all options**			**GA , ID, MD, MO, ND –** No waiting period **WV –** 'Removes sickness and injury' and adds 'for any loss caused by or resulting from: Benign brain tumor: 30 days, Cancer: 30 days, Heart Attack: 30 days, Stroke: 30 days for plans 1,2,3 & 4
Pre-Existing Condition Limitation		**One year- Applies to all options**			See definitions and Exclusions and Limitations for more details.
Calendar Year Maximum *Per Insured Person* *Per Insured Family*		**$2000** **$4000**	**$4000** **$8000**	**$6000** **$12,000**	**TX –** A: $2,500/$4,500, B: $4,500/$8,500, C: $6,500/$12,500
Lump Sum Hospital Confinement Benefit *Per Insured Person, per Calendar Year*	***Note:*** *Confinement means an Insured Person's admission to and subsequent continued stay in a Hospital for which a daily charge for room and board is made for each day of Confinement with no discharge or interruption in such Hospital Stay.*	**$2000**	**$4000**	**$6000**	**TX –** A: Day 1 $2,000 / Days 2-21 $15, B: Day 1 $4,000 / Days 2-21 $15, C: Day 1 $6,000 / Days 2-21 $15
Outpatient Surgery Benefit *Per Insured Person, per Calendar Year*		**$1000**	**$2000**	**$3000**	**CT, KS –** Benefit Not Available
Injury-Only Emergency Room Benefit *Per Insured Person, per Calendar Year*		**$250**	**$350**	**$500**	**CT, KS –** Benefit Not Available

Metal Gap Plan

Form CH-26127-IP (3/15) (or its state variation)

Termination Age Standard		Major State–Specific Termination Age Variations
Termination Age	65	

	Standard Exclusions and Limitations	Major State – Specific E&L Variations
1	Any care or benefits which are not specifically provided for in the policy	**SD –** Removed entirely
2	Routine and/or preventative Physician office visits	**CT, KS, ID, MD, OH –** Deleted entirely
3	Any act of war, declared or undeclared	**FL, NC –** Adds 'except for terrorism' **OK –** while serving in the military or an auxiliary unit thereto;
4	Active military duty in the service of any country	**ID –** replaces 'active military duty' with 'service of any country' with 'armed forces or units auxiliary to it' **PA –** Added "…subject to the Military Service Reinstatement provision **TX –** Added "…Upon receipt of written request, premiums will be refunded on a pro-rata basis for the period of such military services."
5	Participation in a riot, civil commotion or insurrection	**ID –** Adds 'felony' removes 'civil commotion' **MD –** Removed entirely **NC –** Adds 'Active.' **PA –** Deleted "civil commotion" **OR, UT –** Adds ' Voluntary'
6	Suicide, attempted suicide, or any intentionally self-inflicted injury, while sane or insane	**CA –** Removes "while sane or insane." **CO, MO –** removes 'or insane' **WA –**Adds …' unless such act is the direct result of an underlying medical condition;'.
7	Mental or nervous disorders	**ID –** replaces 'nervous disorders' with 'emotional disorders, alcoholism and drug addiction' **TX –** Adds "…without demonstrable organic disease"
8	Mandibular or maxillofacial surgery to correct growth defects after one year from the date of birth, jaw disproportions or malocclusions, or to increase vertical dimension or reconstruct occlusion	**ID, MD, NC –** Removes entirely
9	Weight loss or modification, or complications arising there from, or procedures resulting there from, or for surgical treatment of obesity, including wiring of the teeth and all forms of surgery performed for the purpose of weight loss or modification	**ID, IN –** Removes "performed while insured under the policy"

Metal Gap Plan

Form CH-26127-IP (3/15) (or its state variation)

	Standard Exclusions and Limitations	Major State – Specific E&L Variations
10	Breast reduction or augmentation unless necessary in connection with breast reconstructive surgery following a mastectomy performed while insured under the policy	**ID –** Removes entirely
11	Modification of the physical body in order to improve the psychological, mental or emotional well-being of the insured person, such as sex-change surgery	**CA, ID, MD –** Removes entirely **OR –** Removes "…such as sex change surgery"
12	Payment for care for military service connected disabilities for which the Insured Person is legally entitled to for services and for which facilities are reasonably available to the insured person and payment for care for conditions that state or local law requires be treated in a public facility	**CA, ME, TX –** Removes entirely **TN –** Removes "…and payment for care….in a public facility."
13	Experimental or investigational medicine	**AK –** Removes entirely
14	Any treatment or procedure that either promotes or prevents conception or prevents childbirth, including but not limited to – 1) artificial insemination 2) in-vitro fertilization or other treatment for infertility 3) treatment for impotency 4) sterilization or reversal of sterilization or 5) abortion (unless the life of the mother would be endangered if the fetus were carried to term), unless otherwise stated in the policy	**ID –** Removes entirely **TN –** Adds "…carried to term, or the fetus is non-viable…"
15	Cosmetic surgery	**CA –** Adds "unless necessary in connection with breast reconstructive surgery following a mastectomy performed while insured under this Policy." **ID –** adds 'except that "cosmetic surgery' shall not include reconstructive surgery when the service is incidental to or follows surgery resulting from trauma, infection or other diseases of the involved part, and reconstructive surgery because of congenital disease or anomaly of a Covered Dependent child' **NC –** adds 'except for those associated with cleft lip or cleft palate **PA –** Added "…except when necessitated by covered sickness or injury"
16	Radial keratotomy or any eye surgery when the primary purpose is to correct nearsightedness, farsightedness, astigmatism, or any other refractive error;	
17	Operating any motorized passenger vehicle for wage, compensation or profit;	**IL, OK, TX –** Removes entirely

Metal Gap Plan

Form CH-26127-IP (3/15) (or its state variation)

	Standard Exclusions and Limitations	Major State – Specific E&L Variations
18	Drug abuse or addiction including alcoholism, or overdose of drugs, narcotics, or hallucinogens, directly or indirectly;	**AL, FL, IL, IN, KS, KY, WY –** adds 'unless taken as prescribed by a …physician' **CA, CT, DC, GA, ID, MD, MI, NV, OR, PA, SD –** Deleted entirely **NE –** adds 'unless administered on the advice of a Physician' **OK –** revised to 'Drug addiction or alcoholism' **TN –** Adds "…intentional"
19	An overdose of drugs, being intoxicated or under the influence of intoxicants, hallucinogens, narcotics or other drugs, directly or indirectly;	**AK, AL, FL, IN, LA, KS, KY, WY –** adds unless taken as prescribed (or administered) by a … physician' *summarized* **CA –** Revises entirely to "Being intoxicated or under the influence of any controlled substance, unless administered on the advice of a Physician." **CT –** Adds "…defined as having a blood alcohol content which results in the Insured person being deemed legally intoxicated under the laws of the jurisdiction in which the loss is sustained or contracted." **GA –** revised entirely to 'Being intoxicated or under the influence of intoxicants or any narcotics unless administered upon the advice of a Physician.' **DC, ID, MD, MI, NV, OR, SD –** Deleted entirely **IL –** revised to read 'being intoxicated or under the influence of intoxicants that which is defined and determined by the laws of the state where the loss or cause of the loss was incurred, hallucinogens, narcotics or other drugs, unless taken as prescribed by a physician.' **NE –** adds 'Intentional overdose' , 'unless administered on the advice of a Physician', …'other illegal drugs…' **OK –** revised to read 'being under the influence of intoxicants any narcotics unless taken as prescribed by a Legally Qualified Physician;' **PA –** revises into 'The Insured Person being intoxicated, or under the influence of any narcotic, unless administered on the advice of a Legally Qualified Physician;' **UT –** removes 'intoxicated or under influence…' **TN –** Revises to" …Under the influence of any narcotic unless administered on the advice of a physician." **WA –** Adds '…except that treatment of an injury solely because the injury was sustained as a consequence of the Insured Person's being intoxicated..'.
20	Directly or indirectly engaging in an illegal occupation or illegal activity or Your being incarcerated;	**CA –** Revises entirely to "Any loss to which a contributing cause was the Insured Person's commission of or attempt to commit a felony or to which a contributing cause was the insured's being engaged in an illegal occupation." **GA –** revised entirely to "Commission of or attempt to commit a felony or being engaged in an illegal occupation." **ID, MD, PA –** Deleted entirely **IL –** removes 'or indirectly' and 'or illegal activity **MO, NE –** removes 'or your being incarcerated' **NE –** removes 'Directly' or 'Indirectly' and 'or illegal activity' **UT –** adds 'as a voluntary participant' **TN –** Removes 'or illegal activity.'

Metal Gap Plan

Form CH-26127-IP (3/15) (or its state variation)

Standard Exclusions and Limitations		Major State – Specific E&L Variations
21	Committing or trying to commit a felony;	**CA, ID, GA, MD –** Deleted entirely **UT –** adds 'as a voluntary participant'
22	Normal pregnancy, except for Complications of Pregnancy while Hospital Confined;	**ND, PA, TN –** Removes 'while Hospital Confined;'
23	Hospital Confinement for routine or normal newborn child care;	**TX –** Combines with Exclusion #22.
24	Mountaineering using ropes and/or other equipment, parachuting, hang gliding, racing any type of vehicle in an organized or unorganized event, sky diving, scuba diving below 130 feet, motorized racing, parasailing, experimental aviation, ultra-light flying, base jumping, bungee jumping, heli-skiing or helisnowboarding;	**GA –** Adds "Participation in an organized contest as a professional in hazardous activities, such as Mountaineering…" **IA –** Revises to "Aviation, including experimental aviation or ultra-light flying;" **ID –** Added 'Participation as a professional in hazardous activities' **CT, IL, OK, TX, WA –** Deleted entirely **NE –** Removes 'or unorganized', adds 'organized motor racing'
25	Travel in or descent from any vehicle or device for aerial navigation, except as a fare paying passenger in an aircraft operated by a commercial airline certified by the U.S. Federal Aviation Administration (FAA), on a regularly scheduled passenger trip; and	**ID –** Added 'except on a non-professional basis' **CT, TX –** Deleted entirely
26	Care received outside of the United States.	**GA –** Revises "Care" to "Non-emergency care." **AK, TX –** Deleted entirely
SS	Services or supplies for the treatment of an Occupational Injury or Sickness which are paid under the North Carolina Workers' Compensation Act only to the extent such services or supplies are the liability of the employee, employer or workers' compensation insurance carrier according to a final adjudication under the North Carolina Workers' Compensation Act or an order of the North Carolina Industrial Commission approving a settlement agreement under the North Carolina Workers' Compensation Act.	**NC Only**
SS	Any loss sustained or contracted in consequence of the Insured Person being intoxicated or under the influence of any narcotic, unless taken as prescribed by a Physician;	**ID Only**
SS	No indemnity will be paid for loss caused by the voluntary use of any controlled substance as defined bin Title II of the comprehensive Drug Abuse Prevention and control Act of 1970, as now or hereafter amended, unless as prescribed by his physician for the insured.	**CT Only**
SS	The voluntary use of illegal drugs; the intentional taking of over the counter medication not in accordance with recommended dosage and warning instructions; and the intentional misuse of prescription drugs;	**DC Only**

Metal Gap Plan

Form CH-26127-IP (3/15) (or its state variation)

Standard Exclusions and Limitations		Major State – Specific E&L Variations
SS	Any loss to which a contributing cause was the Insured Person's commission of or attempt to commit a felony, or to which a contributing cause was the Insured Person's being engaged in an illegal occupation;	**PA Only**
SS	Your being incarcerated	**MD, PA Only**
SS	The use of alcohol that substantially contributes to, causes the loss, or is over the legal limit;	**UT Only**
Pre Ex	We will not provide benefits for any loss resulting from a Pre-Existing Condition, as defined, unless the loss is incurred at least one year after the Effective Date of Coverage for an Insured Person.	**GA –** Revises "one year" **ID –** revised 'one year' to 'more than 12 months' **NM –** Revises to six months.

Standard Definitions		Major State – Specific Definition Variations
Confined/ Confinement	Confined/Confinement means an Insured Person's admission to and subsequent continued stay in a Hospital for which a daily charge for room and board is made for each day of Confinement with no discharge or interruption in such Hospital stay.	**TN –** Removes …"daily charge for room and board… each day of confinement…" **LA –** adds "inpatient" and removes "for which a daily charge for room and board is made for each day of Confinement."

Metal Gap Plan

Form CH-26127-IP (3/15) (or its state variation)

Standard Definitions		Major State – Specific Definition Variations
Hospital	Hospital means an institution operated pursuant to its license for the care and treatment of sick and injured persons for which a charge is made that the Insured Person is legally obligated to pay. The institution must: 1. Maintain on its premises organized facilities for medical, diagnostic and surgical care for sick and injured persons on an inpatient basis; 2. Maintain a staff of one or more duly licensed Physicians; 3. Provide 24 hour nursing care by or under the supervision of a registered graduate professional nurse (R.N.); and 4. Be accredited as a Hospital by the Joint Commission on Accreditation of Hospitals. The term "Hospital" does not include: 1. A hospice unit, including any bed designated as a hospice or a swing bed; a convalescent home; a rest or nursing facility; an extended care facility; a skilled nursing facility or a facility primarily affording rehabilitation care, custodial or educational care, or care for the aged; a mental health facility or a facility primarily affording care or treatment for persons suffering from Mental or Nervous Disorders; or a substance abuse treatment center or a facility primarily affording care or treatment for persons addicted to drugs or alcohol; and 2. Any military or veteran's hospital, soldier's home or any hospital contracted for or operated by the Federal Government or any agencies thereof for the treatment of members or former members of the Armed Forces, unless the Insured Person is legally required to pay for services in the absence of this insurance coverage.	**AK –** Removes "..institution must.." #4. **TN –** Removes "…for which charge is made that the Insured Person is legally obligated to pay.." **ID –** adds '..or in facility available to the Hospital on a contractual or pre-arranged basis' **IA –** (summarized) adds 'Must be operated pursuant to Iowa law', Deletes 'military or veteran's hospital (unless insured is required to pay charges).' **IL –** adds 'or in facilities having an agreement to provide.' after 'organized facilities for' **LA –** adds 'is owned and operated by the state of Louisiana or any of its political subdivisions', removes "for which a charge is made that the Insured Person is legally obligated to pay." **OK –** Deletes '#2…military or veteran's hospital.' in it's entirety. **PA –** Removes #2. Removes Hospice definition #1. **TX –** Adds to #1 "Maintains either on its premises, or in facilities available to the Hospital on a contractual prearranged basis and under the supervision of a staff of one or more duly licensed Physicians…". Revises #4 to "…Licensed as a Hospital…" **UT –** Revises entirely into 'Hospital means a facility that is licensed and operating within the scope of such license.' **OR –** Adds "The term includes a Hospital owned or operated by the State of Oregon or any state-approved program" **SD –** adds '#2 Maintain a staff of one or more duly licensed Physicians '**and**' Removes #4 'Be accredited as a Hospital by the Joint Commission on Accreditation of Hospitals' **WV -** Removes military or veteran's hospital (unless insured is required to pay charges.

Metal Gap Plan

Form CH-26127-IP (3/15) (or its state variation)

Standard Definitions		Major State – Specific Definition Variations
Injury	Means bodily harm caused by an accident resulting in unforeseen trauma requiring immediate medical attention and is not contributed to, directly or indirectly, by a sickness.	**CA –** Removes "…caused by an accident," …directly or indirectly." **GA –** Adds "…requiring immediate medical attention or within 72 hours …" **IL –** revises 'contributed to, direct or indirectly' to read 'directly related to.' **IN –** Removes "resulting in unforeseen trauma" **OK –** Entirely replaces definition with "Injury means accidental bodily Injury sustained by the Insured Person which are the direct cause, independent of disease or bodily infirmity or any other cause. The Injury must first occur after the Insured Person's coverage has become effective and while the coverage is in force." **PA –** Removes '…by a Sickness.'
Pre-Existing Condition	Means a medical condition, sickness or injury not excluded by name or specific description for which – (1) Medical advice, consultation, or treatment was recommended by or received from a medical practitioner acting within the scope of his or her license, within the one year period before the effective date of coverage; or (2) Symptoms existed which would cause an ordinarily prudent person to seek diagnosis, care or treatment within the one year period before the effective date of coverage.	**CA –** Revised #1 to "…diagnosis or treatment was received…" removed #2. **CT –** Removes "which would cause an ordinarily prudent person to seek diagnosis, care or treatment" **DC –** Removes "ordinarily prudent" **GA –** Removes "consultation", changes "1 year "to "12 months". **ID –** (summarized) revises to '…within the six month period' **MD –** Revised to 'means a medical condition that was not revealed in the application for this Policy unless the condition is excluded by means of a signed waiver attached to this contract, for which…" **NC –** removes '…not excluded by description', adds 'diagnosis, care…', Removes part 2, revised to 'twelve month.' **ND, NE –** Removes part 2. **NM –** changed from one year to six months. **PA –** Removes consultation from #1. Removes #2 entirely. **WY –** changed from one year to six months. Removes section 2.
Sickness	Means a illness or disease.	**NC –** adds 'including Complications of Pregnancy.' **PA –** Adds 'which is diagnosed or treated after the Insured Person's coverage becomes effective and while the coverage is in force.'
Waiting Period	Means the consecutive period of time beginning from the Effective Date of Coverage in which an Insured Person must be insured under the Policy before benefits are payable.	**GA, ID, ND, MD, MO –** N/A **WV -** Adds "for any loss caused by or resulting from Benign Brain Tumor, Cancer, Heart Attack or Stroke, as defined herein.

Accident Companion

Policy Form CH-26122-IP (01/11) (or its state variation)

Copy of Policy Print

Plan Description

- The Accident Companion plan pays a lump-sum cash benefit directly to the Member to help them pay deductible and co-insurance expenses resulting from a covered accident, or the lump-sum may be used for other expenses. Does not provide benefits for loss due to sickness. No waiting period or elimination period.

General Benefit Options

- GI Only - $2,500, $5,000, $7,500, $10,000
- (See State Specific Benefits Section for available options.)

General Age Guidelines

- Child Primaries: Are allowed (0-18)
- Child Dependents: Are allowed (0-25) – See State-Specific Marketing Rules for maximum ages.
- Max Issue Age: Primary (0-63) – Spouse/Domestic Partner (16-63)

General Sales Rules

- Cannot be sold with another Accident Companion Direct offered by Midwest or CLICO

Accident Companion

Form CH-26122-IP (01/11) (or its state variation)

Premium Rating Factors

- Benefit Level

Underwriting

- Guaranteed issue only

Coordination of Benefits

- No

Subrogation

- No

State – Specific Marketing Rules

- The age limits for dependents is 0 - 25 except in the states shown below:

State	Min Age	Max Age
FL	0	30
IL	0	29
NE	0	29
OH	0	27
SD	0	29
WI	0	26

Accident Companion

Form CH-26122-IP (01/11) (or its state variation)

Standard Benefits						State – Specific Benefits
Benefit	**Description**	**Option 1**	**Option 2**	**Option 3**	**Option 4**	
Hospital Confinement	• One-Time Lump Sum Hospital Confinement Benefit. • Must begin within 30 days of Accidental Injury. • Limited to one benefit, per Insured Person, per Policy Year.	**$2,500**	**$5,000**	**$7,500**	**$10,000**	**WA –** allows up to 365 days
Emergency Treatment	• Accidental Injury Emergency Treatment Benefit. • Treatment must be received at a Hospital Emergency Room or Urgent Care Center within **72 hours** of Accidental Injury. • Limited to one benefit, per Insured Person, per Accidental Injury.	**$250**	**$500**	**$750**	**$1,000**	**WA –** allows up to 365 days
Major Diagnostic Exam	• Diagnostic CT scan, MRI or EEG in a Hospital or Urgent Care Center when due to an Accidental Injury. • Treatment must be received at a Hospital Emergency Room or Urgent Care Center within **72 hours** of Accidental Injury. • Limited to one diagnostic exam per Insured Person, per Policy Year.	**$250**	**$500**	**$750**	**$1,000**	**GA –** This benefit is not available
Follow-Up* Treatment	• Limited to one Benefit Amount per visit, per Insured Person, not to exceed 5 visits per Policy Year (for all Accidental Injuries combined). • Accidental Injury Follow-Up Treatment Benefit. • Treatment must follow ER or Urgent Care Center treatment and must begin within 30 days of initial onset of Accidental Injury. • Does not include chiropractic or alternative medicine services.	**$50**	**$100**	**$100**	**$100**	**WA –** allows up to 365 days
Follow-Up* Physical Therapy	• Limited to one Benefit Amount per visit, per Insured Person, not to exceed 5 visits per Policy Year (for all Accidental Injuries combined. • Accidental Injury Follow-Up Physical Therapy Benefit. • Treatment must follow ER or Urgent Care Center treatment and must begin within 30 days of initial onset of Accidental Injury.	**$50**	**$100**	**$100**	**$100**	**WA –** allows up to 365 days

Accidental Injury Follow-Up Treatment and Follow-Up Physical Therapy received on the same day will only receive one benefit.

Accident Companion

Form CH-26122-IP (01/11) (or its state variation)

Termination Age Standard		Major State–Specific Termination Age Variations
Termination Age	65	**FL –** Revised to "The policy is conditionally renewable to age 65, subject to the Company's right to discontinue or terminate the coverage as provided in the TERMINATION OF COVERAGE section of the policy." **KS –** Revised to "The policy is conditionally renewable, subject to the Company's right to discontinue or terminate the coverage as provided in the TERMINATION OF COVERAGE section of the policy." **MT –** No Termination Age.

Standard Exclusions and Limitations		Major State – Specific E&L Variations
1	Sickness, including but not limited to pregnancy and childbirth.	**NC –** Under Exclusions and Limitations, exclusion 1 is revised to read, "Sickness" **OK –** Added "…except for complications of pregnancy." **TN –** Added "…except for complications of pregnancy, and childbirth."
2	Any care not Medically Necessary (except as specifically provided in the policy) or benefits which are not specifically provided for in the policy.	**WY –** Removed Medically Necessary
3	Hospital Confinement for childbirth, including routine or normal newborn child care.	
4	Accidental Injuries that do not First Occur while the policy is in force for the Insured Person.	**GA, SD –** Removes First Occur **VA –** N/A
5	Any act of war, declared or undeclared.	**OK –** Adds "…when serving in the military or an auxiliary unit thereto." **NC –** Adds "…except for terrorism."
6	Active military duty in the service of any country.	**VA –** N/A
7	Participation in a riot, civil commotion or insurrection.	**NC –** Adds "Active participation…" **OR –** Adds "Voluntary participation…" **VA –** Removes civil commotion
8	Suicide, attempted suicide, or any intentionally self–inflicted injury, while sane or insane.	**CO –** Revised to "…while sane." **MO –** Revised to "…while sane."
9	Mental or Nervous disorders.	

Accident Companion

Form CH-26122-IP (01/11) (or its state variation)

	Standard Exclusions and Limitations	Major State – Specific E&L Variations
10	Having Cosmetic Surgery or other elective procedures that are not Medically Necessary.	**WY –** Removes Not Medically Necessary
11	Operating any motorized passenger vehicle for wage, compensation or profit.	**NC –** Adds, "…such as a taxi or for racing…" **OK, IL, VA –** N/A.
12	Drug abuse or addiction including alcoholism, or overdose of drugs, narcotics, or hallucinogens, directly or indirectly.	**AL, AK, FL, KY, NC, WY –** Adds statements concerning "*unless taken as prescribed by a legally qualified physician."* **KS, MD, SD, VA –** N/A
13	An overdose of drugs, being intoxicated or under the influence of intoxicants, hallucinogens, narcotics, or other drugs, directly or indirectly.	**AL, AK, FL, GA, ID, IL, IN, KS, KY, NC, OK OR, and WY –** Adds statements concerning "*unless taken as prescribed by a legally qualified physician.* **KS, MD, NV, SD, VA –** N/A **LA –** Removed "An overdoes of drugs" and "or other drugs" **NC –** Adds "Services or supplies for the treatment of an occupational injury or sickness which are paid under the NC Workers' Compensation Act only to the extent such services or supplies are the liability of the employee, employer or workers' compensation insurance carrier according to a final adjudications under the NC Workers' Compensation Act or an order of the NC Industrial Commission approving a settlement agreement under the NC Workers' Compensation Act." **TN –** Adds "… for alcohol intoxication this means over the legal limit of .08"
14	Directly or indirectly engaging in an illegal occupation or illegal activity or your being incarcerated.	**GA, NE and UT –** Add or modify language to the effect of *being engaged in an illegal occupation.*
15	Committing or trying to commit a felony.	**UT –** Revised to "Committing or trying to commit a felony as a voluntary participant."
16	Mountaineering using ropes and/or other equipment, parachuting, hang gliding, racing any type of vehicle in an organized or unorganized event, sky diving, scuba diving below 130 feet, motorized racing, para-sailing, experimental aviation, ultra-light flying, base jumping, bungee jumping, heli-skiing, or heli-snowboarding.	**FL –** Adds '…using ropes, ice axes, screws, belays, anchors and harnesses' **IA –** Revised to "aviation, including experimental aviation, or ultra-light flying." Includes "…, officiating or coaching," specifies "…diving below 50 feet" **WY –** Includes "…, officiating or coaching," specifies "…diving below 50 feet" **IL, OK, VA, WA –** Deleted entirely
17	Travel in or descent from any vehicle or device for aerial navigation, except as a fare paying passenger in an aircraft operated by a commercial airline (other than a charter airline) certified by the U.S. Federal Aviation Administration (FAA), on a regularly scheduled passenger trip	**VA –** Revised to "Aviation, except as a fare paying passenger …."

Accident Companion

Form CH-26122-IP (01/11) (or its state variation)

Standard Definitions		State – Specific Definitions
Accidental Injury	Means sudden, non–recurrent, traumatic, accidental and unanticipated damage to the body, not of gradual onset requiring immediate medical attention, and not contributed to, directly or indirectly, by a sickness. The Accidental Injury must First Occur after the Insured Person's coverage has become effective and while the coverage is in force under the Policy.	**VA –** Added to the definition "includes pregnancy following an act of rape of an Insured Person which was reported to the police within 7 days following its occurrence. In the case of an act of rape or incest to a female Insured Person under the age of 13, the 7 day requirement is extended to 180 days."
First Occur, First Occurred or First Occurrence	Means an Accidental Injury for which diagnosis, treatment, surgery or advice by a physician, or manifested symptoms, initially occurred while the Policy is in force for the Insured Person and for the first time in the Insured Person's lifetime.	**GA, SD –** Definition deleted. **VA –** "First Occur, First Occurred or First Occurrence" has been replaced with "Occur, Occurred or Occurrence."

Accident Direct

Policy Form CH-26118-IP (01/10) (or its state variation)

Copy of Policy Print

Plan Description

- The Accident Direct pays a lump-sum cash benefit directly to the Member for Accidental Injuries that First Occur and result in a hospital confinement within 45 days of the Accidental Injury. Does not provide benefits for loss due to sickness. No waiting period or elimination period.
- General Benefit Options
- GI Only - $2,500, $5,000, $7,500, $10,000
- (See State Specific Benefits Section for available options.)

General Benefit Options

- GI Only - $5,000, $15,000, $20,000, $25,000
- (See State Specific Benefits Section for available options.)

General Age Guidelines

- Child Primaries: Are allowed (0-18)
- Child Dependents: Are allowed (0-25) – See State-Specific Marketing Rules for maximums ages.
- Max Issue Age: Primary (0-63) – Spouse/Domestic Partner (16-63)

General Sales Rules

- Benefit Amounts: All participants must have the same benefit amount
- Sales Rules: Cannot be sold with another Accident Direct Plan offered by Midwest or CLICO

Accident Direct

Form CH-26118-IP (01/10) (or its state variation)

Premium Rating Factors

- Issue Age
- Sex
- Adult/Child
- Benefit Amount

Underwriting

- Guaranteed issue only

Coordination of Benefits

- No

Subrogation

- Yes, varies by state

State – Specific Marketing Rules

- The age limits for dependents is 0 - 25 except in the states shown below:

State	Min Age	Max Age
FL	0	30
IL	0	29
NE	0	29
OH	0	27
SD	0	29
WI	0	26

Accident Direct

Form CH-26118-IP (01/10) (or its state variation)

Standard Benefits						State – Specific Benefits
Benefit	**Description**	**Option 1**	**Option 2**	**Option 3**	**Option 4**	
Accidental Injury Benefit	Benefits refresh each plan year (plan year is each consecutive 12 month period beginning with the effective date of coverage). Accidental Injury Benefit Payable for Hospital Confinement with or without Surgery: • 14 days or more: 100% of Accidental Injury Benefit Amount • 7 to 13 days: 60% of Accidental Injury Benefit Amount • 3 to 6 days: 30% of Accidental Injury Benefit Amount • 1 to 2 days with surgery: 15% of Accidental Injury Benefit Amount • 1 to 2 days without surgery: No benefit payable	**$5,000**	**$15,000**	**$20,000**	**$25,000**	**ME –** Additional benefit available for medically necessary outpatient treatment of accidental injuries of $500; Hospital Confinement 1 – 2 days with or without surgery pays 15% of the selected benefit.
Common Accidental Injury Benefit	• Provides benefits in addition to the Accidental Injury Benefit • Limited to one Common Accidental Injury Benefit Amount under the policy per year • Pays 50% of the Accidental injury Benefit Amount when 2 or more insured persons are injured in the same Accidental Injury and at least 2 of whom meet any of the criteria below: **Criteria One:** Hospital Confined for 3 or more days **Criteria Two:** Hospital Confined for 2 or more days with surgery	**$2,500**	**$7,500**	**$10,000**	**$12,500**	
Outpatient Accidental Injury Benefit	• Medically Necessary outpatient treatment of Accidental Injuries	**$500**	**$500**	**$500**	**$500**	**GA Specific Benefit Only**

Termination Age Standard		Major State–Specific Termination Age Variations
Termination Age	**65**	**MT –** No Termination Age.

Accident Direct

Form CH-26118-IP (01/10) (or its state variation)

	Standard Exclusions and Limitations	Major State – Specific E&L Variations
1	Sickness	
2	Pregnancy and childbirth, including routine or normal newborn child care.	**TN –** Adds"…except for complications of pregnancy."
3	Any sickness, disease, or other medical condition not the direct result of an accidental injury occurring while the insured person's coverage is in force.	
4	Accidental injuries that do not first occur while the policy is in force for the insured person.	
5	Accidental injuries that do not result in a hospital confinement.	**GA –** Replaced with "any outpatient care that is not Medically Necessary."
6	Any act of war, declared or undeclared.	**FL –** Adds "…except for terrorism." **OK** – adds "…when serving in the military or an auxiliary unit thereto."
7	Active military duty in the service of any country.	**ID –** Revised to "Service in the armed forces or units auxiliary to it."
8	Participation in a riot, civil commotion or insurrection.	**ID –** Revised to "…felony, riot, or insurrections." **MD –** N/A **NC –** Adds "Active participation…" **OR –** Adds "Voluntary participation…"
9	Suicide, attempted suicide, or any intentionally self–inflicted injury, while sane or insane.	**CA –** Revised to remove "sane or insane." **CO, MO –** Revised to "…while sane." **MD –** Revised to "…while insane." **WA –** adds "unless such act is the direct result of an underlying medical condition
10	Mental or nervous disorders.	**CA –** Adds "…as defined;" **ID –** Adds "… alcoholism or drug addiction."
11	Cosmetic surgery	**DC –** Adds "…except as mandated by D.C." **MD –** Adds "…when the treating physician determines that the treatment is cosmetic."
12	Operating any motorized passenger vehicle for wage, compensation or profit.	**IL, OK –** N/A.

Accident Direct

Form CH-26118-IP (01/10) (or its state variation)

Standard Exclusions and Limitations		Major State – Specific E&L Variations
13	Drug abuse or addiction including alcoholism, or overdose of drugs, narcotics, or hallucinogens, directly or indirectly.	**AL, FL, GA, IL, KY, NC, OK OR, WY –** Adds statements concerning "*unless taken as prescribed by a legally qualified physician.*" **CA, DC, ID, MD, MI, NV, VA –** N/A
14	An overdose of drugs, being intoxicated or under the influence of intoxicants, hallucinogens, narcotics, or other drugs, directly or indirectly.	**AL, CA, GA, ID, KY, OK, WY** – Adds statements concerning "unless taken as prescribed by a legally qualified physician." **DC –** Expands and adds "…except as mandated by D.C." **FL –** Adds statement concerning "unless taken as prescribed by a legally qualified physician." And"… intoxicated (defined as having a blood alcohol content which results in the insured person being deemed legally intoxicated under the laws of the jurisdiction in which the loss is sustained or contracted" **IN , MD, MI, OR –** N/A **MT –** "Added "Voluntary" **TN –** Adds "… for alcohol intoxication this means over the legal limit of .08" **UT –** Removes "…being Intoxicated" **WA** – reads "an overdose of drugs, directly or indirectly, except that treatment of an injury solely because the injury was sustained as a consequence of the insured person's being intoxicated or under the influence of a narcotic is not excluded.
15	Directly or indirectly engaging in an illegal occupation or illegal activity or your being incarcerated.	**IA, IL, UT –** add or modify language to the effect of *being engaged in an illegal occupation*. **MD –** N/A
16	Committing or trying to commit a felony.	**MD –** N/A **UT –** Revised to "Committing or trying to commit a felony as a voluntary participant."
17	Mountaineering using ropes and/or other equipment, parachuting, hang gliding, racing any type of vehicle in an organized or unorganized event, sky diving, scuba diving below 130 feet, motorized racing, para-sailing, experimental aviation, ultra-light flying, base jumping, bungee jumping, heli-skiing, or heli-snowboarding.	**FL –** Adds '…using ropes, ice axes, screws, belays, anchors and harnesses' **IA –** Revised to "aviation, including experimental aviation, or ultra-light flying." Includes "…, officiating or coaching," specifies "…diving below 50 feet" **WY –** Includes "…, officiating or coaching," specifies "…diving below 50 feet" **IL, OK, VA, WA –** Deleted entirely
18	Travel in or descent from any vehicle or device for aerial navigation, except as a fare paying passenger in an aircraft operated by a commercial airline (other than a charter airline) certified by the U.S. Federal Aviation Administration (FAA), on a regularly scheduled passenger trip	**ID –** Adds "Travel in or descent from any vehicle or device for aerial navigation, except on a non–professional basis..." **OK –** Deleted "descent".

Accident Direct

Form CH-26118-IP (01/10) (or its state variation)

Standard Exclusions and Limitations		Major State – Specific E&L Variations
SS	Treatment, services or supplies received outside the U.S. or Canada. However, treatment, services or supplies received as a result of an acute accidental injury sustained during the first 30 days of travel outside of the U.S. or Canada will be considered a covered expense. In no event will treatment, services or supplies received beyond the first 30 days of travel outside the U.S. or Canada be considered a covered expense.	**KS and WA only**
SS	Sickness arising from drug abuse or addiction including alcoholism, or overdose of drugs, narcotics, or hallucinogens, directly or indirectly, unless taken as prescribed by a legally qualified physician.	**OR only**

Standard Definitions		State – Specific Definitions
Accidental Injury	Means sudden, non–recurrent, traumatic, accidental and unanticipated damage to the body, not of gradual onset requiring immediate medical attention, and not contributed to, directly or indirectly, by a sickness. The Accidental Injury must First Occur after the insured person's coverage has become effective and while the coverage is in force under the policy.	**CA –** Added "This does not include Injuries that result in exacerbation or recurrence of a previous injury."
First Occur, First Occurred or First Occurrence	Means an Accidental Injury that initially occurred for the first time while the policy is in force for the insured person. This does not include Accidental Injuries that result in exacerbation or recurrence of a previous injury.	

Critical Accident Direct

Policy Form CH-26123-IP (04/11) (or its state variation)

Copy of Policy Print

Plan Description

- Provides a one time, lump-sum benefit for a Qualifying Injury when certain losses are a direct result of an Accidental Injury. Qualifying Injury must occur within 60 days of the accident. Does not provide benefits for loss due to sickness. Does not provide benefits for injuries that occur prior to the effective date of coverage.

General Benefit Options

- GI Only - $10,000, $15,000, $20,000, $30,000, $40,000, $50,000 and $60,000
- (See State Specific Benefits Section for available options.)

General Age Guidelines

- Child Primaries: Are allowed (1-18)
- Child Dependents: Are allowed (1-25) – See State-Specific Marketing Rules for maximum ages.
- Max Issue Age: Primary (1-63) – Spouse/Domestic Partner (16-63)

General Sales Rules

- Benefit Amounts: Primary, Spouse/Domestic Partner and Dependent Children can each select their own benefit option. However, all Dependent Children must have the same amount.
- Sales Rules: Cannot be sold with another Critical Accident Direct offered by Midwest or CLICO

Critical Accident Direct

Form CH-26123-IP (04/11) (or its state variation)

Premium Rating Factors

- Issue Age
- Sex
- Adult / Child
- Benefit Amount

Underwriting

- Guaranteed issue only

Coordination of Benefits

- No

Subrogation

- No

State – Specific Marketing Rules

- **TX, UT –** Primary/Child Primary minimum issue age is 0
- The age limits for dependents is 1- 25 except in the states shown below:

State	Min Age	Max Age
FL	1	30
IL	1	29
NE	1	29
OH	1	27
SD	1	29
TX	0	25
UT	0	25
WI	1	26

Critical Accident Direct

Form CH-26123-IP (04/11) (or its state variation)

Qualifying Injury									State – Specific Benefits
Condition	**Benefit Amount**	**Option 1**	**Option 2**	**Option 3**	**Option 4**	**Option 5**	**Option 6**	**Option 7**	
Quadriplegia – Total Paralysis of Both Upper and Lower Limbs **Paraplegia – Total Paralysis of Lower Limbs** **Hemiplegia – Total Paralysis of Upper and Lower Limbs on One Side of the Body**	• Only one benefit amount will be paid per insured, per lifetime • Coverage ends on the date the Qualifying Injury occurs and benefit is paid • Must result in defined loss of not less than 30 continuous days	**$10,000**	**$15,000**	**$20,000**	**$30,000**	**$40,000**	**$50,000**	**$60,000**	
Second-Degree Burn to at least 20% of the Body **Third-Degree Burn to at least 10% of the Body** **Coma (lasting 7 or more continuous days)** **Loss of Sight in Both Eyes** **Loss of Hearing in Both Ears**	• Only one benefit amount will be paid per insured, per lifetime • Coverage ends on the date the Qualifying Injury occurs and benefit is paid	**$10,000**	**$15,000**	**$20,000**	**$30,000**	**$40,000**	**$50,000**	**$60,000**	

Termination Age Standard		Major State–Specific Termination Age Variations
Termination Age	**75**	**MT –** No Termination Age.

Critical Accident Direct

Form CH-26123-IP (04/11) (or its state variation)

	Standard Exclusions and Limitations	Major State – Specific Exclusions and Limitations Variations
1	A Sickness	
2	Any care or benefits which are not specifically provided for in the Policy	
3	Any act of war, declared or undeclared	**OK –** "any act of war" is revised by adding "when serving in the military or an auxiliary unit thereto"
4	Active military duty in the service of any country	
5	Participation in a riot, civil commotion or insurrection	**OR –** revised by adding "voluntary" before "participation"
6	Suicide, attempted suicide, or any intentionally self-inflicted injury, while sane or insane	
7	Payment for care for military service connected disabilities for which the Insured Person is legally entitled to services and for which facilities are reasonably available to the Insured Person and payment for care for conditions that state or local law requires be treated in a public facility	
8	Experimental or investigational medicine	
9	Intentionally medically induced Qualifying Injury	

Critical Accident Direct

Form CH-26123-IP (04/11) (or its state variation)

Standard Exclusions and Limitations		Major State – Specific E&L Variations
10	Cosmetic surgery	
11	Drug abuse or addiction including alcoholism, or overdose of drugs, narcotics, or hallucinogens, directly or indirectly	**AL, WY –** added statements concerning "…unless taken as prescribed by a physician." **LA –** revised to read "Addiction of alcohol, narcotics, or hallucinogens, directly or indirectly." **OK –** revised to read "drug addiction and alcoholism" **MI, OR –** N/A.
12	An overdose of drugs, being intoxicated or under the influence of intoxicants, hallucinogens, narcotics or other drugs, directly or indirectly	**AL –** the words "an overdose" and "or under the influence of intoxicants" are removed. **MI, OR–** N/A. **LA –** "an overdose" is revised to read "being intoxicated or under the influence of intoxicants, hallucinogens or narcotics, directly or indirectly." **OK, WY –** revised to "being under the influence of any narcotics, unless taken as prescribed by a legally qualified physician."
13	Directly or indirectly engaging in an illegal occupation or illegal activity or Your being incarcerated	**IA –** "illegal occupation" is revised by deleting "or your being incarcerated." **NE –** Removes 'Directly or indirectly' and 'or illegal activity' and 'or your being incarcerated;'
14	Committing or trying to commit a felony	
15	Sunburn	**OR –** N/A

Definition		Major State–Specific Termination Age Variations
Qualifying Injury	A Qualifying Injury means one of the conditions listed above that occurs while the Policy is in force and within 60 days of the accident and is the direct result of an Accidental Injury.	**WA –** 365 days

ProtectFit Plus

Policy Form CH-26110-IP (06/09) (or its state variation)

Copy of Policy Print - High

Copy of Policy Print - Low

Plan Description

- The ProtectFit Plus supplemental insurance plan provides a blend of lump sum and daily benefits paid directly to the Member when the Member receives accident-related care such as emergency medical care, hospitalization, in-hospital rehabilitation, restorative services, disability and other expenses. The ProtectFit Plus provides benefits for accidental injuries that First Occur after the insured's coverage becomes effective and while in force. Does not provide benefits for losses resulting from a sickness.

General Benefit Options

- GI Only - High, Low

General Age Guidelines

- Child Primaries: Not allowed
- Child Dependents: Allowed (0-25)
- Max Issue Age: Primary (19-64) – Spouse/Domestic Partner (19-64)

General Sales Rules

- Benefit Amounts: All participants must have the same benefit amount
- Sales Rules: Cannot be sold to dependent children unless the primary and/or spouse/domestic partner have also selected the plan.
- ProtectFit Plus (Low) and ProtectFit Plus (High) cannot be sold together.

ProtectFit Plus

Form CH-26110-IP (06/09) (or its state variation)

Premium Rating Factors

- Issue Age
- Low / High Option
- Single, Couple, Single + Children, Family

Underwriting

- Guaranteed issue only

Coordination of Benefits

- No

Subrogation

- No

State – Specific Marketing Rules

- **MD -** Maximum Issue Age: Primary (19-63) – Spouse/Domestic partner (19-63)
- The age limits for dependents is 0 - 25 except in the states shown below:

State	Min Age	Max Age
CT	0	26
FL	0	30
IL	0	29
NE	0	29
OH	0	27
SD	0	29
WI	0	26

ProtectFit Plus

Form CH-26110-IP (06/09) (or its state variation)

Standard Benefits				State – Specific Benefits
Benefit	**Description**	**High Option**	**Low Option**	
Inpatient Hospital Confinement: One– Time Lump Sum Hospital	Per insured, per policy year *Confinement must begin within 30 days of Accidental Injury*	**$1,000**	**$500**	**UT –** The confinement must begin within 31 days instead of 30 days.
Inpatient Hospital Confinement: Daily Hospital Confinement Benefit	Per insured per day, Up to 365 days for each covered accidental injury *Confinement must begin within 30 days of Accidental Injury*	**$300**	**$150**	**UT –** The confinement must begin within 31 days instead of 30 days.
Inpatient Hospital Confinement: One–Time Lump Sum Intensive Care Hospital Confinement Benefit	Per insured, per policy year *Confinement must begin within 30 days of Accidental Injury*	**$2,000**	**$1,000**	**UT –** The confinement must begin within 31 days instead of 30 days.
Inpatient Hospital Confinement: Daily Intensive Care Hospital Confinement Benefit	Per insured, per day up to 15 days, for each covered accidental injury *Confinement must begin within 30 days of Accidental Injury*	**$500**	**$250**	**UT –** The confinement must begin within 31 days instead of 30 days.
Outpatient, Emergency and Diagnostic: Accidental Injury Emergency Treatment	One benefit per insured, per covered accident *Treatment must be received within 72 hours of injury*	**$150** **$100**	**$100** **$50**	**UT –** "Treatment must be received within 72 hours" is changed by adding "or as soon as reasonably possible."
Outpatient, Emergency and Diagnostic: Major Diagnostic Examinations	**CT Scan, MRI, EEG** *One exam per person, per policy year*	**$200**	**$100**	

ProtectFit Plus

Form CH-26110-IP (06/09) (or its state variation)

Standard Benefits				State – Specific Benefits
Benefit	**Description**	**High Option**	**Low Option**	
Lump Sum Accidental Injury	Dislocation, burn, skin grafts, eye injury, laceration, fracture, brain concussion, emergency dental repairs, coma, paralysis *Examples of Covered Injuries and range of benefit amounts shown below. See policy for complete list of covered injuries and benefit amounts.*	**$35-$12,500**	**$25-$6,250**	
	Dislocation (based on type of injury; up to 2 benefits per injury)	**$100 - $1,500**	**$50 - $750**	
	Burns, 2nd Degree (based on percent of body surface burned; 1 benefit per injury)	**$75-$1,250**	**$35-$625**	
	Burns, 3rd Degree (based on percent of body surface burned; 1 benefit per injury)	**$175-$12,500**	**$75-$6,250**	
	Skin Grafts (within 12 months of burn injury)	**50% of Burn Benefit**	**50% of Burn Benefit**	
	Laceration, with no sutures (1 benefit per injury)	**$35**	**$25**	
	Laceration, with sutures (1 benefit per injury)	**$65 - $500**	**$35 - $250**	
	Fracture (1 benefit per fracture type, based on fracture)	**$175 - $1,750**	**$100 - $875**	
	Coma (duration 7 or more days)	**$12,500**	**$6,250**	
	Paralysis, Quadriplegia (subject to 30 day elimination period)	**$12,500**	**$6,250**	
	Paralysis, Paraplegia (subject to 30 day elimination period)	**$6,250**	**$3,125**	
Follow – Up / Restorative: Accidental Injury Follow-Up Treatment	Must follow ER or Urgent Care treatment and must begin within 30 days of the covered injury Per visit, per Policy Year	**$35** **10 visits**	**$25** **5 visits**	
Follow – Up / Restorative: Accidental Injury Follow-Up Physical Therapy	Must follow ER or Urgent Care treatment and must begin within 30 days of the covered injury Per visit, per Policy Year	**$35** **10 visits**	**$25** **5 visits**	**MD –** "must begin within 30 days" is deleted
Follow – Up / Restorative: Hospital Rehabilitation Unit	Per day of rehabilitation Maximum for each insured person per hospital confinement Maximum per policy year Paid in lieu of daily hospital confinement benefit	**$150** **30 days** **60 days**	**$75** **30 days** **60 days**	
Follow – Up / Restorative	Appliances Prosthesis Blood Plasma and Platelets *Per insured, per covered injury*	**$150** **$750** **$200**	**$100** **$375** **$100**	

ProtectFit Plus

Form CH-26110-IP (06/09) (or its state variation)

Standard Benefits				State – Specific Benefits
Benefit	**Description**	**High Option**	**Low Option**	
Accidental Death and Dismemberment: Death	• Benefits are payable if death or loss occurs within 90 days of a covered accident. • Primary and covered spouse • Covered dependent child(ren)	**$50,000** **$15,000**	**$25,000** **$7,500**	**OR, UT –** Benefits are payable if death or loss occurs within 180 days of a covered accident.
Accidental Death and Dismemberment: Common Carrier Death	Primary and covered spouse Covered dependent child(ren)	**$150,000** **$25,000**	**$75,000** **$12,500**	**OR, UT –** Benefits are payable if death or loss occurs within 180 days of a covered accident.
Accidental Death and Dismemberment : Dismemberment	Primary and covered spouse Covered dependent child(ren)	**$3,000-$50,000** **$1,000-$15,000**	**$1,500-$25,000** **$500-$7,500**	**OR, UT –** Benefits are payable if death or loss occurs within 180 days of a covered accident.
Transportation	Emergency Ground or Water Ambulance Emergency Air Ambulance *One trip per insured person per accident*	**$250** **$2,500**	**$125** **$1,250**	
Supplemental Disability Income Protection	• Total Disability must occur within 60 days of the accident • Subject to a 21-day elimination period • Per month, payable up to 12 continuous months • Must be employed at time of purchase for high plan only • **Primary and covered spouse only.**	**$500**	-	**CT –** Additional benefit for Accidental Injury Emergency Treatment for Accidental Ingestion/Consumption of a Controlled Drug, $500 per person, per year. **MA –** $500 Low Option is available. **OK, WV –** There are no Elimination periods.

Termination Age Standard		Major State–Specific Termination Age Variations
Termination Age:	**65**	**MA, MT –** No Termination age

ProtectFit Plus

Form CH-26110-IP (06/09) (or its state variation)

Standard Exclusions and Limitations		Major State – Specific E&L Variations
1	Sickness, including but not limited to pregnancy and childbirth.	**MT –** Removed "…pregnancy and childbirth" **OK –** Adds "...except for complications of pregnancy." **TN –** Adds "...except for complications of pregnancy and childbirth." **KY –** Removed "…but not limited to"
2	Any care not Medically Necessary (except as specifically provided herein) or benefits which are not specifically provided for in the policy.	
3	Hospital Confinement for childbirth, including routine or normal newborn child care.	
4	Accidental Injuries that do not First Occur while the policy is in force for the insured person.	**PA –** Adds "…subject to the Time Limit on Certain Defenses provision." **VA –** N/A
5	Any act of war, declared or undeclared.	**OK –** Adds "…when serving in the military or an auxiliary unit thereto." **FL, NC, VA –** Adds "…except for terrorism."
6	Active military duty in the service of any country.	**ID –** N/A. **PA –** Adds "…subject to the Military Service Reinstatement provision."
7	Participation in a riot, civil commotion or insurrection.	**MD –** N/A **NC –** Adds "Active participation…" **OR –** Adds "Voluntary participation…" **PA –** Removes "civil commotion"
8	Suicide, attempted suicide, or any intentionally self–inflicted injury, while sane or insane.	**CO, MO –** Revised to "…while sane." **MD –** Revised to "…while insane." **PA –** Revised to remove "attempted suicide." and "while sane or insane." **CT –** Adds "except when related to mental or nervous disorders"
9	Mental or nervous disorders.	**VA –** Includes emotional disorders
10	Having cosmetic surgery or other elective procedures that are not medically necessary.	**DC –** Adds "…except as mandated by D.C." **MD –** Adds "…when the treating physician determines that the treatment is cosmetic." **PA –** Adds "…other elective procedures (not to exceed 6 months) that are not medically necessary." **WY –** deleted "medically necessary"

ProtectFit Plus

Form CH-26110-IP (06/09) (or its state variation)

Standard Exclusions and Limitations		Major State – Specific E&L Variations
11	Operating any motorized passenger vehicle for wage, compensation or profit.	**IL, OK, VA** – N/A.
12	Drug abuse or addiction including alcoholism, or overdose of drugs, narcotics, or hallucinogens, directly or indirectly.	**AL, FL, IL, KY, WY –** Adds statements concerning "*unless taken as prescribed by a legally qualified physician.* **KS, MD, MI, NV, OR, VA –** N/A
13	An overdose of drugs, being intoxicated or under the influence of intoxicants, hallucinogens, narcotics or other drugs, directly or indirectly.	**AL, CA, ID, IL, KS, KY, NC, WY** – Adds statements concerning "unless taken as prescribed by a legally qualified physician." **FL –** Adds statement concerning "unless taken as prescribed by a legally qualified physician." And"… intoxicated (defined as having a blood alcohol content which results in the insured person being deemed legally intoxicated under the laws of the jurisdiction in which the loss is sustained or contracted" **IN , MD, MI, NV, OR –** N/A **LA –** Removed – "…Overdose" **MT –** "Added "Voluntary" **TN –** Adds "… for alcohol intoxication this means over the legal limit of .08" **UT –** Removes "…being Intoxicated"
14	Directly or indirectly engaging in an illegal occupation or illegal activity or insured being incarcerated.	**IA, IL, VA –** deleted "…or insured being incarcerated.
15	Committing or trying to commit a felony.	**UT –** Added "…as a voluntary participant."
16	Mountaineering using ropes and/or other equipment, parachuting, hang gliding, racing any type of vehicle in an organized or unorganized event, sky diving, scuba diving below 130 feet, motorized racing, para-sailing, experimental aviation, ultra-light flying, base jumping, bungee jumping, heli-skiing, or heli-snowboarding.	**FL –** Adds '…using ropes, ice axes, screws, belays, anchors and harnesses' **IA –** Revised to "aviation, including experimental aviation, or ultra-light flying." Includes "…, officiating or coaching," specifies "…diving below 50 feet" **WY –** Includes "…, officiating or coaching," specifies "…diving below 50 feet" **IL, OK, VA, WA –** Deleted entirely
17	Travel in or descent from any vehicle or device for aerial navigation, except as a fare paying passenger in an aircraft operated by a commercial airline (other than a charter airline) certified by the U.S. Federal Aviation Administration (FAA), on a regularly scheduled passenger trip.	

ProtectFit Plus

Form CH-26110-IP (06/09) (or its state variation)

Standard Definitions		State Specific Definitions
Accidental Injury	Means sudden, non–recurrent, traumatic, accidental and unanticipated damage to the body, not of gradual onset requiring immediate medical attention, and not contributed to, directly or indirectly, by a sickness. The Accidental Injury must First Occur after the insured person's coverage has become effective and while the coverage is in force under the policy.	**CT –** added "Accidental injury also includes accidental ingestion or consumption of a controlled drug"
First Occur, First Occurred or First Occurrence	Means an Accidental Injury that initially occurred for the first time while the policy is in force for the insured person. This does not include Accidental Injuries that result in exacerbation or recurrence of a previous injury.	
Actively At Work	Means you are: Working on a permanent basis at least 25 hours a week Performing the material and substantial duties of your regular job for which You are qualified by reason of education, training or experience.	

Accident Disability Direct

Policy Form CH-26114-IP (01/10) (or its state variation)

Copy of Policy Print

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Plan Description

- The Accident Disability Direct plan provides a Monthly Total Disability benefit if the insured becomes Totally Disabled within 30 days of an Injury while covered under the policy and is Actively at Work. Does NOT provide benefits for loss due to sickness.

General Benefit Options

- GI - $500
- SI - $1,000, $1,500, $2,000 and $2,500

General Age Guidelines

- Child Primaries: Not Allowed
- Child Dependents: Not Allowed
- Max Issue Age: Primary (19-60) – Spouse/Domestic Partner (19-60)

General Sales Rules

- Benefit Amounts: Adult Primary and Adult Spouse/Domestic Partner can select different benefit option and/or disability plans.
- Sales Rules: Cannot be sold with another Accident Disability Direct or an Income Protection Direct offered by CLICO or an Income Protection Plus or Income Protection offered by Midwest

Accident Disability Direct

Form CH-26114-IP (01/10) (or its state variation)

Premium Rating Factors

- Issue Age (Attained Age in **KY** and **TN**)
- Sex
- Benefit Amount
- Benefit Period
- Elimination Period
- Occupation

Underwriting

- Simplified or guaranteed issue available

Coordination of Benefits

- If the insured has other benefits paid for their disability, the monthly benefit under this plan will be reduced.
- This includes other disability paid under another plan, employer sick pay, retirement or pension plan, benefits from workers' compensation or any other retirement program including retirement benefits under Social Security.

Subrogation

- No

Underwriting Rules Based on Benefit Options vs. AGI

Annual Gross Income	Maximum Monthly Indemnity Benefit that can be selected
Under $10,000	Decline Coverage
$10,000 - $19,999	$500
$20,000 - $29,999	$500, $1000
$30,000 - $39,999	$500, $1000, $1500
$40,000 - $49,999	$500, $1000, $1500, $2000
$50,000 and over	$500, $1000, $1500, $2000, $2500

New Business

- Spouses applying for coverage with the Primary will receive a separate policy.

State – Specific Marketing Rules

- **DE –** Max Issue Age Primary (19-55) – Spouse/Domestic partner (19-55)

Accident Disability Direct

Form CH-26114-IP (01/10) (or its state variation)

Standard Benefits							State – Specific Benefits
Benefit	**Description**	**GI Option**	**Option 1**	**Option 2**	**Option 3**	**Option 4**	
Benefit Options	• Due to Injury that occurs after the effective date of coverage • Must be Actively at Work • Total Disability must begin within 30 days after the Accidental Injury • Total Disability for a full month provides for the lesser of The Monthly Indemnity Benefit; or 60% of the insured's gross prior monthly income • Total Disability for a partial month is 1/30 per day of the Monthly Indemnity Benefit	**$500**	**$1,000**	**$1,500**	**$2,000**	**$2,500**	**VA –** No GI option. **MD –** The Monthly Total Disability Benefit pays the chosen benefit amount and deletes the reference to pay "or 60% of gross monthly earnings".
Maximum Period Payable Options	• Selected independent of Benefit Amount • Benefit continues through end of Maximum Period Payable selected as long as Total Disability continues	**12 Months**	**12 or 24 Months**	**12 or 24 Months**	**12 or 24 Months**	**12 or 24 Months**	**VA –** No GI option
Elimination Period	Selected independent of Benefit Amount	**90 Days**	**14, 30, 60 or 90 Days**	**14, 30, 60 or 90 Days**	**14, 30, 60 or 90 Days**	**14, 30, 60 or 90 Days**	**VA –** No GI option, only 14 or 30 day elimination period available. **DE –**GI option only offers 30 day elimination period. Only 14 and 30 day elimination periods available for other options.
Waiver of Premium	• When an insured has been continuously disabled as defined for 90 days and receiving benefits, future premiums will be waived for the remainder of the disability period. • Insured must resume premium payments within 31 days when no longer eligible for waiver of premium to keep coverage in force.						

Accident Disability Direct

Form CH-26114-IP (01/10) (or its state variation)

Standard Benefits							State – Specific Benefits
Benefit	**Description**	**GI Option**	**Option 1**	**Option 2**	**Option 3**	**Option 4**	
Recurrent Disability	Following the end of the preceding disability, after a Period of Total Disability, if the insured is disabled and has not been actively at work for at least 6 months: • A new elimination period not required • Subject to the Maximum Period Payable that started with the preceding Period of Total Disability • If the Maximum Period Payable has ended, no benefits will be payable for a recurrence						
Concurrent Disability	If a Total Disability is caused by more than one injury, benefits are paid as only one injury						

Termination Age Standard		Major State–Specific Termination Age Variations
Termination Age	**65**	**MA –** No Termination Age.

Accident Disability Direct

Form CH-26114-IP (01/10) (or its state variation)

	Standard Exclusions and Limitations	Major State – Specific E&L Variations
1	Sickness, including but not limited to pregnancy and childbirth	**NC –** added “except for complication of pregnancy”
2	Injuries that do not first occur while the policy is in force for the insured person	**MD –** N/A. **NC –** deleted “first”
3	Any act of war, declared or undeclared	**NC –** added “except for terrorism” **OK –** revised to read “when serving in the military or an auxiliary unit thereto”
4	Active military duty in the service of any country	**ID –** revised to read “service in the armed forces or units auxiliary to it”
5	Participation in a riot, civil commotion or insurrection	**ID –** revised to read “participation in a felony, riot, or insurrection” **MD –** N/A. **NC –** added “Active” **OR –** revised to add “voluntary” before “participation”
6	Suicide, attempted suicide, or any intentionally self-inflicted injury, while sane or insane	**CO, MO –** deleted “or insane” **MD –** deleted “sane or” **PA –** deleted “attempted suicide” and “while sane or insane” **WA –** added “unless such act is the direct result of an underlying medical condition”
7	Mental or nervous disorders	**ID –** revised by adding “alcoholism or drug addiction”
8	Having cosmetic surgery	**DC –** revised by adding “except as mandated by D.C.” **ID –** revised by adding “except that ‘cosmetic surgery’ shall not include reconstructive surgery when the service is incidental to or follows surgery resulting from trauma, infections or other diseases of the involved part, and reconstructive surgery because of the congenital disease or anomaly of a covered dependent child” **MD –** revised to read “any cosmetic surgery or surgical procedure except for disabilities arising directly from unplanned and unanticipated adverse consequences of such surgery”

Accident Disability Direct

Form CH-26114-IP (01/10) (or its state variation)

Standard Exclusions and Limitations		Major State – Specific E&L Variations
9	Operating any motorized passenger vehicle for wage, compensation or profit	**IL –** N/A. **NC –** revised by adding "such as a taxi or for racing"
10	Drug abuse or addiction including alcoholism, or overdose of drugs, narcotics, or hallucinogens, directly or indirectly	**AL –** added "unless taken as prescribed by a legally qualified physician" **CT –** deleted and replaced with "no indemnity will be paid for loss caused by the voluntary use of any controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as now or hereafter amended, unless as prescribed by a legally qualified physician for the Insured" **DC –** deleted and replaced with "the voluntary use of illegal drugs, the intentional taking of over the counter medication not in accordance with recommended dosage and warning instructions; and the intentional misuse of prescriptions drugs, except as mandated by D.C." **GA –** revised by adding "unless administered upon the advice of a physician" **ID –** deleted and replaced with "any loss sustained or contracted in consequence of the insured person being intoxicated or under the influence of any narcotic, unless administered on the advice of a legally qualified physician" **IL –** deleted "directly or indirectly" and added "unless taken by a legally qualified physician" **LA –** revised to read "addiction of alcohol, narcotics, or hallucinogens, directly or indirectly" **MD, MI, OR –** N/A. **NC –** revised by adding "unless administered on the advice of a legally qualified physician" **OK –** revised to read "drug addiction or alcoholism" **PA –** deleted and replaced with "any loss sustained or contracted in consequence of the insured person being intoxicated or under the influence or any narcotic, unless administered on the advice of a legally qualified physician." **WY –** revised by adding "unless used as prescribed by a legally qualified physician."

Accident Disability Direct

Form CH-26114-IP (01/10) (or its state variation)

Standard Exclusions and Limitations		Major State – Specific E&L Variations
11	An overdose of drugs, being intoxicated or under the influence of intoxicants, hallucinogens, narcotics or other drugs, directly or indirectly	**AL –** added "unless taken as prescribed by a legally qualified physician" and deleted "an overdose" and "or under the influence of intoxicants" **CT –** deleted and replaced with "no indemnity will be paid for loss caused by the voluntary use of any controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as now or hereafter amended, unless as prescribed by a legally qualified physician for the Insured" **DC –** deleted and replaced with "the voluntary use of illegal drugs, the intentional taking of over the counter medication not in accordance with recommended dosage and warning instructions; and the intentional misuse of prescriptions drugs, except as mandated by D.C." **ID –** deleted and replaced with "any loss sustained or contracted in consequence of the insured person being intoxicated or under the influence of any narcotic, unless administered on the advice of a legally qualified physician" **IL –** revised to read "being intoxicated or under the influence of intoxicants that which is defined and determined by the laws of the state where the loss or cause of the loss was incurred, hallucinogens, narcotics or other drugs, unless taken as prescribed by a legally qualified physician" **IN, MD, MI, OR –** N/A. **LA –** revised to read "being intoxicated or under the influence of intoxicants, hallucinogens or narcotics, directly or indirectly" **MT –** added "voluntary" before "overdose" and "intoxicated" **NC –** revised by adding "unless administered on the advice of a legally qualified physician" **OK –** revised to read "being under the influence of narcotics, unless taken as prescribed by a legally qualified physician" **PA –** deleted and replaced with "any loss sustained or contracted in consequence of the insured person being intoxicated or under the influence or any narcotic, unless administered on the advice of a legally qualified physician." **UT –** deleted "being intoxicated or under the influence of intoxicants" **WA –** revised to read "an overdoes of drugs, directly or indirectly, except that treatment of an injury solely because the injury was sustained as a consequence of the Insured Person's being intoxicated or under the influence of a narcotic is not excluded" **WY –** revised by adding "unless used as prescribed by a legally qualified physician."

Accident Disability Direct

Form CH-26114-IP (01/10) (or its state variation)

Standard Exclusions and Limitations		Major State – Specific E&L Variations
12	Directly or indirectly engaging in an illegal occupation or illegal activity or your being incarcerated	**CT –** deleted "illegal activity" and replaced with "loss to which a contributing cause was the insured person's being engaged in a felonious act". **GA –** deleted and replaced with "directly or indirectly engaging in an illegal occupation or a felony or an attempted felony" **IA –** deleted "or your being incarcerated" **MD –** N/A. **IL –** deleted "or indirectly" and "illegal activity or" **MO –** deleted "your being incarcerated" **NE –** revised to read "engaging in an illegal occupation" **UT –** revised by adding "as a voluntary participant" after "activity"
13	Committing or trying to commit a felony	**CT –** deleted "felony" and replaced with "loss to which a contributing cause was the insured person's being engaged in a felonious act" **MD –** N/A. **UT –** revised by adding "as a voluntary participant"
14	Mountaineering using ropes and/or other equipment, parachuting, hang gliding, racing any type of vehicle in an organized or unorganized event, sky diving, scuba diving below 130 feet, motorized racing, para-sailing, experimental aviation, ultra-light flying, base jumping, bungee jumping, heli-skiing, or heli-snowboarding	**WY –** Includes "…, officiating or coaching," specifies "…diving below 50 feet" **IL, IA, OK, VA, WA –** deleted entirely. **FL –** Adds '…using ropes, ice axes, screws, belays, anchors and harnesses'
15	Travel in or descent from any vehicle or device for aerial navigation, except as a fare paying passenger in an aircraft operated by a commercial airline (other than a charter airline) certified by the U.S. Federal Aviation Administration (FAA) on a regularly scheduled passenger trip	**ID –** revised by adding "on a non-professional basis or" immediately after "except" **OK –** deleted "descent" **VA –** deleted "Travel in or descent from any vehicle or device for aerial navigation…" and replaced with "Aviation…"

Accident Disability Direct

Form CH-26114-IP (01/10) (or its state variation)

Standard Exclusions and Limitations		Major State – Specific E&L Variations
SS	Being intoxicated or under the influence of intoxicants; defined as having a blood alcohol content which results in the insured person being deemed legally intoxicated under the laws of the jurisdiction in which the loss is sustained or contracted.	CT only
SS	Services or supplies for the treatment of an occupational injury or sickness which are paid under the NC Workers' Compensation Act only to the extent such services or supplies are the liability of the employee, employer or workers' compensation insurance carrier according to a final adjudications under the NC Workers' Compensation Act or an order of the NC Industrial Commission approving a settlement agreement under the NC Workers' Compensation Act.	NC only
SS	The use of alcohol that substantially contributes to, causes the loss, or is over the legal limit.	UT only

Standard Definitions		Major State – Specific Definition Variations
Actively at Work	Means working on a permanent basis at least 25 hours per week for wage or salary; and performing the material and substantial duties of a regular job or any other job for which the insured is qualified by reason of education, training or experience.	MD – References to “actively at work” are removed, except where used under Recurrent Disability.
Totally Disabled	Means that due to Injury, the insured is under a legally qualified physician’s care; and not in fact Actively at Work, as certified by a legally qualified physician upon our request.	

Income Protection Direct

Policy Form CH-26115-IP (01/10) (or its state variation)

Copy of Policy Print

Plan Description

- The Income Protection Direct plan provides a Monthly Total Disability benefit if the insured becomes Totally Disabled within 30 days of sickness onset or occurrence of an injury while covered under the policy and is Actively at Work.

General Benefit Options

- GI - $500,
- SI - $1,000, $1,500, $2,000 and $2,500. (See State Specific Benefits Section for available options.)

General Age Guidelines

- Child Primaries: Not Allowed
- Child Dependents: Not Allowed
- Max Issue Age: Primary (19-60) – Spouse/Domestic Partner (19-60)

General Sales Rules

- Benefit Amounts: Adult Primary and Adult Spouse/Domestic Partner can select different benefit option and/or disability plans
- Sales Rules: Cannot be sold with another Income Protection Direct or Accident Disability Direct offered by CLICO or an Income Protection Plus or Income Protection offered by Midwest

Income Protection Direct

Form CH-26115-IP (01/10) (or its state variation)

Premium Rating Factors

- Issue Age (Attained Age in **KY** and **TN**)
- Sex
- Benefit Amount
- Benefit Period
- Elimination Period
- Occupation

Underwriting

- Simplified or guaranteed issue available

Coordination of Benefits

- If the insured has other benefits paid for their disability, the monthly benefit under this plan will be reduced.
- This includes other disability paid under another plan, employer sick pay, retirement or pension plan, benefits from workers' compensation or any other retirement program including retirement benefits under Social Security.

Subrogation

- No

Underwriting Rules Based on Benefit Options vs. AGI

Annual Gross Income	Maximum Monthly Indemnity Benefit that can be selected
Under $10,000	Decline Coverage
$10,000 - $19,999	$500
$20,000 - $29,999	$500, $1000
$30,000 - $39,999	$500, $1000, $1500
$40,000 - $49,999	$500, $1000, $1500, $2000
$50,000 and over	$500, $1000, $1500, $2000, $2500

New Business

- Spouses applying for coverage with the Primary will receive a separate policy.

State – Specific Marketing Rules

- **DE, MA –** Max Issue Age Primary (19-55) / Spouse (19-55)

Income Protection Direct

Form CH-26115-IP (01/10) (or its state variation)

Standard Benefits							State – Specific Benefits
Benefit	**Description**	**GI Option**	**Option 1**	**Option 2**	**Option 3**	**Option 4**	
Benefit Options	• Due to Injury or Sickness that occurs after the effective date of coverage • Must be Actively at Work • Total Disability must begin within 30 days after the Accidental Injury or onset of Sickness • Total Disability for a full month provides for the lesser of The Monthly Indemnity Benefit; or 60% of the insured's gross prior monthly income • Total Disability for a partial month is 1/30 per day of the Monthly Indemnity Benefit	**$500**	**$1,000**	**$1,500**	**$2,000**	**$2,500**	**MA, VA –** No GI option.
Maximum Period Payable Options	• Selected independent of Benefit Amount • Benefit continues through end of Maximum Period Payable selected as long as Total Disability continues	**12 Months**	**12 or 24 Months**	**12 or 24 Months**	**12 or 24 Months**	**12 or 24 Months**	**MA, VA –** No GI option.
Elimination Period	Selected independent of Benefit Amount	**90 Days**	**14, 30, 60 or 90 Days**	**14, 30, 60 or 90 Days**	**14, 30, 60 or 90 Days**	**14, 30, 60 or 90 Days**	**MA, VA –** No GI option, only 14 or 30 day elimination period available. **DE –** GI option only offers 30 day elimination period. Only 14 and 30 day elimination periods available for other options.
Waiver of Premium	• When an insured has been continuously disabled as defined for 90 days and receiving benefits, future premiums will be waived for the remainder of the disability period. • Insured must resume premium payments within 31 days when no longer eligible for waiver of premium to keep coverage in force.						

Income Protection Direct

Form CH-26115-IP (01/10) (or its state variation)

Standard Benefits							State – Specific Benefits
Benefit	**Description**	**GI Option**	**Option 1**	**Option 2**	**Option 3**	**Option 4**	
Recurrent Disability	Following the end of the preceding disability, after a Period of Total Disability, if the insured is disabled and has not been actively at work for at least 6 months: • A new elimination period not required • Subject to the Maximum Period Payable that started with the preceding Period of Total Disability • If the Maximum Period Payable has ended, no benefits will be payable for a recurrence						
Concurrent Disability	If a Total Disability is caused by more than one injury or sickness, benefits are paid as only one injury or sickness						

Termination Age Standard		Major State–Specific Termination Age Variations
Termination Age	**65**	

Income Protection Direct

Form CH-26115-IP (01/10) (or its state variation)

	Standard Exclusions and Limitations	Major State – Specific Exclusions and Limitations Variations
	Pre-Existing Condition Limitation: We will not provide benefits for any loss resulting from a Pre-Existing Condition, as defined, unless the loss is incurred at least one year after the insured's effective date of coverage	**NM –** revised by changing "one year" to "six months"
1	Injuries that do not first occur while the policy is in force for the insured person	**MD –** N/A. **VA –** Deletes "First"
2	Any act of war, declared or undeclared	**NC –** added "except by terrorism" **OK –** revised to add "when serving in the military or an auxiliary unit thereto.."
3	Active military duty in the service of any country	**ID –** revised to read "service in the armed forces or units auxiliary to it" **VA –** Deleted entirely
4	Participation in a riot, civil commotion or insurrection	**ID –** revised to read "participation in a felony, riot, or insurrection" **MD –** N/A. **NC –** changed to "active participation" **OR –** revised to add "voluntary" before "participation"
5	Suicide, attempted suicide, or any intentionally self-inflicted injury, while sane or insane	**CO, MO –** deleted "or insane" **MD –** deleted "sane or" **PA –** deleted "attempted suicide" and "while sane or insane" **WA –** added "unless such act is the direct result of an underlying medical condition"
6	Mental or nervous disorders	**ID, VA –** added "alcoholism or drug addiction" **VA –** revised by changing "Nervous" to "Emotional"

Income Protection Direct

Form CH-26115-IP (01/10) (or its state variation)

	Standard Exclusions and Limitations	Major State – Specific Exclusions and Limitations Variations
7	Having cosmetic surgery	**DC –** revised to add "except as mandated by D.C." **ID –** added "except that 'cosmetic surgery' shall not include reconstructive surgery when the service is incidental to or follows surgery resulting from trauma, infection or other diseases of the involved part, and reconstructive surgery because of congenital disease or anomaly of a covered dependent child." **MD –** revised to read "any cosmetic surgery or surgical procedure except for disabilities arising directly from unplanned and unanticipated adverse consequences of such surgery."
8	Experimental or investigational medicine	
9	Operating any motorized passenger vehicle for wage, compensation or profit.	**IL, OK, VA –** N/A. **NC –** revised to add "such as taxi or for racing" after "vehicle"
10	Drug abuse or addiction including alcoholism, or overdose of drugs, narcotics, or hallucinogens, directly or indirectly.	**AL –** revised to add "unless taken as prescribed by a legally qualified physician" **DC –** deleted and replaced with "the voluntary use of illegal drugs, the intentional taking of over the counter medication not in accordance with recommended dosage and warning instructions; and the intentional misuse of prescription drugs, except as mandated by D.C." **GA –** added "unless administered upon the advice of a physician." **ID –** deleted and replaced with "any loss sustained or contracted in consequence of the insured person being intoxicated or under the influence of any narcotic, unless administered on the advice of a legally qualified physician." **KS, MD, MI, OR, VA –** N/A. **LA –** revised to "addiction of alcohol, narcotics, or hallucinogens, directly or indirectly." **NC –** added "unless administered upon the advice of a legally qualified physician." **OK –** revised to read "drug addiction or alcoholism" **PA -** deleted and replaced with "any loss sustained or contracted in consequence of the insured person being intoxicated or under the influence of any narcotic, unless administered on the advice of a legally qualified physician" **WY–** revised to add "unless used as prescribed by a legally qualified physician"

Income Protection Direct

Form CH-26115-IP (01/10) (or its state variation)

Standard Exclusions and Limitations		Major State – Specific E&L Variations
11	An overdose of drugs, being intoxicated or under the influence of intoxicants, hallucinogens, narcotics or other drugs, directly or indirectly.	**AL –** revised to add "unless taken as prescribed by a legally qualified physician" and the language "or under the influence of intoxicants" was deleted. **DC –** deleted and replaced with "the voluntary use of illegal drugs, the intentional taking of over the counter medication not in accordance with recommended dosage and warning instructions; and the intentional misuse of prescription drugs, except as mandated by D.C." **GA –** added "unless administered upon the advice of a physician." **ID –** deleted and replaced with "any loss sustained or contracted in consequence of the insured person being intoxicated or under the influence of any narcotic, unless administered on the advice of a legally qualified physician." **IL –** revised to read "being intoxicated or under the influence of intoxicants that which is defined and determined by the laws of the state where the loss or cause of the loss was incurred, hallucinogens, narcotics or other drugs, unless taken as prescribed by a legally qualified physician." **IN, MD, MI, VA –** N/A. **LA –** revised to "being intoxicated or under the influence of intoxicants, hallucinogens, or narcotics, directly or indirectly." **MT –** revised by adding "voluntary" before "overdose" and "intoxicated" **NC –** added "unless administered upon the advice of a legally qualified physician" **OK –** revised to read "being under the influence of narcotics, unless taken as prescribed by a legally qualified physician" **PA –** deleted and replaced with "any loss sustained or contracted in consequence of the insured person being intoxicated or under the influence of any narcotic, unless administered on the advice of a legally qualified physician" **UT –** revised by deleting "being intoxicated or under the influence of intoxicants" **WA –** revised to read "an overdoes of drugs, directly or indirectly, except that treatment of an injury solely because the injury was sustained as a consequence of the Insured Person's being intoxicated or under the influence of a narcotic is not excluded." **WY –** revised to add "unless used as prescribed by a legally qualified physician"

Income Protection Direct

Form CH-26115-IP (01/10) (or its state variation)

	Standard Exclusions and Limitations	Major State – Specific Ex&L Variations
12	Directly or indirectly engaging in an illegal occupation or illegal activity or your being incarcerated	**MD –** N/A. **GA –** deleted and replaced with "directly or indirectly engaging in an illegal occupation". **ID –** deleted and replaced with "any loss to which a contributing cause was the insured person's commission of or attempt to commit a felony or to which a contributing cause was the insured person being engaged in an illegal occupation or illegal activity." **IL –** deleted "indirectly" and "illegal activity" **MO, VA –** deleted "or your being incarcerated **NE –** "illegal occupation" is revised to read – "engaging in an illegal occupation" **PA –** deleted "…or illegal activity or your being incarcerated" **UT –** revised to add "as a voluntary participant" after "activity"
13	Committing or trying to commit a felony	**MD –** N/A. **GA –** deleted and replace with "directly or indirectly engaging in an attempted felony." **UT –** added "as a voluntary participant"
14	Pregnancy and childbirth	**IA –** added "…except for complications of pregnancy as defined." **KS –** revised to "except for complications of pregnancy (as defined)." **NC –** added "except for complications of pregnancy"
15	Mountaineering using ropes and/or other equipment, parachuting, hang gliding, racing any type of vehicle in an organized or unorganized event, sky diving, scuba diving below 130 feet, motorized racing, para-sailing, experimental aviation, ultra-light flying, base jumping, bungee jumping, heli-skiing, or heli-snowboarding.	**FL –** Adds '…using ropes, ice axes, screws, belays, anchors and harnesses' **IA –** Revised to "aviation, including experimental aviation, or ultra-light flying." Includes "…, officiating or coaching," specifies "…diving below 50 feet" **WY –** Includes "…, officiating or coaching," specifies "…diving below 50 feet" **IL, OK, VA, WA –** Deleted entirely
16	Travel in or descent from any vehicle or device for aerial navigation, except as a fare paying passenger in an aircraft operated by a commercial airline (other than a charter airline) certified by the U.S. Federal Aviation Administration (FAA) on a regularly scheduled passenger trip	**ID –** added "on a non-professional basis" **OK –** deleted "or descent" **VA –** deleted "Travel in or descent from any vehicle or device for aerial navigation…" and replaced with "Aviation…"

Income Protection Direct

Form CH-26115-IP (01/10) (or its state variation)

Standard Exclusions and Limitations		Major State – Specific Exclusions and Limitations Variations
SS	Services or supplies for the treatment of an occupational injury or sickness which are paid under the NC Workers' Compensation Act only to the extent such services or supplies are the liability of the employee, employer or workers' compensation insurance carrier according to the final adjudications under the NC Workers' Compensation Act or an order of the NC Industrial Commission approving a settlement agreement under the NC Workers' Compensation Act."	**NC only**
SS	The use of alcohol that substantially contributes to, causes the loss, or is over the legal limit.	**UT only**

Standard Definitions		Major State – Specific Definition Variations
Actively at Work	Means working on a permanent basis at least 25 hours per week for wage or salary; and performing the material and substantial duties of a regular job or any other job for which the insured is qualified by reason of education, training or experience.	
Totally Disabled	Means that due to Injury, the insured is under a legally qualified physician's care; and not in fact Actively at Work, as certified by a legally qualified physician upon our request.	
Pre-Existing Condition	Means a sickness not excluded by name or specific description for which medical advice, consultation or treatment was recommended by or received from a medical practitioner acting within the scope of her or her license, within the two year period before the effective date of coverage; or symptoms existed which would cause an ordinarily prudent person to seek diagnosis, care or treatment within the two year period before the effective date of coverage.	**AL –** revised from "two years" to "five months" **DC –** revised from "two years" to "one year" and the "ordinarily prudent" language has been deleted. **IL, KS, MS –** revised from "two years" to "one year" **MD –** revised from "two years" to "12 months" **MT –** deleted "symptoms existed which would cause an ordinarily prudent person…." **NC –** revised to read "Pre-existing Condition means a Sickness for which medical advice, diagnosis, care, or treatment was recommended by or received from a medical practitioner acting within the scope of his or her license, within the twelve month period before the effective date of coverage."

Plan Description

- Provides network and non-network benefits including comprehensive eye examinations, corrective lenses, contacts and frames. Paid to Provider.

General Benefit Options

- GI - One benefit level

General Age Guidelines

- Non-Senior
  - Child Primaries: Are allowed (0-18)
  - Child Dependents: Are allowed (0-25) – See State-Specific Marketing Rules for maximum ages.
  - Max Issue Age: Primary (0-64) – Spouse/ Domestic Partner (16-64)
- Senior
  - Child Primaries: Not Allowed
  - Child Dependents: Are allowed (0-25) See State-Specific Marketing Rules for maximum ages.
  - Max Issue Age: Primary (65-99) – Spouse/Domestic Partner (16-99)

General Sales Rules

- Non-Senior Sales Rules: Cannot be sold with any other Vision Plan offered by Midwest or CLICO May be sold with a Senior Vision for a different applicant.

- Sales Rules: Cannot be sold with any other Senior Vision Plan offered by Midwest or CLICO. May be sold with a Non-Senior Vision for a different applicant. Up to six dependent children are allowed on a 2013 combo application. Eight total applicants are allowed on a 2013 application and ten total applicants are allowed on a 2015 application.

Premiere Vision

Form CH-26120-IP (1/12) OON (or its state variation)

Premium Rating Factors

- Age of Primary Insured (Attained Age in **KY**)
- Individual, 2 Person, Family

Underwriting

- Guaranteed issue only

Coordination of Benefits

- No

Subrogation

- No

Senior Vision Marketing Rules

- Medicare Advantage plans may contain benefit provisions that could potentially duplicate the Premiere Vision policy benefits.
- If you are offering the Premiere Vision policy in the senior market, you must determine if the potential applicant has existing vision coverage (refer to the application question regarding other coverage).
- Do not offer a Premiere Vision policy to a customer who has an existing Medicare Advantage plan with vision benefits or other existing vision coverage.

State – Specific Marketing Rules

- **MA –** This plan is not available in the Barnstable, Dukes, Franklin or Nantucket Counties
- The age limits for dependents is 0 - 25 except in the states shown below:

State	Min Age	Max Age
CT	0	26
FL	0	30
IL	0	29
NE	0	29
OH	0	27
SD	0	29
WI	0	26

Premiere Vision

Form CH-26120-IP (1/12) OON (or its state variation)

Standard Benefits			State – Specific Benefits
Benefit Description	**Network Benefits**	**Non-Network Benefits**	
Examination • Includes eye exam, refraction and dilation as necessary • Limited to one exam every 12 months from last date of service, per insured person	**100 % Comprehensive Eye Examinations per Insured Person**	**100 % up to a maximum of $30 per Comprehensive Eye Examination, per Insured Person**	**AR –** Non-Network: 75%. **FL –** Network and Non-Network: 100% up to $40 **GA, MD –** Network: 100% up to $30.
Corrective Spectacle Lenses (standard, uncoated plastic lenses) • Co-pay $10 (per insured person) • Limited to one purchase every 12 months from the last date of service, per insured person • In lieu of corrective contact lenses	**Single Vision Lenses, Bifocal Lenses and Trifocal Lenses paid at 100%**	**Not Covered**	**AR –** Non-Network: 75%. **CT, FL, ID, IL, KS, KY, MD, MO, NC. NM, NV, OH, OK, PA, TX, UT –** Non-Network: Single vision lenses 100% up to $35, Bifocal lenses 100% up to $55, and Trifocal lenses 100% up to $90 **FL, GA, ME –** Network and Non-Network: Single vision lenses 100% up to $35, Bifocal lenses 100% up to $55, and Trifocal lenses 100% up to $90;
Frames • Co-pay $10 (per insured person) • Limited to one purchase every 12 months from the last date of service, per insured person • In lieu of corrective contact lenses	**Paid at 100% up to $120**	**Not Covered**	**AR –** Non-Network: 100% up to $90 **FL, ID, IL, KS, KY, MO, NC, NM, NV, OH, OK, PA, TX, UT –** Non-Network: 100% up to $60 **GA –** Non-Network: 100% up to $84 **MD –** Non-Network: 100% up to $120 **ME–** Non-Network: 100% up to $100
Corrective Contact Lenses • Co-pay $10 (per insured person) • Limited to one purchase every 12 months from the last date of service, per insured person • In lieu of corrective spectacle lenses and frames • Contact lens fitting and follow-up visits are not covered.	**Paid at 100% up to $120**	**Not Covered**	**AR, CT, FL, GA, ID, IL, KS, KY, MD,ME, MO, NC, NM, NV, OH, OK, PA, TX, UT –** Non-Network: Paid at 100% up to $120
Contact Lens Fitting	**Not Covered**	**Not Covered**	
Follow-up Visits	**Not Covered**	**Not Covered**	

Premiere Vision

Form CH-26120-IP (1/12) OON (or its state variation)

Termination Age Standard		Major State–Specific Termination Age Variations
Termination Age: Non-Senior	No termination age	
Termination Age: Senior	No termination age	

	Standard Exclusions and Limitations	Major State – Specific E&L Variations
1	Orthoptic or vision training and any associated supplemental testing	
2	Plano lenses	
3	Lens coating	
4	Two pair of glasses, in lieu of bifocals or trifocals	
5	Medical or surgical treatment of the eyes	
6	Any type of corrective vision surgery, including LASIK surgery	
7	Any eye examination, or any corrective eyewear, required by an employer as a condition of employment	

Premiere Vision

Form CH-26120-IP (1/12) OON (or its state variation)

Standard Exclusions and Limitations		Major State – Specific E&L Variations
8	Any services or supplies when paid under any Workers' Compensation or similar law	**NC –** revised to "any injury or sickness arising out of, or in the course of, employment for wage or profit, for which benefits are paid under the Worker's Compensation Act, Occupational Disease Act, or similar act or law and if determined by a final adjudication of the claim, the employee, employer, or Workers Compensation Carrier under such Article or by an order of the NC Industrial Commission, is liable/responsible for such charges, unless the Insured is self-employed."
9	No-line bifocal or progressive lenses	
10	Photochromic, transition, or polycarbonate lenses	
11	Lenticular lenses	
12	Sub-normal vision aids or non-prescription lenses	
13	Services rendered or supplies purchased outside the U.S. or Canada, unless the insured person resides in the U.S. or Canada and the charges are incurred while on a business or pleasure trip	
14	Eyeglasses when the change in prescription is less than .5 Diopter	
15	Experimental or investigational or non-conventional treatment or device	
16	Eyeglass lens treatments, including "add-ons", UV coating, anti-reflective coating, scratch resistant coating, tinting, edge polishing	
17	Oversized lenses	
18	High index lenses of any material type	
19	Fitting for contact lenses	
20	Follow-up visits	
21	Charges incurred after the policy has terminated or coverage has ended	

PPO Dental

Policy Form CH-26121-IP (01/12) (or its state variation)

Copy of Policy Print - Basic

Copy of Policy Print - Premiere

Plan Description

- Plan provides benefits for covered expenses through Network Providers and Non-Network Providers.

General Benefit Options

- GI - Premiere, Basic

General Age Guidelines

- Non-Senior
  - Child Primaries: Are allowed (0-18)
  - Child Dependents: Are allowed (0-25) – See State-Specific Marketing Rules for maximum ages.
  - Max Issue Age: Primary (0-64) – Spouse/ Domestic Partner (16-64)
- Senior
  - Child Primaries: Not Allowed
  - Child Dependents: Are allowed (0-25) See State-Specific Marketing Rules for maximum ages.
  - Max Issue Age: Primary (65-99) – Spouse/ Domestic Partner (16-99)

General Sales Rules

- All applicants must select the same type of plan
- Non-Senior: Cannot be sold with another Dental Plan offered by Midwest or CLICO. May be sold with a Senior Dental for a different applicant.
- Senior: Cannot be sold with any other Senior Dental Plan offered by Midwest or CLICO. May be sold with a Non-Senior Dental for a different applicant. Eight total applicants are allowed on a 2013 application and ten total applicants are allowed on a 2015 application.

PPO Dental

Form CH-26121-IP (01/12) (or its state variation)

Premium Rating Factors

- Age of Primary Insured (Attained Age in **KY**)
- Adult, Child (0-18)
- Basic, Premiere

Underwriting

- Guaranteed issue only

Subrogation

- Yes, varies by state

Senior Dental Marketing Rules

- Medicare Advantage plans may contain benefit provisions that could potentially duplicate the PPO Dental policy benefits.
- If you are offering the PPO Dental policy in the senior market, you must determine if the potential applicant has existing dental coverage (refer to the application question regarding other coverage).
- Do not offer a PPO Dental policy to a customer with an existing Medicare Advantage plan that includes dental benefits or other existing dental coverage.

Coordination of Benefits

- There is no coordination of benefits for the PPO Dental plan.

Network Information

- Both plans provide benefits for covered expenses through Network Providers and Non-Network Providers.
- Includes access to the Maximum Care Network providers for covered and non-covered services.

State – Specific Marketing Rules

- **MA –** This plan is not available in the Barnstable, Dukes, Franklin or Nantucket Counties
- The age limits for dependents is 0 - 25 except in the states shown below:

State	Min Age	Max Age
CT	0	26
FL	0	30
IL	0	29
NE	0	29
OH	0	27
SD	0	29
WI	0	26

100

PPO Dental

Form CH-26121-IP (01/12) (or its state variation)

Standard Benefits Benefit Description	Premiere	Basic	State – Specific Benefits
Calendar Year Deductible Family	**Limited to 3 per family**	**Limited to 3 per family**	**MA –** Basic and Premiere, Type I Expenses have no deductible. Type II and III expense deductibles are as shown to the left.
Calendar Year Benefit Maximum	**$1,200 per insured** **$6,000 per family**	**$1,000 per insured** **$5,000 per family**	**LA, TX –** Have individual $1,000 per person and $5,000 per family benefit maximums on both the Premiere and Basic. **MA –** Does not have a Family benefit maximum for Basic or Premiere
Orthodontics	**Not Included**	**Not Included**	**SC –** covers orthodontics. $50 Premiere or $100 Basic, per Insured, per Calendar Year Deductible must be paid before benefits are considered at 60% in-network or 50% non-network up to the Calendar Year Benefit Maximum.
Type I Covered Expenses **Preventative** • Prophylaxis, once every 6 months • Topical fluoride, once every 12 months, up to age 16 • Sealants, once every 36 months, up to age 16 **Diagnostic** • Oral evaluations, once every 6 months • Bitewing x-rays, once every 12 months • Vertical bitewings, once every 36 months • Diagnostic casts	**Deductible: 0** **Waiting Period: 0 months** **Coinsurance Network: 100%** **Coinsurance Non-Network: 80%**	**Same**	
Type II Covered Expenses **Preventive:** • Space maintainers, up to age 6 **Diagnostic:** • Intraoral films, extraoral films, and panoramic film, once every 36 months **Restorative:** • Amalgam, primary or permanent and resin-based composite **Adjunctive Services** *Includes services such as:* • Palliative (emergency) treatment of pain • Fixed partial denture sectioning • Local anesthesia • Analgesia, up to age 13 • Inhalation of nitrous oxide • Occlusion analysis and occlusion adjustment	**Deductible: $50 per insured per calendar year** **Waiting Period: 6 months** **Coinsurance Network: 80%** **Coinsurance Non-Network: 60%**	**Deductible: $100 per insured per calendar year** **Waiting Period: 6 months** **Coinsurance Network: 50%** **Coinsurance Non-Network: 50%**	**GA, LA, TX –** Choosing a non-network provider pays the same coinsurance percentage as a network provider.

PPO Dental

Form CH-26121-IP (01/12) (or its state variation)

Standard Benefits Benefit Description	Premiere	Basic	State – Specific Benefits
Type III Covered Expenses **Restorative** *Includes services such as:* • Inlays and onlays (and recementing, once every 12 months) • Crowns; cast posts and core buildups • Pin retention in addition to restoration, up to 2 procedures every 12 months • Sedative fillings **Endodontics** *Includes services such as:* • Pulp caps; therapeutic pulpotomy; pulpal therapy • Root canal or endodontic therapy **Periodontics** *Includes services such as:* • Gingivectomy/gingivoplasty, once every 36 months • Gingival flap procedure and osseous surgery, each limited to once every 36 months • Soft tissue graft procedures • Periodontal scaling and root planning, limited to 4 separate quadrants every 2 years • Full-mouth debridement to enable evaluation and diagnosis, once every 36 months **Prosthodontics** *Includes services such as:* • Complete and partial dentures (once every 5 years for complete dentures to replace missing / broken teeth) • Adjustment and repair of dentures **Oral Surgery** *Includes services such as:* • Extraction of erupted tooth; removal of impacted tooth • Tooth transplantation • Alveoloplasty • Removal of cyst/tumor • Incision and drainage of abscess	**Deductible: $50 per insured per calendar year** **Waiting Period: 12 months** **Coinsurance Network: 60%** **Coinsurance Non-Network: 50%**	**Not Included**	**SC –** Services are covered under the Basic Plan: Deductible: $100 per insured per calendar year Waiting Period: 12 months Coinsurance Network: 60% Coinsurance Non-Network: 50%
Tooth Missing But Not Replaced *Coverage for the first installation of removable dentures, fixed bridgework and other Type III Prosthetic or Prosthodontic services are subject to the following requirements:*	• Such services are needed to replace one or more natural teeth that were removed while this Policy was in force for the Insured Person; and • Such services are not abutments to a partial denture, removable bridge, or fixed bridge installed during the prior 8 years.	**Not Included**	

PPO Dental

Form CH-26121-IP (01/12) (or its state variation)

Termination Age Standard		Major State–Specific Termination Age Variations
Termination Age: Non-Senior or Senior	**No termination age**	

Standard Exclusions and Limitations		Major State – Specific E&L Variations
Premiere and Basic	Treatment, care, services or supplies for which benefits are not specifically provided for in this Policy;	
Premiere and Basic	Charges exceeding the Maximum Benefit Amount, if any;	
Premiere and Basic	Attempted suicide or any intentionally self-inflicted injury;	**MD –** N/A
Premiere and Basic	Directly or indirectly engaging in illegal activity;	**IL –** revised to read "directly engaging in illegal activity" **UT –** revised to read "directly engaging in illegal activity" **VA –** N/A.
Premiere and Basic	Treatment or disturbances of the temporomandibular joint (TMJ);	**NM –** N/A.
Premiere and Basic	A service not furnished by a Dentist, UNLESS by a dental hygienist under the Dentist's supervision and x-rays are ordered by the Dentist;	**VA –** revised to read "a service not rendered by a dentist, or physician, unless by a dental hygienist under the dentist's supervision and x-rays are ordered by the dentist of physician"
Premiere and Basic	Plaque control; completion of claim forms; broken appointments; prescription or take-home fluoride; or diagnostic photographs;	
Premiere and Basic	Oral/facial images, including intra- and extra-oral images;	

PPO Dental

Form CH-26121-IP (01/12) (or its state variation)

Standard Exclusions and Limitations		Major State – Specific E&L Variations
Premiere and Basic	Pulp vitality tests;	
Premiere and Basic	Chair side, labial veneers (laminates);	
Premiere and Basic	Regional block anesthesia;	
Premiere and Basic	Care or treatment of a condition for which benefits are payable under any Workers' Compensation Act or similar law;	
Premiere and Basic	Orthodontic procedures;	
Premiere and Basic	Covered Expenses for which an Insured Person is not legally obligated to pay; or	
Premiere and Basic	Hospital, house, or extended care facility calls;	
Premiere and Basic	Office visits for the purpose of observation, during or after regularly scheduled hours;	
Premiere and Basic	Office visits outside of regularly scheduled hours;	
Premiere and Basic	Experimental/Investigational treatment.	
Premiere and Basic	Services in connection with war or any act of war, whether declare or undeclared, (war does not include terrorism)	VA Only
Premiere and Basic	Enamel micro-abrasions;	

PPO Dental

Form CH-26121-IP (01/12) (or its state variation)

Standard Exclusions and Limitations		Major State – Specific E&L Variations
Premiere and Basic	Services not completed by the end of the month in which coverage terminates;	
Premiere and Basic	Procedures that are begun, but not completed;	
Premiere and Basic	Those services for which there would be no charge in the absence of insurance or for any service or treatment provided without charge;	
Premiere and Basic	Services in connection with war or any act of war, whether declared or undeclared, or condition contracted or accident occurring while on full-time active duty in the armed forces of any country or combination of countries;	**OK –** revised to read "services in connection with war or any act of war, whether declared or undeclared, while serving in the military or any auxiliary unit attached to the military or working in an area of war whether voluntary or as required by an employer; participation in a felony, riot or insurrections, service in the armed forces or units auxiliary thereto."
Basic Only	Cosmetic Procedures	**MD –** N/A **VA –** added "…unless due to an injury or for congenital/developmental malformation."
Premiere Only	Implants; replacement of lost or stolen appliances; replacement of orthodontic retainers; athletic mouth guards; precision or semi-precision attachments; denture duplication; or splinting;	**SC –** revised to read "orthodontic procedures, except for necessary care and treatment of Your Covered Dependent(s) Cleft Lip and Cleft Palate"
Premiere Only	Post removals UNLESS in conjunction with endodontic therapy;	
Premiere Only	Replacement of any prosthetic appliance, crown, inlay, or onlay restoration, or fixed bridge within 5 years of the date of the last replacement, UNLESS due to an injury;	
Premiere Only	The replacement of full and partial dentures, bridges, inlays, onlays or crowns that can be repaired or restored to normal function;	

PPO Dental

Form CH-26121-IP (01/12) (or its state variation)

Standard Exclusions and Limitations		Major State – Specific E&L Variations
Premiere Only	An initial placement of a partial or full removable denture or fixed bridgework if it involves the replacement of one or more natural teeth lost before coverage was effective under this Policy. This limitation does not apply if replacement includes a natural tooth extracted while covered under the Policy;	
Premiere Only	Cosmetic procedures, UNLESS due to an injury or for congenital / developmental malformation. Facing on crowns, or pontics, posterior to the second bicuspid is considered cosmetic;	**VA –** revised to read "cosmetic procedures, UNLESS due to an injury or for congenital/developmental malformation"
Premiere Only	Intentional re-implantation, including necessary splinting;	
Premiere Only	Surgical procedure for isolation of tooth with rubber dam;	**VA –** N/A.
Premiere Only	Canal preparation and fitting of performed dowel or post;	**VA –** N/A.

NH Vision

Policy Form CH-26023-IP (5/07) NH (01/12)

Plan Description

- Provides benefits including comprehensive eye examinations, corrective lenses or contacts. Paid to Provider.

General Benefit Options

- GI - One benefit level

General Age Guidelines

- Non-Senior:
  - Child Primaries: Are allowed (0-18)
  - Child Dependents: Are allowed (0-25)
  - Max Issue Age: NH – Primary (0-64) – Spouse/Domestic Partner (16-64)
- Senior:
  - Child Primaries: Not Allowed
  - Child Dependents: Are allowed (0-25)
  - Max Issue Age: Primary (65-99) – Spouse/Domestic Partner (16-99)

General Sales Rules

- Cannot be sold with any other Vision Plan offered by Midwest or CLICO.

NH Vision

Form CH-26023-IP (05/07) NH (01/12)

Premium Rating Factors

- Attained Age

Underwriting

- Guaranteed issue only

Coordination of Benefits

- No

Subrogation

- No

Premium Discount

- A one-month discount is given when the payment frequency is annual.
- The maximum age for dependents is up to 26.

NH Vision

Form CH-26023-IP (05/07) NH (01/12)

Standard Benefits

Benefit Description	Network Benefits	Non-Network Benefits
Examination • Limited to one comprehensive exam every 12 months from last date of service, per insured person	**100%**	**100% of the Network Provider negotiated rate**
Corrective Spectacle Lenses (standard, uncoated plastic lenses) • Limited to one purchase every 12 months from the last date of service, per insured person	**Single Vision Lenses, Bifocal Lenses and Trifocal Lenses paid at 100%**	**Not Covered**
Corrective Contact Lenses • Limited to one purchase every 12 months from the last date of service, per insured person • In lieu of corrective spectacle lenses and frames.	**Non-Disposable and Disposable paid at 100%** **Therapeutic not covered**	**Non-Disposable and Disposable not covered** **Therapeutic not covered**
Frames	**Not Covered**	**Not Covered**
Contact Lens Fitting	**Not Covered**	**Not Covered**
Follow-Up Visits	**Not Covered**	**Not Covered**

Termination Age Standard

Termination Age	**75**

NH Vision

Form CH-26023-IP (05/07) NH (01/12)

Exclusions and Limitations	
1	Orthoptic or vision training and any associated supplemental testing
2	Plano lenses
3	Lens coating
4	Two pair of glasses, in lieu of bifocals or trifocals
5	Medical or surgical treatment of the eyes
6	Any type of corrective vision surgery, including LASIK surgery
7	Any eye examination, or any corrective eyewear, required by an employer as a condition of employment
8	Any services or supplies when paid under any Workers' Compensation or similar law
9	No-line bifocal or progressive lenses
10	Photochromic, transition, or polycarbonate lenses
11	Lenticular lenses
12	Sub-normal vision aids or non-prescription lenses
13	Services rendered or supplies purchased outside the U.S. or Canada, unless the Insured Person resides in the U.S. or Canada and the charges are incurred while on a business or pleasure trip
14	Eyeglasses when the change in prescription is less than .5 Diopter
15	Experimental or investigational or non-conventional treatment or device
16	Eyeglass lens treatments, including "add-ons", UV coating, anti-reflective coating, scratch resistant coating, tinting, edge polishing
17	Oversized lenses
18	High index lenses of any material type
19	Fitting for contact lenses
20	Follow-up visits
21	Frames for corrective spectacle lenses;
22	Therapeutic contact lenses
23	Charges incurred after the Policy has terminated or coverage has ended

Dental (Bronze, Silver, Gold)

Policy Form CH-26099 (01/08) ME (01/12)
Policy Form CH-26099-IP (1/08) NC

Plan Description

- Provides benefits under a Scheduled plan based on the type of procedure. Paid to Provider.

General Benefit Options

- GI - Bronze, Silver, Gold

General Age Guidelines

- Non-Senior (Available in ME and NC only)
  - Child Primaries: Are allowed (0-18)
  - Child Dependents: Are allowed (0-25) – See State-Specific Marketing Rules for maximum ages.
  - Max Issue Age (NC): Primary (0-63) – Spouse/ Domestic Partner (16-63)
  - Max Issue Age (ME): Primary (0-64) – Spouse/ Domestic Partner (16-64)
- Senior Gold and Silver (Available in ME only)
  - Child Primaries: Not Allowed
  - Child Dependents: Are allowed (0-25) – See State-Specific Marketing Rules for maximum ages.
  - Max Issue Age: Primary (65-99) – Spouse/ Domestic Partner (16-99)

General Sales Rules

- Benefit Amounts: All applicants must select the same type of plan
- Non-Senior: Sales Rules: Cannot be sold with another Dental Plan offered by Midwest or CLICO. May be sold with a Senior Dental for a different applicant.
- Senior: Cannot be sold with any other Senior Dental Plan offered by Midwest or CLICO. May be sold with a Non-Senior Dental for a different applicant.

Dental – Bronze, Silver, Gold

Form CH-26099-IP (01/08) (or its state variation)

Premium Rating Factors

- Issue Age
- Adult, Child
- Bronze, Silver, Gold

Underwriting

- Guaranteed issue only

Coordination of Benefits

- There is no coordination of benefits for the Dental Insurance policy.

Subrogation

- Yes, varies by state

Premium Discount

- **NC -** A one-month discount is given when the payment frequency is annual.

State – Specific Marketing Rules

- The maximum age for dependents is up to 26.

Dental – Bronze, Silver, Gold

Form CH-26099-IP (01/08) (or its state variation)

Standard Benefits

Benefit Description	Bronze	Silver	Gold
Calendar Year Deductible Per Person	$0	$100 per person per year, per calendar year	$100 per person per lifetime
Waiting Periods	0 months	0-12 months	0-12 months
Preventative/Diagnostics	According to Schedule	According to Schedule	According to Schedule
Restorative Endodontics Periodonics Oral Surgery	No benefits available but discounted by an In-Network Provider Only	According to Schedule	According to Schedule
Annual Benefit Maximum	$0	$1000 per insured person	$1200 per insured person
Orthodontic Services	No benefits available but discounted by an In-Network Provider Only	No benefits available but discounted by an In-Network Provider Only	$50 per month, up to $1200 Orthodontic Lifetime Maximum

Termination Age Standard

Termination Age	65

Major State–Specific Termination Age Variations

ME – No termination age.

Dental – Bronze, Silver, Gold

Form CH-26099-IP (01/08) (or its state variation)

	Exclusions and Limitations	Product Variations
1	Any portion of a charge for any service not listed as a Covered Expense in the POLICY SCHEDULE/SCHEDULE OF BENEFITS	
2	Care, treatment, services or supplies that exceed the scheduled benefit amount;	
3	Treatment of disturbances of the Temporomandibular joint (TMJ);	
4	A service not furnished by a Dentist, unless by a dental hygienist under the Dentist's supervision and x-rays are ordered by the Dentist.	
5	Cosmetic procedures, UNLESS due to an injury or for congenital / developmental malformation. Facing on crowns, or pontics, posterior to the second bicuspid is considered cosmetic;	
6	The replacement of full and partial dentures, bridges, inlays, onlays or crowns that can be repaired or restored to normal function;	
7	Implants; replacement of lost or stolen appliances; replacement of orthodontic retainers; athletic mouth guards; precision or semi-precision attachments; denture duplication; or splinting;	
8	Plaque control; completion of claim forms; broken appointments; prescription or take-home fluoride; or diagnostic photographs;	
9	Replacement of any prosthetic appliance, crown, inlay, or onlay restoration, or fixed bridge within 5 years of the date of the last replacement, UNLESS due to an injury;	
10	An initial placement of a partial or full removable denture or fixed bridgework if it involves the replacement of one of more natural teeth lost before coverage was effective under this Policy. This limitation does not apply if replacement includes a natural tooth extracted while covered under the Policy;	
11	Services not completed by the end of the month in which coverage terminates;	
12	Procedures that are begun, but not completed;	
13	Those services for which there would be no charge in the absence of insurance or for any service or treatment provided without charge;	
14	Services in connection with war of any act of war, whether declared or undeclared, or condition contracted or accident occurring while on full-time active duty in the armed forces of any country or combination of countries;	

Dental – Bronze, Silver, Gold

Form CH-26099-IP (01/08) (or its state variation)

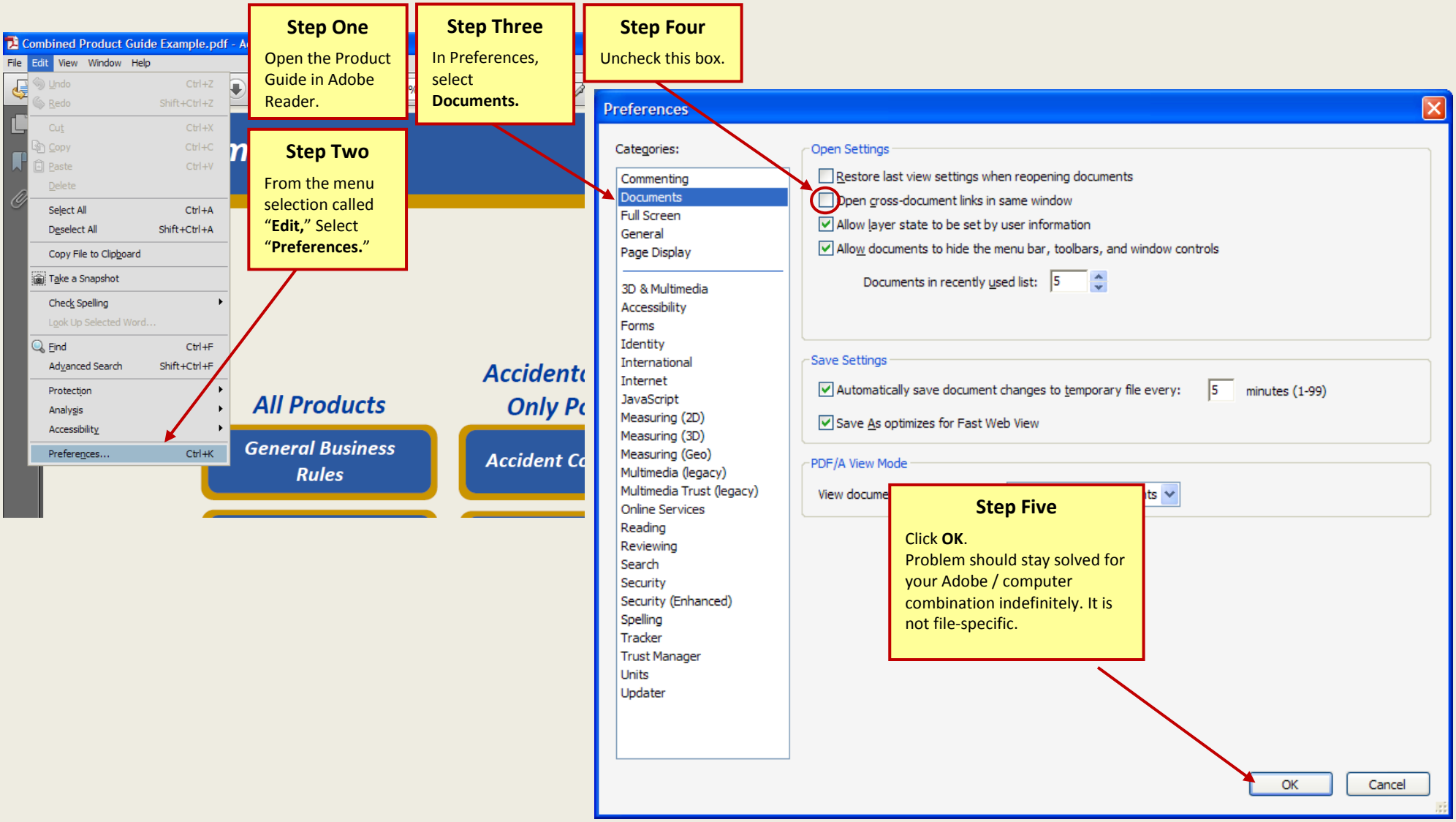
	Exclusions and Limitations	Product Variations
15	Services or supplies for the treatment of an Occupational injury or sickness which are paid under the North Carolina Workers' Compensation Act only to the extent such services or supplies are the liability of the employee, employer or workers' compensation insurance carrier according to a final adjudication under the North Carolina Workers' Compensation Act of an order of the North Carolina Industrial Commission approving a settlement agreement under the North Carolina Workers' Compensation Act.	
16	Care or treatment of a condition for which benefits are payable under any Workers' Compensation Act or similar law;	
17	Charges that are applied toward the satisfaction of a Deductible, in any;	Bronze Plan – N/A
18	Orthodontic procedures	Gold Plan – N/A
19	Covered Expenses for which an Insured Person is not legally obligated to pay.	

Appendix: Document Issues

Opening Documents in Different Windows

Help!

- **Question:** I am trying to do a presentation and every time I click to view a document, like the application or a policy print, it closes the product guide! Why is this happening?
- **Answer:** Adobe Reader has a default setting which opens any new documents in the original window. This is not a particularly useful feature. To disable it and have multiple windows open, follow the steps below (Based on Adobe Reader 9. Almost all Adobe Readers will be similar).



Appendix: Glossary of Terms

This glossary contains general definitions of insurance terminology used in underwriting. While every effort has been made to present accurate and up-to-date definitions, it should be used as a resource, not as an authority.

A

Accept/Reject Underwriting
Underwriting where an applicant or a policy is approved or declined and exclusions are not used.

Accident
An unforeseen, unexpected and unintended event resulting in bodily injury.

Accident prone
Having or susceptible to having a greater than average number of accidents or mishaps.

Adverse Selection
The tendency of persons with poorer-than-average health expectations (higher risk) to apply for, or continue insurance coverage to a greater extent than persons with average or better-than-average health expectations (lesser risk).

Age Limits
Ages below and above which an insurance company will not accept applications or renew policies.

Agent
A state-licensed individual or entity representing one or more insurance companies. An agent solicits and facilitates the sale of insurance contracts or policies and provides services to the policyholder on behalf of the insurer.

Applicant
The person applying for the insurance policy. The applicant may be different from the proposed insured or the policy owner.

Application
Forms required by the insurance company which the proposed insured completes when requesting coverage from an insurer.

Approved
A status that indicates the insurance company has completed underwriting and agrees to issue a policy to the proposed insured.

Attained Age
The age of an individual on a given date. Some of our supplemental plans use attained age as a method of calculating insurance premiums.

B

Backdating
A procedure used to make the effective date of a policy earlier than the application date. Policies issued by the Insurance Company are not backdated for any reason.

C

Carrier
Another name for an insurance company.

D

Decline
An applicant is denied coverage due to specified reasons.

Dependent
An individual other than a primary or policy holder in the policy/contract. Generally, dependents are limited to the primary's spouse or domestic partner and minor children.

E

Effective Date
The date an insurance policy goes into effect. This is sometimes referred to as the Policy Date.

Eligible Dependent
A dependent (usually spouse, domestic partner or child) of an insured person who is eligible for insurance coverage.

Exclusions
Specific conditions or circumstances listed in an insurance policy for which the policy will not provide benefit payments.

F

Felony activity
An act committed or omitted in violation of a law forbidding or commanding it and for which punishment is imposed upon conviction.

Fraud
The outright misrepresentation of facts with the direct intent to defraud either Medicare and/or an insurance company.

G

Guaranteed Issue
Guaranteed issue (GI) products are lower benefit levels which can be selected at the point of sale for some products. These plans do not have height, weight or any medical Underwriting questions. Eligibility questions still apply, such as citizenship, income or blue or white collar.

H

Hazardous Activities
These are activities that, if participated in may make you ineligible for coverage from the insurance carrier. Examples include, but are not limited to scuba diving, jet, snow, and water skiing, snowboarding, hang gliding, skydiving, paragliding, bungee jumping, mountain climbing, and amateur racing.

Appendix: Glossary of Terms

HIPAA
(Health Insurance Portability and Accountability Act of 1996) – Legislation mandating specific privacy rules and practices for medical care providers and health insurance companies, designed to streamline the healthcare and insurance industries and to protect the privacy and identity of healthcare consumers.

I

Illegal Occupation
Injury or sickness due to engaging in an occupation or activity forbidden by law.

Insurance
A system for reducing risk by transferring the risks of several individual entities to one entity, such as an insurance company. Each individual entity contributes monetarily (premiums) to cover the risk assumed by the insurance company.

Insurance Company
A company that provides insurance coverage through the issuance of insurance policies. This is also referred to as the Insurer.

Insured
The individual covered by an insurance policy.

Issue Age
The age of an individual at the time of application. This locks in premiums that may not be changed unless a payment is missed. Some of our supplemental plans use issue age as a method of calculating insurance premiums.

Issue Date
The actual date an insurance policy is issued. This may also be the effective date of the policy.

Issue State
State in which the policy was issued.

J, K, L

M

Material Misrepresentation
A statement made by an applicant or proposed insured in the policy's application which is not factually correct. If the truth had been disclosed, the insurance company would not have issued the policy, would have issued it differently, or would have issued it with limited benefits or a higher premium.

Medicaid
A state-funded healthcare program for low income and disabled persons.

Medicare
A national, federally-administered health insurance program authorized in 1965 to cover the cost of hospitalization, medical care, and some related health services for most people over age 65 and certain other eligible individuals.

Minimum Essential Health Coverage

Minimum Essential Health Coverage (MEC) includes:
- Employer-sponsored coverage, including self-insured plans, COBRA coverage and retiree coverage
- Coverage purchased in the individual market, including a qualified health plan offered by the Health Insurance Marketplace
- Medicare Part A coverage and Medicare Advantage plans
- Most Medicaid coverage *(please note that for the purpose of satisfying the MEC requirement for purchasing Hospital/Fixed Indemnity or Specified Disease/Cancer plans in California, the CDI has indicated that Medicaid* ***does not*** *qualify as MEC)*
- Children's Health Insurance Program (CHIP) coverage
- Certain types of veterans health coverage administered by the Veterans Administration
- Most types of TRICARE coverage
- Coverage provided to Peace Corps volunteers
- Coverage under the Non-appropriated Fund Health Benefit Program
- Refugee Medical Assistance supported by the Administration for Children and Families
- Self-funded health coverage offered to students by universities for plan or policy years that begin on or before December 31, 2014 (for later plan or policy years, sponsors of these programs may apply to HHS to be recognized as minimum essential coverage)
- State high risk pools for plan or policy years that begin on or before December 31, 2014 (for later plan or policy years, sponsors of these programs may apply to HHS to be recognized as minimum essential coverage)
- Other coverage recognized by the Secretary of HHS as minimum essential coverage

MEC *does not* include:
- Coverage consisting solely of HIPAA excepted benefits *(i.e. supplemental insurance coverage)*
- Limited Medicaid benefits

Misrepresentation
The act of making, issuing, circulating, or causing to be issued or circulated any written or verbal statement that does not accurately represent the correct policy terms.

Mortality
The frequency of deaths in proportion to a specific population.

Mortality Rate
The number of deaths in a group of people, usually expressed as deaths per thousand.

N

Non-Tobacco/Non-Smoker
A rating class assigned to an insurance policy in which the insured has been classified as a non-user of tobacco and/or nicotine products.

O

Occupational class
A classification system by which disability coverage is assessed based on occupation.

Occupational Class – Blue-Collar
Skilled and manual occupations in lighter industries, or occupations involving heavy manual labor or unskilled workers where there is increased risk of accident.

Appendix: Glossary of Terms

Occupational Class – White-Collar
Professional, office-type, laboratory, technical, supervisory, and service work occupations that are rarely exposed to physical or occupational hazards

Occupational Hazards
Hazards associated with an insured's occupation that increases the possibility of injury, illness or death. Such hazards may have an impact on the insurability of an applicant.

P

Personal health information (PHI)
Also referred to as protected health information, generally refers to demographic information, medical history, test and laboratory results, insurance information and other data that is collected by a health care professional to identify an individual and determine appropriate care. The Underwriting Department and their business associates are limited in the types of PHI they can collect from individuals, share with other organizations or use in marketing communications.

Policy Date
The date the insurance policy becomes effective.

Pre-Existing Condition
A physical and/or mental condition of an insured person that existed prior to the issuance of his or her insurance policy or that existed prior to issuance and for which treatment was received.

Prescription
A written order or refill notice issued by a licensed medical professional for drugs which are only available through a pharmacy.

Q

Quote
The estimated premium amount for an applicant based on several factors including type of insurance, coverage amount, length of coverage, age, gender, health and medical history, family history, build and approximate rating class. All quotes are preliminary estimates with final rates determined by insurance company underwriting.

R

Risk
The probability of injury, illness or death associated with an insured.

S

Simplified Underwriting
An underwriting process that applies a less strict analysis of risk factors.

T

Tobacco
Examples include, but are not limited to cigarettes, cigars, chewing tobacco, and snuff. Use of these products can have an impact on the rating class you receive.

U

Underwriter
The individual or team within an insurance company who is trained to evaluate risk, the insurability and determine the classification of applicants for insurance protection.

Underwriting
The process of evaluating applications for insurance based on an established set of guidelines. Underwriting determines the risk associated with an applicant and either assigns the appropriate rating class for the policy or declines to offer a policy.

Underwriting Guide
Details the underwriting practices of an insurance company and provides specific guidance as to how underwriters should analyze all of the various types of applicants they might encounter. Also called an underwriting manual, underwriting guidelines, or manual of underwriting policy.

Uninsurable Risk
An individual who is not acceptable for insurance due to excessive risk related to current health, medical history, occupation, avocations, etc.

V, W, X, Y, Z

Administrative Information

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Location

This original document is housed in the following location. All revisions to or convenience copies of this document must be copied from this location:

W:\Supplemental Operations\BPM\Supp Ops Training\Supp Ops - UW\CLICO UW and PRODUCT GUIDE

Revision Date	Version	Reason for Change	Author	Approved By	Approval Location
03/29/2013	1	• Combination of business rules, underwriting guides and product data from various sources.	Ryan Johnson Stephanie Savidge	Linton Checka Taryn Risucci	Q:\UW Guide and Product Rules\Chesapeake Underwriting and Product Guide
04/15/2013	2	• Updates to the Situation Guide and corrections to the Critical Illness, Hospital Confinement Direct and Income Protection Direct UW questions regarding medication and uncontrolled cholesterol and blood pressure.	Stephanie Savidge	Linton Checka Taryn Risucci	Q:\UW Guide and Product Rules\Chesapeake Underwriting and Product Guide

Revision Date	Version	Reason for Change	Author	Approved By	Approval Location
06/07/2013	3	• Minor revisions to Situation Guide, Occupations, Visa Guidelines. • Rating factors revisions on the Critical Illness Direct, Hospital Confinement Direct, Accident Companion, Accident Direct, Critical Accident Direct, ProtectFit Plus, Accident Disability Direct, Income Protection Direct, the Bundles, Premiere Vision, Vision, Dental and PPO Dental. • Addition of medical questions for the Accident Disability Direct and Income Protection Direct • Addition of Underwriting Rules Based on benefit options for the Accident Disability Direct and Income Protection Direct. • Added State Specific information to Critical Illness Direct, Hospital Confinement Direct, ProtectFit Plus, Accident Companion, Income Protection Direct, Accident Disability Direct • Age limit revision to the Accident/Complete/Hospital Direct Bundles, Dental, PPO Dental, Senior Dental/Senior PPO Dental, Vision, Premiere Vision and the Senior Premiere Vision • Revisions to the Limiting Age for Children chart • Updated Marriage Table with new copy from Compliance	Stephanie Savidge	Linton Checka Taryn Risucci	H:\RESTRICTED\UW Guidebook Changes\2013 - CLICO UW and Product Rules
07/22/2013	4	• Updated Subrogation statements to reflect “yes” or “no” to all plans • Added WA State Specific Benefit on Cancerwise Plan regarding no benefits if diagnosed within the first 30 days • Removed Marriage Table as a business decision was made to recognize same sex marriages and couples and exceptions for heterosexual couples when the states do not recognize these exceptions.	Stephanie Savidge	Linton Checka Taryn Risucci Dave Clabaugh, MetLife (by silent approval)	H:\RESTRICTED\UW Guidebook Changes\2013 - CLICO UW and Product Rules

Revision Date	Version	Reason for Change	Author	Approved By	Approval Location
09/12/2013	5	• Updated Advertising approvals to include Compliance and to add that Sales agents cannot make their own advertising. • Added to the Application Fees section that the app fee does not apply to MetLife. • Added the word "Policy" to the policy form numbers for all products. • Added the word "policy" in front of "form" on all introductory product pages to indicate it is the policy form and not the application form. • Added Qualifying Injury definition and WA state specific benefit to the Critical Accident Policy. • Removed UW Decision Appeals Section to be consistency with the 2012 application • Revised the Accident Companion, Accident Direct and Critical Accident Rating Factors as rate variables were either added or corrected. • Revised the Premiere Vision Plan benefits to be consistent with the policy print. • Revised "spouse" language to include "partner" to be consistent with the business rules" implemented in Version 4	Stephanie Savidge	Hillary Caffey Linton Checka Taryn Risucci	H:\RESTRICTED\UW Guidebook Changes\2013 - CLICO UW and Product Rules
10/16/2013	6	• Added MT to the Termination Age for Accident Direct, Accident Companion, Critical Accident Direct, Hospital Confinement Direct, Critical Illness Direct, CancerWise and ProtectFit Plus	Kimberley Bonnette	Linton Checka Taryn Risucci	H:\RESTRICTED\UW Guidebook Changes\2013 - CLICO UW and Product Rules
12/13/2013	7	• Corrected Sales Rules for Bundle Plans as the information was obsolete	Stephanie Savidge	Linton Checka Taryn Risucci	H:\RESTRICTED\UW Guidebook Changes\2013 - CLICO UW and Product Rules

Revision Date	Version	Reason for Change	Author	Approved By	Approval Location
01/09/2014	8	• Added Fixed Indemnity Direct Product • Updated all UW questions to reflect 2013 App for all products • Added "domestic" in front of partner for all products in the guide to match new application terminology • Updated to include copy of 2013 App • Premier Vision now available to ISP as well as AMO • Updated General Business rules chart in Appendix to match 2013 App • Simplified Visa rules to state we do not accept temporary visas. Left declined visa list intact until we fully transition from 2012 application • Removed the elimination period restriction in Georgia for the Accident Disability Direct and the Income Protection Direct, as it is no longer applicable. • Removed restriction stating PPO Dental was not available in NM. • Updated the CO State Specific Information for Application Fees in the General Business Rules	Ryan Johnson	Linton Checka Taryn Risucci	H:\RESTRICTED\UW Guidebook Changes\2013 - CLICO UW and Product Rules
02/05/14	9	• Added declinable conditions to Fixed Indemnity Direct • Added new Texas dependent rules to the Critical Illness Direct, Critical Accident Direct, Hospital Confinement Direct and Fixed Indemnity Direct. • Removed the CO Vision Application Fee Information in the Business Rules. • Added additional state specific information to the Fixed Indemnity Direct. • Removed MA and NH State Specific Information regarding recurring credit card payments • Revised MD State Specific information regarding credit card payments • Added IL and WI State Specific information regarding the Fixed Indemnity Direct Dependent Termination Age • Revised Visa Guidelines to remove US Visa and add Immigrant Visa.	Ryan Johnson Stephanie Savidge	Linton Checka Taryn Risucci	H:\RESTRICTED\UW Guidebook Changes\2013 - CLICO UW and Product Rules

Revision Date	Version	Reason for Change	Author	Approved By	Approval Location
03/31/14	10	• For the Dental – Bronze/Silver/Gold Plan added NC to Premium Discount Rules and removed the "t*wo dependent children"* statement under the Sales Rules • For Vision 26023, removed KS from the premium discount rules and removed DC from State Specific Marketing Rules as the Vision plan is no longer available in those states • For all plans, added GA to the State Specific Marketing Rules that the customer must acknowledge the plan is a supplemental and not health. • On the Complete Direct and Accident Direct Bundles, the Spouse/Domestic Partner maximum issue age was changed from 63 to 60 • On the Income Protection Direct and Accident Disability Direct, Sales Rules were revised for clarification of products with MEGA, Midwest and CLICO. • On Hospital Confinement Direct, removed from Sales Rules Direct Benefit/Essential Core Care and added Fixed Indemnity Direct. • On Hospital Confinement Direct, Critical Illness Direct and Fixed Indemnity Direct, clarified TX Child Primary Guidelines • On the Critical Illness Direct, removed the *"cannot be more than the…"* primary statement under the Benefit Amounts and added *individual* to the Sale Rules • On the Fixed Indemnity Direct, added MI to the State Specific Marketing Rules and added Senior Max Issue Ages • Removed the State Specific Application Fee information from the Direct to Consumer as this information was applicable to Agent Assisted. • On the Critical Illness Direct and the Cancerwise, added state specific marketing rules for AR, CA, CT, ID, NH and VA • Under the General Business Rules section, removed ProtectFit Plus High as the occupations are not relevant to this plan • Under the General Business Rules section, added SC to the 10-day Free look period • Under the General Business Rules section, added Maximum Dependent Age for CT and updated the child primary application signatures from 17 to 18 • On the Hospital Confinement Direct, Accident Direct Bundle, Hospital Direct Bundle, and Complete Direct Bundle, added MI state specific marketing rule that these plans cannot be issued if a member is not covered under Minimum Essential Health coverage. • On the Fixed Indemnity Direct, changed the Spouse/Domestic Partner minimum age from 15 to 16.	Stephanie Savidge	Linton Checka Taryn Risucci	H:\RESTRICTED\UW Guidebook Changes\2013 - CLICO UW and Product Rules

Revision Date	Version	Reason for Change	Author	Approved By	Approval Location
04/24/14	11	• Under Credit/Debit Card Payments section of the General Business Rules, removed the MD State Information as the restriction does not apply to the 2013 application form in MD • Revised the introductory statement of the Height and Weight chart. • On the Fixed Indemnity Direct plan, added NC maximum issue age of 63 to State Specific Information column • On the Fixed Indemnity Direct plan, added a IA and IL state specific question for hazardous activities • On the Fixed Indemnity Direct plan, revised the maximum limiting age for a spouse • Revised the Situation Guide to include additional states and added disclaimer for states not listed in the current guide to refer to an archived version. • On the Protect Fit Plus, added MD maximum issue age for primary and spouse/domestic partner • On the Accident Direct and Complete Direct bundled plans, updated the spouse minimum age from 16 to 19 • On the Accident Direct, Hospital Direct and the Complete Direct Bundles added to the Sales Rules, must be at an application level • Added additional detail to the Visa guidelines • Removed a medical question from the CancerWise plan as it was not on the application. • On the Fixed Indemnity Direct plan, added NC State specific rules with termination age and statement that product is not available in the Sr. Market. • Added an Accept/Reject Definition and a Minimum Essential Health Coverage Definition in the Glossary of Terms	Stephanie Savidge	Linton Checka Taryn Risucci	H:\RESTRICTED\UW Guidebook Changes\2013 - CLICO UW and Product Rules
06/24/2014	12	• Revised the Fixed Indemnity Direct to reflect the following rules in California: o Maximum issue age is 63; o Termination age is 65; o Do not market the plan unless a health plan is in place. • Revised complete guide to indicate that it is based on a 2013 generic application. • Revised all Supplemental products that contain a substance exclusion(s) to indicate that these do not apply in the state of Michigan. • Updated the Dental (B,S,G) plan to reflect only the currently marketed states of ME and NC.	Stephanie Savidge	Linton Checka Taryn Risucci	H:\RESTRICTED\UW Guidebook Changes\2013 - CLICO UW and Product Rules

Revision Date	Version	Reason for Change	Author	Approved By	Approval Location
07/25/2014	13	• Revised the "Premium Payment – Standard" category names in the **General Business Rules** section to be more descriptive • Updated the Visa/Citizenship **General Business Rules** section to include Dental and Vision products • Removed the state specific information in the Premium Payment Standards "Business Account" rules in the **General Business Rules** section as it is not applicable to Supplemental products. • Updated the Child Primary Rules on the CancerWise, Critical Illness Direct, Hospital Confinement Direct, and Critical Accident Direct plans. • Updated the Max Issue Age on the CancerWise and Vision (26023) plans. • Updated the Termination Age on the CancerWise plan. • Updated the Policy Lapse/Termination **General Business Rules** to include Medicare eligibility.	Stephanie Savidge	Linton Checka Taryn Risucci	H:\RESTRICTED\UW Guidebook Changes\2013 - CLICO UW and Product Rules
09/11/2014	14	• Revised the Newborn Rules to include the CancerWise and Fixed Indemnity Direct plans • Removed the CA state specific Mammography Benefit from the Hospital Confinement Direct plan as it no longer applies. • Removed the CO state specific Premium Rating Discount Factors from the Critical Illness Direct plan as it no longer applies. • Added NH State Specific Information to the Hospital Confinement Direct plan. • Updated the CancerWise and Critical Illness Direct plans to include pre-existing definitions and limitations.	Stephanie Savidge	Barbara Hughes Linton Checka Taryn Risucci	H:\RESTRICTED\UW Guidebook Changes\2013 - CLICO UW and Product Rules

Revision Date	Version	Reason for Change	Author	Approved By	Approval Location
11/07/2014	15	• Updated the generic application to indicate 2014 • Revised the Future Coverage Effective Date General Business Rules section from 60 to 90 days. • Revised the Date Restriction Coverage Effective Date General Business Rules section to indicate the effective date cannot be the 29th, 30th, or 31st of the month. • Revised the Newborn General Business Rules to include state specific information on the CancerWise plan only. • Added two additional underwriting questions regarding Minimum Essential Health Coverage to the Hospital Confinement Direct, Fixed Indemnity Direct, Accident Direct Bundle, Hospital Direct Bundle, and Complete Direct Bundle. • Updated the Vision (26023) plan to MA and NH only • Revised the CancerWise, Critical Illness, and Fixed Indemnity State Specific Sections to coincide with the 11/6 product revision release. • Added Payment Type to the Generic Payment Standards General Business Rules Section • Added two additional categories for Minimum Essential Coverage to the Product Situation Guide in the Appendix Section • Added GA state specific information to the CancerWise State Specific Marketing Rules	Stephanie Savidge	Barbara Hughes Linton Checka Taryn Risucci	H:\RESTRICTED\UW Guidebook Changes\2013 - CLICO UW and Product Rules
01/18/2015	16	• Revised the State Specific Marketing Rules on the Hospital Confinement Direct, Fixed Indemnity Direct and all Bundled Plans to indicate that all states must have Minimum Essential Coverage in order to purchase these plans.	Stephanie Savidge	Linton Checka Taryn Risucci	H:\RESTRICTED\UW Guidebook Changes\2013 - CLICO UW and Product Rules
02/26/2015	17	• Updated the CancerWise and Critical Illness Direct plans in the following states to include Pre-existing definitions and Exclusions and Limitations – AK, CT, GA, KY, OR, UT, WA and WY. • Removed the premium discount rules in KY for the CancerWise plan as it is no longer available. • Added the POS Business Rules Guide to this document in order to combine both documents into one.	Stephanie Savidge	Barbara Hughes Lisa Duncan Linton Checka Taryn Risucci	H:\RESTRICTED\UW Guidebook Changes\2013 - CLICO UW and Product Rules
04/24/2015	18	• Added SC state specific information to the PPO Dental Plan	Stephanie Savidge	Linton Checka Taryn Risucci	H:\RESTRICTED\UW Guidebook Changes\2013 - CLICO UW and Product Rules

Revision Date	Version	Reason for Change	Author	Approved By	Approval Location
08/11/15	19	• Removed the Child Dependent Rule on the ProtectFit Plus Plan as it was added in error on previous version	Stephanie Branam	Taryn Risucci	H:\RESTRICTED\UW Guidebook Changes\2013 - CLICO UW and Product Rules

Revision Date	Version	Reason for Change	Author	Approved By	Approval Location
11/02/2015	20	• Added the Metal Gap Plan • Added GI product information for Hospital Confinement, Critical Illness Direct, Accident disability Direct, Income Protection Direct and made product specific adjustments to benefits accordingly • Added GI product rules to general business rules section • Adjusted information under Dependents general business rules section • Added 2015 app product applicability chart, removed plan situation guide • Expanded 2015 general comments section to cover common FAQs. • Added MA Dental PPO and Vision Premiere information • Removed MA from legacy vision plan, leaving NH only • Removed bundle plan information from guide • Added list bill information to general business rules • Adjusted payment general business rules to indicate money is taken upon issue • Adjusted UT dependent age rules. • GA – requires a notarized Domestic Partnership affidavit added under Marriage/Domestic Partnership standards in general business rules • Added GI or SI product indication for each product on the second page of each product, indicated GI or SI for benefit levels on introductory pages • Clarified Application Fee section • Clarified a full refund is given for cancellation in the free look period. • Clarified language on Servicing Agent Requests • Clarified language on Policy Lapse/Termination rules. • Clarified description of CancerWise Waiting Period • RE-installed color blocks showing the age ranges for Fixed Indemnity Direct plans • Clarified benefit payable by option chosen for common Accidental Injury benefit for Accident Direct. • Clarified ProtectFit Plus Outpatient Emergency and Diagnostic: Accidental Injury Emergency Treatment Description. • Clarified Recurrent Disability for Income Protection Direct/ Accident Disability Direct. • Clarified Senior Dental Marketing rules for the PPO Dental Plan • Clarified rate factors for ProtectFit Plus, removed “based on hospital confinement benefit” wording and benefit amounts from main Protect Fit Plus page and left plan numbers (1-6) only. • Moved definitions behind E&L sections • Removed business rules section defining lapse dates based on type of termination. • Redid title to read Chesapeake Product and Underwriting Guide	Ryan Johnson	Taryn Risucci	H:\RESTRICTED\UW Guidebook Changes\CLICO UW and PRODUCT GUIDE

Revision Date	Version	Reason for Change	Author	Approved By	Approval Location
11/24/2015	21	• Corrected Policy Prints for CancerWise, Critical Illness Direct • Removed MA Vision CH-26023-IP information, renamed as "NH Vision" to avoid confusion with Premiere Vision • New NC specific policy prints to replace generic prints for Dental Bronze, Silver, Gold	Ryan Johnson	Taryn Risucci	H:\RESTRICTED\UW Guidebook Changes\CLICO UW and PRODUCT GUIDE
01/06/2016	22	• Correction to CancerWise termination age for state of WA: should be 65. • Moved Dependent Limiting Age chart into each product • Correction to Critical Accident Direct Child primary limiting age: Should be 1. • Clarification of Newborn general business rules section creation of new chart, move of state-by-state information into each product section.	Ryan Johnson	Steve Slowik	H:\RESTRICTED\UW Guidebook Changes\CLICO UW and PRODUCT GUIDE
04/04/2016	23	• Release of GI plan amounts in AZ, CA, FL, MD, WA. • Revised Critical Illness and CancerWise plan forms in CA, with associated plan changes • Release of Metal Gap product in FL, TN, AZ, CA, TX, WA. • **Rule Adjustment –** Child Primary not allowed for CA CancerWise (state exception deleted). • **Rule Adjustment –** Child primary not allowed on FL Metal Gap • **Rule Adjustment –** Child primary not allowed on WA Critical Illness, WA Dependent follows standard rules for benefit selection. • Moved state-by state dependent limiting age/minimum age into a single chart on a product by product basis. • Correction to NH vision – does not cover frames.	Ryan Johnson	Taryn Risucci	W:\Supplemental Operations\BPM\Supp Ops Training\Supp Ops - UW\CLICO UW and PRODUCT GUIDE\Approvals\Version 23 - 04 04 16
04/12/2016	24	• **Rule Adjustment –** Effective Date Changes: The effective date can be changed once up to 90 days from the application date if requested within the first **14** days of the effective date given, as long as there are no claims submitted for that time period.	Ryan Johnson	Taryn Risucci	W:\Supplemental Operations\BPM\Supp Ops Training\Supp Ops - UW\CLICO UW and PRODUCT GUIDE\Approvals\Version 24 - 04 12 16
04/21/2016	25	• **MEC Chart:** MEC and Title XIX wording has been replaced with a new comprehensive chart which can be accessed via the 2015 Product Applicability chart and the general business rules.	Ryan Johnson	Taryn Risucci	W:\Supplemental Operations\BPM\Supp Ops Training\Supp Ops - UW\CLICO UW and PRODUCT GUIDE\Approvals\Version 24 - 04 21 16

Revision Date	Version	Reason for Change	Author	Approved By	Approval Location
11/10/2016	26	• MEC Chart: only thirteen states still require the MEC question: DC,DE,IL,KY,ME,MS,MT,NC,NH,NM,NV,SC,WV • Removal of Rhode Island from all current product listings • State specific GI amount corrections for Critical Illness Direct, Hospital Confinement Direct, Accident Disability Direct and Income protection Direct.	Ryan Johnson	Taryn Risucci	W:\Supplemental Operations\BPM\Supp Ops Training\Supp Ops - UW\CLICO UW and PRODUCT GUIDE\Approvals\Version 26 - 11 10 16
12/29/2016	27	• Indicate that CancerWise and Critical Illness cannot be sold with one another.	Ryan Johnson	Taryn Risucci	W:\Supplemental Operations\BPM\Supp Ops Training\Supp Ops - UW\CLICO UW and PRODUCT GUIDE\Approvals\Version 27 - 12 29 16
03/03/2017	28	• Change to new format • Child Primary and Child Dependent Minimum Age- Standard – Corrected to 18 • CancerWise Pre-Existing Condition Limitations – Removed UT • Critical Illness Direct – Minimum age corrections to chart • Critical Illness Direct – Coronary artery by-pass, Cancer in situ, Benign brain tumor amounts corrected • Critical Illness Direct – NH removed from E&L. • NH Vision – Max Issue Age for Senior corrected. • Clarified premium discount for vision plans is for annual payments • Changed ISP agency references to HMIA	Ryan Johnson	Taryn Risucci	W:\Supplemental Operations\BPM\Supp Ops Training\Supp Ops - UW\CLICO UW and PRODUCT GUIDE\Approvals\Version 28 - 03 03 17
03/08/2017	28.5	• Correction to CancerWise Pre-Existing Condition Limitations – Removed UT: Removed UT from N/A, added to changing 12 to 6 months	Ryan Johnson	Taryn Risucci	W:\Supplemental Operations\BPM\Supp Ops Training\Supp Ops - UW\CLICO UW and PRODUCT GUIDE\Approvals\Version 28-5 - 03 08 17

Revision Date	Version	Reason for Change	Author	Approved By	Approval Location
05/31/2017	29	• Added Metal Gap in AK, CT, DC, DE, KS, KY, MT, ND, NM, OR, SD, WV • Added Fixed Indemnity Direct and Sr. Fixed Indemnity Direct in ND • GI products now in all states except VA • **Rule Adjustment:** CancerWise/CI amounts cannot exceed 100,000 combined • **Rule Adjustment:** 30 day administrative free look in all states. • **Rule Adjustment:** Marital Status no longer enforced for any product in any state • **Rule Adjustment:** Product Selection Form (included in required forms packet) • **Rule Adjustment:** MEC Chart – Only CA, DC, MT, NV and NM have products to which the MEC question applies. MEC question is ignored in UW otherwise. • **Chart Adjustment:** Newborn and Adopted Children additions is now a stand-alone chart, removing this section from the individual product grids in the guide. • **Rule Adjustment:** With the new application form, the ProtectFit Plus marketing name in MA is the same as any other state. • **Rule Adjustment:** Ten total applicants are allowed on a 2015 application	Ryan Johnson	Taryn Risucci	W:\Supplemental Operations\BPM\Supp Ops Training\Supp Ops - UW\CLICO UW and PRODUCT GUIDE\Approvals\Version 29 - 05 31 17
12/22/17	30	• Adjust Visa summary statement rules. • Clarified MA payment options in Business Rules page 6 • Clarified rules on list bill effective dates on Page 6. • Added NE revisions to list of E&Ls for Fixed Indemnity Direct • Added NE revisions to list of E&Ls for Metal Gap • Added NE revisions to list of E&Ls for Critical Accident Direct • Added NC revisions to list of E&Ls for ProtectFit Plus • Clarified that elimination period options available in DE for Accident Disability Direct • Added MA and DE clarification to GI plan under Income Protection Direct • Added VA revisions to list of E&Ls for Income Protection Direct • MEC chart revisions • Updated dependents allowed on applications for Vision and Dental plans.	Ryan Johnson	Steve Slowik	W:\Supplemental Operations\BPM\Supp Ops Training\Supp Ops - UW\CLICO UW and PRODUCT GUIDE\Approvals\Version 30 - 12 22 17