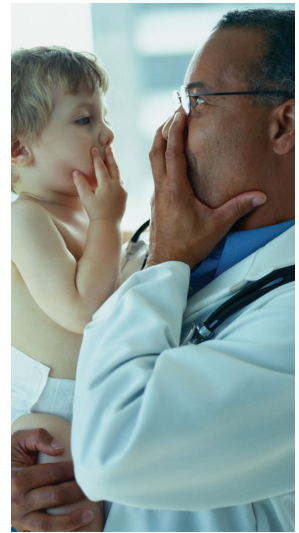


MaxCare

**A CLEAR, EASY TO UNDERSTAND
PLAN WITH GREAT BENEFITS AND
COMPETITIVE PREMIUMS**



What Kinds of Services are Covered?

Benefits are paid for covered charges incurred while the policy is in force, for a covered sickness or injury, and are subject to all benefit provisions and other conditions of the policy, including deductibles, access fees, coinsurance, maximum allowable amounts and benefit maximums, unless otherwise indicated. The benefits, deductibles and amounts listed in this brochure are per-person unless otherwise indicated. See the attached Outline of Coverage for definitions, limitations and details.

- HOSPITAL ROOM AND BOARD
- INTENSIVE CARE, CORONARY CARE AND NEONATAL INTENSIVE CARE UNIT
- HOSPITAL MISCELLANEOUS CHARGES
- OPERATING SURGEON
- ASSISTANT SURGEON
- ANESTHESIA AND ADMINISTRATION
- SECOND SURGICAL OPINION
- AMBULATORY/OUTPATIENT SURGICAL CARE
- PHYSICIAN, RADIOLOGIST, PATHOLOGIST
- AMBULANCE SERVICES
- DIAGNOSTIC X-RAY AND LAB EXAMS
- BLOOD, BLOOD DERIVATIVES, AND OXYGEN
- INITIAL PROSTHETIC APPLIANCES
- MEDICAL SUPPLIES AND DURABLE EQUIPMENT
- HOME HEALTH CARE
- HOSPICE CARE
- CHILDHOOD IMMUNIZATIONS
- DIABETES TREATMENT
- MAMMOGRAM COVERAGE
- PROSTATE SCREENING
- COLORECTAL CANCER SCREENING
- FOREIGN EMERGENCY TREATMENT BENEFIT
- HUMAN ORGAN TRANSPLANTS
- COMPLICATIONS OF PREGNANCY
Normal pregnancy and delivery are not covered.
- BREAST RECONSTRUCTION after covered mastectomy.
- OUTPATIENT PHYSICAL MEDICINE THERAPIES
includes rehabilitative speech; language pathology; physical, occupational and cognitive therapies; biofeedback; sports medicine; cardiac exercise programs

EXCELLENT PROVIDER NETWORK

- Over 600,000 providers nationwide.
- Substantial Savings on your Out-of-Pocket expenses

You can use any doctor or hospital you choose, but when you choose a Network Provider, you benefit from lower deductibles & higher benefits.

PRESCRIPTION DISCOUNT PLAN

Save an Average of 22%

This program provides discounts on medications from thousands of pharmacies nationwide. Savings average 22%, with potential savings of up to 50% (based on national program savings data). Actual costs and savings may vary by provider and geographical area. Standard Life And Casualty Insurance Company is not responsible for providing the non-contractual services or benefits of the plan. *The prescription card program is a discount program, not an insurance product.*

After your Deductible is met, we pay **50%** of in-network covered expenses, (30% if out-of-network) until your share reaches the Out-Of-Pocket Maximum.

After that, we pay **100%** of covered charges for the remainder of the policy-year, up to your chosen Annual Maximum.

Your Choice of Yearly Deductible:

\$1,000 / \$1,500 / \$2,000 / \$2,500 / \$5,000

- Family Deductible is two times the individual deductible.
- Common Accident Deductible: If two or more covered family members sustain injuries in a common accident, only one Deductible will be required.
- Out-of-Network deductible is \$2,000 in addition to plan deductible.

Your Choice of Yearly Out-of-Pocket Limit:

\$1,250 or \$2,500

- Family Out-of-Pocket Limit is two times the individual limit.
- Out-of-Network individual Out-of-Pocket limit is \$10,000

Your Choice of Yearly Maximum

\$100,000, \$250,000 or NO ANNUAL LIMIT

You can reduce your premiums by choosing an annual maximum.

Lifetime Benefit Maximum of \$3,000,000

Includes up to \$500,000 in Lifetime Organ Transplant Benefits.

ACCESS FEES you incur for specified services

Access Fees do not count toward any Deductibles or Maximum Coinsurance Limits.

	Participating Provider	Non-Participating Provider
Per Emergency Room Visit (waived if Hospitalized)	\$100	\$200
Hospitalization (each admission)	\$500	\$1,000
Ambulatory Surgical Center (each admission)	\$250	\$500

OTHER

Home Health Care	Limited to \$40 each visit, with a maximum of 1 visit per day and up to 60 visits per policy year.
Hospice Care	Limited to \$125 per day, with a \$2,000 maximum benefit
Outpatient Physical Medicine Services	Limited to \$500 per Policy Year. This limit does not apply to an Insured Person for whom therapy is medically necessary as a result of a Hospital confinement or as the result of an outpatient surgical procedure.



All benefits are subject to policy provisions, limitations and exclusions. This brochure is a broad description of some important aspects of the policy. In the event of any discrepancy, the actual policy language will control.



LIMITATIONS AND EXCLUSIONS -READ CAREFULLY

The policy covers sickness which first manifests itself more than 30 days after the effective date. The policy also covers injury sustained after the effective date. Benefits for complications of pregnancy will be paid as a sickness if the policy was in force at least 30 days before the inception of the pregnancy with respect to the Insured Person. During the first two years, benefits would not be payable for any pre-existing conditions or for sickness which manifests within the first 30 days of the policy date. Benefits would be payable after two years unless excluded by fraud or rider. Pre-existing conditions mean any sickness or injury for which an insured person received medical advice or treatment during the five year period prior to the effective date of the policy. It also means any condition producing symptoms within the five year period prior to the effective date of the policy, which would cause an ordinarily prudent person to seek diagnosis, care or treatment. For persons who meet all of the requirements of an Eligible Individual, including no more than a 63 day break in coverage, the pre-existing condition limitations will be waived in its entirety. For persons who meet all of the requirements of an Eligible Individual, except that they have more than a 63 day break in coverage, the pre-existing condition limitation of this policy will be reduced by the amount of time the person had coverage during the past 18 months. Eligible Individual means a person who meets all of the following: 1. the person has been continuously covered for a total of 18 months of creditable coverage; 2. the most recent creditable coverage the person had before applying for coverage under this policy was under a group health plan, government plan or a church plan; 3. the previous coverage terminated for a reason other than fraud or failure to pay the required premium when it was due. No benefits are payable during the first six (6) months after the Effective date for losses due to hernia, disorder of reproductive organs, varicose veins, hemorrhoids, appendix, tonsils, adenoids, or gallbladder; 4. the Lifetime Maximum is \$10,000 for each of the following: (a) Acquired Immunodeficiency Syndrome and related effects, and (b) Alzheimer's Disease.

THE POLICY DOES NOT PROVIDE BENEFITS FOR LOSSES DUE TO: (a) normal pregnancy; (b) dental treatment except as a result of covered injury within 90 days of accident; (c) accidental bodily injury or sickness caused by war or any act incident to war declared or undeclared; (d) services in the armed forces or auxiliary units; (e) intentionally self-inflicted injury, suicide or suicide attempt; (f) addiction, overdose, sickness or injury resulting from drugs, narcotics, hallucinogens, controlled/uncontrolled substances, unless administered on a physicians advice; (g) voluntary sterilization; (h) routine well-baby care: (i) elective abortion or any elective procedure; (j) in-vitro fertilization or any expenses relating to assisted reproductive technology; (k) intoxication or under the influence of any narcotic unless administered on the advice of a physician; (l) aviation, except as a passenger on commercial airline; (m) augmentation or reduction mammoplasty. This exclusion shall not apply when such charge can otherwise be considered a covered expense and is incurred for (1) reconstructive surgery of the breast on which mastectomy has been performed: and (2) surgery for reconstruction of the other breast to achieve a symmetrical appearance; and (3) prostheses and treatment of physical complication including lymphedemas at all stages of mastectomy.

THE POLICY DOES NOT PROVIDE BENEFITS FOR ~~(a) the cost of blood plasma or blood derivatives, cross matching, typing or transfusions;~~ (b) expenses exceeding the usual, customary and reasonable charges or expenses exceeding Maximum Allowable Amount for any covered charges, or expenses exceeding maximum benefits of the policy; (c) services which the Insured Person is not obligated to pay; (d) medical treatment rendered outside the United States except for treatment on an Emergency Basis while traveling for business or pleasure; (e) losses for which Worker's Compensation or Employer's Liability Benefits are payable; (f) services performed by the Insured Person or a family member; except that this exclusion will not apply to a caretaker in connection with the treatment of diabetes of an Insured; (g) charges for which there is no legal obligation to pay; charges which are compensated for or furnished by the United States government or any of its agencies; (h) routine physical exams, rest cures, home hospice, confinement or treatment in any sanitarium, facilities for the aged, educational care, drug addiction or alcoholism; (i) eye glasses, hearing aids or any treatment of refractive disorders; (j) any losses incurred prior to the Effective Date of coverage; (k) treatment to term use or addiction to tobacco products: (l) treatment of temporomandibular joint dysfunction (TMJ) has a lifetime limit of \$2,500; except that coverage is provided for reconstructive surgery for craniofacial abnormalities for dependent children under 18 years of age; (m) gastric segmentation, stapling or any procedure or treatment for weight reduction or control; (n) cosmetic surgery, except operations necessary to repair disfigurement resulting from a covered injury and performed (1) within two years of the date of the covered injury, and (2) while this Policy is in force. This exclusion shall not apply when such charge can otherwise be considered a covered expense and is incurred for: a. reconstructive surgery of the breast on which a mastectomy has been performed; and b. surgery for reconstruction of the other breast to achieve a symmetrical appearance; and c. prosthesis and treatment of physical complications including lymphedemas at all stages of mastectomy; (o) occupational therapy; (p) prosthesis; (q) detection or correction of structural imbalance, distortion or subluxation in vertebral column, except as set out in policy; (r) mental or nervous disorders without demonstrable disease; (s) an Insured Person's commission of or attempt to commit a felony or illegal occupation; (t) treatment of enuresis; (u) confinement and treatment in any convalescent home, rest or nursing facility. This exclusion does not apply to diabetes benefits; (v) foot care in connection with corns, callouses, flat feet, fallen arches, weak feet, chronic foot strain, or symptomatic complaints of the feet; (w) services for calibration of automated laboratory equipment and monitoring overall results from such equipment; (x) treatment or services for behavioral or learning disorders, Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD); (y) sexual dysfunction which includes, but is not limited to: sex transformations, penile

where specifically provided in this policy; jj) Organ transplants, except as provided under the section titled "TRANSPLANTS"; nor (kk) Charges for Transplant services that are: (1) Authorized by Us to treat a specific medical condition if they are performed to treat a different medical condition that would not have been authorized by Us; or (2) Not specifically listed as a covered transplant in the Transplants provision in the Medical Benefits section or in the Benefit Summary; or (3) For multiple organ, tissue and cellular transplants during one operative session, except for a simultaneous heart/lung, double lung or simultaneous kidney/pancreas transplant; or (4) For any nonhuman (including animal or mechanical) to human organ transplant; or (5) For the purchase price of an organ or tissue that is sold rather than donated..

When an Insured Person becomes eligible for Medicare, policy benefits are reduced to the extent Medicare pays for such benefits. Spouse's coverage does not terminate following divorce. Dependent children, named on the application, if unmarried, are covered until age 25. If the Company accepts premium for coverage extending beyond the date the child reaches age 25, then coverage for that child shall continue during the period for which the premium was accepted.

ALL BENEFITS ARE SUBJECT TO POLICY LIMITATIONS, EXCLUSIONS AND POLICY PROVISIONS.

RENEWABILITY - This Policy is guaranteed renewable for life. That means that you have the right to keep the Policy in force with the same benefits, except that the Company may terminate the Policy as shown in the TERMINATION Provision. The premium rates can change by class at time of renewal. To keep the policy in force for consecutive terms you must make payment of renewal premiums when due or within the 31 day grace period.

TERMINATION - coverage for an Insured Person terminates when the lifetime aggregate benefits are paid. Also the Company may terminate the Policy if (1) You fail to pay premiums as required under the policy provided, however, such termination shall be without prejudice to a claim originating prior thereto. The extension of such benefits will be predicated upon the continuous total disability of the insured person, and limited to the duration of the policy benefit period, payment of the maximum benefit or to a time period of three months;; (2) You have performed an act or practice that constitutes fraud, or have made an intentional misrepresentation of material fact, relating in any way to the Policy, including claims for benefits under the Policy; or (3) We stop issuing the Policy in your state, but only if we notify you in advance. This Policy will not terminate when an Insured Person becomes eligible for Medicare. However, the Policy excludes any benefits that are paid to an Insured Person by Medicare.

If, for any reason the Policy is not satisfactory, you may return the Policy to the Home Office of the Company within 10 days of delivery of Policy and receive a full refund of your premiums.