

**THIS IS NOT A MEDICARE SUPPLEMENT POLICY.
THIS IS A HOME HEALTH CARE INDEMNITY POLICY WHICH PROVIDES LIMITED
BENEFITS. IT IS GUARANTEED RENEWABLE AS PROVIDED IN THE
GUARANTEED RENEWABILITY PROVISION. WE HAVE THE RIGHT TO INCREASE
PREMIUMS ON A CLASS BASIS BY STATE.**



601 East Britton Road ▪ Oklahoma City, OK 73114

When we use "we," "us," "Company" or "our" we mean Reserve National Insurance Company. When we use "you" or "your" we mean the individual(s) covered by this Policy as named on the Insured Schedule.

INSURING AGREEMENT

We agree to pay the indemnity benefits hereinafter provided, subject, however, to all provisions, conditions, exclusions, limits of liability and other terms of this Policy. This Policy is issued in consideration of the payment of the premium in advance and in reliance upon the statements in the application, a copy of which is attached and which forms a part of this Policy. We hereby insure those persons named on the Insured Schedule, commencing at 12:01 A.M., Standard Time, at the place where you reside, on the Effective Date shown on the Insured Schedule. When the initial term shown on the Insured Schedule expires you may continue this Policy in effect, subject to the Guaranteed Renewability provision, by paying in advance, or within the 31-day grace period, the premium in effect at the time of such renewal. This Policy will terminate if the renewal premium in effect is not paid when due or within the 31-day grace period. Each policy term will begin and end at 12:01 A.M.

IMPORTANT NOTICE

Please read the copy of the attached application which forms a part of this Policy. Omissions or misstatements in the application could cause an otherwise valid claim to be denied. Carefully check the application and write to the Company at 601 East Britton Road, Oklahoma City, Oklahoma 73114-7710, within 10 days, if any information shown on it is not correct and complete, or if any past medical history has been left out of the application. This Policy was issued on the basis that the answers to all questions and the information shown on the application are correct and complete.

NOTICE OF TEN DAY RIGHT TO EXAMINE POLICY

You are granted a period of 10 days from the date of delivery of this Policy to examine it. If you are not satisfied for any reason, this Policy may be returned within said 10-day period to us at our Home Office or to the writing agent. We will then refund the premium paid. Then this Policy shall be void from its beginning, and you and Reserve National shall be in the same position as if it had never been issued.

GUARANTEED RENEWABILITY-PREMIUMS SUBJECT TO CHANGE

This Policy is guaranteed renewable for your lifetime or until the Policy's maximum benefits have been reached. We cannot cancel, refuse to renew or change this Policy as long as you pay the premiums as they become due or within the grace period. We can change the premiums for this Policy at any time and from time to time, and premiums also increase based on your attained age. No change in premium will be effective before the first policy anniversary. Any change will apply to future premiums for all policies with the same form number issued by us to persons in your state of residence. We will give you 31 days notice before any premium change under this provision.

**THIS IS A LIMITED POLICY AND MAY NOT COVER ALL THE
COSTS OF HOME HEALTH CARE.
READ IT CAREFULLY WITH THE OUTLINE OF COVERAGE.**

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INSURED SCHEDULE

	<u>Renewal Premium:</u>	Direct Bill	Bank Draft
Policy Number		Monthly	
Effective Date		Quarterly	
Initial Term Expires		Semi Annual	
Initial Premium		Annual	
Insured			
Covered Spouse		Agent	

Policy Benefits

HOME HEALTH CARE BENEFIT

Daily Maximum Aggregate Benefit\$150.00
Maximum Benefit Period.....365 Days

HOME HEALTH CARE AIDE BENEFIT

Daily Benefit.....\$40.00
Maximum Benefit Period.....60 Days

Optional Benefits

- Endorsements and Eliminations continued on reverse side -

--HOME OFFICE--
RESERVE NATIONAL INSURANCE COMPANY
601 EAST BRITTON ROAD * OKLAHOMA CITY, OKLAHOMA

INSURED SCHEDULE

Endorsements and Eliminations (Continued)

DEFINITIONS

The following terms in this Policy are defined as follows:

ACTIVITIES OF DAILY LIVING DEFINED: “Activities of Daily Living” means bathing (getting in and out of the bath tub or shower, utilizing normal bathroom facilities that have been equipped with railings and steps); dressing (tying shoes, buttoning buttons or clasps); eating (consuming food or drink, or utilizing utensils, appropriate for the person’s physical condition and which are placed within reach); toileting (maintaining adequate bathroom hygiene and toilet habits); and transferring to or from bed or chair (getting from a bed to a chair or a chair to a bed).

APPROVED HOME HEALTH CARE PRACTITIONER DEFINED: “Approved Home Health Care Practitioner” means a licensed graduate nurse (R.N.), licensed practical nurse (L.P.N.), licensed vocational nurse (L.V.N.), licensed visiting nurse, physical therapist, speech pathologist, occupational therapist, chemotherapy specialist, enterostomal therapist, respiratory therapist or medical social worker. All such practitioners must be licensed or certified by the appropriate regulatory authority and may not be a member of a Covered Person’s Immediate Family.

COGNITIVE IMPAIRMENT DEFINED: “Cognitive Impairment” means a deficiency in the ability to think, perceive, reason and/or remember, which results in the inability to take care of oneself without the ongoing assistance of another person. Cognitive Impairment is evaluated and measured through clinical evidence and standardized tests. Cognitive Impairment is indicated by measurable deficits in memory, orientation or reasoning, such as those caused by Alzheimer’s Disease or similar forms of senility or irreversible dementia.

COVERED PERSON DEFINED: “Covered Person” means the Insured named on the Insured Schedule or Covered Spouse, if one is named on the Insured Schedule.

COVERED SPOUSE DEFINED: “Covered Spouse” means the Insured’s spouse for whom application is made and premium paid. A Covered Spouse must be approved by the Company and named on the Insured Schedule to be covered by this Policy.

HOME HEALTH CARE DEFINED: “Home Health Care” means professional nursing and therapy services which are provided by an Approved Home Health Care Practitioner in Your Home. Home Health Care does not include services provided by a Home Health Care Aide.

HOME HEALTH CARE AIDE DEFINED: “Home Health Care Aide” means any individual, other than a member of a Covered Person’s Immediate Family, working under the supervision of a licensed graduate nurse who is qualified, by training and experience, to provide assistance with Activities of Daily Living and has been certified as a Home Health Care Aide by the appropriate regulatory authority.

HOSPITAL DEFINED: “Hospital” means only a legally constituted institution which operates pursuant to law having facilities for care and treatment of sick and injured persons on a resident or inpatient basis, including facilities for diagnosis and surgery under the supervision of a staff of one or more licensed physicians and which provides 24-hour nursing service by or under the supervision of registered nurses on duty. It does not mean convalescent, rehabilitation, nursing, rest, or extended care facilities, or facilities operated exclusively for treatment of the aged, or drug or alcohol abuse, whether such facilities are operated as a separate institution or as a section of an institution operated as a hospital. “Hospital” includes a licensed ambulatory surgical center operating pursuant to law.

IMMEDIATE FAMILY DEFINED: “Immediate Family” means a Covered Person, his or her spouse and their respective parents, children, grandchildren and siblings.

INJURY DEFINED: “Injury” means accidental bodily injury resulting directly and independently of all other causes from an accident which occurs while the Covered Person whose injuries are the basis of a claim is covered under this Policy, and which causes loss while this Policy is in force. Injury shall be deemed to include all injuries resulting from any one accident.

INSURED DEFINED: “Insured” means only the Insured named on the Insured Schedule.

DEFINITIONS (Continued)

PHYSICIAN DEFINED: "Physician" means any person (other than a relative of a Covered Person) who is a legally qualified and licensed practitioner, practicing within the scope of his or her authority and license.

PRE-EXISTING CONDITION DEFINED: The term "Pre-Existing Condition" as used in this Policy means a condition: (a) for which medical advice or treatment was recommended by or received from a Physician within the six-month period prior to the Effective Date of this Policy; or (b) which has manifested itself to a Covered Person within the six-month period prior to the Effective Date of this Policy, whether the specific condition has been diagnosed or not, and causes loss within the six-month period following the Effective Date of this Policy.

SICKNESS DEFINED: "Sickness" means sickness or disease sustained by a Covered Person which first manifests itself after the Effective Date of this Policy, and which causes loss while this Policy is in force. "Sickness" shall also be deemed to include all sicknesses or diseases suffered concurrently.

YOUR HOME DEFINED: "Your Home" means the place where a Covered Person maintains independent residence. It does not mean a nursing facility, hospital or other institutional setting.

PRE-EXISTING CONDITIONS LIMITATION

This Policy is not considered to be in force or effective for any Pre-Existing Condition, as defined herein, until six months after the Effective Date shown on the Insured Schedule.

BENEFITS
HOME HEALTH CARE BENEFIT

If, while this Policy is in force, a Covered Person requires Home Health Care provided by an Approved Home Health Care Practitioner as a result of any one Injury or Sickness, subject to the eligibility conditions below, we will pay a daily benefit for each day such care is provided. The amount of the daily benefit for all Home Health Care services for any one day will be the lesser of: (a) the Daily Maximum Aggregate Benefit shown on the Insured Schedule; or (b) the amount set forth opposite the Home Health Care Services listed below:

<u>Home Health Care Services</u>	<u>Daily Benefit</u>
Skilled Nursing Care (provided by a licensed graduate nurse [R.N.]	\$75.00
General Nursing Care (provided by a licensed practical nurse [L.P.N.], licensed vocational nurse [L.V.N.] or licensed visiting nurse)	\$60.00
Physical Therapy	\$75.00
Speech Pathology.....	\$75.00
Occupational Therapy.....	\$75.00
Chemotherapy Specialist Services	\$60.00
Enterostomal Therapy	\$50.00
Respiration Therapy	\$50.00
Medical Social Services.....	\$100.00

The number of days the Home Health Care Benefit is payable will not exceed the Maximum Benefit Period shown on the Insured Schedule.

HOME HEALTH CARE AIDE BENEFIT

If, while this Policy is in force, a Covered Person, immediately following a Hospital confinement of not less than three days, requires the services of a Home Health Care Aide, subject to the eligibility conditions below, we will pay a daily benefit in the amount shown on the Insured Schedule for each day such services are provided in Your Home. The number of days the Home Health Care Aide Benefit is payable will not exceed the Maximum Benefit Period shown on the Insured Schedule,

**CONDITIONS ON ELIGIBILITY FOR THE HOME HEALTH CARE BENEFIT
AND THE HOME HEALTH CARE AIDE BENEFIT**

Payment of the Home Health Care Benefit and the Home Health Care Aide Benefit is subject to the following:

- (a) The Covered Person's loss must be incurred after this Policy's Effective Date and while this Policy is in force;
- (b) For the Home Health Care Benefit, care must be provided in Your Home by an Approved Home Health Care Practitioner, as defined herein; and for the Home Health Care Aide Benefit, care must be provided in Your Home by a Home Health Care Aide, as defined herein; and
- (c) The Covered Person must be unable to perform, without the assistance of another person, two or more Activities of Daily Living; or the Covered Person must require continuous supervision and assistance due to a Cognitive Impairment. To meet this condition (c), the Covered Person's Physician must perform such tests as are in accordance with accepted standards of medical practice and, based on such tests, certify in writing that the Covered Person is unable to perform two or more Activities of Daily Living or that the Covered Person has a Cognitive Impairment.

BENEFITS
HOME HEALTH CARE BENEFIT

If, while this Policy is in force, a Covered Person requires Home Health Care provided by an Approved Home Health Care Practitioner as a result of any one Injury or Sickness, subject to the eligibility conditions below, we will pay a daily benefit for each day such care is provided. The amount of the daily benefit for all Home Health Care services for any one day will be the lesser of: (a) the Daily Maximum Aggregate Benefit shown on the Insured Schedule; or (b) the amount set forth opposite the Home Health Care Services listed below:

<u>Home Health Care Services</u>	<u>Daily Benefit</u>
Skilled Nursing Care (provided by a licensed graduate nurse [R.N.]	\$50.00
General Nursing Care (provided by a licensed practical nurse [L.P.N.], licensed vocational nurse [L.V.N.] or licensed visiting nurse)	\$45.00
Physical Therapy	\$50.00
Speech Pathology.....	\$50.00
Occupational Therapy.....	\$50.00
Chemotherapy Specialist Services	\$45.00
Enterostomal Therapy	\$40.00
Respiration Therapy	\$40.00
Medical Social Services.....	\$75.00

The number of days the Home Health Care Benefit is payable will not exceed the Maximum Benefit Period shown on the Insured Schedule.

HOME HEALTH CARE AIDE BENEFIT

If, while this Policy is in force, a Covered Person, immediately following a Hospital confinement of not less than three days, requires the services of a Home Health Care Aide, subject to the eligibility conditions below, we will pay a daily benefit in the amount shown on the Insured Schedule for each day such services are provided in Your Home. The number of days the Home Health Care Aide Benefit is payable will not exceed the Maximum Benefit Period shown on the Insured Schedule,

**CONDITIONS ON ELIGIBILITY FOR THE HOME HEALTH CARE BENEFIT
AND THE HOME HEALTH CARE AIDE BENEFIT**

Payment of the Home Health Care Benefit and the Home Health Care Aide Benefit is subject to the following:

- (a) The Covered Person's loss must be incurred after this Policy's Effective Date and while this Policy is in force;
- (b) For the Home Health Care Benefit, care must be provided in Your Home by an Approved Home Health Care Practitioner, as defined herein; and for the Home Health Care Aide Benefit, care must be provided in Your Home by a Home Health Care Aide, as defined herein; and
- (c) The Covered Person must be unable to perform, without the assistance of another person, two or more Activities of Daily Living; or the Covered Person must require continuous supervision and assistance due to a Cognitive Impairment. To meet this condition (c), the Covered Person's Physician must perform such tests as are in accordance with accepted standards of medical practice and, based on such tests, certify in writing that the Covered Person is unable to perform two or more Activities of Daily Living or that the Covered Person has a Cognitive Impairment.

MAXIMUM BENEFIT PERIODS

(a) The Maximum Benefit Period for the Home Health Care Benefit is set forth on the Insured Schedule. This is the maximum number of days we will pay the Home Health Care Benefit during a Covered Person's lifetime, unless benefits are restored as provided in the Restoration of Benefits provision. The Maximum Benefit Period is calculated in continuous days from the first day for which the Home Health Care Benefit is payable, and each day you receive any services from an Approved Home Health Care Practitioner will count as one full day toward the maximum, without regard to whether or not the Covered Person's Home Health Care is continuous.

(b) The Maximum Benefit Period for the Home Health Care Aide Benefit is set forth on the Insured Schedule. This is the maximum number of days we will pay the Home Health Care Aide Benefit during a Covered Person's lifetime, unless benefits are restored as provided in the Restoration of Benefits provision. The Maximum Benefit Period is calculated in continuous days from the first day for which the Home Health Care Aide Benefit is payable, and each day you receive any services from a Home Health Care Aide will count as one full day toward the maximum, without regard to whether or not such services are continuous.

RESTORATION OF BENEFITS

If a Covered Person has received the Home Health Care Benefit under this Policy and has used up all or a portion of the Maximum Benefit Period, but has recovered sufficiently to no longer require Home Health Care, we will restore that Covered Person's Maximum Benefit Period to its full original maximum each time the following conditions are met: (a) the Covered Person must not have received the services of an Approved Home Health Care Practitioner or a Home Health Care Aide for a period of 180 consecutive days; and (b) the Covered Person's Physician must certify that the Covered Person has sufficiently recovered to no longer require any services of an Approved Home Health Care Practitioner or a Home Health Care Aide and that the Covered Person was not advised to obtain such services. There is no limit to the number of times the Covered Person's Maximum Benefit Period for the Home Health Care Benefit may be restored. If the Maximum Benefit Period for the Home Health Care Benefit is restored, the Maximum Benefit Period for the Home Health Care Aide Benefit will also be restored.

EXCLUSIONS

This Policy does not cover any loss caused or contributed to by: (a) Injury or Sickness for which benefits are payable under any Worker's Compensation or Occupational Disease Law; (b) simple rest care, hotel or retirement home expense or other expense which is related to Your Home; (c) services other than those of an Approved Home Health Care Practitioner or a Home Health Care Aide, except as may be provided by rider; (d) declared or undeclared war or act thereof; (e) mental or nervous disorder without demonstrable organic origin (Note: This exclusion does not apply to Alzheimer's Disease, senility or other organic brain syndrome. These diseases are covered by the Policy like any other Sickness subject to the Pre-Existing Conditions Limitation); (f) charges that a Covered Person would not be legally obligated to pay in the absence of this insurance; (g) attempted suicide or self-inflicted injury; (h) alcoholism or drug addiction; (i) a Covered Person's participation in a felony, riot or insurrection; (j) Pre-Existing Conditions, as defined herein, are not covered under this Policy until this Policy has been in force for a period of six months; provided, however, that no benefits whatsoever will be payable for loss from any condition, either pre-existing or otherwise, which is excluded from coverage under this Policy by name or specific description on the date of the loss.

TERMINATION AND CONVERSION OF COVERAGE FOR COVERED SPOUSE

Coverage for a Covered Spouse will terminate on the earlier of: (a) the date the Policy terminates; (b) the end of the last Policy term for which premium is paid for the Covered Spouse; or (c) the day before the premium due date following the date of divorce, annulment, dissolution or legal separation (where recognized) from the Insured. If we accept any premium subsequent to these dates, insurance will continue until the end of the term for which premium was accepted. Any termination will be without prejudice to any continuing benefits payable under the Policy for a loss which commenced prior to termination

If coverage for a Covered Spouse terminates as a result of one of the circumstances in (c) above, the Covered Spouse will have the right to: (a) make written request, within 31 days of such termination, that a new policy be issued naming the Covered Spouse as the Insured; and (b) have a new policy issued without requiring evidence of insurability. The new policy will be effective on the date of the written request subject to our receipt of the applicable premium. The new policy will be one which: (1) is then currently utilized by the Company; and (2) contains benefit and renewability provisions at least as favorable as those contained in this Policy. For purposes of the Time Limit on Certain Defenses provision and the Pre-Existing Conditions Limitation, the Effective Date of coverage under the new policy will be the same as that for this Policy.

PREMIUM PAYMENTS

All premiums are payable in advance to the Company at its Home Office. The payment of any premium shall not maintain the insurance under any Policy in force beyond the day immediately preceding the due date of the next premium except as provided in the Grace Period provision. Premiums for this Policy are based on the attained age of each Covered Person and may be adjusted upon the annual anniversary date of this Policy. The Company also reserves the right to change its table of rates applicable on a class basis. We will determine classes according to sex, attained age, smoking status, county and the Insured's state of residence. We will give you 31 days notice before any such premium change.

UNIFORM PROVISIONS

1. ENTIRE CONTRACT; CHANGES: This Policy with any endorsements or attachments is the entire contract of insurance. Only one of our executive officers can approve a change. Such approval must be endorsed on or attached to this Policy. It may not be changed in any way by any agent. Any statement made by a Covered Person which is not attached to this Policy shall not be used to avoid the Policy or to deny any claim hereunder or be used in any legal proceeding hereunder.

2. TIME LIMIT ON CERTAIN DEFENSES: (a) After two years from the Effective Date of this Policy, no misstatement of a Covered Person, except a fraudulent misstatement made in the application, shall be used to void this Policy. After two years from the Effective Date of the coverage with respect to any claim which is made, no misstatement of a Covered Person, except a fraudulent misstatement contained in a written instrument signed by a Covered Person, shall be used to deny a claim for loss incurred commencing after expiration of such two years.

(b) We shall not deny or reduce a claim for loss incurred after six months from the Effective Date of this Policy on the ground that a disease or physical condition on the date of loss had existed before said Effective Date. This does not include those diseases or physical conditions excluded specifically by name or description by an elimination endorsement or in the Exclusions provision of this Policy.

3. GRACE PERIOD: There will be a grace period for payment of each renewal premium. It will be 31 days from the date the premium is due. This Policy will stay in force during the grace period.

UNIFORM PROVISIONS (Continued)

4. REINSTATEMENT: This Policy shall lapse if you do not pay the premium before the end of the grace period. If the Company or any agent authorized by us to accept premium later accepts it and does not require an application for reinstatement, such acceptance shall reinstate this Policy.

If the Company or such agent requires an application for reinstatement and issues a conditional receipt for the premium tendered, this Policy shall be reinstated upon our approval of such application. If we do not approve it, this Policy shall be reinstated on the 45th day of such conditional receipt, unless we give you prior written notice of disapproval. The reinstated Policy shall cover only loss due to an Injury occurring after the date of reinstatement or a Sickness beginning more than 10 days from such date. In all other respects you and the Company shall have the same rights under this Policy as were in effect before it lapsed unless special conditions are added in connection with the reinstatement. Premium accepted in connection with this provision shall be applied to a period for which premium has not been previously paid, but not to any period more than 60 days before the date of reinstatement.

5. NOTICE OF CLAIM: You must give us written notice of claim. It must be given within 20 days after a covered loss occurs or starts, or as soon as you reasonably can. You may give the notice or you may have someone do it for you. Such notice should give your name and policy number. Notice should be mailed to us at our Home Office or to any authorized agent.

6. CLAIM FORMS: When we receive your notice, we will send you forms for filing proof of loss. If we do not send them within 15 days, you can meet the proof of loss requirement by giving us a written statement of what happened. This statement should include the type of and extent of the loss you incurred. We must receive this statement within the time given for filing proof of loss.

7. PROOF OF LOSS: You must give us written proof of your loss within 90 days after the date of loss or as soon as you reasonably can. Proof must, however, be furnished within 12 months except in the absence of legal capacity.

8. TIME OF PAYMENT OF CLAIMS: We will pay you upon receipt of due written proof of loss for benefits provided under this Policy. However, a benefit that is payable by periodic payments, subject to due written proof of loss, shall be paid monthly. Any balance remaining unpaid upon termination of liability will be paid upon receipt of due written proof.

9. PAYMENT OF CLAIMS: Subject to the Direct Payment of Benefits provision, benefits will be paid to you. Loss-of-life benefits, if any, are payable in accordance with the beneficiary designation in effect at the time of payment. If none is then in effect, the benefits will be paid to your estate. Any other benefits unpaid at death may be paid, at our option, either to your beneficiary or estate.

If benefits are payable to your estate or a beneficiary who cannot execute a valid release, we can pay benefits up to \$1,000.00 to someone related to you or your beneficiary by blood or marriage whom we consider to be entitled to the benefits. We will be discharged to the extent of any such payment made in good faith.

10. PHYSICAL EXAMINATION AND AUTOPSY: We, at our expense, may have you or your dependent examined when and as often as we may reasonably require while a claim is pending. We may also have an autopsy performed unless prohibited by law.

11. LEGAL ACTIONS: No legal action at law or in equity may be brought to recover on this Policy within 60 days after written proof of such loss has been given as required by the Policy. No such action may be brought after three years have passed from the time written proof of loss is required to be given.

12. CHANGE OF BENEFICIARY: Unless you make an irrevocable designation of beneficiary, only you shall have the right to change the beneficiary. Consent of the beneficiary shall not be required to make any change in this Policy. Also, no such consent shall be required for surrender or assignment of this Policy.

POLICY PROVISIONS

- 1. MISSTATEMENT OF AGE:** If the age of a Covered Person has been misstated, all benefits payable to that person shall be in the amount the premium paid would have bought at the correct age.
- 2. UNPAID PREMIUM:** Any due and unpaid premium for this Policy may be deducted from its benefits then payable.
- 3. ILLEGAL OCCUPATION:** We shall not be liable for any loss to which a contributing cause was your commission or attempt to commit a felony. We shall not be liable for a loss to which a contributing cause was your participation in an illegal job.
- 4. INTOXICANTS AND NARCOTICS:** We shall not be liable for any loss sustained or contracted in consequence of your being intoxicated or under the influence of any narcotic, unless administered on the advice of a Physician.
- 5. CANCELLATION BY YOU; NON-CANCELLATION BY US:** You may cancel this Policy at any time by written notice delivered or mailed to us, effective upon receipt or on such later date as may be specified in such notice. In the event of cancellation, we will return promptly the unearned portion of any premium paid. The earned premium shall be computed by the use of the short-rate table last filed with the state official having supervision of insurance in the state where you resided when this Policy was issued. Cancellation shall be without prejudice to any claim originating prior to the effective date of cancellation. We may not cancel this Policy. This provision nullifies any other provision, contained in the Policy or in any endorsement hereon or in any rider attached hereto, which provides for cancellation of this Policy by us or by you.
- 6. CONFORMITY WITH STATE STATUTES:** The provisions of this Policy must conform with the laws of the state in which you reside on the Effective Date. If any do not, they are hereby amended to conform.
- 7. DIRECT PAYMENT OF BENEFITS:** All or any portion of any indemnities provided hereunder shall be payable to the Insured, provided the Company may, at its option, if requested by the Insured not later than the time of filing proof of loss, pay such benefits directly to the person providing services or treatment to a Covered Person.

IN WITNESS WHEREOF, Reserve National Insurance Company has caused this Policy to be issued as of the Effective Date, and to be executed by its President and Secretary at its Home Office at 601 East Britton Road, in the City of Oklahoma City, Oklahoma.


Secretary


President

RESERVE NATIONAL INSURANCE COMPANY
OF OKLAHOMA CITY, OKLAHOMA

EXTRA BENEFIT RIDER

In consideration of the additional premium and effective with the date of issue, coverage under the Policy to which this Rider is attached is extended to include the following benefits:

ANNUAL PHYSICAL EXAMINATION BENEFIT

If, while this Rider is in force, a Covered Person (a) has not used any other benefit under this Rider or the Policy; and (b) has a physical examination performed by a Physician more than 12 months after the Effective Date of this Rider, we will pay a benefit of \$150.00 for such physical examination. After a Covered Person's first annual physical examination for which this benefit is payable, and while this Rider is in force, we will pay a benefit of \$150.00 each time a Covered Person has a physical examination performed by a Physician in each succeeding 12-month period, provided the Covered Person has not used any other benefit under this Rider or the Policy during such 12-month period, limited to one physical examination in any 12-month period.

VISION BENEFIT

(A) Examination: If, while this Rider is in force, a Covered Person has an eye examination, including any required diagnostic vision services in conjunction with the examination, performed by a Physician more than six months after the Effective Date of this Rider, we will pay a benefit of \$40.00 for such eye examination. After a Covered Person's first eye examination for which this benefit is payable, we will pay a benefit of \$40.00 each time a Covered Person has an eye examination and any related diagnostic services performed by a Physician in each succeeding 12-month period, limited to one eye examination in any 12-month period.

(B) Lenses and Frames: If, while this Rider is in force, a Covered Person purchases prescription lenses and eyeglass frames more than six months after the Effective Date of this Rider, we will pay a benefit of \$75.00 for such prescription lenses and eyeglass frames, excluding sunglasses. After a Covered Person's first prescription lenses and eyeglass frames for which this benefit is payable, we will pay a benefit of \$75.00 each time a Covered Person purchases prescription lenses and eyeglass frames in each succeeding 24-month period, limited to one set of lenses and frames in any 24-month period. For purposes of this benefit, "prescription lenses" means any lens which requires a prescription and includes single, bifocal, trifocal, lenticular or contact lenses, but does not include sunglasses.

HEARING BENEFIT

(A) Examination: If, while this Rider is in force, a Covered Person has a hearing examination (an audiometric examination or hearing aid evaluation, but not both) performed or ordered by a Physician or licensed audiologist more than 12 months after the Effective Date of this Rider, we will pay a benefit of \$50.00 for such hearing examination. After a Covered Person's first hearing examination for which this benefit is payable, we will pay a benefit of \$50.00 each time a Covered Person has a hearing examination performed or ordered by a Physician or licensed audiologist in each succeeding 12-month period, limited to one hearing examination in any 12-month period.

(B) Hearing Aids: If, while this Rider is in force, a Covered Person purchases a hearing aid prescribed by a Physician or licensed audiologist more than 12 months after the Effective Date of this Policy, we will pay a benefit of \$250.00 for such hearing aid. After a Covered Person's first hearing aid for which this benefit is payable, we will pay a benefit of \$250.00 each time a Covered Person purchases a hearing aid prescribed by a Physician or licensed audiologist in each succeeding 24-month period, limited to one hearing aid in any 24-month period. This benefit is not payable for: (1) repairs or replacement parts for any hearing aid, provided that this benefit is payable for the replacement of an entire hearing aid in accordance with the above frequency limitation; (2) a spare hearing aid which is not your primary hearing aid; and (3) follow-up visits to a Physician or audiologist if charged for separately.

(continued on reverse side)

AMBULANCE BENEFIT

If, while this Rider is in force, a Covered Person requires the use of an ambulance to a Hospital while receiving services of an Approved Home Health Care Practitioner or a Home Health Care Aide for which benefits are payable under the Policy, we will pay a benefit of \$100.00 for each ambulance trip to the Hospital, and the return trip to Your Home, as defined in the Policy, limited to a maximum benefit of \$200.00 in any 12-month period.

IN-HOSPITAL PRIVATE DUTY NURSE BENEFIT

If, while this Rider is in force, a Covered Person is confined in a Hospital as a result of any one Injury or Sickness and requires exclusive private duty nursing services from a licensed graduate nurse (R.N.), we will pay a benefit of \$80.00 for each 24-hour day such care is received, limited to 30 days in any 12-month period. These services must be required and authorized by your attending Physician, and must be charged directly to the Covered Person by the nurse rather than the Hospital. This benefit is not payable for a private nurse who is a member of a Covered Person's Immediate Family, as defined in the Policy.

All the provisions, conditions and limitations of the Policy to which this Rider is attached which are not modified hereby and which are not in conflict herewith shall be applicable to this Rider.

IN WITNESS WHEREOF, RESERVE NATIONAL INSURANCE COMPANY has caused this Rider to be executed by its President and attested by its Secretary.


Secretary


President

RESERVE NATIONAL INSURANCE COMPANY
OF OKLAHOMA CITY, OKLAHOMA

PRESCRIPTION DRUG BENEFIT RIDER

In consideration of the additional premium and effective with the date of issue, coverage under the Policy to which this Rider is attached is extended to include the following benefit:

If, while this Rider is in force, an Insured/Covered Person incurs expenses in excess of a deductible of \$50.00 per Policy Year for Prescription Drugs for the treatment of an Injury or Sickness, we will pay 80% of such expenses, limited to a maximum benefit of \$250.00 per Policy Year. The deductible and maximum benefit shall apply to each Insured/Covered Person separately per Policy Year.

For purposes of this benefit:

"Prescription Drugs" means drugs which: (a) require a prescription written by a Physician; and (b) are dispensed by a licensed pharmacist.

"Policy Year" means each successive 12-month period extending from the Effective Date of the Policy to which this Rider is attached, so that each successive 12-month period will constitute a single Policy Year.

All the provisions, conditions and limitations of the Policy to which this Rider is attached which are not modified hereby and which are not in conflict herewith shall be applicable to this Rider.

IN WITNESS WHEREOF, RESERVE NATIONAL INSURANCE COMPANY has caused this Rider to be executed by its President and attested by its Secretary.


Secretary


President

**ENDORSEMENTS, IF ANY, AND PHOTOSTAT OF APPLICATION ATTACHED
HERETO CONSTITUTE PART OF THE CONTRACT**



HOME HEALTH CARE INDEMNITY POLICY
Guaranteed renewable. Premiums may be changed.

HHC-95