

Voluntary Critical Illness Insurance

A limited benefit policy
Group product base



WITH CANCER RIDER

Critical Illness voluntary coverage pays benefits however you want

With our critical illness plan, you'll receive a benefit after a serious illness or a condition such as a heart attack, stroke, invasive cancer/cancer in situ, or coronary artery bypass graft. During your recovery, you and your loved ones can rest a little easier knowing you won't have to deplete your bank accounts or take on additional debt to cover day-to-day living expenses.

Why do I need critical illness coverage?

These plans can assist you with a variety of expenses so you can focus on getting better. You can spend the benefits however you want, on direct or indirect costs associated with the illness:

- Make your mortgage payments
- Hire extra help for around the house, such as in-home caregivers
- Help cover medical bills as well as therapy and training not covered by your primary health insurance
- Pay for travel to treatment facilities away from home - and for family visits

In addition to the physical and emotional effects, people who are diagnosed with a serious condition may see a costly impact on their expenses. You may need additional help to absorb the expense of paying for drugs and other direct and indirect costs associated with these diseases.

Here's how it works

All benefit payments are made directly to you in most cases, placing you in control at a time when you may feel that your options are limited. Some or all of the benefit is available to you after your initial diagnosis, so it's there when you need it most. You'll save on your premiums because coverage through your employer typically is less expensive than purchasing on your own. And you can pay premiums through automatic payroll deduction. You can even bring the coverage with you if you change employers.

Protect your financial security

You've probably taken some steps to protect your assets and future financial stability with a health plan, life insurance, savings, etc. Take an additional step to round out your coverage and help you and your loved ones in the event of an unexpected critical illness.

U.S. men have slightly less than a 1 in 2 risk of developing cancer; for women, the risk is a little more than 1 in 3.

- *American Cancer Society. Cancer Facts & Figures, 2017†*

Underwritten by:



Product is issued by Shenandoah Life Insurance Company, a member of Prosperity Life Group. Prosperity Life Group is a marketing name for the member companies of Prosperity Life Insurance Group LLC. The issuing company is solely responsible for its own financial and contractual obligations. AM Best rating is as of date of publication. For latest rating, see www.ambest.com.

† American Cancer Society. *Cancer Facts & Figures 2017*. Atlanta: American Cancer Society; 2017.

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Mississippi

Mississippi Department of Corrections

Consider coverage that helps protect you, your family, and your assets in the event of a critical illness. It offers specialized benefits to supplement other health insurance when you and your family may be most vulnerable: during the working years. Benefit payments can assist in covering a variety of expenses associated with a critical illness: out-of-pocket medical care costs, home healthcare, travel to and from treatment facilities, rehabilitation, and other expenses.

Coverage type

Voluntary Critical Illness insurance is a group policy form that pays specified benefits upon initial diagnosis and re-occurrence of heart attack, stroke, cancer, and other named covered critical illnesses. **Certain limitations and exclusions, including a pre-existing condition limitation and a benefit suspension period, apply. See page 10 for further details.**

Base Coverage Benefit

COVERED CRITICAL ILLNESS/BENEFIT AMOUNT PERCENTAGE:

Heart Attack – 100%	Coma – 100%
Stroke – 100%	Severe Burns – 100%
Coronary Artery Bypass Graft – 50%	Motor Neuron Disease/ALS – 100%
Major Organ Transplant- 100%	Advanced Alzheimer's Disease - 100%
Kidney Failure – 100%	Cancer In Situ – 50%
Paralysis – 100%	Invasive Cancer – 100%

INITIAL BENEFIT AMOUNT – We will pay the Initial Benefit Amount when a Covered Person is diagnosed with a covered Critical Illness while the coverage is in force.

Limitations apply. See page 10.

Initial Benefit Amount = the coverage amount for the Covered Person shown below multiplied by the percentage applicable to the covered Critical Illness shown above.

- Named Insured: Level One: \$ 5,000-50,000
- Spouse: 50% of the Named Insured
- Dependent Children: 25% of the Named Insured

REOCCURRENCE BENEFIT AMOUNT – We will pay 100% of the Initial Benefit Amount if a Covered Person is diagnosed for the second time with the same Critical Illness for which an Initial Benefit Amount was previously paid, provided a Covered Person has not been treated or had symptoms for at least 180 days.*

***A benefit for reoccurrence of Invasive Cancer or Cancer In Situ is not payable unless the Covered Person has not been treated or had symptoms for at least 180 days.**

Other limitations apply. See page 10.

ISSUE AGE UNI-TOBACCO RATES

Age banded rates based on the employee's age with level premiums that do not increase due to age.

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Optional Benefit Riders	Level 1
<p>• ANNUAL HEALTH SCREENING TESTS BENEFIT RIDER</p> <p>We will pay an amount not to exceed the Annual Health Screening Tests Benefit amount per calendar year per Covered Person for any of the following tests or procedures that occur while coverage under the rider is in force:</p> <ul style="list-style-type: none"> • Blood test for triglycerides • Bone marrow testing • Breast ultrasound • CA 15-3 (blood test for breast cancer) • CA125 (blood test for ovarian cancer) • Carotid doppler • CEA (blood test for colon cancer) • Chest x-ray • Colonoscopy • Echocardiogram (ECHO) • Electrocardiogram (EKG, ECG) • Fasting blood glucose test • Flexible sigmoidoscopy • Hemocult stool analysis • Mammography • Pap smear • PSA (blood test for prostate cancer) • Serum cholesterol test to determine level of HDL and LDL • Serum protein electrophoresis (blood test for myeloma) • Stress test on a bicycle or treadmill • Skin cancer biopsy • Thermography • ThinPrep pap test • Virtual colonoscopy 	<p style="text-align: center;">\$100 per Calendar Year</p>
<p>• HOSPITAL INTENSIVE CARE UNIT BENEFIT RIDER</p> <p>When a Covered Person is confined in an Intensive Care Unit or a Step-Down Unit while coverage is in force, we will pay the benefits described in A., B., or C. below.</p> <p>Benefits under A., B., and C. are combined and limited to 45 days per each Period of Hospital Intensive Care Unit Confinement.</p> <p>A. Intensive Care Unit Benefit - We will pay the Hospital Intensive Care Unit Benefit amount for each day a Covered Person is confined in an Intensive Care Unit as the result of Sickness or Injury. Intensive Care Unit benefits will begin on the first day of such confinement.</p> <p>B. Double Intensive Care Unit Benefit - We will double the Hospital Intensive Care Unit Benefit amount for each day of the initial Intensive Care Unit confinement if resulting from a Travel Related Injury. The double benefit for a Travel Related Injury is payable only for the initial Intensive Care Unit confinement that commences within 24 hours of the accident causing the Travel Related Injury.</p> <p>Double Intensive Care Unit Benefits are not payable for successive periods of confinement, even when part of the same Period of Hospital Intensive Care Unit Confinement.</p>	<p style="text-align: center;">\$100 per day*</p> <p style="text-align: center;">\$200 per day*</p>

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<p>C. Step-Down Unit Benefit - We will pay one-half of the Hospital Intensive Care Unit Benefit amount for each day the Covered Person is confined in a Step-Down Unit as the result of Sickness or Injury.</p> <p>*Reduction <i>On the date a Covered Person attains Age 75, and continuing thereafter, the Hospital Intensive Care Unit Benefit amount will be reduced by one-half.</i></p>	<p>\$50 per day*</p>
<p>• ADDITIONAL BENEFITS RIDER</p> <p>Non-Local Transportation Expense Benefit We will pay the Charge Incurred for Non-Local (more than 30 miles, one way, and less than 700 miles, one way from the Covered Person's usual place of residence) transportation not to exceed coach fare on a Common Carrier for the Covered Person and one adult companion's travel to a Hospital or other specialized treatment center where the Covered Person receives treatment for a covered Critical Illness. This benefit is payable only if the treatment is not available within 30 miles, one way, of the Covered Person's usual place of residence. At the option of the Covered Person, we will pay a single private vehicle mileage allowance of 50 cents per mile for Non-Local transportation in lieu of the common carrier coach fare.</p> <p>Lodging Expense Benefit When a Covered Person receives treatment for a covered Critical Illness at a Non-Local (more than 30 miles, one way, and less than 700 miles, one way from the Covered Person's usual place of residence) Hospital or other specialized treatment center, we will pay the Charge Incurred not to exceed \$75 per day for a room in a motel, hotel or other appropriate lodging facility (other than a private residence). The room must be occupied by the Covered Person or an adult companion, which may include the live donor of bone marrow or stem cells used in a bone marrow or stem cell transplant for the Covered Person. This benefit is not payable for lodging expense incurred more than 24 hours before the treatment, nor for lodging expense incurred more than 24 hours following treatment. This benefit is limited to 100 days per Calendar Year.</p> <p>Ambulance Expense Benefit We will pay the Charge Incurred for ambulance service if a Covered Person is transported to a Hospital where he or she is admitted as an Inpatient for the treatment of a covered Critical Illness. The ambulance service must be provided by a licensed professional ambulance company or an ambulance owned by the Hospital.</p>	<p>Charge Incurred</p> <p>Charge Incurred, up to \$75 per day 100 days maximum per Calendar Year</p> <p>Charge Incurred</p>

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Rental or Purchase of Medical Equipment Expense Benefit

If, as the result of a covered Critical Illness, the attending Physician prescribes covered medical equipment designed for home use, we will pay the lesser of the Charge Incurred for the rental or purchase of such medical equipment not to exceed \$1,500 per Calendar Year. Monthly rental charges are not payable in advance. Covered medical equipment includes wheel chair, oxygen equipment, respirator, braces, crutches or hospital bed.

Charge Incurred
up to \$1,500
per Calendar Year

Physical, Speech and Audio Therapy Expense Benefit

We will pay the Charge Incurred not to exceed \$ 25 per therapy session for:

- a. Physical therapy treatments given by a licensed Physical Therapist, or
- b. Speech therapy given by a licensed Speech Pathologist/Therapist; or
- c. Audio therapy given by a licensed Audiologist.

These therapy sessions may be given at an institute of physical medicine and rehabilitation, a Hospital, or the Covered Person's home. These treatments must be given on an Outpatient basis, unless the primary purpose of a Hospital confinement is for treatment of a covered Critical Illness other than with physical, speech or audio therapy. May not exceed \$1,000 per Calendar Year.

Charge Incurred, up to \$25
per session
up to \$1,000
per Calendar Year

Mental Health Consultation Benefit

We will pay the Charge Incurred not to exceed \$75 per session for mental health consultations provided by a Physician for a Covered Person receiving treatment for a covered Critical Illness. Lifetime maximum of 50 sessions.

Charge Incurred, up to \$75
per session
50 sessions lifetime maximum

Child Tutorial Benefit

We will pay the Charge Incurred not to exceed \$20 per each one-hour session for educational tutoring provided by a qualified person (not an Immediate Family Member) for a covered Dependent Child receiving treatment for a covered Critical Illness Lifetime maximum of 50 one-hour sessions.

Charge Incurred, up to \$20
per each one-hour session
50 sessions lifetime maximum

Wheelchair Accessible Home Modifications

When a Covered Person is confined to a wheel chair as the result of treatment of a covered Critical Illness and benefits were paid for the wheel chair's rental or purchase under this Rider, we will pay the Charge Incurred not to exceed a lifetime maximum of \$1,000 for bathroom or door modification of the Covered Person's home which is required for wheel chair access by the Covered Person.

Charge Incurred
\$1,000 lifetime maximum

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<p>Waiver of Premium Benefit</p> <p>We will waive the premiums for the Certificate and in-force riders starting on the first premium due date following a 60-day period of Total Disability of the Named Insured due to a covered Critical Illness. The Named Insured must: (1) be receiving treatment for such Critical Illness for which benefits are payable under the Certificate; and (2) remain disabled for 60 consecutive days. We will waive premiums for as long as the Named Insured remains Totally Disabled. Premiums will be waived in accordance with the mode of payment in effect when treatment began. If the Named Insured is retired or Age 65 and over at the time he or she becomes Totally Disabled, the definition of Total Disability will mean the inability to perform two (2) or more of the ADL's (Activities of Daily Living) listed below without the assistance of another person. ADL's are defined as activities used in measuring levels of personal functioning capacity. Normally, these activities are performed without assistance, allowing personal independence in everyday living. The ADL's are:</p> <ol style="list-style-type: none"> 1. Transferring - moving between the bed and a chair or the bed and a wheelchair; 2. Dressing - putting on and taking off all necessary items of clothing; 3. Toileting - getting to and from the toilet, getting on and off the toilet, and performing associated personal hygiene; 4. Eating - all major tasks of getting food into the body; 5. Bathing - getting into or out of the tub or shower and otherwise washing the parts of the body. <p>We may ask for and use an independent consultant to determine whether the Named Insured can perform an ADL when this benefit is in force.</p> <p>Child Care Benefit</p> <p>We will pay the Charge Incurred not to exceed \$30 per day for each Dependent Child of Covered Person attending a Child Care Center while a Covered Person is confined to the Hospital or ICU due to treatment for a covered Critical Illness.</p> <p>Pet Boarding Benefit</p> <p>We will pay the Charge Incurred not to exceed \$20 per day for all pets of a Covered Person attending a Pet Boarding Center while the Covered Person is confined to the Hospital or ICU due to treatment for a covered Critical Illness. Benefits are limited to a lifetime maximum of 30 days.</p>	<p>Charge Incurred, up to \$30 per day 50 days lifetime maximum</p> <p>Charge Incurred, up to \$20 per day 30 days lifetime maximum</p>
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• SPECIFIED DISEASE BENEFIT RIDER

If, while coverage is in force, a Covered Person is diagnosed with one or more Specified Diseases and is hospitalized for the definitive treatment of such Specified Disease, We will pay the benefits listed below.

Specified Diseases include: Addison's Disease; Amyotrophic Lateral Sclerosis; Botulism; Bovine Spongiform; Budd-Chiari Syndrome; Cystic Fibrosis, Diphtheria, Encephalitis; Encephalopathy; Epilepsy; Hansen's Disease; Histoplasmosis; Legionnaire's Disease; Lupus Erythematosus; Lyme Disease; Malaria; Meningitis; Multiple Sclerosis; Muscular Dystrophy; Myasthenia Gravis; Neimann-Pick Disease; Osteomyelitis; Poliomyelitis; Q Fever; Rabies; Reye's Syndrome; Rheumatic Fever; Rocky Mountain Spotted Fever; Sickle Cell Anemia; Tay-Sachs Disease; Tetanus; Toxic Epidermal Necrolysis; Tuberculosis; Tularemia; Typhoid Fever; Undulant Fever; West Nile Virus; Whipple's Disease; Whooping Cough.

Initial Hospitalization Benefit

\$1,500

We will pay the Initial Hospitalization Benefit amount when a Covered Person is confined to a Hospital for 12 or more hours as a result of receiving treatment for a covered Specified Disease.

per Calendar Year

This benefit is payable only once per Period of Hospital Confinement and only once per Calendar Year for each Covered Person.

A Period of Hospital Confinement must start while coverage under this rider is in force. If the confinement follows a previously covered confinement, it will be deemed a continuation of the first confinement unless it is the result of an entirely different Specified Disease, or unless the confinements are separated by 30 days or more.

Hospital Confinement Benefit

We will pay the Hospital Confinement Benefit amount per day when a Covered Person is hospitalized during any continuous period of 30 days or less for the treatment of a covered Specified Disease. Benefits will double per day beginning with the 31st day of continuous confinement.

\$100

per day

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Continuation of Coverage Benefit

We will waive all monthly premiums due for the Certificate and in force riders for two months if the Named Insured meets all of the following conditions:

- a. Your Certificate has been in force for at least six months;
- b. We have received premiums for at least six consecutive months;
- c. Your premiums have been paid through list bill, common remitter or payroll deduction;
- d. You or the Policyholder has notified Us in writing within 30 days of the date Your premium payments ceased due to You being no longer affiliated with the Policyholder; and
- e. You re-establish premium payments through: a) a new list bill, common remitter or payroll deduction process through current employment; or b) direct payment to Us in an automatic deduction system established by Us.

You will become eligible again to receive this benefit after: a) You re-establish the premium payments through list bill, common remitter or payroll deduction for a period of at least six months; and b) We receive premiums for at least six consecutive months.

Coverage Portability

Participants may continue coverage by paying premiums on a direct billing method. All ported certificates will be subject to any rate increases on the Group Policyholder's Master Policy.

Pre-Existing Condition Limitation Period: 12 months

See page 10 for details.

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Critical Illness Plan Proposed Monthly Rates:

With Cancer Rider

Displaying Monthly payroll deductions based on monthly premium calculation.

		Level One								
Rate Tier	Issue Age	Monthly Premium by Benefit Amount								
		\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$50,000
Employee Only	17-29	4.21	6.54	8.88	11.22	13.55	15.89	18.23	20.56	25.24
	30-39	7.21	11.89	16.56	21.23	25.91	30.58	35.25	39.93	49.27
	40-49	12.96	22.05	31.15	40.24	49.33	58.42	67.51	76.61	94.79
	50-59	22.49	39.54	56.58	73.62	90.67	107.71	124.75	141.80	175.88
	60-64	33.67	60.14	86.62	113.09	139.56	166.03	192.50	218.98	271.92
	65-69	41.63	75.01	108.39	141.76	175.14	208.52	241.90	275.28	342.04
	70-74	53.83	98.10	142.37	186.64	230.92	275.19	319.46	363.73	452.27
	75-79	63.52	116.45	169.38	222.31	275.24	328.17	381.10	434.03	539.89
	80+	76.58	141.88	207.18	272.48	337.78	403.08	468.38	533.68	664.28
Employee & Spouse	17-29	6.85	10.20	13.55	16.90	20.25	23.60	26.96	30.30	37.01
	30-39	11.44	18.16	24.86	31.57	38.28	44.99	51.69	58.40	71.81
	40-49	20.29	33.34	46.39	59.44	72.48	85.53	98.57	111.62	137.71
	50-59	34.63	59.10	83.55	108.00	132.47	156.92	181.37	205.83	254.74
	60-64	51.45	89.43	127.43	165.41	203.40	241.38	279.37	317.37	393.34
	65-69	63.34	111.24	159.15	207.05	254.96	302.86	350.77	398.68	494.49
	70-74	81.39	144.92	208.45	271.98	335.52	399.05	462.58	526.11	653.17
	75-79	95.75	171.70	247.66	323.61	399.57	475.52	551.48	627.43	779.34
	80+	114.79	208.49	302.20	395.91	489.61	583.32	677.03	770.73	958.14
Single Parent Family	17-29	5.26	7.71	10.17	12.63	15.08	17.54	20.00	22.45	27.37
	30-39	8.24	13.04	17.83	22.62	27.42	32.21	37.00	41.80	51.38
	40-49	14.01	23.22	32.44	41.65	50.86	60.07	69.28	78.50	96.92
	50-59	23.53	40.70	57.86	75.02	92.19	109.35	126.51	143.68	178.00
	60-64	34.71	61.30	87.90	114.49	141.08	167.67	194.26	220.86	274.04
	65-69	42.66	76.16	109.66	143.15	176.65	210.15	243.65	277.15	344.15
	70-74	54.87	99.26	143.65	188.04	232.44	276.83	321.22	365.61	454.39
	75-79	64.56	117.61	170.66	223.71	276.76	329.81	382.86	435.91	542.01
	80+	77.61	143.03	208.45	273.87	339.29	404.71	470.13	535.55	666.39
Two-Parent Family	17-29	7.89	11.36	14.83	18.30	21.77	25.24	28.72	32.18	39.13
	30-39	12.49	19.33	26.15	32.98	39.81	46.64	53.46	60.29	73.94
	40-49	21.33	34.50	47.67	60.84	74.00	87.17	100.33	113.50	139.83
	50-59	35.68	60.27	84.84	109.41	134.00	158.57	183.14	207.72	256.87
	60-64	52.50	90.60	128.72	166.82	204.93	243.03	281.14	319.26	395.47
	65-69	64.38	112.40	160.43	208.45	256.48	304.50	352.53	400.56	496.61
	70-74	82.44	146.09	209.74	273.39	337.05	400.70	464.35	528.00	655.30
	75-79	96.80	172.87	248.95	325.02	401.10	477.17	553.25	629.32	781.47
	80+	115.83	209.65	303.48	397.31	491.13	584.96	678.79	772.61	960.26

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CONDITIONS, LIMITATIONS AND EXCLUSIONS AFFECTING THE BENEFITS DESCRIBED ABOVE

EMPLOYEE ELIGIBILITY: All active employees over 18 years of age working a minimum of 20 hours per week.

LIMITATIONS AND EXCLUSIONS

We will not pay an Initial Critical Illness Benefit for additional Critical Illnesses that are diagnosed during the Benefit Suspension Period. A Covered Person can receive one Initial Critical Illness Benefit per Critical Illness per lifetime.

We will not pay a Reoccurrence of Critical Illness Benefit for the reoccurrence of a Critical Illness during the Benefit Suspension Period. A Covered Person can receive one Reoccurrence of Critical Illness Benefit per Critical Illness per lifetime.

The Benefit Suspension Period is the 180 day period following the date either an Initial Critical Illness Benefit or Reoccurrence of a Critical Illness Benefit is paid for a covered Critical Illness with respect to a Covered Person.

For two or more Critical Illnesses diagnosed on the same day, We will pay only for the Critical Illness with the largest benefit.

Pre-Existing Condition Limitation:

Benefits will not be paid for any loss that is a Pre-Existing Condition. A Pre-Existing Condition is a condition, whether diagnosed or not, for which symptoms existed within the Pre-Existing Condition Limitation Period or for which medical advice or treatment was recommended or received from a physician within the same period. Benefits are not payable for any cancer diagnosed within the Pre-Existing Condition Limitation Period if the cancer is a pre-existing condition.

No Pre-Existing Condition limitation will be applied for Dependent Children who are born or adopted while the Named Insured is covered, and who are continuously covered from the date of birth or adoption. Credit toward the satisfaction of the Pre-Existing Condition Limitation Period will be given for any continuous time the Covered Person was covered under the pre-existing condition clause of previous coverage through another carrier if: (1) the previous coverage was similar to or exceeded coverage under this plan; (2) the Covered Person was insured under the previous coverage at the time of enrollment in this plan; and (3) the Covered Person was insured under the coverage provided under this plan on the Certificate Effective Date. The Covered Person is responsible for furnishing proof of their previous coverage, to include type of coverage, length the previous coverage was in force and the date the previous coverage terminated.

Other Exclusions:

Benefits are not payable for:

- any loss due to a condition excluded by name or description within the Certificate or any attached rider;
- care or treatment received outside the territorial limits of the United States;
- losses or medical expenses incurred prior to the Certificate Effective Date; or
- Critical Illness that is, or is caused by or contributed to by, or results from:
 - intentionally self-inflicted injury or action;
 - illegal activities or participation in an illegal occupation;
 - suicide while sane, or self-destruction while insane, or any attempt at either;
 - substance abuse, to include abuse of alcohol, alcoholism, abuse of legally obtained prescription medication, or illegal use of a non-prescribed drug or narcotic; or
 - the Covered Person being under the influence of alcohol, a drug, or a narcotic, unless administered and taken as prescribed by a Physician.

This is not a complete disclosure of plan qualifications and limitations. Please review this information before applying for coverage. The amount of benefits provided depends on the plan selected. Premiums will vary according to the selection made. **THIS POLICY PROVIDES LIMITED BENEFITS AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE.**

Policy/Rider Numbers: L-1062P10/16 MS, L-1062C10/16 MS, R-2077, R-207810/16/ MS, R-2079, R-2080.

Underwritten by: Shenandoah Life Insurance Company, member of the Prosperity Life Group.

Not available in all states.

Voluntary Critical Illness Insurance

A limited benefit policy
Group product base



OTHER INFORMATION

Renewability: The coverage is guaranteed renewable during the Named Insured's lifetime, except for fraud or material misrepresentation, so long as premiums are paid on time.

Termination: Coverage for the Named Insured will terminate on the earliest of the following: (1) the date premium is not paid when due, subject to the grace period provision; (2) the date the Named Insured so requests, subject to 31 days' written notification; (3) the date the Master Group Policy terminates; or (4) the date the Named Insured dies. Spouse and dependent care coverage, if applicable, will terminate on the earliest of: (1) the date the premium for the spouse or dependent child coverage, as applicable, is not paid when due, subject to the grace period provision; (2) the date the Covered Person ceases to qualify as a spouse or dependent child, as applicable; (3) the date the Named Insured so requests, subject to 31 days' written notification; (4) the date coverage for the Named Insured terminates; (5) for a dependent child, the date the coverage for the dependent child is converted.

Premiums: Premiums may be changed upon 60 days written notice. Premiums will not increase on the group plan during the rate guarantee period of 1 year from the Group Master Policy effective date.

Portability and Conversion: Portability coverage is available, subject to the timely payment of premiums, if the Named Insured's coverage terminates for reasons other than non-payment of premium or cancellation by the Named Insured, or if the Named Insured ceases to be a member of the eligible class. Written request and payment of the first premiums for the portability coverage must be received no later than 30 days after such termination or change in eligibility status. Premium rates will be based on rates in effect at the time of the qualifying event.

If a spouse's coverage ends due to the death of the Named Insured or a divorce, the spouse may elect to convert coverage for him/herself alone or for him/herself and any dependent children. If a dependent child's coverage ends due to attainment of the limiting age, the dependent child may elect to convert coverage. Written request and payment of the first premiums for conversion must be received no later than 30 days after the qualifying event. Premium rates will be based on rates in effect at the time of conversion and may change.

Free-Look Period: The Named Insured has 30 days to review the Certificate and return it for a full refund of any premium paid.

This is not a complete disclosure of plan qualifications and limitations. Please review this information before applying for coverage. The amount of benefits provided depends on the plan selected. Premiums will vary according to the selection made. **THIS POLICY PROVIDES LIMITED BENEFITS AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE.**

Policy/Rider Numbers: L-1062P10/16 MS, L-1062C10/16 MS, R-2077, R-207810/16/ MS, R-2079, R-2080.

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