



The Health Made Simple Plan with Optional Maternity Rider, Term Life Rider and Prescription Discount Features.

Underwritten By:
NEW ERA LIFE INSURANCE COMPANY
P.O. Box 4884, Houston, Tx 77210-4884
1-800-552-7879

Policy Form Number H-0168.NE

Health Made Simple PLAN FEATURES:

- ❖ Provides complete freedom of choice of healthcare providers
- ❖ Covers up to \$2,000,000 per covered person (Your choice of \$100,000, \$250,000 or \$1,000,000 aggregate maximum per sickness or accident)
- ❖ Requires a coinsurance percentage of only 20%
- ❖ Sets maximum annual out-of-pocket at \$5,000 (after deductible) per policy regardless of the number of individuals covered
- ❖ Covers inpatient hospital and surgical expense for covered sickness and injury
- ❖ Covers outpatient facility and physician charges for surgical expense up to \$5,000 per surgery, maximum \$10,000 per year
- ❖ Covers the cost of physician while hospitalized
- ❖ Covers the cost of pre-admission testing within 7 days of being admitted to the hospital
- ❖ Covers the cost of the emergency room if admitted to a hospital for the same diagnosis within 24 hours of the emergency visit
- ❖ Provides \$300 emergency accident benefit after \$50 deductible
- ❖ Additional \$25,000 Chemotherapy & Radiation Therapy Benefits
- ❖ Provides various preventive care benefits

ISSUE AGES: 0-64 last birthday, or Medicare Eligible.

GENERAL INFORMATION:

APPLICATION: Each question on the application needs to be specifically asked of the applicant and the answers recorded as given. A writing agent cannot ask a general question with reference to the health history and on receiving a negative reply, answer all questions "no". Under no circumstances should the answers be obtained from a third party.

No application can be taken by correspondence since the writing agent must be present at the completion of application to verify the applicant's health. All applications must be completed in the writing agent's handwriting in black ink and should not be typewritten. It is not sufficient to answer questions with "dashes" or "ditto marks". Any erasures or affirmative answers should be explained as completely as possible and the name and address of any physicians consulted must be included.

ELIGIBILITY: One or more members of the immediate family are eligible for coverage on the same policy. The family is considered as husband, wife and their unmarried dependent children up to and including age 24. Legally adopted children and stepchildren of either applicant or spouse will also be considered part of the family group. Children must be dependent on the insured or spouse and living in the same household.

Children over the age of 2 years may apply for individual coverage. The parent or legal guardian must sign the application but another party (grandparent) may pay the premium. The rate charged is the 0-29 year old rate – if greater than the "child" rate.

To add new family members to an existing policy, submit a new application with an explanation and the extra premium needed, if any.

RENEWABILITY: Medical policies are guaranteed renewable for life of adult insureds subject to Company's right to adjust premium by class.

UNDERWRITING: Rate-ups & special exception deductibles are used when necessary to issue HMS applications.

TELEPHONE INTERVIEWS: Used to verify application, educate policyholder.

PREEXISTING LIMITATIONS: See Outlines of Coverage.

PRE-CERTIFICATION: Requested pre-approval for non-emergency medical and surgical admissions and outpatient surgeries exceeding \$1,000.

CITIZENSHIP: Must be citizen or have a green card. Foreign travel limited to short stays only.

OCCUPATIONS NOT ELIGIBLE:

Bartenders & Night Club Workers	Junk Yard or Scrap Metal Workers	Physicians
Commercial Fisherman	Legal Professionals	Quarry Workers
Crop Dusters	Loggers & Sawmill Workers	Race Car Drivers
Deep Sea Divers & Underwater Salvage	Long Haul Truckers	Rodeo And Circus Performers & Workers
Explosive Handlers	Military Personnel (active duty)	Skydivers
Farm Workers (Migrant)	Oil Well Drilling, Exploration & Servicing	Steeplejacks
Gambling and Racing Related Workers	Workers	Structural Steel Workers
Government Workers	Professional Pilots	Stuntmen
Industrial Saw Sharpeners	Professional Athletes	Underground Mining Workers

PreScript DISCOUNT Rx CARD:

PREFERRED DRUG PRICING

By using *PreScript* Card Program, most U.S. pharmacies will give you a preferred price. You can expect to save up to 40% or more depending upon your prescription and the pharmacy you use.

HOW THE PROGRAM WORKS

1. Present your *PreScript* identification card to the pharmacist before he or she begins filling the prescription to assure that you will receive the preferred price.
2. Pay the pharmacist the total discounted costs of your drug(s) at the time of the purchase.

OPTIONAL LIFE PLAN

New Era offers a unique Decreasing Term Life insurance plan that covers the entire family. One unit is available with the Health Made Simple Plan. Request for additional units will require the following at the applicant's own expense: a paramedical exam, urinalysis, and blood profile.

FAMILY LIFE INSURANCE (DECREASING TERM TO AGE 65)

One Unit of Benefits

<u>Attained Age</u>	<u>Insured Individual</u>	<u>Insured Spouse</u>
18-29	\$50,000	\$10,000
30-34	\$40,000	\$10,000
35-39	\$30,000	\$10,000
40-44	\$20,000	\$10,000
45-49	\$15,000	\$ 7,500
50-54	\$10,000	\$ 5,000
55-59	\$ 7,500	\$ 3,750
60-64	\$ 5,000	\$ 2,500
<u>Child's Attained Age at Death</u>	<u>Insured Child's Benefit</u>	
0-14 days	\$0	
15 days-5 months	\$500	
6 months-17 years	\$3,000	

SMALL EMPLOYER GROUPS: The Health Made Simple Plan is an individual product. If sold to more than one individual at a single employer, the premium can be list billed to a single address. An employer check can be used to pay the medical premium only if the employer contributes absolutely nothing toward the medical premium, functions only as an administrator in the deduction of the entire medical premium cost from the employees' pay and signs a statement verifying that this is the employer's only role. The employer may contribute to the life premium, which amounts will be designated in list billings. There is a 10% monthly billing fee for an employee list bill. The employer must complete form Employer Certification, form number NE.ERC.

ISSUE DATES: Any date from the first day to the 28th day of month following underwriting approval or up to 60 days in advance upon Home Office approval. An A&H policy will never be backdated.

BANK DRAFT: The bank draft authorization and a voided check must accompany the application.

PLAN CHANGES: Plan changes to increase deductible or delete optional benefits must be received 31 days or more before the requested effective date of the desired change. The requested change is not effective until approved in underwriting. No request will be granted to lower deductibles or add optional benefits after the case is originally made effective.

AREA RATING: The Health Made Simple plan is area rated by counties.

PREMIUM NODE FACTORS:

Direct Monthly and List Bill - Bank Draft x 1.10

Quarterly - Bank Draft x 3

Semi-annual - Bank Draft x 6

Annual - Bank Draft x 12

SMOKER RATES – SMOKER LOAD FOR ANY INDIVIDUAL WHO HAS USED ANY TOBACCO PRODUCT IN THE LAST 36 MONTHS.

THERE IS A NON-REFUNDABLE UNDER WRITING FEE OF \$30 IF APPLYING FOR MEDICAL OR LIFE INSURANCE.

OPTIONAL MATERNITY RIDER

(H-0168.MAT)

Pays up to \$1,250 after 10 months of continuous coverage.

Pays up to \$2,500 after 20 months of continuous coverage.

MATERNITY RIDER – ADD \$50 PER MONTH

OPTIONAL TERM LIFE INSURANCE

Decreasing term to age 65

Per unit monthly rates

Applicant only

\$10.00

Applicant and children

\$12.50

Applicant & Spouse or Family

\$15.00

IMPAIRMENT GUIDE

These are commonly encountered health conditions and probable underwriting actions. These are guides only. The company may take different underwriting action, based on circumstances. If a condition is not listed, call for underwriting action. Rate-ups are non-commissionable.

Impaired conditions resulting in more than a 150% rate-up will be declined. Some impaired conditions will result in the issuance of a special exception rider that will require an additional calendar year deductible of \$10,000 per each impairment. Accordingly, the annual out-of-pocket maximum will be increased by an additional \$10,000 for each special exception rider. Applicants with conditions requiring more than two special exception riders will be declined.

RISK NOT ACCEPTABLE

Fibromyalgia

Kidney failure

(COPD)*

Leukemia

Peripheral Vascular Disease

Multiple Sclerosis

Narcolepsy

Muscular Dystrophy

Cerebral Palsy

Bi-Polar Disorders

Cirrhosis

Transplant Recipients

Congestive Heart Failure

Stroke

Polycystic Kidney Disease

Sleep Apnea

* Chronic Obstructive Pulmonary Disease

Hepatitis B, C, & D

Ulcerative Colitis

Crohn's Disease or Disorder

All Forms of Lupus Disease or Disorder

Cystic Fibrosis

Any type of aneurysm

Persons with a history &/or current use of taking blood thinners/anti-coagulants

UNDERWRITING ACTION

- SOME SPECIAL EXCEPTION RIDER(S) MAY APPLY -

Alcoholism & Drug Addiction, Recovering

0-5 years	Decline
5-10 years	25%
Over 10 years	Std.

Allergy, Asthma and Hayfever

Mild, Infrequent attacks	Std.
Year Round	20%
With any Complications	50%

Arteriosclerosis, Mild

0-5 years	50%
Over 5 years	25%
Other than mild	Decline

Arthritis

Rheumatoid	Decline
Other	25%

Back Pain (Strain or Sprain)

Less than 1 Year	20%
Single episode, non-disabling, over 1 year	Std.
Single episode with disability	30%

Blood Pressure

2 year average 137/85 to 155/92	Std.
2 year average 156/92 to 170/96	25%
2 year average above 170/96	Decline

Breasts

Augmentation	50%
Fibrocystic disease	25%
Tumor-unoperated	50%
Operated 0-2 years	20%
Over 2 years	Std.
Malignant-see cancer	

Bronchitis

Acute, mild	20%
Chronic	50%

Bursitis

	Std.
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Cancer

Skin-basal cell	
Carcinoma removed	Std.
Other (individual consideration)	
3-10 years	50%
Over 10 years	Std.
Metastasis	Decline

Cataracts

Unoperated	50%
Operated	Std.

Cleft palate

Unoperated	50%
Operated	Std.

Diabetes

Juvenile	Decline
Insulin dependent	Decline
Controlled with diet	
&/or Oral medication	50%

Disc Disease, Spinal

Unoperated	100%
Operated within 5 years	25%
Operated over 5 years	20%
Operated over 10 years	Std.

Emphysema

Mild	25%
Other	Decline
Smoker	Decline

Encephalitis

0-1 year	Decline
1-5 years	20%
Over 5 years, complete recovery	Std.

Epilepsy

Grand Mal	Decline
Petit Mal	
Seizure-free for 2 years	25%
Seizure-free for 5 years	Std.

Female Disorder

Endometriosis/Fibroids/Cysts	
Unoperated	50%
Operated 0-5 years	25%
Operated over 5 years	Std.

Hysterectomy

Carcinoma in situ, over 1 year	Std.
Benign Tumor	
0-6 months	20%
Over 6 months	Std.
Malignant causes (see Cancer)	

Gallbladder Disease

Unoperated	50%
Operated with full recovery	Std.

Gastroesophageal Reflux

Disease/Indigestion	25%
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Glaucoma

	50%
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Gout

Mild, non-disabling	20%
Severe	50%

Heart Attack/Heart By-Pass/Angioplasty

0-2 years	Decline
2-10 years (individual consideration)	50%
Over 10 years, complete recovery	25%

Hepatitis

Acute	
0-1 year	Decline
1-2 years	50%
Over 2 years	25%
Chronic or recurrent	Decline

Hernia

Unoperated	25%
Operated, abdominal	
1-6 months	20%
Over 6 months	Std.
Hiatal, unoperated/operated	25% - Std.

Kidney stones

Unoperated	50%
Passed or operated	
0-5 years, best cases	25%
Over 5 years	Std.

Migraines

Mild, occasional attacks	20%
Severe or disabling or frequent	75%

Mitral valve prolapse

	50%
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Neuritis	
Optic, cause unknown	
0-1 year	Decline
Over 1 year	25%
Simple neuritis or neuralgia	20%
Over 1 year	Std.
Obesity (see chart)	
Osteoporosis	
Mild/Asymptomatic	25%
Otitis Media	
Unoperated	25%
Operated	Std.
Prostate Enlargement	
Unoperated	75%
Tumor, benign:	
Operated 0-1 year	25%
Over 1 year	Std.
Others (see cancer)	
Prostatitis	
Single, acute episode, after recovery	25%
Chronic	50%
Pulmonary embolism	
Single attack	
0-2 years	Decline
2-5 years	50%
Over 5 years, no return	20%
Rheumatism (see Arthritis)	
Spinal Curvature	75%
Thyroid disease	
Hyperthyroid, unoperated	25%
Operated	Std. (or 20 %)
hypothyroid	Std. (or 20 %)
Tonsillitis	
Unoperated 0-2 years	25%
Torn cartilage (knee)	
Unoperated	75%
Operated 1-5 years, total recovery	Std.
Ulcer, peptic-No surgery	
0-5 years	25%
Over 5 years, complete recovery	Std.
Chronic or recurrent	75%
Whiplash	
0-3 years	25%
Over 3 years, complete recovery	Std.

INSTRUCTIONS FOR RATING OVERWEIGHT RISKS

Ask the applicant or family member his height and weight. Locate the height in the height column, and the minimum/maximum weight range. If overweight, the percentage rate-up appears at the top of the weight range column. (See male/female height and weight table below.) Rate-ups and any substandard ratings are non-commissionable.

Height and Weight Tables

MALE

Height Ft. In.	Weight Normal	Premium Rate- up 20% Table C	Premium Rate- up 40% Table D	Premium Rate- up 50% Table E	Risk Not Acceptable
4 10	100-174	175-191	192-208	209-226	227+
4 11	102-178	179-196	197-214	215-232	233+
5 0	103-181	182-199	200-217	218-235	236+
5 1	105-183	184-201	202-219	220-237	238+
5 2	106-186	187-205	206-224	225-243	244+
5 3	109-190	191-209	210-228	229-247	248+
5 4	112-196	197-216	217-236	237-256	257+
5 5	115-202	203-222	223-242	243-262	263+
5 6	118-207	208-228	229-249	250-270	271+
5 7	122-213	214-234	235-255	256-276	277+
5 8	126-220	221-242	243-264	265-286	287+
5 9	130-227	228-250	251-273	274-296	297+
5 10	134-230	231-253	254-276	277-299	300+
5 11	138-236	237-260	261-284	285-308	309+
6 0	142-240	241-264	265-288	289-312	313+
6 1	147-248	249-273	274-298	299-323	324+
6 2	153-253	254-278	279-303	304-328	329+
6 3	158-261	262-287	288-313	314-339	340+
6 4	163-269	270-306	307-333	334-360	361+

FEMALE

Height Ft. In.	Weight Normal	Premium Rate- up 20% Table C	Premium Rate- up 40% Table D	Premium Rate- up 50% Table E	Risk Not Acceptable
4 10	95-153	154-168	169-183	184-198	199+
4 11	97-156	157-171	172-186	187-201	202+
5 0	99-159	160-174	175-189	190-204	205+
5 1	101-162	163-178	179-194	195-210	211+
5 2	102-165	166-181	181-197	198-213	214+
5 3	104-168	169-184	185-200	201-216	217+
5 4	107-173	174-190	191-207	208-224	225+
5 5	110-175	176-192	193-209	210-226	227+
5 6	113-178	179-195	196-212	213-229	230+
5 7	116-182	183-200	201-218	219-236	237+
5 8	123-187	188-205	206-223	224-241	242+
5 9	123-191	192-210	211-229	230-248	249+
5 10	127-198	199-217	218-236	237-255	256+
5 11	130-203	204-223	224-243	244-263	264+
6 0	134-215	216-236	237-257	258-278	279+