

*Defined***MED**

BASIC and Super Supp

Hospital Indemnity Insurance Policies

For Agent Use Only

Policy availability, benefits and rates may vary by state.

Policy Form Nos. I H0750 (BASIC) and I H0755 (Super Supp)

H102-0209 (Rev. 1/09)



Assurity[®]

Life Insurance Company
PO Box 82533 • Lincoln, NE 68501-2533
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*Defined*MED BASIC

Advantages

- The premium to benefit ratio is among the best of similar hospital indemnity insurance plans
- Normal pregnancy is covered after 10 months*
- Children are covered immediately
- The powerful Post Confinement Therapy Benefit is seldom even seen in Major Medical plans, yet features prominently in the benefit rich *Defined*MED BASIC plan design.
- Post Confinement Therapy and CI benefits address the costs of coronary problems that are among the most expensive conditions billed by hospitals.** They also can help cover the high cost of cancer treatment.
- Injuries from accidents are also among the most expensive conditions billed by hospitals. The accident benefit can help cover this cost.
- *Defined*MED BASIC is not intended to replace a comprehensive major medical plan. It is intended to be offered in connection with a high-deductible major medical plan.

* Benefits related to pregnancy or child birth are not payable during the first 10 months following the issue date

** AHRQ, Center for Delivery, Organization, and Markets, Healthcare Cost and Utilization Project, Nationwide Inpatient Sample, 2006

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DefinedMED BASIC Plan Benefits

BENEFIT	1 UNIT	2 UNITS	3 UNITS	4 UNITS	MAXIMUM BENEFIT*
Hospital Confinement	\$250/day	\$500/day	\$750/day	\$1,000/day	\$365,000
Intensive Care (maximum of 20 days during any one period of confinement)	\$500/day	\$1,000/day	\$1,500/day	\$2,000/day	\$40,000
Surgical (per procedure)	Up to \$2,000 x schedule %	Up to \$4,000 x schedule %	Up to \$6,000 x schedule %	Up to \$8,000 x schedule %	\$8,000
Anesthesia (per procedure)	25% of surgical benefit paid				\$2,000
Private Duty Nursing (maximum of 30 days per calendar year)	\$25/day	\$50/day	\$75/day	\$100/day	\$3,000
Critical Illness First Diagnosis (once per lifetime for heart attack, stroke and cancer)	\$1,000	\$2,000	\$3,000	\$4,000	\$4,000
First Hospital Confinement (per calendar year)	\$1,250 max \$125 – days 1 & 2 \$250 – days 3-6	\$2,500 max \$250 – days 1 & 2 \$500 – days 3-6	\$3,750 max \$375 – days 1 & 2 \$750 – days 3-6	\$5,000 max \$500 – days 1 & 2 \$1,000 – days 3-6	\$5,000
Accidental Death and Dismemberment (primary insured only)	\$12,500	\$25,000	\$37,500	\$50,000	\$50,000
Post Confinement Therapy	Maximum 100 days per calendar year.				
<ul style="list-style-type: none"> • Radiation therapy, chemotherapy • Physical therapy, speech therapy, occupational therapy 	\$125/day \$62.50/day	\$250/day \$125/day	\$375/day \$187.50/day	\$500/day \$250/day	\$50,000
Emergency Accident (maximum of four times per insured category** per calendar year)	\$100	\$200	\$300	\$400	\$1,600
Diagnostic (once per insured category,** per calendar year)	\$200 for covered procedures or tests				\$200
Wellness (once per insured category,** per calendar year)	\$50 and/or \$100 for covered procedures or tests				\$150

* For four units, per calendar year per insured person, unless otherwise specified.

** Insured categories are the insured person, the insured person's spouse, and/or all of the primary insured's dependent children. Benefits related to pregnancy or birth are not payable during the first 10 months following the issue date. Benefits and riders provide limited benefits, and are not intended to pay all medical costs. This is not a contract, an outline of coverage or an offer to purchase or sell. Benefits are subject to policy terms, conditions, and limitations. A complete description of benefits and exclusions is contained in the policy.

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BASIC Riders

- Accident Only Disability Income Benefit Rider
 - \$300 to \$1,000 monthly benefit
- Cancer Benefit Rider
 - \$10,000 or \$20,000 lump-sum benefit
- Critical Illness Rider
 - \$10,000 or \$20,000 lump-sum benefit
- First Hospital Confinement Benefit Rider
 - Up to \$5,000

Defined MED BASIC Hospital Indemnity Insurance

Sample Comparison

Example demonstrating the impact of packaging **Defined MED BASIC** with a lower cost major med plan

Sample Comparison for Female Age 35	Plan A Major Med Office Visit Copay \$1,000 Deductible 80/20 percent coinsurance up to \$1,500	Plan B Lower Cost Major Med with 2 units of Defined MED BASIC \$2,500 Deductible 100 percent paid after deductible
Premium	Monthly: \$250.08 for major med Annual: \$3,000.96	Monthly: \$199.59 total premium (\$137.93 for major med and \$61.66 for BASIC) Annual: \$2,395.08
Maximum Out-of-Pocket Costs Per Year	\$2,500 PLUS copays for office visits and prescription drugs, each time, per person	\$2,500 LESS potential Defined MED BASIC benefits for hospital confinement, ICU, surgical, anesthesia, private duty nursing, CI, first hospital confinement, AD&D, post confinement therapy, emergency accident, diagnostic or wellness tests
Major Medical Benefits		
Emergency Room	\$75 access fee then deductible and coinsurance	\$75 access fee then deductible
Prescription Drugs	Copay (\$15 generic, \$25 brand name) plus 20 percent coinsurance after \$500 deductible	Deductible then 100% paid
Doctor Office Visits	\$35 copay	Deductible then 100% paid
Accidents	Deductible then coinsurance	Deductible then 100% paid
X-ray & Labs	Deductible then coinsurance	Deductible then 100% paid
Potential Scenarios		
Best Case - No Medical Expenses	\$3,000.96 annual premium paid	\$2,395.08 annual premium paid
Worst Case - Medical Expenses Exceed Deductible and Coinsurance Limit	\$5,500.96 paid (\$3,000.96 annual premium and \$2,500 out-of pocket) PLUS any applicable admission fees, office visit copays and drug card copays	\$4,895.08 paid (\$2,395.08 annual premium and \$2,500 deductible) LESS potential Defined MED BASIC benefits for hospital confinement, ICU, surgical, anesthesia, private duty nursing, CI, first hospital confinement, AD&D, post confinement therapy, emergency accident, diagnostic or wellness tests

Defined MED BASIC Hospital Indemnity Policy Form No. I H0750 Is underwritten by Assurity Life Insurance Company, Lincoln, NE. Policy availability, rates, and features may vary by state. **DefinedMED BASIC benefits are subject to a pre-existing condition clause. Benefits and riders provide limited benefits and are not intended to pay all medical costs. Reductions in benefits associated with lower cost major medical plans may not be covered by Defined MED BASIC.** Prospective clients are advised to review all aspects of each health insurance policy considered. Tax payers should seek advice from their tax advisors about tax issues.

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Hypothetical Defined MED BASIC Claim Examples

	Plan A	Plan B	Total Cost to the Insured
Some Charges Associated with Claim Examples	Major Med Office Visit Copay \$1,000 Deductible 80/20 percent coinsurance up to \$1,500	Lower Cost Major Med with 2 units of <i>Defined MED BASIC</i> \$2,500 Deductible 100 percent paid after deductible	
Common Cold Total Billed: \$80	Office Visit Copay: Pay \$35	Deductible: Pay \$80	Plan A: Pay \$35 Plan B: Pay \$80
Broken Ankle ▪ 0 days hospital; \$300 surgery Total Billed: \$525	Deductible: Pay \$525	Deductible: Pay \$525 Accident: Receive \$200 Surgery: Receive \$160 Anesthesia: Receive \$40	Plan A: Pay \$525 Plan B: Pay \$125
Cholecystectomy ▪ 5 days hospital; \$5,000 surgery Total Billed: \$12,500	Deductible: Pay \$1,000 Copay: Pay \$1,500	Deductible: Pay \$2,500 DRB: Receive \$2,500 Surgery: Receive \$1,200 Anesthesia: Receive \$300 FHC: Receive \$2,000 if first hospital stay	Plan A: Pay \$2,500 Plan B: Receive \$3,500
Appendectomy ▪ 2 days hospital; \$8,000 surgery Total Billed: \$14,000	Deductible: Pay \$1,000 Copay: Pay \$1,500	Deductible: Pay \$2,500 DRB: \$1,000 Surgery: Receive \$800 Anesthesia: Receive \$200 FHC: Receive \$500 if first hospital stay	Plan A: Pay \$2,500 Plan B: Pay \$0
Hysterectomy Radical (cancer) ▪ 8 days hospital - \$41,000 ▪ 50 days radiation therapy - \$20,000 Total Billed: \$61,000	Deductible: Pay \$1,000 Copay: Pay \$1,500	Deductible: Pay \$2,500 DRB: Receive \$4,000 FHC: Receive \$2,500 if first hospital stay Surgery: Receive \$1,480 Anesthesia: Receive \$370 PCT: Receive 50 x \$250 = \$12,500 CI: Receive \$2,000 if first diagnosis	Plan A: Pay \$2,500 Plan B: Receive \$20,350

Reductions in benefits associated with lower cost major medical plans may not be covered by DefinedMED BASIC. Each insured's out-of-pocket costs will differ based on their unique situation.

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Hypothetical DefinedMED BASIC Claim Examples

Some Charges Associated with Claim Examples	Plan A Major Med Office Visit Copay \$1,000 Deductible 80/20 percent coinsurance up to \$1,500	Plan B Lower Cost Major Med with 2 units of DefinedMED BASIC \$2,500 Deductible 100 percent paid after deductible	Total Cost to the Insured
Valvuloplasty (mitral & aortic) <ul style="list-style-type: none"> 6 days hospital (2 in ICU); \$12,000 surgery Total Billed: \$45,000	Deductible: Pay \$1,000 Copay: Pay \$1,500	Deductible: Pay \$2,500 DRB: Receive \$5,000 FHC: Receive \$2,500 <u>if first hospital stay</u> ICU: Receive \$2,000 Surgery: Receive \$4,000 Anesthesia: Receive \$1,000	Plan A: Pay \$2,500 Plan B: Receive \$10,000
Normal Child Birth <ul style="list-style-type: none"> 3 days hospital Total Billed: \$6,500	Not Covered: Pay \$6,500	Not Covered: Pay \$6,500 DRB: Receive \$1,500 FHC: Receive \$1,000 <u>if first hospital stay</u> Surgery: Receive \$720 Anesthesia: Receive \$180 (all benefits subject to waiting period)	Plan A: Pay \$6,500 Plan B: Pay \$3,100

Reductions in benefits associated with lower cost major medical plans may not be covered by DefinedMED BASIC. Each insured's out-of-pocket costs will differ based on their unique situation.

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DefinedMED

Super Supp Advantages

- Compatible with Health Savings Account plans*
- Normal pregnancy is covered after 10 months**
- Children are covered immediately
- CI benefit addresses the costs of coronary problems that are among the most expensive conditions billed by hospitals.*** It also can help cover the high cost of cancer treatment.

**DefinedMED* Super Supp is not intended to replace a comprehensive major medical plan; it is intended to be offered in connection with a high-deductible major medical plan.

**Benefits related to pregnancy or child birth are not payable during the first 10 months following the issue date

***AHRQ, Center for Delivery, Organization, and Markets, Healthcare Cost and Utilization Project, Nationwide Inpatient Sample, 2006

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DefinedMED Super Supp

	Benefit
ICU (maximum of 20 days during any one period of confinement)	\$1,000/day
Critical Illness First Diagnosis (once per lifetime for heart attack, stroke and cancer)	\$5,000
First Hospital Confinement (per person, per calendar year)	\$5,000 Max \$500 – days 1 & 2 \$1,000 – days 3 - 6
Diagnostic (once per insured category* per calendar year)	\$200 for covered procedures or tests
Wellness (once per insured category* per calendar year)	\$50 and/or \$100 for covered procedures and tests

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Super Supp Riders

- Accident Only Disability Income Benefit Rider
 - \$300 to \$1,000 monthly benefit
- Cancer Benefit Rider
 - \$10,000 or \$20,000 lump-sum benefit
- Critical Illness Rider
 - \$10,000 or \$20,000 lump-sum benefit
- First Hospital Confinement Benefit Rider
 - Up to \$5,000

Defined MED Super Supp Hospital Indemnity Insurance

Sample Comparison

Example demonstrating the impact of packaging **Defined MED Super Supp** with a lower cost major med plan

Sample Comparison for Female Age 35	Plan A	Plan B
	Major Med Office Visit Copay \$1,000 Deductible 80/20 percent coinsurance up to \$1,500	Lower Cost Major Med with Defined MED Super Supp \$2,850 Deductible 100 percent paid after deductible
Premium	Monthly: \$250.08 for major med Annual: \$3,000.96	Monthly: \$168.42 total premium (\$141.77 for major med and \$26.65 for Super Supp) Annual: \$2,021.04
Maximum Out-of-Pocket Costs Per Year	\$2,500 PLUS copays for office visits and prescription drugs, each time, per person	\$2,850 LESS potential Defined MED Super Supp benefits for ICU care, critical illness coverage, first hospital confinement and diagnostic or wellness tests
Major Medical Benefits		
Emergency Room	\$75 access fee then deductible and coinsurance	\$75 access fee then deductible
Prescription Drugs	Copay (\$15 generic, \$25 brand name) plus 20 percent coinsurance after \$500 deductible	Deductible then 100% paid
Doctor Office Visits	\$35 copay	Deductible then 100% paid
Accidents	Deductible then coinsurance	Deductible then 100% paid
X-ray & Labs	Deductible then coinsurance	Deductible then 100% paid
Potential Scenarios		
Best Case - No Medical Expenses	\$3,000.96 annual premium paid	\$2,021.04 annual premium paid
Worst Case - Medical Expenses Exceed Deductible and Coinsurance Limit	\$5,500.96 paid (\$3,000.96 annual premium and \$2,500 out-of pocket) PLUS any applicable admission fees, office visit copays and drug card copays	\$4,871.04 paid (\$2,021.04 annual premium and \$2,850 deductible) LESS potential Defined MED Super Supp benefits for ICU care, critical illness coverage, first hospital confinement and diagnostic or wellness tests

For the preceding example, Plan B is a tax qualified, high deductible plan, which would enable the insured to open and fund a Health Savings Account.

Defined MED Super Supp Hospital Indemnity Policy Form No. I H0755 is underwritten by Assurity Life Insurance Company, Lincoln, NE. Policy availability, rates, and features may vary by state. **Defined MED Super Supp benefits are subject to a pre-existing condition clause. Benefits and riders provide limited benefits and are not intended to pay all medical costs. Reductions in benefits associated with lower cost major medical plans may not be covered by Defined MED Super Supp.** Prospective clients are advised to review all aspects of each health insurance policy considered. Tax payers should seek advice from their tax advisors about tax issues.

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Hypothetical DefinedMED Super Supp Claim Examples

Some Charges Associated with Claim Examples	Plan A	Plan B	Total Cost to the Insured
	Major Med Office Visit Copay \$1,000 Deductible 80/20 percent coinsurance up to \$1,500	Lower Cost Major Med with DefinedMED Super Supp \$2,850 Deductible 100 percent paid after deductible	
Common Cold Total Billed: \$80	Office Visit Copay: Pay \$35	Deductible: Pay \$80	Plan A: Pay \$35 Plan B: Pay \$80
Broken Ankle ▪ 0 days hospital; \$300 surgery Total Billed: \$525	Deductible: Pay \$525	Deductible: Pay \$525	Plan A: Pay \$525 Plan B: Pay \$525
Cholecystectomy ▪ 5 days hospital; \$5,000 surgery Total Billed: \$12,500	Deductible: Pay \$1,000 Copay: Pay \$1,500	Deductible: Pay \$2,850 FHC: Receive \$4,000 if first hospital stay	Plan A: Pay \$2,500 Plan B: Receive \$1,150
Appendectomy ▪ 2 days hospital; \$8,000 surgery Total Billed: \$14,000	Deductible: Pay \$1,000 Copay: Pay \$1,500	Deductible: Pay \$2,850 FHC: Receive \$1,000 if first hospital stay	Plan A: Pay \$2,500 Plan B: Pay \$1,850
Hysterectomy Radical (cancer) ▪ 8 days hospital - \$41,000 ▪ 50 days radiation therapy - \$20,000 Total Billed: \$61,000	Deductible: Pay \$1,000 Copay: Pay \$1,500	Deductible: Pay \$2,850 FHC: Receive \$5,000 if first hospital stay CI: Receive \$5,000 if first diagnosis	Plan A: Pay \$2,500 Plan B: Receive \$7,150
Valvuloplasty (mitral & aortic) ▪ 6 days hospital (2 in ICU); \$12,000 surgery Total Billed: \$45,000	Deductible: Pay \$1,000 Copay: Pay \$1,500	Deductible: Pay \$2,850 FHC: Receive \$5,000 ICU: Receive \$2,000	Plan A: Pay \$2,500 Plan B: Receive \$4,150
Normal Child Birth ▪ 3 days hospital Total Billed: \$6,500	Not Covered: Pay \$6,500	Not Covered: Pay \$6,500 FHC: Receive \$2,000 if first hospital stay and beyond waiting period	Plan A: Pay \$6,500 Plan B: Pay \$4,500

Reductions in benefits associated with lower cost major medical plans may not be covered by DefinedMED BASIC. Each insured's out-of-pocket costs will differ based on their unique situation.

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***DefinedMED Super Supp* May Stabilize Your Client's Overall Cost of Health Insurance**

- Major medical "reimbursement" plans have benefits that increase with medical inflation thus routinely requiring rate increases to keep pace with inflationary trends.
- With escalating medical inflation, major medical premium has become unaffordable and many individuals are opting for more cost-effective solutions.
- *DefinedMED Super Supp* is an "indemnity" plan. Benefits paid are fixed regardless of actual charges and do not increase with inflation. Thus, benefits are limited but that also means that premiums are less likely to dramatically increase.
- By packaging a lower cost major medical plan with *DefinedMED Super Supp*, your client's overall cost of coverage could be less affected by future rate increases typical of most comprehensive health insurance.

EXAMPLE

Your client opts for a lower cost major medical plan (higher deductible, etc.) with dollars saved applied to *DefinedMED Super Supp*:

Plan A:	Insured's Current Major Med Plan Premium.	\$900.00
	Lower Cost Major Med Plan Premium...	\$750.00
Plan B:	PLUS	
	<i>DefinedMED Super Supp</i> Premium...	\$150.00
		\$900.00

If major med rates increase and *DefinedMED Super Supp* rates remain the same, your client will come out ahead premium-wise. Assume major med rates increase by 15%:

Plan A:	Insured's Current Major Med Plan Premium..	\$1,035.00
	Lower Cost Major Med Plan Premium...	\$862.50
Plan B:	PLUS	
	<i>DefinedMED Super Supp</i> Premium...	\$150.00
		\$1,012.50

As the 15% rate hike takes Plan A's premium from \$900.00 to \$1,035.00, Plan B's rises from \$900.00 to only \$1,012.50, or just 12.5%.

Rates presented are for illustrative purposes only and not actual rates.

DefinedMED Super Supp rates are not guaranteed and are subject to future rate increases.

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Commissions

	Monthly Premium	Yearly Premium	Commission %	Total Commission	Actual Commission %
Female Age 35 w/ Imerica Plan*	\$ 166.59	\$ 1,999.08	20%	\$ 399.82	
Total	\$ 166.59	\$ 1,999.08		\$ 399.82	20.00%

	Monthly Premium	Yearly Premium	Commission %	Total Commission	Actual Commission %
Female Age 35 w/ Imerica Plan*	\$ 166.59	\$ 1,999.08	20%	\$ 399.82	
Super Supp	26.65	319.80	1st mo 100% 2-12 mo 25%	99.94	
Total	\$ 193.24	\$ 2,318.88		\$ 499.76	21.55%

	Monthly Premium	Yearly Premium	Commission %	Total Commission	Actual Commission %
Female Age 35 w/ Imerica Plan*	\$ 166.59	\$ 1,999.08	20%	\$ 399.82	
Super Supp	63.54	762.48	1st mo 100% 2-12 mo 25%	238.28	
Total	\$ 230.13	\$ 2,761.56		\$ 638.10	23.11%

*Imerica plan includes a \$5,000 deductible, 80/20 \$5,000 OOP monthly premium

**Includes mandatory SBA dues in all Imerica premium quotes

Based upon rates in South Carolina as of June 2, 2008

Commissions based upon Imerica Agent and Assurity *Defined* MED Broker contract levels

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Assurity Life Insurance Company makes no representations with respect to the accuracy or completeness of other companies' information in this material. Refer to the policy and or rider for complete details, limitations, and exclusions.

MONTHLY Rates for *DefinedMED* BASIC & Super Supp Policies and Riders

Issue Ages	<i>DefinedMED</i> Policy					Cancer Rider		Critical Illness Rider		First Hosp Conf Rider
	1 Unit	2 Units	3 Units	4 Units	Super Supp	\$10K	\$20K	\$10K	\$20K	
Male Non-Tobacco										
18-24	15.32	26.77	38.22	49.68	11.68	0.58	1.16	0.21	0.42	4.00
25-29	17.02	29.80	42.57	55.34	12.97	0.86	1.72	0.36	0.72	4.48
30-34	20.10	35.49	50.88	66.27	15.84	1.31	2.62	0.62	1.24	5.85
35-39	24.29	43.38	62.47	81.56	19.83	2.08	4.16	1.01	2.02	7.71
40-44	30.17	54.54	78.91	103.27	25.61	3.40	6.80	1.54	3.08	10.43
45-49	38.39	70.21	102.03	133.85	33.81	5.58	11.16	2.33	4.66	14.24
50-54	49.42	91.29	133.16	175.03	45.19	8.86	17.72	3.55	7.10	19.41
55-59	63.50	118.21	172.92	227.63	60.36	13.32	26.64	5.37	10.74	26.24
60-63	84.57	157.46	230.36	303.25	83.69	19.37	38.74	8.29	16.58	36.39
Male Tobacco										
18-24	18.01	32.16	46.31	60.45	13.76	0.80	1.60	0.62	1.24	5.20
25-29	20.15	36.05	51.95	67.85	15.46	1.18	2.36	1.06	2.12	5.83
30-34	24.05	43.40	62.74	82.09	19.28	1.79	3.58	1.83	3.66	7.60
35-39	29.40	53.61	77.81	102.02	24.65	2.84	5.68	2.97	5.94	10.02
40-44	36.93	68.06	99.19	130.32	32.42	4.63	9.26	4.47	8.94	13.56
45-49	47.48	88.39	129.31	170.22	43.51	7.59	15.18	6.73	13.46	18.52
50-54	61.68	115.82	169.96	224.10	59.04	12.03	24.06	10.21	20.42	25.24
55-59	79.88	150.96	222.04	293.12	79.93	18.12	36.24	15.51	31.02	34.11
60-63	106.88	202.09	297.30	392.50	112.03	26.51	53.02	24.29	48.58	47.31
Female Non-Tobacco										
18-24	33.52	61.49	89.46	117.43	24.98	0.84	1.68	0.12	0.24	15.88
25-29	36.11	65.97	95.83	125.68	26.82	1.34	2.68	0.20	0.40	16.34
30-34	35.26	63.54	91.83	120.11	26.39	2.07	4.14	0.33	0.66	14.13
35-39	34.79	61.66	88.53	115.40	26.65	3.11	6.22	0.51	1.02	11.90
40-44	37.13	65.35	93.56	121.78	29.29	4.51	9.02	0.75	1.50	11.72
45-49	42.32	74.97	107.62	140.28	34.54	6.19	12.38	1.14	2.28	13.78
50-54	50.25	90.03	129.81	169.59	42.44	8.17	16.34	1.82	3.64	17.55
55-59	60.79	110.15	159.52	208.88	52.87	10.60	21.20	2.89	5.78	22.72
60-63	77.59	141.19	204.79	268.39	70.15	13.65	27.30	4.62	9.24	30.88
Female Tobacco										
18-24	41.35	77.14	112.94	148.73	30.45	1.06	2.12	0.36	0.72	20.64
25-29	44.51	82.77	121.03	159.29	32.69	1.68	3.36	0.59	1.18	21.24
30-34	43.19	79.41	115.63	151.85	32.01	2.59	5.18	0.98	1.96	18.37
35-39	42.31	76.69	111.08	145.46	32.19	3.89	7.78	1.51	3.02	15.48
40-44	45.06	81.20	117.34	153.48	35.49	5.64	11.28	2.21	4.42	15.23
45-49	51.60	93.53	135.46	177.39	42.37	7.73	15.46	3.36	6.72	17.91
50-54	61.73	112.98	164.24	215.50	52.89	10.20	20.40	5.33	10.66	22.81
55-59	75.24	139.06	202.87	266.68	66.97	13.25	26.50	8.49	16.98	29.54
60-63	96.44	178.90	261.35	343.81	90.03	17.13	34.26	13.67	27.34	40.14
Child										
0-25	19.65	34.89	50.13	65.36	18.10	NA	NA	NA	NA	9.29

These rates apply to most states. However, **SOME STATES REQUIRE STATE-SPECIFIC RATES**. Each state-specific *DefinedMED* application on AssureLINK (<https://assurelink.assurity.com>), or ordered from the supply department, will include accurate rates for that state.

DefinedMED policies are subject to policy terms, conditions and limitations. A complete description of benefits and exclusions is contained in the policy.

ALL MODAL Rates for Accident Only Disability Income Rider								
Issue Ages	Monthly Benefit Amounts							
MONTHLY								
Male	\$300	\$400	\$500	\$600	\$700	\$800	\$900	\$1000
18-29	1.89	2.53	3.16	3.79	4.42	5.05	5.68	6.32
30-39	1.94	2.59	3.24	3.88	4.53	5.18	5.83	6.47
40-49	1.99	2.66	3.32	3.99	4.65	5.32	5.98	6.65
50-60	2.08	2.78	3.47	4.16	4.86	5.55	6.25	6.94
Female	\$300	\$400	\$500	\$600	\$700	\$800	\$900	\$1000
18-29	1.93	2.58	3.22	3.86	4.51	5.15	5.80	6.44
30-39	2.13	2.85	3.56	4.27	4.98	5.69	6.40	7.12
40-49	2.43	3.24	4.05	4.86	5.67	6.48	7.29	8.10
50-60	2.80	3.73	4.66	5.59	6.53	7.46	8.39	9.32
QUARTERLY								
Male	\$300	\$400	\$500	\$600	\$700	\$800	\$900	\$1000
18-29	5.69	7.58	9.48	11.37	13.27	15.16	17.06	18.95
30-39	5.83	7.77	9.71	11.66	13.60	15.54	17.48	19.43
40-49	5.99	7.98	9.98	11.97	13.97	15.96	17.96	19.95
50-60	6.25	8.33	10.41	12.50	14.58	16.66	18.74	20.83
Female	\$300	\$400	\$500	\$600	\$700	\$800	\$900	\$1000
18-29	5.80	7.73	9.66	11.60	13.53	15.46	17.39	19.33
30-39	6.41	8.54	10.68	12.81	14.95	17.08	19.22	21.35
40-49	7.29	9.72	12.15	14.58	17.01	19.44	21.87	24.30
50-60	8.39	11.19	13.99	16.79	19.58	22.38	25.18	27.98
SEMI-ANNUAL								
Male	\$300	\$400	\$500	\$600	\$700	\$800	\$900	\$1000
18-29	11.37	15.16	18.95	22.74	26.53	30.32	34.11	37.90
30-39	11.66	15.54	19.43	23.31	27.20	31.08	34.97	38.85
40-49	11.97	15.96	19.95	23.94	27.93	31.92	35.91	39.90
50-60	12.50	16.66	20.83	24.99	29.16	33.32	37.49	41.65
Female	\$300	\$400	\$500	\$600	\$700	\$800	\$900	\$1000
18-29	11.60	15.46	19.33	23.19	27.06	30.92	34.79	38.65
30-39	12.81	17.08	21.35	25.62	29.89	34.16	38.43	42.70
40-49	14.58	19.44	24.30	29.16	34.02	38.88	43.74	48.60
50-60	16.79	22.38	27.98	33.57	39.17	44.76	50.36	55.95
ANNUAL								
Male	\$300	\$400	\$500	\$600	\$700	\$800	\$900	\$1000
18-29	22.74	30.32	37.90	45.48	53.06	60.64	68.22	75.80
30-39	23.31	31.08	38.85	46.62	54.39	62.16	69.93	77.70
40-49	23.94	31.92	39.90	47.88	55.86	63.84	71.82	79.80
50-60	24.99	33.32	41.65	49.98	58.31	66.64	74.97	83.30
Female	\$300	\$400	\$500	\$600	\$700	\$800	\$900	\$1000
18-29	23.19	30.92	38.65	46.38	54.11	61.84	69.57	77.30
30-39	25.62	34.16	42.70	51.24	59.78	68.32	76.86	85.40
40-49	29.16	38.88	48.60	58.32	68.04	77.76	87.48	97.20
50-60	33.57	44.76	55.95	67.14	78.33	89.52	100.71	111.90

These rates apply to most states. However, **SOME STATES REQUIRE STATE-SPECIFIC RATES**. Each state-specific *DefinedMED* application on AssureLINK (<https://assurelink.assurity.com>), or ordered from the supply department, will include accurate rates for that state.

DefinedMED policies are subject to policy terms, conditions and limitations. A complete description of benefits and exclusions is contained in the policy.

Product Name	State	Approved?	Rider Approvals	Notes
DefinedMED Basic	AK	Yes	Riders	
DefinedMED Basic	AL	Yes	Riders	
DefinedMED Basic	AR	Yes	Riders	
DefinedMED Basic	AZ	No	Riders	
DefinedMED Basic	CA	No	Riders	
DefinedMED Basic	CO	Yes	Riders	available Sept. 30, 2008
DefinedMED Basic	CT	No	Riders	
DefinedMED Basic	DC	Yes	Riders	
DefinedMED Basic	DE	Yes	Riders	
DefinedMED Basic	FL	No	Riders	
DefinedMED Basic	GA	No	Riders	
DefinedMED Basic	HI	Yes	Riders	
DefinedMED Basic	IA	Yes	Riders	
DefinedMED Basic	ID	Yes	Riders	
DefinedMED Basic	IL	Yes	Riders	
DefinedMED Basic	IN	Yes	Riders	state specific rates
DefinedMED Basic	KS	No	Riders	
DefinedMED Basic	KY	No	Riders	
DefinedMED Basic	LA	Yes	Riders	
DefinedMED Basic	MA	No	Riders	
DefinedMED Basic	MD	No	Riders	
DefinedMED Basic	ME	No	Riders	
DefinedMED Basic	MI	Yes	Riders	
DefinedMED Basic	MN	No	Riders	
DefinedMED Basic	MO	Yes	Riders	
DefinedMED Basic	MS	Yes	Riders	Available Sept. 9, 2008
DefinedMED Basic	MT	No	Riders	
DefinedMED Basic	NC	Yes	Riders	Available Nov. 25, 2008
DefinedMED Basic	ND	Yes	Riders	
DefinedMED Basic	NE	Yes	Riders	
DefinedMED Basic	NH	No	Riders	
DefinedMED Basic	NJ	No	Riders	
DefinedMED Basic	NM	Yes	Riders	
DefinedMED Basic	NV	Yes	Riders	Available Sept. 9, 2008
DefinedMED Basic	OH	Yes	Riders	
DefinedMED Basic	OK	Yes	Riders	
DefinedMED Basic	OR	No	Riders	
DefinedMED Basic	PA	No	Riders	
DefinedMED Basic	RI	Yes	Riders	
DefinedMED Basic	SC	Yes	Riders	
DefinedMED Basic	SD	No	Riders	
DefinedMED Basic	TN	Yes	Riders	
DefinedMED Basic	TX	Yes	Riders	
DefinedMED Basic	UT	No	Riders	
DefinedMED Basic	VA	Yes	Riders	state specific rates
DefinedMED Basic	VT	No	Riders	
DefinedMED Basic	WA	Yes	Riders	state specific rates; available Oct. 28, 2008
DefinedMED Basic	WI	Yes	Riders	
DefinedMED Basic	WV	Yes	Riders	
DefinedMED Basic	WY	Yes	Riders	

**State Approvals
for *Defined* MED
BASIC**

State Approvals as
of May 6, 2009

Please visit
[https://assurelink.
assurity.com](https://assurelink.assurity.com) for the
most recent list

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USE ONLY**

Product Name	State	Approved	Rider Approvals	Notes	State Approvals for <i>Defined</i> MED Super Supp
DefinedMED Super Supp	AK	Yes	Riders		State Approvals as of May 6, 2009
DefinedMED Super Supp	AL	Yes	Riders		
DefinedMED Super Supp	AR	Yes	Riders		
DefinedMED Super Supp	AZ	No	Riders		
DefinedMED Super Supp	CA	No	Riders		
DefinedMED Super Supp	CO	Yes	Riders	state specific rates	
DefinedMED Super Supp	CT	No	Riders		
DefinedMED Super Supp	DC	Yes	Riders		
DefinedMED Super Supp	DE	Yes	Riders		
DefinedMED Super Supp	FL	No	Riders		
DefinedMED Super Supp	GA	No	Riders		
DefinedMED Super Supp	HI	Yes	Riders		
DefinedMED Super Supp	IA	Yes	Riders		
DefinedMED Super Supp	ID	Yes	Riders		
DefinedMED Super Supp	IL	Yes	Riders		
DefinedMED Super Supp	IN	Yes	Riders		
DefinedMED Super Supp	KS	No	Riders		
DefinedMED Super Supp	KY	No	Riders		
DefinedMED Super Supp	LA	Yes	Riders		
DefinedMED Super Supp	MA	No	Riders		
DefinedMED Super Supp	MD	No	Riders		
DefinedMED Super Supp	ME	No	Riders		
DefinedMED Super Supp	MI	Yes	Riders		
DefinedMED Super Supp	MN	No	Riders		
DefinedMED Super Supp	MO	Yes	Riders		
DefinedMED Super Supp	MS	Yes	Riders	Available Sept. 9, 2008	
DefinedMED Super Supp	MT	No	Riders		
DefinedMED Super Supp	NC	Yes	Riders	Available Nov. 25, 2008	
DefinedMED Super Supp	ND	Yes	Riders		
DefinedMED Super Supp	NE	Yes	Riders		
DefinedMED Super Supp	NH	No	Riders		
DefinedMED Super Supp	NJ	No	Riders		
DefinedMED Super Supp	NM	Yes	Riders		
DefinedMED Super Supp	NV	Yes	Riders	Available Sept. 9, 2008	
DefinedMED Super Supp	OH	Yes	Riders		
DefinedMED Super Supp	OK	Yes	Riders		
DefinedMED Super Supp	OR	No	Riders		
DefinedMED Super Supp	PA	No	Riders		
DefinedMED Super Supp	RI	Yes	Riders		
DefinedMED Super Supp	SC	Yes	Riders		
DefinedMED Super Supp	SD	No	Riders		
DefinedMED Super Supp	TN	Yes	Riders		
DefinedMED Super Supp	TX	Yes	Riders		
DefinedMED Super Supp	UT	No	Riders		
DefinedMED Super Supp	VA	Yes	Riders	state specific rates	
DefinedMED Super Supp	VT	No	Riders		
DefinedMED Super Supp	WA	Yes	Riders	state specific rates; available Oct. 28, 2008	
DefinedMED Super Supp	WI	Yes	Riders		
DefinedMED Super Supp	WV	Yes	Riders	state specific rates	
DefinedMED Super Supp	WY	Yes	Riders		

State Approvals for *Defined* MED Super Supp

State Approvals as of May 6, 2009

Please visit <https://assurelink.assurity.com> for the most recent list

FOR AGENT USE ONLY

*Defined*MED Resources

Audio

- ***Defined*MED in Major Med Market**
 - Ken Smith & Mike Benke
 - <http://www.assurity.com/resource/SMITH-BENKE-1.mp3>
- ***Defined*MED stands out**
 - Ken Smith & Mike Benke
 - <http://www.assurity.com/resource/SMITH-BENKE-2.mp3>
- **Packaging Super Supp with HSAs**
 - David Gordon
 - <http://www.assurity.com/resource/SMITH-Gordon-pCAST.mp3>

Videos

- **Enhancing your business** by standing out in the health insurance marketplace
 - Ken Smith
- ***Defined*MED Training Modules**
 - <http://www.assurity.com/resource/DefinedMED/index.htm>
 1. Introduction to *Defined*MED
 2. *Defined*MED BASIC
 3. *Defined*MED Super Supp
 4. *Defined*MED Optional Riders
 5. Cross Selling with *Defined*MED
 6. Eligibility Requirements for *Defined*MED
 7. Why Sell *Defined*MED
 8. Completing the *Defined*MED Application
 9. The *Defined*MED Product Guide
 10. *Defined*MED Premium Calculation Worksheet
 11. Packaging *Defined*MED Benefits

CD

- ***Defined*MED Conference Call**
 - Ken Smith, Mike Benke, Marty Ferguson, Bob Gargiulo

PRE-EXISTING CONDITIONS AND
LIMITATIONS AND EXCLUSIONS
DEFINEDMED POLICIES
I H0755 AND I H0750

THIS IS A LIMITED POLICY. This policy does not contain comprehensive adult wellness benefits. No Benefits are payable during the 30-day Waiting Period if a Specified Critical Illness is diagnosed immediately following the Issue Date or last Reinstatement date.

Pre-existing Condition means a Sickness, Covered Injury independent of all other causes (IN), or physical condition for which, during the 12 months, (6 months in CO, NM, NV, and UT), before the Issue Date, the Insured (in NC) Person had symptoms which would cause an ordinary prudent person to seek diagnosis, care or treatment (N/A in NC); or received medical consultation, advice or treatment from a Physician or had taken prescribed medication (in ND, the Insured Person received medical consultation, advice or treatment from a Physician or had taken prescribed medication.)

LIMITATIONS

Pre-existing Condition Limitation. We will pay benefits that result from a Pre-existing Condition if this policy and any applicable riders have been in force for more than 12 months (6 months in CO, NM, NV, and UT)(12 months is VA) from the Issue Date. This limitation does not apply to the Wellness or Diagnostic benefits. This provision also applies to riders attached to this policy, if any. In applying it, the word "rider" will be used in place of the word "policy."

In ID: This definition does not apply to newborns, adopted newborns or children placed for adoption.

EXCLUSIONS

We will not pay benefits that are caused by or are the result of an Insured Person:

- operating, learning to operate, or serving as a crew member of any aircraft (in VA, operating or learning to operate any aircraft);
- engaging in hang-gliding, hot air ballooning, bungee jumping, parachuting, scuba diving, sail gliding, parasailing, parakiting or any similar activities (N/A in ID, IA, IL, OK, VA, WA);
- riding in or driving any motor-driven vehicle (in ID, while participating as a professional) in a race, stunt show or speed test (N/A in IA, IL, OK, VA, WA);
- officiating, coaching, practicing for or participating in any semi-professional or professional competitive athletic contest for which any type of compensation or remuneration is received (N/A in IA, IL, OK, VA);
- being exposed to war or any act of war, declared or undeclared (in OK, while actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or Army Reserve;
- actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or Army Reserve (N/A in OK);
- being addicted to drugs or suffering from alcoholism;
- being under the influence of an excitant, depressant, hallucinogen, narcotic, or any other drug or intoxicant, including those prescribed by a Physician that are misused (in ID, being under the influence of an excitant, depressant, hallucinogen, narcotic, or any other drug or intoxicant, except for prescription drugs taken as prescribed; in OK, NC, being under the influence of any narcotic, unless administered on the advice of a Physician (in VA, or intoxicated); in TX, being under the influence of an excitant, depressant, hallucinogen, narcotic, or any other drug or intoxicant, unless administered on the advice of a Physician)(N/A in NV, WA);
- receiving injuries caused directly or indirectly (in IL, only directly) while under the influence of a controlled substance or by intoxication as defined by the laws and jurisdiction of the geographical area in which the loss or cause of loss was incurred (N/A in OK, WA),(in VA, unless taken on the advice of a Physician);

- having elective procedures that are not Medically Necessary, including but not limited to organ donation and elective sterilization, (in ID, KY, and abortion for any reason other than to preserve the life of the female upon whom the abortion is performed);
- having Mental or Nervous Disorders;
- participating in or attempting to commit a felony (in WI, for which You are convicted);
- being incarcerated or is caused while incarcerated in a penal institution or government detention facility (N/A in MO, VA);
- engaging in an illegal occupation (in ID, NV activity);
- intentionally self-inflicting an injury (in MO while sane);
- committing or attempting to commit suicide (in OK, within two years after the Issue Date of the Policy), while sane or insane (in MO, only attempting to commit suicide while sane);
- having dental treatment except as the result of a Covered Injury;
- having a Covered Injury or Sickness covered under Worker's Compensation, an Employer's Liability law or similar law; (in NC, Services or supplies for the treatment of an occupational injury or sickness which are paid under the North Carolina Workers' Compensation Act only to the extent such services or supplies are the liability of the employee, employer or workers' compensation insurance carrier according to a final adjudication under the North Carolina Workers' Compensation Act or an order of the North Carolina Industrial Commission approving a settlement agreement under the North Carolina Workers' Compensation Act);
- traveling outside the United States, except for those Covered Injuries (in AK, AL, AR, CO, DC, DE, IA, IL, IN, KY, LA, MI, MO, ND, NC, NM, NV, MS, OH, OK, RI, SC, TN, TX, UT, WI, WV and WY for I H0750 and I H0755, and Covered Sicknesses,) that require Emergency Care in a Hospital;
- voluntarily inhaling gas (n/a in OK, WA);
- having Cosmetic Care, except when the Hospital Confinement is due to Medically Necessary Reconstructive Surgery, (in NC, or congenital defects),(in ID, having cosmetic surgery (cosmetic surgery shall not include reconstructive surgery when the service is incidental to or follows surgery resulting from trauma, infection or other diseases of the involved part, and reconstructive surgery because of congenital disease or anomaly of a covered dependent child);
- being Confined primarily for rest care, convalescent care or for rehabilitation; or
- being pregnant, experiencing pregnancy related conditions (other than Complications of Pregnancy), giving birth or otherwise terminating pregnancy during (in KY, giving birth) the 10 month period immediately following the Issue Date or last Reinstatement date (in TN, 10 days immediately following the last Reinstatement date), (in ID, being pregnant, except for Complications of Pregnancy during the 10 month period immediately following the Issue Date), (N/A NC).

As of Feb.23, 2009: POLICY NOT AVAILABLE IN AZ, CA, CT, FL, GA, KS, MA, MD, ME, MN, MT, NH, NJ, NY, OR, PA, SD, VT.