

(COMPANY NAME)

(SPECIFIED ILLNESS) (SPECIFIED ACCIDENT) COVERAGE

OUTLINE OF COVERAGE

- (1) Notice - This policy is designed only as a supplement to a comprehensive health insurance policy and should not be purchased unless you have this underlying coverage. It should not be purchased by persons covered by Medicaid.
- (2) Read the Policy Carefully - This outline of coverage provides a very brief description of the important features of the policy. Please note that this outline is not intended to be a part of the insurance contract. Only the actual policy provisions are final and binding. The policy itself sets forth in detail your rights and obligations as well as those of the insurance company. PLEASE READ THE POLICY CAREFULLY!
- (3) (Specified Illness) (Specified Accident) Coverage - Policies of this category are designed to provide, to persons insured, restricted coverage that pays benefits ONLY when certain losses occur as a result of (specified diseases) or (specified accidents). Coverage is not provided for basic hospital, basic medical-surgical or major medical expenses.
- (4) Benefits - (A brief specific description of the benefits, including dollar amounts, contained in this policy.)

(Note: The above description of benefits shall be stated clearly and concisely, and shall include a description of any deductible or copayment provisions applicable to the benefits described.)