

FIRST OCCURRENCE BENEFIT

Paid one time per insured upon confirmed diagnosis of heart attack or stroke **\$750**

MEDICAL BENEFITS

Hospital Benefits

Hospital Confinement: Each of the first 69 days **\$375**

Extended Stay Benefit: Charges for each day of confinement beginning with the 70th day up to **\$600**

This benefit is paid in lieu of all other benefits during that period.

Inpatient Diagnostic Testing:

Charges per confinement up to **\$300**

Oxygen: Charges per confinement up to **\$300**

Private Nurse: Each day **\$150**

Ambulance: Each trip (two one-way trips per confinement), charges up to **\$300**

This benefit includes air ambulance.

Blood and Plasma Benefit: Per unit of whole blood, plasma, red cells, packed cells or platelets **\$45**

Inpatient Physical Therapy Benefit: Each day of physical therapy by a registered Physiotherapist **\$45**

This benefit is payable up to the number of days you are confined to a hospital (up to 30 days per confinement).

U.S. Government Hospital Benefit

Each day of confinement **\$375**

This benefit is paid in lieu of all other benefits except the First Occurrence Benefit and Transportation & Lodging Benefits.

Surgical Benefits

Surgery: For each operation based on the Surgical Schedule in your plan from **\$150** to **\$4,500**

Anesthesia: We will pay 25% of the amount paid for your covered surgery from **\$37.50** to **\$1,125**

Outpatient Physical Therapy Benefit

Each day of physical therapy by a registered Physiotherapist **\$45**

This benefit is payable following a hospital confinement. We will pay up to the number of days you were confined to the hospital (up to 30 days).

TRANSPORTATION & LODGING BENEFITS

Transportation Benefit

When you travel over 80 miles from home for covered services, we will pay . . .

Charges for your plane, train or bus up to **\$1,200**

For each mile by personal auto **30¢**

Family Member Lodging Benefit

For each day, up to 60 days, a member of your immediate family requires lodging while you are confined to a hospital more than 80 miles from your home, we will pay charges up to **\$60**

Family Member Transportation Benefit

For one member of your immediate family when you are confined to a hospital more than 80 miles from your home, we will pay . . .

Charges for the plane, train or bus up to **\$1,200**

For each mile by personal auto **30¢**

Unless already paid under the Transportation Benefit.

If a child is hospital confined, we will pay this benefit for **both** parents.

HEART TRANSPLANT BENEFIT

Charges for a human heart transplant up to (paid one time per insured) **\$150,000**

RETURN OF PREMIUM

- You are paid if you have claims or if you stay well!
- We will refund your premiums less any claims paid to you.
- If you are age 65 or under, we **REFUND YOUR PREMIUM EVERY 20 YEARS**, or at age 75, whichever comes first. Then after age 75, you receive half of your premiums back every 10 years.
- If you are 66 or older, we will refund half of your premiums every 10 years.
- After your money is returned, your protection continues, and you can collect again.

Three examples of what can happen...

	<u>No Claim</u>	<u>Small Claim</u>	<u>Large Claim</u>
PREMIUMS PAID	\$16,000	\$16,000	\$16,000
LESS CLAIMS PAID	- 0 -	- 2,000	- 36,500
REFUND	\$16,000	\$14,000	- 0 -



Please see the main policy brochure for a summary of the Limitations and Exclusions.

The benefits described in this brochure are contained in policy series H2POL

FAMILY HERITAGE[®]
Life Insurance Company Of America

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