

Cancer Plus

Plan A,B,C,D

CANCER AND HEART ATTACK/STROKE (if rider is chosen). Cancer Plus will pay the following benefits for treatment upon diagnosis of cancer. If you select the Heart Attack and Stroke rider, you will receive the benefits on this page for heart attack and stroke as well as cancer.

Hospital Confinement Benefit	Plan A	Plan B	Plan C	Plan D
Days 1-70	\$200/Day	\$330/Day	\$450/Day	\$710/Day
Day 71-90	\$100/Day	\$180/Day	\$200/Day	\$410/Day

Extended Hospital Confinement Benefit Up to:	Plan A	Plan B	Plan C	Plan D
	\$350/Day	\$600/Day	\$600/Day	\$600/Day

Begins with day 90 of consecutive hospital confinement, actual charges. During receipt of this benefit no other benefits are payable under the policy except waiver of premium.

Hospital Confinement Inflation Rider	Plan A	Plan B	Plan C	Plan D
	N/A	\$10/Day	\$15/Day	\$20/Day

Increases the hospital confinement benefit each year for the first five years the policy is in force.

Inpatient Drugs & Diagnostic Testing Up To:	Plan A	Plan B	Plan C	Plan D
	\$10/Day	\$25/Day	\$40/Day	\$50/Day

For medications received or diagnostic testing, actual charge.

Attending Doctor Up To:	Plan A	Plan B	Plan C	Plan D
	\$10/Day	\$30/Day	\$35/Day	\$40/Day

For services while hospital confined, actual charges.

Nurse (Private duty) Up To:	Plan A	Plan B	Plan C	Plan D
	\$50/Day	\$125/Day	\$125/Day	\$125/Day

For full-time services of a nurse while hospital confined, other than those nursing services regularly furnished by a hospital.

Ambulance Up To:	Plan A	Plan B	Plan C	Plan D
	\$75/Trip	\$150/Trip	\$225/Trip	\$300/Trip

For transportation to or from a hospital where you are confined as an inpatient, actual charges. Limited to four trips per calendar year.

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Surgical Procedure	Plan A	Plan B	Plan C	Plan D
Up To:	\$2,500	\$4,500	\$7,500	\$9,000

For surgery performed by a doctor due to cancer, according to the policy surgical schedule.

Anesthesia	Plan A	Plan B	Plan C	Plan D
Up To:	\$625	\$1,125	\$1,875	\$2,250

For anesthesia during a surgery for which a surgical procedure benefit is payable, 25% of the surgical procedure benefit.

Blood & Plasma	Plan A	Plan B	Plan C	Plan D
Up To:	\$20/Unit	\$40/Unit	\$60/Unit	\$80/Unit

For blood & plasma, other than your own blood, received during definitive treatment of cancer.

Skilled Nursing Facility	Plan A	Plan B	Plan C	Plan D
Up To:	\$50/Day	\$100/Day	\$125/Day	\$150/Day

For confinement in a skilled nursing facility which begins within 14 days of discharge from a hospital, actual charges.

Home Care Recovery	Plan A	Plan B	Plan C	Plan D
Up To:	N/A	\$15/Day	\$15/Day	\$25/Day

For home care & recovery equal to the number of days paid for the hospital confinement benefit.

Non-Local Patient	Plan A	Plan B	Plan C	Plan D
Transportation Up To:*	\$500/Trip	\$1,000/Trip	\$1,500/Trip	\$2,500/Trip

Coach class plane, train or bus expense on a regularly scheduled route within the U.S. to receive cancer treatment or consultation that is not available within 100 miles one-way from your home, actual charges.

Family Member	Plan A	Plan B	Plan C	Plan D
Transportation Up To:*	\$500/Trip	\$1,000/Trip	\$1,500/Trip	\$2,500/Trip

Coach class plane, train or bus expense on a regularly scheduled route for a family member when you are confined to a hospital located in the U.S. which is more than 100 miles one-way from a family member's home, actual charges.

*For travel by automobile	Plan A	Plan B	Plan C	Plan D
	.15/Mile	.25/Mile	.40/Mile	.40/Mile

Benefit is limited to two (2) one-way trips within the U.S. per period of confinement.

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Family Member Lodging Up To:	Plan A \$20/Day	Plan B \$40/Day	Plan C \$50/Day	Plan D \$60/Day
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For lodging expense incurred by a family member while you are confined as an inpatient for treatment of cancer in a hospital that is located in the U.S. and is more than 100 miles one-way from the family member's home, actual charges.

Second & Third Surgical Up To:	Plan A N/A	Plan B \$150/Opinion	Plan C \$225/Opinion	Plan D \$225/Opinion
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A 2nd surgical opinion if recommended due to the positive diagnosis of Cancer and a 3rd opinion if the 2nd fails to confirm the need for surgery, actual charges.

CANCER ONLY (these benefits are not applicable for heart attack and stroke)

Hospice	Plan A	Plan B	Plan C	Plan D
Days 1-60	\$50/Day	\$80/Day	\$100/Day	\$120/Day
Day 61 forward	\$25/Day	\$40/Day	\$50/Day	\$60/Day

Hospice service when you are diagnosed as terminally ill.

Radiation/Chemotherapy Up To:	Plan A \$100/Day	Plan B \$175/Day	Plan C \$250/Day	Plan D \$300/Day
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For radiation or chemical treatments which are part of definitive treatment actual charges. PLUS at the time of first radiation/chemotherapy treatment:

Plan A	Plan B	Plan C	Plan D
N/A	\$100	\$250	\$500

Oral Chemotherapy Treatment	Plan A \$100/Month	Plan B \$200/Month	Plan C \$300/Month	Plan D \$400/Month
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Breast Reconstruction

Actual charges up to the surgical procedure benefit paid for the mastectomy for breast reconstruction as the direct result of surgery for which benefits are paid under the policy.

Comfort Benefit (Outpatient Drugs) Up To:	Plan A N/A	Plan B N/A	Plan C \$200/Year	Plan D \$226/Year
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For anti-nausea medication prescribed by a doctor, actual charges.

Prosthesis Up To:	Plan A \$250	Plan B \$1,000	Plan C \$2,000	Plan D \$2,500
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For prosthetic devices needed as the direct result of, and received within 3 years of a cancer surgery for which benefits were paid under the policy, actual charges per prosthetic device.

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Bone Marrow Transplant	Plan A	Plan B	Plan C	Plan D
Up to:	N/A	\$2,500	\$5,000	\$10,000

For human bone marrow transplant for the definitive treatment of cancer actual charges.

Note: After coverage has been in force for one year, the initial bone marrow transplant benefit will increase by 5%. On each subsequent policy anniversary, the benefit will continue to increase by 5%. Such increases will continue to take place on each policy anniversary for a period not to exceed 10 years.

Waiver of Premium	Plan A	Plan B	Plan C	Plan D
	Included	Included	Included	Included

Premium payments will not be required if you are diagnosed as having cancer after the waiting period and while covered under the policy and are disabled due to cancer for more than 90 consecutive days. The disability must begin on or after the date of diagnosis.

Cancer In Situ Benefit – 50% of the benefits amount will be paid for Cancer in situ.
Cancer in situ not applicable to optional Lump Sum Rider.

OPTIONAL RIDERS

Heart Attack or Stroke

This option will pay a scheduled benefit for heart attack or stroke. Your benefits for this option depend upon which cancer plan you choose.

Lump Sum

This option pays a lump sum benefit of \$1,000 to \$10,000 upon first diagnosis of cancer. If you select both the Heart Attack & Stroke option and the Lump Sum rider, a lump sum benefit will be paid upon diagnosis of cancer, heart attack or stroke.

Return of Premium*

Under this option, we will return 100% of all premiums, less any benefits paid, upon death or upon cancellation after the rider has been in force 20 years for issues ages 18-60, and 15 years at issues ages 61-79.

*Texas return of premium differs from the explanation above. Consult Texas specific cancer rates for Texas ROP rates and ages.

*Return of Premium is not available in Tennessee.

Dental/Vision*

\$400, \$800 or \$1,200 benefit levels

See Dental/Vision Benefit Rider brochure for specific benefits and details.

*Not available in all states

Cancer Plus

Individual Rates

Cancer Only

	Plan A		Plan B		Plan C		Plan D	
	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual
18-39	5.47	65.10	8.81	104.90	11.42	135.98	17.38	206.85
40-49	6.69	79.70	10.69	127.26	14.53	172.94	21.79	259.35
50-55	8.00	95.24	12.81	152.46	16.97	202.02	25.78	306.92
56-60	9.63	114.66	15.42	183.54	20.40	242.87	31.08	370.02
61-65	11.17	133.04	18.03	214.62	23.90	284.55	36.14	430.29
66-70	12.24	145.74	19.83	236.04	26.11	310.80	39.81	473.97
71-79	15.51	184.59	25.13	299.15	33.04	393.33	50.18	597.35

Cancer, Heart Attack & Stroke

18-39	13.31	158.50	21.48	255.70	27.89	332.08	42.40	504.75
40-49	17.65	210.10	28.25	336.36	38.38	456.94	57.60	685.75
50-55	22.84	271.94	36.50	434.56	48.36	575.72	73.57	875.82
56-60	27.82	331.16	44.56	530.44	58.94	701.67	89.82	1069.32
61-65	32.86	391.14	53.00	630.92	70.21	835.85	106.23	1264.69
66-70	36.72	437.14	59.46	707.84	78.25	931.50	121.65	1448.17
71-79	45.03	536.09	72.92	868.05	95.90	1141.63	145.67	1734.15

Family Rates

Cancer Only

	Plan A		Plan B		Plan C		Plan D	
	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual
18-39	9.31	110.78	15.01	178.71	19.42	231.21	29.54	351.65
40-49	11.34	135.03	18.20	216.62	24.72	294.32	37.04	441.00
50-55	13.63	162.23	21.79	259.35	28.89	343.88	43.81	521.54
56-60	16.40	195.20	26.19	311.75	34.67	412.76	52.87	629.37
61-65	19.01	226.28	30.68	365.19	40.63	483.74	61.43	731.33
66-70	20.81	247.70	33.69	401.10	44.38	528.36	67.72	806.49
71-79	26.35	313.74	42.75	508.94	56.21	669.17	85.34	1015.98

Cancer , Heart Attack & Stroke

18-39	22.67	269.88	36.62	435.91	47.39	564.21	72.12	858.55
40-49	29.99	357.03	48.03	571.82	65.29	777.22	97.89	1165.30
50-55	38.80	461.93	62.11	739.45	82.34	980.28	125.00	1488.14
56-60	47.33	563.40	75.76	901.95	100.25	1193.46	152.79	1818.97
61-65	55.84	664.78	90.11	1072.79	119.43	1421.74	180.54	2149.33
66-70	62.38	742.60	101.06	1203.10	133.04	1583.76	202.92	2415.69
71-79	76.47	910.34	124.03	1476.54	163.05	1941.07	247.66	2948.28

Modal Factors: Quarterly= 0.265 Semi-Annual= 0.52

New - TX

Lump Sum Cancer Rider

Individual Lump Sum Rates per \$1,000

	Cancer Only		Cancer/HS	
	Monthly	Annually	Monthly	Annually
18-39	0.57	6.80	1.20	14.28
40-49	0.94	11.20	1.96	23.30
50-55	1.39	16.60	2.86	34.03
56-60	1.82	21.70	3.90	46.44
61-65	2.25	26.80	5.00	59.50
66-70	2.68	31.90	6.19	73.69
71-79	3.14	37.40	7.54	89.76

Family Lump Sum Rates per \$1,000

	Cancer Only		Cancer/HS	
	Monthly	Annually	Monthly	Annually
18-39	0.97	11.60	2.04	24.30
40-49	1.60	19.00	3.33	39.60
50-55	2.37	28.20	4.86	57.90
56-60	3.10	36.90	6.63	78.90
61-65	3.83	45.60	8.49	101.10
66-70	4.55	54.20	10.53	125.30
71-79	5.34	63.60	12.82	152.60

Return of Premium Rider

18-44	Total Premium x 1.65
45-49	Total Premium x 1.85
50-54	Total Premium x 2.98

United National Life Insurance Company

Dental/Vision Rider Rates

May only be issued as a rider with the following base policy forms:

U9910 (Hospital Confinement Indemnity), U0950 (Secure Advantage), U0450 (Cancer Plus)

Benefit Level

Issue Age	\$400		\$800		\$1,200	
	Monthly	Annual	Monthly	Annual	Monthly	Annual
18-39	20.58	245.00	24.36	290.00	27.72	330.00
40-49	22.68	270.00	27.30	325.00	31.50	375.00
50-55	24.36	290.00	29.65	353.00	34.52	411.00
56-60	25.45	303.00	30.91	368.00	35.95	428.00
61-65	26.80	319.00	32.26	384.00	37.21	443.00
66-70	28.48	339.00	33.85	403.00	38.47	458.00
71-75	30.16	359.00	35.11	418.00	39.73	473.00
76-80	31.84	379.00	36.37	433.00	40.99	488.00
81-85	33.52	399.00	37.72	449.00	42.42	505.00

Premium Modal Factors:

Semi-Annual	0.520 x Annual
Quarterly	0.265 x Annual

** Please note that if you are selling the Cancer Plus policy with ROP and you add a Dental/Vision rider, the rider will also have ROP.

Issue Age	ROP Rate
18-44	1.65
45-49	1.85
50-54	2.98