

**Unified Life Insurance Company**  
**P.O. Box 25326, Overland Park, Kansas 66225-5326**

**GROUP ACCIDENT AND SICKNESS FIXED INDEMNITY HEALTH INSURANCE CERTIFICATE SCHEDULE**

Named Insured:

Certificate Schedule Number:

Group Policy Number: UL10012011-CA

Policy Holder: National Congress of Employers

Certificate Effective Date:

Certificate Anniversary Date:

Open Enrollment Period: January 1 through December 31 during each Policy Year

1. Description of Eligible Classes

1. - All active members of National Congress of Employers as determined by bylaws or charter of the Association

2. Eligibility Period: 60 days

3. Plan Type: Voluntary

4. Coverage: Named Insured and Spouse

5. Benefits:

<b>Hospital Confinement Benefits</b>	
Hospital Confinement Benefit	\$1,000 per day of confinement
Maximum Benefit	10 days per Policy Year per Covered Person
<b>Surgery with Anesthesia Benefit</b>	
Maximum Benefit per Surgery	100% of 2010 RBRVS
Maximum Benefit	3 Surgeries per Policy Year per Covered Person
Anesthesia Benefit	25 % of surgical benefit.
<b>Skilled Nursing Facility Benefit</b>	
Skilled Nursing Facility Benefit	\$300 per day of confinement
Maximum Benefit	Up to 10 days per Policy Year per Covered Person
<b>Doctor's Office Visit Benefits</b>	
Doctor's Office Benefit	\$75 per visit
Maximum Benefit	3 visits per Policy Year per Covered Person
<b>Preventive Care Test Benefit</b>	
Preventive Care Test Benefit	\$100 per Test
Maximum Benefit	1 Tests per Policy Year per Covered Person

<b><u>Urgent Care/Emergency Room Benefit</u></b>	
Urgent Care/Emergency Room Benefit	\$75 per Visit
Maximum Benefit	4 Visits per Policy Year per Covered Person
<b><u>Diagnostic Tests, X-ray and Laboratory Benefit</u></b>	
Diagnostic Test Benefit	\$65 per day
Maximum Benefit	5 Tests per Policy Year per Covered Person
<b><u>Mental Health Benefit</u></b>	
Mental Health Inpatient Benefit	\$300 per day
Mental Health Inpatient Maximum Benefit	10 days per Covered Person per Policy Year
Mental Health Outpatient Benefit	\$300 per treatment
Mental Health Outpatient Maximum Benefit	10 days per Covered Person per Policy Year
<b><u>Chemical Abuse and Dependence Diagnosis and Treatment Benefit</u></b>	
Chemical Abuse and Dependence Diagnosis and Treatment Benefit	\$300 per day
Detoxification Maximum Benefit	7 Days of Active Treatment per Policy Year per Covered Person
Inpatient Rehabilitation Maximum Benefit	30 days per Policy Year Covered Person
<b><u>Accidental Death</u></b>	
Accidental Death Benefit	\$10,000

6. ~~Pre-existing Condition Limitation Period: 12 months following the effective date of coverage under this Policy~~
7. Rates: See Attached Rate Sheet
8. Rate Guarantee Period: A change in premium rate will not take effect before 12 months after the policy effective date