

Organ Transplant Section

Schedule of Benefits

This policy will pay 100% of Covered Charges for benefits covered under the Organ Transplant Section necessarily and reasonably incurred up to the Maximum Lifetime Amount Assured of US\$150,000 per person for claims arising from a Covered Transplant Procedure less any Deductible for the following Covered Transplant Services:

9. Speech Therapy, Occupational Therapy, Physical Therapy, and Chemotherapy.
10. Surgical dressings and supplies.
11. Services and supplies for and related to High Dose Chemotherapy when provided as part of a treatment plan which includes High Dose Chemotherapy.

Covered Transplant Procedures:

Any of the following medically necessary human organ and tissue transplants:

- | | |
|---------------|--------------------|
| 1. heart | 5. pancreas |
| 2. heart/lung | 6. kidney/pancreas |
| 3. lung | 7. kidney |
| 4. liver | |

Covered Transplant Services:

1. Inpatient and Outpatient Hospital services.
2. Services of a Physician for diagnosis, treatment, and surgery for a Covered Transplant Procedure.
3. Diagnostic Services.
4. Procurement of an organ or tissue, including services provided to a living donor of an organ or tissue for procurement of an organ or tissue; Covered Services are limited to the actual procurement expenses, and benefits are subject to the amounts shown in the Maximum Benefit Section.
5. Reasonable and necessary transportation costs for travel related to a Covered Transplant Procedure for the transplant recipient and one companion during a Benefit Period. Benefits for transportation are subject to the amounts shown in the Maximum Benefit Section.

If the recipient is a minor, transportation costs for two companions may be covered. Benefits for transportation are subject to the amounts shown in the Maximum Benefit Section.

Reasonable and necessary lodging and meal expenses incurred by the recipient and the recipients companion(s), related to a Covered Transplant Procedure, during the Benefit Period. Benefits for lodging and meals are subject to the amounts shown in the Maximum Benefit Section.

Itemized receipts in a form satisfactory to the Company shall be submitted by the Insured when claims are filed.

6. Rental of durable medical equipment for use outside the Hospital. Covered charges are limited to the purchase price of the same equipment.
7. Prescription drugs, including immunosuppressive drugs.
8. Oxygen.

Benefits are paid as follows:

At a Participating Transplant Facility

100% of Covered Charges for Covered Transplant Services provided through a Participating Transplant Facility with respect to the type of Covered Transplant Procedure performed. However, in no event will the limits covered under this Organ Transplant Section and the benefits paid exceed the Organ Transplant Section Maximum Benefit Section.

Non-participating Transplant Facility

The lesser of 80% of the billed charges or 80% of the amounts stated on the schedule below for Covered Transplant Services provided through a Non-participating Transplant Facility with respect to the type of Covered Transplant Procedure performed. However, in no event will the limits covered under this policy exceed the Organ Transplant Section and the benefits paid exceed the Organ Transplant Section Maximum Benefit Section.

Names of Participating Transplant Facilities are available from:

Morgan-White Administrators International, Inc.
3191 Coral Way Suite 704
Miami, FL 33145 U.S.A.

(305) 442-0899

Human Organ Transplant Schedule for Non-participating Transplant Facilities

Benefits paid are the lesser of 80% of the billed charges or 80% of the amount stated below:

Procedure	Maximum Amounts	
	Non-U.S.A.	U.S.A.
Heart	\$50,000	\$100,000
Heart/Lung	\$50,000	\$100,000
Lung	\$50,000	\$100,000
Liver	\$50,000	\$100,000
Pancreas	\$50,000	\$100,000
Simultaneous Kidney/Pancreas	\$50,000	\$100,000
Kidney	\$30,000	\$ 30,000

MAXIMUM BENEFIT SECTION

1. Transportation/Lodging/Meals

A maximum of US\$200.00 per day for lodging and meals, per Covered Transplant Procedure. US\$10,000 for all transportation, lodging, and meals per Covered Transplant Procedure. Itemized receipts in a form satisfactory to the Company shall be submitted by the Insured when claims are filed.

2. Procurement

The Company's payments for Procurement expenses for a donor organ or tissue will not exceed the following maximum, per Covered Transplant Procedure:

Heart	US\$17,500
Heart/Lung	US\$17,500
Lung	US\$17,500
Liver	US\$22,500
Pancreas	US\$25,000
Kidney/Pancreas	US\$25,000
Kidney	US\$10,000

3. Maximum for all Covered Transplant Services

The total dollar amount the Company will pay is US\$150,000 per Insured for all Covered Transplant Services including the Covered Transplant Procedure, under this policy or any preceding or succeeding Human Organ and Tissue Transplant contract or policy of the Company. The maximum shown for Transportation/Lodging/Meals/Procurement are included in and accrue toward this maximum for all Covered Transplant Services. The maximum payable will only be applicable after all Deductible and Co-Insurance have been exhausted.

Limit:

If a Covered Transplant Procedure is not performed as scheduled due to the intended recipients medical condition or death, benefits will be paid for Covered Transplant Services until the earlier of:

1. the recipients death, or
2. the date the decision is made by the recipients Physician not to perform the transplant.

Multiple Transplants:

If a recipient requires more than one Covered Transplant Procedure, the Company will consider reimbursement for Covered Transplant Services during each Benefit Period as follows:

1. If each transplant is due to unrelated causes, each is considered as a separate Benefit Period.
2. If each transplant is due to related causes, each is considered as a separate Benefit Period if the transplants are separated by at least 90 days.
3. If the transplants are due to related causes, they are considered as one Benefit Period when not separated as shown in item 2 above.

Case Management

The Company or the Administrator may access the Insured's continuing care needs and discuss with the Insured's Physician less costly alternative means of care. Coverage will be provided for less costly alternatives even if such care is not specifically stated as covered under this policy. The Co-Insurance and maximums contained in this policy will apply to the alternative care.

There is no penalty if the Insured or the Physician do not accept the proposed alternative care.

ADDITIONAL POLICY PROVISIONS AND DEFINITIONS FOR ORGAN TRANSPLANTS

1. **BENEFIT PERIOD:** The period of time:
 - a. beginning on the date the Insured first receives services directly related to evaluation as a candidate for a Covered Transplant Procedure; and
 - b. ending on the earlier of:
 1. the date 12 months after the Covered Transplant Procedure is performed; or
 2. the date this policy is canceled.

If this policy is renewed or replaced with a similar policy issued by the Company, any remaining days not used of such 12 month period shall continue until completed under the new policy.

2. **COVERED TRANSPLANT PROCEDURE(S):** Any of the following medically necessary human organ and tissue transplants: (1) heart; (2) heart/lung; (3) lung; (4) liver; (5) pancreas; (6) kidney/pancreas; and (7) kidney.
3. **PROVIDER:** The facilities and individuals listed below:

Provider Facilities:

Clinical Laboratory: A Laboratory that performs clinical procedures and is not affiliated or associated with a Hospital Physician, or other provider.

Hospital means a facility which is a short-term acute care general Hospital and which:

1. is a duly licensed facility;
2. is primarily engaged in providing Inpatient diagnostic and therapeutic services for the diagnosis, treatment, and care of injured and sick persons by or under the supervision of Physicians, for compensation from its patients;
3. has organized departments of medicine and major surgery; and
4. provides 24-hour nursing service by or under the supervision of registered nurses.

Non-participating Transplant Facility: Any Hospital which has not contracted with the Company or the Administrator through an applicable transplant network, to provide Covered Transplant Procedures. A Hospital may be a Non-Participating Transplant Facility with respect to:

- (1) certain Covered Transplant Procedures; or
- (2) all Covered Transplant Procedures.

Participating Transplant Facility: Any Hospital contracting with the Company or the Administrator through an applicable transplant network, to provide Covered Transplant Procedures. A Hospital may be a Participating Transplant Facility with respect to:

- (1) certain Covered Transplant Procedures; or
- (2) all Covered Transplant Procedures.

Provider Individuals:

Occupational Therapist: A person who is licensed as such by the state in which they practice. If that state does not issue such licenses, an Occupational Therapist is a person certified as such by an appropriate professional body.

Physical Therapist: A person who is licensed as such by the state in which they practice. If that state does not issue such licenses, a Physical Therapist is a person certified as such by an appropriate professional body.

Respiratory/Inhalation Therapist: A person who is licensed as such by the state in which they practice. If that state does not issue such licenses, a Respiratory/Inhalation Therapist is a person certified as such by an appropriate professional body.

Speech Pathologist and Speech Therapist: A person so licensed by the state in which they practice. If that state does not issue such licenses, a Speech Pathologist or Speech Therapist is a person certified as such by an appropriate professional body.

SPECIFIC EXCLUSIONS for Organ Transplants

Any treatment or medication or the consequences thereof, or charges related to the following are not covered under this policy unless specifically included or changed on the Maximum Benefit Section:

1. Any costs or treatment for an Organ Transplant which is deemed by the Company to be the result of a Pre-Existing Condition or condition of which You were aware prior to the inception of this policy.
2. Any costs related to home health care.
3. Services and supplies for immunizations.
4. Animal organ or artificial Organ Transplants.
5. Stand-by charges of a Physician.
6. Services, supplies, or Hospital care which, in the judgment of the Company's medical consultants, are not medically necessary for the treatment of illness, Injury, diseased condition, or impairment, except as specifically stated as covered.
7. Custodial care or rehabilitation care and therapy.
8. Charges for any Experimental/Investigational treatment, procedure, facility, equipment, drug, device, or supply, except as specifically stated in the Maximum Benefit Section of this policy.
9. Charges paid or payable under Worker's Compensation.
10. Preventive or routine care, including physical's, premarital examinations, and any other routine or periodic examinations, except as specifically stated as covered.
11. Research studies or screening examinations.
12. Services or supplies to the extent You are not legally obligated to pay for them.
13. Expenses incurred before Your coverage begins or after it ends, except as stated as covered.
14. Rest cures or sanitarium care.
15. Services or supplies furnished by any person or institution acting beyond the scope of their license.
16. Services or supplies received from a dental or medical department maintained by or on behalf of a group, mutual benefit association, labor union, trust, or similar person or group.
17. Services provided by any governmental agency to the extent that You are not charged for them, except when this exclusion conflicts with state and federal law.
18. Services or supplies not specifically stated as covered.
19. Telephone consultations, charges for failure to keep a schedule visit, or charges for completing a claim form.
20. Recreation or diversional therapy.
21. Materials used in occupational therapy.
22. Personal hygiene and convenience items, such as air conditioners, humidifiers, hot tubs, whirlpools, or physical exercise equipment, even if a Physician prescribes such items.
23. Hospitalization for environmental change and all related charges.
24. Services and supplies of any provider located outside the United States of America that are in excess of the amounts as stated in the policy Maximum Benefit Section detailed in this policy.
25. Services and supplies which are eligible to be repaid under any private or public research fund whether or not such funding was applied for or received.
26. Services and supplies for treatment of complications unless such complications are determined by the Company to be the immediate and direct result of a Covered Transplant Procedure.
27. Services and supplies provided in connection with a Covered Transplant Procedure which was not performed within a Benefit Period.
28. Bone Marrow Transplants in any form whatsoever.
29. Imunosuppressive drugs for the treatment or prevention of a rejected heart, heart/lung, lung, liver, pancreas, kidney or kidney/pancreas following the end of the Benefit Period. This policy will no longer pay benefits following the end of the Benefit Period.