

**CERTIFICATE
OF
MEMBERSHIP
AND
HEALTH
INSURANCE**

The Association reserves the right to change the table of premium rates by class.

The Benefits herein are guaranteed renewable for the renewal period specified on each Benefit.

-
- Health Insurance -- Participating
 - Benefits as specified on page 3
-

This certifies that the insured is a member of AID ASSOCIATION FOR LUTHERANS.

This certificate is issued in consideration of the payment of the first premium and the statements made in the application.

AID ASSOCIATION FOR LUTHERANS agrees to provide the Benefits, rights and privileges of this certificate in accordance with the conditions and provisions hereof, effective on the issue date.

Each Benefit contained in this certificate provides for a Renewal Period set forth in each such Benefit. You have the right to continue each Benefit in force during its Renewal Period by the timely payment of premiums in effect at time of renewal.

While any Benefit of this certificate continues in force the Association reserves the right to change the table of premium rates for such Benefit, but shall not have the right to attach any restrictive endorsement to such Benefit. The right of the Association to change the table of premium rates shall be limited by the provision "Premiums" on page 7 of this certificate.

RIGHT TO EXAMINE CERTIFICATE. Within 10 days after you have received delivery of this certificate, you may surrender it to the Association or one of its agents if for any reason you are not satisfied. Upon such surrender, this certificate shall be void from the beginning and the Association will refund all premiums paid.

Signed for the Association at Appleton, Wisconsin.

W.P. Heerman *R.L. Thunderson*
Secretary President

BENEFITS

The Waiver of Premium Benefit is described on page 5.

Each other Benefit is described on a "Benefit" page for each Benefit separately. All Benefits included in this certificate are specified on page 3.

This certificate may be changed by adding other Benefits relating to you, your spouse and your children in accordance with this certificate and the Association's rules for such additions.

THE MEANING OF TERMS USED IN THIS CERTIFICATE

These terms are used in this certificate, its Benefit pages or in Benefit pages which may be subsequently added. Other terms applicable to a particular Benefit are defined on the Benefit page or are listed there with amounts of money and periods of time in connection therewith specified on page 3 (or the most recent amendment thereto).

You means the insured.

Association means Aid Association for Lutherans.

Home Office means the home office of the Association at Appleton, Wisconsin.

Articles of Incorporation and Bylaws means the articles of incorporation and bylaws of the Association.

Injury means accidental bodily injury sustained by a covered person while any applicable Benefit of this certificate is in force and which causes loss covered under such Benefit. All injuries sustained as a result of any one accident shall be considered one injury.

Sickness means (1) a sickness or disease which first manifests itself while any applicable Benefit of this certificate is in force and which causes loss covered under such Benefit or, (2) a sickness or disease which recurs while any applicable Benefit of this certificate is in force and which causes loss covered under such Benefit and which results from a previous disease or physical condition which is shown in the application for any such Benefit and which has not been excluded from coverage under this certificate by name or specific description. Any one sickness includes recurrences thereof and all complications arising therefrom.

Doctor means a person, other than yourself or your spouse, or a parent, child, brother or sister, related to you by blood or marriage,

who is licensed to practice as a Doctor of Medicine, Doctor of Osteopathy, Doctor of Podiatry, Doctor of Chiropractic, Doctor of Chiropractic, Doctor of Chiropractic, Doctor of Dental Surgery, Doctor of Dental Medicine or a Psychologist as defined by the state regulations.

Earned Income means salary, wages, commissions, fees or other remuneration actually earned from any form of employment.

Total Disability means the complete inability of a covered person, because of injury or sickness, to perform the duties of his regular occupation, until such disability has continued for 24 months. Thereafter, total disability means the complete inability of the covered person as a continuing result of the same injury or sickness to perform the duties of an occupation in which such covered person might reasonably be expected to engage because of education, training, or experience. During a period of total disability the covered person must be under the care of a doctor.

One Period of Disability means any and all periods of disability which result from any one cause, including any related cause or causes; except that if subsequent periods of such disability are separated by 6 consecutive months or longer during which time the covered person has been working at a gainful occupation full time, then the subsequent period or periods of disability shall be considered a new and separate period of disability.

Partial Resumption of Occupation means the resumption by a covered person of his occupation immediately following a period of total disability for which Monthly Income is payable under this certificate, but only to a limited extent as a continuing result of the same injury or sickness. "To a limited extent" as used in this paragraph means that his working time or duties are necessarily restricted as compared to the period immediately prior to the onset of total disability. "His occupation" as used in this paragraph means such person's regular occupation during the first 24 months after the onset of total disability; after 24 months it means any occupation in which such person might reasonably be expected to engage because of education, training, or experience. During any such period of partial resumption of occupation such person must be under the care of a doctor.

WAIVER OF PREMIUM BENEFIT

If you become totally disabled while this certificate is in force and you are a covered person under this certificate with respect to the cause of such disability and remain so disabled for 3 consecutive months, the Association will waive (or refund if paid) any premium which became due during such 3 months and will waive the payment of any premium which becomes due during the further continuing period of such disability and prior to the anniversary of the issue date on or next following your 65th birthday. After the last such premium has been waived during a period of total disability, the certificate will continue in force until the next premium due date, at which time you must resume the payment of premiums in order to maintain this certificate in force, subject to its provisions.

PAYMENTS IN RELATION TO EARNED INCOME FOLLOWING OR DURING TOTAL DISABILITY

If this certificate includes one or more Disability Income Benefits on the same covered person and Monthly Income has become payable under one or more of such Benefits for at least one month, then upon partial resumption of occupation, Monthly Income shall nevertheless continue to be payable, as provided in each such Benefit, as though total disability continued to exist, except that the total amount of Monthly Income payable each month under all such Benefits combined shall be reduced by 50% of the covered person's earned income during such month.

If this certificate includes one or more Disability Income Benefits on the same covered person and Monthly Income has become payable under one or more of such Benefits for at least 24 months, then the total amount of Monthly Income, if any, payable each month thereafter during continued total disability, under all such Benefits combined, shall be reduced by 50% of the covered person's earned income during such month.

If the total amount of Monthly Income payable under all Disability Income Benefits combined, as provided in this section, reduces to less than \$50.00, then such monthly payments shall discontinue, and shall resume only if the total amount of Monthly Income otherwise payable, as provided in this section, again becomes \$50.00 or more. However, if monthly payments are discontinued by reason of reducing to less than \$50.00 as here provided, the balance then remaining of the Maximum Period of each Disability Income Benefit shall not continue to run, but shall resume running only if monthly payments of \$50.00 or more again resume during One Period of Disability.

The Association reserves the right to require reasonable proof of the amount of a

covered person's earned income.

COVERED PERSONS

The application for each Benefit provided by this certificate, a copy of which is attached, designates the covered persons for such Benefit.

In addition to the persons so designated, a child born to you and your spouse while this certificate is in force shall be included as a covered person for any Benefits then in force for which a child would be eligible, until the end of the premium interval during which such child was born. No premium is required for such coverage, for this period of time. Thereafter however, such child will not continue to be a covered person unless a written notice of the child's birth and payment of any additional premium for the Benefits for which the child is to be a covered person is received by the Association at the Home Office before the end of the premium interval during which such child was born, or within the grace period. If such notice is not given and such premium is not paid, the child remains an eligible person and may become a covered person in the same manner as other persons eligible to become covered persons.

Persons Eligible to be Covered Persons
You, your spouse and each of your or your spouse's unmarried children who are dependent upon you or your spouse for their support and have not reached their 23rd birthday are persons eligible to be covered persons under this certificate.

If acceptable to the Association in accordance with its underwriting rules, an eligible person becomes a covered person when the Association accepts your written application and payment of the additional premium, if any, for the Benefits applied for.

Termination of Coverage on Covered Persons
Coverage for any covered person will terminate at the end of the premium interval during which such person's eligibility to be a covered person ceases, provided that

- (a) If proof is submitted that an unmarried child who is a covered person is mentally or physically handicapped upon reaching his 23rd birthday so that such child is incapable of self-support, he shall continue to be a covered person for as long as he remains so incapacitated and unmarried and premiums, if any, payable on account of such child continue to be paid.
- (b) If the Association accepts a premium for the subsequent premium interval which would not have been payable except for coverage on such an ineligible person, the coverage on the person will continue in force until the end of the interval for which such premium was accepted.

CONVERSION PRIVILEGE

If at the time of termination of a covered person as provided in "Termination of Coverage on Covered Persons," such person is not then insured for similar Benefits under any other policy or certificate of insurance, he will be entitled to have a certificate issued on his life, without submitting evidence of insurability as to himself, upon completion of an Application for Membership and Health Insurance to the Association and payment of the initial premium for the certificate within 31 days after such termination. Such certificate will be issued at the premium for the attained age and classification of such person as determined from the applicable table of premium rates in effect at the time of such person's termination, and will provide the Benefits then being issued by the Association which are most nearly similar to but not greater than those provided by this certificate. Such certificate shall not cover any loss for which the Association is liable under Benefits included in this certificate.

COVERAGE ON COVERED PERSONS AFTER DEATH OF THE INSURED

If your death occurs while this certificate is in force, any Benefits applicable to other covered persons and the rights of persons eligible to be covered persons will continue in accordance with this certificate, but premiums will be adjusted to account for your death. If the death of both you and your spouse occurs while this certificate is in force, any Benefits applicable to other covered persons will continue but no further premium will be required and no new covered persons may be added.

CONTROL OF THIS CERTIFICATE AFTER DEATH OF THE INSURED

If this certificate has not been assigned and if your spouse is living at the time of your death and is responsible for the care and maintenance of persons eligible to be covered persons under this certificate, amounts becoming payable thereafter will be paid to your spouse (except where this certificate provides for payment to a named beneficiary) and your spouse will be permitted to exercise all of the rights and options in this certificate except those which terminate by reason of your death.

If this certificate has not been assigned and if you have no spouse living at the time of your death, or upon the death of your spouse at any time after your death, amounts becoming payable (except where this certificate provides for payment to a named beneficiary) will be paid to the covered person or his legal representative and rights and options provided in this certificate, except those which terminate by reason of your death, may be exercised by the covered person or his legal representative.

The privileges of membership in the Association are personal to you, and shall not pass upon your death to your spouse or other covered person or the legal representative of any covered person.

THE CONTRACT

This certificate, the application or applications (copies of which are attached), the articles of incorporation and bylaws, and all amendments to each thereof, constitute the entire contract. Any changes, additions or amendments to the articles of incorporation and bylaws made subsequent to the issue date of this certificate shall be binding, and shall thereafter govern and control this certificate in all respects, except that no such change, addition or amendment shall diminish Benefits which the Association contracted to give as of the issue date.

All statements in the application or applications shall be deemed representations and not warranties. No statement shall in-

PREMIUMS

The premium interval for this certificate on its issue date is specified on page 3. The premium for the first premium interval has been paid. Renewal premiums for subsequent premium intervals are also stated on page 3, but the Association reserves the right to change the table of premium rates applicable to this certificate at any time and from time to time. Any such change will apply only to premiums becoming due on or after the effective date of such change and in no event before the 2nd certificate anniversary. However, any such change in the table of premium rates shall apply on a class basis only as determined by the Association and shall be based on the original insuring ages and sexes of persons covered for any Benefit affected by such change. The Association shall make no change in premium solely because of claims incurred under this certificate or solely because of a change in health or occupation of any covered person.

Premiums are due and payable at the Home Office in advance on the first day of each premium interval.

You may change the premium interval of this certificate. Acceptance by the Association of the correct premium for a changed premium interval in accordance with the Association's table of premium rates in effect at the time of such change shall constitute approval by the Association of a changed premium interval for this certificate. The premium interval may not be changed while premiums are subject to waiver under the Waiver of Premium Benefit.

Upon the payment of a claim under this certificate, any premium then due and unpaid may be deducted therefrom.

Upon termination of any Benefit, the renewal premiums will be reduced accordingly.

Any premium not paid when due is in default. Except as otherwise provided under "Grace Period," this certificate shall terminate when any premium is in default.

GRACE PERIOD

A grace period of 31 days, excluding the due date, will be granted for the payment of any premium in default. This certificate shall continue in full force during the grace period.

REINSTATEMENT

If any renewal premium is not paid within the time granted the insured for payment, a subsequent acceptance of premium by the Association without requiring in connection therewith an application for reinstatement, shall reinstate this certificate, provided however, that if the Association requires an application for reinstatement this certificate will be reinstated upon approval of such application by the Association or, lacking such approval, upon the 45th day following the date of such application unless the Association has previously notified the insured in writing of its disapproval of such application. The reinstated certificate shall cover only loss resulting from such injury as may

be sustained after the date of reinstatement and loss due to such sickness as may first manifest itself after such date. In all other respects the insured and the Association shall have the same rights thereunder as they had under this certificate immediately before the due date of the defaulted premium, subject to any provisions endorsed hereon or attached hereto in connection with the reinstatement.

The incontestability provision shall operate anew from the date of any reinstatement as to statements made in the application for reinstatement.

INCONTESTABILITY

- (a) After any Benefit in this certificate has been in force for a period of 2 years during the lifetime of a covered person to whom such Benefit applies, it shall become incontestable as to the statements contained in the application made for the inclusion of such person under such Benefit, except for any loss incurred or disability commencing prior to the expiration of such 2 year period.
- (b) No claim for loss incurred or disability commencing after 2 years from the effective date of coverage of a covered person under an applicable Benefit shall be reduced or denied on the ground that a disease or physical condition, not excluded from coverage by name or specific description, had existed prior to such effective date of coverage.

SURPLUS REFUNDS

This is a participating certificate and will share in the divisible surplus as determined and apportioned annually by the Association, but no surplus refunds are anticipated before the end of the 3rd certificate year.

At the option of the insured, surplus refunds may be

- (a) Paid in cash, or
- (b) Accumulated with interest at such interest rate as the Association may determine, but not less than 3% per annum. Such accumulations shall be available for automatic payment of premiums.

Each surplus refund will be applied under option (b) if no option has been elected.

Surplus refund accumulations may be withdrawn at any time in accordance with the Association's rules.

AUTOMATIC PAYMENT OF PREMIUM BY ACCUMULATED SURPLUS REFUNDS

If any premium is unpaid at the end of the grace period and if sufficient surplus refund accumulations exist, such premium will be paid from such accumulations unless you direct otherwise prior to the end of the grace period. If surplus refund accumulations are less than the premium due, this certificate will terminate at the end of the grace period and any remaining surplus refund accumulations will be paid to you in one sum.

NOTICE OF CLAIM

Written notice of claim must be given to the Association within 30 days after the occurrence or commencement of any loss covered by this certificate, or as soon thereafter as is reasonably possible. Written notice given to the Association at its Home Office or to any authorized agent of the Association with information sufficient to identify the insured shall be deemed notice to the Association.

CLAIM FORMS

The Association, upon receipt of a notice of claim, will furnish to the claimant such forms as are usually furnished by the Association for filing proofs of loss. If such forms are not furnished within 15 days after the giving of such notice, the claimant shall be deemed to have complied with the requirements of this certificate as to proof of loss upon submitting, within the time fixed in this certificate for filing proofs of loss, written proof covering the occurrence, the character and the extent of the loss for which claim is made.

PROOFS OF LOSS

In case of claim for loss for which this certificate provides any periodic payment contingent upon continuing loss, written proof of disability must be furnished to the Association at its Home Office within 90 days after the termination of the period for which the Association is liable. In case of claim for any other loss, written proof of loss must be furnished to the Association at its Home Office within 90 days after the date of such loss. Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity, later than one year from the time proof is otherwise required.

TIME OF PAYMENT OF CLAIMS

Amounts payable under this certificate for loss, if any, other than loss for which this certificate may provide periodic payment, will be paid immediately upon receipt of written proof of such loss. Subject to proof of loss, all accrued amounts payable for loss, if any, for which this certificate may provide periodic payment will be paid at the expiration of each month, and any balance remaining unpaid upon the termination of liability will be paid immediately upon receipt of written proof.

PAYMENT OF CLAIMS

Amounts payable for loss of life (if and as provided upon a covered person under this certificate) will be payable in accordance with the beneficiary designation and the provisions respecting such payment which may be prescribed herein and effective at the time of payment. If no such designation or provision is then effective, such amounts shall be payable to the estate

of such covered person. Any other amounts which may be provided under this certificate will be payable to the insured (or, where specifically provided, to the insured's spouse) except that any other amounts accrued and unpaid at the insured's death may, at the option of the Association, be paid either to the insured's beneficiary (if and as designated) or to the estate of the insured. If any amount shall be payable to the estate of the insured, or to an insured or beneficiary who is a minor or otherwise not competent to give a valid release, the Association may pay such amount, not exceeding \$1,000.00, to any relative by blood or connection by marriage of the insured or beneficiary who is deemed by the Association to be equitably entitled thereto. Any payment made by the Association in good faith pursuant to this provision shall fully discharge the Association to the extent of such payment.

PHYSICAL EXAMINATIONS

The Association at its own expense shall have the right and opportunity to examine the person of any covered person when and as often as it may reasonably require during the pendency of a claim hereunder.

LEGAL ACTIONS

No action at law or in equity shall be brought to recover on this certificate prior to the expiration of 60 days after written proof of loss has been furnished in accordance with the requirements of this certificate. No such action shall be brought after the expiration of 6 years after the time written proof of loss is required to be furnished.

BENEFICIARY**AND CHANGE OF BENEFICIARY**

The beneficiary is as designated in the application(s) unless otherwise designated by endorsement at issue or unless subsequently changed.

During the lifetime of a covered person, a new beneficiary may be designated by the insured, subject to the beneficiary eligibility requirements of the bylaws, by filing written notice in a form satisfactory to the Association. No such change will take effect unless received by the Association at its Home Office. However, upon being so received, any such change will take effect as of the date the notice was signed, provided that such request for change was mailed or in the course of being delivered to the Association during the lifetime of the covered person, subject to any payment made or other action taken by the Association before such receipt.

CONFORMITY WITH STATUTES

Any provision of this certificate which, on its effective date, is in conflict with the statutes of the state in which the insured resides on such date is hereby amended to conform to the minimum requirements of such statutes.

This Benefit is guaranteed renewable for the lifetime of the insured.

MAJOR MEDICAL EXPENSE BENEFIT

RENEWAL PERIOD

Renewal of this Major Medical Expense Benefit is guaranteed for as long as any covered person included under this Benefit remains eligible to be a covered person as provided on page 5 of this certificate. Termination of coverage on any covered person will not affect payments as herein provided with respect to a Benefit Period commencing before such termination.

THE MEANING OF TERMS USED IN THIS BENEFIT

Hospital means a lawfully operating institution for the care and treatment of injured or sick persons as resident bed patients, with organized facilities either on its premises or available to it for diagnosis, treatment and surgery, under the supervision of a doctor, and with 24-hour nursing service supervised by a registered graduate nurse always on duty. "Hospital" does not include an institution or that part of an institution which is used as a sanatorium, nursing home, convalescent home, rehabilitation center, rest home, home for the aged, an institution providing primarily custodial care, or any equivalent institution.

Extended Care Facility means a lawfully operating institution or that part of such an institution which is for the care and treatment of resident bed patients convalescing from injury or sickness, under the supervision of a doctor, with 24-hour nursing service supervised by a registered graduate nurse regularly on duty within the premises, which maintains clinical records on all patients, which has procedures for administration of drugs and biologicals, and which has 6 or more beds. "Extended Care Facility" does not include a sanatorium, clinic, rehabilitation center, rest home, home for the aged, an institution providing primarily custodial care, or any equivalent institution.

Home Care means an organized program of treatment and nursing care in the homes of patients discharged from a hospital and which is under the supervision of the staff of such hospital.

Nurse means a registered graduate nurse or a licensed practical nurse other than yourself or your spouse, or a parent, child, brother or sister, related to you by blood or marriage.

Physiotherapist means a licensed physiotherapist other than yourself or your spouse, or a parent, child, brother or sister, related to you by blood or marriage.

In addition to the terms defined above there are terms defined on page 2 of this certificate applicable to this Benefit. The

amounts of money and periods of time in connection with the following terms applicable to this Benefit, Form AMA, are specified on page 3 (or the most recent amendment thereto):

Deductible
Qualification Period
Future Purchase Option Amount
Daily Room Maximum
Surgical Maximum
Maximum Amount

BENEFIT PROVISIONS

DEDUCTIBLE

Individual Basis The Deductible is the amount of eligible expense which must be incurred by any one covered person before payment begins under this Benefit. Eligible expenses equal to the Deductible must be incurred within a period of time equal to the Qualification Period.

Family Basis If more than two covered persons incur eligible expenses under this Benefit, Deductibles may be satisfied on either the individual or the family basis, whichever results in the larger total payment. Under the family basis, all eligible expenses of all covered persons are combined, and an amount equal to twice the Deductible must be incurred within a period of time equal to one and one-half (1-1/2) times the Qualification Period.

BENEFIT PERIOD

A Benefit Period for a covered person will begin when such person incurs eligible expenses, commencing while this Benefit is in force for such person, equal to the amount and within the period of time as required in the Deductible provision. Eligible expenses used to satisfy the Deductible will not be considered as incurred during the Benefit Period. After beginning, a Benefit Period will continue for an initial period of 12 months from the date the Deductible is satisfied. Following the initial 12 months a Benefit Period will continue until a calendar month in which such person incurs eligible expenses of less than \$50.00, at the end of which month the Benefit Period will terminate; provided however that a Benefit Period shall in no case exceed 3 years. If Deductibles are satisfied on the family basis, each covered person's Benefit Period will thereafter be separately subject to this Benefit Period provision.

If, after the termination of a Benefit Period, a covered person again incurs eligible expenses equal to the amount and within the period of time as required in the Deductible provision, a new Benefit Period will begin, subject to the preceding paragraph.

(Continued on next page)

**BENEFIT PROVISIONS - continued -
BENEFITS PAYABLE**

The Association will pay you 80% of the first \$2,500.00 of eligible expenses incurred by any one covered person during each Benefit Period applicable to such person, and 100% of additional eligible expenses incurred during each such Benefit Period, subject to the "Maximum Payment" provision.

MAXIMUM PAYMENT

The maximum which will be paid by the Association for eligible expenses incurred by any one covered person as a result of injuries, during all Benefit Periods combined applicable to such person, will be the Maximum Amount, increased periodically as provided under "Restoration of Maximum Amount".

The maximum which will be paid by the Association for eligible expenses incurred by any one covered person as a result of sicknesses will be separately determined in the same manner.

RESTORATION OF MAXIMUM AMOUNT

After payments have been made because of eligible expenses resulting from injuries to a covered person the remaining balance of the maximum payment will be increased by 10% of the Maximum Amount on each anniversary of the issue date of this Benefit, or by such lesser amount as may be required to restore such remaining balance to the Maximum Amount as of such date.

The maximum payment with respect to eligible expenses resulting from sicknesses of a covered person will be separately subject to restoration in the same manner.

ELIGIBLE EXPENSES

Eligible expenses are any of the following expenses which are necessarily incurred for injuries and sicknesses of covered persons, which are prescribed by a doctor and which do not exceed regular, customary and reasonable charges for the services and supplies provided, as determined in the absence of insurance:

- (1) Charges incurred for daily room, board and general nursing care during confinement in a hospital up to the Daily Room Maximum for any one day of such confinement. However, if the covered person is confined within an intensive care facility within the hospital for which an additional daily charge is made, then the total room charges will be eligible up to twice the Daily Room Maximum for any one day of such confinement, up to a maximum of 60 days in any one Benefit Period.
- (2) Charges incurred for daily room, board and general nursing care during confinement in an extended care

facility immediately following a period of at least 3 days of hospital confinement, up to one-half (1/2) the Daily Room Maximum for any one day of such confinement and for a maximum of 100 days during any one Benefit Period.

- (3) Fees charged by doctors for surgery and anesthesiology up to the limits provided in Section I of the Medical Services Schedule of this Benefit.
- (4) Fees charged by doctors for services other than surgery, anesthesiology or diagnostic x-ray examinations and laboratory tests, up to the limits provided in Section II of the Medical Services Schedule of this Benefit.
- (5) Charges incurred for the services of private duty nurses and physiotherapists up to the limits provided in Section III of the Medical Services Schedule of this Benefit.
- (6) Charges incurred for hospital services and supplies (other than charges for daily room, board and general nursing care) including home care.
- (7) Charges incurred for professional ambulance service: (a) within 50 miles or (b) to the nearest qualified hospital if more than 50 miles distant.
- (8) Charges incurred for diagnostic x-ray examinations and laboratory tests; anesthesia services when not provided by a doctor; drugs and medicines identified by prescription number and dispensed by a licensed pharmacist, blood and blood derivatives, and other medical supplies and prosthetic appliances.

An expense will be deemed incurred on the date the service is rendered or the supplies furnished.

**ELIGIBLE EXPENSES INCURRED
AWAY FROM HOME**

If eligible expenses are incurred while a covered person is temporarily away from his county of usual residence on a trip or vacation of more than 24 hours, for purposes other than medical attention and for which provision has been made for overnight lodging away from home, the Daily Room Maximum and the Surgical Maximum shall be increased by 25% of the amounts otherwise in effect with respect to all provisions of this Benefit relating to such eligible expenses.

MENTAL ILLNESS

Expenses incurred by a covered person as a result of mental, nervous or emotional disease or disorder will be eligible as provided under this Benefit only if incurred during hospital confinement of 8 hours or longer, or within 60 days after discharge from hospital confinement incurred because of such disease or disorder.

BENEFIT PROVISIONS

MENTAL ILLNESS - continued

The maximum which will be paid for all eligible expenses incurred for mental, nervous or emotional disease or disorder for any one covered person will be \$5,000.00 during any one Benefit Period and \$10,000.00 during all Benefit Periods combined, and the paragraph "Restoration of Maximum Amount" in this Benefit will not operate to increase these maximums.

PREGNANCY

Expenses incurred as a result of pregnancy, including resulting childbirth or miscarriage, or incurred for a surgical procedure for delivery of a child or children are not covered under this Benefit. However, if medical complications (such as toxemia, post-partum hemorrhage or thrombophlebitis) result from a pregnancy of a covered person which began while she was a covered person under this Benefit, the first \$250.00 of eligible expenses incurred for such pregnancy, while this Benefit is in force, will be allowable under this Benefit only toward qualification of the Deductible, but additional eligible expenses incurred for such pregnancy will be allowable under all the provisions of this Benefit.

Expenses incurred for mental, nervous or emotional disease or disorder resulting from pregnancy will be covered only as provided under "Mental Illness".

MEDICAL SERVICES SCHEDULE

SECTION I -

SURGERY AND ANESTHESIOLOGY

The limits for any listed procedure are the percentages of the Surgical Maximum which are shown opposite the procedure. The percentage shown under the heading "Surgical Percentage" is the limit for surgical care and treatment. This limit includes the fee for surgery and for the period of follow-up care shown under the heading "Follow-up Days". The percentage shown under the heading "Anesthesia Percentage" is the limit for the anesthesiologist's fee. An additional 15% of the surgical care and treatment limit, or 4% of the Surgical Maximum, if greater, will be allowed for an assistant surgeon's fee. The Association will determine the limits for any procedure which is not listed and will allow an additional amount for a listed procedure when warranted, in the judgment of the Association, by complications or other circumstances requiring additional time or unusual services. Such additional allowances and limits for unlisted procedures will be objectively determined on the basis of the time and difficulty of the procedure in each case as compared to that of comparable listed procedures. However, in no event will the limit allowed for any

procedure exceed 200% of the Surgical Maximum for surgical care and treatment, or 20% of the Surgical Maximum for an anesthesiologist's fee.

If more than one procedure is performed through the same incision, an amount will be allowed only for that procedure having the largest limits.

If multiple surgical procedures are performed at the same operative session in separate operative fields and through separate incisions, 50% of the value(s) of the lesser procedure(s) will be allowed in addition to the value of the greater procedure.

If bilateral similar procedures are performed at the same operative session in separate operative fields, 50% of the listed value will be allowed for the second procedure, in addition to the value of the first procedure, unless otherwise shown in the following Schedule - Section I.

The anesthesiologist's fee limits apply to administration of anesthetic and any fluids incident to the procedure and to the customary pre-operative and post-operative visits. These limits apply only to the fees of a doctor in attendance during the procedure for the sole purpose of rendering such anesthesia service and will be reduced 50% if the operating surgeon or his assistant administers the anesthetic.

SCHEDULE--Section I

**Surgical Follow-up Anesthesia
Percentage Days Percentage**

	%	%	%
Abdomen			
Appendectomy	20.00	45	3.00
Colon resection, partial—with or without colostomy	40.00	90	4.50
total	55.00	90	5.50
Gall Bladder, removal of	30.00	45	4.50
Gastrotomy	25.00	45	4.50
Stomach, total resection of	50.00	90	5.50
Amputations	%		%
Arm			
Through humerus	20.00	90	2.50
Through radius and ulna	20.00	90	2.50
Finger, one	7.50	45	2.50
Foot, through ankle	17.50	90	2.50
Hand, through wrist or metacarpal bones	20.00	90	2.50
Hip	40.00	180	6.00
Leg, through tibia and fibula	25.00	90	3.50
Thigh	30.00	120	3.50
Toe, one	5.00	45	2.50

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MAJOR MEDICAL EXPENSE BENEFIT

MEDICAL SERVICES SCHEDULE
Section I -- continued

Surgical Follow-up Anesthesia
Percentage Days Percentage

	Surgical Percentage	Follow-up Days	Anesthesia Percentage		%		%
Breast	%		%	Ear, Nose and Throat			
Benign tumor or cyst, removal of				Adenoidectomy, independent pro- cedure, primary	5.00	30	2.50
unilateral	7.50	30	2.50	Esophagoscopy	7.50	15	3.00
bilateral	12.50	30	2.50	Fenestration	50.00	180	5.50
Complete mastectomy				Mastoidectomy--			
--Simple	15.00	45	2.50	Simple	25.00	180	4.00
Radical, including				Radical, without			
pectoral muscles				skin graft	40.00	180	4.00
and axillary				with skin graft	45.00	180	4.00
lymph nodes	35.00	60	3.50	Laryngectomy, without			
Chest	%		%	neck dissection	50.00	365	5.50
Artificial				with neck dissection	70.00	365	5.50
pneumothorax, induction of				Sinusotomy, frontal, external, simple ...	10.00	30	2.50
Initial	2.50	0	0	Submucous resection of nasal septum ..	15.00	90	2.50
Refills, each	1.00	0	0	Tonsillectomy, with or without			
Bronchoscopy	7.50	30	3.00	adenoidectomy			
Heart				under age 18	7.50	30	2.50
Blood transfusion, indirect method	1.00	0	0	age 18, and over	10.00	30	2.50
Cardiotomy with exploration or removal of foreign body from myocardium	50.00	90	10.00	Tracheotomy, independ- ent procedure	10.00	15	3.00
Excision of intracardiac tumor	100.00	90	10.50	Eye	%		%
Repair of atrial septal defect	90.00	90	10.50	Cataract, operation of intracapsular or extracapsular, unilateral	40.00	90	6.00
Replacement of aortic valve (open)	100.00	90	10.50	Detached retina, operation for	50.00	90	6.00
Valvotomy (commis- surotomy) aortic (closed)	75.00	90	10.50	Eyeball, removal of	20.00	30	3.00
Lobectomy, total or subtotal	50.00	90	8.00	Fracture, Treatment of	%		%
wedge resection ..	40.00	90	7.50	Ankle, simple--			
Lung, removal of (pneumo- nectomy)	50.00	90	8.00	closed reduction ..	12.50	150	2.50
Pulmonary resection with concomitant thoracoplasty	75.00	180	8.50	Femur, shaft, including supracondylar, simple--closed reduction	20.00	180	2.50
Dislocation, Simple,				simple or compound-- open reduction	40.00	180	4.00
Closed Reduction of	%		%	Fibula, shaft, simple--closed reduction	7.50	75	2.50
Ankle	5.00	90	2.50	simple or compound-- open reduction	20.00	120	2.50
Clavicle	5.00	45	2.50	Finger, simple--			
Elbow	2.50	0	2.50	closed reduction	3.75	45	2.50
Finger	1.50	0	2.50	Hand, simple--closed reduction	5.00	45	2.50
Hip	10.00	180	2.50	Humerus, shaft, simple--closed reduction	12.50	120	2.50
Jaw	2.50	0	2.50	simple or compound-- open reduction	22.50	120	2.50
Knee joint (patella excepted)	10.00	90	2.50				
Patella	1.50	0	2.50				
Shoulder	2.50	0	2.50				
Toe	1.00	0	0				

MEDICAL SERVICES SCHEDULE
Section I -- continued

Surgical Follow-up Anesthesia
Percentage Days Percentage

	Surgical Percentage	Follow-up Days	Anesthesia Percentage		Surgical Percentage	Follow-up Days	Anesthesia Percentage
Fracture, Treatment of (continued)				Prostate, removal of, by open opera- tion--subtotal	40.00	90	5.00
Maxilla--simple or compound closed reduction with wiring of teeth	15.00	90	3.00	Endoscopic means --complete	40.00	90	4.50
open reduction with wiring of teeth and/or local fixation	25.00	90	4.00	Cystocele, repair	17.50	60	2.50
Nose, simple, uncom- plicated, closed reduction	2.50	0	0	Rectocele, repair	15.00	60	2.50
complicated, closed reduction	5.00	30	3.00	Rectocele and cystocele repair ...	25.00	60	3.50
Radius, shaft, simple--closed reduction	10.00	120	2.50	Salpingectomy or oophorectomy, or both Unilateral or bilateral, independent procedure	22.50	45	3.00
simple or compound-- open reduction	20.00	150	2.50	Hernia % %			
Radius and ulna, shafts, simple-- closed reduction ..	12.50	120	2.50	Inguinal--Unilateral Bilateral	17.50 26.25	45 45	2.50 3.50
simple or compound-- open reduction	25.00	150	3.50	Umbilical, under age 5 over age 5	15.00 17.50	45 45	2.50 2.50
Tibia, shaft, simple-- closed reduction ..	12.50	180	2.50	Ventral, incisional	22.50	45	2.50
simple or compound-- open reduction	25.00	180	3.50	Rectum % %			
Tibia and fibula, shafts, simple--closed reduction	15.00	180	2.50	Fissure, cutting operation for-- Independent procedure	10.00	90	2.50
simple or compound-- open reduction	30.00	180	3.50	Fistulotomy or fistulectomy-- subcutaneous	5.00	30	2.50
Ulna, shaft, simple-- closed reduction ..	10.00	120	2.50	submuscular	20.00	90	2.50
simple or compound-- open reduction	20.00	120	2.50	Hemorrhoidectomy-- External, complete	10.00	90	2.50
Genito-Urinary Tract % %				Internal and external	15.00	90	2.50
Cervix amputation, independent procedure	10.00	45	2.50	Hemorrhoidectomy and submuscular fistulotomy or fistulectomy	20.00	90	2.50
Cystoscopy, indepen- dent procedure, diagnostic In Doctor's office, initial	2.50	7	0	Papillectomy, single or multiple, independent procedure	1.50	15	0
subsequent within 30 days	1.50	7	0	Thyroid Gland % %			
In Hospital	4.00	7	2.50	Adenoma or small cyst of thyroid, excision of	20.00	45	3.50
Dilatation and curettage	7.50	15	2.50	Thyroidectomy, subtotal	30.00	45	4.50
Hysterectomy, total	30.00	45	4.00	total	35.00	45	4.50
subtotal	27.50	45	4.00	Varicose Veins % %			
Kidney--Fixation of	35.00	90	4.50	Saphenous veins, ligation and division and complete strip- ping of: long or short, unilateral	15.00	30	2.50
Removal of	40.00	90	4.50	bilateral	25.00	30	3.50
				long and short, unilateral	20.00	30	2.50
				bilateral	30.00	30	3.50

(Continued on next page)

MEDICAL SERVICES SCHEDULE--
continued

SECTION II -- DOCTOR'S SERVICES

The limit for any listed service is the percentage of the Surgical Maximum shown opposite such service.

The Association will determine the limit for any doctor's service which is not listed, and such limit will be objectively determined on the basis of its comparison in time and difficulty to the most comparable listed service.

No amount will be allowed under this Section for the follow-up days of post-operative care covered under Section I of this Schedule.

This Section II does not apply to diagnostic x-ray examinations and laboratory tests.

SCHEDULE--Section II

	Eligible Percentage
Routine Visits	%
First hospital visit	1.50
Follow-up hospital visit	0.50
First home visit	1.25
Follow-up home visit	1.00
First office visit	1.00
Follow-up office visit	0.50
Night visits (8 p.m. to 8 a.m. answering request made during those hours), add to above	0.50
Special Medical Procedures (other than routine visits) "Consultation" as used herein applies only to the services of a doctor whose opinion or advice is requested by another doctor who has the immediate care of a patient.	%
Consultation requiring limited examination of a given system, but not requiring a complete diagnostic history and examination--Hospital, home or office	1.50
Consultation requiring more extensive examination, but not requiring complete diagnostic history and examination--Hospital, home or office	2.50
Consultation requiring complete diagnostic history and examination--Hospital, home or office	3.50
Electrocardiogram, with interpretation and report	1.50
without interpretation and report	0.75
Prolonged detention with patient in critical condition or requiring constant attention beyond usual service, per hour	2.00

Eligible
Percentage

Radiotherapy and Nuclear Medicine

Limits include use of modality or radioactive substance.

Limits for treatment of malignancies include one year follow-up care.

Limits for treatment of non-malignant conditions include 60 days follow-up care.

Per Treatment Schedule:

Superficial or Low-Voltage therapy:	
Dermatoses (3 fields or less)	0.75
more than 3 fields	1.00
Benign tumors	1.00
Malignant lesions	1.50
Orthovoltage (150-500 KVP):	
Benign lesions	1.00
Malignant lesions	1.50
Supervoltages, including cobalt	2.00
Surface application of sealed source to benign lesion	1.50
Radioisotope treatment of hyperthyroidism (not including radioactive drugs or diagnostic test):	
initial	10.00
subsequent, each	5.00

**SECTION III--NURSES' AND
PHYSIOTHERAPISTS' SERVICES**
(Private Duty Only)

The limit for each service will be the percentage of the Surgical Maximum which is shown opposite such service.

SCHEDULE--Section III

	Eligible Percentage
Registered Graduate Nurse	%
Hospitalized care, per shift	2.00
Non-hospitalized care, up to 30 days, per shift	2.00
Non-hospitalized care, after 30 days, per shift	1.50
Licensed Practical Nurse and Licensed Vocational Nurse	%
Hospitalized care, per shift	1.50
Non-hospitalized care, up to 30 days, per shift	1.50
Non-hospitalized care, after 30 days, per shift	1.00
Physiotherapist	%
per each half-hour of treatment or major fraction thereof	0.75

FUTURE PURCHASE OPTION

While this Benefit is in force, you will have the right without submitting evidence of insurability as to health, to increase the Daily Room Maximum for each covered person as of each 3rd anniversary of the issue date, or after a change in your principal place of residence to a new state or county and until expiration of the time allowed for payment of the first renewal premium falling due after such change in residence, provided:

- (a) written notice of increase in Daily Room Maximum and payment of the required increase in premium is received by the Association within 31 days after such anniversary or change in residence;
- (b) each increase in Daily Room Maximum must apply equally to all covered persons;
- (c) each increase in Daily Room Maximum shall not exceed \$10.00, except that the full remaining limit of your Future Purchase Option Amount may be exercised as provided after a change of residence to a new state or county;
- (d) each increase in Daily Room Maximum shall not be less than \$5.00 or the then remaining balance of the Future Purchase Option Amount, if less;
- (e) any increase in Daily Room Maximum when added to the existing Daily Room Maximum shall not exceed the Association's underwriting limits pertaining to other hospital or medical insurance in force;
- (f) the sum total of all increases in Daily Room Maximum combined shall not exceed the Future Purchase Option Amount shown on page 3 of this certificate.

Each increase in Daily Room Maximum will automatically increase the Surgical Maximum and the Maximum Amount in the same proportion.

The premium payable for each increase in Daily Room Maximum will be determined from the applicable table of rates in effect at the time of each such increase and according to the attained ages of covered persons at the time of each such increase. Each such increase shall apply only to Benefit Periods beginning after the effective date of such increase.

EXCEPTIONS

This Benefit does not cover any loss which results from:

- (a) Injury or sickness for which the covered person is entitled to receive benefits under any Workmen's Compensation, Employer's Liability, Occupational Disease Law or similar law;
- (b) Treatment, services or supplies which are paid for under the provisions of any governmental plan or law, including Federal "Medicare"; except, however, that expenses incurred for such treatment, services or supplies, which would be eligible expenses under the provisions of this Benefit except for the operation of this exception, may be applied toward the qualification of the Deductible as herein provided;
- (c) Treatment, services or supplies which are provided by or in a hospital or other facility operated by any governmental agency, unless such hospital or other facility makes a charge which you or a covered person is legally required to pay and which would have been made even in the absence of insurance;
- (d) War or any act of war, declared or undeclared;
- (e) Rest cure, unless required for treatment of organic disease or disorder or injury;
- (f) Cosmetic surgery, unless required to correct a condition resulting from injury or a congenital defect of a child born to you and your spouse while this Benefit is in force;
- (g) Eye refraction or the purchase or fitting of vision or hearing aids;
- (h) Mental, nervous or emotional disease or disorder, except as provided in the paragraph "Mental Illness" of this Benefit;
- (i) Pregnancy, including resulting childbirth or miscarriage, except as provided in the paragraph "Pregnancy" of this Benefit;
- (j) Dental treatment, except for injury to natural teeth.

Signed for the Association at Appleton, Wisconsin.

W. A. Heerman Secretary
R. L. Anderson President



PLATONAL BENEFITS
AND FINANCIAL SECURITY
FOR LUTHERANS

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- Health Insurance -- Participating
 - Benefits as specified on page 3
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