SECTION I  DEFINITIONS

The **Home Health Care** definition is hereby deleted and replaced with the following:

*Home Health Care* is physician prescribed care provided in the home by a *home health care agency*. *Home health care* includes the following medical services and supplies:

- Part-time or intermittent home nursing care from, or supervised by, a *nurse*;
- Part-time or intermittent home health aid services;
- Physical therapy, occupational therapy, speech therapy, respiratory and inhalation therapy and nutrition counseling by a nutritionist or dietician;
- Medical supplies, drugs and medication prescribed by a *physician*; and
- Laboratory services to the extent such charges or costs would have been covered had the *insured person* received them in a *hospital*.

Each visit by each person providing home health care services will be considered one visit. If a visit lasts for more than four consecutive hours, each four hour segment or less will be counted as one visit.

*Home health care* does NOT include treatment for alcoholism, drug or other substance abuse, neurosis, psychoneurosis, psychopathy, psychosis, or mental, nervous or emotional disease or disorder of any kind. *Home health care* includes only treatment which is medically necessary and does not include custodial care.

*Home health care* also does NOT include services provided by someone who is related to an *insured person* by blood, marriage or adoption or who is normally a member of the *insured person*’s household.

The **Psychiatric Care** definition is hereby deleted.

The following definitions are hereby added:

**Intractable Pain** means a pain state in which the cause of the pain cannot be removed and which in the generally accepted course of medical practice no relief or cure of the cause of the pain is possible or none has been found after reasonable efforts including, but not limited to, evaluation by the attending physician and one or more physicians specializing in the treatment of the area, system or organ of the body perceived as the source of the pain.

**Mental and Nervous Disorders** are psychiatric or psychological conditions. Mental and nervous disorders include, but are not limited to, the following: neurosis, psychoneurosis, psychopathy,
psychosis, anorexia and bulimia, nervous or emotional disease or disorder, schizophrenia, schizoaffective disorder, major depressive disorder, bipolar affective disorder, specific obsessive-compulsive disorder and panic disorder.

*Mental and Nervous Disorders* do **NOT** include treatment for alcohol, drug or other substance abuse, codependency treatment or marital counseling.

**SECTION IV  ** **BENEFITS**

**Subsection: Eligible Expenses**

The following bullet is hereby added to the Hospital Charges provision:

- The hospital stay for a newborn is covered up to 48 hours following a normal vaginal birth and 96 hours following a cesarean section.

The fifth bullet of the Medical Service Charges provision is hereby deleted and replaced with the following:

- Up to 60 visits of *home health care* per calendar year, one visit per day, by a *home health care agency*, but only if a *hospital* or *extended care facility* confinement would otherwise be needed;

The following is hereby added to the ninth bullet of the Medical Service Charges provision:

Covered charges will be the lesser of $65 per screening or the actual charge for the screening. The **deductible** will not apply.

The following is hereby added to the Medical Service Charges provision:

- Coverage for the treatment of *intractable pain* when provided by a pain management specialist or by a *physician* with demonstrated interest and documented experience in pain management whose practice includes up-to-date pain treatment;

The **INPATIENT AND OUTPATIENT PSYCHIATRIC CARE CHARGES** provisions are hereby deleted and replaced with the following:

**MENTAL AND NERVOUS DISORDERS CHARGES** for inpatient and outpatient services are covered as any other *sickness*.

The following is hereby added to this subsection:

- **CLEFT LIP AND CLEFT PALATE** for newborn children born with cleft lip or cleft palate or both, care and treatment shall include, to the extent medically necessary: 1) oral and facial surgery, surgical management and follow-up care by plastic surgeons and oral surgeons; 2) prosthetic treatment such as obturators, speech appliances and feeding appliances; 3) orthodontic treatment; 4) prosthodontic treatment; 5) habilitative speech therapy; 6) otolaryngology treatment; 7) audiological assessments and treatment.
The following is hereby added to this subsection:

- **CHILD HEALTH SUPERVISION SERVICES** for preventive services and immunizations to dependent children up to age thirteen (13) under the supervision of a single physician, physician’s assistant, or registered nurse. Coverage is limited to one visit payable to one provider for all the services provided at each visit. The deductible does not apply to benefits for preventive care services.

SECTION V EXCLUSIONS AND LIMITATIONS

Subsection: Pre-existing Conditions Limitation

The first and third paragraphs of the **Pre-existing Conditions Limitation** provision are hereby deleted and replaced with the following:

A pre-existing condition is a *sickness*, *bodily injury* or *pregnancy* for which an *insured person* incurred charges, received medical treatment, consulted a health care professional, or took prescription drugs within 6 months immediately preceding the effective date of coverage.

*Benefits* are paid for an *insured person’s* pre-existing condition once coverage is in force for 6 continuous months after the effective date. However, if the *insured person* was previously covered for such pre-existing condition under the terms of his preceding “qualifying coverage”, provided the preceding coverage was continuous to a date not more than 90 days prior to the effective date of the new coverage, excluding any waiting period, the *insured’s* pre-existing condition shall be covered as of the effective date.

Qualifying coverage means benefits or coverage provided under: 1) Medicare or Medicaid; 2) an employee welfare benefit plan or group health insurance or health benefit plan; 3) an individual health benefit plan; 4) a state health benefits risk pool; or 5) Chapter 55 of title 10 of the United States code, a medical care program of the federal Indian health service or of a tribal organization, a health plan offered under chapter 89 of title 5, United States code, a public health plan, or a health benefit plan under section 5(e) of the federal Peace Corps Act.

CONDITIONS

This rider does not otherwise enlarge, amend, or diminish the certificate except as stated herein. This rider is subject to all the terms, conditions, limitations and exceptions of your certificate except where changed by this rider.

**Celtic Life Insurance Company**

[Signature]

James P. Daly
Chief Operating Officer and Executive Vice President