



QQLink



**COMPREHENSIVE • AFFORDABLE • ECONOMICAL**

# Major Medical Plans

Underwritten and Administered by:



# Comprehensive Plan



	In-Network		Out-of-Network																													
Deductible <sup>1</sup> and Doctor Office Co-pay Options (Per Person Per Calendar Year)	<u>Deductible<sup>2</sup></u> \$500 \$1,000 \$2,500 \$5,000	<u>Physician Office Visit Co-pay</u> \$20 \$30 \$30 \$30	<u>Deductible<sup>2</sup></u> Double Selected In-Network Amount Subject to Deductible and Coinsurance	<u>Physician Office Visit Co-pay</u>																												
Coinsurance Benefit Options	80% of \$5,000 80% of \$10,000		60% of \$10,000 60% of \$20,000																													
Your Out-of-Pocket <sup>2</sup>	Deductible+\$1,000 Deductible+\$2,000		Double Deductible+\$4,000 Double Deductible+\$8,000																													
Additional Dr. Office Visit Co-pays	In-office x-rays \$10 Laboratory tests \$5 Injections \$5 Applied when provided on same day as office visit, by same physician. Not Applicable on \$2,500 or \$5,000 deductibles.		Subject to Deductible and Coinsurance																													
Preventive Medical Benefit	\$100 per calendar year		\$100 per calendar year																													
Prescription Drugs	<u>Retail</u> Generic . . . . . 100% in excess of \$15 co-pay Formulary Brand . . . . . 80% in excess of \$25 co-pay Non-Formulary Brand . . . 70% in excess of \$35 co-pay For Both Retail and Mail-Order Prescriptions: Calendar Year Deductible: \$100 per insured person • Aggregate Family Deductible: \$300 per family Mental Illness drugs: 50% of cost • For Both Retail and Mail-Order: \$550 per Calendar Year Maximum		<u>Mail-Order</u> Generic . . . . . 100% in excess of \$30 co-pay Formulary Brand . . . . . 80% in excess of \$50 co-pay Non-Formulary Brand . . . 70% in excess of \$70 co-pay																													
Centers of Excellence Benefit	\$1,000,000		Scheduled Benefit																													
Life Insurance	<table border="0"> <thead> <tr> <th></th> <th>Life</th> <th>AD&amp;D</th> </tr> </thead> <tbody> <tr> <td>Primary Insured. . . . .</td> <td>\$15,000</td> <td>\$15,000</td> </tr> <tr> <td>Spouse. . . . .</td> <td>\$ 2,000</td> <td>n/a</td> </tr> <tr> <td>Child (6 mos. or older). . . .</td> <td>\$ 1,000</td> <td>n/a</td> </tr> <tr> <td>Child (Less than 6 mos). . . .</td> <td>\$ 500</td> <td>n/a</td> </tr> </tbody> </table>		Life	AD&D	Primary Insured. . . . .	\$15,000	\$15,000	Spouse. . . . .	\$ 2,000	n/a	Child (6 mos. or older). . . .	\$ 1,000	n/a	Child (Less than 6 mos). . . .	\$ 500	n/a	<table border="0"> <thead> <tr> <th></th> <th>Life</th> <th>AD&amp;D</th> </tr> </thead> <tbody> <tr> <td>Primary Insured. . . . .</td> <td>\$15,000</td> <td>\$15,000</td> </tr> <tr> <td>Spouse. . . . .</td> <td>\$ 2,000</td> <td>n/a</td> </tr> <tr> <td>Child (6 mos. or older). . . .</td> <td>\$ 1,000</td> <td>n/a</td> </tr> <tr> <td>Child (Less than 6 mos). . . .</td> <td>\$ 500</td> <td>n/a</td> </tr> </tbody> </table>		Life	AD&D	Primary Insured. . . . .	\$15,000	\$15,000	Spouse. . . . .	\$ 2,000	n/a	Child (6 mos. or older). . . .	\$ 1,000	n/a	Child (Less than 6 mos). . . .	\$ 500	n/a
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Lifetime Maximum	\$5,000,000		\$5,000,000																													

1. An additional \$75 deductible will apply to all covered charges for each emergency room visit due to sickness if the insured is not immediately admitted as an inpatient.  
 2. For single coverage only, for family coverage see Deductible and Coinsurance information below.

## Important Features to Help Control Your Healthcare Costs.

*These features apply to the Comprehensive, Affordable and Economical Plans.*

**Deductible and Coinsurance** – You pay for your covered expenses up to your annual deductible amount selected. After your deductible is reached, the Company pays 80% of the next \$5,000 or \$10,000 of the In-Network covered expenses. Each family member has his or her own individual deductible and coinsurance. However, a family has a maximum out-of-pocket expense up to three times the individual deductible and coinsurance amounts.

### Important Information:

- Maximize your benefits by using providers which are part of our Preferred Provider Organization (PPO) network. Benefits are reduced for other providers. See benefit chart above.
- Co-pays apply on certain benefits. See details above.

**Initial 12-Month Rate:** To help control your costs, we will maintain your initial rate for medical benefits during the first 12 months of coverage. Exceptions that may affect your rate during the first 12 months are: 1) moving to a different location; 2) changing your benefit levels; 3) changing your optional coverage; and 4) administrative charge adjustments.

**LabOne and LabOne Select** – LabOne is an added cost containment program available on all plans with deductibles of \$1,000 or lower. LabOne program provides laboratory testing for covered services at no charge\* to the insured, when the physician sends to LabOne. The insured pays no deductible, no copayment and no coinsurance for the lab services when using LabOne.

LabOne Select is available on all plans with deductibles greater than \$1,000. Under the LabOne Select program, insureds are responsible for any applicable deductible, copayments and coinsurance for any covered outpatient lab testing. However, you will still benefit from savings on covered lab tests due to the significant savings LabOne can offer.

LabOne is a fully accredited and certified laboratory offering significant savings over other labs. You must ask your physician to send lab work to LabOne.

\* Maybe responsible for charges related to the draw is performed in physician's office.

# Affordable Plan & Economical Plan



	In-Network	Out-of-Network												
Deductible <sup>1</sup> and Doctor Office Co-pay Options (Per Person Per Calendar Year)	<u>Deductible<sup>2</sup></u> \$500 \$1,000 \$2,500 \$5,000	<u>Physician Office Visit Co-pay*</u> \$25 (N/A Economical Plan) \$35 (N/A Economical Plan) \$35 (N/A Economical Plan) \$35 (N/A Economical Plan)												
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Your Out-of-Pocket <sup>2</sup>	Deductible+\$1,000 Deductible+\$2,000	Double Deductible+\$5,000 Double Deductible+\$10,000												
Pharmacy Advantage Plan	A Discount Prescription Plan offering preferred pricing on generic and brand name drugs through a network of over 54,000 participating pharmacies. A 100% co-pay remains after the discount is applied.													
Outpatient Surgical Facility Co-pay In addition to deductible & coinsurance	\$250 per visit	\$500 per visit												
Inpatient Hospital Co-pay In addition to deductible & coinsurance	\$500 per admission	\$1,000 per admission												
Centers of Excellence Benefit	\$500,000	Scheduled Benefit												
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1. An additional \$75 deductible will apply to all covered charges for each emergency room visit due to sickness if the insured is not immediately admitted as an inpatient.  
 2. For single coverage only, for family coverage see Deductible and Coinsurance information on page 2.

*\*Physician office visit copays are not included in the Economical Plan, instead, covered benefits are subject to Deductible and Coinsurance.*

## Optional Benefits (May Vary by State)

### Critical Payment Benefit:

Provides a lump sum payment benefit for surviving a covered critical illness or surgery on the Primary Insured. You may choose a \$10,000 or \$25,000 lump sum payment to supplement your Major Medical coverage.

Why do you need this extra protection? Each year, millions of Americans suffer heart attacks or strokes, or develop some form of cancer. And survival rates are rising. The Critical Payment Benefit helps you manage your finances through a health crisis and recovery.

This benefit is paid regardless of any other insurance you may carry. The amount you receive depends on the Maximum Benefit at the time of application (\$10,000 or \$25,000), and the specific illness or surgery. Most, but not all, illnesses and surgeries pay the entire Maximum Benefit. If a partial benefit is paid, the remainder is available for another type of covered critical illness or surgery. Coverage ends after the Maximum Benefit is paid.

#### Schedule of Benefits:

Life-Threatening Cancer . . . . .	100%
Heart Attack . . . . .	100%
Stroke (survived 30 days or longer) . . . . .	100%
End Stage Renal Failure (including transplant) . . . . .	100%
Major Organ Transplant (Heart, lung, liver or pancreas) . . . . .	100%
Multiple Sclerosis (after 180 days) . . . . .	100%
Blindness (in both eyes) . . . . .	100%
Permanent Paralysis (of 180 days or longer) . . . . .	100%
Loss of Two or More Limbs . . . . .	100%
Alzheimer's Disease . . . . .	50%
Coronary Artery Bypass Surgery . . . . .	25%
Angioplasty . . . . .	10%

For a list of exclusions and limitations see page 10.

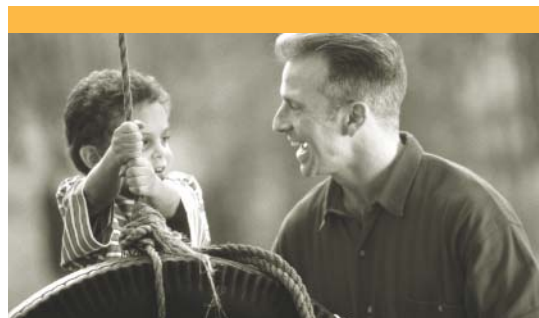
# Optional Benefits (continued)

(May Vary by State)

## Accident Expense Benefit:

If you select this optional benefit, you will receive up to a \$500 benefit for charges incurred within 90 days of an accident.

- Benefits will be paid for covered charges as a result of an accidental bodily injury which occurs while the person is insured under this policy.
- The benefit will cover the following:
  - a. Doctor
  - b. Hospital
  - c. Diagnostic x-ray or lab tests; and
  - d. Registered Nurse (RN) or Licensed Practical Nurse (LPN)
- Charges must be incurred within ninety (90) days of the date of the Injury. The total amount of benefits paid will be the amount charged, but not more than the \$500.
- Dental Expenses are not covered under this Benefit.



## Family Protection Benefit:

We understand the importance of protecting your family at all times. Based on age, the Primary Insured can increase his or her life benefit by the specific amounts shown below. These additional dollars will be beneficial to your family in their time of need.

Ages	Additional Term Life
0-49	\$35,000
50-59	\$25,000
60+	\$15,000

## Covered Expenses (May Vary by State)



### Inpatient Hospital and Facility Expenses

- Hospital Services:  
Pre-admission testing, semi-private room, intensive care, anesthesia, operating room, drugs, medical supplies and diagnostic, nursing and therapy services.

### Surgical Provider Services

- Surgeon's services
- Assistant surgeon's services
- Anesthesia

### Outpatient Hospital/Ambulatory Care

- Facility services
- Emergency Room services

### Outpatient Therapy Services

- Radiation, chemotherapy, renal dialysis services

### Radiology/Pathology Services

- X-rays and other radiology services
- Lab and pathology services
- Diagnostic services

### Other Benefits

- Blood, plasma and derivatives
- Cataract contact lens, immediately following surgery
- Casts, splints, trusses, braces and crutches
- Dialysis equipment
- Oxygen
- Ambulance services

# Covered Expenses Subject to Limitations

## **Mental & Nervous Disorders:**

The plans pay 50% of covered expenses not to exceed a maximum benefit of \$2,000 per Calendar Year for inpatient expenses. The plans allow \$20 per physician's office visit and pay 50% if that, not to exceed a maximum of \$550 for a Calendar Year.

## **Spinal Manipulation:**

The plans pay up to \$15 a day for spinal manipulation with a \$300 maximum benefit per insured person per calendar year, or a \$600 maximum benefit per insured family per Calendar Year. In addition, x-ray charges are payable to a \$75 maximum benefit per insured person per Calendar Year or a \$150 maximum benefit per family per Calendar Year.

## **Hospice Benefit:**

If hospitalized, the plan pays up to \$200 a day for room and board not to exceed a lifetime maximum of \$10,000. CGI allows \$100 a day for outpatient hospice care not to exceed a lifetime maximum of \$3,500. The plan pays for hospice care and services provided by a hospice care program or provider approved by CGI.

## **Occupational, Speech and Physical Therapy:**

The plans pay up to \$50 of covered expenses per visit, with a maximum of \$1,250 each Calendar Year (includes occupational, speech and physical therapy, and for related diagnostic testing). These services must be performed by licensed occupational, speech and physical therapists under the supervision of a physician.

## **Home Health Care:**

Home health care is limited to 40 visits per Calendar Year. Such care must be a part of a written Home Health Care plan of care and prescribed by a physician in place of hospital confinement.

## **Sterilization:**

Benefits will be paid for sterilization not to exceed a lifetime maximum benefit of \$350 of covered expense per insured person.

## **Treatment for Allergies:**

Benefits will be paid for allergy testing and allergy injections, up to a maximum benefit of \$500 of covered expenses per Calendar Year. The maximum benefit payable for the insured family combined is \$1,000 of covered expenses per Calendar Year.

## **Growth Disorder:**

Benefits will be paid for treatment of growth disorder or abnormally short stature up to a lifetime maximum benefit of \$25,000 of covered expense.

## **Repair or Injury to Teeth:**

Benefits will be paid for repair of injury to sound natural teeth (including their replacement) as a result of an injury which occurs while the person is insured. Treatment must be provided within 90 days of the date of the injury.

## **Cosmetic Surgery/Treatment:**

Benefits will be paid for Cosmetic Surgery/Treatment only if required to restore a part of the body which has been altered as a result of the following events or conditions that occurred while the insured person was insured by this plan and for which benefits were paid in accordance with the terms of the certificate:

1. accidental bodily injury,
2. surgery; or
3. disease that was first diagnosed while the Insured Person was insured by this plan.

## **Treatment of TMJ and CMD:**

Benefits will be paid for Surgery of the jaw or any treatment of temporomandibular joint (TMJ) disorder and craniomandibular disorder (CMD) up to a Lifetime Maximum benefit of \$2,500 of Covered Expenses per Insured Person. This limitation does not apply to Treatment of jaw fractures or removal of tumors of the jaw.

All Covered Expenses Subject To Limitations are subject to the Deductibles and Coinsurance Percentages.



# 24-Hour Care Coordination

## THE FOLLOWING SPECIALIZED SERVICES HELP YOU MAXIMIZE THE VALUE OF YOUR PLAN.

### **Dedicated Service Representatives for Fast Answers:**

When you call, you'll be speaking with a Customer Service Representative who understands your needs and who can access your file promptly to provide you with the answers you need.

### **24-7 Medical and Benefit Support:**

Call 1-877-575-4207 ANY TIME, ANY DAY for instant access to your medical plan.

- Assistance in finding the physician, specialty or medical provider you need
- Locate preferred providers near you
- Receive advice on maximizing your benefits
- Initiate inpatient pre-certification
- Receive general medical information. Should you need information for a specific medical condition, a medical professional will provide useful information.

### **Enhanced PPO Referral Service:**

Whether you are home or travelling, one convenient number (877-575-4207) connects you with customer service representatives who work closely with you to locate and direct you to a PPO provider.

### **Using a PPO provider is your best way to keep more money in your pocket:**

- Lower co-payment for you
- Protection from charges above reasonable and customary amounts
- Gives you the comfort of knowing that your PPO benefits travel with you while you are vacationing or away from home
- When you obtain medical services from a Travel PPO provider, covered charges will be paid in accordance with in-network benefits as outlined in your plan

### **Non-Network Negotiation Service:**

If there is no provider within our network who performs the service you require, we will help locate a non-network provider and attempt to negotiate the cost with this provider to help save you money. Our purpose is to eliminate or reduce any balance billing you will receive from these providers. We will be your advocate with these medical providers!



### **Case Management – Special Care for Special Cases:**

For catastrophic illness and injuries and certain other medical conditions, a registered nurse Case Manager will work with you and your doctor to coordinate your treatment plan, to facilitate quality care and maximize your benefits.

### **“Building Blocks” High Risk Pregnancy Program:**

Our Registered Nurse Case Managers help identify pregnancy risks, answer questions and provide valuable information and support. Even if you do not have maternity coverage with us, if you are a high risk mother, we offer a personal case manager to work with you and your doctor.

### **Cancer Case Management Program:**

Our Registered Nurse Oncology Case Managers answer questions, provide educational information and discuss treatment options with you. In addition, the Case Manager maintains contact with you and your physicians to assist in coordinating your care and maximizing your medical benefits.

### **Disease Management Early Identification Program:**

We know that if you manage certain conditions when they are first identified, you may lead a more productive life. Our Registered Nurse Case Managers provide support to you and your doctor to help manage these conditions and lower your future medical costs.

# Important Information

## Our Plans are Sold in Connection with a National Association

By joining the Association, you'll have access to savings on a broad range of healthcare and life-style products and services—many of which you'll use every day. This health insurance is sold in connection with Association membership. The health insurance plans are described in this brochure.

Continental General and the Association are unaffiliated entities. A portion of your Association dues is paid to Continental General Insurance Company for certain administrative and other services it provides to the Association. Continental General Insurance Company does not receive any other compensation from the Association.

## Health Insurance Portability and Accountability Act

The Health Insurance Portability and Accountability Act (HIPAA) and related state laws require insurance carriers to offer coverage to Eligible Individuals on a guaranteed-issue basis and without a preexisting condition exclusion. Such coverage is not required in states that have enacted alternative mechanisms. Where required by state law, CGI will offer coverage to Eligible Individuals. Refer to the state-specific insert for the type of coverage available to Eligible Individuals in your area.

In general, Eligible Individuals are individuals who satisfy the following requirements:

- Have been insured under Creditable Coverage for at least 18 months (with no more than a 63-day gap in coverage), the most

recent being under an employer-sponsored, governmental or church plan;

- Are not eligible for coverage under an employer-sponsored plan, Medicare or Medicaid;
- Do not have other health insurance coverage;
- Whose most recent coverage was not terminated for nonpayment or fraud;
- Who are not eligible for COBRA or state continuation.

Creditable Coverage means: employer-sponsored coverage; health insurance coverage; Medicare; Medicaid; CHAMPUS; tribal organization programs; public health plans; Peace Corp plans.

## 24-Hour Coverage for the Self-Employed

Benefits will be paid for covered charges resulting from an on-the-job injury or illness of an insured person who is (1) self-employed; and (2) exempt under any applicable state or federal workers' compensation statutes or any other similar laws. This coverage is not being sold as workers' compensation coverage nor

is it intended to be a substitute for workers' compensation coverage. Self-employed is defined as an individual who works for himself or herself, such as a sole proprietor, partner, shareholder, farmer or independent contractor and who is exempt from state or federal workers' compensation statutes.

## Hospital Preadmission Certification

A doctor or hospital must contact us, at the phone number on the insurance card, at least 72 hours before a scheduled admission to the hospital or within 48 hours following an emergency admission. There is no need to precertify outpatient services.

Precertification will assure that insureds maximize their medical benefits and have the opportunity to take advantage of our Case Management services, where appropriate.

Failure to Obtain Certification: A penalty of \$500 or 20% of covered charges, whichever is greater, up to \$1,000 for each treatment will apply where precertification is required but not obtained. The penalty will apply before the copay, deductible and coinsurance and will not be applied to the out-of-pocket maximum.

Obtaining precertification does not assure that benefits will be paid for the hospitalization. CGI will make the final determination whether benefits are payable based on the terms of the Policy, following submission of the claim.

## Preexisting Condition

Unless varied by state law, a preexisting condition is, within a two (2) year period immediately prior to the effective date of insurance, any condition that: (a) produced signs or symptoms; or (b) would cause an ordinarily prudent person to seek medical advice, consultation, diagnosis, care or treatment, or (c) resulted in medical advice or consultation given or treatment recommended (or rendered) in any manner by a medical care provider; or (d) caused medication to be taken for treatment of a condition, sign or symptom.

Preexisting condition also includes any related or resultant of a preexisting condition.

After two (2) consecutive years of coverage under the plan, benefits are payable for preexisting conditions unless specifically excluded from coverage by either plan provisions or an exclusion rider. Conditions fully disclosed on the initial application for insurance, during the telephone verification process or when evidence of insurability is required will be covered unless otherwise excluded from coverage by name or specific description. Any covered preexisting condition is subject to all other terms of this plan.

CGI reserves the right to rescind, cancel or terminate coverage for any individual who is found to have not fully disclosed any answer or information during verification or on an insurance application.

# Important Information

(May Vary by State)

## General Definitions

**Aggregate Deductible and Coinsurance:** This is the expense an insured shares with the insurance company after he or she has met the deductible, up to the maximum out-of-pocket limit. Then, Continental General pays 100% of all covered charges for the balance of the year. The higher the coinsurance, the lower the premium.

**Copays:** This is the amount the insured pays for a specific procedure, physician office visit, medical service or any other covered item that is not subject to a deductible. Copay is only applicable when in-network (PPO) providers are used.

**Deductible:** The amount of Covered Expenses the Insured person must pay each Calendar Year before this plan pays major medical benefits.

**Preferred Provider Organization (PPO):** An organization that has contracted with Physicians, Hospitals, or other health care providers who have agreed to provide health care services at negotiated rates. CGIC contracts with the PPO to create a network plan.

## Application Process

1. Our preliminary questions will determine if you are eligible to apply for this coverage.
2. To apply, you must answer all questions on the application. **YOU CAN HAVE YOUR QQLINK AGENT ASSIST YOU IN COMPLETING THE APPLICATION.**
3. Once your application has been submitted online, you will receive a verification telephone call to make sure the application is completed correctly.
4. Your application will be reviewed by our underwriters to determine eligibility for the plan and its benefits. No insurance will become effective unless and until you receive written notice (via e-mail or US mail) of approval specifying the effective date of coverage.
5. Your certificate booklet/policy and ID card(s) will be available online or mailed to you, generally within two weeks following approval by the Home Office.

We reserve the right to rescind, cancel or terminate coverage for any individual who is found to have fraudulently misrepresented any answer or information during verification, the online insurance application or any other enrollment materials.

## Please Note:

- This is not an insurance certificate booklet. Not all policy provisions, exclusions and limitations are listed. The certificate booklet, which is issued upon approval of coverage, will contain a summary of the coverage with a complete list of covered charges, exclusions and limitations.
- State laws may require that the coverage described in this brochure or on the website may be changed. Please refer to your State Specific Benefits on QQLink.com for a description of these changes, if applicable.
- This plan is not being sold as an employment benefit plan, and the employer is not responsible, either directly or indirectly, for paying the premium or benefits; therefore, state small employer laws do not apply.
- No agent has the authority to change any benefits, to bind coverage with the insurance company, or to promise a specific effective date.



# Exclusions and Limitations

## NO BENEFITS WILL BE PAID FOR CHARGES:

- For transportation, except local transportation to a local Hospital by a professional ground or air ambulance service. However, air ambulance is only covered if due to a life-threatening injury or sickness.
- For fertility or infertility studies, diagnostic testing, advice, consultation, examination, medication, or for and Treatment related to or connected in any way with the restoration or enhancement of fertility or the inability to conceive or conception by artificial means, including, but not limited to, in vitro fertilization or embryo transfer.
- For replacement of artificial limbs and artificial eyes.
- For blood or blood plasma which has been replaced.
- For donation of any body organ by an Insured Person.
- For services performed by a person who ordinarily resides in the Insured Person's home or is a member of the Insured Person's Immediate family or by the Insured person's employer or partner.
- For any Cosmetic Surgery/Treatment, unless required to restore a part of the body which has been altered as a result of the following events or conditions that occurred while the Insured Person was insured by this plan and for which benefits were paid in accordance with the terms of the certificate:
  - a. accidental bodily injury;
  - b. Surgery; or
  - c. disease that was first diagnosed while the insured person was insured by this plan.
- For Custodial Care.
- Applied to a Deductible, Coinsurance Percentage, or Copayment amount.
- For services or Treatment not prescribed by a Physician or for services or Treatment not shown as covered.
- For any Injury or Sickness that is subject to and paid or payable under any state or federal workers' compensation law or other similar statute or occupational disease law. If the Insured Person is denied benefits under any such law but an award is made at a later date, CGIC shall have the right to recover the cost of any claims paid. However, coverage is provided to the Insured Person for Covered Expenses incurred by the Insured Person due to Injury or Sickness arising out of or in the course of employment for wage or profit if the insured person is:
  - a. self-employed; and
  - b. exempt from under any state or federal workers' compensation statutes or other similar laws.
- For expenses incurred prior to the Effective Date of insurance or after the insurance terminates.
- For Treatment or services Experimental or Investigational in nature or for research.
- For services in a nursing or convalescent home or Extended Care Facility except as covered under an Extended Care Facility benefit provision.
- For eye refractions, eye glasses, or contact lens, including fittings and examinations, or eye Surgery, when the primary purpose is to correct myopia (nearsightedness), hyperopia (farsightedness) or astigmatism (blurring), including, but not limited to radial keratotomy.
- For Treatment, services or supplies furnished by a department or agency of the United States Government. This exclusion will not apply to a nonservice-connected Injury or Sickness, or a veteran of the United States armed forces who does not have a service-connected Injury or Sickness.
- For services and supplies eligible for payment by a governmental or charitable program, except as required by law.
- For hearing aids, including fittings and examinations.
- Which are not Medically Necessary to the care or Treatment of an Injury or Sickness.
- Which would not have been made if no insurance existed.
- For recreational or educational therapy or vocational rehabilitation.
- Except as allowed under Covered Expenses Subject to Limitations, for speech or occupational therapy and related diagnostic testing if the therapy or testing is in connection with or related in any way to the Treatment of a learning disability, speech impediment, or developmental delay even though therapy is recommended due to organic dysfunction, including, but not limited to, congenital deformity or birth trauma.
- For which the Insured Person is not legally obliged to pay.
- For Treatment or services which are not generally accepted medical practices in the United States for a given Injury or Sickness.
- For Treatment of obesity, morbid obesity or for weight reduction purposes.
- For Injury or Sickness that results from participation in any assault, strike, civil disorder or riot.
- For the Treatment of sexual dysfunction or inadequacies regardless of the reason, including, but not limited to, Impotence and the implantation of a penile prosthesis.
- For routine physical or premarital examination (except as may be covered under the Preventative Medical Benefit, if included).

# Exclusions and Limitations

(May Vary by State)

- For a private room in excess of the average semiprivate Room and Board rate.
- In excess of Usual and Customary expense.
- For services or supplies prohibited by law.
- For sex changes.
- For reversal of sterilization.
- For Treatment of controlled (as defined by the United States Food and Drug Administration) or prohibited substance abuse, including any conditions caused by, or related in any manner to, such abuse.
- Resulting from any suicide, attempted suicide or intentionally self-inflicted Injury or Sickness while sane or insane.
- For examination, Treatment or Surgery of the teeth, gums or direct supporting structure except for repair of Injury to sound natural teeth (including their replacement), as the result of an accidental bodily injury which occurs while the person is insured. Treatment must be provided within 90 days of the date of the accident.
- For an Injury or Sickness caused by any act of war, whether or not declared.
- For surrogate pregnancy
- For the Treatment of complications arising from or connected in an way with a surgical or medical Treatment or procedure that is not a covered surgical or medical Treatment or procedure under the terms of this plan, whether or not the Insured Person was insured under this plan at the time the noncovered Treatment or procedure was performed.
- Services and supplies that are covered under an extension of group health benefits provision by a previous employer-related health plan, health insurance plan, or other coverage arrangement. Such services and supplies will not be covered by this plan until the extension of benefits under the prior plan ends.
- For Injury or Sickness that results either directly or indirectly from the Insured Person's participation in a hazardous activity.
- For Injury or Sickness that results either directly or indirectly from the Insured Person's being Intoxicated or being under the influence of alcohol, drugs, controlled substances, or any other substance capable of mental or physical impairment, unless it has been administered or prescribed on the advice of a Physician.
- For Injury or Sickness that results either directly or indirectly from the Insured Person's committing, attempting to commit, or participation in a felony.
- For pregnancy or prenatal care, except covered Complications of Pregnancy.
- For benefits if they are provided by Medicare or any government program (except Medicaid). Total benefits payable under this plan shall not exceed the unpaid portion of the Insured Person's Hospital, medical or surgical bills, after applying benefits from any government program; or the benefits set forth in the certificate, whichever is less.
- For the following conditions during the first six months this plan is in Force unless such conditions are treated on an emergency basis: hernia; removal of adenoids and/or tonsils; varicose veins; hemorrhoids; middle ear disorders; or disorders of the reproductive organs.
- For routine newborn or well child care.
- For elective abortion.
- For genetic testing.
- For outpatient prescription drugs or medicine (unless Prescription Drug Benefit included).
- For alcoholism, drug Treatment or chemical dependency.
- For preexisting conditions, except as shown under Important Information—Preexisting Conditions.

## Exclusions and Limitations of Optional Critical Payment Benefit:

- There is a 90-day waiting period, during which no benefits are payable. Conditions diagnosed during the waiting period will not be covered at any time.
- When an Insured Person attains age 70, the applicable Maximum Benefit shown in the Schedule of Benefits is Reduced to 50% of the amount which would otherwise be payable. Benefits are paid based on the Maximum Benefit in effect on the Date of Diagnosis.
- No benefits are payable for illnesses or surgeries other than the Specified Critical Illnesses and Specified Surgeries as defined in the certificate or policy.
- No benefits are payable for a Preexisting Illness which occurs during the first 24 consecutive months of insurance.
- The benefits paid for any one Insured Person will not exceed the applicable Maximum Benefit, regardless of the number of Specified Critical Illnesses or Specified Surgeries.
- No benefits are payable if a claim results from any of the following: suicide or attempted suicide, while sane or insane; war or act of war, whether declared or not; participating in or contracting with the armed forces; misuse of alcohol or the use of or taking of any narcotic, barbiturate or any other drug unless taken or used as prescribed by a Doctor; an Insured Person intentionally causing a self-inflicted injury or participating in or attempting to participate in an illegal activity.





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