

# The Affordable Choice

**This Is A Hospital Confinement And Other Fixed Indemnity Insurance Policy  
Underwritten by ManhattanLife Assurance Company of America  
Administrative Office: 10777 Northwest Freeway, Houston, TX 77092  
Toll Free Telephone: 800-669-9030**

This product does not constitute comprehensive health insurance coverage (often referred to as, “major medical coverage”). Therefore, this product does not satisfy the requirement of Minimum Essential Coverage under the Federal Patient Protection and Affordable Care Act. For additional information, you can contact us, refer the official federal website at [www.healthcare.gov](http://www.healthcare.gov), or call their toll-free number at 800-318-2596.

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# California

## Policy Form AFC18-CA

**Right to Examine Policy for 10 Days** - If You are not satisfied for any reason, return the Policy to Us or Our agent within 10 days after You have received it. All premiums will be refunded, and Your coverage will be void from the Effective Date.

**Pre-Existing Conditions Limitation** - We will not pay benefits for a Pre-Existing Condition, whether disclosed on the application or not, until the Covered Person has been continuously insured under this Policy for 12 months. Pregnancy that exists on the Covered Person's Effective Date will be considered a Pre-Existing Condition under this Policy.

**Termination** - You may cancel this Policy at any time by sending Us written notice. Upon cancellation, We will return the unearned portion of any premium paid, in accordance with the laws where the Policy was issued, minus any claims that were incurred after the termination date and paid by Us. This Policy will terminate at 12:01 a.m. local time at Your state of residence on the earliest of the following date: 1. the end of the month You attain age 65; 2. the date We receive a request in writing to terminate this Policy or on a later date that is requested by You for termination; 3. the date this Policy lapses for nonpayment of premium subject to the Grace Period provision in the Premium Provisions section; 4. the date all policies the same as this one are non-renewed in the state in which this Policy was issued or the state in which You presently reside; 5. the date We terminate or nonrenew all individual market hospital indemnity insurance policies in the state in which this Policy was issued or the state in which You presently reside. We will give You advance notice, as required by state law, of the termination of Your coverage; or, 6. the date You move to a state where We do not provide insurance under a policy with the same policy design as this Policy, We reserve the right to terminate this coverage.

Coverage of a Covered Dependent will terminate on: 1. the date We receive a request in writing to terminate coverage for a Covered Dependent or on a later date that is requested by You for termination of a Covered Dependent; or, 2. the date a Covered Dependent no longer meets the Covered Dependent definition in this Policy. We will pay benefits to the end of the time for which We have accepted premiums.

If coverage terminates due to Your death, Your spouse or Domestic Partner will become the named Policyholder provided Your spouse is a Domestic Partner Covered Person under this Policy on the date of death.

Delay or failure to report termination of any insurance will not continue the insurance in force beyond the date it would have terminated according to this Policy.

**Exclusions** - This Policy provides benefits only for Covered Events identified in the Hospital Confinement and Other Fixed Indemnity Benefits section. We will not pay benefits for claims resulting, whether directly or indirectly from: 1. A work-related condition that is eligible for benefits under Workers' Compensation, Employers' Liability or similar laws even when the Covered Person does not file a claim for benefits. This exclusion will not apply to a Covered Person who is not required to have coverage under any Workers' Compensation, Employers' Liability, or similar law and does not have such coverage. However, the Covered Person must receive services in accordance with the Hospital Confinement and Other Fixed Indemnity Benefits section. 2. War or any act of war, whether declared or undeclared. 3. Participation in the military service of any country or international organization. 4. Losses that: a. are not part of a specifically listed Covered Event shown on the Schedule of Benefits; b. are events or losses incurred before the Covered Person's Effective Date or after the termination date of coverage, except as provided under the Extension of Benefits provision in the Other Provisions section; or, c. are provided in a student health center or by or through a school system. 5. Glasses, contact lenses, vision therapy, exercise or training, surgery, including any complications arising therefrom, to correct visual acuity including, but not limited to, lasik and other laser surgery, radial keratotomy services or surgery to correct astigmatism, nearsightedness (myopia) and/or farsightedness (presbyopia), and vision care that is routine. 6. Hearing care that is routine, any artificial hearing device, cochlear implant, auditory prostheses or other electrical, digital, mechanical or surgical means of enhancing, creating or restoring auditory comprehension. 7. Foot conditions including, but not limited to: a. flat foot conditions; b. foot supportive devices, including orthotics, and corrective shoes; c. foot subluxation treatment; d. corns, bunions, calluses, toenails, fallen arches, weak feet, chronic foot strain, or symptomatic complaints of the feet; or, e. hygienic foot care that is routine. 8. Dental treatment, dental care that is routine, bridges, crowns, caps, dentures, dental implants or other dental prostheses, dental braces or dental appliances, extraction of teeth, orthodontic treatment, odontogenic cysts, any other treatment or complication of teeth and gum tissue, except as otherwise covered for an Accidental Injury. 9. Temporomandibular Joint Dysfunction (TMJ) and Craniomandibular Joint Dysfunction (CMJ), any appliance, medical or surgical treatment for malocclusion (teeth that do not fit together properly which creates a bite problem), protrusion or recession of the mandible (a large chin which causes an underbite or a small chin which causes an overbite), maxillary or mandibular hyperplasia (excess growth of the upper or lower jaw) or maxillary or mandibular hypoplasia (undergrowth of the upper or lower jaw). 10. Mental/Nervous Disorders or Substance Abuse, whether organic or non-organic, chemical or non-chemical, biological or non-biological in origin and irrespective of cause, basis or inducement, including, but not limited to, drugs, intoxication and medicines for Inpatient or Outpatient treatment of Mental/Nervous Disorders or Substance Abuse. 11. The control of the Covered Person's weight or obesity or morbid obesity, whether or not weight reduction is Medically Necessary or appropriate or regardless of potential benefits for co-morbid conditions, weight reduction or weight control surgery, treatment or programs, any type of gastric bypass surgery, suction lipectomy, physical fitness programs, exercise equipment or exercise therapy, including health club membership visits or services, and nutritional counseling. 12. Organ, tissue, or cellular material donation by a Covered Person, including administrative visits for registry, computer search for donor matches, preliminary donor typing, donor counseling, donor identification, and donor activation. 13. Chemical peels, reconstructive or plastic surgery that does not alleviate a functional impairment and other confinement or treatment visits that are primarily for a Cosmetic Service, except for internal breast prostheses following a Medically Necessary mastectomy for treatment of Cancer or treatment to achieve symmetry, and services are received in accordance with the Hospital Confinement and Other Fixed Indemnity Benefits section. 14. Capsular contraction, augmentation or reduction mammoplasty, except for all stages and revisions of reconstruction of the breast following a Medically Necessary mastectomy for treatment of Cancer, including prosthetic devices and reconstruction of the other breast to produce a symmetrical appearance and treatment of lymphedemas. 15. Removal or replacement of a prosthesis, Durable Medical Equipment or Personal Medical Equipment, except for internal breast prostheses following a Medically Necessary mastectomy for treatment of Cancer or treatment to achieve symmetry, and services are received in accordance with the Hospital Confinement and Other Fixed Indemnity Benefits section. 16. Prophylactic treatment, services, or surgery including, but not limited to, prophylactic mastectomy or any other treatment, services or surgery to prevent a disease process from becoming evident in the organ or tissue at a later date. 17. The following care: a. Home Health Care; b. Hospice care; c. Skilled Nursing Facility

care, Inpatient Rehabilitation Unit services; d. Custodial Care, respite care, rest care, supportive care, homemaker services; e. phone, facsimile, internet or e-mail consultation, compressed digital interactive video, audio or clinical data transmission using computer imaging by way of still-image capture and store forward; f. treatment, services, or supplies that are furnished primarily for the personal comfort or convenience of the Covered Person, Covered Person's family, a Health Care Practitioner or provider; g. treatment or services provided by a standby Health Care Practitioner; or, h. treatment or services provided by a masseur, masseuse or massage therapist, massage therapy, a rolfer. 18. Growth hormone therapy, including growth hormone medication and its derivatives or other drugs used to stimulate, promote or delay growth or to delay puberty to allow for increased growth. 19. The following conditions, regardless of underlying causes: treatment of sexual function, dysfunction or inadequacy, treatment to enhance, restore or improve sexual energy, performance or desire. 20. Maternity, pregnancy (except Complications of Pregnancy), routine well newborn care at birth including nursery care, abortion. 21. The following services: a. genetic testing or counseling, genetic services and related procedures for screening purposes including, but not limited to, amniocentesis and chronic villi testing; b. services, drugs or medicines used to treat males or females for an infertility diagnosis regardless of intended use including, but not limited to: artificial insemination, in vitro fertilization, reversal of reproductive sterilization, any treatment to promote conception; c. sterilization; d. cryopreservation of sperm or eggs; e. surrogate pregnancy; f. fetal surgery, treatment or services; g. umbilical cord stem cell or other blood component harvest and storage in the absence of Sickness or Injury; or, h. circumcision. 22. Spinal and other adjustments, manipulations, or subluxation. 23. Behavior modification or behavioral (conduct) problems, learning disabilities, developmental delays, attention deficit disorders, hyperactivity, educational testing, training or materials, memory improvement, cognitive enhancement or training, vocational or work hardening programs, transitional living, except for Outpatient diabetes self-management training and education for treatment of a Covered Person with diabetes. 24. Care that is: a. non-medical items, self-care or self-help programs; b. aroma therapy; c. meditation or relaxation therapy; d. naturopathic medicine; e. treatment of hyperhidrosis (excessive sweating); f. acupuncture, biofeedback, neurotherapy, electrical stimulation; g. Inpatient treatment of chronic pain disorders; h. treatment of spider veins; i. family or marriage counseling; j. applied behavior therapy treatment for autistic spectrum disorders; k. smoking deterrence or cessation; l. snoring or sleep disorders; m. change in skin coloring or pigmentation; or, n. stress Management. 25. A Covered Person being intoxicated or under the influence of any controlled substance unless administered on the advice of a physician. 26. The Covered Person's voluntary attempt to commit or participation in or commission of a felony, whether or not charged. 27. Services ordered, directed, or performed by a Health Care Practitioner or supplies purchased from a Medical Supply Provider who is a Covered Person, an Immediate Family Member, employer of a Covered Person, or a person who ordinarily resides with a Covered Person. 28. Any amount in excess of the lifetime Maximum Benefit or any other Maximum Benefit limitation for covered scheduled benefits. 29. Treatment that does not meet the definition of a Covered Event in this Policy including, but not limited to, treatment that is not Medically Necessary. 30. Experimental or Investigational Services. 31. Health care incurred outside of the United States. 32. Suicide, attempted suicide, or self-inflicted Sickness or Injury. 33. Drugs or medicines obtained from sources outside the United States. 34. Vitamins and/or vitamin combinations even if they are prescribed by a Health Care Practitioner. 35. Any prescription products, drugs or medicines in the following categories, whether or not prescribed by a Health Care Practitioner: a. herbal or homeopathic medicines or products; b. minerals; c. appetite suppressants; d. dietary or nutritional substances or dietary supplements; e. nutraceuticals; f. medical foods; or, g. Durable Medical Equipment/supplies. 36. Drugs or medicines that have an over-the-counter equivalent or contain the same or therapeutically equivalent active ingredient(s) as over-the-counter medication. 37. Drugs or medicines administered at or by the rest home, sanitarium, extended care facility, convalescent care facility, Skilled Nursing Facility or similar institution, or dispensed at or by a Hospital, an Emergency Room, a Free-Standing Facility, an Urgent Care Facility, a Health Care Practitioner's office or other Inpatient or Outpatient setting for take home by the Covered Person. 38. Drugs or medicines used to treat, impact or influence: athletic performance, body conditioning, strengthening, energy, social phobias, slowing the normal processes of aging, daytime drowsiness, overactive bladder, dry mouth, excessive salivation, genetic make-up or genetic predisposition, prevention or treatment of hair loss, excessive hair growth or abnormal hair patterns. 39. Unit-dose drugs, drugs or medicines used to treat onychomycosis (nail fungus), botulinum toxin and its derivatives. 40. Drugs or medicines prescribed for treatment of a condition that is specifically excluded under this Policy. 41. Drugs, medicines or supplies that are illegal under federal law, such as marijuana, even if they are prescribed for medical use in a state. 42. Duplicate prescriptions, replacement of lost, stolen, destroyed, spilled or damaged prescriptions; prescription refills in excess of the number specified on the Health Care Practitioner's Prescription Order; prescriptions refilled more frequently than the prescribed dosage indicates, prescriptions refilled after one year from the Health Care Practitioner's original Prescription Order, any administration for drug injections or any other drugs or medicines obtained other than through a Pharmacy.

## **Maryland**

### **Policy Form AFC18-MD**

**Right to Examine Policy for 10 Days** - This Policy may be surrendered to Us for cancellation within 10 days after the date the Policy is delivered to You; and, if this Policy is canceled during the 10-day period, a pro rata premium for the unexpired term of the Policy shall be returned to You. You shall notify Us of the cancellation in writing.

**Pre-Existing Conditions Limitation** - We will not pay benefits for events that result from or are related to a Pre-Existing Condition, or its complications, until the Covered Person has been continuously insured under this Policy for 12 months. After this period, benefits will be available for Covered Events resulting from or related to a Pre-Existing Condition, or its complications, provided that the Covered Event occurs while this Policy is in force.

**Termination** - You may cancel this Policy at any time by sending Us written notice. Upon cancellation, We will return the unearned portion of any premium paid, in accordance with the laws where the Policy was issued, minus any claims that were incurred after the termination date and paid by Us. This Policy will terminate at 12:01 a.m. local time at Your state of residence on the earliest of the following date: 1. the end of the month You attain age 65; 2. the date We receive a request in writing to terminate this Policy or on a later date that is requested by You for termination; 3. the last day of the Grace Period, if the premium due is not paid by the last day of the Grace Period; 4. the date all policies the same as this one is non-renewed in the state in which this Policy was issued or the state in which You presently reside; 5. the date We terminate or nonrenew all individual market hospital indemnity insurance policies in the state in which this Policy was issued or the state in which You presently reside. We will give You advance notice, as required by state law, of the termination of Your coverage; or, 6. the date You move to a state where We do not provide insurance under a policy with the same policy design as this Policy, We reserve the right to terminate this coverage.

Coverage of a Covered Dependent will terminate on: 1. the date We receive a request in writing to terminate coverage for a Covered Dependent or on a later date that is requested by You for termination of a Covered Dependent; or, 2. the date a Covered Dependent no longer meets the Covered Dependent definition in this Policy. We will pay benefits to the end of the time for which We have accepted premiums.

If coverage terminates due to Your death, Your spouse will become the named Policyholder provided Your spouse is a Covered Person under this Policy on the date of death.

Delay or failure to report termination of any insurance will not continue the insurance in force beyond the date it would have terminated according to this Policy.

**Exclusions** - This Policy provides benefits only for Covered Events identified in the Hospital Confinement and Other Fixed Indemnity Benefits section. We will not pay benefits for claims resulting, whether directly or indirectly, from events or loss related to or resulting from any of the following: 1. A Sickness or Injury that is the result of a work-related condition that is eligible for benefits under Workers' Compensation, Employers' Liability or similar laws even when the Covered Person does not file a claim for benefits. This exclusion will not apply to a Covered Person who is not required to have coverage under any Workers' Compensation, Employers' Liability, or similar law and does not have such coverage. However, the Covered Person must receive services in accordance with the Hospital Confinement and Other Fixed Indemnity Benefits section. 2. War or any act of war, whether declared or undeclared. 3. Loss resulting from military service while in the military service. 4. Treatment, services, or supplies that: a. are not part of a specifically listed Covered Event shown on the Schedule of Benefits; b. are due to complications of a non-covered service; c. are incurred before the Covered Person's Effective Date or after the termination date of coverage, except as provided under the Extension of Benefits provision in the Other Provisions section; or, d. are provided in a student health center or by or through a school system. 5. Glasses, contact lenses, vision therapy, exercise or training, surgery, including any complications arising therefrom, to correct visual acuity including, but not limited to, lasik and other laser surgery, radial keratotomy services or surgery to correct astigmatism, nearsightedness (myopia) and/or farsightedness (presbyopia), and vision care that is routine. 6. Hearing care that is routine, any artificial hearing device, cochlear implant, auditory prostheses or other electrical, digital, mechanical or surgical means of enhancing, creating or restoring auditory comprehension. 7. Treatment/services for foot conditions including, but not limited to: a. flat foot conditions; b. foot supportive devices, including orthotics, and corrective shoes; c. foot subluxation treatment; d. corns, bunions, calluses, toenails, fallen arches, weak feet, chronic foot strain, or symptomatic complaints of the feet; or, e. hygienic foot care that is routine. 8. Dental treatment, dental care that is routine, bridges, crowns, caps, dentures, dental implants or other dental prostheses, dental braces or dental appliances, extraction of teeth, orthodontic treatment, odontogenic cysts, any other treatment or complication of teeth and gum tissue, except as otherwise covered for an Accidental Injury. 9. Treatment of TMJ and CMJ, any appliance, medical or surgical treatment for malocclusion (teeth that do not fit together properly which creates a bite problem), protrusion or recession of the mandible (a large chin which causes an underbite or a small chin which causes an overbite), maxillary or mandibular hyperplasia (excess growth of the upper or lower jaw) or maxillary or mandibular hypoplasia (undergrowth of the upper or lower jaw). 10. Treatment of Mental/Nervous Disorders and Substance Abuse, whether organic or non-organic, chemical or nonchemical, biological or non-biological in origin and irrespective of cause, basis or inducement, including, but not limited to, drugs and medicines for Inpatient or Outpatient treatment of Mental/Nervous Disorders and Substance Abuse. 11. Any treatment, services, supplies, diagnosis, drugs, medications or regimen, whether medical or surgical, for purposes of controlling the Covered Person's weight or related to obesity or morbid obesity, whether or not weight reduction is Medically Necessary or appropriate or regardless of potential benefits for co-morbid conditions, weight reduction or weight control surgery, treatment or programs, any type of gastric bypass surgery, suction lipectomy, physical fitness programs, exercise equipment or exercise therapy, including health club membership visits or services, and nutritional counseling. 12. Organ, tissue, or cellular material donation by a Covered Person, including administrative visits for registry, computer search for donor matches, preliminary donor typing, donor counseling, donor identification, and donor activation. 13. Chemical peels, reconstructive or plastic surgery that does not alleviate a functional impairment and other confinement or treatment visits that are primarily for a Cosmetic Service as determined by Us. 14. Capsular contraction, augmentation or reduction mammoplasty, except for all stages and revisions of reconstruction of the breast following a Medically Necessary mastectomy for treatment of Cancer, including reconstruction of the other breast to produce a symmetrical appearance and treatment of lymphedemas. 15. Removal or replacement of a prosthesis, Durable Medical Equipment or Personal Medical Equipment, except for internal breast prostheses following a Medically Necessary mastectomy for treatment of Cancer and services are received in accordance with the Hospital Confinement and Other Fixed Indemnity Benefits section. 16. Prophylactic treatment, services, or surgery including, but not limited to, prophylactic mastectomy or any other treatment, services or surgery to prevent a disease process from becoming evident in the organ or tissue at a later date. 17. Treatment, services, and supplies for: a. Home Health Care; b. Hospice care; c. Skilled Nursing Facility care, Inpatient Rehabilitation Unit services; d. Custodial Care, respite care, rest care, supportive care, homemaker services; e. phone, facsimile, internet or e-mail consultation, compressed digital interactive video, audio or clinical data transmission using computer imaging by way of still-image capture and store forward; f. treatment, services, or supplies that are furnished primarily for the personal comfort or convenience of the Covered Person, Covered Person's family, a Health Care Practitioner or provider; g. treatment or services provided by a standby Health Care Practitioner; or, h. treatment or services provided by a masseur, masseuse or massage therapist, massage therapy, a rolfer. 18. Treatment, services, and supplies for growth hormone therapy, including growth hormone medication and its derivatives or other drugs used to stimulate, promote or delay growth or to delay puberty to allow for increased growth. 19. Treatment, services, and supplies related to the following conditions, regardless of underlying causes: sex transformation, gender dysphoric disorder, gender reassignment, and treatment of sexual function, dysfunction or inadequacy, treatment to enhance, restore or improve sexual energy, performance or desire. 20. Treatment, services, and supplies related to: maternity, pregnancy (except Complications of Pregnancy), routine well newborn care at birth including nursery care, abortion. 21. Treatment for or treatment use of: a. genetic testing or counseling, genetic services and related procedures for screening purposes including, but not limited to, amniocentesis and chronic villi testing; b. services, drugs or medicines used to treat males or females for an infertility diagnosis regardless of intended use including, but not limited to: artificial insemination, in vitro fertilization, reversal of reproductive sterilization, any treatment to promote conception; c. sterilization; d. cryopreservation of sperm or eggs; e. surrogate pregnancy; f. fetal surgery, treatment or services; g. umbilical cord stem cell or other blood component harvest and storage in the absence of Sickness or Injury; or, h. circumcision. 22. Spinal and other adjustments, manipulations, subluxation treatment, and/or services. 23. Treatment for behavior modification or behavioral (conduct) problems, learning disabilities, developmental delays, attention deficit disorders, hyperactivity, educational testing, training or materials, memory improvement, cognitive enhancement or training, vocational or work hardening programs, transitional living, except for Outpatient diabetes self-management training and education for treatment of a Covered Person with diabetes. 24. Treatment for or through use of: a. non-medical items, self-care or self-help programs; b. aroma therapy; c. meditation or relaxation therapy; d. naturopathic



medicine; e. treatment of hyperhidrosis (excessive sweating); f. acupuncture, biofeedback, neurotherapy, electrical stimulation; g. Inpatient treatment of chronic pain disorders; h. treatment of spider veins; i. family or marriage counseling; j. applied behavior therapy treatment for autistic spectrum disorders; k. smoking deterrence or cessation; l. snoring or sleep disorders; m. change in skin coloring or pigmentation; or, n. stress Management. 25. Services ordered, directed, or performed by a Health Care Practitioner or supplies purchased from a Medical Supply Provider who is a Covered Person, an Immediate Family Member, employer of a Covered Person, or a person who ordinarily resides with a Covered Person. 26. Any amount in excess of the lifetime Maximum Benefit or any other Maximum Benefit limitation for covered scheduled benefits. 27. Treatment that does not meet the definition of a Covered Event in this Policy including, but not limited to, treatment that is not Medically Necessary. 28. Treatment, services, and supplies for Experimental or Investigational Services. 29. Treatment incurred outside of the United States. 30. Sickness or Injury caused or aggravated by suicide, attempted suicide, or intentional self-inflicted Sickness or Injury. 31. Drugs or medicines obtained from sources outside the United States. 32. Vitamins and/or vitamin combinations even if they are prescribed by a Health Care Practitioner. 33. Any prescription products, drugs or medicines in the following categories, whether or not prescribed by a Health Care Practitioner: a. herbal or homeopathic medicines or products; b. minerals; c. appetite suppressants; d. dietary or nutritional substances or dietary supplements; e. nutraceuticals; f. medical foods; or, g. Durable Medical Equipment/supplies. 34. Drugs or medicines that have an over-the-counter equivalent or contain the same or therapeutically equivalent active ingredient(s) as over-the-counter medication, as determined by Us. 35. Drugs or medicines administered at or by the rest home, sanitarium, extended care facility, convalescent care facility, Skilled Nursing Facility or similar institution, or dispensed at or by a Hospital, an Emergency Room, a Free-Standing Facility, an Urgent Care Facility, a Health Care Practitioner's office or other Inpatient or Outpatient setting for take home by the Covered Person. 36. Drugs or medicines used to treat, impact or influence: athletic performance, body conditioning, strengthening, energy, social phobias, slowing the normal processes of aging, daytime drowsiness, overactive bladder, dry mouth, excessive salivation, genetic make-up or genetic predisposition, prevention or treatment of hair loss, excessive hair growth or abnormal hair patterns. 37. Unit-dose drugs, drugs or medicines used to treat onychomycosis (nail fungus), botulinum toxin and its derivatives. 38. Drugs or medicines prescribed for treatment of a condition that is specifically excluded under this Policy. 39. Duplicate prescriptions, replacement of lost, stolen, destroyed, spilled or damaged prescriptions; prescription refills in excess of the number specified on the Health Care Practitioner's Prescription Order; prescriptions refilled more frequently than the prescribed dosage indicates, prescriptions refilled after one year from the Health Care Practitioner's original Prescription Order, any administration for drug injections or any other drugs or medicines obtained other than through a Pharmacy. 40. This Policy (including any attached Rider(s)) excludes payment of any claim, bill, or other demand or request for payment for health care services that the appropriate regulatory board determines were provided as a result of a prohibited referral.

## Michigan

### Policy Form AFC18-MI

**Right to Examine Policy for 10 Days** - If You are not satisfied for any reason, return the Policy to Us or Our agent within 10 days after You have received it. All premiums will be refunded, and Your coverage will be void from the Effective Date.

**Pre-Existing Conditions Limitation** - We will not pay benefits for events that result from or are related to a Pre-Existing Condition, or its complications, until the Covered Person has been continuously insured under this Policy for 12 months. After this period, benefits will be available for Covered Events resulting from or related to a Pre-Existing Condition, or its complications, provided that the Covered Event occurs while this Policy is in force. Pregnancy that exists on the Covered Person's Effective Date will be considered a Pre-Existing Condition under this Policy.

**Termination** - You may cancel this Policy at any time by sending Us written notice. Upon cancellation, We will return the unearned portion of any premium paid, in accordance with the laws where the Policy was issued, minus any claims that were incurred after the termination date and paid by Us. This Policy will terminate at 12:01 a.m. local time at Your state of residence on the earliest of the following date: 1. the end of the month You attain age 65; 2. the date We receive a request in writing to terminate this Policy or on a later date that is requested by You for termination; 3. the date this Policy lapses for nonpayment of premium subject to the Grace Period provision in the Premium Provisions section; 4. the date all policies the same as this one are non-renewed in the state in which this Policy was issued or the state in which You presently reside; 5. the date We terminate or nonrenew all individual market hospital indemnity insurance policies in the state in which this Policy was issued or the state in which You presently reside. We will give You advance notice, as required by state law, of the termination of Your coverage; or, 6. the date You move to a state where We do not provide insurance under a policy with the same policy design as this Policy, We reserve the right to terminate this coverage.

Coverage of a Covered Dependent will terminate on: 1. the date We receive a request in writing to terminate coverage for a Covered Dependent or on a later date that is requested by You for termination of a Covered Dependent; or, 2. the date a Covered Dependent no longer meets the Covered Dependent definition in this Policy. We will pay benefits to the end of the time for which We have accepted premiums.

If coverage terminates due to Your death, Your spouse will become the named Policyholder provided Your spouse is a Covered Person under this Policy on the date of death.

Delay or failure to report termination of any insurance will not continue the insurance in force beyond the date it would have terminated according to this Policy.

**Exclusions** - This Policy provides benefits only for Covered Events identified in the Hospital Confinement and Other Fixed Indemnity Benefits section. We will not pay benefits for claims resulting, whether directly or indirectly, from events or loss related to or resulting from any of the following: 1. A Sickness or Injury that is the result of a work-related condition that is eligible for benefits under Workers' Compensation, Employers' Liability or similar laws even when the Covered Person does not file a claim for benefits. This exclusion will not apply to a Covered Person who is not required to have coverage under any Workers' Compensation, Employers' Liability, or similar law and does not have such coverage. However, the Covered Person must receive services in accordance with the Hospital Confinement and Other Fixed Indemnity Benefits section. 2. War or any act of war, whether declared or undeclared. 3. Participation in the military service of any country or international organization. 4. Treatment, services, or supplies that: a. are not part of a specifically listed Covered Event shown on the Schedule of Benefits; b.

are due to complications of a non-covered service; c. are incurred before the Covered Person's Effective Date or after the termination date of coverage, except as provided under the Extension of Benefits provision in the Other Provisions section; or, d. are provided in a student health center or by or through a school system. 5. Glasses, contact lenses, vision therapy, exercise or training, surgery, including any complications arising therefrom, to correct visual acuity including, but not limited to, lasik and other laser surgery, radial keratotomy services or surgery to correct astigmatism, nearsightedness (myopia) and/or farsightedness (presbyopia), and vision care that is routine. 6. Hearing care that is routine, any artificial hearing device, cochlear implant, auditory prostheses or other electrical, digital, mechanical or surgical means of enhancing, creating or restoring auditory comprehension. 7. Treatment/services for foot conditions including, but not limited to: a. flat foot conditions; b. foot supportive devices, including orthotics, and corrective shoes; c. foot subluxation treatment; d. corns, bunions, calluses, toenails, fallen arches, weak feet, chronic foot strain, or symptomatic complaints of the feet; or, e. hygienic foot care that is routine. 8. Dental treatment, dental care that is routine, bridges, crowns, caps, dentures, dental implants or other dental prostheses, dental braces or dental appliances, extraction of teeth, orthodontic treatment, odontogenic cysts, any other treatment or complication of teeth and gum tissue, except as otherwise covered for an Accidental Injury. 9. Treatment of TMJ and CMJ, any appliance, medical or surgical treatment for malocclusion (teeth that do not fit together properly which creates a bite problem), protrusion or recession of the mandible (a large chin which causes an underbite or a small chin which causes an overbite), maxillary or mandibular hyperplasia (excess growth of the upper or lower jaw) or maxillary or mandibular hypoplasia (undergrowth of the upper or lower jaw). 10. Treatment of Mental/Nervous Disorders and Substance Abuse, whether organic or non-organic, chemical or nonchemical, biological or non-biological in origin and irrespective of cause, basis or inducement, including, but not limited to, drugs and medicines for Inpatient or Outpatient treatment of Mental/Nervous Disorders and Substance Abuse. 11. Any treatment, services, supplies, diagnosis, drugs, medications or regimen, whether medical or surgical, for purposes of controlling the Covered Person's weight or related to obesity or morbid obesity, whether or not weight reduction is Medically Necessary or appropriate or regardless of potential benefits for co-morbid conditions, weight reduction or weight control surgery, treatment or programs, any type of gastric bypass surgery, suction lipectomy, physical fitness programs, exercise equipment or exercise therapy, including health club membership visits or services, and nutritional counseling. 12. Organ, tissue, or cellular material donation by a Covered Person, including administrative visits for registry, computer search for donor matches, preliminary donor typing, donor counseling, donor identification, and donor activation. 13. Chemical peels, reconstructive or plastic surgery that does not alleviate a functional impairment and other confinement or treatment visits that are primarily for a Cosmetic Service as determined by Us. 14. Capsular contraction, augmentation or reduction mammoplasty, except for all stages and revisions of reconstruction of the breast following a Medically Necessary mastectomy for treatment of Cancer, including reconstruction of the other breast to produce a symmetrical appearance and treatment of lymphedemas. 15. Removal or replacement of a prosthesis, Durable Medical Equipment or Personal Medical Equipment, except for internal breast prostheses following a Medically Necessary mastectomy for treatment of Cancer and services are received in accordance with the Hospital Confinement and Other Fixed Indemnity Benefits section. 16. Prophylactic treatment, services, or surgery including, but not limited to, prophylactic mastectomy or any other treatment, services or surgery to prevent a disease process from becoming evident in the organ or tissue at a later date. 17. Treatment, services, and supplies for: a. Home Health Care; b. Hospice care; c. Skilled Nursing Facility care, Inpatient Rehabilitation Unit services; d. Custodial Care, respite care, rest care, supportive care, homemaker services; e. phone, facsimile, internet or e-mail consultation, compressed digital interactive video, audio or clinical data transmission using computer imaging by way of still-image capture and store forward; f. treatment, services, or supplies that are furnished primarily for the personal comfort or convenience of the Covered Person, Covered Person's family, a Health Care Practitioner or provider; g. treatment or services provided by a standby Health Care Practitioner; or, h. treatment or services provided by a masseuse, masseuse or massage therapist, massage therapy, a rolfer. 18. Treatment, services, and supplies for growth hormone therapy, including growth hormone medication and its derivatives or other drugs used to stimulate, promote or delay growth or to delay puberty to allow for increased growth. 19. Treatment, services, and supplies related to the following conditions, regardless of underlying causes: sex transformation, gender dysphoric disorder, gender reassignment, and treatment of sexual function, dysfunction or inadequacy, treatment to enhance, restore or improve sexual energy, performance or desire. 20. Treatment, services, and supplies related to: maternity, pregnancy (except Complications of Pregnancy), routine well newborn care at birth including nursery care, abortion. 21. Treatment for or treatment use of: a. genetic testing or counseling, genetic services and related procedures for screening purposes including, but not limited to, amniocentesis and chronic villi testing; b. services, drugs or medicines used to treat males or females for an infertility diagnosis regardless of intended use including, but not limited to: artificial insemination, in vitro fertilization, reversal of reproductive sterilization, any treatment to promote conception; c. sterilization; d. cryopreservation of sperm or eggs; e. surrogate pregnancy; f. fetal surgery, treatment or services; g. umbilical cord stem cell or other blood component harvest and storage in the absence of Sickness or Injury; or, h. circumcision. 22. Spinal and other adjustments, manipulations, subluxation treatment, and/or services. 23. Treatment for behavior modification or behavioral (conduct) problems, learning disabilities, developmental delays, attention deficit disorders, hyperactivity, educational testing, training or materials, memory improvement, cognitive enhancement or training, vocational or work hardening programs, transitional living, except for Outpatient diabetes self-management training and education for treatment of a Covered Person with diabetes. 24. Treatment for or through use of: a. non-medical items, self-care or self-help programs; b. aroma therapy; c. meditation or relaxation therapy; d. naturopathic medicine; e. treatment of hyperhidrosis (excessive sweating); f. acupuncture, biofeedback, neurotherapy, electrical stimulation; g. Inpatient treatment of chronic pain disorders; h. treatment of spider veins; i. family or marriage counseling; j. applied behavior therapy treatment for autistic spectrum disorders; k. smoking deterrence or cessation; l. snoring or sleep disorders; m. change in skin coloring or pigmentation; or, n. stress Management. 25. Treatment of Sickness or Injury when the loss to which a contributing cause was the Covered Person's commission of or attempt to commit a felony or to which a contributing cause was the Covered Person being engaged in an illegal occupation or other willful criminal activity. "Willful criminal activity," as defined in Michigan Public Act, MCL500.342, includes but is not limited to, operating a vehicle while intoxicated, or operating a methamphetamine laboratory, however willful criminal activity does not include a civil infraction or other activity that does not rise to the level of a misdemeanor or felony. 26. Services ordered, directed, or performed by a Health Care Practitioner or supplies purchased from a Medical Supply Provider who is a Covered Person, an Immediate Family Member, employer of a Covered Person, or a person who ordinarily resides with a Covered Person. 27. Any amount in excess of the lifetime Maximum Benefit or any other Maximum Benefit limitation for covered scheduled benefits. 28. Treatment that does not meet the definition of a Covered Event in this Policy including, but not limited to, treatment that is not Medically Necessary. 29. Treatment, services, and supplies for Experimental or Investigational Services. 30. Treatment incurred outside of the United States. 31. Drugs or medicines obtained from sources outside the United States. 32. Vitamins and/or vitamin combinations even if they are prescribed by a Health Care Practitioner. 33. Any prescription products, drugs or medicines in the following categories, whether or not prescribed by a Health Care Practitioner: a. herbal or homeopathic medicines or products; b. minerals; c. appetite suppressants; d. dietary or nutritional substances or dietary supplements; e. nutraceuticals; f. medical foods; or, g. Durable Medical Equipment/

supplies. 34. Drugs or medicines that have an over-the-counter equivalent or contain the same or therapeutically equivalent active ingredient(s) as over-the-counter medication, as determined by Us. 35. Drugs or medicines administered at or by the rest home, sanitarium, extended care facility, convalescent care facility, Skilled Nursing Facility or similar institution, or dispensed at or by a Hospital, an Emergency Room, a Free-Standing Facility, an Urgent Care Facility, a Health Care Practitioner's office or other Inpatient or Outpatient setting for take home by the Covered Person. 36. Drugs or medicines used to treat, impact or influence: athletic performance, body conditioning, strengthening, energy, social phobias, slowing the normal processes of aging, daytime drowsiness, overactive bladder, dry mouth, excessive salivation, genetic make-up or genetic predisposition, prevention or treatment of hair loss, excessive hair growth or abnormal hair patterns. 37. Unit-dose drugs, drugs or medicines used to treat onychomycosis (nail fungus), botulinum toxin and its derivatives. 38. Drugs or medicines prescribed for treatment of a condition that is specifically excluded under this Policy. 39. Drugs, medicines or supplies that are illegal under federal law, such as marijuana, even if they are prescribed for medical use in a state. 40. Duplicate prescriptions, replacement of lost, stolen, destroyed, spilled or damaged prescriptions; prescription refills in excess of the number specified on the Health Care Practitioner's Prescription Order; prescriptions refilled more frequently than the prescribed dosage indicates, prescriptions refilled after one year from the Health Care Practitioner's original Prescription Order, any administration for drug injections or any other drugs or medicines obtained other than through a Pharmacy.

## Missouri

### Policy Form AFC18-MO

**Right to Examine Policy for 10 Days** - If You are not satisfied for any reason, return the Policy to Us or Our agent within 10 days after You have received it. All premiums will be refunded, and Your coverage will be void from the Effective Date.

**Pre-Existing Conditions Limitation** - We will not pay benefits for events that result from or are related to a Pre-Existing Condition, or its complications, until the Covered Person has been continuously insured under this Policy for 12 months. After this period, benefits will be available for Covered Events resulting from or related to a Pre-Existing Condition, or its complications, provided that the Covered Event occurs while this Policy is in force. Pregnancy that exists on the Covered Person's Effective Date will be considered a Pre-Existing Condition under this Policy.

**Termination** - You may cancel this Policy at any time by sending Us written notice. Upon cancellation, We will return the unearned portion of any premium paid, in accordance with the laws where the Policy was issued, minus any claims that were incurred after the termination date and paid by Us. This Policy will terminate at 12:01 a.m. local time at Your state of residence on the earliest of the following date: 1. the end of the month You attain age 65; 2. the date We receive a request in writing to terminate this Policy or on a later date that is requested by You for termination; 3. the date this Policy lapses for nonpayment of premium subject to the Grace Period provision in the Premium Provisions section; 4. the date all policies the same as this one are non-renewed in the state in which this Policy was issued or the state in which You presently reside; 5. the date We terminate or nonrenew all individual market hospital indemnity insurance policies in the state in which this Policy was issued or the state in which You presently reside. We will give You advance notice, as required by state law, of the termination of Your coverage; or, 6. the date You move to a state where We do not provide insurance under a policy with the same policy design as this Policy, We reserve the right to terminate this coverage.

Coverage of a Covered Dependent will terminate on: 1. the date We receive a request in writing to terminate coverage for a Covered Dependent or on a later date that is requested by You for termination of a Covered Dependent; or, 2. the date a Covered Dependent no longer meets the Covered Dependent definition in this Policy. We will pay benefits to the end of the time for which We have accepted premiums.

If coverage terminates due to Your death, Your spouse will become the named Policyholder provided Your spouse is a Covered Person under this Policy on the date of death.

Delay or failure to report termination of any insurance will not continue the insurance in force beyond the date it would have terminated according to this Policy.

**Exclusions** - This Policy provides benefits only for Covered Events identified in the Hospital Confinement and Other Fixed Indemnity Benefits section. We will not pay benefits for claims resulting, whether directly or indirectly, from events or loss related to or resulting from any of the following: 1. A Sickness or Injury that is the result of a work-related condition that is eligible for benefits under Workers' Compensation, Employers' Liability or similar laws even when the Covered Person does not file a claim for benefits. This exclusion will not apply to a Covered Person who is not required to have coverage under any Workers' Compensation, Employers' Liability, or similar law and does not have such coverage. However, the Covered Person must receive services in accordance with the Hospital Confinement and Other Fixed Indemnity Benefits section. 2. War or any act of war, whether declared or undeclared. 3. Participation in the military service of any country or international organization. 4. Treatment, services, or supplies that: a. are not part of a specifically listed Covered Event shown on the Schedule of Benefits; b. are due to complications of a non-covered service; c. are incurred before the Covered Person's Effective Date or after the termination date of coverage, except as provided under the Extension of Benefits provision in the Other Provisions section; or, d. are provided in a student health center or by or through a school system. 5. Glasses, contact lenses, vision therapy, exercise or training, surgery, including any complications arising therefrom, to correct visual acuity including, but not limited to, lasik and other laser surgery, radial keratotomy services or surgery to correct astigmatism, nearsightedness (myopia) and/or farsightedness (presbyopia), and vision care that is routine. 6. Hearing care that is routine, any artificial hearing device, cochlear implant, auditory prostheses or other electrical, digital, mechanical or surgical means of enhancing, creating or restoring auditory comprehension. 7. Treatment/services for foot conditions including, but not limited to: a. flat foot conditions; b. foot supportive devices, including orthotics, and corrective shoes; c. foot subluxation treatment; d. corns, bunions, calluses, toenails, fallen arches, weak feet, chronic foot strain, or symptomatic complaints of the feet; or, e. hygienic foot care that is routine. 8. Dental treatment, dental care that is routine, bridges, crowns, caps, dentures, dental implants or other dental prostheses, dental braces or dental appliances, extraction of teeth, orthodontic treatment, odontogenic cysts, any other treatment or complication of teeth and gum tissue, except as otherwise covered for an Accidental Injury. 9. Treatment of TMJ and CMJ, any appliance, medical or surgical treatment for malocclusion (teeth that do not fit together properly which creates a bite problem), protrusion or recession of the mandible (a large chin which causes an underbite or a small chin which causes an overbite), maxillary or mandibular hyperplasia (excess growth of the upper or lower jaw) or maxillary or mandibular hypoplasia (undergrowth of the upper or lower jaw). 10. Treatment of Mental/Nervous Disorders and Substance Abuse, whether organic or non-organic,



chemical or nonchemical, biological or non-biological in origin and irrespective of cause, basis or inducement, including, but not limited to, drugs and medicines for Inpatient or Outpatient treatment of Mental/Nervous Disorders and Substance Abuse. 11. Any treatment, services, supplies, diagnosis, drugs, medications or regimen, whether medical or surgical, for purposes of controlling the Covered Person's weight or related to obesity or morbid obesity, whether or not weight reduction is Medically Necessary or appropriate or regardless of potential benefits for co-morbid conditions, weight reduction or weight control surgery, treatment or programs, any type of gastric bypass surgery, suction lipectomy, physical fitness programs, exercise equipment or exercise therapy, including health club membership visits or services, and nutritional counseling. 12. Organ, tissue, or cellular material donation by a Covered Person, including administrative visits for registry, computer search for donor matches, preliminary donor typing, donor counseling, donor identification, and donor activation. 13. Chemical peels, reconstructive or plastic surgery that does not alleviate a functional impairment and other confinement or treatment visits that are primarily for a Cosmetic Service as determined by Us. 14. Capsular contraction, augmentation or reduction mammoplasty, except for all stages and revisions of reconstruction of the breast following a Medically Necessary mastectomy for treatment of Cancer, including reconstruction of the other breast to produce a symmetrical appearance and treatment of lymphedemas. 15. Removal or replacement of a prosthesis, Durable Medical Equipment or Personal Medical Equipment, except for internal breast prostheses following a Medically Necessary mastectomy for treatment of Cancer and services are received in accordance with the Hospital Confinement and Other Fixed Indemnity Benefits section. 16. Prophylactic treatment, services, or surgery including, but not limited to, prophylactic mastectomy or any other treatment, services or surgery to prevent a disease process from becoming evident in the organ or tissue at a later date. 17. Treatment, services, and supplies for: a. Home Health Care; b. Hospice care; c. Skilled Nursing Facility care, Inpatient Rehabilitation Unit services; d. Custodial Care, respite care, rest care, supportive care, homemaker services; e. phone, facsimile, internet or e-mail consultation, compressed digital interactive video, audio or clinical data transmission using computer imaging by way of still-image capture and store forward; f. treatment, services, or supplies that are furnished primarily for the personal comfort or convenience of the Covered Person, Covered Person's family, a Health Care Practitioner or provider; g. treatment or services provided by a standby Health Care Practitioner; or, h. treatment or services provided by a masseur, masseuse or massage therapist, massage therapy, a rolfer. 18. Treatment, services, and supplies for growth hormone therapy, including growth hormone medication and its derivatives or other drugs used to stimulate, promote or delay growth or to delay puberty to allow for increased growth. 19. Treatment, services, and supplies related to the following conditions, regardless of underlying causes: sex transformation, gender dysphoric disorder, gender reassignment, and treatment of sexual function, dysfunction or inadequacy, treatment to enhance, restore or improve sexual energy, performance or desire. 20. Treatment, services, and supplies related to: maternity, pregnancy (except Complications of Pregnancy), routine well newborn care at birth including nursery care, abortion. 21. Treatment for or treatment use of: a. genetic testing or counseling, genetic services and related procedures for screening purposes including, but not limited to, amniocentesis and chronic villi testing; b. services, drugs or medicines used to treat males or females for an infertility diagnosis regardless of intended use including, but not limited to: artificial insemination, in vitro fertilization, reversal of reproductive sterilization, any treatment to promote conception; c. sterilization; d. cryopreservation of sperm or eggs; e. surrogate pregnancy; f. fetal surgery, treatment or services; g. umbilical cord stem cell or other blood component harvest and storage in the absence of Sickness or Injury; or, h. circumcision. 22. Spinal and other adjustments, manipulations, subluxation treatment, and/or services. 23. Treatment for behavior modification or behavioral (conduct) problems, learning disabilities, developmental delays, attention deficit disorders, hyperactivity, educational testing, training or materials, memory improvement, cognitive enhancement or training, vocational or work hardening programs, transitional living, except for Outpatient diabetes self-management training and education for treatment of a Covered Person with diabetes. 24. Treatment for or through use of: a. non-medical items, self-care or self-help programs; b. aroma therapy; c. meditation or relaxation therapy; d. naturopathic medicine; e. treatment of hyperhidrosis (excessive sweating); f. acupuncture, biofeedback, neurotherapy, electrical stimulation; g. Inpatient treatment of chronic pain disorders; h. treatment of spider veins; i. family or marriage counseling; j. applied behavior therapy treatment for autistic spectrum disorders; k. smoking deterrence or cessation; l. snoring or sleep disorders; m. change in skin coloring or pigmentation; or, n. stress Management. 25. Sickness or Injury resulting from abuse or overdose of any illegal or controlled substance, except when administered in accordance with the advice of the Covered Person's Health Care Practitioner. 26. Treatment of Sickness or Injury when a contributing cause of the condition was the Covered Person's voluntary attempt to commit or participation in or commission of a felony, whether or not charged, or as a consequence of the Covered Person being under the influence of any illegal or non-prescribed controlled substance while committing a felony. 27. Services ordered, directed, or performed by a Health Care Practitioner or supplies purchased from a Medical Supply Provider who is a Covered Person, an Immediate Family Member, employer of a Covered Person, or a person who ordinarily resides with a Covered Person. 28. Any amount in excess of the lifetime Maximum Benefit or any other Maximum Benefit limitation for covered scheduled benefits. 29. Treatment that does not meet the definition of a Covered Event in this Policy including, but not limited to, treatment that is not Medically Necessary. 30. Treatment, services, and supplies for Experimental or Investigational Services. 31. Treatment incurred outside of the United States. 32. Sickness or Injury caused or aggravated by suicide, attempted suicide, or self-inflicted Sickness or Injury. 33. Drugs or medicines obtained from sources outside the United States. 34. Vitamins and/or vitamin combinations even if they are prescribed by a Health Care Practitioner. 35. Any prescription products, drugs or medicines in the following categories, whether or not prescribed by a Health Care Practitioner: a. herbal or homeopathic medicines or products; b. minerals; c. appetite suppressants; d. dietary or nutritional substances or dietary supplements; e. nutraceuticals; f. medical foods; or, g. Durable Medical Equipment/supplies. 36. Drugs or medicines that have an over-the-counter equivalent or contain the same or therapeutically equivalent active ingredient(s) as over-the-counter medication, as determined by Us. 37. Drugs or medicines administered at or by the rest home, sanitarium, extended care facility, convalescent care facility, Skilled Nursing Facility or similar institution, or dispensed at or by a Hospital, an Emergency Room, a Free-Standing Facility, an Urgent Care Facility, a Health Care Practitioner's office or other Inpatient or Outpatient setting for take home by the Covered Person. 38. Drugs or medicines used to treat, impact or influence: athletic performance, body conditioning, strengthening, energy, social phobias, slowing the normal processes of aging, daytime drowsiness, overactive bladder, dry mouth, excessive salivation, genetic make-up or genetic predisposition, prevention or treatment of hair loss, excessive hair growth or abnormal hair patterns. 39. Unit-dose drugs, drugs or medicines used to treat onychomycosis (nail fungus), botulinum toxin and its derivatives. 40. Drugs or medicines prescribed for treatment of a condition that is specifically excluded under this Policy. 41. Drugs, medicines or supplies that are illegal under federal law, such as marijuana, even if they are prescribed for medical use in a state. 42. Duplicate prescriptions, replacement of lost, stolen, destroyed, spilled or damaged prescriptions; prescription refills in excess of the number specified on the Health Care Practitioner's Prescription Order; prescriptions refilled more frequently than the prescribed dosage indicates, prescriptions refilled after one year from the Health Care Practitioner's original Prescription Order, any administration for drug injections or any other drugs or medicines obtained other than through a Pharmacy.



## New Mexico

### Policy Form AFC18-NM

**Right to Examine Policy for 10 Days** - If You are not satisfied for any reason, return the Policy to Us or Our agent within 10 days after You have received it. All premiums will be refunded, and Your coverage will be void from the Effective Date.

**Pre-Existing Conditions Limitation** - We will not pay benefits for events that result from or are related to a Pre-Existing Condition, or its complications, until the Covered Person has been continuously insured under this Policy for 12 months. After this period, benefits will be available for Covered Events resulting from or related to a Pre-Existing Condition, or its complications, provided that the Covered Event occurs while this Policy is in force. Pregnancy that exists on the Covered Person's Effective Date will be considered a Pre-Existing Condition under this Policy.

**Termination** - You may cancel this Policy at any time by sending Us written notice. Upon cancellation, We will return the unearned portion of any premium paid, in accordance with the laws where the Policy was issued, minus any claims that were incurred after the termination date and paid by Us. This Policy will terminate at 12:01 a.m. local time at Your state of residence on the earliest of the following date: 1. the end of the month You attain age 65; 2. the date We receive a request in writing to terminate this Policy or on a later date that is requested by You for termination; 3. the date this Policy lapses for nonpayment of premium subject to the Grace Period provision in the Premium Provisions section; 4. the date all policies the same as this one are non-renewed in the state in which this Policy was issued or the state in which You presently reside; 5. the date We terminate or nonrenew all individual market hospital indemnity insurance policies in the state in which this Policy was issued or the state in which You presently reside. We will give You 90 days advance written notice, as required by state law, of the termination of Your coverage; or, 6. the date You move to a state where We do not provide insurance under a policy with the same policy design as this Policy, We reserve the right to terminate this coverage.

Coverage of a Covered Dependent will terminate on: 1. the date We receive a request in writing to terminate coverage for a Covered Dependent or on a later date that is requested by You for termination of a Covered Dependent; or, 2. the date a Covered Dependent no longer meets the Covered Dependent definition in this Policy. We will pay benefits to the end of the time for which We have accepted premiums.

If coverage terminates due to Your death, Your spouse will become the named Policyholder provided Your spouse is a Covered Person under this Policy on the date of death.

Delay or failure to report termination of any insurance will not continue the insurance in force beyond the date it would have terminated according to this Policy.

**Exclusions** - This Policy provides benefits only for Covered Events identified in the Hospital Confinement and Other Fixed Indemnity Benefits section. We will not pay benefits for claims resulting, whether directly or indirectly, from events or loss related to or resulting from any of the following: 1. A Sickness or Injury that is the result of a work-related condition that is eligible for benefits under Workers' Compensation, Employers' Liability or similar laws even when the Covered Person does not file a claim for benefits. This exclusion will not apply to a Covered Person who is not required to have coverage under any Workers' Compensation, Employers' Liability, or similar law and does not have such coverage. However, the Covered Person must receive services in accordance with the Hospital Confinement and Other Fixed Indemnity Benefits section. 2. War or any act of war, whether declared or undeclared. 3. Participation in the military service of any country or international organization. 4. Treatment, services, or supplies that: a. are not part of a specifically listed Covered Event shown on the Schedule of Benefits; b. are due to complications of a non-covered service; c. are incurred before the Covered Person's Effective Date or after the termination date of coverage, except as provided under the Extension of Benefits provision in the Other Provisions section; or, d. are provided in a student health center or by or through a school system. 5. Glasses, contact lenses, vision therapy, exercise or training, surgery, including any complications arising therefrom, to correct visual acuity including, but not limited to, lasik and other laser surgery, radial keratotomy services or surgery to correct astigmatism, nearsightedness (myopia) and/or farsightedness (presbyopia), and vision care that is routine. 6. Hearing care that is routine, any artificial hearing device, cochlear implant, auditory prostheses or other electrical, digital, mechanical or surgical means of enhancing, creating or restoring auditory comprehension. 7. Treatment/services for foot conditions including, but not limited to: a. flat foot conditions; b. foot supportive devices, including orthotics, and corrective shoes; c. foot subluxation treatment; d. corns, bunions, calluses, toenails, fallen arches, weak feet, chronic foot strain, or symptomatic complaints of the feet; or, e. hygienic foot care that is routine. 8. Dental treatment, dental care that is routine, bridges, crowns, caps, dentures, dental implants or other dental prostheses, dental braces or dental appliances, extraction of teeth, orthodontic treatment, odontogenic cysts, any other treatment or complication of teeth and gum tissue, except as otherwise covered for an Accidental Injury. 9. Treatment of Mental/Nervous Disorders and Substance Abuse, whether organic or non-organic, chemical or nonchemical, biological or non-biological in origin and irrespective of cause, basis or inducement, including, but not limited to, drugs and medicines for Inpatient or Outpatient treatment of Mental/Nervous Disorders and Substance Abuse. 10. Any treatment, services, supplies, diagnosis, drugs, medications or regimen, whether medical or surgical, for purposes of controlling the Covered Person's weight or related to obesity or morbid obesity, whether or not weight reduction is Medically Necessary or appropriate or regardless of potential benefits for co-morbid conditions, weight reduction or weight control surgery, treatment or programs, any type of gastric bypass surgery, suction lipectomy, physical fitness programs, exercise equipment or exercise therapy, including health club membership visits or services, and nutritional counseling. 11. Organ, tissue, or cellular material donation by a Covered Person, including administrative visits for registry, computer search for donor matches, preliminary donor typing, donor counseling, donor identification, and donor activation. 12. Chemical peels, reconstructive or plastic surgery that does not alleviate a functional impairment and other confinement or treatment visits that are primarily for a Cosmetic Service as determined by Us. 13. Capsular contraction, augmentation or reduction mammoplasty, except for all stages and revisions of reconstruction of the breast following a Medically Necessary mastectomy for treatment of Cancer, including reconstruction of the other breast to produce a symmetrical appearance and treatment of lymphedemas. 14. Removal or replacement of a prosthesis, Durable Medical Equipment or Personal Medical Equipment, except for internal breast prostheses following a Medically Necessary mastectomy for treatment of Cancer and services are received in accordance with the Hospital Confinement and Other Fixed Indemnity Benefits section. 15. Prophylactic treatment, services, or surgery including, but not limited to, prophylactic mastectomy or any other treatment, services or surgery to prevent a disease process from becoming evident in the organ or tissue at a later date. 16. Treatment, services, and supplies for: a. Home Health Care; b. Hospice care; c. Skilled Nursing Facility care, Inpatient Rehabilitation Unit services; d. Custodial Care, respite care, rest care, supportive care, homemaker services; e. phone, facsimile, internet or e-mail consultation, compressed digital interactive video, audio or clinical data transmission using computer imaging by way

of still-image capture and store forward; f. treatment, services, or supplies that are furnished primarily for the personal comfort or convenience of the Covered Person, Covered Person's family, a Health Care Practitioner or provider; g. treatment or services provided by a standby Health Care Practitioner; or, h. treatment or services provided by a masseur, masseuse or massage therapist, massage therapy, a rolfer. 17. Treatment, services, and supplies for growth hormone therapy, including growth hormone medication and its derivatives or other drugs used to stimulate, promote or delay growth or to delay puberty to allow for increased growth. 18. Treatment, services, and supplies related to the following conditions, regardless of underlying causes: sex transformation, gender dysphoric disorder, gender reassignment, and treatment of sexual function, dysfunction or inadequacy, treatment to enhance, restore or improve sexual energy, performance or desire. 19. Treatment, services, and supplies related to: maternity, pregnancy (except Complications of Pregnancy), routine well newborn care at birth including nursery care, abortion. 20. Treatment for or treatment use of: a. genetic testing or counseling, genetic services and related procedures for screening purposes including, but not limited to, amniocentesis and chronic villi testing; b. services, drugs or medicines used to treat males or females for an infertility diagnosis regardless of intended use including, but not limited to: artificial insemination, in vitro fertilization, reversal of reproductive sterilization, any treatment to promote conception; c. sterilization; d. cryopreservation of sperm or eggs; e. surrogate pregnancy; f. fetal surgery, treatment or services; g. umbilical cord stem cell or other blood component harvest and storage in the absence of Sickness or Injury; or, h. circumcision. 21. Spinal and other adjustments, manipulations, subluxation treatment, and/or services. 22. Treatment for behavior modification or behavioral (conduct) problems, learning disabilities, developmental delays, attention deficit disorders, hyperactivity, educational testing, training or materials, memory improvement, cognitive enhancement or training, vocational or work hardening programs, transitional living, except for Outpatient diabetes self-management training and education for treatment of a Covered Person with diabetes. 23. Treatment for or through use of: a. non-medical items, self-care or self-help programs; b. aroma therapy; c. meditation or relaxation therapy; d. naturopathic medicine; e. treatment of hyperhidrosis (excessive sweating); f. acupuncture, biofeedback, neurotherapy, electrical stimulation; g. Inpatient treatment of chronic pain disorders; h. treatment of spider veins; i. family or marriage counseling; j. applied behavior therapy treatment for autistic spectrum disorders; k. smoking deterrence or cessation; l. snoring or sleep disorders; m. change in skin coloring or pigmentation; or, n. stress Management. 24. Sickness or Injury resulting from abuse or overdose of any illegal or controlled substance, except when administered in accordance with the advice of the Covered Person's Health Care Practitioner. 25. Treatment of Sickness or Injury when a contributing cause of the condition was the Covered Person's voluntary attempt to commit or participation in or commission of a felony, whether or not charged, or as a consequence of the Covered Person being under the influence of any illegal or non-prescribed controlled substance while committing a felony. 26. Services ordered, directed, or performed by a Health Care Practitioner or supplies purchased from a Medical Supply Provider who is a Covered Person, an Immediate Family Member, employer of a Covered Person, or a person who ordinarily resides with a Covered Person. 27. Any amount in excess of the lifetime Maximum Benefit or any other Maximum Benefit limitation for covered scheduled benefits. 28. Treatment that does not meet the definition of a Covered Event in this Policy including, but not limited to, treatment that is not Medically Necessary. 29. Treatment, services, and supplies for Experimental or Investigational Services. 30. Treatment incurred outside of the United States. 31. Sickness or Injury caused or aggravated by suicide, attempted suicide, or self-inflicted Sickness or Injury. 32. Drugs or medicines obtained from sources outside the United States. 33. Vitamins and/or vitamin combinations even if they are prescribed by a Health Care Practitioner. 34. Any prescription products, drugs or medicines in the following categories, whether or not prescribed by a Health Care Practitioner: a. herbal or homeopathic medicines or products; b. minerals; c. appetite suppressants; d. dietary or nutritional substances or dietary supplements; e. nutraceuticals; f. medical foods; or, g. Durable Medical Equipment/supplies. 35. Drugs or medicines that have an over-the-counter equivalent or contain the same or therapeutically equivalent active ingredient(s) as over-the-counter medication, as determined by Us. 36. Drugs or medicines administered at or by the rest home, sanitarium, extended care facility, convalescent care facility, Skilled Nursing Facility or similar institution, or dispensed at or by a Hospital, an Emergency Room, a Free-Standing Facility, an Urgent Care Facility, a Health Care Practitioner's office or other Inpatient or Outpatient setting for take home by the Covered Person. 37. Drugs or medicines used to treat, impact or influence: athletic performance, body conditioning, strengthening, energy, social phobias, slowing the normal processes of aging, daytime drowsiness, overactive bladder, dry mouth, excessive salivation, genetic make-up or genetic predisposition, prevention or treatment of hair loss, excessive hair growth or abnormal hair patterns. 38. Unit-dose drugs, drugs or medicines used to treat onychomycosis (nail fungus), botulinum toxin and its derivatives. 39. Drugs or medicines prescribed for treatment of a condition that is specifically excluded under this Policy. 40. Drugs, medicines or supplies that are illegal under federal law, such as marijuana, even if they are prescribed for medical use in a state. 41. Duplicate prescriptions, replacement of lost, stolen, destroyed, spilled or damaged prescriptions; prescription refills in excess of the number specified on the Health Care Practitioner's Prescription Order; prescriptions refilled more frequently than the prescribed dosage indicates, prescriptions refilled after one year from the Health Care Practitioner's original Prescription Order, any administration for drug injections or any other drugs or medicines obtained other than through a Pharmacy.

## Ohio

### Policy Form AFC18-OH

**Right to Examine Policy for 10 Days** - If You are not satisfied for any reason, return the Policy to Us or Our agent within 10 days after You have received it. All premiums will be refunded, and Your coverage will be void from the Effective Date.

**Pre-Existing Conditions Limitation** - We will not pay benefits for events that result from or are related to a Pre-Existing Condition, or its complications, until the Covered Person has been continuously insured under this Policy for 12 months. After this period, benefits will be available for Covered Events resulting from or related to a Pre-Existing Condition, or its complications, provided that the Covered Event occurs while this Policy is in force. Pregnancy that exists on the Covered Person's Effective Date will be considered a Pre-Existing Condition under this Policy.

**Termination** - You may cancel this Policy at any time by sending Us written notice. Upon cancellation, We will return the unearned portion of any premium paid, in accordance with the laws where the Policy was issued, minus any claims that were incurred after the termination date and paid by Us. This Policy will terminate at 12:01 a.m. local time at Your state of residence on the earliest of the following date: 1. the end of the month You attain age 65; 2. the date We receive a request in writing to terminate this Policy or on a later date that is requested by You for termination; 3. the date this Policy lapses for nonpayment of premium subject to the Grace Period provision in the Premium Provisions section; 4. the date all policies the same as this one are non-renewed in the state in which this Policy was issued or the state in which You presently reside; 5. the date We terminate or nonrenew all individual market hospital indemnity insurance policies in the state in which this Policy was issued or

the state in which You presently reside. We will give You advance notice, as required by state law, of the termination of Your coverage; or, 6. the date You move to a state where We do not provide insurance under a policy with the same policy design as this Policy, We reserve the right to terminate this coverage.

Coverage of a Covered Dependent will terminate on: 1. the date We receive a request in writing to terminate coverage for a Covered Dependent or on a later date that is requested by You for termination of a Covered Dependent; or, 2. the date a Covered Dependent no longer meets the Covered Dependent definition in this Policy. We will pay benefits to the end of the time for which We have accepted premiums.

If coverage terminates due to Your death, Your spouse will become the named Policyholder provided Your spouse is a Covered Person under this Policy on the date of death.

Delay or failure to report termination of any insurance will not continue the insurance in force beyond the date it would have terminated according to this Policy.

**Exclusions** - This Policy provides benefits only for Covered Events identified in the Hospital Confinement and Other Fixed Indemnity Benefits section. We will not pay benefits for claims resulting, whether directly or indirectly, from events or loss related to or resulting from any of the following: 1. A Sickness or Injury that is the result of a work-related condition that is eligible for benefits under Workers' Compensation, Employers' Liability or similar laws even when the Covered Person does not file a claim for benefits. This exclusion will not apply to a Covered Person who is not required to have coverage under any Workers' Compensation, Employers' Liability, or similar law and does not have such coverage. However, the Covered Person must receive services in accordance with the Hospital Confinement and Other Fixed Indemnity Benefits section. 2. War or any act of war, whether declared or undeclared. 3. Participation in the military service of any country or international organization. 4. Treatment, services, or supplies that: a. are not part of a specifically listed Covered Event shown on the Schedule of Benefits; c. are due to complications of a non-covered service; d. are incurred before the Covered Person's Effective Date or after the termination date of coverage, except as provided under the Extension of Benefits provision in the Other Provisions section; or, e. are provided in a student health center or by or through a school system. 5. Glasses, contact lenses, vision therapy, exercise or training, surgery, including any complications arising therefrom, to correct visual acuity including, but not limited to, lasik and other laser surgery, radial keratotomy services or surgery to correct astigmatism, nearsightedness (myopia) and/or farsightedness (presbyopia), and vision care that is routine. 6. Hearing care that is routine, any artificial hearing device, cochlear implant, auditory prostheses or other electrical, digital, mechanical or surgical means of enhancing, creating or restoring auditory comprehension. 7. Treatment/services for foot conditions including, but not limited to: a. flat foot conditions; b. foot supportive devices, including orthotics, and corrective shoes; c. foot subluxation treatment; d. corns, bunions, calluses, toenails, fallen arches, weak feet, chronic foot strain, or symptomatic complaints of the feet; or, e. hygienic foot care that is routine. 8. Dental treatment, dental care that is routine, bridges, crowns, caps, dentures, dental implants or other dental prostheses, dental braces or dental appliances, extraction of teeth, orthodontic treatment, odontogenic cysts, any other treatment or complication of teeth and gum tissue, except as otherwise covered for an Accidental Injury. 9. Treatment of TMJ and CMJ, any appliance, medical or surgical treatment for malocclusion (teeth that do not fit together properly which creates a bite problem), protrusion or recession of the mandible (a large chin which causes an underbite or a small chin which causes an overbite), maxillary or mandibular hyperplasia (excess growth of the upper or lower jaw) or maxillary or mandibular hypoplasia (undergrowth of the upper or lower jaw). 10. Treatment of Mental/Nervous Disorders and Substance Abuse, whether organic or non-organic, chemical or nonchemical, biological or non-biological in origin and irrespective of cause, basis or inducement, including, but not limited to, drugs and medicines for Inpatient or Outpatient treatment of Mental/Nervous Disorders and Substance Abuse. 11. Any treatment, services, supplies, diagnosis, drugs, medications or regimen, whether medical or surgical, for purposes of controlling the Covered Person's weight or related to obesity or morbid obesity, whether or not weight reduction is Medically Necessary or appropriate or regardless of potential benefits for co-morbid conditions, weight reduction or weight control surgery, treatment or programs, any type of gastric bypass surgery, suction lipectomy, physical fitness programs, exercise equipment or exercise therapy, including health club membership visits or services, and nutritional counseling. 12. Organ, tissue, or cellular material donation by a Covered Person, including administrative visits for registry, computer search for donor matches, preliminary donor typing, donor counseling, donor identification, and donor activation. 13. Chemical peels, reconstructive or plastic surgery that does not alleviate a functional impairment and other confinement or treatment visits that are primarily for a Cosmetic Service as determined by Us. 14. Capsular contraction, augmentation or reduction mammoplasty, except for all stages and revisions of reconstruction of the breast following a Medically Necessary mastectomy for treatment of Cancer, including reconstruction of the other breast to produce a symmetrical appearance and treatment of lymphedemas. 15. Removal or replacement of a prosthesis, Durable Medical Equipment or Personal Medical Equipment, except for internal breast prostheses following a Medically Necessary mastectomy for treatment of Cancer and services are received in accordance with the Hospital Confinement and Other Fixed Indemnity Benefits section. 16. Prophylactic treatment, services, or surgery including, but not limited to, prophylactic mastectomy or any other treatment, services or surgery to prevent a disease process from becoming evident in the organ or tissue at a later date. 17. Treatment, services, and supplies for: a. Home Health Care; b. Hospice care; c. Skilled Nursing Facility care, Inpatient Rehabilitation Unit services; d. Custodial Care, respite care, rest care, supportive care, homemaker services; e. phone, facsimile, internet or e-mail consultation, compressed digital interactive video, audio or clinical data transmission using computer imaging by way of still-image capture and store forward; f. treatment, services, or supplies that are furnished primarily for the personal comfort or convenience of the Covered Person, Covered Person's family, a Health Care Practitioner or provider; g. treatment or services provided by a standby Health Care Practitioner; or, h. treatment or services provided by a masseur, masseuse or massage therapist, massage therapy, a rolfer. 18. Treatment, services, and supplies for growth hormone therapy, including growth hormone medication and its derivatives or other drugs used to stimulate, promote or delay growth or to delay puberty to allow for increased growth. 19. Treatment, services, and supplies related to the following conditions, regardless of underlying causes: sex transformation, gender dysphoric disorder, gender reassignment, and treatment of sexual function, dysfunction or inadequacy, treatment to enhance, restore or improve sexual energy, performance or desire. 20. Treatment, services, and supplies related to: maternity, pregnancy (except Complications of Pregnancy), routine well newborn care at birth including nursery care, abortion. 21. Treatment for or treatment use of: a. genetic testing or counseling, genetic services and related procedures for screening purposes including, but not limited to, amniocentesis and chronic villi testing; b. services, drugs or medicines used to treat males or females for



an infertility diagnosis regardless of intended use including, but not limited to: artificial insemination, in vitro fertilization, reversal of reproductive sterilization, any treatment to promote conception; c. sterilization; d. cryopreservation of sperm or eggs; e. surrogate pregnancy; f. fetal surgery, treatment or services; g. umbilical cord stem cell or other blood component harvest and storage in the absence of Sickness or Injury; or, h. circumcision. 22. Spinal and other adjustments, manipulations, subluxation treatment, and/or services. 23. Treatment for behavior modification or behavioral (conduct) problems, learning disabilities, developmental delays, attention deficit disorders, hyperactivity, educational testing, training or materials, memory improvement, cognitive enhancement or training, vocational or work hardening programs, transitional living, except for Outpatient diabetes self-management training and education for treatment of a Covered Person with diabetes. 24. Treatment for or through use of: a. non-medical items, self-care or self-help programs; b. aroma therapy; c. meditation or relaxation therapy; d. naturopathic medicine; e. treatment of hyperhidrosis (excessive sweating); f. acupuncture, biofeedback, neurotherapy, electrical stimulation; g. Inpatient treatment of chronic pain disorders; h. treatment of spider veins; i. family or marriage counseling; j. applied behavior therapy treatment for autistic spectrum disorders; k. smoking deterrence or cessation; l. snoring or sleep disorders; m. change in skin coloring or pigmentation; or, n. stress Management. 25. Sickness or Injury resulting from abuse or overdose of any illegal or controlled substance, except when administered in accordance with the advice of the Covered Person's Health Care Practitioner. 26. Treatment of Sickness or Injury when a contributing cause of the condition was the Covered Person's voluntary attempt to commit or participation in or commission of a felony, whether or not charged, or as a consequence of the Covered Person being under the influence of any illegal or non-prescribed controlled substance while committing a felony. 27. Services ordered, directed, or performed by a Health Care Practitioner or supplies purchased from a Medical Supply Provider who is a Covered Person, an Immediate Family Member, employer of a Covered Person, or a person who ordinarily resides with a Covered Person. 28. Any amount in excess of the lifetime Maximum Benefit or any other Maximum Benefit limitation for covered scheduled benefits. 29. Treatment that does not meet the definition of a Covered Event in this Policy including, but not limited to, treatment that is not Medically Necessary. 30. Treatment, services, and supplies for Experimental or Investigational Services. 31. Treatment incurred outside of the United States. 32. Sickness or Injury caused or aggravated by suicide, attempted suicide, or self-inflicted Sickness or Injury. 33. Drugs or medicines obtained from sources outside the United States. 34. Vitamins and/or vitamin combinations even if they are prescribed by a Health Care Practitioner. 35. Any prescription products, drugs or medicines in the following categories, whether or not prescribed by a Health Care Practitioner: a. herbal or homeopathic medicines or products; b. minerals; c. appetite suppressants; d. dietary or nutritional substances or dietary supplements; e. nutraceuticals; f. medical foods; or, g. Durable Medical Equipment/supplies. 36. Drugs or medicines that have an over-the-counter equivalent or contain the same or therapeutically equivalent active ingredient(s) as over-the-counter medication, as determined by Us. 37. Drugs or medicines administered at or by the rest home, sanitarium, extended care facility, convalescent care facility, Skilled Nursing Facility or similar institution, or dispensed at or by a Hospital, an Emergency Room, a Free-Standing Facility, an Urgent Care Facility, a Health Care Practitioner's office or other Inpatient or Outpatient setting for take home by the Covered Person. 38. Drugs or medicines used to treat, impact or influence: athletic performance, body conditioning, strengthening, energy, social phobias, slowing the normal processes of aging, daytime drowsiness, overactive bladder, dry mouth, excessive salivation, genetic make-up or genetic predisposition, prevention or treatment of hair loss, excessive hair growth or abnormal hair patterns. 39. Unit-dose drugs, drugs or medicines used to treat onychomycosis (nail fungus), botulinum toxin and its derivatives. 40. Drugs or medicines prescribed for treatment of a condition that is specifically excluded under this Policy. 41. Drugs, medicines or supplies that are illegal under federal law, such as marijuana, even if they are prescribed for medical use in a state. 42. Duplicate prescriptions, replacement of lost, stolen, destroyed, spilled or damaged prescriptions; prescription refills in excess of the number specified on the Health Care Practitioner's Prescription Order; prescriptions refilled more frequently than the prescribed dosage indicates, prescriptions refilled after one year from the Health Care Practitioner's original Prescription Order, any administration for drug injections or any other drugs or medicines obtained other than through a Pharmacy.

## Oregon

### Policy Form AFC20-HI

**Right to Examine Policy for 10 Days** - If You are not satisfied for any reason, return the Policy to Us or Our agent within 10 days after You have received it. All premiums will be refunded, Your coverage will be void from the Effective Date, and the parties shall be in the same position as if no policy had been issued.

**Pre-Existing Conditions Limitation** - We will not pay benefits for events that result from or are related to a Pre-Existing Condition, or its complications, until the Covered Person has been continuously insured under this Policy for 12 months. After this period, benefits will be available for Covered Events resulting from or related to a Pre-Existing Condition, or its complications, provided that the Covered Event occurs while this Policy is in force. Pregnancy that exists on the Covered Person's Effective Date will be considered a Pre-Existing Condition under this Policy.

**Termination** - You may cancel this Policy at any time by sending Us written notice. Upon cancellation, We will return the unearned portion of any premium paid, in accordance with the laws where the Policy was issued, minus any claims that were incurred after the termination date and paid by Us. This Policy will terminate at 12:01 a.m. local time at Your state of residence on the earliest of the following date: 1. the end of the month You attain age 65; 2. the date We receive a request in writing to terminate this Policy or on a later date that is requested by You for termination; 3. the date this Policy lapses for nonpayment of premium subject to the Grace Period provision in the Premium Provisions section; 4. the date all policies the same as this one are non-renewed in the state in which this Policy was issued or the state in which You presently reside; 5. the date We terminate or nonrenew all individual market hospital indemnity insurance policies in the state in which this Policy was issued or the state in which You presently reside. We will give You advance notice of ten (10) days, as required by state law, of the termination of Your coverage; or, 6. the date You move to a state where We do not provide insurance under a policy with the same policy design as this Policy, We reserve the right to terminate this coverage.

Coverage of a Covered Dependent will terminate on: 1. the date We receive a request in writing to terminate coverage for a Covered Dependent or on a later date that is requested by You for termination of a Covered Dependent; or, 2. the date a Covered Dependent no longer meets the



Covered Dependent definition in this Policy. We will pay benefits to the end of the time for which We have accepted premiums.

If coverage terminates due to Your death, Your spouse or Domestic Partner will become the named Policyholder provided Your spouse or Domestic Partner is a Covered Person under this Policy on the date of death.

Delay or failure to report termination of any insurance will not continue the insurance in force beyond the date it would have terminated according to this Policy.

**Exclusions** - This Policy provides benefits only for Covered Events identified in the Hospital Confinement and Other Fixed Indemnity Benefits section. We will not pay benefits for claims resulting, whether directly or indirectly, from events or loss related to or resulting from any of the following:

1. A Sickness or Injury that is the result of a work-related condition that is eligible for benefits under Workers' Compensation, Employers' Liability or similar laws even when the Covered Person does not file a claim for benefits. This exclusion will not apply to a Covered Person who is not required to have coverage under any Workers' Compensation, Employers' Liability, or similar law and does not have such coverage. However, the Covered Person must receive services in accordance with the Hospital Confinement and Other Fixed Indemnity Benefits section.
2. War or any act of war, whether declared or undeclared.
3. Participation in the military service of any country or international organization.
4. Treatment, services, or supplies that: a. are not part of a specifically listed Covered Event shown on the Schedule of Benefits; b. are due to complications of a non-covered service; c. are incurred before the Covered Person's Effective Date or after the termination date of coverage, except as provided under the Extension of Benefits provision in the Other Provisions section; or, d. are provided in a student health center or by or through a school system.
5. Glasses, contact lenses, vision therapy, exercise or training, surgery, including any complications arising therefrom, to correct visual acuity including, but not limited to, lasik and other laser surgery, radial keratotomy services or surgery to correct astigmatism, nearsightedness (myopia) and/or farsightedness (presbyopia), and vision care that is routine.
6. Hearing care that is routine, any artificial hearing device, cochlear implant, auditory prostheses or other electrical, digital, mechanical or surgical means of enhancing, creating or restoring auditory comprehension.
7. Treatment/services for foot conditions including, but not limited to: a. flat foot conditions; b. foot supportive devices, including orthotics, and corrective shoes; c. foot subluxation treatment; d. corns, bunions, calluses, toenails, fallen arches, weak feet, chronic foot strain, or symptomatic complaints of the feet; or, e. hygienic foot care that is routine.
8. Dental treatment, dental care that is routine, bridges, crowns, caps, dentures, dental implants or other dental prostheses, dental braces or dental appliances, extraction of teeth, orthodontic treatment, odontogenic cysts, any other treatment or complication of teeth and gum tissue, except as otherwise covered for an Accidental Injury.
9. Treatment of TMJ and CMJ, any appliance, medical or surgical treatment for malocclusion (teeth that do not fit together properly which creates a bite problem), protrusion or recession of the mandible (a large chin which causes an underbite or a small chin which causes an overbite), maxillary or mandibular hyperplasia (excess growth of the upper or lower jaw) or maxillary or mandibular hypoplasia (undergrowth of the upper or lower jaw).
10. Treatment of Mental/Nervous Disorders and Substance Abuse, whether organic or non-organic, chemical or nonchemical, biological or non-biological in origin and irrespective of cause, basis or inducement, including, but not limited to, drugs and medicines for Inpatient or Outpatient treatment of Mental/Nervous Disorders and Substance Abuse.
11. Any treatment, services, supplies, diagnosis, drugs, medications or regimen, whether medical or surgical, for purposes of controlling the Covered Person's weight or related to obesity or morbid obesity, whether or not weight reduction is Medically Necessary or appropriate or regardless of potential benefits for co-morbid conditions, weight reduction or weight control surgery, treatment or programs, any type of gastric bypass surgery, suction lipectomy, physical fitness programs, exercise equipment or exercise therapy, including health club membership visits or services, and nutritional counseling.
12. Organ, tissue, or cellular material donation by a Covered Person, including administrative visits for registry, computer search for donor matches, preliminary donor typing, donor counseling, donor identification, and donor activation.
13. Chemical peels, reconstructive or plastic surgery that does not alleviate a functional impairment and other confinement or treatment visits that are primarily for a Cosmetic Service as determined by Us.
14. Capsular contraction, augmentation or reduction mammoplasty, except for all stages and revisions of reconstruction of the breast following a Medically Necessary mastectomy for treatment of Cancer, including reconstruction of the other breast to produce a symmetrical appearance and treatment of lymphedemas.
15. Removal or replacement of a prosthesis, Durable Medical Equipment or Personal Medical Equipment, except for internal breast prostheses following a Medically Necessary mastectomy for treatment of Cancer and services are received in accordance with the Hospital Confinement and Other Fixed Indemnity Benefits section.
16. Prophylactic treatment, services, or surgery including, but not limited to, prophylactic mastectomy or any other treatment, services or surgery to prevent a disease process from becoming evident in the organ or tissue at a later date.
17. Treatment, services, and supplies for: a. Home Health Care; b. Hospice care; c. Skilled Nursing Facility care, Inpatient Rehabilitation Unit services; d. Custodial Care, respite care, rest care, supportive care, homemaker services; e. phone, facsimile, internet or e-mail consultation, compressed digital interactive video, audio or clinical data transmission using computer imaging by way of still-image capture and store forward; f. treatment, services, or supplies that are furnished primarily for the personal comfort or convenience of the Covered Person, Covered Person's family, a Health Care Practitioner or provider; g. treatment or services provided by a standby Health Care Practitioner; or, h. treatment or services provided by a masseur, masseuse or massage therapist, massage therapy, a rolfer.
18. Treatment, services, and supplies for growth hormone therapy, including growth hormone medication and its derivatives or other drugs used to stimulate, promote or delay growth or to delay puberty to allow for increased growth.
19. Treatment, services, and supplies related to the following conditions, regardless of underlying causes: treatment of sexual function, dysfunction or inadequacy, treatment to enhance, restore or improve sexual energy, performance or desire.
20. Treatment, services, and supplies related to: maternity, pregnancy (except Complications of Pregnancy), routine well newborn care at birth including nursery care, abortion.
21. Treatment for or treatment use of: a. genetic testing or counseling, genetic services and related procedures for screening purposes including, but not limited to, amniocentesis and chronic villi testing; b. services, drugs or medicines used to treat males or females for an infertility diagnosis regardless of intended use including, but not limited to: artificial insemination, in vitro fertilization, reversal of reproductive sterilization, any treatment to promote conception; c. sterilization; d. cryopreservation of sperm or eggs; e. surrogate pregnancy; f. fetal surgery, treatment or services; g. umbilical cord stem cell or other blood component harvest and storage in the absence of Sickness or Injury; or, h. circumcision.
22. Spinal and other adjustments, manipulations, subluxation treatment, and/or services.
23. Treatment for behavior modification or behavioral (conduct) problems, learning disabilities, developmental delays, attention deficit disorders, hyperactivity, educational testing, training or materials, memory improvement, cognitive enhancement or training, vocational or

work hardening programs, transitional living, except for Outpatient diabetes self-management training and education for treatment of a Covered Person with diabetes. 24. Treatment for or through use of: a. non-medical items, self-care or self-help programs; b. aroma therapy; c. meditation or relaxation therapy; d. naturopathic medicine; e. treatment of hyperhidrosis (excessive sweating); f. acupuncture, biofeedback, neurotherapy, electrical stimulation; g. Inpatient treatment of chronic pain disorders; h. treatment of spider veins; i. family or marriage counseling; j. applied behavior therapy treatment for autistic spectrum disorders; k. smoking deterrence or cessation; l. snoring or sleep disorders; m. change in skin coloring or pigmentation; or, n. stress Management. 25. Sickness or Injury resulting from abuse or overdose of any illegal or controlled substance, except when administered in accordance with the advice of the Covered Person's Health Care Practitioner. 26. Treatment of Sickness or Injury when a contributing cause of the condition was the Covered Person's voluntary attempt to commit or participation in or commission of a felony, whether or not charged, or as a consequence of the Covered Person being under the influence of any illegal or non-prescribed controlled substance while committing a felony. 27. Services ordered, directed, or performed by a Health Care Practitioner or supplies purchased from a Medical Supply Provider who is a Covered Person, an Immediate Family Member, employer of a Covered Person, or a person who ordinarily resides with a Covered Person. 28. Any amount in excess of the lifetime Maximum Benefit or any other Maximum Benefit limitation for covered scheduled benefits. 29. Treatment that does not meet the definition of a Covered Event in this Policy including, but not limited to, treatment that is not Medically Necessary. 30. Treatment, services, and supplies for Experimental or Investigational Services. 31. Treatment incurred outside of the United States. 32. Sickness or Injury caused or aggravated by suicide, attempted suicide, or self-inflicted Sickness or Injury. 33. Drugs or medicines obtained from sources outside the United States. 34. Vitamins and/or vitamin combinations even if they are prescribed by a Health Care Practitioner. 35. Any prescription products, drugs or medicines in the following categories, whether or not prescribed by a Health Care Practitioner: a. herbal or homeopathic medicines or products; b. minerals; c. appetite suppressants; d. dietary or nutritional substances or dietary supplements; e. nutraceuticals; f. medical foods; or, g. Durable Medical Equipment/supplies. 36. Drugs or medicines that have an over-the-counter equivalent or contain the same or therapeutically equivalent active ingredient(s) as over-the-counter medication, as determined by Us. 37. Drugs or medicines administered at or by the rest home, sanitarium, extended care facility, convalescent care facility, Skilled Nursing Facility or similar institution, or dispensed at or by a Hospital, an Emergency Room, a Free-Standing Facility, an Urgent Care Facility, a Health Care Practitioner's office or other Inpatient or Outpatient setting for take home by the Covered Person. 38. Drugs or medicines used to treat, impact or influence: athletic performance, body conditioning, strengthening, energy, social phobias, slowing the normal processes of aging, daytime drowsiness, overactive bladder, dry mouth, excessive salivation, genetic make-up or genetic predisposition, prevention or treatment of hair loss, excessive hair growth or abnormal hair patterns. 39. Unit-dose drugs, drugs or medicines used to treat onychomycosis (nail fungus), botulinum toxin and its derivatives. 40. Drugs or medicines prescribed for treatment of a condition that is specifically excluded under this Policy. 41. Drugs, medicines or supplies that are illegal under federal law, such as marijuana, even if they are prescribed for medical use in a state. 42. Duplicate prescriptions, replacement of lost, stolen, destroyed, spilled or damaged prescriptions; prescription refills in excess of the number specified on the Health Care Practitioner's Prescription Order; prescriptions refilled more frequently than the prescribed dosage indicates, prescriptions refilled after one year from the Health Care Practitioner's original Prescription Order, any administration for drug injections or any other drugs or medicines obtained other than through a Pharmacy.

## Rhode Island

### Policy Form AFC18-RI

**Right to Examine Policy for 10 Days** - If You are not satisfied for any reason, return the Policy to Us or Our agent within 10 days after You have received it. All premiums will be refunded, and Your coverage will be void from the Effective Date.

**Pre-Existing Conditions Limitation** - We will not pay benefits for events that result from or are related to a Pre-Existing Condition, or its complications, until the Covered Person has been continuously insured under this Policy for 12 months. After this period, benefits will be available for Covered Events resulting from or related to a Pre-Existing Condition, or its complications, provided that the Covered Event occurs while this Policy is in force. Pregnancy that exists on the Covered Person's Effective Date will be considered a Pre-Existing Condition under this Policy.

**Termination** - You may cancel this Policy at any time by sending Us written notice. Upon cancellation, We will return the unearned portion of any premium paid, in accordance with the laws where the Policy was issued, minus any claims that were incurred after the termination date and paid by Us. This Policy will terminate at 12:01 a.m. local time at Your state of residence on the earliest of the following date: 1. the end of the month You attain age 65; 2. the date We receive a request in writing to terminate this Policy or on a later date that is requested by You for termination; 3. the date this Policy lapses for nonpayment of premium subject to the Grace Period provision in the Premium Provisions section; 4. the date all policies the same as this one are non-renewed in the state in which this Policy was issued or the state in which You presently reside; 5. the date We terminate or nonrenew all individual market hospital indemnity insurance policies in the state in which this Policy was issued or the state in which You presently reside. We will give You advance notice, as required by state law, of the termination of Your coverage; or, 6. the date You move to a state where We do not provide insurance under a policy with the same policy design as this Policy, We reserve the right to terminate this coverage.

Coverage of a Covered Dependent will terminate on: 1. the date We receive a request in writing to terminate coverage for a Covered Dependent or on a later date that is requested by You for termination of a Covered Dependent; or, 2. the date a Covered Dependent no longer meets the Covered Dependent definition in this Policy. We will pay benefits to the end of the time for which We have accepted premiums.

If coverage terminates due to Your death, Your spouse will become the named Policyholder provided Your spouse is a Covered Person under this Policy on the date of death.

Delay or failure to report termination of any insurance will not continue the insurance in force beyond the date it would have terminated according to this Policy.

**Exclusions** - This Policy provides benefits only for Covered Events identified in the Hospital Confinement and Other Fixed Indemnity Benefits section. We will not pay benefits for claims resulting, whether directly or indirectly, from events or loss related to or resulting from any of the

following: 1. A Sickness or Injury that is the result of a work-related condition that is eligible for benefits under Workers' Compensation, Employers' Liability or similar laws even when the Covered Person does not file a claim for benefits. This exclusion will not apply to a Covered Person who is not required to have coverage under any Workers' Compensation, Employers' Liability, or similar law and does not have such coverage. However, the Covered Person must receive services in accordance with the Hospital Confinement and Other Fixed Indemnity Benefits section. 2. War or any act of war, whether declared or undeclared. 3. Participation in the military service of any country or international organization. 4. Treatment, services, or supplies that: a. are not part of a specifically listed Covered Event shown on the Schedule of Benefits; b. are due to complications of a non-covered service; c. are incurred before the Covered Person's Effective Date or after the termination date of coverage, except as provided under the Extension of Benefits provision in the Other Provisions section; or, d. are provided in a student health center or by or through a school system. 5. Glasses, contact lenses, vision therapy, exercise or training, surgery, including any complications arising therefrom, to correct visual acuity including, but not limited to, lasik and other laser surgery, radial keratotomy services or surgery to correct astigmatism, nearsightedness (myopia) and/or farsightedness (presbyopia), and vision care that is routine. 6. Hearing care that is routine, any artificial hearing device, cochlear implant, auditory prostheses or other electrical, digital, mechanical or surgical means of enhancing, creating or restoring auditory comprehension. 7. Treatment/services for foot conditions including, but not limited to: a. flat foot conditions; b. foot supportive devices, including orthotics, and corrective shoes; c. foot subluxation treatment; d. corns, bunions, calluses, toenails, fallen arches, weak feet, chronic foot strain, or symptomatic complaints of the feet; or, e. hygienic foot care that is routine. 8. Dental treatment, dental care that is routine, bridges, crowns, caps, dentures, dental implants or other dental prostheses, dental braces or dental appliances, extraction of teeth, orthodontic treatment, odontogenic cysts, any other treatment or complication of teeth and gum tissue, except as otherwise covered for an Accidental Injury. 9. Treatment of TMJ and CMJ, any appliance, medical or surgical treatment for malocclusion (teeth that do not fit together properly which creates a bite problem), protrusion or recession of the mandible (a large chin which causes an underbite or a small chin which causes an overbite), maxillary or mandibular hyperplasia (excess growth of the upper or lower jaw) or maxillary or mandibular hypoplasia (undergrowth of the upper or lower jaw). 10. Treatment of Mental/Nervous Disorders and Substance Abuse, whether organic or non-organic, chemical or nonchemical, biological or non-biological in origin and irrespective of cause, basis or inducement, including, but not limited to, drugs and medicines for Inpatient or Outpatient treatment of Mental/Nervous Disorders and Substance Abuse. 11. Any treatment, services, supplies, diagnosis, drugs, medications or regimens, whether medical or surgical, for purposes of controlling the Covered Person's weight or related to obesity or morbid obesity, whether or not weight reduction is Medically Necessary or appropriate or regardless of potential benefits for co-morbid conditions, weight reduction or weight control surgery, treatment or programs, any type of gastric bypass surgery, suction lipectomy, physical fitness programs, exercise equipment or exercise therapy, including health club membership visits or services, and nutritional counseling. 12. Organ, tissue, or cellular material donation by a Covered Person, including administrative visits for registry, computer search for donor matches, preliminary donor typing, donor counseling, donor identification, and donor activation. 13. Chemical peels, reconstructive or plastic surgery that does not alleviate a functional impairment and other confinement or treatment visits that are primarily for a Cosmetic Service as determined by Us. 14. Capsular contraction, augmentation or reduction mammoplasty, except for all stages and revisions of reconstruction of the breast following a Medically Necessary mastectomy for treatment of Cancer, including reconstruction of the other breast to produce a symmetrical appearance and treatment of lymphedemas. 15. Removal or replacement of a prosthesis, Durable Medical Equipment or Personal Medical Equipment, except for internal breast prostheses following a Medically Necessary mastectomy for treatment of Cancer and services are received in accordance with the Hospital Confinement and Other Fixed Indemnity Benefits section. 16. Prophylactic treatment, services, or surgery including, but not limited to, prophylactic mastectomy or any other treatment, services or surgery to prevent a disease process from becoming evident in the organ or tissue at a later date. 17. Treatment, services, and supplies for: a. Home Health Care; b. Hospice care; c. Skilled Nursing Facility care, Inpatient Rehabilitation Unit services; d. Custodial Care, respite care, rest care, supportive care, homemaker services; e. phone, facsimile, internet or e-mail consultation, compressed digital interactive video, audio or clinical data transmission using computer imaging by way of still-image capture and store forward; f. treatment, services, or supplies that are furnished primarily for the personal comfort or convenience of the Covered Person, Covered Person's family, a Health Care Practitioner or provider; g. treatment or services provided by a standby Health Care Practitioner; or, h. treatment or services provided by a masseur, masseuse or massage therapist, massage therapy, a rolfer. 18. Treatment, services, and supplies for growth hormone therapy, including growth hormone medication and its derivatives or other drugs used to stimulate, promote or delay growth or to delay puberty to allow for increased growth. 19. Treatment, services, and supplies related to the following conditions, regardless of underlying causes: sex transformation, gender dysphoric disorder, gender reassignment, and treatment of sexual function, dysfunction or inadequacy, treatment to enhance, restore or improve sexual energy, performance or desire. 20. Treatment, services, and supplies related to: maternity, pregnancy (except Complications of Pregnancy), routine well newborn care at birth including nursery care, abortion. 21. Treatment for or treatment use of: a. genetic testing or counseling, genetic services and related procedures for screening purposes including, but not limited to, amniocentesis and chronic villi testing; b. services, drugs or medicines used to treat males or females for an infertility diagnosis regardless of intended use including, but not limited to: artificial insemination, in vitro fertilization, reversal of reproductive sterilization, any treatment to promote conception; c. sterilization; d. cryopreservation of sperm or eggs; e. surrogate pregnancy; f. fetal surgery, treatment or services; g. umbilical cord stem cell or other blood component harvest and storage in the absence of Sickness or Injury; or, h. circumcision. 22. Spinal and other adjustments, manipulations, subluxation treatment, and/or services. 23. Treatment for behavior modification or behavioral (conduct) problems, learning disabilities, developmental delays, attention deficit disorders, hyperactivity, educational testing, training or materials, memory improvement, cognitive enhancement or training, vocational or work hardening programs, transitional living, except for Outpatient diabetes self-management training and education for treatment of a Covered Person with diabetes. 24. Treatment for or through use of: a. non-medical items, self-care or self-help programs; b. aroma therapy; c. meditation or relaxation therapy; d. naturopathic medicine; e. treatment of hyperhidrosis (excessive sweating); f. acupuncture, biofeedback, neurotherapy, electrical stimulation; g. Inpatient treatment of chronic pain disorders; h. treatment of spider veins; i. family or marriage counseling; j. applied behavior therapy treatment for autistic spectrum disorders; k. smoking deterrence or cessation; l. snoring or sleep disorders; m. change in skin coloring or pigmentation; or, n. stress Management. 25. Sickness or Injury resulting from abuse or overdose of any illegal or controlled substance, except when administered in accordance with the advice of the Covered Person's Health Care Practitioner. 26. Treatment of Sickness or Injury when a contributing cause of the condition was the Covered Person's voluntary attempt to commit or participation in or commission of a felony, whether or not charged, or as a consequence of the Covered Person being under the influence of any illegal or non-prescribed controlled substance while committing a felony. 27. Services ordered, directed, or performed by a Health Care Practitioner or supplies purchased from a Medical Supply Provider who is a Covered Person, an Immediate Family Member, employer of a Covered Person, or a person who ordinarily resides with a Covered Person. 28. Any amount in excess of the lifetime Maximum Benefit or any other Maximum Benefit limitation for covered scheduled benefits. 29. Treatment that does not meet the definition of a Covered Event in this Policy including, but not limited to, treatment that is not Medically Necessary. 30.



Treatment, services, and supplies for Experimental or Investigational Services. 31. Treatment incurred outside of the United States. 32. Sickness or Injury caused or aggravated by suicide, attempted suicide, or self-inflicted Sickness or Injury. 33. Drugs or medicines obtained from sources outside the United States. 34. Vitamins and/or vitamin combinations even if they are prescribed by a Health Care Practitioner. 35. Any prescription products, drugs or medicines in the following categories, whether or not prescribed by a Health Care Practitioner: a. herbal or homeopathic medicines or products; b. minerals; c. appetite suppressants; d. dietary or nutritional substances or dietary supplements; e. nutraceuticals; f. medical foods; or, g. Durable Medical Equipment/supplies. 36. Drugs or medicines that have an over-the-counter equivalent or contain the same or therapeutically equivalent active ingredient(s) as over-the-counter medication, as determined by Us. 37. Drugs or medicines administered at or by the rest home, sanitarium, extended care facility, convalescent care facility, Skilled Nursing Facility or similar institution, or dispensed at or by a Hospital, an Emergency Room, a Free-Standing Facility, an Urgent Care Facility, a Health Care Practitioner's office or other Inpatient or Outpatient setting for take home by the Covered Person. 38. Drugs or medicines used to treat, impact or influence: athletic performance, body conditioning, strengthening, energy, social phobias, slowing the normal processes of aging, daytime drowsiness, overactive bladder, dry mouth, excessive salivation, genetic make-up or genetic predisposition, prevention or treatment of hair loss, excessive hair growth or abnormal hair patterns. 39. Unit-dose drugs, drugs or medicines used to treat onychomycosis (nail fungus), botulinum toxin and its derivatives. 40. Drugs or medicines prescribed for treatment of a condition that is specifically excluded under this Policy. 41. Drugs, medicines or supplies that are illegal under federal law, such as marijuana, even if they are prescribed for medical use in a state. 42. Duplicate prescriptions, replacement of lost, stolen, destroyed, spilled or damaged prescriptions; prescription refills in excess of the number specified on the Health Care Practitioner's Prescription Order; prescriptions refilled more frequently than the prescribed dosage indicates, prescriptions refilled after one year from the Health Care Practitioner's original Prescription Order, any administration for drug injections or any other drugs or medicines obtained other than through a Pharmacy.

## Virginia

### Policy Form AFC18-VA

**Right to Examine Policy for 10 Days** - If You are not satisfied for any reason, return the Policy to Us or Our agent within 10 days after You have received it, and the premium You paid will be promptly refunded. If You return the Policy within 10 days from the date of receipt, coverage under the Policy will become void from its inception upon the mailing or delivery of the Policy to Us or Our agent.

**Pre-Existing Conditions Limitation** - We will not pay benefits for events that result from a Pre-Existing Condition until the Covered Person has been continuously insured under this Policy for 12 months. After this period, benefits will be available for Covered Events resulting from a Pre-Existing Condition, provided that the Covered Event occurs while this Policy is in force. Pregnancy that exists on the Covered Person's Effective Date will be considered a Pre-Existing Condition under this Policy.

**Termination** - Your Policy will terminate at 12:00 a.m. local time at Your state of residence on the earliest of the following date: 1. the end of the month You attain age 65, unless We accepted the renewal premium. If We accepted the renewal premium, coverage shall continue in force, subject to any right of cancellation, during the period for which the renewal premium was accepted by Us; 2. the date We receive a request in writing to terminate this Policy or on a later date that is requested by You for termination; or 3. the date this Policy lapses for nonpayment of premium subject to the Grace Period provision in the Premium Provisions section.

Coverage of a Covered Dependent will terminate on: 1. the date We receive a request in writing to terminate coverage for a Covered Dependent or on a later date that is requested by You for termination of a Covered Dependent; or, 2. the date a Covered Dependent no longer meets the Covered Dependent definition in this Policy. If We accepted premium for coverage beyond the date a Covered Dependent no longer meets the Covered Dependent definition 3. in this Policy, coverage shall continue in force, subject to any right of cancellation, during the period for which the premium was accepted by Us. We will pay benefits to the end of the time for which We have accepted premiums.

If coverage terminates due to Your death, Your spouse will become the named Policyholder provided Your spouse is a Covered Person under this Policy on the date of death.

**Exclusions** - This Policy provides benefits only for Covered Events identified in the Hospital Confinement and Other Fixed Indemnity Benefits section. We will not pay benefits for claims resulting, whether directly or indirectly, from events or loss related to or resulting from any of the following: 1. War or any act of war (whether declared or undeclared); participation in a riot or insurrections; service in the armed forces or auxiliary units. (If the Covered Person enters full time, active duty in the military service, they may suspend this Policy, see the "Military Service" provision in this Policy.) 2. Treatment, services, or supplies that are Pre-Existing Conditions, except for congenital anomalies of a Covered Dependent child. 3. Eyeglasses, hearing aids and the examination for prescription or fitting thereof. 4. Treatment/services for foot conditions including: a. flat foot conditions; or, b. corns, calluses, fallen arches, weak feet, chronic foot strain, or symptomatic complaints of the feet. 5. Dental care or treatment, except as otherwise covered for an Accidental Injury. 6. Treatment of Mental Disorders. 7. Cosmetic surgery. This exclusion does not apply if the reconstructive surgery is incidental to or follows surgery from a covered trauma, infection, or other diseases of the involved part, or is due to congenital disease or anomaly of a Covered Dependent child which has resulted in a functional defect. 8. Treatment, services, and supplies for Custodial Care or rest care. 9. Treatment related to pregnancy (except Complications of Pregnancy). 10. Care in connection with the detection and correction by manual or mechanical means of structural imbalance, distortion, or subluxation of the human body for purposes of removing nerve interference and the effects thereof, where such interference is the result of or related to distortion, misalignment or subluxation of, or in the vertebral column. 11. Services ordered, directed, or performed by a Health Care Practitioner or supplies purchased from a Medical Supply Provider who is a Covered Person, or an Immediate Family Member of a Covered Person. 12. Treatment incurred outside of the United States ("treatment" includes drugs or medicines obtained from sources outside of the United States). 13. Suicide (sane or insane), attempted suicide or intentionally self-inflicted Injury. 14. Services or care not Medically Necessary.

