

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, or call their toll-free number at 800-318-2596.

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Alabama

Policy Form AFC20-AL

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 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. Treatment of Mental/Nervous Disorders and 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 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.

Alaska

Policy Form AFC20-AK

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 45 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 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 prescribed by a Health Care Practitioner 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. 14. Capsular contraction, augmentation or reduction mammoplasty, except for all stages and revisions of reconstruction of the breast following a mastectomy by a Health Care Practitioner 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 mastectomy by a Health Care Practitioner 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 prophylactic treatment, services or surgery to reduce the risk or prevent a disease from occurring in an organ or tissue. 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 being intoxicated or under the influence of a narcotic unless administered on the advice of a physician. 26. Treatment of Sickness or Injury when 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. 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 provided by a Health Care Practitioner. 30. Treatment, services, and supplies for Experimental or Investigational Services. 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. 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.

Arizona

Policy Form AFC20-AZ

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. Complications of Pregnancy are treated as any other Sickness and will only be considered a Pre-Existing Condition if they existed prior to the Effective Date of coverage.

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. 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. 15. 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. 16. 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. 17. 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. 18. Treatment, services, and supplies related to: maternity, pregnancy (except Complications of Pregnancy), routine well newborn care at birth including nursery care, abortion. 19. 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. 20. 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. 21. 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. 22. A Sickness or Injury resulting from the Covered Person being intoxicated or under the influence of any narcotic unless administered on the advice of the Covered Person's Health Care Practitioner. 23. Treatment of Sickness or Injury when a contributing cause of the condition was the Covered Person's attempt to commit a felony or to which a contributing cause was the Covered Person being engaged in an illegal occupation. 24. Services ordered, directed, or performed by a Health Care Practitioner or supplies purchased from a Medical Supply Provider who is a Covered Person, employer of a Covered Person, or a person who ordinarily resides with a Covered Person who is not the Covered Person's family member. 25. Any amount in excess of the lifetime Maximum Benefit or any other Maximum Benefit limitation for covered scheduled benefits. 26. 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. 27. Treatment, services, and supplies for Experimental or Investigational Services. 28. Treatment incurred outside of the United States. 29. Sickness or Injury caused or aggravated by suicide, attempted suicide, or self-inflicted Sickness or Injury. 30. Drugs or medicines obtained from sources outside the United States. 31. Vitamins and/or vitamin combinations even if they are prescribed by a Health Care

Practitioner. 32. 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. 33. 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. 34. 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. 35. 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. 36. Unit-dose drugs, drugs or medicines used to treat onychomycosis (nail fungus), botulinum toxin and its derivatives. 37. Drugs or medicines prescribed for treatment of a condition that is specifically excluded under this Policy. 38. Drugs, medicines or supplies that are illegal under federal law, such as marijuana, even if they are prescribed for medical use in a state. 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.

Arkansas

Policy Form AFC20-AR

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 (see the "Military Service" provision herein). 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.

Delaware

Policy Form AFC20-DE

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.

Georgia

Policy Form AFC20-GA

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. War or any act of war, whether declared or undeclared. 2. Participation in the military service of any country or international organization. 3. 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. 4. 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. 5. 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. 6. 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. 7. 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. 8. 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). 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. A Sickness or Injury resulting from the Covered Person being intoxicated, as defined by the State of occurrence, or under the influence of a narcotic, except when administered in accordance with the advice of the Covered Person's Health Care Practitioner. 25. A Sickness or Injury when a contributing cause was the Covered Person's commission of a felony, or attempt to commit a felony, or to which a contributing cause was the Covered Person being engaged in an illegal occupation. 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.

Hawaii

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, 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 or Your Reciprocal Beneficiary will become the named Policyholder provided Your spouse or Reciprocal Beneficiary 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 being intoxicated or under the influence of a narcotic unless administered on the advice of a physician. 26. Treatment of Sickness or Injury when a contributing cause of the condition 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. 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.

Illinois

Policy Form AFC20-IL

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 (except Complications of 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 civil union partner will become the named Policyholder provided Your spouse or civil union 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 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 Use Disorders, 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 and medicines for Inpatient or Outpatient treatment of Mental/Nervous Disorders and Substance Use Disorders. 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 (except for 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, or being under the influence of any over-the-counter drug unless administered in accordance to the manufacturer's instructions. 26. Treatment of Sickness or Injury when a contributing cause of the condition 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. 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.

Iowa

Policy Form AFC20-IA

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.

Kentucky

Policy Form AFC20-KY

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 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: 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 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 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, elective abortion. 21. Treatment for or treatment use of: a. genetic testing or counseling, genetic services and related procedures for screening purposes including 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: 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 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.

Louisiana

Policy Form AFC20-LA

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, and We will give You 60 days advance written notice, as required by state law, of the termination of Your coverage; 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, and We will give You 60 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, and We will give You 60 days advance written notice, as required by state law, of the termination of Your 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; or,
 - g. umbilical cord stem cell or other blood component harvest and storage in the absence of Sickness or Injury.
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, unless administered by a licensed chiropractor acting within the scope of their chiropractic license;
 - 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. The Covered Person being intoxicated or being under the influence of narcotics unless administered on the advice of the Covered Person's Health Care Practitioner.
25. The Covered Person's commission of or attempt to commit a felony or to which a contributing cause was the insured being engaged in an illegal occupation.
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.

Maine

Policy Form AFC20-ME

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 it was delivered to You. 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 intentional 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.

Minnesota

Policy Form AFC20-MN

Right to Examine Policy for 10 Days - If You are not satisfied for any reason, You may return the Policy to Us by giving Us or Our agent written notice of cancellation of the Policy anytime before midnight on the 10th day (or 30 days if it is a replacement policy) following the date You receive this Policy, and You may give notice personally or by mail. If by mail, the notice or return of the Policy is effective upon being postmarked, properly addressed, and postage prepaid. All premiums will be refunded within 10 days after notice of cancellation and the returned Policy is received by Us or Our agent, and Your coverage will be void, as if it was never issued, 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 - 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; or, 4. the date You die.

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 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. loss sustained or contracted in consequence of the Covered Person being under the influence of any narcotic, unless, administered on the advice of the Covered Person's Health Care Practitioner. 26. 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. 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. 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.

Mississippi

Policy Form AFC20-MS

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 AFC20-RTI 0420

termination; 3. The date this Policy lapses for nonpayment of premium subject to the Grace Period provision in the Premium Provision 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 there from, 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 a Sickness or an 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.

Montana

Policy Form AFC20-MT

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 delivery to You. 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 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.

Nebraska

Policy Form AFC20-NE

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 an Injury when a contributing cause of the condition 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. 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.

Nevada

Policy Form AFC20-NV

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. We will give You 60 days' advance notice, as required by state law, of the termination of Your coverage; 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 60 days' 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/domestic partner will become the named Policyholder provided Your spouse/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 losses that are caused by or are as a result of 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 which is not Medically Necessary, and any extraction of teeth and the application of orthodontic device(s) and splint(s) for the treatment of TMJ and CMJ; 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. 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 (excluding acts of domestic violence), whether or not charged, or as a consequence of the Covered Person being under the influence of any illegal or nonprescribed 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. 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.

North Carolina

Policy Form AFC20-NC

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 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 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, or death of the insured, 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 Provision 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 Sufficient 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. Services or supplies for the treatment of an Occupational Injury or Sickness which are paid under the North Carolina Workers' Compensation Act only to the extent such services or supplies are the liability of the employee, employer or workers' compensation insurance carrier according to a final adjudication under the North Carolina Workers' Compensation Act or an order of the North Carolina Industrial Commission approving a settlement agreement under the North Carolina Workers' Compensation Act. 2. War or any act of war, whether declared or undeclared, except for acts of terrorism against the general population. 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); 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 or 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 or 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; 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. This exclusion does not apply if the confinement or treatment visit is with respect to a medically diagnosed congenital defect or anomaly, including, but not limited to, cleft palate or cleft lip, of a newborn child, foster child, or adopted child who is born, placed, or adopted under this Policy while this Policy was in force. 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 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. This exclusion does not apply if the therapy or Prescription Order is with respect to a medically diagnosed congenital defect or anomaly, including, but not limited to, cleft palate or cleft lip, of a child, foster child, or adopted child who is born, placed, or adopted under this Policy while this Policy was in force. 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 a Sickness or an 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. A Sickness of 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 an 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.

North Dakota

Policy Form AFC20-ND

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 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.

Oklahoma

Policy Form AFC20-OK

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. If We do not return any premium or moneys paid within 30 days from the date of cancellation, We will pay interest on the proceeds.

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), while serving in the military or an auxiliary unit attached to the military or working in an area of war whether voluntarily or as required by an employer. 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 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.

Pennsylvania

Policy Form AFC20-PA

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 30 days advance written notice 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; or, 7. You no longer meet the Renewal Condition as defined on the cover of this Policy.

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 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 covered by any Workers' Compensation Act, Occupational Disease Law, or by the United State's Longshoreman's Harbor Workers' Compensation Act. This exclusion will not apply to a Covered Person who is not required to have coverage under any Workers' Compensation Act, Occupational Disease Law, or by the United States Longshoreman's Harbor Workers' Compensation Act 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. 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); vision care that is routine, except when necessitated by a Covered Event for which this Policy provides a Scheduled Benefit. 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, except when necessitated by a Covered Event for which this Policy provides a Scheduled Benefit. 7. Except when necessitated by a Covered Event for which this Policy provides a Scheduled Benefit, 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. Except when necessitated by a Covered Event for which this Policy provides a Scheduled Benefit, treatment of Temporomandibular Joint Dysfunction and Craniomandibular Joint Dysfunction, 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 or Substance-Related Disorders. 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. Except when necessitated by a Covered Event for which this Policy provides a Scheduled Benefit, 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, except when necessitated by a Covered Event for which this Policy provides a Scheduled Benefit. 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. A Sickness or Injury resulting from any loss sustained or contracted as a consequence of the Covered Person being intoxicated, or under the influence of any narcotic, unless administered on the advice of a physician. 26. Treatment of Sickness or an Injury when 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. 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.

South Carolina Policy Form AFC20-SC

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. 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.

South Dakota

Policy Form AFC20-SD

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 paid 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 due to complications of a non-covered service; b. 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, 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. 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. 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, non-prescribed controlled substance, or alcohol or drugs 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 (unless the Immediate Family Member is the only Health Care Practitioner in the area provided that the Health Care Practitioner is acting within the scope of practice), 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.

Tennessee

Policy Form AFC20-TN

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.

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 Worker's 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 Worker's 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. This exclusion does not apply to Hospital and anesthesia services associated with any Hospital dental procedure if the procedure is performed on an insured minor 8 years of age or younger and cannot be safely performed in a dental office setting.
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 non-chemical, 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 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. 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 intentionally 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.

Texas

Policy Form AFC20-TX

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 Worker's 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 Worker's 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 recommended by a Health Care Practitioner or appropriate or regardless of potential benefits for comorbid 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. 14. Capsular contraction, augmentation or reduction mammoplasty, except for all stages and revisions of reconstruction of the breast following a mastectomy by a Health Care Practitioner, 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 mastectomy by a Health Care Practitioner 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. 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 provided by a Health Care Practitioner. 29. Treatment, services, and supplies for Experimental or Investigational Services. 30. Sickness or Injury caused or aggravated by suicide, attempted suicide, or 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. 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.

Utah

Policy Form AFC20-UT

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 it was delivered to You. 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 rolfar. 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, 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, 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.

West Virginia Policy Form AFC20-WV

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 Condition Limitations - 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. A Sickness of Injury resulting from the Insured being intoxicated or under the influence of any narcotic unless administered on 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.

Wisconsin Policy Form AFC20

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 Condition Limitations - 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.

Wyoming

Policy Form AFC20-WY

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 that are not specifically excluded by name or description in the Policy, Rider or endorsement.

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.

