

# Out-of-Pocket Protection Plan

## This is a Hospital Confinement Protection Insurance Policy

### TEN-DAY RIGHT TO RETURN

If, You are not satisfied, 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

This Policy and any attached Rider(s) do not cover Pre-Existing Conditions whether disclosed in the application or not, for the first 12 months beginning on the date that person becomes an Insured on this Policy or Rider.

By Pre-Existing Conditions, We mean those conditions for which medical advice or treatment was received or recommended from their Health Care Practitioner within a 12 month period preceding the Policy Effective Date of the coverage of the insured person.

Conditions specifically named or described as excluded in any part of this Policy are never covered.

### EXCLUSIONS AND LIMITATIONS

This Policy provides benefits only for losses 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:

- a. being intoxicated or under the influence of any narcotic unless administered on the advice of a physician;
- b. suicide or intentionally self-inflicted injuries by the Insured to him-/herself;
- c. act of war whether declared or undeclared;
- d. he Insured's commission of or attempt to commit a felony or to which a contributing cause was the Insured's being engaged in an illegal occupation;
- e. Cosmetic Service dental treatment or dental surgery. This exclusion does not apply if the treatment or surgery is: (1) due to an Injury; or, (2) to restore normal bodily functions or create a normal appearance as a result of congenital defects, developmental abnormalities, trauma, infection, tumors, or disease;
- f. care that is primarily for rest, convalescence, or rehabilitation;
- g. treatment of Mental/Nervous Disorders and Substance Abuse;
- h. any Pre-Existing Conditions as defined in this Policy, subject to the Time Limit on Certain Defenses provision;
- i. conditions specifically excluded by amendment or endorsement;
- j. Cosmetic Service surgery. This exclusion does not apply if the surgery is: (1) due to an Injury; or (2) to restore normal bodily functions or create a normal appearance as a result of congenital defects, developmental abnormalities, trauma, infection, tumors, or disease. (3) devices or surgery to restore or achieve symmetry incident to mastectomy, including coverage for all complications including lymphedema;
- k. being incarcerated in a penal institution or government detention facility;
- l. driving any taxi for wage, compensation, or profit;
- m. operating, learning to operate, or serving as a crew member of any aircraft;
- n. engaging in hang-gliding, hot air ballooning, bungee jumping, parachuting, scuba diving, sail gliding, parasailing, parakiting, or any similar activities;
- o. riding in or driving any motor-driven vehicle in a race, stunt show, or speed test; or,
- p. officiating, coaching, practicing for, or participating in any semi-professional or professional competitive athletic contest for which the insured is receiving compensation or that such activity(s) qualify as the insured's occupation.

## 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.

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 69;
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; or, The date You die.
4. 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.

When such Insured's insurance ends, We will consider any claim that began before the insurance ended.

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.

**THIS HOSPITAL INDEMNITY INSURANCE PLAN IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. LACK OF MAJOR MEDICAL COVERAGE (OR OTHER MINIMUM ESSENTIAL COVERAGE) MAY RESULT IN AN ADDITIONAL PAYMENT WITH YOUR TAXES.**

## POLICY FORM NUMBER

C-GAPJ15-PA

