

# Short-Term Care

This is a Short Term Facility Care Insurance Policy  
Underwritten by Standard Life and Casualty Insurance Company  
Administrative Office: P.O. Box 510690, Salt Lake City, UT 84151-0690  
Toll Free Telephone: 800-327-0695

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## Alabama

Policy Form AL7060, AL7060I

**Notice Of Insured's Right To Examine Policy For Thirty Days** - Please read Your Policy. If You are not satisfied for any reason, return the Policy to Standard Life and Casualty Insurance Company's Administrative Office within 30 days after it is delivered to You. As soon as You deliver or mail the Policy to Us, it is treated as if it was never issued. We will return Your premium paid, less any claims paid.

**Pre-Existing Conditions Limitations** - This Policy and any attached benefit rider(s) do not cover Pre-Existing Conditions whether disclosed in the application or not, for the first six (6) months beginning on the date You become insured under this Policy.

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

**Termination** - This Policy will terminate at 11:59 p.m. local time at Your state of residence on the earlier of: 1. when You fail to pay premiums before the end of the Grace Period; 2. the date You die; or 3. the date We receive a request in writing to cancel this Policy or on a later date that is requested by You for cancellation.

**Prescription Drug Limitations and Exclusions** - We will NOT pay benefits for: 1. drugs or medicines obtained from sources outside of the United States or Canada; 2. vitamins and/or vitamin combinations even if they are prescribed by a duly licensed health care practitioner; 3. any prescription products, drugs, or medicines in the following categories, whether or not prescribed by a duly licensed 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; or f. medical foods; 4. drugs or medicines 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 You; 5. drugs or medicines prescribed for treatment of a condition that is specifically excluded under this Policy; 6. drugs, medicines, or supplies that are illegal under federal law, such as marijuana, even if they are prescribed for medical use in a state; 7. duplicate prescriptions, replacement of lost, stolen, destroyed, spilled, or damaged prescriptions; 8. any administration for drug injections or any other drugs or medicines obtained other than through a Pharmacy with a Prescription Order; 9. Prescription Drug refills more than the number specified on the Prescription Order; 10. Prescription Drugs refilled more frequently than the prescribed dosage indicates; or 11. Prescription Drug that is filled on or after the date this insurance coverage terminates.

**Limitations and Exclusions** - We will NOT pay benefits for: 1. illness, treatment, or medical condition arising out of: a. war or act of war (whether declared or undeclared); b. Your participation in a felony, riot, or insurrection; or c. Your attempted suicide (while sane or insane), or intentionally self-inflicted injury; 2. confinement due to alcoholism or drug addiction; 3. Durable Medical Equipment; 4. confinement, treatment, or care received outside of the United States [except for Prescription Drugs received from Canada]; 5. loss that is caused by a Mental or Nervous Disorder; or 6. treatment provided in a government facility (unless otherwise required by law), and services for which no charge is normally made in the absence of insurance.

## Alaska

Policy Form AL7060AK, AL7060IAK

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**Prescription Drug Limitations and Exclusions** - We will not pay benefits for: 1. drugs or medicines obtained from sources outside of the United States or Canada; 2. vitamins and/or vitamin combinations even if they are prescribed by a duly licensed health care practitioner; 3. any prescription products, drugs, or medicines in the following categories, whether or not prescribed by a duly licensed 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; or f. medical foods; 4. drugs or medicines 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 You; 5. drugs or medicines prescribed for treatment of a condition that is specifically excluded under this Policy; 6. drugs, medicines, or supplies that are illegal under federal law, such as marijuana, even if they are prescribed for medical use in a state; 7. duplicate prescriptions, replacement of lost, stolen, destroyed, spilled, or damaged prescriptions; 8. any administration for drug injections or any other drugs or medicines obtained other than through a Pharmacy with a Prescription Order; 9. Prescription Drug refills more than the number specified on the Prescription Order; 10. Prescription Drugs refilled more frequently than the prescribed dosage indicates; or 11. Prescription Drug that is filled on or after the date this insurance coverage terminates.

**Limitations and Exclusions** - We will NOT pay benefits for: 1. illness, treatment, or medical condition arising out of: a. war or act of war (whether declared or undeclared); b. Your participation in a felony, riot, or insurrection; or c. Your attempted suicide (while sane or insane), or intentionally self-inflicted injury; 2. confinement due to alcoholism or drug addiction; 3. Durable Medical Equipment; 4. confinement, treatment, or care received outside of the United States [except for Prescription Drugs received from Canada]; 5. loss that is caused by a Mental or Nervous Disorder; or 6. treatment provided in a government facility (unless otherwise required by law), and services for which no charge is normally made in the absence of insurance.

## Arkansas

Policy Form AL7060AR, AL7060IAR

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**Termination** - This Policy will terminate at 11:59 p.m. local time at Your state of residence on the earlier of: 1. when You fail to pay premiums before the end of the Grace Period; 2. the date You die; or 3. the date We receive a request in writing to cancel this Policy or on a later date that is requested by You for cancellation.

**Prescription Drug Limitations and Exclusions** - We will not pay benefits for: 1. drugs or medicines obtained from sources outside of the United States or Canada; 2. vitamins and/or vitamin combinations even if they are prescribed by a duly licensed health care practitioner; 3. any prescription products, drugs, or medicines in the following categories, whether or not prescribed by a duly licensed 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; or f. medical foods; 4. drugs or medicines 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 You; 5. drugs or medicines prescribed for treatment of a condition that is specifically excluded under this Policy; 6. drugs, medicines, or supplies that are illegal under federal law, such as marijuana, even if they are prescribed for medical use in a state; 7. duplicate prescriptions, replacement of lost, stolen, destroyed, spilled, or damaged prescriptions; 8. any administration for drug injections or any other drugs or medicines obtained other than through a Pharmacy with a Prescription Order; 9. Prescription Drug refills more than the number specified on the Prescription Order; 10. Prescription Drugs refilled more frequently than the prescribed dosage indicates; or 11. Prescription Drug that is filled on or after the date this insurance coverage terminates.

**Limitations and Exclusions** - We will NOT pay benefits for: 1. illness, treatment, or medical condition arising out of: a. war or act of war (whether declared or undeclared); participation in a felony, riot or insurrections; service in the armed forces or unites auxiliary thereto; or b. suicide (sane or insane), attempted suicide or intentionally self-inflicted injury; or 2. loss due to You being intoxicated, as defined in the laws of the jurisdiction in which the loss occurred, or under the influence of any controlled substance unless administered on the advice of Your health care provider; 3. Durable Medical Equipment; 4. confinement, treatment, or care received outside of the United States except for Prescription Drugs received from Canada; 5. loss that is caused by a Mental or Nervous Disorder; or 6. treatment provided in a government facility (unless otherwise required by law), and services for which no charge is normally made in the absence of insurance.

## Arizona

Policy Form AL7060AZ, AL7060IAZ

**Notice Of Insured's Right To Examine Policy For Thirty Days** - If You are not satisfied with this Policy for any reason, You may return it to Us within 30 days of delivery to You for a full refund of premium by returning it to Our Administrative Office. Immediately upon such return, this Policy will be deemed void from the beginning, and the parties shall be returned to their original position as if no Policy had been issued.

**Pre-Existing Conditions Limitations** - This Policy and any attached benefit rider(s) do not cover Pre-Existing Conditions whether disclosed in the application or not, for the first six (6) months beginning on the date You become insured under this Policy.

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

**Termination** - This Policy will terminate at 11:59 p.m. local time at Your state of residence on the earlier of: 1. when You fail to pay premiums before the end of the Grace Period; 2. the date You die; or 3. the date We receive a request in writing to cancel this Policy or on a later date that is requested by You for cancellation.

**Prescription Drug Limitations and Exclusions** - We will not pay benefits for: 1. drugs or medicines obtained from sources outside of the United States or Canada; 2. vitamins and/or vitamin combinations even if they are prescribed by a duly licensed health care practitioner; 3. any prescription products, drugs, or medicines in the following categories, whether or not prescribed by a duly licensed 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; or f. medical foods; 4. drugs or medicines 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 You; 5. drugs or medicines prescribed for treatment of a condition that is specifically excluded under this Policy; 6. drugs, medicines, or supplies that are illegal under federal law, such as marijuana, even if they are prescribed for medical use in a state; 7. duplicate prescriptions, replacement of lost, stolen, destroyed, spilled, or damaged prescriptions; 8. any administration for drug injections or any other drugs or medicines obtained other than through a Pharmacy with a Prescription Order; 9. Prescription Drug refills more than the number specified on the Prescription Order; 10. Prescription Drugs refilled more frequently than the prescribed dosage indicates; or 11. Prescription Drug that is filled on or after the date this insurance coverage terminates.

**Limitations and Exclusions** - We will NOT pay benefits for: 1. illness, treatment, or medical condition arising out of: a. war or act of war (whether declared or undeclared); b. Your participation in a felony, riot, or insurrection; or c. Your attempted suicide (while sane or insane), or intentionally self-inflicted injury; 2. confinement due to alcoholism or drug addiction; 3. Durable Medical Equipment; 4. confinement, treatment, or care received outside of the United States [except for Prescription Drugs received from Canada]; 5. loss that is caused by a Mental or Nervous Disorder; or 6. treatment provided in a government facility (unless otherwise required by law), and services for which no charge is normally made in the absence of insurance.

## Colorado

Policy Form AL7060CO, AL7060ICO

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**Termination/Nonrenewal/Continuation** - This Policy will terminate at 11:59 p.m. local time at Your state of residence on the earlier of: 1. when You fail to pay premiums before the end of the Grace Period; 2. the date You die; or 3. the date We receive a request in writing to cancel this Policy or on a later date that is requested by You for cancellation.

**Prescription Drug Limitations and Exclusions** - We will not pay benefits for: 1. drugs or medicines obtained from sources outside of the United States or Canada; 2. vitamins and/or vitamin combinations even if they are prescribed by a duly licensed health care practitioner; 3. any prescription products, drugs, or medicines in the following categories, whether or not prescribed by a duly licensed 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; or f. medical foods; 4. drugs or medicines 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 You; 5. drugs or medicines prescribed for treatment of a condition that is specifically excluded under this Policy; 6. drugs, medicines, or supplies that are illegal under federal law, such as marijuana, even if they are prescribed for medical use in a state; 7. duplicate prescriptions, replacement of lost, stolen, destroyed, spilled, or damaged prescriptions; 8. any administration for drug injections or any other drugs or medicines obtained other than through a Pharmacy with a Prescription Order; 9. Prescription Drug refills more than the number specified on the Prescription Order; 10. Prescription Drugs refilled more frequently than the prescribed dosage indicates; or 11. Prescription Drug that is filled on or after the date this insurance coverage terminates.

**Limitations/Exclusions** - We will NOT pay benefits for: 1. illness, treatment, or medical condition arising out of: a. war or act of war (whether declared or undeclared); b. Your participation in a felony, riot, or insurrection; or c. Your attempted suicide while sane, or intentionally self-inflicted injury while sane; 2. confinement due to alcoholism or drug addiction; 3. Durable Medical Equipment; 4. confinement, treatment, or care received outside of the United States [except for Prescription Drugs received from Canada]; 5. loss that is caused by a Mental or Nervous Disorder; or 6. treatment provided in a government facility (unless otherwise required by law), and services for which no charge is normally made in the absence of insurance.

## District of Columbia

Policy Form AL7060DC, AL7060IDC

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**Prescription Drug Limitations and Exclusions** - We will not pay benefits for: 1. drugs or medicines obtained from sources outside of the United States or Canada; 2. vitamins and/or vitamin combinations even if they are prescribed by a duly licensed health care practitioner; 3. any prescription products, drugs, or medicines in the following categories, whether or not prescribed by a duly licensed 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; or f. medical foods; 4. drugs or medicines 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 You; 5. drugs or medicines prescribed for treatment of a condition that is specifically excluded under this Policy; 6. drugs, medicines, or supplies that are illegal under federal law, such as marijuana, even if they are prescribed for medical use in a state; 7. duplicate prescriptions, replacement of lost, stolen, destroyed, spilled, or damaged prescriptions; 8. any administration for drug injections or any other drugs or medicines obtained other than through a Pharmacy with a Prescription Order; 9. Prescription Drug refills more than the number specified on the Prescription Order; 10. Prescription Drugs refilled more frequently than the prescribed dosage indicates; or 11. Prescription Drug that is filled on or after the date this insurance coverage terminates.

**Limitations/Exclusions** - We will NOT pay benefits for: 1. illness, treatment, or medical condition arising out of: a. war or act of war (whether declared or undeclared); b. You committing or attempting to commit a felony; or c. Your attempted suicide (while sane or insane), or intentionally self-inflicted injury; 2. confinement due to alcoholism or drug addiction; 3. Durable Medical Equipment; 4. confinement, treatment, or care received outside of the United States except for Prescription Drugs received from Canada; 5. loss that is caused by a Mental or Nervous Disorder; or 6. treatment provided in a government facility (unless otherwise required by law), and services for which no charge is normally made in the absence of insurance.

## Georgia

Policy Form AL7060GA, AL7060IGA

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**Limitations and Exclusions** - We will NOT pay benefits for: 1. illness, treatment, or medical condition arising out of: a. war or act of war (whether declared or undeclared); b. Your participation in a felony, riot, or insurrection; or c. Your attempted suicide (while sane or insane), or intentionally self-inflicted injury; 2. confinement due to alcoholism or drug addiction; 3. Durable Medical Equipment; 4. confinement, treatment, or care received outside of the United States [except for Prescription Drugs received from Canada]; 5. loss that is caused by a Mental or Nervous Disorder; or 6. treatment provided in a government facility (unless otherwise required by law), and services for which no charge is normally made in the absence of insurance.



## Hawaii

Policy Form AL7060HI, AL7060IHI

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**Limitations and Exclusions** - We will NOT pay benefits for: 1. illness, treatment, or medical condition arising out of: a. war or act of war (whether declared or undeclared); b. Your participation in a felony, riot, or insurrection; or c. Your attempted suicide (while sane or insane), or intentionally self-inflicted injury; 2. confinement due to alcoholism or drug addiction; 3. Durable Medical Equipment; 4. confinement, treatment, or care received outside of the United States [except for Prescription Drugs received from Canada]; 5. loss that is caused by a Mental or Nervous Disorder; or 6. treatment provided in a government facility (unless otherwise required by law), and services for which no charge is normally made in the absence of insurance.

## Idaho

Policy Form AL7060ID, AL7060IID

**Notice Of Insured's Right To Examine Policy For Thirty Days** - Please read Your Policy. If You are not satisfied for any reason, return the Policy to ManhattanLife Insurance and Annuity Company's Administrative Office within 30 days after it is delivered to You. As soon as You deliver or mail the Policy to Us, it is treated as if it was never issued. We will return Your premium paid, less any claims paid.

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**Prescription Drug Limitations and Exclusions** - We will not pay benefits for: 1. drugs or medicines obtained from sources outside of the United States or Canada; 2. vitamins and/or vitamin combinations even if they are prescribed by a duly licensed health care practitioner; 3. any prescription products, drugs, or medicines in the following categories, whether or not prescribed by a duly licensed 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; or f. medical foods; 4. drugs or medicines 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 You; 5. drugs or medicines prescribed for treatment of a condition that is specifically excluded under this Policy; 6. drugs, medicines, or supplies that are illegal under federal law, such as marijuana, even if they are prescribed for medical use in a state; 7. duplicate prescriptions, replacement of lost, stolen, destroyed, spilled, or damaged prescriptions; 8. any administration for drug injections or any other drugs or medicines obtained other than through a Pharmacy with a Prescription Order; 9. Prescription Drug refills more than the number specified on the Prescription Order; 10. Prescription Drugs refilled more frequently than the prescribed dosage indicates; or 11. Prescription Drug that is filled on or after the date this insurance coverage terminates.

**Limitations and Exclusions** - We will NOT pay benefits for: 1. illness, treatment, or medical condition arising out of: a. war or act of war (whether declared or undeclared); b. Your participation in a felony, riot, or insurrection; or c. Your attempted suicide (while sane or insane), or intentionally self-inflicted injury; 2. confinement due to alcoholism or drug addiction; 3. Durable Medical Equipment; 4. confinement, treatment, or care received outside of the United States [except for Prescription Drugs received from Canada]; 5. loss that is caused by a Mental or Nervous Disorder; or 6. treatment provided in a government facility (unless otherwise required by law), and services for which no charge is normally made in the absence of insurance.

## Illinois

**Policy Form AL7060IL, AL7060IIL**

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**Termination** - This Policy will terminate at 11:59 p.m. local time at Your state of residence on the earlier of: 1. when You fail to pay premiums before the end of the Grace Period; 2. the date You die and upon receipt of the notification of such death, We will provide a pro-rata refund of any unearned premium; or 3. the date We receive a request in writing to cancel this Policy or on a later date that is requested by You for cancellation.

**Prescription Drug Limitations and Exclusions** - We will not pay benefits for: 1. drugs or medicines obtained from sources outside of the United States or Canada; 2. vitamins and/or vitamin combinations even if they are prescribed by a duly licensed health care practitioner; 3. any prescription products, drugs, or medicines in the following categories, whether or not prescribed by a duly licensed 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; or f. medical foods; 4. drugs or medicines 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 You; 5. drugs or medicines prescribed for treatment of a condition that is specifically excluded under this Policy; 6. drugs, medicines, or supplies that are illegal under federal law, such as marijuana, even if they are prescribed for medical use in a state; 7. duplicate prescriptions, replacement of lost, stolen, destroyed, spilled, or damaged prescriptions; 8. any administration for drug injections or any other drugs or medicines obtained other than through a Pharmacy with a Prescription Order; 9. Prescription Drug refills more than the number specified on the Prescription Order; 10. Prescription Drugs refilled more frequently than the prescribed dosage indicates; or 11. Prescription Drug that is filled on or after the date this insurance coverage terminates.

**Limitations and Exclusions** - We will NOT pay benefits for: 1. illness, treatment, or medical condition arising out of: a. war or act of war (whether declared or undeclared); b. Your participation in a felony, riot, or insurrection; or c. Your attempted suicide (while sane or insane), or intentionally self-inflicted injury; 2. confinement due to alcoholism or drug addiction; 3. Durable Medical Equipment; 4. confinement, treatment, or care received outside of the United States [except for Prescription Drugs received from Canada]; 5. loss that is caused by a Mental or Nervous Disorder; or 6. treatment provided in a government facility (unless otherwise required by law), and services for which no charge is normally made in the absence of insurance.

## Indiana

**Policy Form AL7060IN, AL7060IIN**

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**Pre-Existing Conditions Limitations** - This Policy and any attached benefit rider(s) do not cover Pre-Existing Conditions whether disclosed in the application or not, for the first six (6) months beginning on the date You become insured under this Policy.

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

**Termination** - This Policy will terminate at 11:59 p.m. local time at Your state of residence on the earlier of: 1. when You fail to pay premiums before the end of the Grace Period; 2. the date You die; or 3. the date We receive a request in writing to cancel this Policy or on a later date that is requested by You for cancellation.

**Prescription Drug Limitations and Exclusions** - We will not pay benefits for: 1. drugs or medicines obtained from sources outside of the United States or Canada; 2. vitamins and/or vitamin combinations even if they are prescribed by a duly licensed health care practitioner; 3. any prescription products, drugs, or medicines in the following categories, whether or not prescribed by a duly licensed 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; or f. medical foods; 4. drugs or medicines 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 You; 5. drugs or medicines prescribed for treatment of a condition that is specifically excluded under this Policy; 6. drugs, medicines, or supplies that are illegal under federal law, such as marijuana, even if they are prescribed for medical use in a state; 7. duplicate prescriptions, replacement of lost, stolen, destroyed, spilled, or damaged prescriptions; 8. any administration for drug injections or any other drugs or medicines obtained other than through a Pharmacy with a Prescription Order; 9. Prescription Drug refills more than the number specified on the Prescription Order; 10. Prescription Drugs refilled more frequently than the prescribed dosage indicates; or 11. Prescription Drug that is filled on or after the date this insurance coverage terminates.]

**Limitations and Exclusions** - We will NOT pay benefits for: 1. illness, treatment, or medical condition arising out of: a. war or act of war (whether declared or undeclared); b. Your participation in a felony, riot, or insurrection; or c. Your attempted suicide (while sane or insane), or intentionally self-inflicted injury; 2. confinement due to alcoholism or drug addiction; 3. Durable Medical Equipment; 4. confinement, treatment, or care received outside of the United States [except for Prescription Drugs received from Canada]; 5. loss that is caused by a Mental or Nervous Disorder; or 6. treatment provided in a government facility (unless otherwise required by law), and services for which no charge is normally made in the absence of insurance.

## Iowa

Policy Form AL7060IA, AL7060IIA

**Notice Of Insured's Right To Examine Policy For Thirty Days** - Please read Your Policy. If You are not satisfied for any reason, return the Policy to Standard Life and Casualty Insurance Company's Administrative Office within 30 days after it is delivered to You. As soon as You deliver or mail the Policy to Us, it is treated as if it was never issued. We will return Your premium paid, less any claims paid.

**Pre-Existing Conditions Limitations** - This Policy and any attached benefit rider(s) do not cover Pre-Existing Conditions whether disclosed in the application or not, for the first six (6) months beginning on the date You become insured under this Policy.

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

**Termination** - This Policy will terminate at 11:59 p.m. local time at Your state of residence on the earlier of: 1. when You fail to pay premiums before the end of the Grace Period; 2. the date You die; or 3. the date We receive a request in writing to cancel this Policy or on a later date that is requested by You for cancellation.

**Prescription Drug Limitations and Exclusions** - We will not pay benefits for: 1. drugs or medicines obtained from sources outside of the United States or Canada; 2. vitamins and/or vitamin combinations even if they are prescribed by a duly licensed health care practitioner; 3. any prescription products, drugs, or medicines in the following categories, whether or not prescribed by a duly licensed 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; or f. medical foods; 4. drugs or medicines 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 You; 5. drugs or medicines prescribed for treatment of a condition that is specifically excluded under this Policy; 6. drugs, medicines, or supplies that are illegal under federal law, such as marijuana, even if they are prescribed for medical use in a state; 7. duplicate prescriptions, replacement of lost, stolen, destroyed, spilled, or damaged prescriptions; 8. any administration for drug injections or any other drugs or medicines obtained other than through a Pharmacy with a Prescription Order; 9. Prescription Drug refills more than the number specified on the Prescription Order; 10. Prescription Drugs refilled more frequently than the prescribed dosage indicates; or 11. Prescription Drug that is filled on or after the date this insurance coverage terminates.

**Limitations and Exclusions** - We will NOT pay benefits for: 1. illness, treatment, or medical condition arising out of: a. war or act of war (whether declared or undeclared); b. Your participation in a felony, riot, or insurrection; or c. Your attempted suicide (while sane or insane), or intentionally self-inflicted injury; 2. confinement due to alcoholism or drug addiction; 3. Durable Medical Equipment; 4. confinement, treatment, or care received outside of the United States [except for Prescription Drugs received from Canada]; 5. loss that is caused by a Mental or Nervous Disorder; or 6. treatment provided in a government facility (unless otherwise required by law), and services for which no charge is normally made in the absence of insurance.

## Louisiana

Policy Form AL7060LA, AL7060ILA

**Notice Of Insured's Right To Examine Policy For Thirty Days** - Please read Your Policy. If You are not satisfied for any reason, return the Policy to Standard Life and Casualty Insurance Company's Administrative Office within 30 days after it is delivered to You. As soon as You deliver or mail the Policy to Us, it is treated as if it was never issued. We will return Your premium paid, less any claims paid.

**Pre-Existing Conditions Limitations** - This Policy and any attached benefit rider(s) do not cover Pre-Existing Conditions whether disclosed in the application or not, for the first six (6) months beginning on the date You become insured under this Policy.

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

**Termination** - This Policy will terminate at 11:59 p.m. local time at Your state of residence on the earlier of: 1. when You fail to pay premiums before the end of the Grace Period; 2. the date You die; or 3. the date We receive a request in writing to cancel this Policy or on a later date that is requested by You for cancellation.



**Prescription Drug Limitations and Exclusions** - We will not pay benefits for: 1. drugs or medicines obtained from sources outside of the United States or Canada; 2. vitamins and/or vitamin combinations even if they are prescribed by a duly licensed health care practitioner; 3. any prescription products, drugs, or medicines in the following categories, whether or not prescribed by a duly licensed 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; or f. medical foods; 4. drugs or medicines 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 You; 5. drugs or medicines prescribed for treatment of a condition that is specifically excluded under this Policy; 6. drugs, medicines, or supplies that are illegal under federal law, such as marijuana, even if they are prescribed for medical use in a state; 7. duplicate prescriptions, replacement of lost, stolen, destroyed, spilled, or damaged prescriptions; 8. any administration for drug injections or any other drugs or medicines obtained other than through a Pharmacy with a Prescription Order; 9. Prescription Drug refills more than the number specified on the Prescription Order; 10. Prescription Drugs refilled more frequently than the prescribed dosage indicates; or 11. Prescription Drug that is filled on or after the date this insurance coverage terminates.

**Limitations and Exclusions** - We will NOT pay benefits for: 1. illness, treatment, or medical condition arising out of: a. war or act of war (whether declared or undeclared); b. Your participation in a felony, riot, or insurrection; or c. Your attempted suicide (while sane or insane), or intentionally self-inflicted injury; 2. confinement due to alcoholism or drug addiction; 3. Durable Medical Equipment; 4. confinement, treatment, or care received outside of the United States except for Prescription Drugs received from Canada; or 5. loss that is caused by a Mental or Nervous Disorder.

## Maryland

**Policy Form AL7060MD, AL7060IMD**

**Notice Of Insured's Right To Examine Policy For Thirty Days** - Please read Your Policy. If You are not satisfied for any reason, this Policy may be surrendered for cancellation to Standard Life and Casualty Insurance Company's Administrative Office within 30 days after it is delivered to You. As soon as You deliver or mail the Policy to Us, it is treated as if it was never issued. A pro rata premium for the unexpired term of the Policy shall be returned to You.

**Pre-Existing Conditions Limitations** - This Policy and any attached benefit rider(s) do not cover Pre-Existing Conditions for the first six (6) months beginning on the date You become insured under this Policy.

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

**Termination** - This Policy will terminate at 11:59 p.m. local time at Your state of residence on the earlier of: 1. on the last day of the Grace Period, if the premium due is not paid by the last day of the Grace Period; 2. the date You die; or 3. the date We receive a request in writing to cancel this Policy or on a later date that is requested by You for cancellation.

**Prescription Drug Limitations and Exclusions** - We will not pay benefits for: 1. drugs or medicines obtained from sources outside of the United States or Canada; 2. vitamins and/or vitamin combinations even if they are prescribed by a duly licensed health care practitioner; 3. any prescription products, drugs, or medicines in the following categories, whether or not prescribed by a duly licensed 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; or f. medical foods; 4. drugs or medicines 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 You; 5. drugs or medicines prescribed for treatment of a condition that is specifically excluded under this Policy; 6. drugs, medicines, or supplies that are illegal under federal law, such as marijuana, even if they are prescribed for medical use in a state; 7. duplicate prescriptions, replacement of lost, stolen, destroyed, spilled, or damaged prescriptions; 8. any administration for drug injections or any other drugs or medicines obtained other than through a Pharmacy with a Prescription Order; 9. Prescription Drug refills more than the number specified on the Prescription Order; 10. Prescription Drugs refilled more frequently than the prescribed dosage indicates; or 11. Prescription Drug that is filled on or after the date this insurance coverage terminates.

**Limitations and Exclusions** - We will NOT pay benefits for: 1. illness, treatment, or medical condition arising out of: a. war or act of war (whether declared or undeclared); b. Your attempted suicide (while sane or insane), or intentionally self-inflicted injury; 2. Durable Medical Equipment; 3. confinement, treatment, or care received outside of the United States [except for Prescription Drugs received from Canada]; 4. loss that is caused by a Mental or Nervous Disorder; or 5. treatment provided in a government facility (unless otherwise required by law), and services for which no charge is normally made in the absence of insurance. 6. We will exclude payment of any claim, bill or other demand or request for payment for health care services that the appropriate regulatory board determines were furnished as a result of a prohibited referral.

## Michigan

**Policy Form AL7060MI, AL7060IMI**

**Notice Of Insured's Right To Examine Policy For Thirty Days** - Please read Your Policy. If You are not satisfied for any reason, return the Policy to Standard Life and Casualty Insurance Company's Administrative Office within 30 days after it is delivered to You. As soon as You deliver or mail the Policy to Us, it is treated as if it was never issued. We will return Your premium paid, less any claims paid.

**Pre-Existing Conditions Limitations** - This Policy and any attached benefit rider(s) do not cover Pre-Existing Conditions whether disclosed in the application or not, for the first six (6) months beginning on the date You become insured under this Policy.

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

**Termination** - This Policy will terminate at 11:59 p.m. local time at Your state of residence on the earlier of: 1. when You fail to pay premiums before the end of the Grace Period; 2. the date You die; or 3. the date We receive a request in writing to cancel this Policy or on a later date that is requested by You for cancellation.

**Prescription Drug Limitations and Exclusions** - We will not pay benefits for: 1. drugs or medicines obtained from sources outside of the United States or Canada; 2. vitamins and/or vitamin combinations even if they are prescribed by a duly licensed health care practitioner; 3. any prescription products, drugs, or medicines in the following categories, whether or not prescribed by a duly licensed 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; or f. medical foods; 4. drugs or medicines 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 You; 5. drugs or medicines prescribed for treatment of a condition that is specifically excluded under this Policy; 6. drugs, medicines, or supplies that are illegal under federal law, such as marijuana, even if they are prescribed for medical use in a state; 7. duplicate prescriptions, replacement of lost, stolen, destroyed, spilled, or damaged prescriptions; 8. any administration for drug injections or any other drugs or medicines obtained other than through a Pharmacy with a Prescription Order; 9. Prescription Drug refills more than the number specified on the Prescription Order; 10. Prescription Drugs refilled more frequently than the prescribed dosage indicates; or 11. Prescription Drug that is filled on or after the date this insurance coverage terminates.

**Limitations and Exclusions** - We will NOT pay benefits for: 1. illness, treatment, or medical condition arising out of war or act of war (whether declared or undeclared); 2. Your commission of or attempt to commit a felony or to which a contributing cause was You being engaged in an illegal occupation or other willful criminal activity. "Willful criminal activity," as defined in Michigan Public Act, MCL500.3452, includes but is not limited to any of the following: operating a vehicle while intoxicated in violation of section 625 of the Michigan vehicle code, 1949 PA 300, MCL 257.625, or similar law in a jurisdiction outside of this state, or operating a methamphetamine laboratory, however willful criminal activity does not include a civil infraction or other activity that does not rise to the level of a misdemeanor or felony; 3. confinement due to alcoholism or drug addiction; 4. Durable Medical Equipment; 5. confinement, treatment, or care received outside of the United States [except for Prescription Drugs received from Canada]; 6. loss that is caused by a Mental or Nervous Disorder; or 7. treatment provided in a government facility (unless otherwise required by law), and services for which no charge is normally made in the absence of insurance.

## Mississippi

Policy Form AL7060MS, AL7060IMS

**Notice Of Insured's Right To Examine Policy For Thirty Days** - Please read Your Policy. If You are not satisfied for any reason, return the Policy to Standard Life and Casualty Insurance Company's Administrative Office within 30 days after it is delivered to You. As soon as You deliver or mail the Policy to Us, it is treated as if it was never issued. We will return Your premium paid, less any claims paid.

**Pre-Existing Conditions Limitations** - This Policy and any attached benefit rider(s) do not cover Pre-Existing Conditions whether disclosed in the application or not, for the first six (6) months beginning on the date You become insured under this Policy.

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

**Termination** - This Policy will terminate at 11:59 p.m. local time at Your state of residence on the earlier of: 1. when You fail to pay premiums before the end of the Grace Period; 2. the date You die; or 3. the date We receive a request in writing to cancel this Policy or on a later date that is requested by You for cancellation.

**Prescription Drug Limitations and Exclusions** - We will not pay benefits for: 1. drugs or medicines obtained from sources outside of the United States or Canada; 2. vitamins and/or vitamin combinations even if they are prescribed by a duly licensed health care practitioner; 3. any prescription products, drugs, or medicines in the following categories, whether or not prescribed by a duly licensed 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; or f. medical foods; 4. drugs or medicines 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 You; 5. drugs or medicines prescribed for treatment of a condition that is specifically excluded under this Policy; 6. drugs, medicines, or supplies that are illegal under federal law, such as marijuana, even if they are prescribed for medical use in a state; 7. duplicate prescriptions, replacement of lost, stolen, destroyed, spilled, or damaged prescriptions; 8. any administration for drug injections or any other drugs or medicines obtained other than through a Pharmacy with a Prescription Order; 9. Prescription Drug refills more than the number specified on the Prescription Order; 10. Prescription Drugs refilled more frequently than the prescribed dosage indicates; or 11. Prescription Drug that is filled on or after the date this insurance coverage terminates.

**Limitations and Exclusions** - We will NOT pay benefits for: 1. illness, treatment, or medical condition arising out of: a. war or act of war (whether declared or undeclared); b. Your participation in a felony, riot, or insurrection; or c. Your attempted suicide (while sane or insane), or intentionally self-inflicted injury; 2. confinement due to alcoholism or drug addiction; 3. Durable Medical Equipment; 4. confinement, treatment, or care received outside of the United States [except for Prescription Drugs received from Canada]; 5. loss that is caused by a Mental or Nervous Disorder; or 6. treatment provided in a government facility (unless otherwise required by law), and services for which no charge is normally made in the absence of insurance.

## Missouri

### Policy Form AL7060MO, AL7060IMO

**Notice Of Insured's Right To Examine Policy For Thirty Days** - Please read Your Policy. If You are not satisfied for any reason, return the Policy to Standard Life and Casualty Insurance Company's Administrative Office within 30 days after it is delivered to You. As soon as You deliver or mail the Policy to Us, it is treated as if it was never issued. We will return Your premium paid, less any claims paid.

**Pre-Existing Conditions Limitations** - This Policy and any attached benefit rider(s) do not cover Pre-Existing Conditions whether disclosed in the application or not, for the first six (6) months beginning on the date You become insured under this Policy.

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

**Termination** - This Policy will terminate at 11:59 p.m. local time at Your state of residence on the earlier of: 1. when You fail to pay premiums before the end of the Grace Period; 2. the date You die; or 3. the date We receive a request in writing to cancel this Policy or on a later date that is requested by You for cancellation.

**Prescription Drug Limitations and Exclusions** - We will not pay benefits for: 1. drugs or medicines obtained from sources outside of the United States or Canada; 2. vitamins and/or vitamin combinations even if they are prescribed by a duly licensed health care practitioner; 3. any prescription products, drugs, or medicines in the following categories, whether or not prescribed by a duly licensed 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; or f. medical foods; 4. drugs or medicines 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 You; 5. drugs or medicines prescribed for treatment of a condition that is specifically excluded under this Policy; 6. drugs, medicines, or supplies that are illegal under federal law, such as marijuana, even if they are prescribed for medical use in a state; 7. duplicate prescriptions, replacement of lost, stolen, destroyed, spilled, or damaged prescriptions; 8. any administration for drug injections or any other drugs or medicines obtained other than through a Pharmacy with a Prescription Order; 9. Prescription Drug refills more than the number specified on the Prescription Order; 10. Prescription Drugs refilled more frequently than the prescribed dosage indicates; or 11. Prescription Drug that is filled on or after the date this insurance coverage terminates.

**Limitations and Exclusions** - We will NOT pay benefits for: 1. illness, treatment, or medical condition arising out of: a. war or act of war (whether declared or undeclared); b. Your participation in a felony, riot, or insurrection; or c. Your attempted suicide (while sane), or intentionally self-inflicted injury; 2. confinement due to alcoholism or drug addiction; 3. Durable Medical Equipment; 4. confinement, treatment, or care received outside of the United States except for Prescription Drugs received from Canada; 5. loss that is caused by a Mental or Nervous Disorder; or 6. treatment provided in a government facility (unless otherwise required by law), and services for which no charge is normally made in the absence of insurance.

## Montana

### Policy Form AL7060MT, AL7060IMT

**Notice Of Insured's Right To Examine Policy For Thirty Days** - Please read Your Policy. If You are not satisfied for any reason, return the Policy to Standard Life and Casualty Insurance Company's Administrative Office within 30 days after it is delivered to You. As soon as You deliver or mail the Policy to Us, it is treated as if it was never issued. We will return Your premium paid, less any claims paid.

**Pre-Existing Conditions Limitations** - This Policy and any attached benefit rider(s) do not cover Pre-Existing Conditions whether disclosed in the application or not, for the first six (6) months beginning on the date You become insured under this Policy.

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

**Termination** - This Policy will terminate at 11:59 p.m. local time at Your state of residence on the earlier of: 1. when You fail to pay premiums before the end of the Grace Period; 2. the date You die; or 3. the date We receive a request in writing to cancel this Policy or on a later date that is requested by You for cancellation.

**Prescription Drug Limitations and Exclusions** - We will not pay benefits for: 1. drugs or medicines obtained from sources outside of the United States or Canada; 2. vitamins and/or vitamin combinations even if they are prescribed by a duly licensed health care practitioner; 3. any prescription products, drugs, or medicines in the following categories, whether or not prescribed by a duly licensed 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; or f. medical foods; 4. drugs or medicines 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 You; 5. drugs or medicines prescribed for treatment of a condition that is specifically excluded under this Policy; 6. drugs, medicines, or supplies that are illegal under federal law, such as marijuana, even if they are prescribed for medical use in a state; 7. duplicate prescriptions, replacement of lost, stolen, destroyed, spilled, or damaged prescriptions; 8. any administration for drug injections or any other drugs or medicines obtained other than through a Pharmacy with a Prescription Order; 9. Prescription Drug refills more than the number specified on the Prescription Order; 10. Prescription Drugs refilled more frequently than the prescribed dosage indicates; or 11. Prescription Drug that is filled on or after the date this insurance coverage terminates.

**Limitations and Exclusions** - We will NOT pay benefits for: 1. illness, treatment, or medical condition arising out of: a. war or act of war (whether declared or undeclared); b. Your voluntary participation in a riot, or insurrection; or c. Your attempted suicide (while sane or insane), or intentionally self-inflicted injury; 2. confinement due to alcoholism or drug addiction; 3. Durable Medical Equipment; 4. confinement, treatment, or care received outside of the United States [except for Prescription Drugs received from Canada]; 5. loss that is caused by a Mental or Nervous Disorder; or 6. treatment provided in a government facility (unless otherwise required by law), and services for which no charge is normally made in the absence of insurance.

**Illegal occupation:** We shall not be liable for any loss to which a contributing cause was the Your commission of or attempt to commit a felony or to which a contributing cause was the insured's being engaged in an illegal occupation.

## Nebraska

Policy Form AL7060NE, AL7060INE

**Notice Of Insured's Right To Examine Policy For Thirty Days** - Please read Your Policy. If You are not satisfied for any reason, return the Policy to Standard Life and Casualty Insurance Company's Administrative Office within 30 days after it is delivered to You. As soon as You deliver or mail the Policy to Us, it is treated as if it was never issued. We will return Your premium paid, less any claims paid.

**Pre-Existing Conditions Limitations** - This Policy and any attached benefit rider(s) do not cover Pre-Existing Conditions whether disclosed in the application or not, for the first six (6) months beginning on the date You become insured under this Policy.

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

**Termination** - This Policy will terminate at 11:59 p.m. local time at Your state of residence on the earlier of: 1. when You fail to pay premiums before the end of the Grace Period; 2. the date You die; or 3. the date We receive a request in writing to cancel this Policy or on a later date that is requested by You for cancellation.

**Prescription Drug Limitations and Exclusions** - We will not pay benefits for: 1. drugs or medicines obtained from sources outside of the United States or Canada; 2. vitamins and/or vitamin combinations even if they are prescribed by a duly licensed health care practitioner; 3. any prescription products, drugs, or medicines in the following categories, whether or not prescribed by a duly licensed 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; or f. medical foods; 4. drugs or medicines 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 You; 5. drugs or medicines prescribed for treatment of a condition that is specifically excluded under this Policy; 6. drugs, medicines, or supplies that are illegal under federal law, such as marijuana, even if they are prescribed for medical use in a state; 7. duplicate prescriptions, replacement of lost, stolen, destroyed, spilled, or damaged prescriptions; 8. any administration for drug injections or any other drugs or medicines obtained other than through a Pharmacy with a Prescription Order; 9. Prescription Drug refills more than the number specified on the Prescription Order; 10. Prescription Drugs refilled more frequently than the prescribed dosage indicates; or 11. Prescription Drug that is filled on or after the date this insurance coverage terminates.

**Limitations and Exclusions** - We will NOT pay benefits for: 1. illness, treatment, or medical condition arising out of: a. war or act of war (whether declared or undeclared); or b. Your attempted suicide (while sane or insane), or intentionally self-inflicted injury; 2. confinement due to alcoholism or drug addiction; 3. Durable Medical Equipment; 4. confinement, treatment, or care received outside of the United States [except for Prescription Drugs received from Canada]; 5. loss that is caused by a Mental or Nervous Disorder; or 6. treatment provided in a government facility (unless otherwise required by law), and services for which no charge is normally made in the absence of insurance.

**Illegal Occupation:** We shall not be liable for any loss to which a contributing cause was Your commission of or attempt to commit a felony or to which a contributing cause was You being engaged in an illegal occupation.

## Nevada

Policy Form AL7060NV, AL7060INV

**Notice Of Insured's Right To Examine Policy For Thirty Days** - Please read Your Policy. If You are not satisfied for any reason, return the Policy to Standard Life and Casualty Insurance Company's Administrative Office within 30 days after it is delivered to You. As soon as You deliver or mail the Policy to Us, it is treated as if it was never issued. We will return Your premium paid, less any claims paid.

**Pre-Existing Conditions Limitations** - This Policy and any attached benefit rider(s) do not cover Pre-Existing Conditions whether disclosed in the application or not, for the first six (6) months beginning on the date You become insured under this Policy.

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

**Termination** - This Policy will terminate at 11:59 p.m. local time at Your state of residence on the earlier of: 1. when You fail to pay premiums by the end of the Grace Period the Policy will terminate retroactively to the end of the day next preceding the Grace Period; 2. the date You die; or 3. the date We receive a request in writing to cancel this Policy or on a later date that is requested by You for cancellation.



**Prescription Drug Limitations and Exclusions** - We will not pay benefits for: 1. drugs or medicines obtained from sources outside of the United States or Canada; 2. vitamins and/or vitamin combinations even if they are prescribed by a duly licensed health care practitioner; 3. any prescription products, drugs, or medicines in the following categories, whether or not prescribed by a duly licensed 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; or f. medical foods; 4. drugs or medicines 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 You; 5. drugs or medicines prescribed for treatment of a condition that is specifically excluded under this Policy; 6. drugs, medicines, or supplies that are illegal under federal law, such as marijuana, even if they are prescribed for medical use in a state; 7. replacement of lost, stolen, destroyed, spilled, or damaged prescriptions; 8. any administration for drug injections or any other drugs or medicines obtained other than through a Pharmacy with a Prescription Order; 9. Prescription Drug refills more than the number specified on the Prescription Order; 10. Prescription Drugs refilled more frequently than the prescribed dosage indicates; or 11. Prescription Drug that is filled on or after the date this insurance coverage terminates.

**Limitations and Exclusions** - We will NOT pay benefits for: 1. illness, treatment, or medical condition arising out of: a. war or act of war (whether declared or undeclared); b. Your participation in a felony, riot, or insurrection; or c. Your attempted suicide (while sane or insane), or intentionally self-inflicted injury; 2. confinement due to alcoholism or drug addiction; 3. Durable Medical Equipment; 4. confinement, treatment, or care received outside of the United States [except for Prescription Drugs received from Canada]; 5. loss that is caused by a Mental or Nervous Disorder; or 6. treatment provided in a government facility (unless otherwise required by law), and services for which no charge is normally made in the absence of insurance.

## **New Hampshire**

**Policy Form AL7060NH, AL7060INH**

**Notice Of Insured's Right To Examine Policy For Thirty Days** - This Policy may, at any time within 30 days after its receipt by You, be returned by delivering it or mailing it to Us or to Our agent through whom it was purchased. Immediately upon such delivery or mailing, the Policy will be deemed void from the beginning, and any premium paid on it will be refunded.

**Pre-Existing Conditions Limitations** - This Policy and any attached benefit rider(s) do not cover Pre-Existing Conditions for the first six (6) months beginning on the date You become insured under this Policy.

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

**Termination** - This Policy will terminate at 11:59 p.m. local time at Your state of residence on the earlier of: 1. when You fail to pay premiums before the end of the Grace Period; 2. the date You die; or 3. the date We receive a request in writing to cancel this Policy or on a later date that is requested by You for cancellation.

**Prescription Drug Limitations and Exclusions** - We will not pay benefits for: 1. drugs or medicines obtained from sources outside of the United States or Canada; 2. vitamins and/or vitamin combinations even if they are prescribed by a duly licensed health care practitioner; 3. any prescription products, drugs, or medicines in the following categories, whether or not prescribed by a duly licensed 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; or f. medical foods; 4. drugs or medicines 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 You; 5. drugs or medicines prescribed for treatment of a condition that is specifically excluded under this Policy; 6. drugs, medicines, or supplies that are illegal under federal law, such as marijuana, even if they are prescribed for medical use in a state; 7. duplicate prescriptions, replacement of lost, stolen, destroyed, spilled, or damaged prescriptions; 8. any administration for drug injections or any other drugs or medicines obtained other than through a Pharmacy with a Prescription Order; 9. Prescription Drug refills more than the number specified on the Prescription Order; 10. Prescription Drugs refilled more frequently than the prescribed dosage indicates; or 11. Prescription Drug that is filled on or after the date this insurance coverage terminates.

**Limitations and Exclusions** - We will NOT pay benefits for: 1. illness, treatment, or medical condition arising out of: a. war or act of war (whether declared or undeclared); b. Your participation in a felony, riot, or insurrection; or c. Your attempted suicide (while sane or insane), or intentionally self-inflicted injury; 2. confinement due to alcoholism or drug addiction; 3. confinement, treatment, or care received outside of the United States [except for Prescription Drugs received from Canada]; 4. loss that is caused by a Mental or Nervous Disorder; or 5. treatment provided in a government facility (unless otherwise required by law), and services for which no charge is normally made in the absence of insurance.

## **North Carolina**

**Policy Form AL7060NC, AL7060INC**

**Notice Of Insured's Right To Examine Policy For Thirty Days** - Please read Your Policy. If You are not satisfied for any reason, return the Policy to Standard Life and Casualty Insurance Company's Administrative Office within 30 days after it is delivered to You. As soon as You deliver or mail the Policy to Us, it is treated as if it was never issued. We will return Your premium paid, less any claims paid.



**Pre-Existing Conditions Limitations** - This Policy and any attached benefit rider(s) do not cover Pre-Existing Conditions whether disclosed in the application or not, for the first six (6) months beginning on the date You become insured under this Policy. Pre-Existing Conditions will not apply to newly insureds who are age 65 and over unless such conditions are specifically eliminated by rider.

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

**Termination** - This Policy will terminate at 11:59 p.m. local time at Your state of residence on the earlier of: 1. when You fail to pay premiums before the end of the Grace Period; 2. the date You die; or 3. the date We receive a request in writing to cancel this Policy or on a later date that is requested by You for cancellation.

**Prescription Drug Limitations and Exclusions** - We will not pay benefits for: 1. drugs or medicines obtained from sources outside of the United States or Canada; 2. vitamins and/or vitamin combinations even if they are prescribed by a duly licensed health care practitioner; 3. any prescription products, drugs, or medicines in the following categories, whether or not prescribed by a duly licensed 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; or f. medical foods; 4. drugs or medicines 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 You; 5. drugs or medicines prescribed for treatment of a condition that is specifically excluded under this Policy; 6. drugs, medicines, or supplies that are illegal under federal law, such as marijuana, even if they are prescribed for medical use in a state; 7. duplicate prescriptions, replacement of lost, stolen, destroyed, spilled, or damaged prescriptions; 8. any administration for drug injections or any other drugs or medicines obtained other than through a Pharmacy with a Prescription Order; 9. Prescription Drug refills more than the number specified on the Prescription Order; 10. Prescription Drugs refilled more frequently than the prescribed dosage indicates; or 11. Prescription Drug that is filled on or after the date this insurance coverage terminates.

**Limitations and Exclusions** - We will NOT pay benefits for: 1. illness, treatment, or medical condition arising out of: a. war or act of war, whether declared or undeclared, except acts of terrorism; b. Your participation in a felony, riot, or insurrection; or c. Your attempted suicide (while sane or insane), or intentionally self-inflicted injury; 2. confinement due to alcoholism or drug addiction; 3. Durable Medical Equipment; 4. confinement, treatment, or care received outside of the United States [except for Prescription Drugs received from Canada]; 5. loss that is caused by a Mental or Nervous Disorder; or 6. treatment provided in a government facility (unless otherwise required by law), and services for which no charge is normally made in the absence of insurance.

## North Dakota

Policy Form AL7060ND, AL7060IND

**Notice Of Insured's Right To Examine Policy For Thirty Days** - Please read Your Policy. If You are not satisfied for any reason, return the Policy to Standard Life and Casualty Insurance Company's Administrative Office within 30 days after it is delivered to You. As soon as You deliver or mail the Policy to Us, it is treated as if it was never issued. We will return Your premium paid, less any claims paid.

**Pre-Existing Conditions Limitations** - This Policy and any attached benefit rider(s) do not cover Pre-Existing Conditions whether disclosed in the application or not, for the first six (6) months beginning on the date You become insured under this Policy.

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

**Termination** - This Policy will terminate at 11:59 p.m. local time at Your state of residence on the earlier of: 1. when You fail to pay premiums before the end of the Grace Period; 2. the date You die; or 3. the date We receive a request in writing to cancel this Policy or on a later date that is requested by You for cancellation.

**Prescription Drug Limitations and Exclusions** - We will not pay benefits for: 1. drugs or medicines obtained from sources outside of the United States or Canada; 2. vitamins and/or vitamin combinations even if they are prescribed by a duly licensed health care practitioner; 3. any prescription products, drugs, or medicines in the following categories, whether or not prescribed by a duly licensed 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; or f. medical foods; 4. drugs or medicines 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 You; 5. drugs or medicines prescribed for treatment of a condition that is specifically excluded under this Policy; 6. drugs, medicines, or supplies that are illegal under federal law, such as marijuana, even if they are prescribed for medical use in a state; 7. duplicate prescriptions, replacement of lost, stolen, destroyed, spilled, or damaged prescriptions; 8. any administration for drug injections or any other drugs or medicines obtained other than through a Pharmacy with a Prescription Order; 9. Prescription Drug refills more than the number specified on the Prescription Order; 10. Prescription Drugs refilled more frequently than the prescribed dosage indicates; or 11. Prescription Drug that is filled on or after the date this insurance coverage terminates.

**Limitations and Exclusions** - We will NOT pay benefits for: 1. illness, treatment, or medical condition arising out of: a. war or act of war (whether declared or undeclared); b. Your participation in a felony, riot, or insurrection; or c. Your attempted suicide (while sane or insane), or intentionally self-inflicted injury; 2. confinement due to alcoholism or drug addiction; 3. Durable Medical Equipment; 4. confinement, treatment, or care received outside of the United States [except for Prescription Drugs received from Canada]; 5. loss that is caused by a Mental or Nervous Disorder; or 6. treatment provided in a government facility (unless otherwise required by law), and services for which no charge is normally made in the absence of insurance.

## Ohio

### Policy Form AL7060OH, AL7060IOH

**Notice Of Insured's Right To Examine Policy For Thirty Days** - Please read Your Policy. If You are not satisfied for any reason, return the Policy to Standard Life and Casualty Insurance Company's Administrative Office within 30 days after it is delivered to You. As soon as You deliver or mail the Policy to Us, it is treated as if it was never issued. We will return Your premium paid, less any claims paid.

**Pre-Existing Conditions Limitations** - This Policy and any attached benefit rider(s) do not cover Pre-Existing Conditions whether disclosed in the application or not, for the first six (6) months beginning on the date You become insured under this Policy.

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

**Termination** - This Policy will terminate at 11:59 p.m. local time at Your state of residence on the earlier of: 1. when You fail to pay premiums before the end of the Grace Period; 2. the date You die; or 3. the date We receive a request in writing to cancel this Policy or on a later date that is requested by You for cancellation.

**Prescription Drug Limitations and Exclusions** - We will not pay benefits for: 1. drugs or medicines obtained from sources outside of the United States or Canada; 2. vitamins and/or vitamin combinations even if they are prescribed by a duly licensed health care practitioner; 3. any prescription products, drugs, or medicines in the following categories, whether or not prescribed by a duly licensed 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; or f. medical foods; 4. drugs or medicines 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 You; 5. drugs or medicines prescribed for treatment of a condition that is specifically excluded under this Policy; 6. drugs, medicines, or supplies that are illegal under federal law, such as marijuana, even if they are prescribed for medical use in a state; 7. duplicate prescriptions, replacement of lost, stolen, destroyed, spilled, or damaged prescriptions; 8. any administration for drug injections or any other drugs or medicines obtained other than through a Pharmacy with a Prescription Order; 9. Prescription Drug refills more than the number specified on the Prescription Order; 10. Prescription Drugs refilled more frequently than the prescribed dosage indicates; or 11. Prescription Drug that is filled on or after the date this insurance coverage terminates.

No benefits are payable for any Opioid Analgesics. Opioid Analgesics means a controlled substance that has analgesic pharmacologic activity at the opioid receptors of the central nervous system, including the following drugs and their varying salt forms or chemical congeners: buprenorphine, butorphanol, codeine (including acetaminophen and other combination products), dihydrocodeine, fentanyl, hydrocodone (including acetaminophen combination products), hydromorphone, meperidine, methadone, morphine sulfate, oxycodone (including acetaminophen, aspirin, and other combination products), oxycodone, tapentadol, and tramadol.

**Limitations and Exclusions** - We will NOT pay benefits for: 1. illness, treatment, or medical condition arising out of: a. war or act of war (whether declared or undeclared); b. Your participation in a felony, riot, or insurrection; or c. Your attempted suicide (while sane or insane), or intentionally self-inflicted injury; 2. confinement due to alcoholism or drug addiction; 3. Durable Medical Equipment; 4. confinement, treatment, or care received outside of the United States [except for Prescription Drugs received from Canada]; 5. loss that is caused by a Mental or Nervous Disorder; or 6. treatment provided in a government facility (unless otherwise required by law), and services for which no charge is normally made in the absence of insurance.

## Oklahoma

### Policy Form AL7060OK, AL7060IOK

**Notice Of Insured's Right To Examine Policy For Thirty Days** - Please read Your Policy. If You are not satisfied for any reason, return the Policy to Standard Life and Casualty Insurance Company's Administrative Office within 30 days after it is delivered to You. As soon as You deliver or mail the Policy to Us, it is treated as if it was never issued. We will return Your premium paid, less any claims paid. 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 Limitations** - This Policy and any attached benefit rider(s) do not cover Pre-Existing Conditions whether disclosed in the application or not, for the first six (6) months beginning on the date You become insured under this Policy.

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

**Termination** - This Policy will terminate at 11:59 p.m. local time at Your state of residence on the earlier of: 1. when You fail to pay premiums before the end of the Grace Period; 2. the date You die; or 3. the date We receive a request in writing to cancel this Policy or on a later date that is requested by You for cancellation.

**Prescription Drug Limitations and Exclusions** - We will not pay benefits for: 1. drugs or medicines obtained from sources outside of the United States or Canada; 2. vitamins and/or vitamin combinations even if they are prescribed by a duly licensed health care practitioner; 3. any prescription products, drugs, or medicines in the following categories, whether or not prescribed by a duly licensed 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; or f. medical foods; 4. drugs or medicines 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 You; 5. drugs or medicines prescribed for treatment of a condition that is specifically excluded under this Policy; 6. drugs, medicines, or supplies that are illegal under federal law, such

as marijuana, even if they are prescribed for medical use in a state; 7. duplicate prescriptions, replacement of lost, stolen, destroyed, spilled, or damaged prescriptions; 8. any administration for drug injections or any other drugs or medicines obtained other than through a Pharmacy with a Prescription Order; 9. Prescription Drug refills more than the number specified on the Prescription Order; 10. Prescription Drugs refilled more frequently than the prescribed dosage indicates; or 11. Prescription Drug that is filled on or after the date this insurance coverage terminates.

**Limitations and Exclusions** - We will NOT pay benefits for: 1. illness, treatment, or medical condition arising out of: a. war or act of war (whether declared or undeclared) while serving in the military or an auxiliary unit attached to the military or working in an arena of war whether voluntarily or as required by an employer; service in the armed forces or units auxiliary thereto; b. Your participation in a felony, riot, or insurrection; or c. Your attempted suicide (while sane or insane), or intentionally self-inflicted injury; 2. confinement due to alcoholism or drug addiction; 3. Durable Medical Equipment; 4. confinement, treatment, or care received outside of the United States [except for Prescription Drugs received from Canada]; 5. loss that is caused by a Mental or Nervous Disorder; or 6. treatment provided in a government facility (unless otherwise required by law), and services for which no charge is normally made in the absence of insurance.

## South Carolina

Policy Form AL7060SC, AL7060ISC

**Notice Of Insured's Right To Examine Policy For Thirty Days** - Please read Your Policy. If You are not satisfied for any reason, return the Policy to Standard Life and Casualty Insurance Company's Administrative Office within 30 days after it is delivered to You. As soon as You deliver or mail the Policy to Us, it is treated as if it was never issued. We will return Your premium paid, less any claims paid.

**Pre-Existing Conditions Limitations** - This Policy and any attached benefit rider(s) do not cover Pre-Existing Conditions whether disclosed in the application or not, for the first six (6) months beginning on the date You become insured under this Policy.

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

**Termination** - This Policy will terminate at 11:59 p.m. local time at Your state of residence on the earlier of: 1. when You fail to pay premiums before the end of the Grace Period; 2. the date You die; or 3. the date We receive a request in writing to cancel this Policy or on a later date that is requested by You for cancellation.

**Prescription Drug Limitations and Exclusions** - We will not pay benefits for: 1. drugs or medicines obtained from sources outside of the United States or Canada; 2. vitamins and/or vitamin combinations even if they are prescribed by a duly licensed health care practitioner; 3. any prescription products, drugs, or medicines in the following categories, whether or not prescribed by a duly licensed 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; or f. medical foods; 4. drugs or medicines 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 You; 5. drugs or medicines prescribed for treatment of a condition that is specifically excluded under this Policy; 6. drugs, medicines, or supplies that are illegal under federal law, such as marijuana, even if they are prescribed for medical use in a state; 7. duplicate prescriptions, replacement of lost, stolen, destroyed, spilled, or damaged prescriptions; 8. any administration for drug injections or any other drugs or medicines obtained other than through a Pharmacy with a Prescription Order; 9. Prescription Drug refills more than the number specified on the Prescription Order; 10. Prescription Drugs refilled more frequently than the prescribed dosage indicates; or 11. Prescription Drug that is filled on or after the date this insurance coverage terminates.

**Limitations and Exclusions** - We will NOT pay benefits for: 1. illness, treatment, or medical condition arising out of: a. war or act of war (whether declared or undeclared); b. Your participation in a felony, riot, or insurrection; or c. Your attempted suicide (while sane or insane), or intentionally self-inflicted injury; 2. confinement due to alcoholism or drug addiction; 3. Durable Medical Equipment; 4. confinement, treatment, or care received outside of the United States [except for Prescription Drugs received from Canada]; 5. loss that is caused by a Mental or Nervous Disorder; or 6. treatment provided in a government facility (unless otherwise required by law), and services for which no charge is normally made in the absence of insurance.

## South Dakota

Policy Form AL7060SD, AL7060ISD

**Notice Of Insured's Right To Examine Policy For Thirty Days** - Please read Your Policy. If You are not satisfied for any reason, return the Policy to Standard Life and Casualty Insurance Company's Administrative Office within 30 days after it is delivered to You. As soon as You deliver or mail the Policy to Us, it is treated as if it was never issued. We will return Your premium paid, less any claims paid.

**Pre-Existing Conditions Limitations** - This will not pay benefits for events that result from or are related to a Pre-Existing Condition, or its complications, until the You have been continuously insured under this Policy for six (6) months. After this period, benefits will be available for covered losses resulting from or related to a Pre-Existing Condition, or its complications, provided that the loss occurs while this Policy is in force.

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

**Termination** - This Policy will terminate at 11:59 p.m. local time at Your state of residence on the earlier of: 1. when You fail to pay premiums before the end of the Grace Period; 2. the date You die; or 3. the date We receive a request in writing to cancel this Policy or on a later date that is requested by You for cancellation.

**Prescription Drug Limitations and Exclusions** - We will not pay benefits for: 1. drugs or medicines obtained from sources outside of the United States or Canada; 2. vitamins and/or vitamin combinations even if they are prescribed by a duly licensed health care practitioner; 3. any prescription products, drugs, or medicines in the following categories, whether or not prescribed by a duly licensed 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; or f. medical foods; 4. drugs or medicines 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 You; 5. drugs or medicines prescribed for treatment of a condition that is specifically excluded under this Policy; 6. drugs, medicines, or supplies that are illegal under federal law, such as marijuana, even if they are prescribed for medical use in a state; 7. duplicate prescriptions, replacement of lost, stolen, destroyed, spilled, or damaged prescriptions; 8. any administration for drug injections or any other drugs or medicines obtained other than through a Pharmacy with a Prescription Order; 9. Prescription Drug refills more than the number specified on the Prescription Order; 10. Prescription Drugs refilled more frequently than the prescribed dosage indicates; or 11. Prescription Drug that is filled on or after the date this insurance coverage terminates.

**Limitations and Exclusions** - We will NOT pay benefits for: 1. illness, treatment, or medical condition arising out of: a. war or act of war (whether declared or undeclared); b. Your participation in a felony, riot, or insurrection; or c. Your attempted suicide (while sane or insane), or intentionally self-inflicted injury; 2. treatment of alcoholism or drug addiction; 3. Durable Medical Equipment; 4. confinement, treatment, or care received outside of the United States [except for Prescription Drugs received from Canada]; 5. loss that is caused by a Mental or Nervous Disorder; or 6. treatment provided in a government facility (unless otherwise required by law), and services for which no charge is normally made in the absence of insurance.

## Tennessee

Policy Form AL7060TN, AL7060ITN

**Notice Of Insured's Right To Examine Policy For Thirty Days** - Please read Your Policy. If You are not satisfied for any reason, return the Policy to Standard Life and Casualty Insurance Company's Administrative Office within 30 days after it is delivered to You. As soon as You deliver or mail the Policy to Us, it is treated as if it was never issued. We will return Your premium paid, less any claims paid.

**Pre-Existing Conditions Limitations** - This Policy and any attached benefit rider(s) do not cover Pre-Existing Conditions whether disclosed in the application or not, for the first six (6) months beginning on the date You become insured under this Policy.

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

**Termination** - This Policy will terminate at 11:59 p.m. local time at Your state of residence on the earlier of: 1. when You fail to pay premiums before the end of the Grace Period; 2. the date You die; or 3. the date We receive a request in writing to cancel this Policy or on a later date that is requested by You for cancellation.

**Prescription Drug Limitations and Exclusions** - We will not pay benefits for: 1. drugs or medicines obtained from sources outside of the United States or Canada; 2. vitamins and/or vitamin combinations even if they are prescribed by a duly licensed health care practitioner; 3. any prescription products, drugs, or medicines in the following categories, whether or not prescribed by a duly licensed 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; or f. medical foods; 4. drugs or medicines 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 You; 5. drugs or medicines prescribed for treatment of a condition that is specifically excluded under this Policy; 6. drugs, medicines, or supplies that are illegal under federal law, such as marijuana, even if they are prescribed for medical use in a state; 7. duplicate prescriptions, replacement of lost, stolen, destroyed, spilled, or damaged prescriptions; 8. any administration for drug injections or any other drugs or medicines obtained other than through a Pharmacy with a Prescription Order; 9. Prescription Drug refills more than the number specified on the Prescription Order; 10. Prescription Drugs refilled more frequently than the prescribed dosage indicates; or 11. Prescription Drug that is filled on or after the date this insurance coverage terminates.

**Limitations and Exclusions** - We will NOT pay benefits for: 1. illness, treatment, or medical condition arising out of: a. war or act of war (whether declared or undeclared); b. Your participation in a felony, riot, or insurrection; or c. Your attempted suicide (while sane or insane), or intentionally self-inflicted injury; 2. confinement due to alcoholism or drug addiction; 3. Durable Medical Equipment; 4. confinement, treatment, or care received outside of the United States [except for Prescription Drugs received from Canada]; 5. loss that is caused by a Mental or Nervous Disorder; or 6. treatment provided in a government facility (unless otherwise required by law), and services for which no charge is normally made in the absence of insurance.

## Texas

Policy Form AL7060TX, AL7060ITX

**Notice Of Insured's Right To Examine Policy For Thirty Days** - You are entitled to have the premium paid refunded, if after You examine Policy, You are not satisfied with the Policy for any reason, and You return the Policy to Standard Life and Casualty Insurance Company's Administrative Office within 30 days after it was delivered to You. As soon as You deliver or mail the Policy to Us, the Policy will be void from the date the Policy was issued, and the parties will be in the same position as if the Policy had not been issued.



**Pre-Existing Conditions Limitations** - This Policy and any attached benefit rider(s) do not cover Pre-Existing Conditions whether disclosed in the application or not, for the first six (6) months beginning on the date You become insured under this Policy.

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

**Termination** - This Policy will terminate at 11:59 p.m. local time at Your state of residence on the earlier of: 1. when You fail to pay premiums before the end of the Grace Period; 2. the date You die; or 3. the date We receive a request in writing to cancel this Policy or on a later date that is requested by You for cancellation.

**Prescription Drug Limitations and Exclusions** - We will not pay benefits for: 1. drugs or medicines obtained from sources outside of the United States or Canada; 2. vitamins and/or vitamin combinations even if they are prescribed by a duly licensed health care practitioner; 3. any prescription products, drugs, or medicines in the following categories, whether or not prescribed by a duly licensed 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; or f. medical foods; 4. drugs or medicines 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 You; 5. drugs or medicines prescribed for treatment of a condition that is specifically excluded under this Policy; 6. drugs, medicines, or supplies that are illegal under federal law, such as marijuana, even if they are prescribed for medical use in a state; 7. duplicate prescriptions, replacement of lost, stolen, destroyed, spilled, or damaged prescriptions; 8. any administration for drug injections or any other drugs or medicines obtained other than through a Pharmacy with a Prescription Order; 9. Prescription Drug refills more than the number specified on the Prescription Order; 10. Prescription Drugs refilled more frequently than the prescribed dosage indicates; or 11. Prescription Drug that is filled on or after the date this insurance coverage terminates.

**Limitations and Exclusions** - We will NOT pay benefits for: 1. illness, treatment, or medical condition arising out of: a. war or act of war (whether declared or undeclared); b. Your participation in a felony, riot, or insurrection; or c. Your attempted suicide (while sane or insane), or intentionally self-inflicted injury; 2. confinement due to alcoholism or drug addiction; 3. Durable Medical Equipment; 4. loss that is caused by a Mental or Nervous Disorder; or 5. treatment and services for which no charge is normally made in the absence of insurance.

## Wisconsin

Policy Form AL7060WI, AL7060IWI

**Notice Of Insured's Right To Examine Policy For Thirty Days** - Please read Your Policy. If You are not satisfied for any reason, return the Policy to Standard Life and Casualty Insurance Company's Administrative Office within 30 days after it is delivered to You. As soon as You deliver or mail the Policy to Us, it is treated as if it was never issued. We will return Your premium paid, less any claims paid.

**Pre-Existing Conditions Limitations** - This Policy and any attached benefit rider(s) do not cover Pre-Existing Conditions whether disclosed in the application or not, for the first six (6) months beginning on the date You become insured under this Policy.

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

**Termination** - This Policy will terminate at 11:59 p.m. local time at Your state of residence on the earlier of: 1. when You fail to pay premiums before the end of the Grace Period; 2. the date You die; or 3. the date We receive a request in writing to cancel this Policy or on a later date that is requested by You for cancellation.

**Prescription Drug Limitations and Exclusions** - We will not pay benefits for: 1. drugs or medicines obtained from sources outside of the United States or Canada; 2. vitamins and/or vitamin combinations even if they are prescribed by a duly licensed health care practitioner; 3. any prescription products, drugs, or medicines in the following categories, whether or not prescribed by a duly licensed 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; or f. medical foods; 4. drugs or medicines 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 You; 5. drugs or medicines prescribed for treatment of a condition that is specifically excluded under this Policy; 6. drugs, medicines, or supplies that are illegal under federal law, such as marijuana, even if they are prescribed for medical use in a state; 7. duplicate prescriptions, replacement of lost, stolen, destroyed, spilled, or damaged prescriptions; 8. any administration for drug injections or any other drugs or medicines obtained other than through a Pharmacy with a Prescription Order; 9. Prescription Drug refills more than the number specified on the Prescription Order; 10. Prescription Drugs refilled more frequently than the prescribed dosage indicates; or 11. Prescription Drug that is filled on or after the date this insurance coverage terminates.

**Limitations and Exclusions** - We will NOT pay benefits for: 1. illness, treatment, or medical condition arising out of: a. war or act of war (whether declared or undeclared); b. Your participation in a felony, riot, or insurrection; or c. Your attempted suicide (while sane or insane), or intentionally self-inflicted injury; 2. confinement due to alcoholism or drug addiction; 3. Durable Medical Equipment; 4. confinement, treatment, or care received outside of the United States [except for Prescription Drugs received from Canada]; 5. loss that is caused by a Mental or Nervous Disorder; or 6. treatment provided in a government facility (unless otherwise required by law), and services for which no charge is normally made in the absence of insurance.



## West Virginia

Policy Form AL7060, AL7060I

**Notice Of Insured's Right To Examine Policy For Thirty Days** - Please read Your Policy. If You are not satisfied for any reason, return the Policy to Standard Life and Casualty Insurance Company's Administrative Office within 30 days after it is delivered to You. As soon as You deliver or mail the Policy to Us, it is treated as if it was never issued. We will return Your premium paid, less any claims paid.

**Pre-Existing Conditions Limitations** - This Policy and any attached benefit rider(s) do not cover Pre-Existing Conditions whether disclosed in the application or not, for the first six (6) months beginning on the date You become insured under this Policy.

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

**Termination** - This Policy will terminate at 11:59 p.m. local time at Your state of residence on the earlier of: 1. when You fail to pay premiums before the end of the Grace Period; 2. the date You die; or 3. the date We receive a request in writing to cancel this Policy or on a later date that is requested by You for cancellation.

**Prescription Drug Limitations and Exclusions** - We will NOT pay benefits for: 1. drugs or medicines obtained from sources outside of the United States or Canada; 2. vitamins and/or vitamin combinations even if they are prescribed by a duly licensed health care practitioner; 3. any prescription products, drugs, or medicines in the following categories, whether or not prescribed by a duly licensed 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; or f. medical foods; 4. drugs or medicines 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 You; 5. drugs or medicines prescribed for treatment of a condition that is specifically excluded under this Policy; 6. drugs, medicines, or supplies that are illegal under federal law, such as marijuana, even if they are prescribed for medical use in a state; 7. duplicate prescriptions, replacement of lost, stolen, destroyed, spilled, or damaged prescriptions; 8. any administration for drug injections or any other drugs or medicines obtained other than through a Pharmacy with a Prescription Order; 9. Prescription Drug refills more than the number specified on the Prescription Order; 10. Prescription Drugs refilled more frequently than the prescribed dosage indicates; or 11. Prescription Drug that is filled on or after the date this insurance coverage terminates.

**Limitations and Exclusions** - We will NOT pay benefits for: 1. illness, treatment, or medical condition arising out of: a. war or act of war (whether declared or undeclared); b. Your participation in a felony, riot, or insurrection; or c. Your attempted suicide (while sane or insane), or intentionally self-inflicted injury; 2. confinement due to alcoholism or drug addiction; 3. Durable Medical Equipment; 4. confinement, treatment, or care received outside of the United States [except for Prescription Drugs received from Canada]; 5. loss that is caused by a Mental or Nervous Disorder; or 6. treatment provided in a government facility (unless otherwise required by law), and services for which no charge is normally made in the absence of insurance.

## Wyoming

Policy Form AL7060WY, AL7060IWY

**Notice Of Insured's Right To Examine Policy For Thirty Days** - Please read Your Policy. If You are not satisfied for any reason, return the Policy to Standard Life and Casualty Insurance Company's Administrative Office within 30 days after it is delivered to You. As soon as You deliver or mail the Policy to Us, it is treated as if it was never issued. We will return Your premium paid, less any claims paid.

**Pre-Existing Conditions Limitations** - This Policy and any attached benefit rider(s) do not cover Pre-Existing Conditions whether disclosed in the application or not, for the first six (6) months beginning on the date You become insured under this Policy.

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

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