

Group Supplemental Medical Expense (GAP)

This is a Hospital Confinement Protection Insurance Policy
Underwritten by ManhattanLife Assurance Company of America
and Family Life Insurance Company
Administrative Office: 10777 Northwest Freeway, Houston, TX 77092
Toll Free Telephone: 800-669-9030

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Alabama

Policy Form M-8028-AL

Policyholder Renewal - With Our consent, the Policyholder may renew this Policy on each Policy Renewal Date, subject to the payment of Premiums.

Insurance will end at 11:59 p.m. local time at the Policyholder's mailing address as shown in Our records on the day before the Effective Date of the Policy anniversary if it is not renewed, unless it ends as provided in the Termination of Policy provision.

Termination of Insurance – Covered Persons - For all Covered Persons of this Policy, all insurance ends on the earlier of the following: • the last Premium paid date, subject to the Grace Period provision; • the end of the billing period when We receive a request to end this Policy; • on this Policy's termination date; or • the date the Medical Plan is modified, changed, or terminated.

For all Covered Persons of a Certificate, all insurance ends on the earlier of the following: • on this Policy's termination date; • at the end of the Grace Period, if Premium for this insurance is not paid; or • the date the Covered Person's coverage under the Medical Plan terminates.

Insurance will also end at the end of the billing period when: • the Employee retires; • the Employee is no longer eligible for this insurance; • the Employee reaches Age [65-99]; • We receive a request to end this insurance; or • the Employee dies.

For Eligible Dependents, all insurance under this Policy ends when: • a Spouse reaches Age [65-99]; • a Child reaches Age [25-30]; • the Dependent is no longer eligible for this insurance; or • the Employee's insurance ends; or • the date the Dependent's coverage under the Medical Plan terminates.

Termination of the insurance will not prejudice Claims that occur or start prior to the date that insurance ended.

Policy Termination - The Policyholder has the right to cancel this Policy on any Premium due date. Written notice must be given to Us at least [30 - 365] days before the date this Policy is to end.

We have the right to cancel this Policy on: • any Policy Renewal Date; • any Premium due date; • [if the Policyholder is paying the full cost of Coverage and less than 100% of the employees eligible for coverage are not participating in the plan;] or • the date the Medical Plan is modified, changed, or terminated.

We will give the Policyholder at least [45-60] days' notice before this Policy is to end.

This Policy and its insurance shall end if the Policyholder fails to pay the Premium before the end of the Grace Period.

Termination is without prejudice to any Claim that takes place or starts prior to the date of termination.

Limitations and Exclusions - Any expenses incurred during a period a Covered Person does not have coverage under a Medical Plan will not be eligible for Benefits.

No benefits of this Policy will be paid for loss that is caused by: • intentionally self-inflicted Injury; • suicide or any attempted suicide, while sane or insane; • taking part in an illegal occupation; • intoxication or being under the influence of any controlled substance unless administered on the advice of a Doctor; • dental services or treatments unless needed due to Injury; • routine eye examinations, eyeglasses, or the fitting thereof; • hearing aids or the fitting thereof; • any treatment, services or supplies for Wellness Services. For this exclusion, "Wellness Services" means treatment, services or supplies provided for routine health care, including but not limited to, routine health or check-up examinations, routine well child visits, mammograms and other charges incurred during a routine physical examination or checkup; • [normal pregnancy;] • Sickness or Injury if Worker's Compensation or Employer's Liability Benefits are payable; • war, declared or undeclared; • taking part in a riot or insurrection; • commission of or attempt to commit a felony; • military or naval services (On written notice to Us, We will refund premiums pro rata for any period not covered because of such service.); • any loss for which the Covered Person is not required to pay a Deductible, Copayment, or Coinsurance under the Covered Person's Medical Plan; or • any expense for which benefits are excluded under the Covered Person's Medical Plan; • any air or ground ambulance when used to transport from one facility to another facility.

Arkansas

Policy Form M-8028

Policyholder Renewal - With Our consent, the Policyholder may renew this Policy on each Policy Renewal Date, subject to the payment of Premiums.

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Insurance will also end at the end of the billing period when: • the Employee retires; • the Employee is no longer eligible for this insurance; • the Employee reaches Age [65-99]; • We receive a request to end this insurance; or • the Employee dies.

For Eligible Dependents, all insurance under this Policy ends when: • a Spouse reaches Age [65-99]; • a Child reaches Age [25-30]; • the Dependent is no longer eligible for this insurance; or • the Employee's insurance ends; or • the date the Dependent's coverage under the Medical Plan terminates.

Termination of the insurance will not prejudice Claims that occur or start prior to the date that insurance ended.

Policy Termination - The Policyholder has the right to cancel this Policy on any Premium due date. Written notice must be given to Us at least [30 - 365] days before the date this Policy is to end.

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This Policy and its insurance shall end if the Policyholder fails to pay the Premium before the end of the Grace Period.

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Limitations and Exclusions - Any expenses incurred during a period a Covered Person does not have coverage under a Medical Plan will not be eligible for Benefits.

No benefits of this Policy will be paid for loss that is caused by: • intentionally self-inflicted Injury; • suicide or any attempted suicide, while sane or insane; • taking part in an illegal occupation; • intoxication or being under the influence of any controlled substance unless administered on the advice of a Doctor; • dental services or treatments unless needed due to Injury; • routine eye examinations, eyeglasses, or the fitting thereof; • hearing aids or the fitting thereof; • any treatment, services or supplies for Wellness Services. For this exclusion, "Wellness Services" means treatment, services or supplies provided for routine health care, including but not limited to, routine health or check-up examinations, routine well child visits, mammograms and other charges incurred during a routine physical examination or checkup; • [normal pregnancy;] • Sickness or Injury if Worker's Compensation or Employer's Liability Benefits are payable; • war, declared or undeclared; • taking part in a riot or insurrection; • commission of or attempt to commit a felony; • military or naval services (On written notice to Us, We will refund premiums pro rata for any period not covered because of such service.); • any loss for which the Covered Person is not required to pay a Deductible, Copayment, or Coinsurance under the Covered Person's Medical Plan; or • any expense for which benefits are excluded under the Covered Person's Medical Plan; • any air or ground ambulance when used to transport from one facility to another facility.

Arizona

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Insurance will also end at the end of the billing period when: • the Employee retires; • the Employee is no longer eligible for this insurance; • the Employee reaches Age [65-99]; • We receive a request to end this insurance; or • the Employee dies.

For Eligible Dependents, all insurance under this Policy ends when: • a Spouse reaches Age [65-99]; • a Child reaches Age [25-30]; • the Dependent is no longer eligible for this insurance; or • the Employee's insurance ends; or • the date the Dependent's coverage under the Medical Plan terminates.

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This Policy and its insurance shall end if the Policyholder fails to pay the Premium before the end of the Grace Period.

Termination is without prejudice to any Claim that takes place or starts prior to the date of termination.

Limitations and Exclusions - Any expenses incurred during a period a Covered Person does not have coverage under a Medical Plan will not be eligible for Benefits.

No benefits of this Policy will be paid for loss that is caused by: • intentionally self-inflicted Injury; • suicide or any attempted suicide, while sane or insane; • taking part in an illegal occupation; • intoxication or being under the influence of any controlled substance unless administered on the advice of a Doctor; • dental services or treatments unless needed due to Injury; • routine eye examinations, eyeglasses, or the fitting thereof; • hearing aids or the fitting thereof; • any treatment, services or supplies for Wellness Services. For this exclusion, "Wellness Services" means treatment, services or supplies provided for routine health care, including but not limited to, routine health or check-up examinations, routine well child visits, mammograms and other charges incurred during a routine physical examination or checkup; • [normal pregnancy;] • Sickness or Injury if Worker's Compensation or Employer's Liability Benefits are payable; • war, declared or undeclared; • taking part in a riot or insurrection; • commission of or attempt to commit a felony; • military or naval services (On written notice to Us, We will refund premiums pro rata for any period not covered because of such service.); • any loss for which the Covered Person is not required to pay a Deductible, Copayment, or Coinsurance under the Covered Person's Medical Plan; or • any expense for which benefits are excluded under the Covered Person's Medical Plan; • any air or ground ambulance when used to transport from one facility to another facility.

Florida

Policy Form M-8028-FL

Policyholder Renewal - With Our consent, the Policyholder may renew this Policy on each Policy Renewal Date, subject to the payment of Premiums.

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Termination of Insurance – Covered Persons - For all Covered Persons of this Policy, all insurance ends on the earlier of the following: • the last Premium paid date, subject to the Grace Period provision; • the end of the billing period when We receive a request to end this Policy; • on this Policy's termination date; or • the date the Medical Plan is modified, changed, or terminated.

For all Covered Persons of a Certificate, all insurance ends on the earlier of the following: • on this Policy's termination date; • at the end of the Grace Period, if Premium for this insurance is not paid; or • the date the Covered Person's coverage under the Medical Plan terminates.

Insurance will also end at the end of the billing period when: • the Employee retires; • the Employee is no longer eligible for this insurance; • the Employee reaches Age [65-99]; • We receive a request to end this insurance; or • the Employee dies.

For Eligible Dependents, all insurance under this Policy ends when: • a Spouse reaches Age [65-99]; • a Child reaches Age [26-30]; • the Dependent is no longer eligible for this insurance; or • the Employee's insurance ends; or • the date the Dependent's coverage under the Medical Plan terminates.

Termination of the insurance will not prejudice Claims that occur or start prior to the date that insurance ended.

Policy Termination - The Policyholder has the right to cancel this Policy on any Premium due date. Written notice must be given to Us at least [30 - 365] days before the date this Policy is to end.

We have the right to cancel this Policy on: • any Policy Renewal Date; • any Premium due date; • [if the Policyholder is paying the full cost of Coverage and less than 100% of the employees eligible for coverage are not participating in the plan;] or • the date the Medical Plan is modified, changed, or terminated.

We will give the Policyholder at least [45-60] days' notice before this Policy is to end.

This Policy and its insurance shall end if the Policyholder fails to pay the Premium before the end of the Grace Period.

Termination is without prejudice to any Claim that takes place or starts prior to the date of termination.

Limitations and Exclusions - Any expenses incurred during a period a Covered Person does not have coverage under a Medical Plan will not be eligible for Benefits.

No benefits of this Policy will be paid for loss that is caused by: • intentionally self-inflicted Injury; • suicide or any attempted suicide, while sane or insane; • taking part in an illegal occupation; • intoxication or being under the influence of any controlled substance unless administered on the advice of a Doctor; • dental services or treatments unless needed due to Injury; • routine eye examinations, eyeglasses, or the fitting thereof; • hearing aids or the fitting thereof; • any treatment, services or supplies for Wellness Services. For this exclusion, "Wellness Services" means treatment, services or supplies provided for routine health care, including but not limited to, routine health or check-up examinations, routine well child visits, mammograms and other charges incurred during a routine physical examination or checkup; • [normal pregnancy;] • Sickness or Injury if Worker's Compensation or Employer's Liability Benefits are payable; • war, declared or undeclared; • taking part in a riot or insurrection; • commission of or attempt to commit a felony; • military or naval services (On written notice to Us, We will refund premiums pro rata for any period not covered because of such service.); • any loss for which the Covered Person is not required to pay a Deductible, Copayment, or Coinsurance under the Covered Person's Medical Plan; or • any expense for which benefits are excluded under the Covered Person's Medical Plan; • any air or ground ambulance when used to transport from one facility to another facility.

Delaware

Policy Form M-8028

Policyholder Renewal - With Our consent, the Policyholder may renew this Policy on each Policy Renewal Date, subject to the payment of Premiums.

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Termination of Insurance – Covered Persons - For all Covered Persons of this Policy, all insurance ends on the earlier of the following: • the last Premium paid date, subject to the Grace Period provision; • the end of the billing period when We receive a request to end this Policy; • on this Policy's termination date; or • the date the Medical Plan is modified, changed, or terminated.

For all Covered Persons of a Certificate, all insurance ends on the earlier of the following: • on this Policy's termination date; • at the end of the Grace Period, if Premium for this insurance is not paid; or • the date the Covered Person's coverage under the Medical Plan terminates.

Insurance will also end at the end of the billing period when: • the Employee retires; • the Employee is no longer eligible for this insurance; • the Employee reaches Age [65-99]; • We receive a request to end this insurance; or • the Employee dies.

For Eligible Dependents, all insurance under this Policy ends when: • a Spouse reaches Age [65-99]; • a Child reaches Age [25-30]; • the Dependent is no longer eligible for this insurance; or • the Employee's insurance ends; or • the date the Dependent's coverage under the Medical Plan terminates.

Termination of the insurance will not prejudice Claims that occur or start prior to the date that insurance ended.

Policy Termination - The Policyholder has the right to cancel this Policy on any Premium due date. Written notice must be given to Us at least [30 - 365] days before the date this Policy is to end.

We have the right to cancel this Policy on: • any Policy Renewal Date; • any Premium due date; • [if the Policyholder is paying the full cost of Coverage and less than 100% of the employees eligible for coverage are not participating in the plan;] or • the date the Medical Plan is modified, changed, or terminated.

We will give the Policyholder at least [45-60] days' notice before this Policy is to end.

This Policy and its insurance shall end if the Policyholder fails to pay the Premium before the end of the Grace Period.

Termination is without prejudice to any Claim that takes place or starts prior to the date of termination.

Limitations and Exclusions - Any expenses incurred during a period a Covered Person does not have coverage under a Medical Plan will not be eligible for Benefits.

No benefits of this Policy will be paid for loss that is caused by: • intentionally self-inflicted Injury; • suicide or any attempted suicide, while sane or insane; • taking part in an illegal occupation; • intoxication or being under the influence of any controlled substance unless administered on the advice of a Doctor; • dental services or treatments unless needed due to Injury; • routine eye examinations, eyeglasses, or the fitting thereof; • hearing aids or the fitting thereof; • any treatment, services or supplies for Wellness Services. For this exclusion, "Wellness Services" means treatment, services or supplies provided for routine health care, including but not limited to, routine health or check-up examinations, routine well child visits, mammograms and other charges incurred during a routine physical examination or checkup; • [normal pregnancy;] • Sickness or Injury if Worker's Compensation or Employer's Liability Benefits are payable; • war, declared or undeclared; • taking part in a riot or insurrection; • commission of or attempt to commit a felony; • military or naval services (On written notice to Us, We will refund premiums pro rata for any period not covered because of such service.); • any loss for which the Covered Person is not required to pay a Deductible, Copayment, or Coinsurance under the Covered Person's Medical Plan; or • any expense for which benefits are excluded under the Covered Person's Medical Plan; • any air or ground ambulance when used to transport from one facility to another facility.

Georgia

Policy Form M-8028

Policyholder Renewal - With Our consent, the Policyholder may renew this Policy on each Policy Renewal Date, subject to the payment of Premiums.

Insurance will end at 11:59 p.m. local time at the Policyholder's mailing address as shown in Our records on the day before the Effective Date of the Policy anniversary if it is not renewed, unless it ends as provided in the Termination of Policy provision.

Termination of Insurance – Covered Persons - For all Covered Persons of this Policy, all insurance ends on the earlier of the following: • the last Premium paid date, subject to the Grace Period provision; • the end of the billing period when We receive a request to end this Policy; • on this Policy's termination date; or • the date the Medical Plan is modified, changed, or terminated.

For all Covered Persons of a Certificate, all insurance ends on the earlier of the following: • on this Policy's termination date; • at the end of the Grace Period, if Premium for this insurance is not paid; or • the date the Covered Person's coverage under the Medical Plan terminates.

Insurance will also end at the end of the billing period when: • the Employee retires; • the Employee is no longer eligible for this insurance; • the Employee reaches Age [65-99]; • We receive a request to end this insurance; or • the Employee dies.

For Eligible Dependents, all insurance under this Policy ends when: • a Spouse reaches Age [65-99]; • a Child reaches Age [25-30]; • the Dependent is no longer eligible for this insurance; or • the Employee's insurance ends; or • the date the Dependent's coverage under the Medical Plan terminates.

Termination of the insurance will not prejudice Claims that occur or start prior to the date that insurance ended.

Policy Termination - The Policyholder has the right to cancel this Policy on any Premium due date. Written notice must be given to Us at least [30 - 365] days before the date this Policy is to end.

We have the right to cancel this Policy on: • any Policy Renewal Date; • any Premium due date; • [if the Policyholder is paying the full cost of Coverage and less than 100% of the employees eligible for coverage are not participating in the plan;] or • the date the Medical Plan is modified, changed, or terminated.

We will give the Policyholder at least [45-60] days' notice before this Policy is to end.

This Policy and its insurance shall end if the Policyholder fails to pay the Premium before the end of the Grace Period.

Termination is without prejudice to any Claim that takes place or starts prior to the date of termination.

Limitations and Exclusions - Any expenses incurred during a period a Covered Person does not have coverage under a Medical Plan will not be eligible for Benefits.

No benefits of this Policy will be paid for loss that is caused by: • intentionally self-inflicted Injury; • suicide or any attempted suicide, while sane or insane; • taking part in an illegal occupation; • intoxication or being under the influence of any controlled substance unless administered on the advice of a Doctor; • dental services or treatments unless needed due to Injury; • routine eye examinations, eyeglasses, or the fitting thereof; • hearing aids or the fitting thereof; • any treatment, services or supplies for Wellness Services. For this exclusion, "Wellness Services" means treatment, services or supplies provided for routine health care, including but not limited to, routine health or check-up examinations, routine well child visits, mammograms and other charges incurred during a routine physical examination or checkup; • [normal pregnancy;] • Sickness or Injury if Worker's Compensation or Employer's Liability Benefits are payable; • war, declared or undeclared; • taking part in a riot or insurrection; • commission of or attempt to commit a felony; • military or naval services (On written notice to Us, We will refund premiums pro rata for any period not covered because of such service.); • any loss for which the Covered Person is not required to pay a Deductible, Copayment, or Coinsurance under the Covered Person's Medical Plan; or • any expense for which benefits are excluded under the Covered Person's Medical Plan; • any air or ground ambulance when used to transport from one facility to another facility.

Hawaii

Policy Form M-8028-HI

Policyholder Renewal - With Our consent, the Policyholder may renew this Policy on each Policy Renewal Date, subject to the payment of Premiums.

Insurance will end at 11:59 p.m. local time at the Policyholder's mailing address as shown in Our records on the day before the Effective Date of the Policy anniversary if it is not renewed, unless it ends as provided in the Termination of Policy provision.

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Insurance will also end at the end of the billing period when: • the Employee retires; • the Employee is no longer eligible for this insurance; • the Employee reaches Age [65-99]; • We receive a request to end this insurance; or • the Employee dies.

For Eligible Dependents, all insurance under this Policy ends when: • a Spouse reaches Age [65-99]; • a Child reaches Age [25-30]; • the Dependent is no longer eligible for this insurance; or • the Employee's insurance ends; or • the date the Dependent's coverage under the Medical Plan terminates.

Termination of the insurance will not prejudice Claims that occur or start prior to the date that insurance ended.

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Iowa

Policy Form M-8028

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Illinois

Policy Form M-8028-IL

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Termination of Insurance – Covered Persons - For all Covered Persons of this Policy, all insurance ends on the earlier of the following: • the last Premium paid date, subject to the Grace Period provision; • the end of the billing period when We receive a request to end this Policy; • on this Policy's termination date; or • the date the Medical Plan is modified, changed, or terminated.

For all Covered Persons of a Certificate, all insurance ends on the earlier of the following: • on this Policy's termination date; • at the end of the Grace Period, if Premium for this insurance is not paid; or • the date the Covered Person's coverage under the Medical Plan terminates.

Insurance will also end at the end of the billing period when: • the Employee retires; • the Employee is no longer eligible for this insurance; • the Employee reaches Age [65-99]; • We receive a request to end this insurance; or • the Employee dies.

For Eligible Dependents, all insurance under this Policy ends when: • a Spouse reaches Age [65-99]; • a Child reaches Age [25-30]; • the Dependent is no longer eligible for this insurance; or • the Employee's insurance ends; or • the date the Dependent's coverage under the Medical Plan terminates.

Termination of the insurance will not prejudice Claims that occur or start prior to the date that insurance ended.

Policy Termination - The Policyholder has the right to cancel this Policy on any Premium due date. Written notice must be given to Us at least [30 - 365] days before the date this Policy is to end.

We have the right to cancel this Policy on: • any Policy Renewal Date; • any Premium due date; • [if the Policyholder is paying the full cost of Coverage and less than 100% of the employees eligible for coverage are not participating in the plan;] or • the date the Medical Plan is modified, changed, or terminated.

We will give the Policyholder at least [45-60] days' notice before this Policy is to end.

This Policy and its insurance shall end if the Policyholder fails to pay the Premium before the end of the Grace Period.

Termination is without prejudice to any Claim that takes place or starts prior to the date of termination.

Limitations and Exclusions - Any expenses incurred during a period a Covered Person does not have coverage under a Medical Plan will not be eligible for Benefits.

No benefits of this Policy will be paid for loss that is caused by: • intentionally self-inflicted Injury; • suicide or any attempted suicide, while sane or insane; • taking part in an illegal occupation; • intoxication or being under the influence of any controlled substance unless administered on the advice of a Doctor; • dental services or treatments unless needed due to Injury; • routine eye examinations, eyeglasses, or the fitting thereof; • hearing aids or the fitting thereof; • any treatment, services or supplies for Wellness Services. For this exclusion, "Wellness Services" means treatment, services or supplies provided for routine health care, including but not limited to, routine health or check-up examinations, routine well child visits, mammograms and other charges incurred during a routine physical examination or checkup; • [normal pregnancy;] • Sickness or Injury if Worker's Compensation or Employer's Liability Benefits are payable; • war, declared or undeclared; • taking part in a riot or insurrection; • commission of or attempt to commit a felony; • military or naval services (On written notice to Us, We will refund premiums pro rata for any period not covered because of such service.); • any loss for which the Covered Person is not required to pay a Deductible, Copayment, or Coinsurance under the Covered Person's Medical Plan; or • any expense for which benefits are excluded under the Covered Person's Medical Plan; • any air or ground ambulance when used to transport from one facility to another facility.

Kentucky

Policy Form M-8028-KY

Policyholder Renewal - With Our consent, the Policyholder may renew this Policy on each Policy Renewal Date, subject to the payment of Premiums.

Insurance will end at 11:59 p.m. local time at the Policyholder's mailing address as shown in Our records on the day before the Effective Date of the Policy anniversary if it is not renewed, unless it ends as provided in the Termination of Policy provision.

Termination of Insurance – Covered Persons - For all Covered Persons of this Policy, all insurance ends on the earlier of the following: • the last Premium paid date, subject to the Grace Period provision; • the end of the billing period when We receive a request to end this Policy; • on this Policy's termination date; or • the date the Medical Plan is modified, changed, or terminated.

For all Covered Persons of a Certificate, all insurance ends on the earlier of the following: • on this Policy's termination date; • at the end of the Grace Period, if Premium for this insurance is not paid; or • the date the Covered Person's coverage under the Medical Plan terminates.

Insurance will also end at the end of the billing period when: • the Employee retires; • the Employee is no longer eligible for this insurance; • the Employee reaches Age [65-99]; • We receive a request to end this insurance; or • the Employee dies.

For Eligible Dependents, all insurance under this Policy ends when: • a Spouse reaches Age [65-99]; • a Child reaches Age [25-30]; • the Dependent is no longer eligible for this insurance; or • the Employee's insurance ends; or • the date the Dependent's coverage under the Medical Plan terminates.

Termination of the insurance will not prejudice Claims that occur or start prior to the date that insurance ended.

Policy Termination - The Policyholder has the right to cancel this Policy on any Premium due date. Written notice must be given to Us at least [30 - 365] days before the date this Policy is to end.

We have the right to cancel this Policy on: • any Policy Renewal Date; • any Premium due date; • [if the Policyholder is paying the full cost of Coverage and less than 100% of the employees eligible for coverage are not participating in the plan;] or • the date the Medical Plan is modified, changed, or terminated.

We will give the Policyholder at least [45-60] days' notice before this Policy is to end.

This Policy and its insurance shall end if the Policyholder fails to pay the Premium before the end of the Grace Period.

Termination is without prejudice to any Claim that takes place or starts prior to the date of termination.

Limitations and Exclusions - Any expenses incurred during a period a Covered Person does not have coverage under a Medical Plan will not be eligible for Benefits.

No benefits of this Policy will be paid for loss that is caused by: • intentionally self-inflicted Injury; • suicide or any attempted suicide, while sane or insane; • taking part in an illegal occupation; • intoxication or being under the influence of any controlled substance unless administered on the advice of a Doctor; • dental services or treatments unless needed due to Injury; • routine eye examinations, eyeglasses, or the fitting thereof; • hearing aids or the fitting thereof; • any treatment, services or supplies for Wellness Services. For this exclusion, "Wellness Services" means treatment, services or supplies provided for routine health care, routine health or check-up examinations, routine well child visits, mammograms and other charges incurred during a routine physical examination or checkup; • [normal pregnancy;] • Sickness or Injury if Worker's Compensation or Employer's Liability Benefits are payable; • war, declared or undeclared; • taking part in a riot or insurrection; • commission of or attempt to commit a felony; • military or naval services (On written notice to Us, We will refund premiums pro rata for any period not covered because of such service.); • any loss for which the Covered Person is not required to pay a Deductible, Copayment, or Coinsurance under the Covered Person's Medical Plan; or • any expense for which benefits are excluded under the Covered Person's Medical Plan; • any air or ground ambulance when used to transport from one facility to another facility.

Louisiana

Policy Form M-8028-LA

Policyholder Renewal - With Our consent, the Policyholder may renew this Policy on each Policy Renewal Date, subject to the payment of Premiums.

Insurance will end at 11:59 p.m. local time at the Policyholder's mailing address as shown in Our records on the day before the Effective Date of the Policy anniversary if it is not renewed, unless it ends as provided in the Termination of Policy provision.

Termination of Insurance – Covered Persons - For all Covered Persons of this Policy, all insurance ends on the earlier of the following: • the last Premium paid date, subject to the Grace Period provision; • the end of the billing period when We receive a request to end this Policy; • on this Policy's termination date; or • the date the Medical Plan is modified, changed, or terminated.

For all Covered Persons of a Certificate, all insurance ends on the earlier of the following: • on this Policy's termination date; • at the end of the Grace Period, if Premium for this insurance is not paid; or • the date the Covered Person's coverage under the Medical Plan terminates.

Insurance will also end at the end of the billing period when: • the Employee retires; • the Employee is no longer eligible for this insurance; • the Employee reaches Age [65-99]; • We receive a request to end this insurance; or • the Employee dies.

For Eligible Dependents, all insurance under this Policy ends when: • a Spouse/Domestic Partner reaches Age [65-99]; • a Child reaches Age [25-30]; • the Dependent is no longer eligible for this insurance; or • the Employee's insurance ends; or • the date the Dependent's coverage under the Medical Plan terminates.

Termination of the insurance will not prejudice Claims that occur or start prior to the date that insurance ended.

Policy Termination - The Policyholder has the right to cancel this Policy on any Premium due date. Written notice must be given to Us at least [60 - 365] days before the date this Policy is to end.

We have the right to cancel this Policy on: • any Policy Renewal Date; • any Premium due date; • [if the Policyholder is paying the full cost of Coverage and less than 100% of the employees eligible for coverage are not participating in the plan;] or • the date the Medical Plan is modified, changed, or terminated.

We will give the Policyholder at least 60 days' notice before this Policy is to end.

This Policy and its insurance shall end if the Policyholder fails to pay the Premium before the end of the Grace Period.

Termination is without prejudice to any Claim that takes place or starts prior to the date of termination.

Limitations and Exclusions - Any expenses incurred during a period a Covered Person does not have coverage under a Medical Plan will not be eligible for Benefits.

No benefits of this Policy will be paid for loss that is caused by: • intentionally self-inflicted Injury; • suicide or any attempted suicide, while sane or insane; • taking part in an illegal occupation; • intoxication or being under the influence of any controlled substance unless administered on the advice of a Doctor; • dental services or treatments unless needed due to Injury; • routine eye examinations, eyeglasses, or the fitting thereof; • hearing aids or the fitting thereof; • any treatment, services or supplies for Wellness Services. For this exclusion, "Wellness Services" means treatment, services or supplies provided for routine health care, including but not limited to, routine health or check-up examinations, routine well child visits, mammograms and other charges incurred during a routine physical examination or checkup; • [normal pregnancy;] • Sickness or Injury if Worker's Compensation or Employer's Liability Benefits are payable; • war, declared or undeclared; • taking part in a riot or insurrection; • commission of or attempt to commit a felony; • military or naval services (On written notice to Us, We will refund premiums pro rata for any period not covered because of such service.); • any loss for which the Covered Person is not required to pay a Deductible, Copayment, or Coinsurance under the Covered Person's Medical Plan; or • any expense for which benefits are excluded under the Covered Person's Medical Plan; • any air or ground ambulance when used to transport from one facility to another facility.

Maine

Policy Form M-8028

Policyholder Renewal - With Our consent, the Policyholder may renew this Policy on each Policy Renewal Date, subject to the payment of Premiums.

Insurance will end at 11:59 p.m. local time at the Policyholder's mailing address as shown in Our records on the day before the Effective Date of the Policy anniversary if it is not renewed, unless it ends as provided in the Termination of Policy provision.

Termination of Insurance – Covered Persons - For all Covered Persons of this Policy, all insurance ends on the earlier of the following: • the last Premium paid date, subject to the Grace Period provision; • the end of the billing period when We receive a request to end this Policy; • on this Policy's termination date; or • the date the Medical Plan is modified, changed, or terminated.

For all Covered Persons of a Certificate, all insurance ends on the earlier of the following: • on this Policy's termination date; • at the end of the Grace Period, if Premium for this insurance is not paid; or • the date the Covered Person's coverage under the Medical Plan terminates.

Insurance will also end at the end of the billing period when: • the Employee retires; • the Employee is no longer eligible for this insurance; • the Employee reaches Age [65-99]; • We receive a request to end this insurance; or • the Employee dies.

For Eligible Dependents, all insurance under this Policy ends when: • a Spouse reaches Age [65-99]; • a Child reaches Age [25-30]; • the Dependent is no longer eligible for this insurance; or • the Employee's insurance ends; or • the date the Dependent's coverage under the Medical Plan terminates.

Termination of the insurance will not prejudice Claims that occur or start prior to the date that insurance ended.

Policy Termination - The Policyholder has the right to cancel this Policy on any Premium due date. Written notice must be given to Us at least [30 - 365] days before the date this Policy is to end.

We have the right to cancel this Policy on: • any Policy Renewal Date; • any Premium due date; • [if the Policyholder is paying the full cost of Coverage and less than 100% of the employees eligible for coverage are not participating in the plan;] or • the date the Medical Plan is modified, changed, or terminated.

We will give the Policyholder at least [45-60] days' notice before this Policy is to end.

This Policy and its insurance shall end if the Policyholder fails to pay the Premium before the end of the Grace Period.

Termination is without prejudice to any Claim that takes place or starts prior to the date of termination.

Limitations and Exclusions - Any expenses incurred during a period a Covered Person does not have coverage under a Medical Plan will not be eligible for Benefits.

No benefits of this Policy will be paid for loss that is caused by: • intentionally self-inflicted Injury; • suicide or any attempted suicide, while sane or insane; • taking part in an illegal occupation; • intoxication or being under the influence of any controlled substance unless administered on the advice of a Doctor; • dental services or treatments unless needed due to Injury; • routine eye examinations, eyeglasses, or the fitting thereof; • hearing aids or the fitting thereof; • any treatment, services or supplies for Wellness Services. For this exclusion, "Wellness Services" means treatment, services or supplies provided for routine health care, including but not limited to, routine health or check-up examinations, routine well child visits, mammograms and other charges incurred during a routine physical examination or checkup; • [normal pregnancy;] • Sickness or Injury if Worker's Compensation or Employer's Liability Benefits are payable; • war, declared or undeclared; • taking part in a riot or insurrection; • commission of or attempt to commit a felony; • military or naval services (On written notice to Us, We will refund premiums pro rata for any period not covered because of such service.); • any loss for which the Covered Person is not required to pay a Deductible, Copayment, or Coinsurance under the Covered Person's Medical Plan; or • any expense for which benefits are excluded under the Covered Person's Medical Plan; • any air or ground ambulance when used to transport from one facility to another facility.

Massachusetts

Policy Form M-8028

Policyholder Renewal - With Our consent, the Policyholder may renew this Policy on each Policy Renewal Date, subject to the payment of Premiums.

Insurance will end at 11:59 p.m. local time at the Policyholder's mailing address as shown in Our records on the day before the Effective Date of the Policy anniversary if it is not renewed, unless it ends as provided in the Termination of Policy provision.

Termination of Insurance – Covered Persons - For all Covered Persons of this Policy, all insurance ends on the earlier of the following: • the last Premium paid date, subject to the Grace Period provision; • the end of the billing period when We receive a request to end this Policy; • on this Policy's termination date; or • the date the Medical Plan is modified, changed, or terminated.

For all Covered Persons of a Certificate, all insurance ends on the earlier of the following: • on this Policy's termination date; • at the end of the Grace Period, if Premium for this insurance is not paid; or • the date the Covered Person's coverage under the Medical Plan terminates.

Insurance will also end at the end of the billing period when: • the Employee retires; • the Employee is no longer eligible for this insurance; • the Employee reaches Age [65-99]; • We receive a request to end this insurance; or • the Employee dies.

For Eligible Dependents, all insurance under this Policy ends when: • a Spouse reaches Age [65-99]; • a Child reaches Age [25-30]; • the Dependent is no longer eligible for this insurance; or • the Employee's insurance ends; or • the date the Dependent's coverage under the Medical Plan terminates.

Termination of the insurance will not prejudice Claims that occur or start prior to the date that insurance ended.

Policy Termination - The Policyholder has the right to cancel this Policy on any Premium due date. Written notice must be given to Us at least [30 - 365] days before the date this Policy is to end.

We have the right to cancel this Policy on: • any Policy Renewal Date; • any Premium due date; • [if the Policyholder is paying the full cost of Coverage and less than 100% of the employees eligible for coverage are not participating in the plan;] or • the date the Medical Plan is modified, changed, or terminated.

We will give the Policyholder at least [45-60] days' notice before this Policy is to end.

This Policy and its insurance shall end if the Policyholder fails to pay the Premium before the end of the Grace Period.

Termination is without prejudice to any Claim that takes place or starts prior to the date of termination.

Limitations and Exclusions - Any expenses incurred during a period a Covered Person does not have coverage under a Medical Plan will not be eligible for Benefits.

No benefits of this Policy will be paid for loss that is caused by: • intentionally self-inflicted Injury; • suicide or any attempted suicide, while sane or insane; • taking part in an illegal occupation; • intoxication or being under the influence of any controlled substance unless administered on the advice of a Doctor; • dental services or treatments unless needed due to Injury; • routine eye examinations, eyeglasses, or the fitting thereof; • hearing aids or the fitting thereof; • any treatment, services or supplies for Wellness Services. For this exclusion, "Wellness Services" means treatment, services or supplies provided for routine health care, including but not limited to, routine health or check-up examinations, routine well child visits, mammograms and other charges incurred during a routine physical examination or checkup; • [normal pregnancy;] • Sickness or Injury if Worker's Compensation or Employer's Liability Benefits are payable; • war, declared or undeclared; • taking part in a riot or insurrection; • commission of or attempt to commit a felony; • military or naval services (On written notice to Us, We will refund premiums pro rata for any period not covered because of such service.); • any loss for which the Covered Person is not required to pay a Deductible, Copayment, or Coinsurance under the Covered Person's Medical Plan; or • any expense for which benefits are excluded under the Covered Person's Medical Plan; • any air or ground ambulance when used to transport from one facility to another facility.

Michigan

Policy Form M-8028-MI

Policyholder Renewal - With Our consent, the Policyholder may renew this Policy on each Policy Renewal Date, subject to the payment of Premiums.

Insurance will end at 11:59 p.m. local time at the Policyholder's mailing address as shown in Our records on the day before the Effective Date of the Policy anniversary if it is not renewed, unless it ends as provided in the Termination of Policy provision.

Termination of Insurance – Covered Persons - For all Covered Persons of this Policy, all insurance ends on the earlier of the following: • the last Premium paid date, subject to the Grace Period provision; • the end of the billing period when We receive a request to end this Policy; • on this Policy's termination date; or • the date the Medical Plan is modified, changed, or terminated.

For all Covered Persons of a Certificate, all insurance ends on the earlier of the following: • on this Policy's termination date; • at the end of the Grace Period, if Premium for this insurance is not paid; or • the date the Covered Person's coverage under the Medical Plan terminates.

Insurance will also end at the end of the billing period when: • the Employee retires; • the Employee is no longer eligible for this insurance; • the Employee reaches Age [65-99]; • We receive a request to end this insurance; or • the Employee dies.

For Eligible Dependents, all insurance under this Policy ends when: • a Spouse reaches Age [65-99]; • a Child reaches Age [25-30]; • the Dependent is no longer eligible for this insurance; or • the Employee's insurance ends; or • the date the Dependent's coverage under the Medical Plan terminates.

Termination of the insurance will not prejudice Claims that occur or start prior to the date that insurance ended.

Policy Termination - The Policyholder has the right to cancel this Policy on any Premium due date. Written notice must be given to Us at least [30 - 365] days before the date this Policy is to end.

We have the right to cancel this Policy on: • any Policy Renewal Date; • any Premium due date; • [if the Policyholder is paying the full cost of Coverage and less than 100% of the employees eligible for coverage are not participating in the plan;] or • the date the Medical Plan is modified, changed, or terminated.

We will give the Policyholder at least [45-60] days' notice before this Policy is to end.

This Policy and its insurance shall end if the Policyholder fails to pay the Premium before the end of the Grace Period.

Termination is without prejudice to any Claim that takes place or starts prior to the date of termination.

Limitations and Exclusions - Any expenses incurred during a period a Covered Person does not have coverage under a Medical Plan will not be eligible for Benefits.

No benefits of this Policy will be paid for loss that is caused by: • dental services or treatments unless needed due to Injury; • routine eye examinations, eyeglasses, or the fitting thereof; • hearing aids or the fitting thereof; • any treatment, services or supplies for Wellness Services. For this exclusion, "Wellness Services" means treatment, services or supplies provided for routine health care, including but not limited to, routine health or check-up examinations, routine well child visits, mammograms and other charges incurred during a routine physical examination or checkup; • [normal pregnancy;] • Sickness or Injury if Worker's Compensation or Employer's Liability Benefits are payable; • war, declared or undeclared; • commission of or attempt to commit a felony; • military or naval services (On written notice to Us, We will refund premiums pro rata for any period not covered because of such service.); • any loss for which the Covered Person is not required to pay a Deductible, Copayment, or Coinsurance under the Covered Person's Medical Plan; or • any expense for which benefits are excluded under the Covered Person's Medical Plan; • any air or ground ambulance when used to transport from one facility to another facility.

Montana

Policy Form M-8028-MT

Policyholder Renewal - With Our consent, the Policyholder may renew this Policy on each Policy Renewal Date, subject to the payment of Premiums.

Insurance will end at 11:59 p.m. local time at the Policyholder's mailing address as shown in Our records on the day before the Effective Date of the Policy anniversary if it is not renewed, unless it ends as provided in the Termination of Policy provision.

Termination of Insurance – Covered Persons - For all Covered Persons of this Policy, all insurance ends on the earlier of the following: • the last Premium paid date, subject to the Grace Period provision; • the end of the billing period when We receive a request to end this Policy; • on this Policy's termination date.

For all Covered Persons of a Certificate, all insurance ends on the earlier of the following: • on this Policy's termination date; • at the end of the Grace Period, if Premium for this insurance is not paid; or • the date the Covered Person's coverage under the Medical Plan terminates.

Insurance will also end at the end of the billing period when: • the Employee retires; • the Employee is no longer eligible for this insurance; • the Employee reaches Age [65-99]; • We receive a request to end this insurance; or • the Employee dies.

For Eligible Dependents, all insurance under this Policy ends when: • a Spouse reaches Age [65-99]; • a Child reaches Age [25-30]; • the Dependent is no longer eligible for this insurance; or • the Employee's insurance ends; or • the date the Dependent's coverage under the Medical Plan terminates.

Termination of the insurance will not prejudice Claims that occur or start prior to the date that insurance ended.

Policy Termination - The Policyholder has the right to cancel this Policy on any Premium due date. Written notice must be given to Us at least [30 - 365] days before the date this Policy is to end.

We have the right to cancel this Policy on: • any Policy Renewal Date; • any Premium due date; • [if the Policyholder is paying the full cost of Coverage and less than 100% of the employees eligible for coverage are not participating in the plan;] or • the date the Medical Plan is modified, changed, or terminated.

We will give the Policyholder at least [45-60] days' notice before this Policy is to end.

This Policy and its insurance shall end if the Policyholder fails to pay the Premium before the end of the Grace Period.

Termination is without prejudice to any Claim that takes place or starts prior to the date of termination.

Limitations and Exclusions - Any expenses incurred during a period a Covered Person does not have coverage under a Medical Plan will not be eligible for Benefits.

No benefits of this Policy will be paid for loss that is caused by: • intentionally self-inflicted Injury; • suicide or any attempted suicide, while sane or insane; • taking part in an illegal occupation; • intoxication when operating a motorized vehicle and the insured must be found guilty in a court of law; • dental services or treatments unless needed due to Injury; • routine eye examinations, eyeglasses, or the fitting thereof; • hearing aids or the fitting thereof; • any treatment, services or supplies for Wellness Services. For this exclusion, "Wellness Services" means treatment, services or supplies provided for routine health care, including but not limited to, routine health or check-up examinations, routine well child visits, mammograms and other charges incurred during a routine physical examination or checkup; • Sickness or Injury if Worker's Compensation or Employer's Liability Benefits are payable; • war, declared or undeclared; • taking part in a riot or insurrection; • military or naval services (On written notice to Us, We will refund premiums pro rata for any period not covered because of such service.); • any loss for which the Covered Person is not required to pay a Deductible, Copayment, or Coinsurance under the Covered Person's Medical Plan; or • any expense for which benefits are excluded under the Covered Person's Medical Plan; • any air or ground ambulance when used to transport from one facility to another facility.

North Carolina

Policy Form M-8028-NC

Policyholder Renewal - With Our consent, the Policyholder may renew this Policy on each Policy Renewal Date, subject to the payment of Premiums.

Insurance will end at 11:59 p.m. local time at the Policyholder's mailing address as shown in Our records on the day before the Effective Date of the Policy anniversary if it is not renewed, unless it ends as provided in the Termination of Policy provision.

Termination of Insurance – Covered Persons - For all Covered Persons of this Policy, all insurance ends on the earlier of the following: • the last Premium paid date, subject to the Grace Period provision; • the end of the billing period when We receive a request to end this Policy; • on this Policy's termination date; or • the date the Medical Plan is modified, changed, or terminated.

For all Covered Persons of a Certificate, all insurance ends on the earlier of the following: • on this Policy's termination date; • at the end of the Grace Period, if Premium for this insurance is not paid; or • the date the Covered Person's coverage under the Medical Plan terminates.

Insurance will also end at the end of the billing period when: • the Employee retires; • the Employee is no longer eligible for this insurance; • the Employee reaches Age [65-99]; • We receive a request to end this insurance; or • the Employee dies.

For Eligible Dependents, all insurance under this Policy ends when: • a Spouse reaches Age [65-99]; • a Child reaches Age [25-30]; • the Dependent is no longer eligible for this insurance; or • the Employee's insurance ends; or • the date the Dependent's coverage under the Medical Plan terminates.

Termination of the insurance will not prejudice Claims that occur or start prior to the date that insurance ended.

Policy Termination - The Policyholder has the right to cancel this Policy on any Premium due date. Written notice must be given to Us at least [30 - 365] days before the date this Policy is to end.

We have the right to cancel this Policy on: • any Policy Renewal Date; • any Premium due date; • [if the Policyholder is paying the full cost of Coverage and less than 100% of the employees eligible for coverage are not participating in the plan;] or • the date the Medical Plan is modified, changed, or terminated.

We will give the Policyholder at least [45-60] days' notice before this Policy is to end.

This Policy and its insurance shall end if the Policyholder fails to pay the Premium before the end of the Grace Period.

Termination is without prejudice to any Claim that takes place or starts prior to the date of termination.

Limitations and Exclusions - Any expenses incurred during a period a Covered Person does not have coverage under a Medical Plan will not be eligible for Benefits.

No benefits of this Policy will be paid for loss that is caused by: • intentionally self-inflicted Injury; • suicide or any attempted suicide, while sane or insane; • taking part in an illegal occupation; • intoxication or being under the influence of any controlled substance unless administered on the advice of a Doctor; • dental services or treatments unless needed due to Injury; • routine eye examinations, eyeglasses, or the fitting thereof; • hearing aids or the fitting thereof; • any treatment, services or supplies for Wellness Services. For this exclusion, "Wellness Services" means treatment, services or supplies provided for routine health care, including but not limited to, routine health or check-up examinations, routine well child visits, mammograms and other charges incurred during a routine physical examination or checkup; • [normal pregnancy;] • any condition covered by a Workers' Compensation or occupational disease law; • war, declared or undeclared, not including Acts of Terrorism; • taking part in a riot or insurrection; • commission of or attempt to commit a felony; • military or naval services (On written notice to Us, We will refund premiums pro rata for any period not covered because of such service.); • any loss for which the Covered Person is not required to pay a Deductible, Copayment, or Coinsurance under the Covered Person's Medical Plan; or • any expense for which benefits are excluded under the Covered Person's Medical Plan; • any air or ground ambulance when used to transport from one facility to another facility.

North Dakota

Policy Form M-8028-ND

Policyholder Renewal - With Our consent, the Policyholder may renew this Policy on each Policy Renewal Date, subject to the payment of Premiums.

Insurance will end at 12:01 a.m. local time at the Policyholder's mailing address as shown in Our records on the day before the Effective Date of the Policy anniversary if it is not renewed, unless it ends as provided in the Termination of Policy provision.

Termination of Insurance – Covered Persons - For all Covered Persons of this Policy, all insurance ends on the earlier of the following: • the last Premium paid date, subject to the Grace Period provision; • the end of the billing period when We receive a request to end this Policy; • on this Policy's termination date; or • the date the Medical Plan is modified, changed, or terminated.

For all Covered Persons of a Certificate, all insurance ends on the earlier of the following: • on this Policy's termination date; • at the end of the Grace Period, if Premium for this insurance is not paid; or • the date the Covered Person's coverage under the Medical Plan terminates.

Insurance will also end at the end of the billing period when: • the Employee retires; • the Employee is no longer eligible for this insurance; • the Employee reaches Age [65-99]; • We receive a request to end this insurance; or • the Employee dies.

For Eligible Dependents, all insurance under this Policy ends when: • a Spouse reaches Age [65-99]; • a Child reaches Age [25-30]; • the Dependent is no longer eligible for this insurance; or • the Employee's insurance ends; or • the date the Dependent's coverage under the Medical Plan terminates.

Termination of the insurance will not prejudice Claims that occur or start prior to the date that insurance ended.

Policy Termination - The Policyholder has the right to cancel this Policy on any Premium due date. Written notice must be given to Us at least [30 - 365] days before the date this Policy is to end.

We have the right to cancel this Policy on: • any Policy Renewal Date; • any Premium due date; • [if the Policyholder is paying the full cost of Coverage and less than 100% of the employees eligible for coverage are not participating in the plan;] or • the date the Medical Plan is modified, changed, or terminated.

We will give the Policyholder at least [45-60] days' notice before this Policy is to end.

This Policy and its insurance shall end if the Policyholder fails to pay the Premium before the end of the Grace Period.

Termination is without prejudice to any Claim that takes place or starts prior to the date of termination.

Limitations and Exclusions - Any expenses incurred during a period a Covered Person does not have coverage under a Medical Plan will not be eligible for Benefits.

No benefits of this Policy will be paid for loss that is caused by: • intentionally self-inflicted Injury; • suicide or any attempted suicide, while sane or insane; • taking part in an illegal occupation; • intoxication or being under the influence of any controlled substance unless administered on the advice of a Doctor; • dental services or treatments unless needed due to Injury; • routine eye examinations, eyeglasses, or the fitting thereof; • hearing aids or the fitting thereof; • any treatment, services or supplies for Wellness Services. For this exclusion, "Wellness Services" means treatment, services or supplies provided for routine health care, including but not limited to, routine health or check-up examinations, routine well child visits, mammograms and other charges incurred during a routine physical examination or checkup; • [normal pregnancy;] • Sickness or Injury if Worker's Compensation or Employer's Liability Benefits are payable; • war, declared or undeclared; • taking part in a riot or insurrection; • commission of or attempt to commit a felony; • military or naval services (On written notice to Us, We will refund premiums pro rata for any period not covered because of such service.); • any loss for which the Covered Person is not required to pay a Deductible, Copayment, or Coinsurance under the Covered Person's Medical Plan; or • any expense for which benefits are excluded under the Covered Person's Medical Plan; • any air or ground ambulance when used to transport from one facility to another facility.

Nebraska

Policy Form M-8028-NE

Policyholder Renewal - With Our consent, the Policyholder may renew this Policy on each Policy Renewal Date, subject to the payment of Premiums.

Insurance will end at 11:59 p.m. local time at the Policyholder's mailing address as shown in Our records on the day before the Effective Date of the Policy anniversary if it is not renewed, unless it ends as provided in the Termination of Policy provision.

Termination of Insurance – Covered Persons - For all Covered Persons of this Policy, all insurance ends on the earlier of the following: • the last Premium paid date, subject to the Grace Period provision; • the end of the billing period when We receive a request to end this Policy; • on this Policy's termination date; or • the date the Medical Plan is modified, changed, or terminated.

For all Covered Persons of a Certificate, all insurance ends on the earlier of the following: • on this Policy's termination date; • at the end of the Grace Period, if Premium for this insurance is not paid; or • the date the Covered Person's coverage under the Medical Plan terminates.

Insurance will also end at the end of the billing period when: • the Employee retires; • the Employee is no longer eligible for this insurance; • the Employee reaches Age [65-99]; • We receive a request to end this insurance; or • the Employee dies.

For Eligible Dependents, all insurance under this Policy ends when: • a Spouse reaches Age [65-99]; • a Child reaches Age [25-30]; • the Dependent is no longer eligible for this insurance; or • the Employee's insurance ends; or • the date the Dependent's coverage under the Medical Plan terminates.

Termination of the insurance will not prejudice Claims that occur or start prior to the date that insurance ended.

Policy Termination - The Policyholder has the right to cancel this Policy on any Premium due date. Written notice must be given to Us at least [30 - 365] days before the date this Policy is to end.

We have the right to cancel this Policy on: • any Policy Renewal Date; • any Premium due date; • [if the Policyholder is paying the full cost of Coverage and less than 100% of the employees eligible for coverage are not participating in the plan;] or • the date the Medical Plan is modified, changed, or terminated.

We will give the Policyholder at least [45-60] days' notice before this Policy is to end.

This Policy and its insurance shall end if the Policyholder fails to pay the Premium before the end of the Grace Period.

Termination is without prejudice to any Claim that takes place or starts prior to the date of termination.

Limitations and Exclusions - Any expenses incurred during a period a Covered Person does not have coverage under a Medical Plan will not be eligible for Benefits.

No benefits of this Policy will be paid for loss that is caused by: • intentionally self-inflicted Injury; • suicide or any attempted suicide, while sane or insane; • taking part in an illegal occupation; • intoxication or being under the influence of any controlled substance unless administered on the advice of a Doctor; • dental services or treatments unless needed due to Injury; • routine eye examinations, eyeglasses, or the fitting thereof; • hearing aids or the fitting thereof; • any treatment, services or supplies for Wellness Services. For this exclusion, "Wellness Services" means treatment, services or supplies provided for routine health care, including but not limited to, routine health or check-up examinations, routine well child visits, mammograms and other charges incurred during a routine physical examination or checkup; • [normal pregnancy;] • Sickness or Injury if Worker's Compensation or Employer's Liability Benefits are payable; • war, declared or undeclared; • taking part in a riot or insurrection; • commission of or attempt to commit a felony; • military or naval services (On written notice to Us, We will refund premiums pro rata for any period not covered because of such service.); • any loss for which the Covered Person is not required to pay a Deductible, Copayment, or Coinsurance under the Covered Person's Medical Plan; or • any expense for which benefits are excluded under the Covered Person's Medical Plan; • any air or ground ambulance when used to transport from one facility to another facility.

Nevada

Policy Form M-8028-NV

Policyholder Renewal - With Our consent, the Policyholder may renew this Policy on each Policy Renewal Date, subject to the payment of Premiums.

Insurance will end at 11:59 p.m. local time at the Policyholder's mailing address as shown in Our records on the day before the Effective Date of the Policy anniversary if it is not renewed, unless it ends as provided in the Termination of Policy provision.

Termination of Insurance – Covered Persons - For all Covered Persons of this Policy, all insurance ends on the earlier of the following: • the last Premium paid date, subject to the Grace Period provision; • the end of the billing period when We receive a request to end this Policy; • on this Policy's termination date; or • the date the Medical Plan is modified, changed, or terminated.

For all Covered Persons of a Certificate, all insurance ends on the earlier of the following: • on this Policy's termination date; • at the end of the Grace Period, if Premium for this insurance is not paid; or • the date the Covered Person's coverage under the Medical Plan terminates.

Insurance will also end at the end of the billing period when: • the Employee retires; • the Employee is no longer eligible for this insurance; • the Employee reaches Age [65-99]; • We receive a request to end this insurance; or • the Employee dies.

For Eligible Dependents, all insurance under this Policy ends when: • a Spouse reaches Age [65-99]; • a Child reaches Age [25-30]; • the Dependent is no longer eligible for this insurance; or • the Employee's insurance ends; or • the date the Dependent's coverage under the Medical Plan terminates.

Termination of the insurance will not prejudice Claims that occur or start prior to the date that insurance ended.

Policy Termination - The Policyholder has the right to cancel this Policy on any Premium due date. Written notice must be given to Us at least [30 - 365] days before the date this Policy is to end.

We have the right to cancel this Policy on: • any Policy Renewal Date; • any Premium due date; • [if the Policyholder is paying the full cost of Coverage and less than 100% of the employees eligible for coverage are not participating in the plan;] or • the date the Medical Plan is modified, changed, or terminated.

We will give the Policyholder at least 60 days' notice before this Policy is to end.

This Policy and its insurance shall end if the Policyholder fails to pay the Premium before the end of the Grace Period.

Termination is without prejudice to any Claim that takes place or starts prior to the date of termination.

Limitations and Exclusions - Any expenses incurred during a period a Covered Person does not have coverage under a Medical Plan will not be eligible for Benefits.

No benefits of this Policy will be paid for loss that is caused by: • intentionally self-inflicted Injury; • suicide or any attempted suicide, while sane or insane; • taking part in an illegal occupation; • intoxication or being under the influence of any controlled substance unless administered on the advice of a Doctor; • dental services or treatments unless needed due to Injury; • routine eye examinations, eyeglasses, or the fitting thereof; • hearing aids or the fitting thereof; • any treatment, services or supplies for Wellness Services. For this exclusion, "Wellness Services" means treatment, services or supplies provided for routine health care, including but not limited to, routine health or check-up examinations, routine well child visits, mammograms and other charges incurred during a routine physical examination or checkup; • [normal pregnancy;] • Sickness or Injury if Worker's Compensation or Employer's Liability Benefits are payable; • war, declared or undeclared; • taking part in a riot or insurrection; • commission of or attempt to commit a felony; • military or naval services (On written notice to Us, We will refund premiums pro rata for any period not covered because of such service.); • any loss for which the Covered Person is not required to pay a Deductible, Copayment, or Coinsurance under the Covered Person's Medical Plan; or • any expense for which benefits are excluded under the Covered Person's Medical Plan; • any air or ground ambulance when used to transport from one facility to another facility.

Ohio

Policy Form M-8028-OH

Policyholder Renewal - With Our consent, the Policyholder may renew this Policy on each Policy Renewal Date, subject to the payment of Premiums.

Insurance will end at 11:59 p.m. local time at the Policyholder's mailing address as shown in Our records on the day before the Effective Date of the Policy anniversary if it is not renewed, unless it ends as provided in the Termination of Policy provision.

Termination of Insurance – Covered Persons - For all Covered Persons of this Policy, all insurance ends on the earlier of the following: • the last Premium paid date, subject to the Grace Period provision; • the end of the billing period when We receive a request to end this Policy; • on this Policy's termination date; or • the date the Medical Plan is modified, changed, or terminated.

For all Covered Persons of a Certificate, all insurance ends on the earlier of the following: • on this Policy's termination date; • at the end of the Grace Period, if Premium for this insurance is not paid; or • the date the Covered Person's coverage under the Medical Plan terminates.

Insurance will also end at the end of the billing period when: • the Employee retires; • the Employee is no longer eligible for this insurance; • the Employee reaches Age [65-99]; • We receive a request to end this insurance; or • the Employee dies.

For Eligible Dependents, all insurance under this Policy ends when: • a Spouse reaches Age [65-99]; • a Child reaches Age [25-30]; • the Dependent is no longer eligible for this insurance; or • the Employee's insurance ends; or • the date the Dependent's coverage under the Medical Plan terminates.

Termination of the insurance will not prejudice Claims that occur or start prior to the date that insurance ended.

Policy Termination - The Policyholder has the right to cancel this Policy on any Premium due date. Written notice must be given to Us at least [30 - 365] days before the date this Policy is to end.

We have the right to cancel this Policy on: • any Policy Renewal Date; • any Premium due date; • [if the Policyholder is paying the full cost of Coverage and less than 100% of the employees eligible for coverage are not participating in the plan;] or • the date the Medical Plan is modified, changed, or terminated.

We will give the Policyholder at least [45-60] days' notice before this Policy is to end.

This Policy and its insurance shall end if the Policyholder fails to pay the Premium before the end of the Grace Period.

Termination is without prejudice to any Claim that takes place or starts prior to the date of termination.

Limitations and Exclusions - Any expenses incurred during a period a Covered Person does not have coverage under a Medical Plan will not be eligible for Benefits.

No benefits of this Policy will be paid for loss that is caused by: • intentionally self-inflicted Injury; • taking part in an illegal occupation; • intoxication or being under the influence of any controlled substance unless administered on the advice of a Doctor; • dental services or treatments unless needed due to Injury; • routine eye examinations, eyeglasses, or the fitting thereof; • hearing aids or the fitting thereof; • any treatment, services or supplies for Wellness Services. For this exclusion, "Wellness Services" means treatment, services or supplies provided for routine health care, including but not limited to, routine health or check-up examinations, routine well child visits, mammograms and other charges incurred during a routine physical examination or checkup; • [normal pregnancy;] • Sickness or Injury if Worker's Compensation or Employer's Liability Benefits are payable; • war, declared or undeclared; • taking part in a riot or insurrection; • commission of or attempt to commit a felony; • military or naval services (On written notice to Us, We will refund premiums pro rata for any period not covered because of such service.); • any loss for which the Covered Person is not required to pay a Deductible, Copayment, or Coinsurance under the Covered Person's Medical Plan; or • any expense for which benefits are excluded under the Covered Person's Medical Plan; • any air or ground ambulance when used to transport from one facility to another facility.

Oklahoma

Policy Form M-8028-OK

Policyholder Renewal - With Our consent, the Policyholder may renew this Policy on each Policy Renewal Date, subject to the payment of Premiums.

Insurance will end at 11:59 p.m. local time at the Policyholder's mailing address as shown in Our records on the day before the Effective Date of the Policy anniversary if it is not renewed, unless it ends as provided in the Termination of Policy provision.

Termination of Insurance – Covered Persons - For all Covered Persons of this Policy, all insurance ends on the earlier of the following: • the last Premium paid date, subject to the Grace Period provision; • the end of the billing period when We receive a request to end this Policy; • on this Policy's termination date; or • the date the Medical Plan is modified, changed, or terminated.

For all Covered Persons of a Certificate, all insurance ends on the earlier of the following: • on this Policy's termination date; • at the end of the Grace Period, if Premium for this insurance is not paid; or • the date the Covered Person's coverage under the Medical Plan terminates.

Insurance will also end at the end of the billing period when: • the Employee retires; • the Employee is no longer eligible for this insurance; • the Employee reaches Age [65-99]; • We receive a request to end this insurance; or • the Employee dies.

For Eligible Dependents, all insurance under this Policy ends when: • a Spouse reaches Age [65-99]; • a Child reaches Age [25-30]; • the Dependent is no longer eligible for this insurance; or • the Employee's insurance ends; or • the date the Dependent's coverage under the Medical Plan terminates.

Termination of the insurance will not prejudice Claims that occur or start prior to the date that insurance ended.

Policy Termination - The Policyholder has the right to cancel this Policy on any Premium due date. Written notice must be given to Us at least [30 - 365] days before the date this Policy is to end.

We have the right to cancel this Policy on: • any Policy Renewal Date; • any Premium due date; • [if the Policyholder is paying the full cost of Coverage and less than 100% of the employees eligible for coverage are not participating in the plan;] or • the date the Medical Plan is modified, changed, or terminated.

We will give the Policyholder at least [45-60] days' notice before this Policy is to end.

This Policy and its insurance shall end if the Policyholder fails to pay the Premium before the end of the Grace Period.

Termination is without prejudice to any Claim that takes place or starts prior to the date of termination.

Limitations and Exclusions - Any expenses incurred during a period a Covered Person does not have coverage under a Medical Plan will not be eligible for Benefits.

No benefits of this Policy will be paid for loss that is caused by: • intentionally self-inflicted Injury; • suicide or any attempted suicide, while sane or insane; • taking part in an illegal occupation; • intoxication or being under the influence of any controlled substance unless administered on the advice of a Doctor; • dental services or treatments unless needed due to Injury; • routine eye examinations, eyeglasses, or the fitting thereof; • hearing aids or the fitting thereof; • any treatment, services or supplies for Wellness Services. For this exclusion, "Wellness Services" means treatment, services or supplies provided for routine health care, including but not limited to, routine health or check-up examinations, routine well child visits, mammograms and other charges incurred during a routine physical examination or checkup; • [normal pregnancy;] • Sickness or Injury if Worker's Compensation or Employer's Liability Benefits are payable; • war, declared or undeclared, while serving in the military or an auxiliary unit attached to the military or working in an area of war whether voluntarily or as required by an employer; • taking part in a riot or insurrection; • commission of or attempt to commit a felony; • military or naval services (On written notice to Us, We will refund premiums pro rata for any period not covered because of such service.); • any loss for which the Covered Person is not required to pay a Deductible, Copayment, or Coinsurance under the Covered Person's Medical Plan; or • any expense for which benefits are excluded under the Covered Person's Medical Plan; • any air or ground ambulance when used to transport from one facility to another facility.

South Carolina

Policy Form M-8028-SC

Policyholder Renewal - With Our consent, the Policyholder may renew this Policy on each Policy Renewal Date, subject to the payment of Premiums.

Insurance will end at 11:59 p.m. local time at the Policyholder's mailing address as shown in Our records on the day before the Effective Date of the Policy anniversary if it is not renewed, unless it ends as provided in the Termination of Policy provision.

Termination of Insurance – Covered Persons - For all Covered Persons of this Policy, all insurance ends on the earlier of the following: • the last Premium paid date, subject to the Grace Period provision; • the end of the billing period when We receive a request to end this Policy; • on this Policy's termination date; or • the date the Medical Plan is modified, changed, or terminated.

For all Covered Persons of a Certificate, all insurance ends on the earlier of the following: • on this Policy's termination date; • at the end of the Grace Period, if Premium for this insurance is not paid; or • the date the Covered Person's coverage under the Medical Plan terminates.

Insurance will also end at the end of the billing period when: • the Employee retires; • the Employee is no longer eligible for this insurance; • the Employee reaches Age [65-99]; • We receive a request to end this insurance; or • the Employee dies.

For Eligible Dependents, all insurance under this Policy ends when: • a Spouse reaches Age [65-99]; • a Child reaches Age [25-30]; • the Dependent is no longer eligible for this insurance; or • the Employee's insurance ends; or • the date the Dependent's coverage under the Medical Plan terminates.

Termination of the insurance will not prejudice Claims that occur or start prior to the date that insurance ended.

Policy Termination - The Policyholder has the right to cancel this Policy on any Premium due date. Written notice must be given to Us at least [30 - 365] days before the date this Policy is to end.

We have the right to cancel this Policy on: • any Policy Renewal Date; • any Premium due date; • [if the Policyholder is paying the full cost of Coverage and less than 100% of the employees eligible for coverage are not participating in the plan;] or • the date the Medical Plan is modified, changed, or terminated.

We will give the Policyholder at least [45-60] days' notice before this Policy is to end.

This Policy and its insurance shall end if the Policyholder fails to pay the Premium before the end of the Grace Period.

Termination is without prejudice to any Claim that takes place or starts prior to the date of termination.

Limitations and Exclusions - Any expenses incurred during a period a Covered Person does not have coverage under a Medical Plan will not be eligible for Benefits.

No benefits of this Policy will be paid for loss that is caused by: • intentionally self-inflicted Injury; • suicide or any attempted suicide, while sane or insane; • taking part in an illegal occupation; • intoxication or being under the influence of any controlled substance unless administered on the advice of a Doctor; • dental services or treatments unless needed due to Injury; • routine eye examinations, eyeglasses, or the fitting thereof; • hearing aids or the fitting thereof; • any treatment, services or supplies for Wellness Services. For this exclusion, "Wellness Services" means treatment, services or supplies provided for routine health care, including but not limited to, routine health or check-up examinations, routine well child visits, mammograms and other charges incurred during a routine physical examination or checkup; • [normal pregnancy;] • Sickness or Injury if Worker's Compensation or Employer's Liability Benefits are payable; • war, declared or undeclared; • taking part in a riot or insurrection; • commission of or attempt to commit a felony; • military or naval services (On written notice to Us, We will refund premiums pro rata for any period not covered because of such service.); • any loss for which the Covered Person is not required to pay a Deductible, Copayment, or Coinsurance under the Covered Person's Medical Plan; or • any expense for which benefits are excluded under the Covered Person's Medical Plan; • any air or ground ambulance when used to transport from one facility to another facility.

South Dakota

Policy Form M-8028-SD

Policyholder Renewal - With Our consent, the Policyholder may renew this Policy on each Policy Renewal Date, subject to the payment of Premiums.

Insurance will end at 11:59 p.m. local time at the Policyholder's mailing address as shown in Our records on the day before the Effective Date of the Policy anniversary if it is not renewed, unless it ends as provided in the Termination of Policy provision.

Termination of Insurance – Covered Persons - For all Covered Persons of this Policy, all insurance ends on the earlier of the following: • the last Premium paid date, subject to the Grace Period provision; • the end of the billing period when We receive a request to end this Policy; • on this Policy's termination date; or • the date the Medical Plan is modified, changed, or terminated.

For all Covered Persons of a Certificate, all insurance ends on the earlier of the following: • on this Policy's termination date; • at the end of the Grace Period, if Premium for this insurance is not paid; or • the date the Covered Person's coverage under the Medical Plan terminates.

Insurance will also end at the end of the billing period when: • the Employee retires; • the Employee is no longer eligible for this insurance; • the Employee reaches Age [65-99]; • We receive a request to end this insurance; or • the Employee dies.

For Eligible Dependents, all insurance under this Policy ends when: • a Spouse reaches Age [65-99]; • a Child reaches Age [25-30]; • the Dependent is no longer eligible for this insurance; or • the Employee's insurance ends; or • the date the Dependent's coverage under the Medical Plan terminates.

Termination of the insurance will not prejudice Claims that occur or start prior to the date that insurance ended.

Policy Termination - The Policyholder has the right to cancel this Policy on any Premium due date. Written notice must be given to Us at least [30 - 365] days before the date this Policy is to end.

We have the right to cancel this Policy on: • any Policy Renewal Date; • any Premium due date; • [if the Policyholder is paying the full cost of Coverage and less than 100% of the employees eligible for coverage are not participating in the plan;] or • the date the Medical Plan is modified, changed, or terminated.

We will give the Policyholder at least [45-60] days' notice before this Policy is to end.

This Policy and its insurance shall end if the Policyholder fails to pay the Premium before the end of the Grace Period.

Termination is without prejudice to any Claim that takes place or starts prior to the date of termination.

Limitations and Exclusions - Any expenses incurred during a period a Covered Person does not have coverage under a Medical Plan will not be eligible for Benefits.

No benefits of this Policy will be paid for loss that is caused by: • intentionally self-inflicted Injury; • suicide or any attempted suicide, while sane or insane; • taking part in an illegal occupation; • dental services or treatments unless needed due to Injury; • routine eye examinations, eyeglasses, or the fitting thereof; • hearing aids or the fitting thereof; • any treatment, services or supplies for Wellness Services. For this exclusion, "Wellness Services" means treatment, services or supplies provided for routine health care, including but not limited to, routine health or check-up examinations, routine well child visits, mammograms and other charges incurred during a routine physical examination or checkup; • [normal pregnancy;] • Sickness or Injury if Worker's Compensation or Employer's Liability Benefits are payable; • war, declared or undeclared; • taking part in a riot or insurrection; • commission of or attempt to commit a felony; • military or naval services (On written notice to Us, We will refund premiums pro rata for any period not covered because of such service.); • any loss for which the Covered Person is not required to pay a Deductible, Copayment, or Coinsurance under the Covered Person's Medical Plan; or • any expense for which benefits are excluded under the Covered Person's Medical Plan; • any air or ground ambulance when used to transport from one facility to another facility.

Tennessee

Policy Form M-8028-TN

Policyholder Renewal - With Our consent, the Policyholder may renew this Policy on each Policy Renewal Date, subject to the payment of Premiums.

Insurance will end at 11:59 p.m. local time at the Policyholder's mailing address as shown in Our records on the day before the Effective Date of the Policy anniversary if it is not renewed, unless it ends as provided in the Termination of Policy provision.

Termination of Insurance – Covered Persons - For all Covered Persons of this Policy, all insurance ends on the earlier of the following: • the last Premium paid date, subject to the Grace Period provision; • the end of the billing period when We receive a request to end this Policy; • on this Policy's termination date; or • the date the Medical Plan is modified, changed, or terminated.

For all Covered Persons of a Certificate, all insurance ends on the earlier of the following: • on this Policy's termination date; • at the end of the Grace Period, if Premium for this insurance is not paid; or • the date the Covered Person's coverage under the Medical Plan terminates.

Insurance will also end at the end of the billing period when: • the Employee retires; • the Employee is no longer eligible for this insurance; • the Employee reaches Age [65-99]; • We receive a request to end this insurance; or • the Employee dies.

For Eligible Dependents, all insurance under this Policy ends when: • a Spouse reaches Age [65-99]; • a Child reaches Age [25-30]; • the Dependent is no longer eligible for this insurance; or • the Employee's insurance ends; or • the date the Dependent's coverage under the Medical Plan terminates.

Termination of the insurance will not prejudice Claims that occur or start prior to the date that insurance ended.

Policy Termination - The Policyholder has the right to cancel this Policy on any Premium due date. Written notice must be given to Us at least [45 - 60] days before the date this Policy is to end.

We have the right to cancel this Policy on: • any Policy Renewal Date; • any Premium due date; • [if the Policyholder is paying the full cost of Coverage and less than 100% of the employees eligible for coverage are not participating in the plan;] or • the date the Medical Plan is modified, changed, or terminated.

We will give the Policyholder at least [45-60] days' notice before this Policy is to end.

This Policy and its insurance shall end if the Policyholder fails to pay the Premium before the end of the Grace Period.

Termination is without prejudice to any Claim that takes place or starts prior to the date of termination.

Limitations and Exclusions - Any expenses incurred during a period a Covered Person does not have coverage under a Medical Plan will not be eligible for Benefits.

No benefits of this Policy will be paid for loss that is caused by: • intentionally self-inflicted Injury; • suicide or any attempted suicide, while sane or insane; • taking part in an illegal occupation; • intoxication or being under the influence of any controlled substance unless administered on the advice of a Doctor; • dental services or treatments unless needed due to Injury; • routine eye examinations, eyeglasses, or the fitting thereof; • hearing aids or the fitting thereof; • any treatment, services or supplies for Wellness Services. For this exclusion, "Wellness Services" means treatment, services or supplies provided for routine health care, including but not limited to, routine health or check-up examinations, routine well child visits, mammograms and other charges incurred during a routine physical examination or checkup; • [normal pregnancy;] • Sickness or Injury if Worker's Compensation or Employer's Liability Benefits are payable; • war, declared or undeclared; • taking part in a riot or insurrection; • commission of or attempt to commit a felony; • military or naval services (On written notice to Us, We will refund premiums pro rata for any period not covered because of such service.); • any loss for which the Covered Person is not required to pay a Deductible, Copayment, or Coinsurance under the Covered Person's Medical Plan; or • any expense for which benefits are excluded under the Covered Person's Medical Plan; • any air or ground ambulance when used to transport from one facility to another facility.

Texas

Policy Form M-8028

Policyholder Renewal - With Our consent, the Policyholder may renew this Policy on each Policy Renewal Date, subject to the payment of Premiums.

Insurance will end at 11:59 p.m. local time at the Policyholder's mailing address as shown in Our records on the day before the Effective Date of the Policy anniversary if it is not renewed, unless it ends as provided in the Termination of Policy provision.

Termination of Insurance – Covered Persons - For all Covered Persons of this Policy, all insurance ends on the earlier of the following: • the last Premium paid date, subject to the Grace Period provision; • the end of the billing period when We receive a request to end this Policy; • on this Policy's termination date; or • the date the Medical Plan is modified, changed, or terminated.

For all Covered Persons of a Certificate, all insurance ends on the earlier of the following: • on this Policy's termination date; • at the end of the Grace Period, if Premium for this insurance is not paid; or • the date the Covered Person's coverage under the Medical Plan terminates.

Insurance will also end at the end of the billing period when: • the Employee retires; • the Employee is no longer eligible for this insurance; • the Employee reaches Age [65-99]; • We receive a request to end this insurance; or • the Employee dies.

For Eligible Dependents, all insurance under this Policy ends when: • a Spouse reaches Age [65-99]; • a Child reaches Age [25-30]; • the Dependent is no longer eligible for this insurance; or • the Employee's insurance ends; or • the date the Dependent's coverage under the Medical Plan terminates.

Termination of the insurance will not prejudice Claims that occur or start prior to the date that insurance ended.

Policy Termination - The Policyholder has the right to cancel this Policy on any Premium due date. Written notice must be given to Us at least [30 - 365] days before the date this Policy is to end.

We have the right to cancel this Policy on: • any Policy Renewal Date; • any Premium due date; • [if the Policyholder is paying the full cost of Coverage and less than 100% of the employees eligible for coverage are not participating in the plan;] or • the date the Medical Plan is modified, changed, or terminated.

We will give the Policyholder at least [45-60] days' notice before this Policy is to end.

This Policy and its insurance shall end if the Policyholder fails to pay the Premium before the end of the Grace Period.

Termination is without prejudice to any Claim that takes place or starts prior to the date of termination.

Limitations and Exclusions - Any expenses incurred during a period a Covered Person does not have coverage under a Medical Plan will not be eligible for Benefits.

No benefits of this Policy will be paid for loss that is caused by: • intentionally self-inflicted Injury; • suicide or any attempted suicide, while sane or insane; • taking part in an illegal occupation; • intoxication or being under the influence of any controlled substance unless administered on the advice of a Doctor; • dental services or treatments unless needed due to Injury; • routine eye examinations, eyeglasses, or the fitting thereof; • hearing aids or the fitting thereof; • any treatment, services or supplies for Wellness Services. For this exclusion, "Wellness Services" means treatment, services or supplies provided for routine health care, including but not limited to, routine health or check-up examinations, routine well child visits, mammograms and other charges incurred during a routine physical examination or checkup; • [normal pregnancy;] • Sickness or Injury if Worker's Compensation or Employer's Liability Benefits are payable; • war, declared or undeclared; • taking part in a riot or insurrection; • commission of or attempt to commit a felony; • military or naval services (On written notice to Us, We will refund premiums pro rata for any period not covered because of such service.); • any loss for which the Covered Person is not required to pay a Deductible, Copayment, or Coinsurance under the Covered Person's Medical Plan; or • any expense for which benefits are excluded under the Covered Person's Medical Plan; • any air or ground ambulance when used to transport from one facility to another facility.

Virginia

Policy Form M-8028-VA

Policyholder Renewal - With Our consent, the Policyholder may renew this Policy on each Policy Renewal Date, subject to the payment of Premiums.

Insurance will end at 11:59 p.m. local time at the Policyholder's mailing address as shown in Our records on the day before the Effective Date of the Policy anniversary if it is not renewed, unless it ends as provided in the Termination of Policy provision.

Termination of Insurance – Covered Persons - For all Covered Persons of this Policy, all insurance ends on the earlier of the following: • at the end of the Grace Period; • the end of the billing period when We receive a request to end this Policy; • on this Policy's termination date; or • the date the Medical Plan is modified, changed, or terminated.

For all Covered Persons of a Certificate, all insurance ends on the earlier of the following: • on this Policy's termination date; • at the end of the Grace Period, if Premium for this insurance is not paid; or • the date the Covered Person's coverage under the Medical Plan terminates.

Insurance will also end at the end of the billing period when: • the Employee retires; • the Employee is no longer eligible for this insurance; • the Employee reaches Age [65-99]; • We receive a request to end this insurance; or • the Employee dies.

For Eligible Dependents, all insurance under this Policy ends when: • a Spouse [or Domestic Partner] reaches Age [65-99]; • a Child reaches Age [25-30]; • the Dependent is no longer eligible for this insurance; or • the Employee's insurance ends; or • the date the Dependent's coverage under the Medical Plan terminates.

Termination of the insurance will not prejudice Claims that occur or start prior to the date that insurance ended.

Policy Termination - The Policyholder has the right to cancel this Policy on any Premium due date. Written notice must be given to Us at least [30 - 365] days before the date this Policy is to end.

We have the right to cancel this Policy on: • any Policy Renewal Date; • any Premium due date; • [if the Policyholder is paying the full cost of Coverage and less than 100% of the employees eligible for coverage are not participating in the plan;] or • the date the Medical Plan is modified, changed, or terminated.

We will give the Policyholder at least [45-60] days' notice before this Policy is to end.

This Policy and its insurance shall end if the Policyholder fails to pay the Premium before the end of the Grace Period.

Termination is without prejudice to any Claim that takes place or starts prior to the date of termination.

Limitations and Exclusions - Any expenses incurred during a period a Covered Person does not have coverage under a Medical Plan will not be eligible for Benefits.

No benefits of this Policy will be paid for loss that is caused by: • intentionally self-inflicted Injury; • suicide or any attempted suicide, while sane or insane; • taking part in an illegal occupation; • intoxication or being under the influence of any controlled substance unless administered on the advice of a Doctor; • dental services or treatments unless needed due to Injury; • routine eye examinations, eyeglasses, or the fitting thereof; • hearing aids or the fitting thereof; • any treatment, services or supplies for Wellness Services. For this exclusion, "Wellness Services" means treatment, services or supplies provided for routine health care, including but not limited to, routine health or check-up examinations, routine well child visits, mammograms and other charges incurred during a routine physical examination or checkup; • [normal pregnancy;] • Sickness or Injury if Worker's Compensation or Employer's Liability Benefits are payable; • war, declared or undeclared; • taking part in a riot or insurrection; • commission of or attempt to commit a felony; • military or naval services (On written notice to Us, We will refund premiums pro rata for any period not covered because of such service.); • any loss for which the Covered Person is not required to pay a Deductible, Copayment, or Coinsurance under the Covered Person's Medical Plan; or • any expense for which benefits are excluded under the Covered Person's Medical Plan; • any air or ground ambulance when used to transport from one facility to another facility.

West Virginia

Policy Form M-8028

Policyholder Renewal - With Our consent, the Policyholder may renew this Policy on each Policy Renewal Date, subject to the payment of Premiums.

Insurance will end at 11:59 p.m. local time at the Policyholder's mailing address as shown in Our records on the day before the Effective Date of the Policy anniversary if it is not renewed, unless it ends as provided in the Termination of Policy provision.

Termination of Insurance – Covered Persons - For all Covered Persons of this Policy, all insurance ends on the earlier of the following: • the last Premium paid date, subject to the Grace Period provision; • the end of the billing period when We receive a request to end this Policy; • on this Policy's termination date; or • the date the Medical Plan is modified, changed, or terminated.

For all Covered Persons of a Certificate, all insurance ends on the earlier of the following: • on this Policy's termination date; • at the end of the Grace Period, if Premium for this insurance is not paid; or • the date the Covered Person's coverage under the Medical Plan terminates.

Insurance will also end at the end of the billing period when: • the Employee retires; • the Employee is no longer eligible for this insurance; • the Employee reaches Age [65-99]; • We receive a request to end this insurance; or • the Employee dies.

For Eligible Dependents, all insurance under this Policy ends when: • a Spouse reaches Age [65-99]; • a Child reaches Age [25-30]; • the Dependent is no longer eligible for this insurance; or • the Employee's insurance ends; or • the date the Dependent's coverage under the Medical Plan terminates.

Termination of the insurance will not prejudice Claims that occur or start prior to the date that insurance ended.

Policy Termination - The Policyholder has the right to cancel this Policy on any Premium due date. Written notice must be given to Us at least [30 - 365] days before the date this Policy is to end.

We have the right to cancel this Policy on: • any Policy Renewal Date; • any Premium due date; • [if the Policyholder is paying the full cost of Coverage and less than 100% of the employees eligible for coverage are not participating in the plan;] or • the date the Medical Plan is modified, changed, or terminated.

We will give the Policyholder at least [45-60] days' notice before this Policy is to end.

This Policy and its insurance shall end if the Policyholder fails to pay the Premium before the end of the Grace Period.

Termination is without prejudice to any Claim that takes place or starts prior to the date of termination.

Limitations and Exclusions - Any expenses incurred during a period a Covered Person does not have coverage under a Medical Plan will not be eligible for Benefits.

No benefits of this Policy will be paid for loss that is caused by: • intentionally self-inflicted Injury; • suicide or any attempted suicide, while sane or insane; • taking part in an illegal occupation; • intoxication or being under the influence of any controlled substance unless administered on the advice of a Doctor; • dental services or treatments unless needed due to Injury; • routine eye examinations, eyeglasses, or the fitting thereof; • hearing aids or the fitting thereof; • any treatment, services or supplies for Wellness Services. For this exclusion, "Wellness Services" means treatment, services or supplies provided for routine health care, including but not limited to, routine health or check-up examinations, routine well child visits, mammograms and other charges incurred during a routine physical examination or checkup; • [normal pregnancy;] • Sickness or Injury if Worker's Compensation or Employer's Liability Benefits are payable; • war, declared or undeclared; • taking part in a riot or insurrection; • commission of or attempt to commit a felony; • military or naval services (On written notice to Us, We will refund premiums pro rata for any period not covered because of such service.); • any loss for which the Covered Person is not required to pay a Deductible, Copayment, or Coinsurance under the Covered Person's Medical Plan; or • any expense for which benefits are excluded under the Covered Person's Medical Plan; • any air or ground ambulance when used to transport from one facility to another facility.

Wisconsin

Policy Form M-8028

Policyholder Renewal - With Our consent, the Policyholder may renew this Policy on each Policy Renewal Date, subject to the payment of Premiums.

Insurance will end at 11:59 p.m. local time at the Policyholder's mailing address as shown in Our records on the day before the Effective Date of the Policy anniversary if it is not renewed, unless it ends as provided in the Termination of Policy provision.

Termination of Insurance – Covered Persons - For all Covered Persons of this Policy, all insurance ends on the earlier of the following: • the last Premium paid date, subject to the Grace Period provision; • the end of the billing period when We receive a request to end this Policy; • on this Policy's termination date; or • the date the Medical Plan is modified, changed, or terminated.

For all Covered Persons of a Certificate, all insurance ends on the earlier of the following: • on this Policy's termination date; • at the end of the Grace Period, if Premium for this insurance is not paid; or • the date the Covered Person's coverage under the Medical Plan terminates.

Insurance will also end at the end of the billing period when: • the Employee retires; • the Employee is no longer eligible for this insurance; • the Employee reaches Age [65-99]; • We receive a request to end this insurance; or • the Employee dies.

For Eligible Dependents, all insurance under this Policy ends when: • a Spouse reaches Age [65-99]; • a Child reaches Age [25-30]; • the Dependent is no longer eligible for this insurance; or • the Employee's insurance ends; or • the date the Dependent's coverage under the Medical Plan terminates.

Termination of the insurance will not prejudice Claims that occur or start prior to the date that insurance ended.

Policy Termination - The Policyholder has the right to cancel this Policy on any Premium due date. Written notice must be given to Us at least [30 - 365] days before the date this Policy is to end.

We have the right to cancel this Policy on: • any Policy Renewal Date; • any Premium due date; • [if the Policyholder is paying the full cost of Coverage and less than 100% of the employees eligible for coverage are not participating in the plan;] or • the date the Medical Plan is modified, changed, or terminated.

We will give the Policyholder at least [45-60] days' notice before this Policy is to end.

This Policy and its insurance shall end if the Policyholder fails to pay the Premium before the end of the Grace Period.

Termination is without prejudice to any Claim that takes place or starts prior to the date of termination.

Limitations and Exclusions - Any expenses incurred during a period a Covered Person does not have coverage under a Medical Plan will not be eligible for Benefits.

No benefits of this Policy will be paid for loss that is caused by: • intentionally self-inflicted Injury; • suicide or any attempted suicide, while sane or insane; • taking part in an illegal occupation; • intoxication or being under the influence of any controlled substance unless administered on the advice of a Doctor; • dental services or treatments unless needed due to Injury; • routine eye examinations, eyeglasses, or the fitting thereof; • hearing aids or the fitting thereof; • any treatment, services or supplies for Wellness Services. For this exclusion, "Wellness Services" means treatment, services or supplies provided for routine health care, including but not limited to, routine health or check-up examinations, routine well child visits, mammograms and other charges incurred during a routine physical examination or checkup; • [normal pregnancy;] • Sickness or Injury if Worker's Compensation or Employer's Liability Benefits are payable; • war, declared or undeclared; • taking part in a riot or insurrection; • commission of or attempt to commit a felony; • military or naval services (On written notice to Us, We will refund premiums pro rata for any period not covered because of such service.); • any loss for which the Covered Person is not required to pay a Deductible, Copayment, or Coinsurance under the Covered Person's Medical Plan; or • any expense for which benefits are excluded under the Covered Person's Medical Plan; • any air or ground ambulance when used to transport from one facility to another facility.

Wyoming

Policy Form M-8028-WY

Policyholder Renewal - With Our consent, the Policyholder may renew this Policy on each Policy Renewal Date, subject to the payment of Premiums.

Insurance will end at 11:59 p.m. local time at the Policyholder's mailing address as shown in Our records on the day before the Effective Date of the Policy anniversary if it is not renewed, unless it ends as provided in the Termination of Policy provision.

Termination of Insurance – Covered Persons - For all Covered Persons of this Policy, all insurance ends on the earlier of the following: • the last Premium paid date, subject to the Grace Period provision; • the end of the billing period when We receive a request to end this Policy; • on this Policy's termination date; or • the date the Medical Plan is modified, changed, or terminated.

For all Covered Persons of a Certificate, all insurance ends on the earlier of the following: • on this Policy's termination date; • at the end of the Grace Period, if Premium for this insurance is not paid; or • the date the Covered Person's coverage under the Medical Plan terminates.

Insurance will also end at the end of the billing period when: • the Employee retires; • the Employee is no longer eligible for this insurance; • the Employee reaches Age [65-99]; • We receive a request to end this insurance; or • the Employee dies.

For Eligible Dependents, all insurance under this Policy ends when: • a Spouse reaches Age [65-99]; • a Child reaches Age [25-30]; • the Dependent is no longer eligible for this insurance; or • the Employee's insurance ends; or • the date the Dependent's coverage under the Medical Plan terminates.

Termination of the insurance will not prejudice Claims that occur or start prior to the date that insurance ended.

Policy Termination - The Policyholder has the right to cancel this Policy on any Premium due date. Written notice must be given to Us at least [30 - 365] days before the date this Policy is to end.

We have the right to cancel this Policy on: • any Policy Renewal Date; • any Premium due date; • [if the Policyholder is paying the full cost of Coverage and less than 100% of the employees eligible for coverage are not participating in the plan;] or • the date the Medical Plan is modified, changed, or terminated.

We will give the Policyholder at least [45-60] days' notice before this Policy is to end.

This Policy and its insurance shall end if the Policyholder fails to pay the Premium before the end of the Grace Period.

Termination is without prejudice to any Claim that takes place or starts prior to the date of termination.

Limitations and Exclusions - Any expenses incurred during a period a Covered Person does not have coverage under a Medical Plan will not be eligible for Benefits.

No benefits of this Policy will be paid for loss that is caused by: • intentionally self-inflicted Injury; • suicide or any attempted suicide, while sane or insane; • taking part in an illegal occupation; • intoxication or being under the influence of any controlled substance unless administered on the advice of a Doctor; • dental services or treatments unless needed due to Injury; • routine eye examinations, eyeglasses, or the fitting thereof; • hearing aids or the fitting thereof; • any treatment, services or supplies for Wellness Services. For this exclusion, "Wellness Services" means treatment, services or supplies provided for routine health care, including but not limited to, routine health or check-up examinations, routine well child visits, mammograms and other charges incurred during a routine physical examination or checkup; • [normal pregnancy;]

• Sickness or Injury if Worker's Compensation or Employer's Liability Benefits are payable; • war, declared or undeclared; • taking part in a riot or insurrection; • commission of or attempt to commit a felony; • military or naval services (On written notice to Us, We will refund premiums pro rata for any period not covered because of such service.); • any loss for which the Covered Person is not required to pay a Deductible, Copayment, or Coinsurance under the Covered Person's Medical Plan; or • any expense for which benefits are excluded under the Covered Person's Medical Plan; • any air or ground ambulance when used to transport from one facility to another facility.

