

Member ENROLLMENT GUIDE

HealthSelect

Limited benefit medical plan



Protection for commonly occurring medical expenses



Enroll by

WEB: visit icba.myternian.com

PHONE: call 800-214-7224



What is HealthSelect?

Why choose HealthSelect?

Medical and hospital expenses can add up quickly. HealthSelect offers fixed-indemnity and accident medical insurance designed to help you offset commonly occurring medical expenses.



Guaranteed issue

No medical questions asked at enrollment.
Family member coverage is also available.



Financial protection

Provides you with cash benefits to help offset out-of-pocket costs for medical expenses related to covered accidents and serious illnesses.



Competitive rates

Rates are based on group demographics by state, not-age rated. Allows Members in many situations access to coverage.

What is covered?

HealthSelect provides a set limit of benefits to help manage medical expenses arising from hospital visits, physician office visits, lab tests, and other health-related needs.



Inpatient Medical

Covered hospitalizations.



Outpatient

Covered the unexpected medical expenses that may result from a covered accidental injury.



Prescription

Covered prescription benefits up to a maximum monthly benefit.



Critical Illness and AD&D

Indemnity benefits for covered accidents and illnesses.



Non-Insurance Supplemental Services*

Medical PPO Network, Pharmacy Network, Teladoc, and EAP.

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COVERAGE IS SUBJECT TO EXCLUSIONS AND LIMITATIONS, AND MAY NOT BE AVAILABLE IN ALL STATES AND JURISDICTIONS. PRODUCT AVAILABILITY AND PLAN DESIGN FEATURES, INCLUDING ELIGIBILITY REQUIREMENTS, DESCRIPTIONS OF BENEFITS, EXCLUSIONS OR LIMITATIONS MAY VARY DEPENDING ON LOCAL COUNTRY OR US STATE LAWS. FULL TERMS AND CONDITIONS OF COVERAGE, INCLUDING EFFECTIVE DATES OF COVERAGE, BENEFITS, LIMITATIONS AND EXCLUSIONS ARE SET FORTH IN THE POLICY.

THESE PLANS CONSIST ONLY OF AN AD&D, CRITICAL ILLNESS AND HOSPITAL INDEMNITY POLICY. THE COVERED LOSSES ARE LIMITED TO THOSE LOSSES LISTED ABOVE.

The Limited Benefit Plans are underwritten by AXIS Insurance Company under group policy form series numbers T-GOA-001-0112, T-GCI-001-0112, T-GHI-001-0112.

Disclaimer: The amount of benefits provided depends upon the plan selected; the premium will vary with the amount of the benefits selected. The benefits described above are provided only through a combination of policies.

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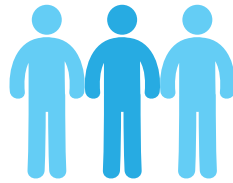
Why Choose HealthSelect

Cash benefits to help offset your out-of-pocket medical expenses.

No one is immune from the inability to cope with unexpected medical expenses.

\$1,400

the average individual annual out-of-pocket spending on medical services.¹



1 in 3 adults with health care coverage

avoided medical tests, treatment, follow-up care, and prescription drugs — because they couldn't afford the out-of-pocket costs.²

THE UNFORTUNATE FACTS



44%
of adults

say they could not cover an emergency expense costing \$400.³



26%
of adults

reported that someone in their household had problems paying medical bills.⁴

66%

of adults reporting problems

say it is because of a one-time or short-term medical expense such as an ER visit or hospital stay.⁴

¹ <https://www.consumeraffairs.com/news/report-consumers-out-of-pocket-medical-expenses-rising-042717.html>

² Commonwealth Fund, Biennial Health Insurance Survey, 2016

³ Federal Reserve System, Report on the Economic Well-Being of U.S. Households in 2016, May 2017

⁴ The Burden of Medical Debt: Results from the Kaiser Family Foundation/NY Times Medical Bills Survey, January 2016

How HealthSelect works

HealthSelect provides you with fixed indemnity benefits to help manage medical expenses arising from hospital visits, physician office visits, lab tests, and other health-related needs. Following are potential claim scenarios.

1. Broken bone



Member injures her leg while playing softball and goes to the ER.



She has an X-ray to determine extent of her injury.



Her leg is broken; surgery or hospital stay is not required.

Cash benefit is paid of up to

\$6,007*

Amount payable is based on Sample Plan outpatient accident benefit (\$5,882, based on 80% of U&C of \$7,352, the average cost of a broken leg¹) and class II radiology benefit (\$125).

2. Pregnancy (normal delivery)



Member visits OB to confirm pregnancy.



She receives routine OB care – no complications.



She delivers a healthy baby, and both are released after 2 days

Cash benefit is paid of up to

\$7,350*

Amount payable is based on Sample Plan benefit amounts for 2 days hospital confinement (\$2,500– mother, \$2,500– baby), typical OB care (\$2,000), lab test (\$100) and ultrasound (\$250).

3. Annual wellness check-up



Member visits a doctor in First Health PPO Network for annual physical.



Doctor orders routine blood work.



Doctor prescribes a statin for slightly elevated cholesterol.

Cash benefit is paid of up to & prescription co-pay of

\$135*

\$90*

Amount payable is based on Sample Plan benefit amounts for wellness visit (\$85) and class I blood work (\$50). Prescription benefit of \$90 is based on mail order, preferred brand Rx co-pay.

4. Heart attack



Member suffers a heart attack and is taken to the ER.



Physician admits him to the hospital for observation.



Surgery is not required. He is released the next day.

Cash benefit is paid of up to

\$16,625*

Amount payable is based on Sample Plan benefit amounts for critical illness (\$15,000), 1-day hospital confinement (\$1,500), and angiogram (class II diagnostic benefit \$125).

¹ <http://bmcmusculoskeletdisord.biomedcentral.com/articles/10.1186/1471-2474-14-42>

* Illustrative scenario is for informational purposes only based on Sample Plan design and is not a guarantee of payment. Not all factors can be accounted for in an illustrative claim scenario as actual claims received are processed individually and adjudicated according to the terms, provisions, limitations, and exclusions of each policy which may include state-specific provisions. In addition, medical providers determine and bill the insurance company with the applicable procedure code and diagnosis code for the services rendered. Provider billed amounts will vary. Provider discounts, if any, will vary based on geography and the provider's contractual obligation with the PPO network. This illustration provides only a brief description of the limited accident and sickness coverage available. The policy issued contains full details of the coverage, reductions, limitations, exclusions, and termination provisions which govern any conflicting information that may be presented in this illustration. Pregnancy claim example considers typical OB care for vaginal delivery, antepartum and postpartum care paid at \$2,000 and the ultrasound benefit is based on \$125/day x 2 days. For broker/employer use only. Not for individual or member solicitations.

Non-Insurance Supplemental Services*

Valuable services and savings available to your Members through HealthSelect



First Health PPO Medical Network

Access to Network discounts at more than 5,000 hospitals and 590,000 physicians and healthcare professionals.



Pharmacy Network

RxSense provides innovative Pharmacy Benefit Administration (PBA) solutions to organizations across the US offering high quality, cost-effective prescription services. Members have access to unsurpassed service and superior savings on a wide variety of prescription drugs.



Prescription Discount Program

With ScriptSave, receive instant prescription savings on brand name and generic medications. Savings average 22%, with potential savings of up to 50% at over 500,000 participating pharmacies.



Telehealth Program

Teladoc provides 24/7 access to a national network of US board-certified doctors by phone or online for information, advice, and treatment, including prescriptions for common medical concerns.



Employee Assistance Program

SupportLinc provides 24/7 access to professional counselors by phone, video and web chat to provide professional referrals, assessments and up to 3 face-to-face sessions for personal and work-related concerns.

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Emotional wellbeing and work-life balance resources to keep you at your best

SupportLinc offers expert guidance to help you and your family address and resolve everyday issues.



In-the-moment support

Reach a licensed clinician by phone 24/7/365 for immediate assistance.



Financial expertise

Consultation and planning with a financial counselor.



Legal consultation

By phone or in-person with a local attorney.



Short-term counseling

Access up to **three (3) no-cost counseling sessions**, in-person or via video, to resolve stress, depression, anxiety, work-related pressures, relationship issues or substance abuse.



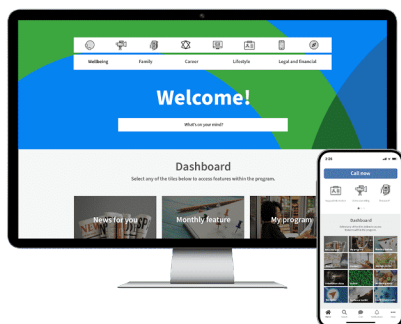
Convenience resources

Referrals for child and elder care, home repair, housing needs, education, pet care and so much more.



Confidentiality

Strict confidentiality standards ensure no one will know you have accessed the program without your written permission except as required by law.

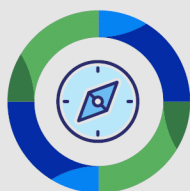


Your web portal and mobile app

- The one-stop shop for program services, information and more.
- Discover on-demand training to boost wellbeing and life balance.
- Find search engines, financial calculators and career resources.
- Explore thousands of articles, tip sheets, self-assessments and videos.

Convenient, on-the-go support

- **Textcoach®**
Personalized coaching with a licensed counselor on mobile or desktop.
- **Animo**
Self-guided resources to improve focus, wellbeing and emotional fitness.
- **Virtual Support Connect**
Moderated group support sessions on an anonymous, chat-based platform



Start with Navigator

Take the guesswork out of your emotional fitness! Visit your web portal or mobile app to complete the short Mental Health Navigator survey. You'll immediately receive personalized guidance to access support and resources.



Download
the mobile
app today!



1-888-881-5462

supportlinc.com
group code:
axisgroup

Don't let sickness slow you down.

Talk to a doctor by
phone or video 24/7.



Teladoc
HEALTH

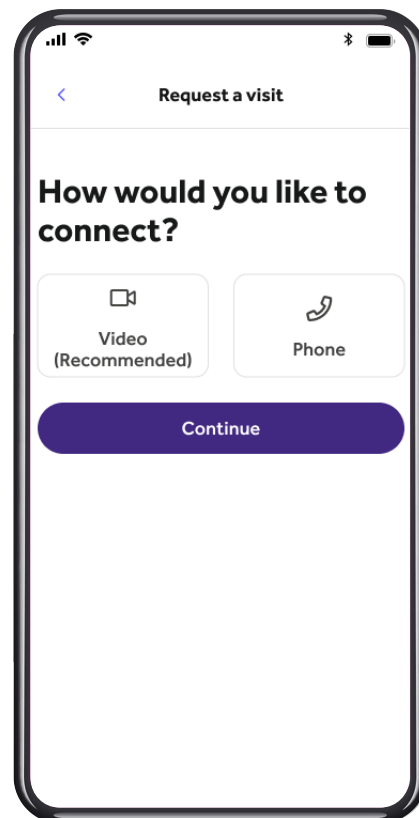
Teladoc Health is included in your
health benefits.

We're here to help you and your family feel better while traveling,
at work, or at home—day or night. Wherever you are, you've got
access to doctors all year long by phone or video





Get treated for:

- Flu
- Sore throats
- Pink eye
- Bronchitis
- Sinus infections
- Rashes
- Allergies
- And more



Talk to a doctor 24/7

Visit [Teladoc.com](https://www.teladoc.com)

Call 1-800-TELADOC (800-835-2362) | Download the app  

*Teladoc Health is not available internationally.

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HealthSelect Plan Details

Limited Benefit Medical Plan

Limited Benefit Medical provided by AXIS Insurance Company	Choice	Enhanced	Max
Inpatient¹			
Hospital confinement benefit			
Day 1	\$300 per day x 1 day	\$1,000 per day x 1 day	\$1,500 per day x 1 day
Day 29	\$300 per day x 29 days	\$500 per day x 29 days	\$1,000 per day x 29 days
Surgery benefit (incl. maternity)	\$1,000 per day x 1 day	\$1,000 per day x 1 day	\$1,500 per day x 1 day
Anesthesia benefit	\$250 per day x 1 day	\$250 per day x 1 day	\$375 per day x 1 day
ICU benefit	NA	\$500 per day x 60 days	\$1,000 per day x 60 days
Outpatient¹			
Physician office visit			
Benefit amount	\$55 per day x 5 days	\$65 per day x 5 days	\$75 per day x 5 days
Wellness (annual physical) benefit	NA	NA	NA
Well child care (age 4 or under) benefit	NA	NA	NA
Accident medical benefit (maximum per year)	\$10,000	\$10,000	\$10,000
Benefit % payable	80% U&C	80% U&C	80% U&C
Deductible per accident	\$0	\$0	\$0
Emergency Room (sickness) benefit	\$100 per day x 1 day	\$250 per day x 1 day	\$350 per day x 1 day
Surgery benefit	\$500 per day x 1 day	\$750 per day x 1 day	\$1,000 per day x 1 day
Anesthesia benefit	\$125 per day x 1 day	\$188 per day x 1 day	\$250 per day x 1 day
Diagnostic, X-ray, lab benefit			
Class I: Laboratory – Blood work, CMP, Lipid panel, ECG, PAP/PSA, Urinalysis and all other lab tests	\$30 per day x 2 days	\$30 per day x 4 days	\$30 per day x 6 days
Class II: Radiology, Ultrasound, Mammogram, Sonogram, Angiogram	\$35 per day x 2 days	\$50 per day x 4 days	\$75 per day x 4 days
Class III: Imaging CT, PET	\$50 per day x 1 day	\$75 per day x 1 day	\$150 per day x 1 day
Class IV: Other diagnostic tests – Endoscopy, Bronchoscopy, Colonoscopy (without Biopsy), MRI	\$100 per day x 1 day	\$250 per day x 1 day	\$350 per day x 1 day
Critical Illness¹			
Critical Illness maximum benefit (per year)			
Cash payment for 10 covered conditions - Cancer, Renal Failure, Heart Attack, Stroke, Major Organ Transplant, Multiple Sclerosis, Coronary Artery bypass surgery, Alzheimer's, ALS, Terminal illness	\$10,000	\$10,000	\$10,000
Prescription¹			
Retail Generic/preferred brand co-pay	\$10/\$30	\$10/\$30	\$10/\$30
Mail order Generic/preferred brand co-pay	\$30/\$90	\$30/\$90	\$30/\$90
Maximum benefit (per month) Individual/family	\$100/\$200	\$100/\$200	\$100/\$200
AD&D benefit¹			
Member	\$10,000	\$10,000	\$20,000
Spouse	\$5,000	\$5,000	\$5,000
Children	\$1,000	\$1,000	\$1,000
Supplemental assistance*			
Teladoc: unlimited telephonic doctor visits with no consultation fee			
SupportLinc Member Assistance Program	Included	Included	Included
First Health PPO Network discounts			
Monthly Rates (all benefits and services)			
Member Only	\$94.34	\$149.59	\$196.83
Member + 1	\$205.94	\$322.55	\$426.47
Family	\$298.28	\$470.00	\$621.16

¹The inpatient hospital fixed indemnity, outpatient accident-only, critical illness and AD&D benefit plans are underwritten by AXIS Insurance Company. Prescription insurance, if offered, is provided by RxSense and is not underwritten by AXIS Insurance Company. Coverage is subject to exclusions and limitations, and may not be available in all US states and jurisdictions. Product availability and plan design features, including eligibility requirements, descriptions of benefits, exclusions or limitations may vary depending on local country or US state laws. Full terms and conditions of coverage, including effective dates of coverage, benefits, limitations, and exclusions, are set forth in the policy.

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TRN-0520

Plan Details (continued)

Additional Plan Details

Member eligibility:

Member eligibility is defined by the employer.

Individual underwriting:

None. Guaranteed issue with no medical questions or evidence required.

Coverage availability:

Not available in all states.

Issue ages:

Member/spouse – ages 18 through 64.

Dependent child – to age 26.

AD&D benefit reductions:

At age 70-74, benefit reduces to 65% of original face amount.

At age 75-79, benefit reduces to 40% of original face amount.

At age 80+, benefit reduces to 20% of original face amount.

Pre-existing condition limitations:

Vary by state (original/treatment) in months unless otherwise stated.

Hospital Indemnity Inpatient Medical: 6/12; 6/12/18; 12/12; 90 day/90 day; None.

Critical Illness: 90 day/12; 6/6; 6/12/18; 6/24; 12/12; 12/24.

The inpatient hospital fixed indemnity, outpatient accident-only, critical illness and AD&D benefit plans are underwritten by AXIS Insurance Company. Prescription insurance, if offered, is provided by RxSense and is not underwritten by AXIS Insurance Company. Product availability and plan design features, including eligibility requirements, descriptions of benefits, exclusions or limitations may vary depending on local country or US state laws. Full terms and conditions of coverage, including effective dates of coverage, benefits, limitations and exclusions, are set forth in the policy.

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AccidentPlus Indemnity Plan

Limited Benefit Medical Plan

Limited Benefit Medical provided by AXIS Insurance Company	AccidentPlus
Inpatient¹	
Accident medical benefit (per year)	\$10,000
Outpatient¹	
Accident medical benefit (maximum per year)	\$10,000
Benefit % payable	80% U&C
Deductible per accident	\$0
Critical Illness¹	
Critical Illness maximum benefit (per year)	
Cash payment for 10 covered conditions - Cancer, Renal Failure, Heart Attack, Stroke, Major Organ Transplant, Multiple Sclerosis, Coronary Artery bypass surgery, Alzheimer's, ALS, Terminal illness	\$10,000
Prescription¹	
Retail Generic/preferred brand co-pay	
Mail order Generic/preferred brand co-pay	Discount Only
Maximum benefit (per month) Individual/family	
AD&D benefit¹	
Member	\$20,000
Spouse	\$5,000
Children	\$1,000
Supplemental assistance*	
Teladoc: unlimited telephonic doctor visits with no consultation fee	
SupportLinc Member Assistance Program	Included
First Health PPO Network discounts	
Monthly Rates (all benefits and services)	
Member Only	\$32.51
Member + 1	\$64.24
Family	\$109.78

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TRN-0520

Dental

Routine dental care contributes to good medical health. Our dental plan provides benefits for a variety of services, with no deductible or precertification requirements.

Benefit	\$1,000 Plan	\$2,000 Plan
Maximum Plan Year Limit	\$1,000	\$2,000
Periodontics lifetime maximum	\$500	\$1,000
Orthodontics lifetime maximum	\$500	\$1,000
Type 1: Preventive & Diagnostic		
Oral exams, Including prophylaxis	\$36	\$43
Bitewings, per film	\$5	\$5
X-ray, panoramic or cephalometric	\$36	\$43
Sealants / topical fluoride	\$11	\$13
Space maintainers	\$108	\$129
Type 2: Major Restorative		
Crowns, bridges & dentures	\$180	\$216
Pre-fabricated crowns	\$60	\$72
Crown build-up procedures	\$48	\$57
Type 3: Minor Restorative		
Fillings	\$42	\$50
Crowns, bridges & denture repair	\$24	\$28
Relining or rebasing dentures	\$60	\$72
Type 4: Endodontics		
Root canals, apicoectomies	\$192	\$230
Root amputation	\$96	\$115
Therapeutic pulpotomy, retrograde, fillings, apexification, hemisection	\$48	\$57
Type 5: Periodontics		
Lifetime Maximum	\$500	\$1,000
Tissue grafts or bone surgery	\$96	\$115
Gingivectomy (per quadrant)	\$60	\$72
Gingivectomy (per tooth)	\$24	\$43
Periodontal scaling, periodontal splinting, root planning, gingival curettage (per quadrant)	\$36	\$28
Type 6: Oral Surgery		
Surgeries Level 1 (Ex. Removal of exostosis)	\$120	\$144
Surgeries Level 2 (Ex. Removal of impacted tooth)	\$66	\$79
Surgeries Level 3 (Ex. Simple extraction)	\$36	\$43
Type 7: General Anesthesia and IV		
IV, first half hour general, each additional ¼ hour general	\$72	\$86
Type 8: Orthodontia		
Per course of treatment (Lifetime Maximum)	\$500	\$1,000
Types 1 through 7: Subject to annual maximum	\$500	\$1,000
Monthly Rates		
Member	\$24.50	\$34.30
Member + 1	\$52.68	\$73.75
Family	\$72.28	\$102.90

Types 2, 5, 6 and 8 are subject to a 12 month waiting period.

THIS IS A DENTAL ONLY POLICY. THE COVERED LOSSES ARE LIMITED TO THOSE LOSSES LISTED ABOVE.

The Dental Plans are underwritten by AXIS Insurance Company under group policy form series number T-GDN-001-0112.

What's Not Covered

Under the AXIS Insurance Company Dental Policy, benefits will not be paid for the following:

- For services and supplies not listed in the Schedule of Benefits or not recognized as essential for the treatment of the condition according to accepted standards of practice or considered experimental.
- For cosmetic procedures, including but not limited to veneers and bleaching of teeth and procedures performed primarily for cosmetic reasons.
- For services related to, performed in conjunction with, or resulting from a non-covered procedure.
- For charges in excess of the Usual and Customary rate.
- For any treatment program which began prior to the date the Insured Person is covered under the Policy.
- For crowns, inlays and onlays on teeth that can be restored by direct placement materials. • For the replacement of crowns, bridges, dentures, inlays or onlays that can be restored to normal function.
- For the replacement of crowns, bridges, inlays, onlays or prosthetic appliance within 5 years from the date of last placement.
- For service or supplies payable under any medical expense portion of an auto or no-fault plan.
- For any condition paid under any Worker's Compensation Act or similar law.
- For services applied without cost by any municipality, county or other political subdivision or for which there would be no charge in the absence of insurance.
- During any Waiting Period the Company requires. When the Insured Person voluntarily ends this insurance without a qualifying event and re-enrolls at a later date, the Waiting Period is 2 years and begins on the date coverage first ended.
- For services that are applied toward the satisfaction of a Deductible, if any.
- For services subject to a Waiting Period that were incurred during the Waiting Period.
- For charges resulting from changing from one provider to another while receiving treatment, or from receiving treatment from more than one provider for one dental procedure to the extent that the total charges billed exceed the amount incurred if one provider had performed all services.
- For Hospital facility charges for any dental procedure, including but not limited to: emergency room charges, surgical facility charges, Hospital confinement.
- For drugs or the dispensing of drugs.
- For oral hygiene instruction; plaque control; acid etch; prescription or take-home fluoride; broken appointments; completion of a claim form; OSHA/Sterilization fees (Occupational Safety & Health Agency); or diagnostic photographs (except for orthodontic purposes).
- For implants; myofunctional therapy; athletic mouth guards; precision or semi-precision attachments; treatment of fractures, cysts, tumors, or lesions; maxillofacial prosthesis; orthognathic surgery; TMJ dysfunction; cleft palate; or anodontia.
- For orthodontia, unless included within the Schedule of Benefits.
- For services to replace teeth that were missing (extracted or congenitally) prior to the effective date of coverage on Our Plan. This limitation ends after 36 months of continuous coverage on the Plan. Abutment teeth will be reviewed for eligibility of prosthetic benefits.
- For composite, resin, or white fillings on posterior primary teeth. Benefits will be reduced to that of an amalgam or silver filling.
- For the replacement of a filling within 24 months of placement, unless for specific health reasons.
- For the replacement of retainers.
- For sealants not applied to permanent bicuspid or molar; applied at age 15 or older; applied 3 years from a previous sealant application; applied to a decayed tooth.
- For lab fees for higher metals or porcelain crowns, bridges, inlays, or onlays.

Non-Insurance Benefit

Dental Discount Program*

With DenteMax, members have access to network discounts averaging 20%-40% below normal costs for over 137,000 dental providers in all 50 states.



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What's Not Covered

Under the Group Hospital Indemnity We will not pay for any loss, injury or sickness that is caused by, or results from:

1. Pre-existing Conditions occurring within the first 12 months of coverage (applies to Hospital Confinement and Surgery and Anesthesia benefits only). "Pre-existing Condition" means an illness, disease, or other condition of the Covered Person, that was treated, diagnosed or required medications in the 6 month period before the Covered Person's coverage became effective under this Policy;
2. Intentionally self-inflicted injury, suicide or any attempt while sane or insane;
3. Commission or attempt to commit a felony or an assault;
4. Commission of or active participation in a riot or insurrection;
5. Declared or undeclared war or act of war;
6. Release, whether or not accidental, or by any person unlawfully or intentionally, of nuclear energy or radiation, including sickness or disease resulting from such release;
7. An injury or sickness that occurs while on active duty service in the military, naval or air force of any country or international organization. Upon Our receipt of proof of service, the Company will refund any premium paid for this time. Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days;
8. Travel or activity outside the United States, Canada or Mexico, except for a Medical Emergency;
9. Flight in, boarding or alighting from an Aircraft except as: a fare-paying passenger on a regularly scheduled commercial or charter airline; a passenger in a non-scheduled, private Aircraft used for pleasure purposes with no commercial intent during the flight;
10. Travel in any Aircraft owned, leased or controlled by the Policyholder, or any of its subsidiaries or affiliates. An Aircraft will be deemed to be "controlled" by the Policyholder if the Aircraft may be used as the Policyholder wishes for more than 10 straight days, or more than 15 days in any year;
11. Bungee-cord jumping, parachuting, skydiving, parasailing, hang-gliding;
12. Voluntary ingestion of any narcotic, drug, poison, gas or fumes, unless prescribed or taken under the direction of a Physician and taken in accordance with the prescribed dosage;
13. The Insured Person's intoxication. The Insured Person is conclusively deemed to be intoxicated if the level in his blood exceeds the amount at which a person is presumed, under the law of the locale in which the accident occurred, to be under the influence of alcohol if operating a motor vehicle, regardless of whether he is in fact operating a motor vehicle, when the injury occurs. An autopsy report from a licensed medical examiner, law enforcement officer's report, or similar items will be considered proof of the Insured Person's intoxication;

14. An Accident if the Insured Person is the operator of a motor vehicle and does not possess a valid motor vehicle operator's license, unless: (a) the Insured Person holds a valid learners permit and (b) the Insured Person is receiving instruction from a driver's education instructor;
15. Alcoholism, drug addiction or the use of any drug or narcotic except as prescribed by a Physician unless specifically provided herein;
16. Repair or replacement of existing dentures, partial dentures, braces, fixed or removable bridges, or other artificial dental restoration;
17. Repair, replacement, examinations for prescriptions or the fitting of eyeglasses or contact lenses;
18. Elective Abortion. Elective Abortion means an abortion for any reason other than to preserve the life of the female upon whom the abortion is performed;
19. Mental and nervous disorders;
20. Elective surgery or cosmetic surgery, except for reconstructive surgery needed as the result of a Covered Injury or Covered Sickness;
21. Experimental or Investigational drugs, services, supplies. For the purposes of this exclusion, "Experimental or Investigational" means medical services, supplies or treatments provided or performed in a special setting for research purposes, under a treatment protocol or as part of a clinical trial (Phase I, II or III). The covered service will also be considered Experimental or Investigational if the Insured Person is required to sign a consent form that indicates the proposed treatment or procedure is part of a scientific study or medical research to determine its effectiveness or safety. Medical treatment, that is not considered standard treatment by the majority of the medical community or by Medicare, Medicaid or any other government financed programs or the National Cancer Institute regarding malignancies, will be considered Experimental or investigational. A drug, device or biological product is considered Experimental or Investigational if it does not have FDA approval or approval under an interim step in the FDA process, i.e., an investigational device exemption or an investigational new drug exemption;
22. Treatment for being overweight, gastric bypass or stapling, intestinal bypass, and any related procedures, including complications;
23. Sexual reassignment surgery, sexual transformation surgery, sexual transgendering surgery;
24. Services related to sterilization, reversal of a vasectomy or tubal ligation; in vitro fertilization and diagnostic treatment of infertility or other problems related to the inability to conceive a child, unless such infertility is a result of a Covered Injury or Covered Sickness;
25. Treatment or services provided by a private duty nurse;
26. Organ or tissue transplants and related services;
27. Personal comfort or convenience items;
28. Rest or custodial cures;

29. Hearing aids;

30. An Injury or Sickness for which the Insured Person is paid benefits under any Workers' Compensation or occupational disease law or under any insurance policy that provides benefits to the Insured Person for injuries resulting from an occupational accident.

In addition, benefits will not be paid for services or treatment rendered by any person who is:

1. Employed or retained by the Policyholder;
2. Living in the Insured Person's household;
3. An Immediate Family Member of either the Insured Person or the Insured Person's Spouse; or
4. The Insured Person.

Under the Accident Medical Expense Policy We will not pay for loss, injury or sickness that is caused by, or results from:

1. Intentionally self-inflicted injury, suicide or any attempt while sane or insane;
2. Commission or attempt to commit a felony or an assault;
3. Commission of or active participation in a riot or insurrection;
4. Declared or undeclared war or act of war;
5. Release, whether or not accidental, or by any person unlawfully or intentionally, of nuclear energy or radiation, including sickness or disease resulting from such release;
6. An injury or sickness that occurs while on active duty service in the military, naval or air force of any country or international organization. Upon Our receipt of proof of service, the Company will refund any premium paid for this time. Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days;
7. Flight in, boarding or alighting from an Aircraft except as a fare-paying passenger on a regularly scheduled commercial or charter airline;
8. Travel in any aircraft owned, leased or controlled by the Policyholder, or any of its subsidiaries or affiliates. An aircraft will be deemed to be "controlled" by the Policyholder if the Aircraft may be used as the Policyholder wishes for more than 10 straight days, or more than 15 days in any year;
9. Voluntary ingestion of any narcotic, drug, poison, gas or fumes, unless prescribed or taken under the direction of a Physician and taken in accordance with the prescribed dosage;
10. Medical or surgical treatment, diagnostic procedure, administration of anesthesia, or medical mishap or negligence, including malpractice, unless it occurs during treatment of injuries sustained in a Covered Injury;
11. The Insured Person's intoxication. The Insured Person is conclusively deemed to be intoxicated if the level in his blood exceeds the amount at which a person is presumed, under the law of the locale in which the accident occurred, to be under the influence of alcohol if operating a motor vehicle, regardless of whether He is in fact operating a motor vehicle, when the injury occurs. An autopsy report from a licensed medical examiner, law enforcement

What's Not Covered (continued)

- officers report, or similar items will be considered proof of the Insured Person's intoxication;
12. Aggravation or re-injury of a prior injury the Insured Person suffered prior to His Coverage Effective Date, unless the Company receives a written medical release from the Insured Person's Physician;
 13. Sickness, disease or any bacterial infection, except one that results from an Accidental cut or wound, or pyogenic infections that result from Accidental ingestion of contaminated substances.

In addition, benefits will not be paid for services or treatment rendered by any person who is:

1. Employed or retained by the Policyholder;
2. Living in the Insured Person's household;
3. An Immediate Family Member of either the Insured Person or the Insured Person's Spouse; or
4. The Insured Person.

In addition to the above Exclusions, Under the Accident Medical Expense Policy, We will not pay for any loss, treatment or services resulting from or contributed to by:

1. Treatment of sickness, disease or infections except pyogenic infections or bacterial infections that result from the accidental ingestion of contaminated substances;
2. Treatment of hernia, Osgood-Schlatter's Disease, osteochondritis, appendicitis;
3. Osteomyelitis, cardiac disease or conditions, pathological fractures, congenital weakness;
4. Detached retina unless caused by a Covered Accident;
5. Mental disorder or psychological or psychiatric care or treatment (except as provided in the Policy) whether or not caused by a Covered Accident;
6. Pregnancy, childbirth, miscarriage, abortion or any complications of any of these conditions.
7. Mental and nervous disorders;
8. Damage to or loss of dentures or bridges, or damage to existing orthodontic equipment (except as specifically covered by the Policy.)
9. Expenses incurred for treatment of temporomandibular or craniomandibular joint dysfunction and associated myofascial disorders;
10. Injury covered by Workers' Compensation, Employer's Liability Laws or similar occupational benefits, including any insurance policy that provides benefits to the Insured Person for injuries resulting from an occupational accident, or while engaging in activity for monetary gain from sources other than the Policyholder.
11. All surgery, including cosmetic and elective surgery;
12. Any elective treatment, health treatment, or examination, including any service, treatment or supplies that: (a) are deemed by us to be experimental; and (b) are not recognized and generally accepted medical practices in the United States;
13. Eyeglasses, contact lenses, hearing aids, examinations or prescriptions for them, or repair or replacement of existing artificial limbs, orthopedic braces, or orthotic devices;

14. Expenses payable by any automobile insurance policy without regard to fault (This exclusion does not apply in any state where prohibited.)
15. Conditions that are not caused by a Covered Accident;
16. Any treatment, service or supply not specifically covered by the Certificate; or
17. Injuries paid under medical payment coverage or no-fault coverage contained in an automobile insurance policy or liability insurance policy.

In addition, Critical Illness Benefits will not be paid for:

1. the Insured Person's suicide or intentional self-inflicted injury or Sickness, while sane or insane;
2. the Insured Person's being under the influence of an excitant, depressant, hallucinogen, narcotic, and other drug, or intoxicant including those taken as prescribed by a Physician;
3. the Insured Person's commission of or attempt to commit an assault or felony;
4. the Insured Person's engaging in an illegal activity or occupation;
5. Any Pre-existing Condition, except where coverage has been in effect for a period of twelve (12)* consecutive months following the Covered Person's effective date of coverage. "Pre-existing Condition" means a Sickness suffered by a Covered Person for which he or she sought or received medical advice, consultation, investigation, or diagnosis, or for which treatment was required or recommended by a Physician during the 12* months immediately prior to the Covered Person's effective date of coverage, that directly or indirectly causes the condition to occur within the first 12* months from the Covered Person's most recent effective date of coverage.
***Will vary by state.**
6. the Insured Person's voluntary participation in a riot;
7. any illness, loss or condition specifically excluded from the definition of any Critical Illness;
8. a Critical Illness that was initially Diagnosed before the Coverage Effective Date;
9. war, whether declared or not;
10. balloon angioplasty, laser relief of an obstruction, and/or other intra-arterial procedure unless covered under this Certificate; or
11. any injury or Sickness covered under any state or federal Workers' Compensation, Employer's Liability law or similar law.

No Prescription Drug Benefits will be paid for:

1. All over-the-counter products and medications unless shown in the definition of Prescription Drug. This includes, but is not limited to, electrolyte replacement, infant formulas, miscellaneous nutritional supplements, and all other over-the-counter products and medications.
2. Blood glucose meters and insulin injecting devices.
3. Depo-Provera; condoms, contraceptive sponges, and spermicides; sexual dysfunction drugs.
4. Biologicals (including allergy tests); blood products; growth hormones; hemophilic factors; MS injectable; immunizations; and all other injectable unless shown in the definition of Prescription Drug.
5. Medical supplies and durable medical equipment.

6. Liquid nutritional supplements; pediatric Legend Drug vitamins; prescribed versions of Vitamins A, D, K, B12, Folic Acid, and Niacin – used in treatment verses as a dietary supplement; and all other Legend Drug vitamins and nutritional supplements.
7. Anorexiant; any cosmetic drugs including, but not limited to, Renova and skin pigmentation preps; any drugs or products used for the treatment of baldness; and topical dental fluorides.
8. Refills in excess of that specified by the prescribing Physician, or refills dispensed after one year from the original date of the prescription.
9. Any drug labeled "Caution – limited by Federal Law for Investigational Use" or experimental drugs.
10. Any drug which the Food and Drug Administration has determined to be contraindicated for the specific treatment.
11. Drugs needed due to conditions caused, directly or indirectly, by a Covered Person taking part in a riot or other civil disorder; or the Covered Person taking part in the commission of a felony.
12. Drugs needed due to conditions caused, directly or indirectly, by declared or undeclared war or any act of war; or drugs dispensed to a Covered Person while on active duty service in any armed forces.
13. Any expenses related to the administration of any drug.
14. Drugs or medicines taken while in or administered by a Hospital or any other health care facility or office.
15. Drugs covered under Worker's Compensation, Medicare, Medicaid or other governmental program.
16. Drugs, medicines or products which are not medically necessary.
17. Diaphragms; erectile dysfunction Legend Drugs; and infertility Legend Drugs.
18. Epi-Pen, Epi-Pen Jr., Ana-Kit, Ana-Guard; Glucagon-auto injection; and Imitrex-auto injection. Smoking deterrents, Legend or over-the-counter drugs.
19. Replacement of stolen medication (except under circumstances approved by us), or lost, spilled, broken or dropped Prescription Drugs.
20. Vacation supplies of Prescription Drugs (except under circumstances approved by us).
21. All newly marketed pharmaceuticals or currently marketed pharmaceuticals with a new FDA approved indication for a period of one year from such FDA approval for its intended indication.

*** Prescription benefits provided are not underwritten by AXIS Insurance Company but are underwritten by an A.M. Best Rated Carrier.**

Please note that certain exclusions and limitations listed in the "What's Not Covered" sections may vary by state law.

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