

Group Hospital Indemnity Insurance

What is not covered?

No benefits will be payable for any loss that is a result of, or is caused or contributed to by:

- War or any act of war or your active duty in any armed service during a time of war (this does not include acts of terrorism)
- Active military duty
- Active participation in a war (declared or undeclared)
- Riding in or driving any motor-driven vehicle in a race, stunt show, speed test or driving while Intoxicated (where the blood alcohol level meets the legal presumption of intoxication in the jurisdiction where the accident or injury occurred)
- Intoxication
- Committing of or attempting to commit an assault, felony or other criminal act
- Participation in a riot, rebellion, insurrection, civil commotion, civil disobedience, or unlawful assembly (For purposes of this exclusion, "participation" means to take an active part in common with others. "Riot" means any use or threat to use force or violence or disturbance by three or more persons without authority of law. This does not include a loss that occurs while acting in a lawful manner within the scope of authority.)
- Committing or attempting to commit suicide, whether sane or insane, or injuring oneself intentionally
- Incarceration in a penal institution of any kind
- Elective abortion or complications thereof
- Elective or cosmetic surgery or procedures, except for reconstructive surgery or unless due to congenital anomaly or disease of a child which has resulted in a defect
- Artificial insemination, in vitro fertilization, test tube fertilization
- Sterilization, tubal ligation or vasectomy, and reversal thereof, unless recommended by a physician
- Gender change, unless recommended by a physician
- Treatment, supplies or services provided by, through or, behalf of any government agency or program or program for which there is not normally any charge except for treatment provided by or through a Veteran's home or hospital

- Operating, learning to operate, serving as a crew member of, jumping or falling from any aircraft, including those which are not motor-driven. This does not include:
 - 1. flying as a fare paying passenger in a scheduled or chartered flight operated by a commercial airline
 - 2. flying as a passenger with no duties on board an aircraft operated by a private business to transport its personnel or guests
 - 3. flying in your employer's corporate aircraft as a passenger or crew member
 - 4. flying in a life-saving medevac or similar medical air transport service
- Injuries sustained from any aviation activities, other than riding as a fare paying passenger
- Operating a taxi or any other delivery service for any kind of compensation or profit
- Engaging in hang-gliding, bungee jumping, parachuting, sail gliding, parasailing, parakiting or mountaineering
- Participating in or practicing for any semi-professional or professional competitive athletic contest in which any compensation is received, including coaching or officiating
- Voluntary use of any controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as now or hereafter amended, unless administered on the advice of a physician and used as directed
- Treatment or removal of warts, moles, boils, skin blemishes or birthmarks, bunions, acne, corns, calluses, the cutting and trimming of toenails, care for flat feet, fallen arches or chronic foot strain
- Any mental and nervous disorder
- Substance Abuse.

No benefits will be payable relating to or resulting from services or treatment rendered or confinement outside the United States.

The policy has limitations and exclusions. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage.

This policy provides limited benefits. Exclusions apply and will vary by state. The certificate contains the full list of applicable exclusions that restrict benefit payments for hospitalizations or other insured treatments.

Hospital does not include certain facilities, such as nursing homes, convalescent care or extended care facilities.

The following limitations may apply:

Pregnancy waiting period: An insured must complete the pregnancy waiting period as shown in the benefit schedule before becoming eligible for benefits for normal pregnancy or childbirth under the policy. If the insured receives treatment for pregnancy or childbirth during this pregnancy waiting period, benefits are not payable. If the insured becomes confined as the result of pregnancy or childbirth prior to

completing the pregnancy waiting period, benefits will only be payable for any day of confinement that extends after the end of the pregnancy waiting period. This limitation does not apply to complications of pregnancy.

Preexisting condition limitation: We will not pay any benefit for any sickness that is diagnosed or treated during a time specified in the certificate following the effective date of any insured's insurance and results from a preexisting condition. Preexisting condition means during an exclusionary period prior to any insured's effective date of insurance or the effective date of an increase in any insured's amount of insurance, any condition for which any insured: sought medical treatment, consultation, advice, care or services, including diagnostic measures for the condition, regardless of whether the condition was diagnosed or suspected at that time; took prescribed drugs or medicines for the condition.

When newborn children, newly placed foster children or newly adopted children are added to your dependent children insurance within 31 days of the birth, placement or adoption, the preexisting condition limitation does not apply.

Hospital indemnity insurance is a limited benefit policy. It does not provide basic hospital, basic medical or major medical insurance, and does not satisfy the requirement for minimum essential coverage under the Affordable Care Act. This policy is not a Medicare supplement plan. The certificate has exclusions and limitations for certain conditions that may affect any benefits payable. For costs and complete details of the coverage, please see the actual policy or contact your benefits representative. Benefits payable are subject to all terms and conditions of the certificate. This overview is preliminary to the issuance of the policy and certificate. The policy, certificate and rider, if applicable, are subject to state approvals and may vary based on state laws and regulations.

Policy form #s: MOEBP22 HI, AXEBP22 HI and state variations.

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