

State Variations

(Refer to your Certificate of Coverage for additional mandated benefits or offerings)

Mandated Benefits

Arizona

- ▶ Inpatient Alcoholism Treatment is covered up to \$3000 per calendar year, \$10,000 lifetime.

Arkansas

- ▶ Mental and Nervous disorders are covered the same as any other illness.
- ▶ Contraceptive drugs are covered.
- ▶ Charges for Alcoholism, Chemical Dependency, and Substance Abuse are excluded, unless the optional Arkansas Alcohol and Drug Dependency Benefit Offer Rider is elected and current.

Illinois

- ▶ Inpatient Alcoholism is covered the same as any other illness.
- ▶ Contraceptive drugs are covered.
- ▶ Charges for Mental and Nervous disorders are excluded, unless the Mental Disorders Benefit Offer is elected and current.
- ▶ Charges for Outpatient Alcoholism and Chemical Dependency are excluded.

Indiana

- ▶ Mental and Nervous disorders are covered the same as any other illness.
- ▶ Inpatient Alcoholism is covered the same as any other illness.
- ▶ The references to 12 months and 24 months in the Pre-Existing Condition Limitation are changed to six months and 12 months respectively.

Missouri

- ▶ Inpatient Alcoholism is covered up to 30 days per Calendar Year.
- ▶ Mental and Nervous disorders, Chemical Dependency, and Outpatient Alcoholism are excluded, unless the optional Chemical Dependency and Mental Illness Offer is elected and current.
- ▶ The Hospital Pre-Admission Review and Concurrent Review limitation does not apply.

Nebraska

- ▶ Inpatient Alcoholism is limited to 30 days per benefit period, with a maximum of two treatments per lifetime.
- ▶ Outpatient Alcoholism is limited to 60 treatment visits per calendar year.

Mandated Offers

Arkansas:

Arkansas Alcohol and Drug Dependency Benefit Offer: This benefit provides coverage for the treatment of Alcoholism, Drug Dependency, or Substance Abuse. Benefits are limited to \$6,000 in any 24-month period, with a lifetime maximum of \$12,000.

Illinois:

Mental Disorders Benefit Offer:

This benefit provides coverage for inpatient and outpatient charges for the treatment of Serious and Non-Serious Mental, Emotional, and Nervous Disorders. These charges are covered at 50% up to a maximum of \$10,000 per calendar year for Serious Disorders and \$10,000 per calendar year for Non-Serious Disorders.

Missouri:

Chemical Dependency and Mental Illness Offer: This benefit provides Chemical Dependency coverage through a nonresidential treatment program, or partial or full-day program services, up to 26 days per calendar year, inpatient coverage for a residential treatment program, up to 21 days per calendar year, and coverage for medical or social setting detoxification up to six days per calendar year, and a lifetime maximum of 10 episodes of treatment.

Outpatient treatment for a recognized Mental Illness is treated the same as any other illness. Inpatient treatment for a recognized Mental Illness is treated the same as any other illness, up to 90 days per calendar year.

This benefit also includes two sessions per calendar year to a licensed psychiatrist, licensed psychologist, licensed professional counselor, or licensed clinical worker for the purpose of diagnosis or assessment. These visits are not subject to any deductible, coinsurance, or copayment provisions.

Child Health Offer:

This benefit provides coverage for the periodic review of a child's physical and emotional status, including examinations, immunizations, and standard laboratory testing. The examinations are available from birth to age 12 at 15 specified intervals.

GENERAL COVERAGE LIMITATIONS AND EXCLUSIONS (Your State May Vary)

PRE-EXISTING CONDITIONS LIMITATION

"Pre-Existing Condition" means an injury or sickness for which an insured person received medical advice, care or treatment within 12 months before that person's insurance began under the policy or produced symptoms within that 12 month period which would have led a prudent person to seek diagnosis, care or treatment (Indiana see policy for state specifics). If the condition is not fully disclosed on the application, such condition will not be eligible for payment until the insured person has been covered for 24 continuous months unless excluded by a rider. (NOTE: Health conditions fully disclosed on the application and not excluded from coverage are NOT considered "pre-existing" conditions).

LIMITATIONS – The following expenses are limited by the Policy.

• For manual or mechanical diagnoses and treatment of body structure to restore normal function of the muscular, connective, or nervous system is limited to \$50 per visit and a maximum of 30 visits per Benefit Period. • Inpatient care and treatment of mental and nervous disorders will be limited to 30 days per Benefit Period. Outpatient care and treatment for consultations with a licensed mental health professional will be paid at 50% up to a maximum of \$25 per visit, not to exceed 26 visits per Benefit Period (Arkansas and Nebraska). A maximum of \$3,000 per Benefit Period and \$10,000 lifetime applies to all mental and nervous disorders and inpatient alcohol rehabilitation benefits. • Inpatient care and treatment of manic depression will be limited to 30 days per Benefit Period. Outpatient care and treatment rendered by a licensed health professional or institution will be paid at 50%, up to a maximum of \$25 per visit, not to exceed 26 visits per Benefit Period. A maximum of \$3,000 per Benefit Period and \$10,000 lifetime applies to all manic depression benefits. • For Home Health Care by a Home Health Care Agency, visits will be limited up to 30 visits per insured per benefit period, not to exceed \$50 per visit. • For Medically Necessary durable equipment, rental fees will be limited up to reasonable and customary purchased price of the equipment. • Assistant Surgeon benefits will be eligible for up to 20% of the eligible Primary Surgeon's fee. • Room and Board charges for each day of a Hospital stay are limited to the average semi-private room rate. • Treatment, services and supplies received outside the United States or Canada will be limited to \$10,000, except if due to any injury or acute onset of sickness sustained while traveling. • Human Organ/Tissue Transplant – Covered up to \$100,000 (out of network) per covered procedure (\$1,000,000 if approved by network). Donor Organ Acquisitions: \$10,000 per covered procedure (out of network). • Intensive care is limited to three times the Average Semi-Private (A.S.P.) room rate for the first 90 days, and the A.S.P. rate thereafter. •

PRESCRIPTION DRUG LIMITATIONS AND EXCLUSIONS

• The pharmacist will substitute generic medications, when available, for brand name medications. • The amount of Covered Medications will be limited to a 30 day supply, however, Covered Medications that are maintenance medications obtained through the mail, under the mail order program, are limited to a 90-day supply. Non-maintenance drugs in which a 30-day supply is in excess of what is considered a necessary standard of practice shall be limited to less than a 30-day supply. • Except for inhalers, "prepackaged" medications that are packaged in standardized containers from a prescription medication manufacturer shall not be dispensed in more than one standardized container per prescription order. A maximum of two inhalers per prescription order may be obtained at one time. • Except for the administration of insulin, injectable medications, bee sting kits, Anakits and Epi-pens are excluded. Insulin injectors without a needle are covered if Medically Necessary, that is, where a syringe and needle are inappropriate because the insured cannot find an appropriate site for the injection.

No benefit will be paid for charges incurred for: • Prescription orders by dentists and physicians for conditions which the Company determines to be dental in nature, are excluded. • Cosmetics, health or beauty aids, dietary supplements, anoretics (i.e. appetite suppressants), diet medications, retinoic acid for cosmetic purposes, medication prescribed to remove or lessen wrinkles in the skin, and topical minoxidil and other medications to treat baldness, are excluded. • Medications dispensed in connection with, or because of, a cosmetic or Non-Medically Necessary procedure, are excluded. • Placebo injections and medications are excluded. • Implantable medications and devices (e.g., pain control, Norplant and other contraceptive medications and devices), drug infusion pumps and release devices, are excluded. • Medical and surgical appliances, durable medical equipment, medical supplies, and oxygen and oxygen supplies, are excluded. • Allergy desensitization products are excluded. • Aphrodisiacs are excluded. • Progesterone is excluded. • Contraceptives, oral or other, whether medication or a device, regardless of the purpose for which prescribed unless mandated by state regulation. • Drugs which are intended to promote fertility. • Drugs or medicines given orally or by injection that are delivered or administered to an Insured Person by the Health Care Practitioner, excluding joint injections. • Any drug or medication dispensed by a Hospital, nursing home or similar facility. • Any drug or medicine labeled "Caution – Limited by Federal Law to Investigational Use", or experimental drugs even though a charge is made to the patient. • Hypodermic syringes or needles, except when purchased in conjunction with an insulin prescription. • Immunizing agents, injectables (except insulin), biological sera, blood or plasma, or any drug prescribed for parental use. • A non-legend patent or proprietary medicine or medication.

EXCLUSIONS – The following exclusions apply to expenses which will NOT be paid by the Policy. Charges incurred:

• For outpatient alcoholism or any substance abuse treatment. • For artificial insemination or in-vitro fertilization. • For an inpatient stay when the stay is primarily for a behavioral problem, social maladjustment or any other antisocial action which is not specifically the result of mental illness. • For which the insured person is not, in the absence of this coverage, legally obligated to pay, or for which a charge would not ordinarily be made in the absence of this coverage. • For contraceptive methods. • During the commission of a crime or while engaged in an illegal act, illegal occupation or felonious act or aggravated assault. • For dental care or treatment except: as provided in the Preventative Dental Care Benefit, or provided in the Optional Rider, or for an injury to sound, natural teeth or removal of a tumor or cyst while insured. • Prior to the insured person's effective date of coverage under the Policy, or after coverage is terminated, unless Extension of Benefits applies. • For conditions or activities specifically excluded or limited by a Certificate Rider. • For any procedure or treatment that is deemed to be experimental or investigational in nature by any appropriate medical assessment body. • For hearing aids, eyeglasses, lenses, frames or for the exams for fitting them. • For eye refractions or radical keratotomy procedures. • For all charges in connection with a Hospital admittance between 12:00 noon Friday and 12:00 noon Sunday unless: the confinement is necessary due to a medical emergency; a Physician confirms a medical necessity exists; or surgery is scheduled for the next day. • Paid under a no-fault auto insurance plan. • For normal pregnancy or child birth unless the optional maternity benefit is elected and current. Complications of Pregnancy are covered without the maternity option. • For a Pre-Existing Condition. • For Private Duty nursing. • In excess of the Reasonable and Customary charge or services which are not Medically Necessary. • As a result of participation in a riot. • For failure to keep a scheduled visit or charges to complete a claim for. • For services performed by an Immediate Family Member. • For sex transformations or sexual dysfunction. • For elective sterilizations or reversals, or abortions unless the life of the mother is endangered if the fetus were carried to term. • In connection with any intentional self-inflicted injury or illness, or attempted suicide, whether sane or insane. • For injuries sustained while under the influence of alcohol or non-prescription drugs. • For vitamins or food supplements. • As a result of war or any act of war, whether declared or undeclared, or caused during service in the armed forces of any country. • For weight control programs or treatment of obesity not caused by an organic condition. • Arising out of, or in the course of, any occupation for wage or profit for which the insured person is entitled to benefits under any Workers' Compensation or Occupational Disease Law, or any such similar law.

ADDITIONAL LIMITATION

Emergency air, ground, and water ambulance is limited to \$10,000 per person per calendar year.

OUT OF NETWORK EMERGENCY PROVISION

Charges incurred in an out of network facility will be paid at the in network level of benefits if: 1. Confinement or emergency room treatment is due to an emergency, 2. You cannot be moved because your condition is life threatening, as determined by the attending doctor, 3. You are unable to communicate your choice of hospital, 4. Local law or regulation dictates that you be transported to a specific hospital, 5. The participating provider dictates that you be confined in a non-network facility due to a medical necessity.

PREFERRED VALUE PLAN: INPATIENT & OUTPATIENT DEDUCTIBLE PROVISIONS

Inpatient Deductible: A separate deductible which must be paid upon admission to a Hospital or other state-licensed facility.

Outpatient Deductible: A separate deductible which must be paid per occurrence receiving treatment (including day surgery, major diagnostic procedures and medical services, x-rays, lab tests, EKG, radiation therapy) on an outpatient basis at a Hospital or other state-licensed facility.

THIS BROCHURE PROVIDES A BRIEF DESCRIPTION OF THE BENEFITS, LIMITATIONS AND EXCLUSIONS. SEE THE ACTUAL POLICY FOR COMPLETE TERMS AND CONDITIONS.