



**Schedule of Benefits & Plan Design  
Supplemental Hospital Benefit**

The following table represents the supplemental hospital benefit covered under this plan as well as the permitted interval and any requirements of such medical services.

Plan Provisions	Plan Benefit	Limitations & Exclusions
<b>Hospitalization (Room and Board) including MHSA (Mental Health and Substance Abuse)</b>	\$5,000 Supplemental Hospital Benefit	Limited to \$1,000 per day; maximum of 5 days per plan year. Pre-existing conditions within past twelve months excluded.

# | Premium

## Exclusions

### Pre-existing Conditions

We will not pay for benefits under the plan for a loss which manifests due to, results from, is caused or contributed to, or contributed by a pre-existing condition. The pre-existing condition limitation will apply for as long as the plan is in force. For example, if a person was treated for colon cancer in the 12 months prior to purchasing the plan, that would be a pre-existing condition. The plan would not pay benefits for any hospitalization related to that person's colon cancer for as long as the person has the plan.

"Pre-existing condition" means an illness, injury, or condition:

1. For which medical advice, diagnosis, care, or treatment was recommended to or received by a covered person within 12 months immediately preceding the effective date the covered person became insured under the plan; or
2. That manifested symptoms which would cause an ordinarily prudent person to seek diagnosis or treatment within the 12 months immediately preceding the applicable effective date the covered person became insured under the plan.

### Other Exclusions and Limitations

No benefits are payable for or relating to any of the following:

1. Any care or treatment which is not specifically provided for in the plan
2. An illness or injury occurring before the plan effective date, after termination of the plan, or during any time that coverage is not in force
3. Intentionally self-inflicted bodily harm (whether the covered person is sane or insane)
4. Any act of declared or undeclared war
5. Active service in the armed forces of any country, or related auxiliaries including the National Guard or military reserve
6. The covered person taking part in a riot
7. The covered person's commission or attempt to commit a felony, whether or not charged
8. The covered person being intoxicated, as defined by applicable state law in the state in which the loss occurred, or under the influence of illegal narcotics or controlled substance unless administered or prescribed by a doctor or voluntary taking of any over the counter drug unless taken in accordance with the manufacturers recommended dosage.
9. Cosmetic treatment
10. Pregnancy, childbirth or abortions (including complications of pregnancy, childbirth or abortions)
11. Hospital confinement primarily to receive rehabilitation, custodial care, educational care, or nursing services (unless expressly provided for by the plan)
12. Elective surgery that is not medically necessary
13. Donating an organ



## Exclusions

14. Operating a taxi or any other livery (passenger transportation) services for wage, compensation, or profit
15. Any injury sustained while paid to participate or instruct in: horseback riding, racing, speed testing any non-motorized vehicle/conveyance, skiing, rock or mountain climbing
16. Any injury sustained while participating, demonstrating, instructing, guiding, or accompanying others in: sports (semi- or professional or intercollegiate not including intramural sports), parachute jumping, hang gliding, skydiving, bungee jumping, parakiting, racing or speed testing any motorized vehicle/conveyance, rodeo sports, or scuba/skin diving (60 or more feet in depth)
17. Any injury sustained while performing the duties of any type of non-commercial aircraft crew member, including giving or receiving training on any aircraft
18. Care or treatment which would be provided without cost to you or your covered dependent in the absence of insurance covering the charge
19. Care or treatment not administered or ordered by a doctor or are not medically necessary to the diagnosis or treatment of an illness or injury
20. Routine well-baby care of a newborn infant while inpatient
21. An illness or injury sustained while the covered person is incarcerated in a state or federal prison or other detention facility
22. Court ordered treatment programs for substance abuse or other conditions
23. Care or treatment rendered outside the U.S. states or territories
24. Dental expenses
25. Facilities, and all treatments in said facilities, which specialize in inpatient substance abuse and mental health rehabilitation
26. Skilled nursing services or skilled nursing facilities
27. Any care or treatments not provided on an inpatient basis at an accredited hospital

"The purpose of this list of exclusions is solely to provide additional clarity regarding treatments, procedures, products, services, or any other items which are not covered under this plan. Accordingly, no exclusion shall be interpreted by negative implication, or otherwise, as evidence of the existence of coverage under this plan."