

Accident Medical Expense Benefit Description

This benefit is payable for Covered Expenses that result directly, and from no other cause, from a Covered Accident, subject to the Deductible, Co-insurance Rate, benefit maximums and other terms or limits of the Policy. Accident Medical Expense Benefits are only payable: 1) for Usual and Customary Charges incurred after the Deductible has been met; 2) for those Medically Necessary Covered Expenses that the Insured receives; 3) as long as the first expense is incurred within 90 days of the Covered Accident; and 4) for charges incurred within one year of the Covered Accident.

No benefits will be paid for any expenses incurred that are in excess of Usual and Customary Charges or that is payable under another health plan covering the Insured for Medical or Dental Expense Benefits.

Covered Medical Expenses include: 1) Treatment by a Doctor; 2) Care given by a Graduate Nurse; 3) Confinement in a Hospital; 4) Ambulance service to and from the Hospital; and 5) Services and supplies order by a Doctor.

The benefits payable under the Policy will be paid on an excess basis over and above any benefits or services provided for by: 1) any other valid or collectible insurance; or 2) any other form of indemnity payable by those responsible for the loss, such as an airline carrier.

In no event will Our payment, when combined with such other payments, exceed 100% of the Covered Expenses incurred. The amount of benefits provided by other valid and collectible or other forms of indemnity: 1) will be determined without reference to any: a) coordination of benefits provision; b) non-duplication of benefits provision; or c) other similar provision; and 2) will include any benefits to which the Insured is entitled, regardless of whether claim is made.

We pay Covered Expenses: 1) after the Insured satisfies any Deductible; and 2) only when they are in excess of amounts paid by any other Health Care Plan. Benefits will be paid without regard to any Coordination of Benefits provisions in any Health Care Plan.

Definitions:

Covered Expenses means expenses actually incurred by or on behalf of an Insured for treatment, services and supplies covered by this Policy. Coverage under this Policy must remain continuously in force from the date of the Covered Accident until the date treatment, services or supplies are received for them to be a Covered Expense. A Covered Expense is deemed to be incurred on the date such treatment, service or supply, that gave rise to the expense or the charge, was rendered or obtained.

Pre-existing Condition means an illness, disease or other condition of the Insured, that in the 12 month period before the Insured's coverage became effective under this Policy: 1) First manifested itself, worsened, became acute or exhibited symptoms that would have caused a person to seek diagnosis, care or treatment; or 2) Required taking prescribed drugs or medicines, unless the condition for which the prescribed drug or medicine is taken remains controlled without any change in the required prescription; or 3) Was treated by a Doctor or treatment had been recommended by a Doctor.

Dependent means an Insured's lawful spouse or Domestic Partner and an Insured's unmarried child, from the moment of birth to age 25 if a full-time student, who is chiefly dependent on the Insured for support. A child, for eligibility purposes, includes an Insured's natural child; adopted child, beginning with any waiting period pending finalization of the child's adoption; or a stepchild who resides with the Insured or depends chiefly on the Insured for financial support. A Dependent may also include any person related to the Insured by blood or marriage and for whom the Insured is allowed a deduction

under the Internal Revenue Code. Insurance will continue for any Dependent child who reaches the age limit and continues to meet the following conditions: 1) the child is handicapped, 2) is not capable of self-support and 3) depends chiefly on the Insured for support and maintenance. The Insured must send Us satisfactory proof that the child meets these conditions, when requested. We will not ask for proof more than once a year.

If the Insured has elected coverage for a Dependent child, any newly born child of the Insured will be covered from the moment of birth for 31 days. Coverage may be continued beyond this time period if the Insured notifies Us within 31 days of the child's birth and pays any required premium.

Domestic Partner means a person of the same or opposite sex of the Insured who: 1) shares the Insured's primary residence; 2) has resided with the Insured for at least 12 months prior to the date of enrollment and is expected to reside with the Insured indefinitely; 3) is financially interdependent with the Insured in each of the following ways: by holding one or more credit or bank accounts, including a checking account, as joint owners; by owning or leasing their permanent residence as joint tenants; by naming, or being named by the other as a beneficiary of life insurance or under a will; and by each agreeing in writing to assume financial responsibility for the welfare of the other; 4) has signed a Domestic Partner declaration with the Insured, if recognized by the laws of the state in which he or she resides with the Insured; 5) has not signed a Domestic Partner declaration with any other person within the last 12 months; 6) is older than 18 years; 7) is not currently married to another person; and 8) is not in a position as a blood relative that would prohibit marriage.

Usual and Customary Charge means the average amount charged by most providers for treatment, service or supplies in the geographic area where the treatment, service or supply is provided.

Limitations & Exclusions:

We will not pay Accident Medical Expense Benefits for any loss, treatment or services resulting from or contributed to by:

1. Pre-existing Conditions.
2. treatment by persons employed or retained by his or her employer, or by any Immediate Family Member or member of the Insured's household.
3. treatment of sickness, disease or infections except pyogenic infections or bacterial infections that result from the accidental ingestion of contaminated substances.
4. Osgood-Schlatter's Disease, osteochondritis, appendicitis, osteomyelitis, cardiac disease or conditions, pathological fractures, congenital weakness, detached retina unless caused by an Injury, or mental disorder or psychological or psychiatric care or treatment (except as provided in the Policy), whether or not caused by a Covered Accident.
5. pregnancy, childbirth, miscarriage, abortion or any complications of any of these conditions.
6. damage to or loss of dentures or bridges, or damage to existing orthodontic equipment (except as specifically covered by the Policy).
7. expense incurred for treatment of temporomandibular or craniomandibular joint dysfunction and associated myofascial pain (except as provided by the Policy).
8. Injury covered by Workers' Compensation, Employer's Liability Laws or similar occupational benefits.
9. cosmetic surgery, except for reconstructive surgery needed as the result of an Injury.
10. any elective treatment, surgery, 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.
11. eyeglasses, contact lenses, hearing aids, wheelchairs, braces, appliances, examinations or prescriptions for them, or repair or replacement of existing artificial limbs, orthopedic braces, or orthotic devices.
12. medical expenses paid or payable under any mandatory no fault automobile insurance contract or mandatory basic reparations benefit of no fault. (This exclusion does not apply in any state where prohibited).
13. treatment of Injuries that result over a period of time (such as blisters, tennis elbow, etc.), and that are a normal, foreseeable result of participation in the Covered Activity.
14. replacement of artificial limbs, eyes and larynx.

15. eye refractions or eye examinations for the purpose of prescribing corrective lenses or for the fitting thereof, unless caused by an Injury incurred while covered under the Policy.
16. covered medical expenses for which the Insured would not be responsible for in the absence of the Policy.
17. conditions that are not caused by a Covered Accident.
18. personal comfort or convenience items. These include but are not limited to: Hospital telephone charges; television rental; or guest meals.
19. routine nursery care.
20. routine physicals.
21. cosmetic or plastic surgery, except as a result of Injury.
22. any mental or nervous disorder or rest cures.
23. birth defects and congenital anomalies; or complications which arise from such conditions.
24. routine dental care and treatment.
25. organ or tissue transplants and related services.
26. confinement of institutional care.
27. services, supplies, or treatment including any period of Hospital confinement which were not recommended, approved and certified as necessary and reasonable by a Doctor; or expenses which are non-medical in nature.
28. treatment by an Immediate Family Member.
29. nasal or sinus surgery, except surgery made necessary as the result of a covered Injury a deviated nasal septum including submucous resection and surgical correction thereof.

We will not pay benefits for any loss or Injury that is caused by, or results from:

1. intentionally self-inflicted Injury.
2. suicide or attempted suicide.
3. war or any act of war, whether declared or not.
4. service in the military, naval or air service of any country.
5. commission of, or attempt to commit, a felony, an assault or other criminal activity.
6. medical or surgical treatment, diagnostic procedure, administration of anesthesia, or medical mishap or negligence, including malpractice.
7. alcoholism, drug addiction or the use of any drug or narcotic, except as prescribed by a Doctor.
8. an accident 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, We will refund any premium paid for this time. Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days.
9. repair or replacement of existing dentures, partial dentures, braces, fixed or removable bridges, or other artificial dental restoration.
10. riding or driving in any kind of race.

This insurance does not apply to the extent that trade or economic sanctions or regulations prohibit Us from providing insurance, including, but not limited to, the payment of claims.

Disclaimer

This information is a brief description of the important features of this insurance plan. It is not an insurance contract. Insurance benefits are underwritten by ACE American Insurance Company, a member insurer of the Chubb Group of Companies. Coverage may not be available in all states or certain terms may be different where required by state law. Chubb NA is the U.S.-based operating division of the Chubb Group of Companies, headed by Chubb Ltd. (NYSE:CB) Insurance products and services are provided by Chubb Insurance underwriting companies and not by the parent company itself.

This policy does not constitute comprehensive health insurance coverage (often referred to as “major medical coverage”) and does not satisfy a person’s individual obligation to secure the requirement of minimum essential coverage under the Affordable Care Act (ACA). For more information about the ACA, please refer to

<http://www.HealthCare.gov>.