

• Alliance • Supplemental Insurance

Designed to Pay Indemnity Benefits towards a Covered Accident, Sickness or Critical Illness and Reimbursements for Covered Accident Medical Expenses.

Insurance Benefits Highlights

Indemnity Benefits can be used towards:

- ✓ Doctor Visit Copays
- ✓ Hospital Stays
- ✓ Critical Illness Costs
- ✓ Reimbursement of Accident Medical Expenses
- ✓ Other out of pocket costs like rent and groceries



“Protecting What Matters”

Alliance Supplemental Insurance Plus Benefits are underwritten by ACE American Insurance Company or Federal Insurance Company, member insurers of the Chubb Group of Companies.

Why Consider Alliance Supplemental Insurance?



Features

Fixed benefits are paid to you directly for covered physician office visits, x-rays, labs, emergency room, surgery, inpatient hospital stays and critical illnesses like a heart attack or cancer. Reimbursement benefits due to accidents pay actual medical expenses associated with your injury after a per covered accident deductible to a maximum benefit amount. Alliance Supplemental is designed to pay a fixed benefit or reimbursement benefit amount for covered sickness or accidental injuries. Whether you have employer or individual health insurance, Alliance Supplemental benefits can help pay your medical expenses, deductibles, coinsurance and copays.

4 Available Plans Offering

- ✓ Inpatient Hospital Daily Benefit Options: \$250, \$500, \$1,000, \$1,500
- ✓ Intensive Care Unit Daily Benefit Options: \$250, \$500, \$1,000, \$1,500
- ✓ Emergency Room Daily Benefit Options: \$100, \$150, \$200, \$300
- ✓ Physician Doctor Office Visit Daily Benefit Options: \$25, \$50, \$75, \$100
- ✓ Critical Illness Plan Year Benefit Options: \$5,000, \$10,000, \$15,000, \$25,000
- ✓ Per Covered Accident Medical Deductible Maximum of \$250
- ✓ Per Covered Accident Medical Benefit Options up to: \$2,500, \$5,000, \$7,500, \$10,000



Critical Illness

Pays a lump sum if you're diagnosed with a covered cancer, illness, heart attack, etc.



Accident Medical Expense

After the deductible, benefits may cover medical expenses resulting from a covered accident up to the maximum benefit amount.



Hospital Indemnity

Hospital indemnity insurance, pays you benefits when you are confined to a hospital for a covered accident or sickness.

Disclosure

These policies provide supplemental benefits on either an expense incurred or fixed indemnity basis. They do not constitute comprehensive health insurance coverage (often referred to as "major medical coverage") and do 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>.

Alliance Supplemental Insurance Plans

ALL BENEFITS PER COVERED PERSON	BASIC	CHOICE	PREFERRED	PREMIER
ACCIDENT AND SICKNESS HOSPITAL INDEMNITY INSURANCE BENEFITS				
IN HOSPITAL INDEMNITY BENEFIT				
Daily Benefit Amount	\$250	\$500	\$1,000	\$1,500
Max # of Days Per Period of Confinement	5	5	5	5
Max # of Days Per Plan Year	10	10	10	10
INTENSIVE CARE UNIT INDEMNITY BENEFIT				
Daily Benefit Amount	\$250	\$500	\$1,000	\$1,500
Max # of Days Per Period of Confinement	5	5	5	5
Max # of Days Per Plan Year	10	10	10	10
EMERGENCY ROOM VISIT INDEMNITY BENEFIT				
Daily Benefit Amount (Limited to one visit per day)	\$100	\$150	\$200	\$300
Max # of Days Per Plan Year	2	2	2	2
PHYSICIAN OFFICE VISIT INDEMNITY BENEFIT				
Daily Benefit Amount (Limited to one visit per day)	\$25	\$50	\$75	\$100
Max # of Days Per Plan Year	2	2	2	2
SURGICAL INDEMNITY BENEFIT				
Daily Benefit Amount (Limited to one surgery per day)	\$500	\$1,000	\$2,000	\$3,000
Max # of Days Per Plan Year	1	1	1	1
DIAGNOSTIC X-RAY AND LAB INDEMNITY BENEFIT				
Daily Benefit Amount (Limited to one service per day)	\$25	\$50	\$75	\$100
Max # of Days Per Plan Year	2	2	2	2
ADVANCED DIAGNOSTIC TEST INDEMNITY BENEFIT				
Daily Benefit Amount (Limited to one test per day)	\$50	\$100	\$150	\$200
Max # of Days Per Plan Year	1	1	1	1
CRITICAL ILLNESS INSURANCE				
Primary Insured Benefit Amount (Per plan year)	\$5,000	\$10,000	\$15,000	\$25,000
Covered Critical Conditions	<ul style="list-style-type: none"> • Cancer • Heart Attack • Stroke • Kidney Failure • Major Organ Transplant • Coronary Artery Bypass Surgery • Multiple Sclerosis • Alzheimer's Disease • Lou Gehrig's Disease 			
ACCIDENT MEDICAL EXPENSE INSURANCE				
Maximum Benefit (Per Covered Accident)	\$2,500	\$5,000	\$7,500	\$10,000
Deductible (Per Covered Accident)	\$250	\$250	\$250	\$250

Accident & Sickness Hospital Indemnity Benefits

Description & Limitations

Benefit availability, limitations, exclusions, and definitions may vary by state. Refer to your Outline of Coverage or contact us.

If a Covered Person is age 65 or older on the date of a loss covered under this policy, the benefit otherwise payable to the Covered Person will be reduced by 50%.

If elected and in return for payment of the required premium, benefits under the Policy may be extended for your Dependents; Spouse or Domestic Partner at 100% and Dependent Child at 50% of the benefit amounts listed above.

Benefits

In-Hospital Indemnity Benefit

We will pay the daily In-Hospital Benefit Amount for each day a Covered Person is In-Hospital due to a Sickness or Accident. The first day of a Hospital stay must occur within 30 days of the Accident, causing the Injury.

Intensive Care Unit Indemnity Benefit

We will pay the daily Intensive Care Unit Benefit Amount for each day of Confinement if an Accident or Sickness causes a Covered Person to be Confined in an Intensive Care Unit. This benefit is paid in addition to the In-Hospital Benefit Amount. The first day of Confinement in the Intensive Care Unit must occur within 30 days of the Accident.

Emergency Room Indemnity Benefit

We will pay the Emergency Room Benefit Amount if an Accident or Sickness causes the Covered Person to require and receive Emergency Medical Care in an emergency room of a Hospital. Treatment must be received within 24 hours of the Accident.

Physician Office Visit Indemnity Benefit

We will pay the Physician Office Visit Indemnity Benefit Amount for a Physician office visit as a result of an Accident or Sickness. The visit must be made to the Physician's office or clinic. The visit to a Physician's office must occur within 30 days of the Accident, causing an Injury.

Surgical Indemnity Benefit

We will pay the Surgical Indemnity Benefit if a Covered Person has a Surgical Procedure performed while In-Hospital or on an outpatient basis in an Outpatient Unit. A surgical procedure due to Accident must occur within 30 days of the Accident, causing an Injury.

Diagnostic X-Ray and Laboratory Indemnity Benefit

We will pay the Diagnostic X-Ray and Laboratory Indemnity Benefit when a Covered Person has diagnostic x-ray and laboratory tests performed. Such tests and diagnostic x-rays must be ordered by a Physician and be related to an Accident or Sickness. This insurance does not pay for x-rays or laboratory tests performed while Confined in a Hospital.

Advanced Diagnostic Test Indemnity Benefit

We will pay the Advanced Diagnostic Test Indemnity Benefit when a Covered Person has one of the following tests performed: Angiogram /Arteriogram, EEG, Myelogram, CT Scan, MRI Scan, or PET Scan. Such tests must be ordered by a Physician and be related to an Accident or Sickness. This insurance does not pay for tests performed while Confined in a Hospital.

Limitations & Exclusions:

Limitations and Exclusions may vary by state. Refer to the Policy or Outline of Coverage for specific provisions applicable.

This insurance does not apply to:

- 1) any Accident caused by or resulting from, directly or indirectly, the Covered Person entering, flying or exiting any aircraft while acting or training as a pilot or crew member. This exclusion does not apply to passengers who temporarily perform pilot or crew functions in a life-threatening emergency.
- 2) cosmetic surgery or care or treatment solely for cosmetic purposes, or complications therefrom. This exclusion does not apply to cosmetic surgery resulting from an Accident if initial treatment of the Covered Person is begun within twelve (12) months of the date of the Accident or to treat congenital defects in covered newborns.
- 3) any service, supply or care that is Experimental or Investigational.
- 4) any Accident caused by or resulting from, directly or indirectly, a Covered Person's participation in scuba diving to depths of more than 130 feet; skydiving; hang-gliding or para-gliding; parascending other than over water; bungee jumping; mountaineering or rock climbing normally requiring the use of guides or ropes; or caving.
- 5) to any Accident or Sickness caused by or resulting from, directly or indirectly, the Covered Person's commission or attempted commission of a felony or being engaged in an illegal occupation.
- 6) any Accident or Sickness caused by or resulting from, directly or indirectly any occurrence while the Covered Person is incarcerated.
- 7) sex changes or the reversal of tubal ligation and vasectomies, artificial insemination, in vitro fertilization, and test tube fertilization, including any related testing, medications, or Physician's services, unless required by law.
- 8) any Accident caused by or resulting from, directly or indirectly, the Covered Person being intoxicated, at the time of an Accident. Intoxication is defined by the laws of the jurisdiction where such Accident occurs.
- 9) alcoholism or drug or substance abuse. In addition, the insurance does not apply to any confinement in a detoxification facility or drug or alcohol rehabilitation facility that is not also a Hospital or part of a Hospital.
- 10) Accident or Sickness caused by or resulting from, directly or indirectly, the Covered Person being under the influence of any narcotic or other controlled substance at the time of the loss. This exclusion does not apply if any narcotic or other controlled substance is taken and used as prescribed by a Physician.
- 11) any benefits for Sickness caused by or resulting from a Covered Person's Pre-existing Condition if the Sickness occurs during the first 12 months that a Covered Person is insured under this Policy. Pre-existing Condition means a Sickness for which medical advice, treatment or care was sought by a Covered Person or was recommended by, prescribed by or received from a Physician within the 12 months before the Covered Person becomes insured under the policy.
- 12) normal pregnancy. Complications of Pregnancy are covered as any other Sickness.
- 13) pregnancy of a Dependent Child, unless required by law.
- 14) any Accident caused by or resulting from, directly or indirectly, the Covered Person participating in any professional sporting activity for which the Covered Person received a salary or prize money.
- 15) any rest care or custodial care or treatment for any Accident or Sickness.
- 16) any Accident caused by or resulting from, directly or indirectly, the Covered Person being engaged in or participating in a motorized vehicular race or speed contest.
- 17) any Accident or Sickness caused by or resulting from, directly or indirectly, the Covered Person participating in military action while in active military service with the armed forces of any country or established international authority.
- 18) and no benefits are payable related to, the Covered Person's suicide, attempted suicide or intentionally self-inflicted injury.
- 19) voluntary abortion, except with respect to You or Your covered spouse or Domestic Partner where such person's life would be endangered if the fetus were carried to term.

- 20) any Accident or Sickness caused by or resulting from, directly or indirectly, war, undeclared war, civil war, insurrection, rebellion, revolution, warlike acts by a military force or personnel, any action taken in hindering or defending against any of these or any consequences of any of these acts regardless of any other direct or indirect cause or event, whether covered or not, contributing in any sequence to the loss.
- 21) any Accident or Sickness arising out of and in the course of any occupation for compensation, wage or profit which are payable under Occupational Disease Law, Workers Compensation or similar law, whether or not application for such benefits have been made.

Additional exclusions, limitations or conditions may also apply to specific benefits.

Definitions:

Accident or Accidental means a sudden, unforeseen, and unexpected event which: 1) happens by chance; 2) is independent of illness, disease or other bodily malfunction or medical or surgical treatment thereof; 3) occurs while the Covered Person is insured under this policy which is in force; and 4) is the direct cause of loss.

Covered Person means You and Your insured Dependents.

Dependent means Your Dependent Child, Spouse or Domestic Partner.

Dependent Child means Your unmarried child from the moment of birth, including a natural child, grandchild, stepchild or adopted child from the date of placement with You. The Dependent Child must be primarily dependent upon You for maintenance and support, and must be: 1) under the age of 19; 2) under the age of 25 if enrolled as a full-time student at an Institution of Higher Learning; or 3) classified as an Incapacitated Dependent Child.

Domestic Partner means a person designated by You who is registered as a Domestic Partner or legal equivalent under laws of the governing jurisdiction or who: 1) is at least 18 years of age and competent to enter into a contract; 2) is not related to You by blood; 3) has exclusively lived with You for at least 12 consecutive months prior to the date of enrollment; 4) is not legally married or separated; and 5) as of the date of enrollment, has with You at least two (2) of the following financial arrangements: a) a joint mortgage or lease; b) a joint bank account; c) joint title to or ownership of a motor vehicle or status as a joint lessee on a motor vehicle lease; or d) a joint credit card account with a financial institution. Neither You nor the Domestic Partner can be married to, nor in a civil union with, anyone else.

Pre-existing Condition means a Sickness for which medical advice, treatment or care was sought by a Covered Person or was recommended by, prescribed by or received from a Physician within the 12 months before the Covered Person becomes insured under the policy. *This Pre-existing Condition limitation may vary by state. Please refer to the Policy or Outline of Coverage for specific provisions applicable.*

Sickness means a physical illness or disease or Mental Illness that begins while the policy is in force and is not a Pre-existing Condition. Sickness includes Complications of Pregnancy. All Sicknesses due to the same or a related cause are considered one Sickness.

This policy provides limited benefits on a fixed indemnity basis. It 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>.

Critical Illness Benefit Description & Limitations

Benefit availability, limitations, exclusions, and definitions may vary by state. Refer to your Outline of Coverage or contact us.

If coverage under the Policy has been in effect for an Insured for a period of 90 days and he or she is then diagnosed with any of the Covered Illnesses listed below, benefits will be paid, if: 1) the Insured must survive for a period of 180 days after diagnosis of Multiple Sclerosis by a Doctor; 2) the Insured must survive for a period of 30 days after diagnosis of any Covered Illness by a Doctor; and/or; 3) the Insured must be under 65 years of age.

The Critical Illness Benefit will be paid only once regardless of whether the Insured may have been or may be diagnosed with more than one Covered Illness.

Definitions:

Cancer means a malignant tumor characterized by the uncontrolled growth and spread of malignant cells and invasion of tissue. This includes Leukemia, Hodgkin's Disease and invasive melanoma, but does not include:

1. non-invasive carcinoma in situ;
2. Kaposi's Sarcoma or other AIDS related cancers and cancer in the presence of Human Immunodeficiency Virus (HIV);
3. Skin cancer or melanoma that is not invasive and has not exceeded .75 millimeters in depth; or
4. early Prostate cancer diagnosed as T1NOMO or equivalent staging.

A Doctor certified as an Oncologist must confirm the diagnosis in writing.

No coverage is provided if any symptom or medical problem which initiated the investigation leading to a diagnosis of Cancer commenced within 90 days following the effective date of coverage. In the event of any diagnosis based on such a symptom or medical problem, insurance for the Insured will terminate, and Our sole liability with respect to this benefit will be limited to a refund of premiums paid since the effective date.

Heart Attack means the death of a portion of heart muscle as a result of inadequate blood supply to the relevant area. Diagnosis must be confirmed in writing by a Doctor who is a certified cardiologist and should be based on new electrocardiograph changes consistent with heart attack as well as an elevation in cardiac enzyme levels.

Kidney Failure means end-stage renal disease due to chronic irreversible failure of both kidneys' ability to function, requiring the Insured to undergo regular hemodialysis, peritoneal dialysis, or renal transplantation. A Doctor who is certified in Nephrology must confirm the diagnosis in writing.

Stroke means that the Insured has suffered a cerebrovascular incident, excluding transient ischemic attack (TIA), producing infarction of brain tissue due to thrombosis, hemorrhage from an intracranial vessel or embolization caused by an extracranial source. There must be evidence of measurable permanent neurological deficit persisting for 30 consecutive days, supported by evidence that the deficit is resulting from the Stroke, confirmed in writing by a Doctor who is certified as a neurologist.

Major Organ Transplant means a surgery, as the recipient, for transplantation of any of the following organs or tissues: 1) heart; 2) liver; 3) lung; 4) kidney; or 5) bone marrow.

Multiple Sclerosis means unequivocal diagnosis by a consulting Doctor who is a certified neurologist of a definite diagnosis of Multiple Sclerosis producing at least two episodes of well-defined neurological abnormalities lasting for a continuous period of at least 180 days and resulting in measurable disability. For an Insured diagnosed with Multiple Sclerosis, he or she must survive for a period of 180 days after diagnosis by a Doctor. The diagnosis must be supported by modern imaging techniques.

Coronary Artery Bypass Surgery means heart surgery to correct narrowing or blockage of one or more coronary arteries with bypass grafts, excluding:

1. non-surgical techniques such as balloon angioplasty;
2. laser embolectomy; and
3. other non-bypass techniques.

Alzheimer's Disease means a degenerative brain disease of unknown cause that is the most common form of dementia. Memory impairment is a necessary feature for the diagnosis of this type of dementia. Change in one of the following areas must also be present: language, decision-making ability, judgment, attention, and other areas of mental function and personality. It results in a profound intellectual decline characterized by dementia and personal helplessness, and is marked histologically by the degeneration of brain neurons especially in the cerebral cortex and by the presence of neurofibrillary tangles and plaques containing beta-amyloid.

Lou Gehrig's Disease means amyotrophic lateral sclerosis (ALS), a rare fatal progressive degenerative disease that affects pyramidal motor neurons and is characterized by increasing and spreading muscular disease.

Pre-Existing Condition means a Sickness suffered by an Insured for which he or she sought or received medical advice, consultation, investigation, or diagnosis, or for which treatment was required or recommended by a Doctor during the 24 months immediately prior to the Insured's effective date of coverage, that directly or indirectly causes the condition to occur within the first 24 months from the Insured's most recent effective date of coverage. *This Pre-existing Condition limitation may vary by state. Please refer to the Policy or Outline of Coverage for specific provisions applicable.*

This policy provides limited benefits on a fixed indemnity basis. It 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>.

Limitations & Exclusions:

Limitations and Exclusions may vary by state. Refer to the Policy or Outline of Coverage for specific provisions applicable.

Benefits will not be payable:

1. for Injury or Sickness, other than one of the Covered Illnesses, even though such Injury or Sickness may have been complicated by one of the Covered Illnesses;
2. for any complication of Human Immunodeficiency Virus (HIV) infection or any variance thereof including AIDS and AIDS Related Complex;
3. for the intentional use, existence or escape of nuclear weapons, material or ionizing radiation from or contamination by radioactivity from any nuclear fuel or waste from the combustion of nuclear fuel;
4. for misuse of medication or the abuse of drugs or intoxicants;
5. for any Pre-existing Condition, except where coverage has been in effect for a period of 24 consecutive months following the Insured's effective date of coverage.

Accident Medical Expense Benefit Description & Limitations

Benefit availability, limitations, exclusions, and definitions may vary by state. Refer to your Outline of Coverage or contact us.

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. *This Pre-existing Condition limitation may vary by state. Please refer to the Policy or Outline of Coverage for specific provisions applicable.*

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.

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>.

Limitations & Exclusions:

Limitations and Exclusions may vary by state. Refer to the Policy or Outline of Coverage for specific provisions applicable.

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.

Critical Illness / AME Benefits Definitions & Limitations

Benefit availability, limitations, exclusions, and definitions may vary by state. Refer to your Outline of Coverage or contact us.

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.

General Exclusions:

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 or Federal Insurance Company, member insurers 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.

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