LOOKING AHEAD: ACCIDENT TREATMENT INSURANCE POLICY

Helping you focus on your recovery – not your medical bills.

Together, all the way.®

Cigna®

Insured by Loyal American Life Insurance Company

LOYAL-5-0011-BRO-V2-NC

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How your insurance works

Your health is important to living a full and happy life. At Cigna, we're with you every step of the way. This policy helps you pay medical and other costs if you have an accident. And gives you the flexibility to choose the benefit level that fits your needs – and your budget.

What our base policy offers

- Benefits for a range of accidental injuries, treatments and related costs
- Coverage for you, your spouse and/or your family
- Issue ages from 18–74
- Not affected by any other insurance you may have
- Guaranteed renewable to age 80. (Subject to the company's right to raise premiums on a class basis.)
- Riders for added flexibility. (For an extra premium.)

How your policy works

You have the flexibility to choose one of the following benefit levels, based on your individual needs and budget:

- Basic
- Plus
- Enhanced

You can also customize your coverage by adding an optional rider:

- A lump sum cancer or heart attack & stroke rider
- Riders to help cover hospital or intensive care unit (ICU) costs
- A return of premium rider in case your policy goes unused at the time of death

Help ease financial worries

There's no getting around it. Accidents do happen. You could hurt yourself playing tennis. Or your five-year-old could fall on the playground and need emergency care. From bumps and bruises to broken bones, the costs can add up quickly.

Having accident treatment insurance can help protect you from the high cost of medical care. Benefits are paid directly to you or to someone you select. We make it easy to choose the option that is right for you, your spouse and your dependent children (under age 26).

Each year trauma accounts for **41 million** emergency department visits and **2.3 million** hospital admissions across the nation.[1]

Refer to the chart at the back of the brochure for benefit amounts.

1. http://www.nationaltraumainstitute.org/home/trauma_statistics.html. Updated 02/2014. Use of statistics in this brochure does not imply endorsement of any kind.

Covered benefits

If you have an accident, we help pay for your care and treatment. The following benefits are included in your policy. Benefit amounts are paid only when a covered injury results from a covered accident. Refer to the chart at the back of the brochure for benefit amounts.

Medical benefits

Second- and third-degree burns

For burns requiring medical treatment. You must be treated by a doctor within 72 hours of the accident.

Skin grafts

For one or more skin grafts.

Coma

Must be diagnosed by a doctor within 30 days of the accident. Must last for at least seven days in a row. Limited to one per person, per lifetime.

Concussion (brain)

For significant head trauma resulting in unconsciousness. Must be diagnosed by a doctor within 72 hours of the accident using medical imaging:

- X-ray
- CT (computerized tomography) scan
- MRI (magnetic resonance imaging).

Limited to one per person, per covered accident.

Dislocation (separated joint)

A dislocation must be diagnosed by a doctor within 14 days. It must need surgical or nonsurgical correction by a doctor with anesthesia. Treatment must be within 90 days of the accident.

If you suffer more than one dislocation in a single accident, we will pay. But no more than 150% for the joint involved with the highest benefit amount.

We will pay 25% of the benefit amount for a dislocation needing treatment without anesthesia. Or for an incomplete dislocation.

If you get a dislocation and a fracture in the same covered accident, we will pay for both. But no more than 150% of the highest benefit amount for the bone or joint involved.

Payable only for the first dislocation, per covered accident. Later dislocations of the same joint are not covered.

Emergency dental work

For dental extractions and/or a crown to your sound, natural teeth. You must begin treatment by a doctor or dentist within 72 hours of the accident.

Natural teeth do not include false teeth such as:

- Dentures
- Bridges
- Veneers
- Partials
- Crowns
- Implants

Limited to one per person, per covered accident.

Eye injury

Must require surgery or the removal of a foreign object by a doctor within 90 days of the accident. An examination with anesthesia will not be considered surgery.

If you later lose sight in your eye due to the same covered accident, we will subtract the eye injury benefit amount paid from the accidental dismemberment benefit.

Medical benefits cont'd

Fracture (chip or broken bone)

The fracture must be diagnosed by a doctor within 14 days of the accident. It must be corrected by surgical or nonsurgical treatment by a doctor. It must be within 90 days of the accident.

For more than one broken bone, we will pay no more than the amount for the two bones involved which have the highest benefit amounts.

For a chip fracture, we will pay 25% of the nonsurgical benefit amount for the bone involved.

For a fracture and a dislocation in the same accident, we will pay for both. But we will pay no more than 150% of the benefit amount for the bone or dislocation involved, which ever has the highest benefit amount.

Approximately 1 in 5 adults visit the emergency room (ER) every year in the U.S.[2]

Laceration

We will pay the benefit amount if repaired by a doctor within 72 hours.

If the laceration is severe enough to need stitches but the doctor chooses to fix it some other way, we will treat it as if it were repaired without stitches.

If you suffer a laceration on your finger or toe and later lose that finger or toe as a result of the same covered accident, we will subtract the laceration benefit amount we paid from the Accidental Dismemberment Benefit.

Paralysis

You must suffer paralysis for a minimum of 30 days. Limited to one payment per person, per lifetime.

Surgery

Surgery must be performed within one year of the accident.

Two or more surgeries performed through the same cut will be considered one operation. Benefits paid based upon the surgery with the highest benefit amount.

We will pay for only one miscellaneous surgery in a 24-hour period. Limited to a maximum of two miscellaneous surgeries per person, per calendar year.

Hospital and services

Ambulance

For transportation by a licensed professional air or ground/water ambulance company to or from a hospital or between medical offices for treatment. The air ambulance transportation must be within 72 hours of the accident. The ground/water ambulance transportation must be within 90 days of the accident.

Air and ground/water transportation benefits each limited to one payment, per person, per accident. A maximum of two per person, per calendar year.

Accident emergency treatment

Emergency examination and treatment within 72 hours of the accident by a doctor in a:

- Hospital
- Emergency room (ER)
- Urgent care center
- Doctor's office

If you get treatment in an urgent care center or doctor's office and later need treatment in a hospital or ER, you will only get the highest benefit amount payable. Limited to once per 24 hour period and only once per person, per accident.

Accident follow-up treatment

For additional treatment over and above emergency treatment. Must be given in the first 72 hours after the accident.

Follow-up treatment must start within 30 days of the accident. It must end within six months after the accident. It must be given by a doctor in a doctor's office. Or in a hospital on an outpatient basis. Limited to six visits per person, per accident.

Diagnostic imaging

If you are getting emergency treatment in a hospital, urgent care center, ER or doctor's office, we cover:

- X-rays
- Major diagnostic exams

Limited to one x-ray and one major diagnostic exam per person, per accident. Limited to two x-rays and two major diagnostic exams per person, per calendar year.

2. National Health Statistics Reports: Reasons for Emergency Room Use Among U.S. Adults Aged 18–64: National Health Interview Survey, 2013 and 2014.

Use of statistics in this brochure does not imply endorsement of any kind.

Hospital confinement

This benefit amount is paid per day that you stay in a hospital. (Excludes an observation unit, ER or outpatient facility.) Must stay for at least 18 hours. You must be admitted within 60 days of the covered accident.

If you are in the hospital on and beyond 91 days for the same accident, we will pay two times the benefit amount.

If confined again within 90 days for the same covered accident or related condition, we will treat the later confinement as a continuation of the prior confinement. If more than 90 days have passed between confinements, we will treat the later confinement as a new confinement.

We will pay the hospital confinement benefit and the hospital ICU confinement benefit at the same time. But only for the first 15 days of a hospital ICU confinement. After that time, only the hospital confinement benefit will be paid.

We will not pay the hospital confinement benefit and the rehabilitation facility benefit on the same day. The highest eligible benefit will be paid.

Limited to 365 days of hospital confinement per person, per covered accident.

Hospital ICU confinement

This benefit amount is payable for each day that you stay in a hospital ICU for at least 18 hours. Confinement must start within 30 days after the accident.

If you are confined again in a hospital ICU within 90 days for the same covered accident or related condition, we will treat the later confinement as a continuation of the prior confinement. If more than 90 days have passed between the periods of confinement, we will treat the later confinement as a new confinement.

We will pay both the hospital confinement benefit and the hospital ICU confinement benefit concurrently. But only for the first 15 days of a period of confinement in a hospital ICU. After that time only the hospital confinement benefit will be paid. Limited to 15 days per covered accident.

If you are in a hospital ICU that doesn't meet the policy's definition of a hospital ICU, we will pay the hospital confinement benefit.

Attending physician

For each qualifying day that the hospital confinement or hospital ICU benefit is payable, we will pay this benefit amount.

At home recovery

Used when your doctor requires at home recovery. We will pay three days of this benefit amount for each qualifying day that the hospital confinement or hospital ICU confinement benefits are payable. Limited to a maximum of 90 days per person, per covered accident.

Blood, plasma, platelets

We will pay if you need:

- Transfusion
- Administration
- Cross matching
- Typing and processing of blood, plasma or platelets (excludes immunoglobulins)

The blood, plasma or platelets must be administered within 90 days of the accident. Limited to one payment per person, per covered accident.

Appliance

For a medical appliance prescribed by a doctor for aid in movement. Appliances include but not limited to:

- Crutches
- Leg or back braces
- Walker
- Wheelchair

Use must begin within 90 days of the covered accident. Limited to one payment, per person, per covered accident.

Family lodging and meals

If a doctor advises you to stay in a hospital or ICU, we will pay benefits to help your family be nearby. Includes a hotel or motel room and meals per day for an immediate family member while you are confined.

The hospital and hotel or motel must be more than 50 miles away, one way, from your home, using the most direct route. Limited to 30 days per covered accident. Not payable for the trip to the hospital.

Initial accident hospitalization unit confinement

For hospital or ICU stays of at least 18 hours. The confinement must start within 30 days of the covered accident. It cannot be in an observation unit, ER or outpatient facility. Payable once per person, per covered accident, per calendar year.

Hospital and services cont'd

Prosthetic device or artificial limb

If you suffer a dismemberment of a hand, arm, foot, leg or sight in an eye, and a doctor prescribes a prosthetic device or artificial limb for functional use, we will pay. The prosthetic device or artificial limb must be received within one year of the accident.

This benefit does not include:

- Hearing aids
- Dental aids
- False teeth
- Eyeglasses
- Cosmetic prosthesis (hair wigs)
- Joint replacement, unless a direct result of a covered injury from a covered accident
- Replacement of any existing prosthetic device or artificial limb

Payable once per person, per covered accident.

Rehabilitative therapy

For physical, speech and/or occupational therapy prescribed by a doctor. We will cover one treatment per day that you are getting therapy. Must be given by a licensed or certified physical, occupational or speech therapist. Must be given in an office or hospital.

Your therapy must start within 60 days after the accident. It must end within six months after the accident.

Limited to a maximum of six total treatments combined per person, per covered accident. Not payable for same days that accident follow-up treatment benefit is payable.

Rehabilitation facility

For transfer from confinement in a hospital to a rehabilitation facility for treatment.

Limited to 30 days per person, per covered accident. Limited to 60 days per calendar year. Not payable for the same days that the hospital confinement benefit is payable.

Transportation

Some accidents need special treatment that may not be available close to home. If your doctor prescribes treatment and confinement in a non-local hospital, we will pay this benefit amount. The non-local hospital must be at least 50 miles from the closer of your home or the accident site.

We will also pay this benefit amount for one immediate family member to go with a covered child. The child must need special treatment and confinement in a non-local hospital.

Travel excludes air or ground/water ambulance. It is limited to three round trips per person or immediate family member (only if with a covered child), per calendar year.

Accidental death & dismemberment

Accidental death

Extra coverage for death is important. That's why we include a benefit for adults and a benefit for children if death occurs as a direct result of covered injuries. Must be within 90 days of a covered accident.

Accidental dismemberment

For dismemberment suffered within 90 days of a covered accident. Type of dismemberment determines benefit amount.

Limited to two benefit amounts, per person, per lifetime. For multiple dismemberments from a covered accident, only the highest benefit will be paid.

Unintentional injury, including traffic accidents and falls = the 4th leading cause of death in the U.S.[3]

3. Centers for Disease Control (CDC), National Center for Health Statistics, Accidents or Unintentional Injuries, 2015.

More options for you

We offer extra coverage that can help protect you when you need it most. With your Accident Treatment policy, you can add riders for an extra premium.

Lump Sum Cancer Rider
(Form #LY-LSC-RD.v2-NC)

A cancer diagnosis can happen at any time. Even if you have a healthy lifestyle. Cancer coverage can help pay for the extra costs associated with treatment. Lacking this support can affect your recovery. It helps to plan ahead.

With our lump sum cancer rider, if you are diagnosed[4] with cancer you get 100% of your chosen benefit amount, from $5,000–$100,000. You can use this money however you'd like.

Lump Sum Heart Attack and Stroke Rider
(Form #LY-LSH-RD.v2-NC)

A heart attack, stroke or other heart-related surgery can be costly. With our lump sum heart attack & stroke rider, you get a percentage of your chosen benefit amount – from $5,000-$100,000. If you get a diagnosis or procedure[4] for one of these qualifying events: *Subject to the maximum benefit amount.*

Qualifying events	% of benefit amount payable for each event	Maximum % of benefit amount payable
Heart attack	100%	100%
Heart transplant	100%	
Stroke	100%	
Coronary artery bypass surgery*	25%	
Aortic surgery*	25%	
Heart valve replacement/repair*	25%	
Angioplasty*	10%	
Stent*	10%	

*Payable only once in an insured's lifetime.

Hospital Indemnity Benefit Rider
(Form #LY-HI-RD.v2-NC)

With our hospital and ICU riders, you can get extra benefits if you:

- Get sick
- Have complications of pregnancy
- Get hurt and need a hospital stay

This rider will pay the chosen benefit amount. It ranges from $100–$1,000, for each day[4] (at least 24 hours) that you are confined[5] in a hospital.

Intensive Care Unit Indemnity Benefit Rider
(Form #LY-ICU-RD.v2-NC)

You get benefits if you require an ICU stay from:

- An injury
- A sickness
- Complication of pregnancy

This rider will pay a chosen benefit amount. It ranges from $100–$1,000, for each day[4] (at least 24 hours) that you are confined[5] in the ICU as an inpatient

Hospital and Intensive Care Unit Indemnity Benefit Rider
(Form #LY-HICU-RD.v2-NC)

The benefits of both the hospital indemnity benefit rider and the ICU indemnity benefit rider are combined. We will pay the chosen benefit amount. It ranges from $100–$1,000, for each day[4] you are confined[5] in a hospital as an inpatient. (We'll pay double if confined[5] in the ICU as an inpatient).

Cannot be sold with the hospital indemnity benefit rider. Or the ICU indemnity benefit rider.

Return of Premium Rider
(Form #LY-ROP-D-NC)

Our return of premium rider can give you some peace of mind should your policy go unused at the time of death. Your loved ones could get 100% of all premiums paid (policy and riders) from the rider effective date on, less any claims paid. The policy must be paid up and in force when you pass away.

4. Rider must be in force.
5. Under the direction of and under the supervision of a physician.

YOUR ACCIDENT TREATMENT BENEFITS AND PACKAGES

MEDICAL	Basic		Plus		Enhanced	
2nd degree burns						
Less than 20 square centimeters of the body surface	$75		$100		$125	
More than 20 but less than 40 square centimeters of the body surface	$150		$200		$250	
More than 40 but less than 65 square centimeters of the body surface	$300		$400		$500	
More than 65 but less than 160 square centimeters of the body surface	$450		$600		$750	
More than 160 but less than 225 square centimeters of the body surface	$600		$800		$1,000	
More than 225 square centimeters of the body surface of the body surface	$750		$1,000		$1,250	
3rd degree burns						
Less than 20 square centimeters of the body surface of the body surface	$150		$200		$250	
More than 20 but less than 40 square centimeters of the body surface	$375		$500		$625	
More than 40 but less than 65 square centimeters of the body surface	$750		$1,000		$1,250	
More than 65 but less than 160 square centimeters of the body surface	$2,250		$3,000		$3,750	
More than 160 but less than 225 square centimeters of the body surface	$5,250		$7,000		$8,750	
More than 225 square centimeters of the body surface of the body surface	$7,500		$10,000		$12,500	
Skin grafts	$1,500		$2,000		$2,500	
Coma (duration of at least seven days)	$7,500		$10,000		$12,500	
Concussion (brain)	$100		$150		$200	
Dislocation (separated joint)	Open reduction	Closed reduction	Open reduction	Closed reduction	Open reduction	Closed reduction
Hip	$1,500	$375	$2,000	$500	$2,500	$625
Knee (except patella)	$375	$150	$500	$200	$625	$250
Shoulder (glenohumeral)	$375	$150	$500	$200	$625	$250
Sternoclavicular	$800	$150	$900	$175	$1,000	$200
Acromioclavicular and separation	$700	$125	$800	$150	$900	$175
Ankle – bone or bones of the foot (other than toes)	$375	$110	$500	$150	$625	$200
Lower jaw	$375	$190	$500	$250	$625	$300
Wrist	$300	$150	$400	$200	$500	$250
Elbow	$300	$150	$400	$200	$500	$250
One toe or finger	$75	$40	$100	$50	$125	$65
Emergency dental work (broken teeth repaired with crowns/broken teeth resulting in extractions)	$150/$50		$300/$100		$450/$150	
Eye injury (surgical repair/removal of a foreign body)	$200/$50		$250/$75		$300/$100	
Fracture (broken bone)	Open reduction	Closed reduction	Open reduction	Closed reduction	Open reduction	Closed reduction
Hip, thigh	$1,500	$750	$2,000	$1,000	$2,500	$1,250
Vertebrae	$750	$375	$1,000	$500	$1,250	$625
Pelvis	$750	$375	$1,000	$500	$1,250	$625
Leg	$750	$375	$1,000	$500	$1,250	$625
Arm, hand, wrist, foot & ankle	$375	$190	$500	$250	$625	$325
Knee cap, lower jaw, shoulder blade & bones of face or nose	$375	$190	$500	$250	$625	$325
Rib	$750	$75	$1,000	$100	$1,250	$125
Heel & finger	$450	$75	$500	$100	$625	$125
Coccyx	$150	$75	$200	$100	$250	$125
Toe	$150	$75	$200	$100	$250	$125
Skull simple non-reduction skull fracture/depressed skull fracture	$375/$1,125		$500/$1,500		$625/$1,875	
LACERATIONS						
Total of all lacerations treated without stitches/sutures	$25		$35		$45	
Total of all lacerations is less than two inches long (less than 5.08 centimeters) and repaired by stitches	$50		$100		$150	
Total of all lacerations is two to six inches long (5.08 To 15.24 centimeters) and repaired by stitches	$150		$200		$250	
Total of all lacerations is over six inches long (over 15.24 centimeters) and repaired by stitches	$300		$400		$500	
Paralysis						
Hemiplegia (paralysis of one side of the body)	$5,000		$10,000		$15,000	
Paraplegia (paralysis of lower limbs)	$5,000		$10,000		$15,000	
Quadriplegia (paralysis of four limbs)	$10,000		$20,000		$30,000	
Surgical procedures						
Arthroscopy without surgical repair	$200		$250		$300	
Cranial	$750		$1,000		$1,250	
Hernia	$750		$1,000		$1,250	
Thoracic surgery	$750		$1,000		$1,250	
Open abdominal (including exploratory laparotomy)	$750		$1,000		$1,250	
Repair of ruptured discs	$375		$500		$625	
Torn knee cartilages (meniscus)	$375		$500		$625	
Rotator cuffs	$375		$500		$625	
Tendons and/or ligaments	$375		$500		$625	
Miscellaneous surgery requiring general anesthesia	$200		$250		$300	
HOSPITAL AND SERVICES						
Accident emergency treatment (hospital emergency room/urgent care center or physician's office)	$100/$75		$150/$100		$200/$125	
Accident follow-up treatment	$25 per visit		$35 per visit		$50 per visit	
Ambulance (air/ground or water)	$1,000/$250		$1,500/$500		$2,000/$750	
Appliance	$50		$100		$125	
At home recovery	$50		$100		$150	
Attending physician	$50		$100		$150	
Blood, plasma, platelets	$100		$150		$200	
Diagnostic imaging (X-rays/major diagnostic exams)	$25 per image/$100 per image		$30 per image/$150 per image		$35 per image/$200 per image	
Family lodging and meals	$75 per day		$100 per day		$125 per day	
Hospital confinement (1-90 days/91-365 days)	$200 per day/$400 per day		$300 per day/$600 per day		$400 per day/$800 per day	
Hospital intensive care unit confinement	$300 per day		$450 per day		$600 per day	
Initial accident hospitalization (hospital/hospital intensive care unit)	$1,000/$1,500		$1,500/$2,500		$2,000/$3,500	
Prosthetic device/artificial limb	$500		$1,000		$1,500	
Rehabilitative therapy	$40 per treatment		$60 per treatment		$80 per treatment	
Rehabilitation facility	$75		$100		$150	
Transportation	$200		$400		$600	
ACCIDENTAL DEATH & DISMEMBERMENT						
Accidental death in a common carrier (policyowner & spouse/child(ren))	$75,000/$15,000		$100,000/$20,000		$150,000/$25,000	
Accidental death in other accidents (policyowner & spouse/child(ren))	$25,000/$10,000		$50,000/$15,000		$75,000/$20,000	
Loss of both arms or both legs (policyowner & spouse/child(ren))	$20,000/$10,000		$25,000/$12,500		$40,000/$20,000	
Loss of sight in both eyes, both hands or both feet (policyowner & spouse/child(ren))	$20,000/$10,000		$25,000/$12,500		$40,000/$20,000	
Loss of sight in one eye, loss of hand, foot, arm or leg (policyowner & spouse/child)	$10,000/$5,000		$12,500/$7,500		$20,000/$10,000	
Loss of finger(s) and/or toe(s) (policyowner & spouse/child)	$1,000/$500		$1,500/$750		$2,000/$1,000	
RIDERS (available for an additional premium)						
Lump Sum Cancer Rider			$5,000 – $100,000			
Lump Sum Heart Attack & Stroke Rider			$5,000 – $100,000			
Hospital Indemnity Benefit Rider			$100 – $1,000 (Daily benefits)			
Intensive Care Unit Indemnity Benefit Rider			$100 – $1,000 (Daily benefits)			
Hospital and ICU Indemnity Benefit Rider			$100 – $1,000 (Daily benefits)			
Return of Premium Rider			100% Of premiums (less claims paid)			

EXCLUSIONS, LIMITATIONS AND REDUCTIONS

Please see your policy for exact details.

In addition to any benefit-specific conditions, limitations or exclusions, no benefits will be payable for a covered accident or covered injury which, directly or indirectly, in whole or in part, is caused by or results from any of the following:

Accident Treatment Policy

1. Suicide (while sane or insane), attempted suicide or intentionally self-inflicted injury;
2. War or act of war (whether declared or undeclared, excludes acts of terrorism);
3. Commission or attempt to commit an illegal activity or a felony;
4. Commission of or active participation in a riot, insurrection, rebellion or police action;
5. 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 during the insured's time of active duty. Reserve or national guard active duty training is not excluded, unless it extends beyond 31 consecutive days;
6. Voluntary self-administration of any narcotic or drug, unless prescribed or taken under the direction of a physician and taken in accordance with the prescribed dosage;
7. Operating any type of vehicle while under the influence of alcohol or any drug, narcotic or other intoxicant. "Under the influence of alcohol," for purposes of this exclusion, means intoxicated, as defined by the law of the state in which the covered accident or covered injury occurred;
8. Mental or emotional disorders, alcoholism and drug addiction;
9. Treatment outside the United States;
10. Travel or activity outside the United States;
11. Participation in any motorized race or contest of speed on water, land or air;
12. Travel in or on any off-road motorized vehicle not requiring licensing as a motor vehicle;
13. Intoxication as determined according to the laws of the jurisdiction in which the covered accident and/or covered injury occurred;
14. Participation in any high-risk activities such as bungee jumping, parachuting, skydiving, parasailing, hang-gliding, deep-sea scuba diving, parkour, free running, sail gliding, parakiting or any similar activity;
15. Flight in, boarding, or alighting from an aircraft or any craft designed to fly above the earth's surface, except as a fare-paying passenger on a regular-scheduled commercial or charter airline;
16. Medical mishap or negligence, including malpractice;
17. Sickness, disease, bodily or mental infirmity bacterial or viral infection or any condition resulting from insect, arachnid or other arthropod bites or stings, or medical or surgical treatment thereof, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food;
18. Practicing for or participating in any semiprofessional or professional competitive athletic contest for which such insured person receives any compensation or remuneration; or
19. Operating a motor vehicle without a valid motor vehicle operator's license, except while participating in a driver's education program.

The following conditions, treatment and/or services are not covered under the policy:

1. Care, services or supplies received without charge or legal obligation to pay; or while the policy was not in force;
2. Treatment or services and supplies for experimental, investigational or unproven purposes;
3. Dental treatment of the teeth, gums or structures directly supporting the teeth, including dental x-rays, examinations, repairs, orthodontics, periodontics, casts, splints and services for dental malocclusion, for any condition are not covered, except if provided for or in connection with a covered injury to sound natural teeth and a continuous course of dental treatment is started within six months of the covered injury. Sound natural teeth are defined as natural teeth that are free of active clinical decay, have at least 50% bony support and are functional in the arch;
4. Treatment or services from a masseur, massage therapist, or rolfer, massage therapy and any type of holistic therapy which include, but are not limited to, meditation, aromatherapy and relaxation therapy; or
5. Repetitive or cumulative motions or stress traumas, which include, but are not limited to, carpal tunnel syndrome, tennis elbow and thoracic outlet syndrome.

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PREEXISTING CONDITION(S): A condition/conditions diagnosed or for which medical diagnosis, care, advice or treatment was recommended by or received from a physician within the six months prior to the rider effective date of the insured person's coverage. The benefits of any attached rider will not be payable during the first 12 months that coverage is in force with respect to an insured person for any loss caused by preexisting condition(s). This 12 month period is measured from the rider effective date for each insured person. Pre-Existing Condition(s) do not apply to insured person(s) age sixty-five (65) or older on the riders effective date. The rider shall not exclude coverage for any pre-existing conditions of a newborn or newly adopted child whose coverage begins after the rider effective date.

Lump Sum Cancer Rider

If you happen to be diagnosed within the first 30 days immediately following the effective date of the rider, the benefit amount payable will be reduced to 10% of the selected benefit amount and your coverage will be terminated.

No benefits will be payable for:

1. Any disease, sickness or incapacity other than cancer as defined; this is so even though such disease, sickness or incapacity may have been complicated, affected (directly or indirectly) or caused by cancer;
2. Loss that begins prior to the rider effective date;
3. Diagnosis received outside of the United States or its territories, unless otherwise specified in the rider; or
4. Any illness specifically excluded from the definition of cancer or carcinoma in situ.

Lump Sum Heart Attack & Stroke Rider

If you happen to be diagnosed with two or more qualifying events on the same day or have two or more surgical treatments at the same time (through a common incision or entry point are considered one operation), we will pay only one benefit amount for the diagnosis and one benefit amount for the surgical treatment, the larger of the qualifying event benefits.

No benefits will be payable for:

1. Any disease, sickness or incapacity other than qualifying events as defined; this is so even though such disease, sickness or incapacity may have been complicated, affected (directly or indirectly) or caused by a qualifying event;
2. Loss that begins prior to the rider effective date;
3. A qualifying event diagnosed during the waiting period;
4. Diagnosis received outside the United States or its territories, unless otherwise specified in the rider;
5. Intentionally self-inflicted injury, suicide or any attempt while sane or insane;
6. Voluntary self-administration of any narcotic, drug, poison, gas or fumes, unless prescribed or taken under the direction of a physician and taken in accordance with the prescribed dosage; and
7. Any illness specifically excluded from the definition of qualifying events listed in the rider.

WAITING PERIOD: The first 30 days following your rider effective date. If diagnosed with a qualifying event during the waiting period, your coverage will be terminated under this rider, and any applicable portion of premiums will be refunded.

Hospital Indemnity Benefit, Intensive Care Unit Indemnity Benefit and Hospital and Intensive Care Unit Indemnity Benefit Riders

Benefits are only payable for the first 30 days for any one period of confinement. Once you reach age 65, coverage will be reduced by 50%.

No benefits will be payable for:

1. Suicide (while sane or insane), attempted suicide or intentionally self-inflicted injury;
2. War or act of declared or undeclared war (not to include acts of terrorism);
3. Commission or attempt to commit an illegal activity or a felony;
4. Commission of or active participation in a riot, insurrection, rebellion or police action;
5. Voluntary self-administration of any narcotic, drug, poison, gas or fumes, unless prescribed or taken under the direction of a physician and taken in accordance with the prescribed dosage;
6. Operating any type of vehicle while under the influence of alcohol or any drug, narcotic or other intoxicant. "Under the influence of alcohol," for purposes of this exclusion, means intoxicated, as defined by the law of the state in which the injury occurred;
7. Mental or emotional disorders, alcoholism and drug addiction;
8. Treatment outside the United States except for emergency care for acute onset of sickness or accidental injury sustained while traveling for business or pleasure;
9. Travel or activity outside the United States;
10. Participation in any motorized race or contest of speed on sea, land or air;
11. Travel in or on any off-road motorized vehicle not requiring licensing as a motor vehicle;
12. Participation in any high-risk activities such as bungee jumping, parachuting, skydiving, parasailing, hang-gliding, deep-sea scuba diving, parkour, free running, sail gliding, parakiting or any similar activity;
13. Flight in, boarding, or alighting from an aircraft or any craft designed to fly above the earth's surface, except as a fare-paying passenger on a regular-scheduled commercial or charter airline;
14. Practicing for or participating in any semiprofessional or professional competitive athletic contest for which such insured person receives any compensation or remuneration;
15. Operating a motor vehicle without a valid motor vehicle operator's license, except while participating in a driver's education program;
16. The following conditions if they are diagnosed within six months after the rider effective date unless confinement is on an emergency basis: A hernia, adenoids, tonsils, varicose veins, hemorrhoids, disorder of the reproductive organs, or elective sterilization;
17. Routine pregnancy; however, complications of pregnancy will be considered the same as any other sickness;
18. An elective abortion;
19. Dental treatment of the teeth, gums or structures directly supporting the teeth, including: dental x-rays, examinations, repairs, orthodontics, periodontics, casts, splints and services for dental malocclusion, for any condition are not covered, except if provided for or in connection with an injury to sound natural teeth and a continuous course of dental treatment is started within six months of the injury. Sound natural teeth are defined as natural teeth that are free of active clinical decay, have at least 50% bony support and are functional in the arch; or
20. Cosmetic care, except when the hospital confinement is due to medically necessary reconstructive plastic surgery. Medically necessary reconstructive surgery is defined as:
    a. Surgery as the result an injury; or
    b. Surgery to restore a normal bodily function; or
    c. Surgery to improve functional impairment by anatomic alteration made necessary as a result of a congenital birth defect; or
    d. Breast reconstruction following mastectomy.
21. Also, no benefits will be payable under the rider for:
    a. Loss that begins prior to the rider effective date;
    b. Treatment for which no charges are made by the provider of same;
    c. Services which are primarily for rest care, convalescent care or for rehabilitation; or
    d. Services or supplies for the treatment of an occupational injury or sickness which are paid under the North Carolina Workers' Compensation Act only to the extent such services or supplies are the liability of the employee, employer or workers' compensation insurance carrier according to a final adjudication under the North Carolina Workers' Compensation Act or an order of the North Carolina Industrial Commission approving a settlement agreement under the North Carolina Workers' Compensation Act.

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