

**agile**<sup>®</sup>  
Health Insurance



# Everest STM



Coverage available only to members of Med-Sense Guaranteed Association  
MSGGA membership is not required in the following states: CO, ID, KY, LA, ME,  
MN, MO, NC, ND, NH, NV, OR, SD, WY

The Med-Sense Guaranteed Association (MSGA), is a not-for profit organization that provides memberships to individuals. Members enjoy access to a variety of health, travel, consumer discounts and business services.



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*You can count on MSGA to continuously and aggressively seek out new discounts to add further value to memberships in the association. Services and discounts you will enjoy as a member may include a collection of the following:*

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#### **ID Resolution Identity Theft Service**

The ID resolution, a leader in providing management services, offers victims or suspected victims unlimited access to an assigned fraud specialist who will facilitate the resolution of virtually any identity-related problem.

#### **GymAmerica.com**

As a member, you and your family receive special pricing at GymAmerica.com.

#### **Discount Hearing Service**

Your source for discounts on quality hearing aids and accessories.

#### **Gateway Medicaid**

In an emergency, getting vital health information to medical personnel quickly could be critical.

#### **Vitamin Discount**

HealthFitLabs is an on-line/mail order company that sells only the highest-quality natural vitamins, nutritional supplements, and bath and personal care products.

#### **LensCrafters Vision Club**

At LensCrafters, one hour service is just the beginning! Your member ID Card brings you and your eligible family members special rates on all materials and services available at LensCrafters.

#### **24-Hour Emergency Roadside Assistance**

Association Members can gain peace of mind on the road by registering for Emergency Roadside Assistance.

#### **Travel Assistance Plan**

As a member, you receive services through the Travel Assistance Program when traveling more than one hundred (100) miles from your permanent residence.

#### **Hop The Shops**

Through a special arrangement with eGroup Manager, you have preferred customer access to HopTheShops.com, a premium on-line shopping mall.

#### **Savers Club® Book**

Everyday savings are right at your fingertips! With your membership, you can get a free copy of our popular Savers Club® Book, containing thousands of discounts.

#### **Car Rental Discounts**

Take advantage of affordable auto rental from Avis®, Budget®, and Dollar® Rent a Car.

#### **1800Flowers.com**

Your Association membership lets you save 15%\* when you order flowers and/or gifts from 1800Flowers.com, one of America's top providers of floral and specialty gifts. Note: \*Prices & Discounts are exclusive of applicable service and shipping charges and taxes. Items may vary and are subject to availability, delivery rules and times. Offers available online and by phone. Offers cannot be combined, are not available on all products and are subject to restrictions, limitations and blackout periods. Prices and charges are subject to change without notice. Void where prohibited.

#### **Carperks Buying Network**

This program allows association members to benefit from a National Corporate Pricing Program. The Carperks dealer network has agreed to sell automobiles for a price better than their best Internet price, resulting in a price hundreds of dollars lower than the sales price of the retail sales department.

#### **Hewlett-Packard Computer and Digital Equipment**

As a member, you receive discounts on HP notebooks, laptops, servers, printers, digital cameras, handhelds, point-of-sale (scanners, cash registers, etc.) and more.





#### ***Customized Web Services - NAC Web Services***

NAC Web Services provides the advantage of Website development and maintenance. NAC Web Services boasts an experienced staff of programmers and graphic designers ready to work for you. All of the latest programming capabilities—including HTML, ASP.NET, Flash, XML, and database connectivity—are available to you as an association member.

#### ***UPS Express Delivery Services***

Improved program - featuring lower rates! Member discounts on UPS delivery services include 14-28% off Next Day Air®/Next Day Air® Saver Letter/Package and Worldwide ExpressSM.

#### ***Sprint-Wireless/Cellular and Mobile Broadband***

Members receive access to an average savings of 25%-35% compared to Sprint Competitors with a 19% program discount on most rate plans. Other programs are available as well such as Mobile Broadband discounts, savings are exclusive to new Sprint subscribers only.

#### ***Office Depot Office Supplies and Furniture***

Sign up for the Office Depot program and qualify for discounts off the list price on over 16,000 items. Members report they save an average of 30% when compared to their previous office supplies provider. Buy online from the discounted member website, by phone or fax, or in the retail stores. There is FREE SHIPPING for members.

# Advantages of Everest STM

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**Affordability:** Short-term medical (STM) insurance provides coverage that is designed for your needs, peace of mind, and financial well-being from the ever-rising costs of healthcare expenses.



**Financial Strength:** Everest STM is underwritten by the Everest Reinsurance Company, and it is rated A+ Superior by the A.M. Best Company (9/9/15). A.M. Best is an independent global rating organization that examines insurance companies and publishes its opinion on their financial strength.



**Network:** Network: One of the popular aspects of short-term medical insurance plans is they do not confine you to a specific network. In other types of major medical plans if a member seeks services outside of the network they either have a higher percentage of cost shares or they have to pay the full claim themselves. Your Everest STM does not confine you to a specific network. Everest plan pays up to 150%\* of Medicare allowable expenses.

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## ACA NOTICE

This coverage is not required to comply with certain federal market requirements for health insurance, principally those contained in the Affordable Care Act. Be sure to check your policy carefully to make sure you are aware of any exclusions or limitations regarding coverage of preexisting conditions or health benefits (such as hospitalization, emergency services, maternity care, preventive care, prescription drugs, and mental health and substance use disorder services). Your policy might also have lifetime and/or annual dollar limits on health benefits. If this coverage expires or you lose eligibility for this coverage, you might have to wait until an open enrollment period to get other health insurance coverage. Also, this coverage is not "minimum essential coverage." If you don't have minimum essential coverage for any month in 2018, you may have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

\*Actual amount may be greater in some states. The coverage is subject to the language of the policy as issued. The percentage of Medicare rate reimbursement is included on your ID card and you should make sure your hospital or facility provider understands this when seeking services. 150% of the Medicare rate is a fair payment but is often less than what your hospital or facility charges. The maximum benefit provided by your policy may be an amount that is lower than the hospital or facility will accept. If your hospital or facility is not willing to accept this benefit amount, please be aware that you may be balance billed for amounts not paid by your insurance.

# Everest STM Summary of Benefits

Deductible Choice	Coinsurance Choices (Plan pays/Member Pays)	Out of Pocket Maximum	Coverage Period Maximum Benefit	Doctor Office Visit Co-pay
\$1,000 Deductible Plan	80%/ 20%	\$2,000, \$3,000 or \$4,000	\$250,000 or \$1MM	\$30 Co-Pay, maximum 3
\$2,500 Deductible Plan	80%/ 20%	\$2,000, \$3,000 or \$4,000	\$250,000 or \$1MM	\$30 Co-Pay, maximum 3
\$5,000 Deductible Plan	80%/ 20%	\$2,000, \$3,000 or \$4,000	\$250,000 or \$1MM	\$30 Co-Pay, maximum 3
Lower the deductible, the higher the premium	Higher the plan pays, the higher the premium	lower the out of pocket, the higher the premium	Higher the maximum benefits, the higher the premium	

You the consumer can select which combination of cost shares/ premium fits your specific situation

## Plan Deductible\*\*

\$1,000, \$2,500, or \$5,000 per Covered Person per Coverage Period.  
Maximum of 3 Deductibles per family per Coverage Period.

## Copayments\*\*

Copayments do not apply towards the Plan Deductible or Out of Pocket Maximum.

- Wellness Benefit Copayment: \$50 Copayment for one annual Routine Physical Exam. Coinsurance is 100% and benefits are not subject to the Plan Deductible.
- Doctor's Office or Urgent Care Center Visits Copayment: \$30 Copayment per visit or consultation per Covered Person. Coinsurance is 100% of Eligible Expenses, and benefits are not subject to the Plan Deductible. Maximum of 3 visits per person.
- Office Visits in excess of the maximum number of Copayments will be subject to the Plan Deductible and Coinsurance
- Coinsurance Amount: 80% of Eligible Expenses after the Plan Deductible and any Additional Deductibles, up to the Out of Pocket Maximum, then 100% of Eligible Expenses up to the overall Coverage Period Maximum Benefit.

## **Out of Pocket Maximum**

\*\*The Deductibles, Copayments, pre-certification penalties and amounts in excess of the Maximum Allowable Expense do not apply towards the Out-of-Pocket Maximum.

\$2,000, \$3,000, or \$4,000 per Covered Person per Coverage Period

## **Coverage Period Maximum Benefit**

\$250,000 or \$1,000,000 per Covered Person

## **Penalty for failure to pre-certify**

Eligible Expenses will be reduced by 50%; any Deductible(s) will be subtracted from the remaining amount, and the Coinsurance will be applied.

## **Covered Services/Benefit Limits**

- Inpatient Hospital services:
  - Average Standard Room Rate:* \$1,000 per day
  - Intensive Care or Critical Care Unit:* \$1,250 per day
  - Doctor Visits:* \$50 per day, maximum of \$500
- Outpatient Miscellaneous Hospital Expenses: Benefit payable for miscellaneous Outpatient Hospital expenses, excluding Outpatient Surgery
- Doctor's Office Visit or Urgent Care Center: After the \$30 Copayment, Coinsurance is 100% of Eligible Expenses and benefits are not subject to the Plan Deductible. Maximum of 3 Visits per person. Office Visits in excess of the maximum number of Copayments will be subject to the Plan Deductible and Coinsurance. *Any other covered services or tests performed as part of the office visit will be subject to the Plan Deductible and Coinsurance.*
- Wellness Benefit: After the \$50 Copayment, Coinsurance is 100% of Eligible Expenses and benefits are not subject to the Plan Deductible.
- Extended Care Facility: \$150 per day not to exceed a maximum of 30 days per Covered Person per Coverage Period.
- Home Health Care: \$50 per visit. There is a limit of 1 visit per day not to exceed a maximum 30 Home Health Care visits per Covered Person per Coverage Period.
- Hospice Care: \$2,500 per Covered Person per Coverage Period
- Ambulance
  - Injury: \$250 per transport
  - Sickness: \$250 per transport
- Physical, Occupational and Speech Therapy: \$50 per day and 20 visits combined per Covered Person per Coverage Period
- Organ or tissue transplants: \$50,000 per Covered Person per Coverage Period
- Temporomandibular Joint Disorder (TMJ): \$3,500 per Covered Person per Coverage Period
- Kidney Stones: \$1,500 per Covered Person per Coverage Period



- Appendectomy: \$2,500 per Covered Person per Coverage Period
- Joint or Tendon Surgery: \$2,500 per Covered Person per Coverage Period
- Knee Injury or Disorders: \$2,500 per Covered Person per Coverage Period for both left knee and right knee
- Acquired Immune Deficiency Syndrome (AIDS) Human Immunodeficiency Virus (HIV): \$10,000 per Covered Person per Coverage Period
- Gallbladder Surgery: \$2,500 per Covered Person per Coverage Period
- Mental Disorders:
  - Inpatient: \$100 per day, 31 day maximum per Covered Person per Coverage Period
  - Outpatient: \$50 per visit, 10 visit maximum per Covered Person per Coverage Period
- Substance Abuse
  - Inpatient: \$100 per day, 31 day maximum per Covered Person per Coverage Period
  - Outpatient: \$50 per visit, 10 visit maximum per Covered Person per Coverage Period
- Pre-Existing Conditions Allowance: Notwithstanding the Pre-Existing Conditions exclusion under Part VII of the Certificate, Eligible Expenses not to exceed \$500 per Coverage Period will be allowed. Payment of any benefits, including application to the Deductible and Coinsurance, under this allowance does not waive, or in any manner whatsoever affect, any of the Covered Person's exclusions or limitations, including the Pre-Existing Conditions exclusion.

This is a brief description of the plan benefits, which may vary by state.

Short-Term Medical plans are designed to cover unforeseen accidents and illnesses. So, if you're in an accident or get unexpectedly sick, you can rely on your plan to help you with medical expenses. It's important to know what's not covered as well, so you can avoid any surprises. STM plans do not provide benefits for:

- Pre-existing conditions
- Dental and eye care
- Prescriptions (unless prescribed during a covered hospitalization)

# What are the steps to enrolling in Everest STM plan? Easy...

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1. Visit [AgileHealthInsurance.com](https://AgileHealthInsurance.com).



2. Type in zip, date of birth, and gender.



3. Select a plan.



4. Answer a few basic eligibility questions. If eligible...



5. Enroll!



# What *is* covered?



The following benefits are for the Insured and each Covered Dependent subject to the plan Deductible, Coinsurance Percentage, Out Of Pocket Maximum, Additional Deductibles, and Coverage Period Maximum Benefit. Benefits are limited to the Maximum Allowable Expense for each Covered Eligible Expense, in addition to any specific limits stated in the policy.

1. Charges for Inpatient Hospital services:
  - a. Daily room and board and nursing services not to exceed the average standard room rate. If a Hospital has only private rooms, Eligible Expenses will be limited to 90% of the private room charge;
  - b. Daily room and board and nursing services in an Intensive Care or Critical Care Unit;
  - c. Use of operating, treatment or recovery room; and
  - d. Miscellaneous tests, services and supplies.
2. Charges for Outpatient Hospital services.
3. Charges for care received in a Hospital emergency room or a free standing emergency room.
4. Charges for Surgery at an Outpatient Surgical Facility, including services and supplies.
5. Charges for Inpatient Doctor visits.
6. Charges made by a Doctor for surgery and other professional services.
7. Charges for a surgical assistance or a surgeon assistant up to 20% of the Maximum Allowable Expense allowance for the primary surgical procedure performed during the operative session.
8. Charges for the administration of anesthetics up to 20% of the Maximum Allowable Expense allowance for the primary surgical procedure performed during the operative session.
9. Charges for a Doctor's office visit, consultation, or urgent care center visit. Charges for other covered services or tests performed as a part of the office visit will be subject to the Plan Deductible and Coinsurance.
10. Wellness Benefit: Charges for one annual Routine Physical Exam performed by a Doctor as part of a regular check-up. This includes a health history, an exam of all systems including cardiovascular, respiratory, neurological, musculoskeletal, reproductive and behavioral studies appropriate for age, risk and sex. This does not include blood work, radiology, Advanced Diagnostic Studies, and/or lab work.
11. Charges for routine child health care for periodic visits that include a history, a physical examination, a development assessment, anticipatory guidance and appropriate immunizations and laboratory tests consistent with the Recommendations of Preventative Pediatric Health Care of the American Academy of Pediatrics from the moment of birth to age 16. Immunizations are not subject to the Plan Deductible.
12. Charges for dressings, sutures, casts or other supplies which are administered by or under the supervision of a Doctor, but excluding nebulizers, oxygen tanks, supplies for use or application at home and all devices or supplies for repeat use at home.
13. Charges for diagnostic testing using radiology, ultrasonographic or laboratory services (psychometric, intelligence, behavioral and educational testing are not included).
14. Charges for artificial eyes or larynx, breast prosthesis or basic functional artificial limbs, but not their replacement or repair.
15. Charges for reconstructive surgery directly related to surgery which is covered under the Policy, including reconstructive breast surgery and prosthetic devices incident to a Mastectomy. Coverage will also include all stages of reconstruction of the breast on which the mastectomy has been performed, surgery and reconstruction on a non-diseased breast to establish symmetry with the diseased breast and prostheses and physical complications of mastectomy, including lymphedemas. As used in this benefit: "Mastectomy" means the surgical removal of all or part of a breast as a result of breast cancer. "Reconstructive breast surgery" means surgery performed as a result of a mastectomy to reestablish symmetry between the two breasts and includes augmentation mammoplasty, reductive mammoplasty and mastopexy.
16. Charges for radiation therapy or treatment and chemotherapy.
17. Charges for blood and blood products, administration of blood and blood processing.
18. Charges for an Extended Care Facility room and board accommodations; if:
  - a. The Covered Person is receiving skilled nursing care as an Inpatient in that facility on the certification of the attending Doctor that the confinement is Medically Necessary;
  - b. The confinement commences immediately following a period of at least three (3) continuous days of Hospital confinement; and
  - c. The confinement is for the same covered Injury or Sickness that was treated during the Covered Person's confinement in the Hospital.

19. Charges for treatment of a Covered Person by a Home Health Care Agency under a Home Health Care Plan. Eligible Expenses for Home Health Care are:

- a. Part-time skilled nursing care;
- b. Home Health aide services/supplies when under a R.N.'s direct supervision;
- c. Physical, occupational and speech therapy;
- d. Medical supplies; and
- e. Respiratory therapy.

However, benefits will not be paid for charges made by a Home Health Care Agency for:

- a. Full-time nursing care at home;
- b. Meals delivered to the home;
- c. Homemaker services;
- d. Any services of an individual who ordinarily resides in the Covered Person's home or is a member of the Insured's immediate family; or
- e. Any transportation services.

Benefits for Home Health Care are in lieu of any similar benefits provided under any other provision of the Certificate.

20. Charges for hospice care and services incurred for a terminally ill Covered Person with a life expectancy of 6 months or less. Eligible Expenses include charges incurred for care and services when provided by an agency licensed or certified to provide hospice services, including the following:

- a. Inpatient and Outpatient care.
- b. Part-time or intermittent home nursing care by, or under the direction of a nurse;
- c. Physical, respiratory or speech therapy performed by a licensed therapist;
- d. Nutrition counseling provided by or under the direction of a registered dietitian; and
- e. Counseling by a licensed social worker, pastoral counselor for the Covered Person or a member of the Immediate Family, the primary care giver and individuals with significant personal ties to a Covered Person who is terminally ill.

Hospice services must be:

- a. Under active management through an agency licensed or certified to provide hospice services and which is responsible for coordinating all such services; and
- b. Provided only if the Doctor submits written certification to Us that the Covered Person is terminally ill with a life expectancy of 6 months or less. Review of Medically Necessity may be periodically required.

This benefit does not include the services of volunteers or persons who do not regularly charge for their services.

21. Charges for ambulance transport to the nearest Hospital qualified to treat Injuries or medical emergencies. In order for benefits to be payable, transportation due to Sickness must result in Inpatient Hospitalization.

22. Charges for the rental of a standard, basic Hospital bed and/or wheelchair, up to the purchase prices, not including expenses for customization and only for the portion of the cost equivalent to the Coverage Period.

23. Charges for Physical Therapy, Occupational Therapy and Speech Therapy from a licensed or registered provider to improve or restore lost function caused by a Sickness or Injury covered under this Policy when ordered by the attending Doctor.

24. Charges for organ or tissue transplants including all expenses related to the transplant before the transplant is performed, for the procurement of the donor organ or tissue, the Hospital expenses of the donor, and for follow-up care, including any complications while this coverage is in force.

Eligible Expenses do not include organ or tissue transplants which:

- a. Are animal-to-human transplants;
- b. Use artificial or mechanical organs;
- c. Are Experimental or Investigative; or
- d. Are not generally accepted by the medical community as an effective treatment for a covered Injury or Sickness.
- e. Relate to a condition that is excluded under PART VII – EXCLUSIONS AND LIMITATIONS.

25. Charges for temporomandibular joint disorder (TMJ) procedures involving any bone or joint of the jaw, face, or head, so long as the procedure is Medically Necessary to treat a condition which prevents normal functioning of the particular bone or joint involved and the condition is caused by congenital deformity, disease, or traumatic Injury. Authorized therapeutic procedures include splinting and the use of intraoral prosthetics applied to reposition the bones. However, this does not include coverage for orthodontic braces, crowns, dentures, treatment for periodontal disease, dental root form implants or root canals.

26. Charges for treatment rendered in a Hospital or by a licensed treatment facility or other provider licensed to treat Mental Disorders as defined in this Certificate.

27. Charges for treatment rendered in a Hospital or by a licensed treatment facility or other provider licensed to treat Substance Abuse.

This is a brief description of the plan benefits, which may vary by state.

# What *isn't* covered?



PLEASE READ CAREFULLY. No benefits are payable for Sicknesses which arise during the first 5 days following a Covered Person's Effective Date. No Benefits are payable for cancer which arises during the first 30 days following a Covered Person's Certificate Effective Date.

Loss caused by, contributed to or resulting from the following is excluded or otherwise limited as specified:

1. Pre-Existing Conditions:

- a. Charges resulting directly or indirectly from a condition for which a Covered Person received medical treatment, diagnosis, care or advice, including diagnostic tests or medications, within the 60 month period immediately preceding such person's Certificate Effective Date are excluded for the first 12 months of coverage hereunder.
- b. Pre-Existing Conditions includes conditions that produced any symptoms which would have caused a reasonable prudent person to seek diagnosis, care or treatment within the 60 month period immediately prior to the Covered Person's Certificate Effective Date of coverage under the Policy.

This exclusion does not apply to a newborn child or newborn adopted child who is added to coverage in accordance with PART II – ELIGIBILITY AND EFFECTIVE DATE OF INSURANCE.

2. Waiting Period:

- a. Covered Persons will only be entitled to receive benefits for Sicknesses that begin, by occurrence of symptoms and/or receipt of treatment, more than 5 days following the Covered Person's Certificate Effective Date of coverage under the Policy.
- b. Covered Persons will only be entitled to receive benefits for Cancer that begins, by occurrence of symptoms or receipt of treatment more than 30 days following the Covered Person's Certificate Effective Date of coverage under the Policy.

3. Charges during the first 6 months after the Certificate Effective Date of coverage for a Covered Person for the following:

- a. Total or partial hysterectomy, unless it is Medically Necessary due to a diagnosis of carcinoma;
- b. Tonsillectomy;
- c. Adenoidectomy;
- d. Repair of deviated nasal septum or any type of surgery involving the sinus;
- e. Myringotomy;
- f. Tympanotomy;
- g. Herniorrhaphy; or
- h. Cholecystectomy.

However, if such condition is a Pre-Existing Condition, any benefit consideration will be in accordance with the Pre-Existing Conditions limitation.

4. The benefits payable for the following conditions or procedures are limited to the specified amounts shown in the Schedule of Benefits:

- a. Kidney stones
- b. Appendectomy
- c. Joint or tendon Surgery
- d. Knee Injury or disorder
- e. Acquired Immune Deficiency Syndrome (AIDS)/ Human Immune-deficiency Virus (HIV)
- f. Gallbladder Surgery

5. Charges which are not incurred by a Covered Person during his/her Coverage Period.

6. Charges which exceed any limits or limitations specified in this Certificate, including the Schedule of Benefits.

7. Charges for services of supplies in excess of the Maximum Allowable Expense.

8. Charges for services or supplies which are not administered by or under the supervision of a Doctor.

9. Mental, emotional or nervous disorders or counseling of any type, except as specifically covered as an Eligible Expense.

10. Marital counseling or social counseling.

11. Treatment for Substance Abuse, unless specifically covered under the Policy as an Eligible Expense.

12. Prescription Drugs, except those administered by a Doctor in an Inpatient or Outpatient setting covered under this Policy as an Eligible Expense.

13. Medications, vitamins, and mineral or food supplements including pre-natal vitamins, or any over-the-counter medicines, whether or not ordered by a Doctor.

14. Any drug, treatment or procedure that either promotes or prevents conception including but not limited to: artificial insemination, treatment for infertility or impotency, sterilization or reversal of sterilization.
15. Any drug, treatment or procedure that corrects impotency or non-organic sexual dysfunction.
16. Modifications of the physical body in order to improve the psychological, mental or emotional well-being of the Covered Person, such as sex-change surgery.
17. Cosmetic Treatment, except for reconstructive surgery where expressly covered under the Policy.
18. Weight modification or surgical treatment of obesity.
19. Eye surgery, including LASIK, when the primary purpose is to correct nearsightedness, farsightedness or astigmatism.
20. Dental Expenses, except as necessary to restore or replace sound and natural teeth lost or damaged as a result of an Injury. The Injury must be severe enough that the contact with the Doctor occurs within seventy-two (72) hours of the Accident, unless extenuating circumstances exist due to the severity of the Injury that prevent you from contacting the Doctor.
21. Expenses incurred in the treatment by any method for jaw joint problems including temporomandibular joint dysfunction (TMJ), TMJ pain syndromes, craniomandibular disorders, myofascial pain dysfunction or other conditions of the joint linking the jaw bone and skull and the complex of muscles, nerves and other tissues related to the joint, unless specifically covered under the Policy as an Eligible Expense.
22. Routine pre-natal care, Pregnancy, child birth, and post natal care. (This exclusion does not apply to "Complications of Pregnancy" as defined.)
23. Charges for a Covered Dependent who is a newborn child not yet discharged from the Hospital, unless the charges are Medically Necessary to treat premature birth, congenital Injury or Sickness, or Sickness or Injury sustained during or after birth.
24. Sclerotherapy for veins of the extremities.
25. Abortions, except in connection with covered Complications of Pregnancy or if the life of the expectant mother would be at risk.
26. Joint replacement or other treatment of joints, spine, bones or connective tissue including tendons, ligaments and cartilage, unless related to a covered Injury.
27. Surgeries, treatments, services or supplies which are deemed to be Experimental Treatment.
28. Chronic fatigue or pain disorders.
29. Kidney or end stage renal disease.
30. Treatment or diagnosis of allergies, except for emergency treatment of allergic reactions.
31. Treatment for cataracts.
32. Treatment of sleep disorders.
33. Treatment required as a result of complications or consequences of a treatment or condition not covered under this Certificate.
34. Treatment incurred as a result of exposure to non-medical nuclear radiation and/or radioactive material(s).
35. Treatment for acne, moles, skin tags, diseases of sebaceous glands, seborrhea, sebaceous cyst, unspecified disease of sebaceous glands, hypertrophic and atrophic conditions of skin, nevus.
36. Treatment for or related to any Congenital Condition, except as it relates to a newborn child or newborn adopted child added as a Covered Person pursuant to the terms of this Certificate.
37. Treatment, medication or hormones to stimulate growth, or treatment of learning disorders, disabilities, developmental delays or deficiencies, including therapy.
38. Spinal manipulation or adjustment.
39. Biofeedback, acupuncture, recreational, sleep or MIST Therapy®, holistic care of any nature, massage and kinestherapy, excepted as provided for under Home Health Care.
40. Hypnotherapy when used to treat conditions that are not recognized as Mental Disorders by the American Psychiatric Association, and non-medical self-care or self-help programs.
41. Eyeglasses, contact lenses, hearing aids, hearing implants, eye refraction, visual therapy, orthoptics, visual eye training and any examination or fitting related to these devices, and all vision and hearing tests and examinations.
42. Care, treatment or supplies for the feet, orthopedic shoes, orthopedic prescription devices to be attached to or placed in shoes, treatment of weak, strained, flat, unstable or unbalanced feet, metatarsalgia or bunions and treatment of corns, calluses or toenails.
43. Care and treatment for hair loss including wigs, hair transplants or any drug that promises hair growth, whether or not prescribed by a Doctor.
44. Exercise programs, whether or not prescribed or recommended by a Doctor.
45. Telephone or Internet consultations and/or treatment or failure to keep a scheduled appointment.
46. Charges for travel or accommodations, except as expressly provided for local ambulance.



47. All charges incurred while confined primarily to receive Custodial or Convalescent Care.
48. Services received or supplies purchased outside the United States, its territories or possessions, or Canada, unless specifically covered under the Policy as an Eligible Expense.
49. Any services or supplies in connection with cigarette smoking cessation.
50. Any services performed or supplies provided by a member of a Covered Person's Immediate Family.
51. Services received for any condition caused by a Covered Person's commission of or attempt to commit an assault, battery, or felony, whether charged or not, or to which a contributing cause was the Covered Person being engaged in an illegal occupation.
52. Services or supplies which are not included as Eligible Expenses as described herein.
53. Participating in hazardous occupations or other activity including participating, instructing, demonstrating, guiding or accompanying others in the following: operation of a flight in an aircraft other than a regularly scheduled flight by a commercial airline, professional or semi-professional sports, extreme sports, parachute jumping, hot-air ballooning, hang-gliding, base jumping, mountain climbing, bungee jumping, scuba diving, sail gliding, parasailing, parakiting, rock or mountain climbing, cave exploration, parkour, racing including stunt show or speed test of any motorized or non-motorized vehicle, rodeo activities, or similar hazardous activities. Also excluded is Injury received while practicing, exercising, undergoing conditional or physical preparation for such activity.
54. Injuries or Sicknesses resulting from participation in interscholastic, intercollegiate or organized competitive sports. This does not include dependent children participating in local community sports activities.
55. Injury resulting from being under the influence of or due wholly or partly to the effects of alcohol or drugs, other than drugs taken in accordance with treatment prescribed by a Doctor.
56. Intentionally self-inflicted Injury or Sickness (whether the Covered Person is sane or insane).
57. Charges resulting from a declared or undeclared war, or from voluntary participation in a riot or insurrection.
58. Charges incurred by a Covered Person while on active duty in the armed forces. Upon written notice to Us of entry into such active duty, the unused premium will be returned to the Covered Person on a pro-rated basis.
59. Costs for Routine Physical Exams or other services not needed for medical treatment, unless specifically covered under the Policy as an Eligible Expense.
60. Charges You or Your Covered Dependent are not required to pay, or which would not have been billed, if no insurance existed.
61. Charges to the extent that they are paid or payable under other valid or collectible group insurance or medical prepayment plan.
62. Charges that are eligible for payment by Medicare or any other government program except Medicaid. Costs for care in government institutions unless You or Your Covered Dependent are obligated to pay for such care.
63. Charges related to Injury or Sickness arising out of or in the course of any occupation for compensation, wage or profit, if the Covered Person is insured, or is required to be insured, by occupational disease or workers' compensation insurance pursuant to applicable state or federal law, whether or not application for such benefits have been made.
64. Medical expenses which are payable under any automobile insurance policy without regard to fault (does not apply in any state where prohibited).

This is a brief description of the plan benefits, which may vary by state.

## **Illinois disclaimer**

NOTICE: THE SHORT-TERM, LIMITED-DURATION INSURANCE BENEFITS UNDER THIS COVERAGE DO NOT MEET ALL FEDERAL REQUIREMENTS TO QUALIFY AS "MINIMUM ESSENTIAL COVERAGE" FOR HEALTH INSURANCE UNDER THE AFFORDABLE CARE ACT. THIS PLAN OF COVERAGE DOES NOT INCLUDE ALL ESSENTIAL HEALTH BENEFITS AS REQUIRED BY THE AFFORDABLE CARE ACT. PREEXISTING CONDITIONS ARE NOT COVERED UNDER THIS PLAN OF COVERAGE. BE SURE TO CHECK YOUR POLICY CAREFULLY TO MAKE SURE YOU UNDERSTAND WHAT THE POLICY DOES AND DOES NOT COVER. IF THIS COVERAGE EXPIRES OR YOU LOSE ELIGIBILITY FOR THIS COVERAGE, YOU MIGHT HAVE TO WAIT UNTIL THE NEXT OPEN ENROLLMENT PERIOD TO GET OTHER HEALTH INSURANCE COVERAGE. YOU MAY BE ABLE TO GET LONGER TERM INSURANCE THAT QUALIFIES AS "MINIMUM ESSENTIAL COVERAGE" FOR HEALTH INSURANCE UNDER THE AFFORDABLE CARE ACT NOW AND HELP TO PAY FOR IT AT [WWW.HEALTHCARE.GOV](http://WWW.HEALTHCARE.GOV).