



Specified Disease Plus

INSURANCE PLAN



Design Your Plan

Calendar Year Max Benefit Per Policy

- \$50,000 \$100,000 \$250,000

Lifetime Maximum Per Policy: \$2,000,000*

Calendar Year Deductible

Deductible applies per Insured person with a maximum of three deductibles per Policy per Calendar Year.

- \$25,000 \$50,000 \$75,000 \$100,000

Covered Conditions & Procedures

- | | | |
|---|---|--|
| ✓ Cancer (internal cancer) | ✓ Amyotrophic Lateral Sclerosis (ALS) | ✓ Angioplasty |
| ✓ Heart Attack | ✓ End Stage Renal Failure | ✓ Heart Valve Surgery |
| ✓ Stroke | ✓ Major Organ Failure
(bone marrow, heart, kidney, liver, lung, and pancreas) | ✓ Pacemaker Implant |
| ✓ Ruptured Aneurysm
(ruptured cerebral, carotid, or aortic aneurysm) | ✓ Major Organ Transplant
(bone marrow, heart, kidney, liver, lung, and pancreas)** | ✓ Insertion Of Implantable Cardiac Defibrillator |
| ✓ Coronary Artery Bypass Surgery | ✓ Amputation | ✓ Joint Replacement |

Benefits

After the deductible is satisfied, the plan will pay the Actual Charges incurred up to the Usual, Customary and Reasonable amount for expenses incurred for health-care services or supplies needed to diagnose or treat a covered condition or procedure.

Definitions

Actual Charges Incurred

The actual amount accepted by a healthcare provider as full satisfaction of the Insured's obligations for treatment covered by the Policy. It does not include any amount which is not required to be paid by the Insured or any other party on the Insured's behalf to the provider of a treatment, service or other benefit covered by the Policy.

Usual, Customary & Reasonable

The prevailing charge, fee or expense for such services, materials and facilities in accordance with the prevailing charges for the same or comparable treatment or service by most providers in the same locality where such services are rendered.

**Maximum Lifetime Policy Maximum includes total benefits paid before the Policy terminates.
**Maximum Lifetime transplant benefit of \$100,000 per Insured.*



Exclusions & Limitations

No benefit is payable for treatment or any condition, disease, illness or incapacity that has been caused, complicated, worsened or affected by a covered condition, or which results from treatment of the covered condition. Benefits will not be payable for any such loss resulting from or in connection with:

- Suicide, attempted suicide or intentional self-inflicted Injury, whether sane or insane.
- War or any act of war (whether declared or undeclared) or participating in a riot or felony.
- Any expense occurring directly or indirectly as a result of an Insured person being intoxicated, or under the influence of any narcotic unless administered on the advice of a physician.
- The Insured person's commission or attempt to commit a felony or to which a contributing cause was the Insured person being engaged in an illegal occupation.
- Loss that begins prior to the effective date of coverage.
- This Policy does not pay for charges for treatment, services or supplies for a condition that is not specifically listed as a Covered Condition/ Procedure.
- Charges that are incurred for experimental or investigational therapies. These are treatments, drugs, procedures, or medical devices that are not considered standard or proven methods of care for a particular condition. They may be in the experimental or research phase and have not yet received widespread acceptance in the medical community.
- Any payment in excess of the Policy maximum benefit; in excess of a maximum benefit stated in the Policy or schedule of benefits; incurred for treatment services or supplies provided while participating in a clinical trial.
- Any services that are not medically necessary.
- Prophylactic treatment, services or supplies. Prophylactic means any surgery or other procedure performed to prevent a disease process from becoming evident in the organ or tissue at a later date.
- Charges for air ambulance. Charges for ground transportation in an ambulance that is not to the nearest facility that is able to treat the Covered Condition.
- Repairs to, replacement or maintenance of, modifications or enhancements of the whole or parts of any durable medical equipment or supplies unless approved with cost containment under doctor's order.
- Charges for treatment, services or supplies eligible for benefits under worker's compensation, employers' liability, or similar laws in residential state for workman's compensation or coverage.
- Charges for: batteries; weight reduction or weight control programs or treatment; surgery for weight control, obesity or morbid obesity, including but not limited to any type of gastric bypass or other weight loss surgery; suction lipectomy; physical fitness programs, exercise equipment or exercise therapy; health club or gym membership fees; nutritional and dietary counseling; family counseling; marriage counseling; hypnotherapy; custodial care; respite care; rest care; supportive care; or homemaker services.
- Treatment, services or supplies that are primarily for the personal comfort or convenience not covered under a medically necessary durable medical equipment prescribed for regression of illness or injury.
- Charges for cosmetic services, including but not limited to chemical peels; cosmetic or plastic surgery.
- Charges for all procedures not covered under The Women's Health and Cancer Rights Act of 1998 (WHCRA). The WHCRA is a federal law that provides protections to patients who choose to have breast reconstruction in connection with a mastectomy.
- Treatment, services or supplies resulting from or related to an Injury sustained while participating in, instructing, demonstrating, guiding or accompanying others in any hazardous activity, whether or not compensation is received including, but not limited to: parachute jumping, hang-gliding, bungee jumping, rodeo activities, racing any motorized or non-motorized vehicle or conveyance, rock or mountain climbing, skydiving, and parkour.

- Treatment, services or supplies resulting from or related to an Injury sustained while participating in, instructing, demonstrating, guiding or accompanying others in any hazardous occupation or other activity for which compensation is received including, but not limited to: racing any non-motorized vehicle or conveyance; professional or semi-professional contact sports.
- Treatment, services or supplies resulting from or related to Injury sustained while participating in any intercollegiate sport, contest or competition for any such sport, contest or competition.
- Expenses incurred outside of the United States or its possessions or Canada.
- Treatment, services or supplies resulting from or related to hospice care not administered in the home. Home hospice must be ordered by treating provider for end of life care.
- Charges for outpatient prescription drugs, except oral chemotherapy and injectable administered in a physician's office.
- Charges for any over-the-counter products or drugs unless durable medical equipment is medically prescribed and ordered.
- Charges for any of the following: herbal or homeopathic medicines or products, minerals, vitamins, appetite suppressants, dietary or nutritional substances or dietary supplements, nutraceuticals, tube feeding formulas, infant formulas, and medical foods.
- Charges for treatment, services or supplies provided by or through any employer of a Insured person or the employer of a Insured person's immediate family member.
- Charges for treatment, services or supplies provided by or through any Insured person's immediate family member or any entity in which an Insured person or their immediate family member receives, or is entitled to receive, any direct or indirect financial benefit, including but not limited to an ownership interest in any such entity.
- Any treatment of complications that arise from an approved diagnosis. Complications are unexpected medical issues or problems that can arise as a result of the approved diagnosis or its treatment.
- Congenital conditions. Congenital condition is one that exists at or before birth and is present from the time of birth and is not a covered condition.
- Exclusion for failure to provide and report proof of failed conservative therapy. Conservative therapy refers to non-surgical or non-invasive treatments that are typically considered the first line of treatment for certain medical conditions. These therapies may include physical therapy, medication, lifestyle changes, or other non-invasive approaches aimed at managing or resolving a medical issue. This reporting assesses the medical necessity and appropriateness of further treatment. Failure to report failure of conservative therapy for a benefit can result in the exclusion of coverage for subsequent treatments.

Pre-Existing Condition Sickness or Injury Exclusion

A sickness, injury, or condition, including any related or resulting complications: for which medical advice, consultation, diagnosis, care, or treatment (includes receipt of services, supplies, or diagnostic tests) was received or recommended from a provider or prescription drugs were prescribed during the one year period immediately prior to an Insured person's effective date, regardless of whether the condition was diagnosed, misdiagnosed or not diagnosed; or that produced signs or symptoms during the one year period immediately prior to an Insured person's effective date. The signs or symptoms were significant enough to establish manifestation or onset by one of the following: the signs or symptoms reasonably should have allowed or would have allowed a medical provider to diagnose the condition; or the signs or symptoms reasonably should have caused or would have caused an ordinarily prudent person to seek medical advice, consultation, diagnosis, care, or treatment.

Benefits, availability, limitations and exclusions may vary by state. For more information, please refer to the Outline of Coverage or Policy approved in your state.