

Limitations & Exclusions

Group Accidental Death & Dismemberment and Group Accident Medical Expense Insurance

THIS IS A LIMITED BENEFIT ACCIDENT ONLY COVERAGE. READ THE CERTIFICATE CAREFULLY. BENEFITS ARE NOT PAYABLE FOR LOSS DUE TO SICKNESS. PAYS BENEFITS FOR SPECIFIC LOSSES FROM ACCIDENTS ONLY.

The Certificate does not cover any loss resulting in whole or part from, or contributed to by, or as a natural probable consequence of any of the following even if the immediate cause of the loss is an Accidental bodily injury, unless otherwise covered under the Certificate by Additional Benefits.

1. Suicide, self-destruction, attempted self-destruction or intentional self-inflicted injury while sane or insane.
2. War or any act of war, declared or undeclared.
3. An Accident which occurs while the Covered Person is on Active Duty Service in any Armed Forces, National Guard, military, naval or air service or organized reserve corps;
4. Injury sustained while in the service of the armed forces of any country. When the Covered Person enters the armed forces of any country, We will refund the unearned pro rata premium upon request;
5. Participation in a riot or insurrection;
6. Any Injury requiring treatment which arises out of, or in the course of fighting, brawling assault or battery.
7. Sickness, disease, bodily or mental infirmity or medical or surgical treatment thereof, bacterial or viral infection, regardless of how contracted. This does not include bacterial infection that is the natural and foreseeable result of an Accidental external bodily injury or accidental food poisoning.
8. Disease or disorder of the body or mind.
9. Mental or nervous disorders, except as specifically provided in this Policy.
10. Asphyxiation from voluntarily or involuntarily inhaling gas and not the result of the Covered Person's job.
11. Voluntarily taking any drug or narcotic unless the drug or narcotic is prescribed by a Physician and not taken in the dosage or for the purpose as prescribed by the Covered Person's Physician.
12. Intoxication or being under the influence of any drug or narcotic.
13. Injury caused by, contributed to or resulting from the Covered Person's use of alcohol, illegal drugs or medicines that are not taken in the dosage or for the purpose as prescribed by the Covered Person's Physician.
14. Driving under the influence of a controlled substance unless administered on the advice of a Physician;
15. Driving while intoxicated. "Intoxicated" will have the meaning determined by the laws in the jurisdiction of the geographical area where the loss occurs.
16. Violation or in violation or attempt to violate any duly-enacted law or regulation, or commission or attempt to commit an assault or felony, or that occurs while engaged in an illegal occupation.
17. Conditions that are not caused by a Covered Accident.
18. Covered Expenses for which the Covered Person would not be responsible in the absence of this Policy.
19. Any treatment, service or supply not specifically covered by this Policy.
20. Charges which are in excess of Usual, Reasonable and Customary charges.
21. Expenses incurred for an Accident after the Benefit Period shown in the Schedule of Benefits.
22. Regular health check ups.
23. Services or treatment rendered by a Physician, Nurse or any other person who is employed or retained by the policyholder; or an Immediate Family member of the Covered Person.
24. Injuries paid under Workers' Compensation. Employer's liability laws or similar occupational benefits or while engaging in activity for monetary gain from sources other than the Policyholder.
25. That part of medical expense payable by any automobile insurance policy without regard to fault. (Does not apply in any state where prohibited);
26. Treatment in any Veterans Administration or Federal Hospital, except if there is a legal obligation to pay.
27. Participation in any motorized race or speed contest.

Limitations & Exclusions (cont'd.)

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28. Heart attack, stroke, or other circulatory disease or disorder, whether or not known or diagnosed, unless the immediate cause of Loss is external trauma.
29. Treatment of a hernia whether or not caused by a Covered Accident.
30. Treatment of Osgood-Schlatter's disease, osteochondritis, appendicitis, osteomyelitis, cardiac disease or conditions, pathological or stress fractures, congenital weakness, whether or not caused by a Covered Accident.
31. Treatment of a detached retina unless caused by an Injury suffered from a Covered Accident.
32. Pregnancy, childbirth, miscarriage, abortion or any complications of any of these conditions.
33. Damage to or loss of dentures or bridges or damage to existing orthodontic equipment, except as specifically provided in this Policy.
34. Expense incurred for treatment of temporomandibular joint (TMJ) disorders involving the installation of crowns, pontics, bridges or abutments, or the installation, maintenance or removal of orthodontic or occlusal appliances or equilibration therapy; or craniomandibular joint dysfunction and associated myofacial pain, except as specifically provided in this Policy.
35. Dental care or treatment other than care of sound, natural teeth and gums required on account of Injury resulting from an Accident while the Covered Person is covered under this Policy, and rendered within 6 months of the Accident.
36. Treatment for Blood or Blood plasma, except for charges by a Hospital for the processing or administration of blood.
37. Eyeglasses, contact lenses, hearing aids, braces, appliances, or examinations or prescriptions therefore;
38. Any Accident where the Covered Person is the operator of a motor vehicle and does not possess a current and valid motor vehicle operator's license;
39. Travel in or upon:
 - (a) A snowmobile; (b) A water jet ski
 - (c) Any two or three wheeled motor vehicle, other than a motorcycle registered for on-road travel;
 - (d) Any off-road motorized vehicle not requiring licensing as a motor vehicle;
40. Travel or flight in or on any vehicle for aerial navigation, including boarding or alighting from:
 - i. While riding as a passenger in any Aircraft not intended or licensed for the transportation of passengers; or
 - ii. While being used for any test or experimental purpose; or
 - iii. While piloting, operating, learning to operate or serving as a member of the crew thereof; or
 - iv. While traveling in any such Aircraft or device which is owned or leased by or on behalf of the Policyholder or any subsidiary or affiliate of the Policyholder, or by the Covered Person or any member of their household.
 - v. A space craft or any craft designed for navigation above or beyond the earth's atmosphere; or
 - vi. An ultra light, hang-gliding, parachuting or bungee-cord jumping;Except as a fare paying passenger on a regularly scheduled commercial airline or as a passenger in a non-scheduled, private aircraft used for business or pleasure purposes.
41. The repair or replacement of existing artificial limbs, orthopedic braces, or orthotic devices;
42. Rest cures or custodial care;
43. Prescription medicines unless specifically provided for under this Policy.
44. Elective or Cosmetic surgery, except for reconstructive surgery on a diseased or injured part of the body;
45. Massage Therapy, Physical Therapy or Acupuncture / Acupressure Services, unless otherwise specifically allowed for in the schedule of benefits.
46. Services rendered for detection and correction by manual or mechanical means (including x-rays incidental thereto) of structural imbalance, distortion or subluxation in the human body for purposes of removing nerve interference where such interference is the result of or related to distortion, misalignment or subluxation of or in the vertebral column.