

Limitations & Exclusions

Hospital Fixed Indemnity Insurance

THIS IS A LIMITED FIXED INDEMNITY POLICY. IT PAYS BENEFITS REGARDLESS OF ANY OTHER INSURANCE. THE POLICY IS NOT A MAJOR MEDICAL OR COMPREHENSIVE MEDICAL HEALTHCARE POLICY.

The Policy does not cover any loss resulting in whole or part from, or contributed to by, or as a natural or probable consequence of any of the following:

1. Suicide, attempted suicide or intentional self-inflicted injury while sane or insane.
2. War or any act of war, declared or undeclared.
3. 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. Active participation in a riot or insurrection;
5. Treatment which arises out of, or in the course of fighting, brawling, assault or battery.
6. Treatment for Mental Illness or Nervous Disorders, except as specifically provided in the Policy.
7. Treatment for Substance Abuse, except as specifically provided in the Policy.
8. Injury or Sickness 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 of for the purpose as prescribed by the Covered Person's Physician.
9. 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.
10. 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.
11. Treatment in any Veterans Administration or Federal Hospital, except if there is a legal obligation to pay.
12. Travel or activity outside the United States, except for a Medical Emergency.
13. Participation in any motorized race or speed contest.
14. Aggravation or re-injury of a prior injury that a Covered Person suffered prior to his or her coverage Effective Date, unless We receive a written medical release from the Covered Person's Physician.
15. Injury to a Covered Person resulting from that Covered Person's willful violation of the Policyholder's rules or regulations. Willful violation includes, but is not limited to: a) working without protective clothing, helmets, gloves, etc., required by the Policyholder's rules or regulations; or b) participating in any activity that is in violation of the Policyholder's rules or regulations.
16. Pregnancy, except Complications of Pregnancy or childbirth unless conception occurred while coverage was in force under the Policy.
17. Elective Abortion, including complications. "Elective Abortion" means an abortion for any reason other than to preserve the life of the female upon whom the abortion is performed.
18. Experimental or Investigational drugs, services, supplies or procedure that is Experimental or Investigational at the time the procedure is done. For the purposes of this exclusion, "Experimental or Investigational" means medical services, supplies or treatments provided or performed in a special setting for research purposes, under a treatment protocol or as part of a clinical trial (Phase I, II or III). The procedure will also be considered Experimental or Investigational if the Covered Person is required to sign a consent form that indicates the proposed treatment or procedure is part of a scientific study or medical research to determine its effectiveness or safety. Medical treatment, that is not considered standard treatment by the majority of the medical community or by Medicare, Medicaid or any other government financed programs or the National Cancer Institute regarding malignancies, will be considered Experimental or Investigational. A drug, device or biological product is considered Experimental or Investigational if it does not have FDA approval or approval under an interim step in the FDA process, i.e., an investigational device exemption or an investigational new drug exemption.

Limitations & Exclusions (cont'd.)

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1. Treatment for being overweight, gastric bypass or stapling, intestinal bypass, and any related procedures, including complications.
2. Treatment or services provided by a private duty nurse, unless provided for in the Policy.
3. Treatment of a detached retina unless caused by an Injury suffered from a Covered Accident.
4. Damage to or loss of dentures or bridges or damage to existing orthodontic equipment, except as specifically provided in the Policy.
5. 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 the Policy.
6. Treatment for blood or blood plasma;
7. Routine vision care.
8. 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;
9. Travel in or upon, alighting to or from, or working on or around any motorcycle or recreational vehicle including but not limited to: two- or three-wheeled motor vehicle; four-wheeled all terrain vehicle (ATV); jet ski; ski cycle; snow mobile; or riding in a rodeo according to the Policy provisions; or any off-road motorized vehicle not requiring licensing as a motor vehicle;
10. 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.
11. Rest cures or custodial care;
12. Prescription Drugs unless specifically provided for under the Policy.
13. Elective or cosmetic surgery, except for reconstructive surgery on a disease or injured part of the body;
14. Physiotherapy services.

Pre-existing Conditions Limitation

Pre-existing Conditions will not be covered for a period of the first 12 months after the Covered Person's Effective Date of coverage (applies to Hospital and Surgery benefits only). "Pre-Existing Condition" means a disease or physical condition for which medical advice or treatment was recommended or received by the Covered Person during the 12 months prior to the Covered Person's Effective Date of Coverage.

This is a brief description of coverage provided under the Policy Certificate and is subject to the terms, conditions, limitations and exclusions of the policy. Please see the policy and certificate for complete details. Coverage may vary or may not be available in all states. Plans are underwritten by United States Fire Insurance Company, Eatontown, NJ. The insurance described in this document provides limited benefits. Limited benefit plans are insurance products with reduced benefits intended to supplement comprehensive health insurance plans. This insurance is not an alternative to comprehensive coverage. It does not provide major medical or comprehensive medical coverage and is not designed to replace major medical insurance. Further, this insurance is not minimum essential benefits as set for under the Patient Protection and Affordable Care Act.