

Exclusions and Limitations

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 within the sixty-month period immediately preceding such person's 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 person to seek diagnosis, care or treatment within the sixty-month period immediately prior to the coverage effective date.

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

2. Waiting Periods

a. Covered Persons will only be entitled to receive benefits for Sicknesses that begin, by occurrence of symptoms and/or receipt of treatment, at least 5 days following the Covered Person's 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 at least 30 days following the Covered Person's Effective Date of coverage under the policy.

3. Outpatient Prescription Drugs, medications, vitamins, and mineral or food supplements including pre-natal vitamins, or any over-the-counter medicines, whether or not ordered by a Doctor, unless specifically covered under the Policy.

4. Routine pre-natal care, Pregnancy, child birth, and post natal care. (This exclusion does not apply to "Complications of Pregnancy" as defined.)

5. Alcoholism.

6. Substance Abuse.

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

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

9. Treatment, services or supplies which are not Medically Necessary as defined.

10. Treatment, services or supplies provided at no cost to the Covered Person.

11. Charges which exceed Usual and Customary charge as defined.

12. Telephone consultations or failure to keep a scheduled appointment.

13. Consultations and/or treatment provided over the Internet.

14. Surgeries, treatments, services or supplies which are deemed to be Experimental Treatment.

15. All charges Incurred while confined primarily to receive Custodial or Convalescent Care, unless specifically covered under the Hospice Benefit under the Policy.

16. Weight modification or surgical treatment of obesity, including wiring of the teeth and all forms of intestinal bypass surgery.

17. 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.

18. Surgeries, treatments, services or supplies for cosmetic or aesthetic reasons, except for reconstructive surgery which is expressly covered under this certificate.

19. 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.

20. Any drug, treatment or procedure that either promotes, enhances or corrects impotency or sexual dysfunction.

21. Abortions, except in connection with covered Complications of Pregnancy or if the life of the expectant mother would be at risk.

22. Dental treatment, except for dental treatment that is expressly covered under this certificate.

23. Eyeglasses, contact lenses, hearing aids, hearing implants, eye refraction, visual therapy, and any examination or fitting related to these devices, and all vision and hearing tests and examinations.

24. Eye surgery, such as radial keratotomy, when the primary purpose is to correct nearsightedness, farsightedness or astigmatism.

25. Treatment for cataracts.

26. Treatment of the temporomandibular joint.

27. Injuries resulting from participation in any form of skydiving, scuba diving, auto racing, bungee jumping, hang or ultralight gliding, parasailing, sail planing, flying in an aircraft (other than as a passenger on a commercial airline), rodeo contests or as a result of participating in any professional, semi-professional or other non-recreational sports including boating, motorcycling, skiing, riding all-terrain vehicles or dirt-bikes, snowmobiling or go-carting.

28. 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, but not for the treatment of Substance Abuse.

29. Willfully self-inflicted Injury or Sickness.
30. Venereal disease, including all sexually transmitted diseases and conditions.
31. Immunizations and Routine Physical Exams.
32. Services received for any condition caused by a Covered Person's commission of or attempt to commit a felony or to which a contributing cause was the Covered Person being engaged in an illegal occupation.
33. Speech, vocational, occupational, biofeedback, acupuncture, recreational, sleep or music therapy, holistic care of any nature, massage and kinestherapy.
34. Any services performed or supplies provided by a member of the Insured's Immediate Family.
35. Orthoptics and visual eye training.
36. Services or supplies which are not included as eligible Expenses as described herein.
37. 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.
38. Care and treatment for hair loss including wigs, hair transplants or any drug that promises hair growth, whether or not prescribed by a Doctor.
39. Treatment of sleep disorders.
40. Hypnotherapy when used to treat conditions that are not recognized as Mental or Nervous Disorders by the American Psychiatric Association, and biofeedback, and non-medical self-care or self-help programs.
41. Any services or supplies in connection with cigarette smoking cessation.
42. Exercise programs, whether or not prescribed or recommended by a Doctor.
43. Treatment required as a result of complications or consequences of a treatment or condition not covered under this certificate.
44. Charges for travel or accommodations, except as expressly provided for local ambulance.
45. Treatment incurred as a result of exposure to non-medical nuclear radiation and/or radioactive material(s).
46. Organ or Tissue Transplants or related services.
47. 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.
48. Services received or supplies purchased outside the United States, its territories or possessions, or Canada.
49. Treatment for or related to any congenital condition, except as it relates to a newborn or adopted child added as a Covered Person to the certificate.
50. Spinal manipulation or adjustment.
51. Sclerotherapy for veins of the extremities.
52. Charges during the first 6 months after the Effective Date of coverage for a Covered Person for the following (subject to all other coverage provisions, including but not limited to the Pre-existing Condition exclusion):
 - 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. Herniorraphy; or
 - h. Cholecystectomy
53. Chronic fatigue or pain disorders; Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), or related immunodeficiency disorders.
54. Treatment or diagnosis of allergies, except for emergency treatment of allergic reactions.
55. Treatment, medication or hormones to stimulate growth, or treatment of learning disorders, disabilities, developmental delays or deficiencies, including therapy.
56. Kidney or end stage renal disease.
57. Joint replacement or other treatment of joints, spine, bones or connective tissue including tendons, ligaments and cartilage, unless related to a covered Injury.
58. Charges resulting from a declared or undeclared war, or from voluntary participation in a riot or insurrection.
59. 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.
60. Injury or Sickness arising out of and in the course of any occupation for compensation, wage or profit, including expenses which are payable under Occupational Disease Law or similar law, whether or not application for such benefits have been made.