



AccidentWise™ | AK, AL, AR, AZ, CA, CO, CT, DE, FL, GA, IA, ID, IN, KS, KY, LA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NV, OH, OK, OR, PA, SC, SD, TN, TX, UT, WA, WI, WV, WY



Accidental Injury Only Coverage

AccidentWise™

Accidents can happen unexpectedly, but that doesn't mean you can't be prepared. Our AccidentWise plan is designed to provide cash benefits to help with the out-of-pocket costs associated with accidental injuries.

This Accidental Injury Only coverage provides limited benefits. AccidentWise is not major medical or comprehensive health insurance and does not provide the mandated coverage necessary to avoid a penalty under the Affordable Care Act. This coverage provides benefits for losses resulting from accidental bodily injury.

The Chesapeake Life Insurance Company is the underwriter and administrator of these plans.
Policy Form CH-26152-IP (03/21) and other state variations

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Why an AccidentWise plan?

Accidents happen and the **AccidentWise** plan can help you cover some expenses related to accidental injury and treatment. Choose from four budget-friendly options to find a plan that offers the right benefit amounts for you. When you receive treatment for an accidental injury, the plan pays lump-sum cash benefits directly to you. The money can be used to pay unexpected medical costs or everyday living expenses.

Cash benefits can be used to help you with:

- Deductibles, copays or coinsurance on your current health plan
- Rent/Mortgage
- Car payment
- Child care
- Everyday living expenses

It's also good to know:

- Premiums do not increase due to age
- Issue Ages: 0 through 75*

Renewable for Life

- These plans are renewable for life as outlined in the Policy.

*Issue Ages: 0 through 64 in California.

This is an outline only and is not intended to serve as a legal interpretation of benefits. Reasonable effort has been made to have this outline represent the intent of contract language. However, the contract language stands alone and the complete terms of the coverage will be determined by the Policy. State specific differences may apply.

Highlights of benefits

Choose an AccidentWise plan

The AccidentWise plan is designed to help provide financial assistance for a range of accident-related expenses. From a hospital stay to outpatient surgery, diagnostic exams, and more, you can choose the right amount of benefits to fit your needs and your wallet. Review the options below to find the AccidentWise plan that's best for you.

BENEFITS related to Accidental Injury (referred to as "Injury" here forward), per person	Option 1	Option 2	Option 3	Option 4
Hospital Confinement (lump sum) within 30 days of Injury <i>(one per Policy year)</i>	\$10,000	\$12,500	\$15,000	\$20,000
Emergency Room Treatment within 72 hours of Injury <i>(one per day; 4 per Policy year)</i>	\$1,000 per injury	\$1,250 per injury	\$1,500 per injury	\$2,000 per injury
Urgent Care Center Treatment within 72 hours of Injury <i>(one per day; 4 per Policy year)</i>	\$200 per injury	\$250 per injury	\$300 per injury	\$400 per injury
Major Diagnostic Exam¹ within 30 days of Injury <i>(one per Policy year)</i>	\$1,000	\$1,250	\$1,500	\$2,000
Follow-up Treatment OR Follow-up Physical Therapy² within 30 days of initial onset of Injury <i>(up to five visits per Policy year)</i>	\$100 per visit	\$125 per visit	\$150 per visit	\$200 per visit
Outpatient Surgery within 30 days of initial onset of Injury <i>(one per Policy year)</i>	\$1,000	\$1,250	\$1,500	\$2,000
Accidental Loss of Life, Limb or Sight within 90 days of initial onset of Injury <i>(one benefit per lifetime)</i>	\$10,000	\$12,500	\$15,000	\$20,000

Benefits may vary by state. See State Variations.

¹ Exam for diagnostic CT Scan, MRI or EEG in a Hospital or Urgent Care Center related to Accidental Injury. ² Follow-up treatment must come after treatment of Accidental Injury at a hospital emergency room or urgent care center. Follow-up treatment and follow-up physical therapy received on the same day will only receive one benefit.

Notice to Our Customers About Supplemental Insurance

- The supplemental plan discussed in this document is separate from any health insurance or Medicare Advantage coverage you may have purchased with another insurance company.
- This plan provides optional coverage for an additional premium. It is intended to supplement your health insurance and provide additional benefits for covered expenses.
- This plan is not required in order to purchase health insurance with another insurance company.
- This plan should not be used as a substitute for comprehensive health insurance coverage. It is not considered Minimum Essential Coverage under the Affordable Care Act.

IMPORTANT NOTICE TO PERSONS ON MEDICARE. THIS INSURANCE DUPLICATES SOME MEDICARE BENEFITS. THIS IS NOT MEDICARE SUPPLEMENT INSURANCE.

This insurance provides limited benefits if you meet the conditions listed in the Policy. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

This insurance duplicates Medicare benefits when it pays:

- the benefits stated in the Policy and coverage for the same event as provided by Medicare

Medicare generally pays for most or all of these expenses.

Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:

- Hospitalization
- Outpatient prescription drugs if you are enrolled in Medicare Part D
- Physician services
- Other approved items and services
- Hospice

Before You Buy This Insurance

- Check the coverage in all health insurance policies you already have.
- For more information about Medicare and Medicare Supplement insurance, review the *Guide to Health Insurance for People with Medicare*, available from the insurance company.
- For help in understanding your health insurance, contact your state insurance department or state health insurance assistance program (SHIP).

EXCLUSIONS AND LIMITATIONS

This is only a general outline of the exclusions. It is not an insurance contract, nor part of the insurance Policy. You will find complete coverage details in the Policy. Some state exceptions may apply. See State Variations. The purchase of this plan is not contingent upon purchasing or having any individual or group health insurance coverage.

NOTE: Any reference to “we, our, or us” refers to Chesapeake.

We will not provide any benefits for loss caused by, resulting from or in connection with:

- Sickness, including pregnancy and childbirth;
- Any care not medically necessary (except as specifically provided in the Policy) or benefits which are not specifically provided for in the Policy;
- Any care received outside of the United States;
- Hospital confinement for childbirth, including routine or normal newborn child care;
- Accidental Injuries that do not first occur while the Policy is in force for the insured person;
- Minor injuries that are safely and routinely treated at home;
- Services for which no charge is made;
- Infections of any kind regardless of how contracted, except bacterial infection that is the direct result of an accidental cut or wound or accidental ingestion of a contaminated substance, independent of any underlying sickness or condition;
- Any act of war;
- Active military duty in the service of any country;
- Participation in a riot, civil commotion or insurrection;
- Suicide, attempted suicide, or any intentionally self-inflicted injury;
- Mental or nervous disorders;
- Having cosmetic surgery or other elective procedures that are not medically necessary;
- Operating any motorized passenger vehicle for wage, compensation or profit;
- Drug abuse or addiction including alcoholism, or overdose of drugs;

- An overdose of drugs, being intoxicated or under the influence of drugs;
- Engaging in an illegal occupation or illegal activity or your being incarcerated;
- Committing or trying to commit a felony;
- Mountaineering using ropes and/or other equipment, parachuting, hang gliding, racing any type of vehicle in an organized or unorganized event, sky diving, scuba diving below 130 feet, motorized racing, para-sailing, para-planing experimental aviation, ultra-light flying, base jumping, bungee jumping, heli-skiing or heli-snowboarding; and
- Travel in or descent from any vehicle or device for aerial navigation, except as a fare paying passenger in an aircraft operated by a commercial airline (other than a charter airline) certified by the U.S. Federal Aviation Administration (FAA), on a regularly scheduled passenger trip.

POLICY PROVISIONS

This is only a general outline of the provisions. It is not an insurance contract, nor part of the insurance Policy. You will find complete coverage details in the Policy. Some state exceptions may apply. See State Variations. The purchase of the Policy is not contingent upon purchasing or having any individual or group health insurance coverage.

NOTE: Any reference to “we, our, or us” refers to Chesapeake.

AGE MISSTATEMENT: If an insured person’s age has been misstated and we would not have issued coverage for the insured person, we will refund the premium paid minus any benefit amounts paid by us, and coverage would be void from the effective date.

COVERAGE BEGINS: Once we have approved your application and you have paid your premium, coverage will begin on the Policy date shown in the Policy schedule.

ELIGIBILITY: At the time of application, the primary insured must be between the ages of 0 - 75 years. Eligible dependents include spouse /domestic partner (as defined by state), between the ages of 16 - 75, and your natural and adopted children and step-children under the age of 26, or as required by state.

POLICY PROVISIONS continued

IMPORTANT DEFINITIONS:

- **Accidental Injury:** Sudden, non-recurrent, accidental and unanticipated damage to the body, not of gradual onset, requiring immediate medical attention, and not contributed to directly or indirectly by a sickness. The Accidental Injury must first occur after the insured person's coverage has become effective and while the coverage is in force under the Policy.
- **Medically Necessary or Medical Necessity:** A service or supply is necessary and appropriate for the diagnosis or treatment of an Accidental Injury based on generally accepted current medical practice and is not considered experimental or investigative.
- **Policy:** The written description of coverage provided to you.
- **Policy year:** Each consecutive 12-month period beginning with the insured person's effective date.

NOTICE OF CLAIM: Written notice of claim must be given to us within 60 days after an Accidental Injury, or as soon as reasonably possible.

PREMIUM CHANGES: We reserve the right to change the table of premiums, on a class basis, becoming due under the Policy at any time and from time to time; provided, we have given you written notice of at least 31 days prior to the effective date of the new rates.

PROOF OF LOSS: We must receive written proof of loss within 90 days after the date of the loss, or as soon as reasonably possible. Proof of loss furnished more than 1 year after the date written proof of loss is required to be submitted will not be accepted, unless you or your covered dependent had no legal capacity in that year.

TERMINATION OF COVERAGE AND RENEWABILITY

The Policy is guaranteed renewable until the earliest of the following:

- The end of the period for which premium has been paid (subject to the Policy provisions)
- If your mode of premium is monthly, at the end

of the period through which premium has been paid following our receipt of your request of termination

- If your mode of premium is other than monthly, upon the next monthly anniversary day following our receipt of your request of termination. Premium will be refunded for any amounts paid beyond the termination date
- The date you perform an act or practice that constitutes fraud; or make an intentional misrepresentation of material fact, relating in any way to the coverage provided under the Policy, including claims for benefits under the Policy
- The date we elect to discontinue this plan or type of coverage
- The date we elect to discontinue all coverage in your state
- The date an insured person is no longer a permanent resident of the United States.

UNDERWRITING

Plans are guaranteed issue and are not subject to health underwriting. If you provide incorrect or incomplete information on your application for insurance, your coverage may be voided or claims denied.

STATE VARIATIONS

Please see below for state availability and applicable state-specific benefits, exclusions and limitations.

NOTE: Any reference to "we, our, or us" refers to Chesapeake.

Alabama Form CH-26152-IP (03/21) AL

- The exclusion regarding drug abuse does not apply if taken as prescribed by a physician.
- The exclusion regarding an overdose of drugs does not apply if taken as prescribed by a physician.

Alaska Form CH-26152-IP (03/21) AK

- Medically Necessary or Medical Necessity means a service or supply is necessary and appropriate for the diagnosis or treatment of an Accidental Injury as determined by the treating physician.

State Variations continued

Alaska continued

- In the Premium Changes provision, we will give you written notice of at least 45 days prior to the effective date of new rates.
- The Termination of Coverage provision was updated: Your coverage will terminate and no benefits will be payable under the Policy: | At the end of the period for which premium has been paid (subject to the Policy provisions) | On the date we received your request of termination | On the date you perform an act or practice that constitutes fraud; or make an intentional misrepresentation of material fact, relating in any way to the coverage provided under the Policy, including claims for benefits under the Policy | On the date we elect to discontinue this plan or type of coverage, or on the date we elect to discontinue all coverage in your state. We will give you at least 45 days notice before the date coverage will be discontinued. | On the date an insured person is no longer a permanent resident of the United States.
- The exclusions regarding drug abuse and an overdose of drugs do not apply if administered on the advice of a physician.

Arizona Form CH-26152-IP (03/21) AZ

- The Policy is conditionally renewable, subject to Termination of Coverage provisions.
- The exclusions regarding drug abuse and an overdose of drugs do not apply if taken as prescribed by a physician.
- The exclusion for incarceration does not apply.

Arkansas Form CH-26152-IP (03/21) AR

- For the Accidental Loss of Life, Limb or Sight Benefit, no claim will be denied solely because the use of extraordinary life support systems delayed the loss for more than 90 days from the date the Accidental Injury occurred.
- In regards to the exclusion for active military duty in the service of any country, upon receipt of written request, premiums will be refunded on a pro-rata basis for the period of such military services.

California Form CH-26152-IP (03/21) CA

- Issue ages 0 - 64
- Eligible dependent is expanded to include domestic partner (as defined in CA Family Code section 297) and children of a domestic partner.
- In the definition of Accidental Injury the language stating it is not contributed to by sickness does not apply.
- In regards to Exclusions and Limitations, we will not provide any benefits for loss caused by or directly related to any of the listed exclusions.
- In the exclusions, the term “medically necessary” does not apply.
- The exclusions regarding drug abuse and an overdose are replaced with: Being intoxicated or under the influence of any controlled substance, unless administered on the advice of a physician.
- The exclusions regarding an illegal occupation and a felony are replaced with: The insured person’s commission of or attempt to commit a felony or the insured person being engaged in an illegal occupation.

Colorado Form CH-26152-IP (03/21) CO

- Eligible dependent is expanded to include unmarried child of any age who is medically certified as disabled and dependent upon you or your spouse.

Connecticut Form CH-26152-IP (03/21) CT

- The following benefits are included in the Policy:
 - **Emergency Treatment for Accidental Ingestion/Consumption of a Controlled Drug:** Treatment must be received within 72 hours of Accidental Injury. \$500 benefit amount per insured person; limited to one benefit, per insured person, per Policy year. This benefit is in lieu of, and not in addition to, the Accidental Injury Emergency Room Treatment and Accidental Injury Urgent Care Center Treatment benefits.
 - **Accidental Injury Emergency Ambulance Benefit:** \$500 benefit amount per insured person, per Accidental Injury

State Variations continued

Connecticut continued

- **Accidental Injury Home Health Care Benefit:** Treatment must follow Hospital Confinement of an Accidental Injury and must begin within 7 days of discharge. (See Policy for details.) Only one visit payable per insured person, per day. \$50 benefit amount per day, per insured person; limited to 80 visits, per insured person, per Policy year.
- The exclusions regarding drug abuse, overdose of drugs, and illegal occupation/activity are replaced with the following:
 - Loss caused by the voluntary use of any controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as now or hereafter amended, unless as prescribed by the insured person’s physician.
 - Being intoxicated; defined as having a blood alcohol content which results in the insured person being deemed legally intoxicated under the laws of the jurisdiction in which the loss is sustained or contracted.
- The exclusion regarding mountaineering does not apply.
- In the exclusion regarding aerial navigation, “travel in or descent from any vehicle or device for aerial navigation” is replaced with “aviation.”

Delaware Form CH-26152-IP (03/21) DE

- The Policy is conditionally renewable, subject to Termination of Coverage provisions.

Florida Form CH-26152-IP (03/21) FL

- The Policy is conditionally renewable, subject to Termination of Coverage provisions.
- Eligible dependent includes your natural and adopted children and step-children under 31 years of age.
- In the Premium Changes provision, we will give you written notice of at least 45 days prior to the effective date of new rates and any premium changes will be approved by the Florida Insurance Department.

- In the Termination of Coverage provision, your coverage will terminate and no benefits will be payable under the Policy: | At the end of the period for which premium has been paid (subject to the Policy provisions) | Upon our receipt of your request of termination | As of the date you present a claim containing any false, incomplete or misleading information concerning any fact or thing material to such claim provided we give you at least 45 days written notice prior to terminating coverage | As of the Policy effective date, as if coverage never existed, in the event that facts material to the application for coverage are false, incomplete or misleading provided we have given you at least 45 days written notice prior to terminating coverage | On the date we elect to discontinue this plan or type of coverage. We will give you at least 90 days notice before the date coverage will be discontinued. You will be offered an option to purchase any other similar coverage that we offer without regard to health status | On the date we elect to discontinue all coverage in your state. We will give you and the proper state authorities at least 180 days notice before the date coverage will be discontinued | On the date an insured person is no longer a permanent resident of the United States.
- In the exclusions, the term “medically necessary” does not apply.
- The exclusion for any act of war does not apply to terrorism.
- In the exclusion for military duty, upon receipt of written request, premiums will be refunded on a pro-rata basis for the period of such military services.
- The exclusions for drug abuse and overdose do not apply if taken as prescribed by a physician.
- The exclusion regarding mountaineering does not apply.
- The Age Misstatement provision was replaced with Age or Sex Misstatement: If the age or sex of the insured person has been misstated, all amounts payable under the Policy shall be such as the premium paid would have purchased according to the correct age or sex.

State Variations continued

Georgia Form CH-26152-IP (03/21) GA

- Eligible dependent is expanded to include domestic partner, defined as a person who:
a) is of the same or opposite gender and who has been living with you in a single, shared residence for at least six months; b) has a committed, personal relationship with You that is mutually interdependent and intended to be lifelong; c) agrees to be jointly obligated and responsible with You for each other's necessities; d) is not married to or legally separated from anyone; e) is 18 years of age or older; f) is competent to enter into a contract; g) is not related to You by blood closer than would bar marriage in the state of Georgia; and h) is Your sole partner.
- In the Premium Changes provision, we will provide 60 days notice prior to rate change.
- In the Termination of Coverage provision, the events related to discontinuance are revised. On the date we elect to discontinue the plan or type of coverage, we will give you at least 90 days written notice before the date coverage will be discontinued. You will be offered an option to purchase any other similar coverage that we offer without regard to health status. On the date we elect to discontinue coverage in your state, we will give you and the commissioner at least 180 days written notice before the date coverage will be discontinued.
- The exclusion for drug abuse does not apply.
- The exclusion for overdose is revised to: Being intoxicated or under the influence of intoxicants, or any narcotics, unless administered upon the advice of a physician.
- The exclusions for illegal occupation and committing a felony are revised to: Commission of or attempt to commit a felony or being engaged in an illegal occupation.

Idaho Form CH-26152-IP (03/21) ID

- The Policy is a Limited Benefit Accidental Injury Only Insurance Policy.
- Accidental Injury means accidental bodily injury sustained by the insured person that is the direct cause of the condition for which benefits are provided, independent of disease or bodily infirmity or any other cause. The Accidental

Injury must first occur after the insured person's coverage has become effective and while the coverage is in force under the Policy.

- Eligible dependent is expanded to include Domestic Partner, defined as a legal or interpersonal relationship between two individuals who live together and share a common domestic life but are neither joined by marriage nor a civil union. Eligible dependent is also expanded to include an unmarried child of any age who is medically certified as disabled or dependent upon you.
- The exclusion for active military duty is revised to: Service in the armed forces or units auxiliary to it.
- The exclusion for riot is combined with felony and revised to: Participation in a felony, riot, or insurrections.
- The exclusions for Mental or Nervous Disorders, drug abuse, and overdose, are replaced with: Mental or Nervous Disorders, alcoholism or drug addiction.
- The exclusion for cosmetic surgery is revised to: Having cosmetic surgery, except that "cosmetic surgery" shall not include reconstructive surgery when the service is incidental to or follows Surgery resulting from trauma, infection or other diseases of the involved part, and reconstructive surgery because of Congenital Disease or Anomaly of a Covered Dependent child.
- The exclusion for illegal occupation is revised to: Any loss to which a contributing cause was the insured person being engaged in an illegal occupation.
- The exclusion for mountaineering was revised to include participation as a professional in hazardous activities such as mountaineering.
- The exclusion for travel in or descent from any vehicle or device for aerial navigation was replaced with, "Professional aviation for wage or profit."

Indiana Form CH-26152-IP (03/21) IN

- Hospital Confinement and Major Diagnostic Exam must begin within 180 days of Accidental Injury.

State Variations continued

Indiana continued

- Accidental Injury Follow-up Treatment, Follow-up Physical Therapy, Outpatient Surgery, and Accidental Loss of Life, Limb or Sight must occur within 180 days of initial onset of Accidental Injury.
- In regards to eligible dependents, adopted children are eligible upon the earlier of the date of placement for the purpose of adoption or the date of the entry of an order granting the adoptive parent custody of the child for the purpose of adoption, unless the placement is disrupted prior to legal adoption and the child is removed from placement. Step-children subject to legal guardianship.
- The exclusion for overdose does not apply if administered on the advice of a physician.

Iowa Form CH-26152-IP (03/21) IA

- The Policy is conditionally renewable, subject to Termination of Coverage provisions.
- The exclusion for incarceration does not apply.
- The exclusion regarding mountaineering is replaced with: Aviation, including experimental aviation or ultra-light flying.

Kansas Form CH-26152-IP (03/21) KS

- The Policy is conditionally renewable, subject to Termination of Coverage provisions.
- In the Termination of Coverage provision, #2 and #3 regarding termination by you do not apply. #4 specifies an act or practice that constitutes fraud is as determined by a court of law.
- Cancellation by Insured Person provision is included: You may cancel the Policy at any time by written notice delivered or mailed to us, effective upon receipt of such notice on or on such late date as may be specified in such notice. In the event of cancellation, we will promptly return the unearned portion of any premium paid. The earned premium shall be computed by the use of the pro-rata method. Cancellation shall be without prejudice to any claim origination prior to the effective date of cancellation.

- The exclusions regarding drug abuse and an overdose of drugs do not apply if taken as prescribed by a physician.

Kentucky Form CH-26152-IP (03/21) KY

- The Policy is conditionally renewable, subject to Termination of Coverage provisions.
- In the Premium Changes provision, the premium table will not be increased within 12 months from the date of issue or date of renewal.
- In the Termination of Coverage provision, #1 is revised to: At the end of the month for which premium has not been paid (subject to the Policy provisions).
- The exclusions regarding drug abuse and overdose do not apply if taken as prescribed by a physician.
- The Age Misstatement provision states is revised to: If the age of the insured person has been misstated, all amounts payable under the Policy shall be as such as the premium paid would have purchased at the correct age.

Louisiana Form CH-26152-IP (03/21) LA

- Eligible dependent is expanded to include children placed in your home following execution of an act of voluntary surrender and grandchildren (in legal custody of grandparent.)
- In the Premium Changes provision, we will give at least 45 days' notice of changes, and such rates will not increase more than once each six-month period, following the initial twelve-month period.
- In the Termination of Coverage provision, in regards to #5 for discontinuance of the coverage, we will provide written notice to you of such discontinuation at least 60 days prior to the date coverage will be discontinued.
- The exclusion regarding an overdose does not apply if administered by a physician.

State Variations continued

Maine Form CH-26152-IP (03/21) ME

- Accidental Injury means accidental bodily injury sustained by the insured person that is the direct cause of the condition for which benefits are provided and that occurs after the insured person's coverage has become effective and while the coverage is in force under the Policy.
- In the Premium Changes provision, we will provide 60 days notice prior to rate change.

Maryland Form CH-26152-IP (03/21) MD

- Eligible dependent is limited to your spouse/ domestic partner and your unmarried natural and adopted children. If you or your lawful spouse have a grandchild or child under testamentary or court-appointed guardianship (other than temporary guardianship of less than 12 months duration) or is (a) unmarried; (b) is incapable of self-support because of mental or physical incapacity before the child, grandchild, or guardianship ordered child attained the limiting age; and (c) is under 26 years of age, the grandchild or guardianship ordered child will also be considered an eligible dependent.
- In the event of a hospital's utilization review and subsequent denial of inpatient admission, we will pay the applicable Lump-Sum Hospital Confinement Benefit for an objective second opinion that is provided to the insured person instead of an Inpatient Hospital Confinement.
- In the Proof of Loss provision, notice must be provided in case of claim for loss which the Policy provides any periodic payment contingent upon continuing loss within 90 days after the termination of the period for which the insurer is liable, and in case of claim for any other loss within 90 days after the date of the loss for which claim is made.
- In the Age Misstatement provision, if the insured person's age has been misstated, all amounts payable under the Policy shall be such as the premium paid would have purchased at the correct age.
- In the Premium Changes provision we will give at least 40 days notice of changes.
- In the Termination of Coverage provision, #1 is revised to: On the last day of the grace period,

if the premium due is not paid by the last day of the grace period.

- In the exclusion regarding care not provided for in the Policy, the term "medically necessary" does not apply.
- The exclusions regarding a riot, drug abuse, an overdose, and committing a felony do not apply.
- The exclusion regarding cosmetic surgery or other elective procedures applies when the treating physician determines that the treatment is cosmetic.
- The exclusion for engaging in an illegal occupation does not apply, but the exclusion for being incarcerated still applies.

Michigan Form CH-26152-IP (03/21) MI

- The exclusion regarding a riot is revised to: Participation in a civil infraction or other activity that rises to the level of a misdemeanor or felony.
- The exclusions regarding suicide, drug abuse, and an overdose do not apply.
- The exclusion regarding committing a felony is revised to: Commission of or attempt to commit a felony or to which a contribution cause was the Insured's being engaged in an illegal occupation or other willful criminal activity per Michigan Compiled Law Section 500.3452.

Minnesota Form CH-26152-IP (03/21) MN

- The Policy is a Non-qualified Accidental Injury Only Insurance Policy.
- Eligible dependent includes:
 - Your lawful spouse
 - Your natural children, adopted children (or a child for whom you or your covered dependent spouse are a party in a suit for which adoption is sought, or the child is placed for adoption in the physical custody of you or your covered dependent spouse), step children, and children for whom you have been appointed legal guardian, who are under 26 years of age;

State Variations continued

Minnesota continued

- Your grandchildren who are financially dependent upon you and who reside with you continuously from birth, and who is under 26 years of age; and
- Your dependents who: are incapable of self-sustaining employment by reason of mental retardation or physical handicap; and chiefly dependent upon you (receives the majority of his or her financial support from you) for support and maintenance.
- The exclusion regarding suicide is revised to: Intentionally self-inflicted injury.
- The exclusion regarding drug abuse does not apply to alcoholism and does not apply if administered on the advice of a physician.
- The exclusion regarding an overdose is revised to: An overdose of drugs, being intoxicated (limited to an insured person driving or operating a motor vehicle and who has been determined to have a blood alcohol level exceeding the legal limit as defined by state law) or under the influence of hallucinogens, narcotics or other drugs, directly or indirectly, unless administered on the advice of a physician.

Mississippi Form CH-26152-IP (03/21) MS

- In the Premium Changes provision we will give at least 75 days notice of changes.
- The Age Misstatement provision is revised: If the age of the insured person has been misstated, all amounts payable under the Policy shall be such as the premium paid would have purchased at the correct age.
- In the definition of and exclusion regarding Accidental Injuries, the word “first” does not apply in reference to “first occur”.

Missouri Form CH-26152-IP (03/21) MO

- In the Notice of Claim provision, notice must be given to us within 20 days after Accidental Injury.
- In the exclusion regarding military duty, upon receipt of written request, premiums will be refunded on a pro-rata basis for the period of such military services.

- The exclusion for incarceration does not apply, but the exclusion still applies for an illegal occupation or activity.
- In the Termination of Coverage provision, #1 is revised to: At the end of the month for which premium has been paid (subject to the Policy provisions). If coverage is terminated due to non-payment of premium, we will give you at least 30 days after the date of our mailing the written notice accompanied by the reason for the termination. #2 and #3 are replaced with: on the date we receive your request of termination or on the date specified in your termination request, whichever is later.

Montana Form CH-26152-IP (03/21) MT

- Eligible dependent includes your spouse/ domestic partner; and your unmarried natural child, adopted child, children placed in your home for the purpose of adoption and stepchildren who are under 26 years of age, as long as the child: Is not an employee eligible for coverage under a group health plan offered by the child’s employer for which the child’s premium contribution amount is no greater than the premium amount for coverage as a dependent under the Policy; Is not a subscriber, insured, enrollee, or covered individual under any other individual health insurance coverage, group health plan, government plan, church plan, or group health insurance; Is not entitled to benefits under 42 U.S.C. 1395, et seq.
- In the Notice of Claim provision, written notice of claim must be given to us within 6 months after the occurrence or commencement of any loss covered by the Policy.
- In the Premium Changes provision, we will provide written notice at least 45 days prior to the effective date of the new rates. Premium will not be increased more frequently than once during a 12 month period unless failure to increase the premium more than once during the 12 month period would place the Company in violation of the laws of the State of Montana or cause financial impairment of the Company to the extent that further transaction of insurance by the Company injuries or is hazardous to its policyholders or the public.

State Variations continued

Montana continued

- In the Termination of Coverage provision, in #1, if coverage is terminated due to non-payment of premium, we will give you at least 30 days after the date of our mailing the written notice accompanied by the reason for the termination. In addition, #7 does not apply in regards to termination on the date an insured person is no longer a permanent resident of the United States.
- In the exclusions, the term “medically necessary” does not apply.
- The exclusion for sickness does not apply to pregnancy and childbirth.
- The exclusion for committing or trying to commit a felony does not apply.

Nebraska Form CH-26152-IP (03/21) NE

- Eligible dependent is expanded to include children placed for adoption. Children are eligible through age 29.
- In the exclusion regarding drug abuse the exclusion for the abuse of narcotics does not apply if administered on the advice of a physician.
- The exclusion regarding overdose applies to an intentional overdose of drugs, being intoxicated or under the influence of any narcotic, unless administered on the advice of a physician, or other illegal drugs, directly or indirectly.
- The exclusion regarding engaging in an illegal activity does not apply but the exclusions for illegal occupation and incarceration still apply.
- The exclusion regarding mountaineering does not apply to an unorganized event.

Nevada Form CH-26152-IP (03/21) NV

- In the Premium Changes provision, we will provide 60 days notice prior to rate changes. Premium changes require approval by the Division of Insurance.
- The exclusion for sickness does not include pregnancy and childbirth.
- The exclusions for the following do not apply: Hospital confinement for childbirth | Drug abuse | Drug overdose.

- The exclusions for illegal occupation and committing a felony were replaced with: Engaging in an illegal occupation or the insured person’s commission of or attempt to commit a felony, as determined by due process, except when an act of domestic violence is involved, regardless of whether the insured person contributed to any loss or injury.

New Hampshire Form CH-26152-IP (03/21) NH

- The Lump Sum Hospital Confinement Benefit was renamed Lump Sum Hospital Admission Benefit and applies when an insured person is admitted to a hospital and is charged for at least 24 hours as an inpatient for treatment of an Accidental Injury.
- Eligible dependent children include your children by blood or by law who are under 26 years of age.
- In the Premium Changes provision, premium rates will not be adjusted more than once in any 365 day period.
- In the Termination of Coverage provision, #1, if coverage is terminated due to non-payment of premium, we will give you at least 30 days after the date of our mailing the written notice accompanied by the reason for the termination. #2 and #3 regarding a request of termination are replaced with, “On the date we receive your request of termination.”
- The Exclusions and Limitations are revised to: Sickness | Any care received outside of the United States | Accidental Injuries that do not first occur while the Policy is in force for the insured person | Minor injuries that are safely and routinely treated at home | Services for which no charge is made | Infections of any kind, except for those resulting from surgery relating to an Accidental Injury, or a bacterial infection that is the direct result of an accidental cut or wound or accidental ingestion of a contaminated substance, independent of any underlying sickness or condition | War or act of war | Service in the armed forces or units of auxiliary to it | Participation in a felony, riot, or insurrection | Suicide, attempted suicide, or any intentionally self-inflicted injury | Mental or nervous disorders | Having cosmetic surgery,

State Variations continued

New Hampshire continued

except reconstructive surgery incidental to or following surgery resulting from trauma | The voluntary consumption of drugs that are not prescribed by the insured person's physician or used in the manner intended or felonious driving while intoxicated by alcoholic substances | Professional sports | Drug abuse or addiction including alcoholism | Racing any type of vehicle in an organized or unorganized event | Aviation, except as a fare-paying passenger.

North Carolina Form CH-26152-IP (03/21) NC

- The Policy is guaranteed renewable, at the option of the insured, unless sufficient notice of non-renewal is given to you in writing by us, subject to the Termination of Coverage provisions.
- Eligible dependents include lawful spouse/ domestic partner; and child who is under 26 years of age; or child who is over 26 years of age and incapable of self-sustaining employment by reason of intellectual or physical disability; and chiefly dependent on you (receives majority of his or her financial support from you) for support and maintenance. Additionally, if you are required under a court or administrative order to provide insurance coverage to a child, such child will be considered as an eligible dependent so long as they meet this criteria. (See Policy for additional details.)
- In the Notice of Claim provision, written notice of claim must be given to us or an authorized agent, within 60 days after Accidental Injury, or as soon as reasonably possible. An authorized agent means an independent third party administrator possessing a legal contract of defined authorization to conduct business on our behalf. An authorized agent does not include an individual person possessing a license to solicit applications for, or to negotiate a Policy of, any insurance underwritten by The Chesapeake Life Ins. Co.
- Proof of loss must be furnished to us within 180 days after the date of the loss.

- In the Premium Changes provision, The table of premiums for the Policy is guaranteed to not change for 12 months from the effective date of coverage. We will give you at least 45 days notice prior to the effective date of new rates, and the new rates are justified by the North Carolina Statutes. The approved rates shall be guaranteed for a period of not less than 12 months.
- In the Termination of Coverage provision #4 is revised to: On the date you make an intentional misrepresentation of material fact, within 2 years of the effective date of coverage, relating in any way to the coverage provided under the Policy, including claims for benefits under the Policy. In #5 and #6, we will provide you with a 180 days notice in the event we terminate the plan.
- The exclusion for sickness does not apply to pregnancy and childbirth.
- The exclusion regarding an act of war does not apply to terrorism.
- The exclusion for participation in a riot applies to active participation.
- The exclusions regarding drug abuse and an overdose do not apply if administered on the advice of a physician.
- The following exclusion applies: Services or supplies for the treatment of an occupational injury or sickness which are paid under the North Carolina Workers' Compensation Act only to the extent such services or supplies are the liability of the employee, employer or workers' compensation insurance carrier according to a final adjudication under the North Carolina Workers' Compensation Act or an order of the North Carolina Industrial Commission approving a settlement agreement under the North Carolina Workers' Compensation Act.

North Dakota Form CH-26152-IP (03/21) ND

- The Policy is conditionally renewable, subject to Termination of Coverage provisions.
- Eligible dependent is expanded to include dependents of covered dependents.

State Variations continued

North Dakota continued

- In the Termination of Coverage provision, #1 is revised to: At the end of the month for which premium has not been paid (subject to the Policy provisions).

Ohio Form CH-26152-IP (03/21) OH

- Eligible dependent is expanded to include children placed for adoption. Children under 28 years of age are eligible.
- In the Termination of Coverage provision, #2 and #3 are replaced with: 'On the date we receive your request of termination.

Oklahoma Form CH-26152-IP (03/21) OK

- Accidental Injury means accidental bodily injury, sustained by the insured person which is the direct cause of loss, independent of sickness or bodily infirmity or any other cause while the coverage is in force under the Policy.
- The exclusion for any act of war, declared or undeclared, applies while serving in the military or any auxiliary unit attached to the military or working in an area of war whether voluntary or as required by an employer; participation in a felony, riot or insurrections, service in the armed forces or units auxiliary thereto.
- The exclusion for operating motorized passenger vehicle for wage and the exclusion for mountaineering do not apply.
- The exclusion for drug abuse was revised to: Drug addiction or alcoholism.
- The exclusion for drug overdose was revised to: Being under the influence of any narcotics, unless taken as prescribed by a physician.
- In the exclusion for traveling in any vehicle or device for aerial navigation, "descent" does not apply.

Oregon Form CH-26152-IP (03/21) OR

- The Lump Sum Hospital Confinement Benefit was renamed Accidental Injury Only Hospital Admission Benefit and applies when an insured person is admitted to a hospital and is charged for at least 24 hours as an inpatient for treatment of an Accidental Injury.

- The Accidental Loss of Life, Limb or Sight Benefit is based on a loss that occurs no later than 180 days after initial onset of Accidental Injury.
- Eligible dependent is expanded to include domestic partner, which is defined as a civil contract entered into in person between two individuals of the same sex who are at least 18 years old, are otherwise capable, and at least one of whom is an Oregon resident. Eligible dependent is also expanded to include children placed with you for the purpose of the child's adoption, and children for whom you are required to provide coverage by a court or administrative order.
- In the Notice of Claim provision, notice of claim must be given within 20 days after an Accidental Injury.
- In the Premium Changes provision, premium changes are subject to prior approval by the Division of Financial Regulation. Any premium change will be effective on the next following premium due date after at least 31 days notice is given.
- The exclusion for participation in a riot, civil commotion or insurrection, applies to voluntary participation.
- The exclusions for drug abuse and overdose of drugs do not apply.
- The exclusion for engaging in an illegal occupation does not apply but the exclusions still apply for engaging in an illegal activity, as defined under Oregon state law, or your being incarcerated.
- The exclusion for trying to commit a felony does not apply, but the exclusion for actually committing a felony applies.

Pennsylvania Form CH-26152-IP (03/21) PA

- The Policy is a Supplemental Accidental Injury Only Insurance Policy.
- Accidental Injury means bodily injuries sustained by the insured person, which are the direct and independent cause of the loss and occur while the coverage is in force under the Policy.

State Variations continued

Pennsylvania continued

- In the Premium Changes provision any increase in premium rates must be approved by the Pennsylvania Department of Insurance.
- In the exclusion regarding Accidental Injuries that first occur while the Policy is in force, the word “first” does not apply.
- The exclusion regarding active military duty is subject to the Military Service Reinstatement provision.
- The exclusion for civil commotion does not apply, but the exclusions regarding participation in a riot or insurrection still apply.
- The exclusions regarding drug abuse and an overdose are replaced with: Any loss sustained or contracted in consequence of the insured person being intoxicated or under the influence of any narcotic, unless administered on the advice of a physician.
- The exclusions regarding an illegal occupation and a felony are replaced with: Any loss to which a contributing cause was the insured person’s commission of or attempt to commit a felony, or to which a contributing cause was the insured person’s being engaged in an illegal occupation.

South Carolina Form CH-26152-IP (03/21) SC

- The exclusion for overdose of drugs does not apply.

South Dakota Form CH-26152-IP (03/21) SD

- We will not provide benefits for any loss resulting from a Pre-Existing Condition unless the loss is incurred at least one year after the effective date of coverage. Pre-Existing Condition means an injury not excluded by name or specific description for which: Medical advice, consultation, or treatment was recommended by or received from a physician within the 12-month period before the effective date of coverage; or symptoms existed which would cause an ordinarily prudent person to seek diagnosis, care or treatment within the 12-month period before the effective date of coverage.

- The exclusion for benefits not specifically provided for in the Policy does not apply.
- In the exclusion regarding Accidental Injuries that first occur while the Policy is in force, the word “first” does not apply.
- The exclusions for drug abuse and overdose of drugs do not apply.

Tennessee Form CH-26152-IP (03/21) TN

- The Policy is conditionally renewable, subject to Termination of Coverage provisions.
- Eligible dependent is expanded to include children primarily dependent upon you for financial support and maintenance.
- In the Termination of Coverage provision, in regards to #5 and #6 relating to discontinuance, we will give you at least 30 days notice before the date coverage will be discontinued.
- The exclusion regarding an overdose specifies for alcohol intoxication this means over the legal limit of .08.

Texas Form CH-26152-IP (03/21) TX

- Eligible dependent means
 1. Your lawful spouse / domestic partner;
 2. Your or your covered dependent spouse’s natural and adopted children (or children for whom You or your covered dependent spouse are a party in a suit for which adoption is sought), step-children and children for whom you must provide medical support under a court order, who are under 26 years of age (the limiting age);
 3. Your grandchildren who are dependent on you for the purposes of Federal Income Tax at the time of application, and who are under 26 years of age (the limiting age). However, coverage for a dependent grandchild will not be terminated solely because the covered dependent grandchild is no longer a dependent of yours for Federal Income Tax purposes; and
 4. Your dependents over the limiting age who are:
 - a. Incapable of self-sustaining employment

State Variations continued

Texas continued

by reason of mental retardation or physical handicap; and

- b. Chiefly dependent on you for support and maintenance. For the purpose of this provision “chiefly dependent” means the eligible dependent receives the majority of his or her financial support from You.
- In the Termination of Coverage provision, #2 and #3 are combined and restated to: On the date we receive your request of termination or any later date stated in your request. #7 regarding the date the insured person is no longer a United States resident does not apply.
- The exclusion for any care received outside the United States does not apply.
- In the exclusion for active military duty in the service of any country, upon receipt of written request, premiums will be refunded on a pro-rata basis for the period of such military services.

Utah Form CH-26152-IP (03/21) UT

- Accidental Injury means accidental bodily injury sustained by the insured person that is the direct cause of the condition for which benefits are provided, independent of disease or bodily infirmity or any other cause and that occurs while the Policy is in force.
- Medically Necessary or Medical Necessity means treatment, services or supplies that a prudent health care professional would provide to a patient for the purpose of preventing, diagnosing or treating an illness, injury, disease or its symptoms in a manner that is: in accordance with generally accepted standards of medical practice in the United States; clinically appropriate, in terms of type, frequency, extent, site, and duration; not primarily for convenience of the patient, Physician, or other health care provider; and covered under the contract. When a medical question-of-fact exists, Medically Necessity shall include the most appropriate available supply or level of service for the individual in question, considering potential benefits

and harms to the individual, and known to be effective. For interventions not yet in widespread use, the effectiveness shall be based on scientific evidence. For established interventions, the effectiveness shall be based on scientific evidence, professional standards, and expert opinion.

- Eligible dependent is expanded to include children placed for adoption or legally adopted, foster children, and children for whom a covered parent is required by a court or administrative order to provide health insurance coverage for.
- In the Premium Changes provision, we will provide 45 days notice prior to rate change. Premium rates may be adjusted based on a new requirement under state or federal law or when a change in any existing state or federal requirement becomes effective which applies to the Policy. We will make no change in your premium solely because of claims made under the Policy or a change in an insured person’s health. While the Policy is in force, we will not restrict coverage already in force.
- The exclusion regarding minor injuries does not apply.
- The exclusion regarding a riot applies to voluntary participation.
- The exclusion regarding drug abuse is replaced with: Alcoholism and drug addictions.
- The exclusion regarding overdose does not apply.
- The exclusions regarding an illegal occupation/ illegal activity or committing a felony apply if you are a voluntary participant.
- The exclusion regarding mountaineering does not apply.
- There is an exclusion for Aviation.

Washington Form CH-26152-IP (03/21) WA

- The Policy is not guaranteed renewable but it is renewable subject to the company’s right to discontinue or terminate the coverage as provided in the Termination of Coverage provisions.

State Variations continued

Washington continued

- All benefits must begin within 365 days of, or initial onset of, Accidental Injury.
- Eligible dependent is expanded to include children for whom you have been appointed legal guardian or a child for whom you are under court or administrative order to provide coverage or a child for who a Qualified Medical Child Support Order (QMCSO) has been issued, who are under 26 years of age.
- In the Premium Changes provision, we will give at least 45 days notice of changes. Any change to the table of premiums is subject to the state's prior approval as required.
- The exclusion for suicide does not apply if such act is the direct result of an underlying medical condition.
- The exclusions for drug abuse, overdose of drugs, and mountaineering do not apply.
- There is an exclusion for aviation.

West Virginia Form CH-26152-IP (03/21) WV

- Accidental Injury means accidental bodily injury sustained by an insured person which directly causes the loss, independent of sickness, bodily infirmity, or any other cause, and which first occurs after the insured person's coverage has become effective and while the coverage is in force.

Wisconsin Form CH-26152-IP (03/21) WI

- In the Premium Changes provision, we will provide 60 days notice prior to rate change.

Wyoming Form CH-26152-IP (03/21) WY

- Eligible dependent is expanded to include children of a non-custodial parent, or a parent sharing custody or temporary control pursuant to a court order.
- In the exclusions, the term "medically necessary" does not apply.
- The exclusions regarding drug abuse and an overdose do not apply if used as prescribed by a physician.
- The Policy does not contain comprehensive adult wellness benefits as defined by Wyoming Law.

Health Plan Notices of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

VIEW NOTICE HERE

(<https://www.uhc.com/content/dam/uhcdotcom/en/npp/HM-Carrier-NPP-uhcmemberhub-EN.pdf>)

Please review it carefully.



UnitedHealthcare®



THE CHESAPEAKE LIFE INSURANCE COMPANY

A Stock Company

(Hereinafter called: the Company, We, Our or Us)

Home Office: Oklahoma City, Oklahoma

Administrative Office: P.O. Box 31382

Salt Lake City, Utah 84131-0382

Customer Service: 1-800-815-8535

www.uhcmemberhub.com

ACCIDENTAL INJURY ONLY INSURANCE POLICY

THIS POLICY PROVIDES LIMITED BENEFITS

BENEFITS PROVIDED ARE SUPPLEMENTAL AND NOT INTENDED TO COVER ALL MEDICAL EXPENSES

OUTLINE OF COVERAGE FOR FORM CH-26152-IP (03/21) GA

- 1. **READ YOUR POLICY CAREFULLY!** This Outline of Coverage provides a very brief description of some of the important features of Your Policy. This is not the insurance contract and only the actual Policy provisions will control. The Policy itself sets forth, in detail, the rights and obligations of both You and Us. It is, therefore, important that You **READ YOUR POLICY CAREFULLY.**
- 2. **ACCIDENTAL INJURY ONLY COVERAGE –** This coverage is designed to provide You or Your Covered Dependents with coverage for certain losses resulting from Accidental Injuries that First Occur after Your coverage has become effective and while the coverage is in force under the Policy. The Policy does not provide benefits for loss from Sickness.
- 3. **SCHEDULE OF BENEFITS –** Benefits are payable under the Policy as follows:

BENEFITS

Lump-Sum Hospital Confinement Benefit:

(Hospital Confinement must begin within 30 days of Accidental Injury)

Benefit Amount: \$10,000; \$12,500; \$15,000; \$20,000 per Insured Person

Limited to: one benefit, per Insured Person, per Policy Year

Accidental Injury Emergency Room Treatment Benefit:

(Treatment must be received within 72 hours of Accidental Injury. Only one treatment payable per Insured Person, per day)

Benefit Amount: \$1,000; \$1,250; \$1,500; \$2,000 per Insured Person, per Accidental Injury

Limited to: 4 Emergency Room treatment(s), per Insured Person, per Policy Year

Accidental Injury Urgent Care Center Treatment Benefit:

(Treatment must be received within 72 hours of Accidental Injury. Only one treatment payable per Insured Person, per day)

Benefit Amount: \$200; \$250; \$300; \$400 per Insured Person, per Accidental Injury

Limited to: 4 Urgent Care Center treatment(s), per Insured Person, per Policy Year

Major Diagnostic Exam Benefit:

(Exam must be performed within 30 days of Accidental Injury. Only one exam payable per Insured Person, per day)

Benefit Amount: \$1,000; \$1,250; \$1,500; \$2,000 per exam, per Insured Person

Limited to: 1 diagnostic exam(s), per Insured Person, per Policy Year

Accidental Injury Follow-up Treatment Benefit:

(Treatment must follow Emergency Room or Urgent Care Center treatment and must begin within 30 days of initial onset of Accidental Injury)

Benefit Amount: \$100; \$125; \$150; \$200 per visit, per Insured Person

Limited to: 5 visit(s), per Insured Person, per Policy Year

Accidental Injury Follow-up Physical Therapy Benefit:

(Treatment must follow Emergency Room or Urgent Care Center treatment and must begin within 30 days of initial onset of Accidental Injury)

Benefit Amount: \$100; \$125; \$150; \$200 per visit, per Insured Person

Limited to: 5 visit(s), per Insured Person, per Policy Year

Outpatient Surgery Benefit:

(Surgery must occur within 30 days of initial onset of Accidental Injury)

Benefit Amount: \$1,000; \$1,250; \$1,500; \$2,000 per surgery, per Insured Person

Limited to: 1 surgery(ies), per Insured Person, per Policy Year

Accidental Loss of Life, Limb or Sight Benefit:

(Loss must occur within 90 days of initial onset of Accidental Injury)

Benefit Amount: \$10,000; \$12,500; \$15,000; \$20,000 per Insured Person

Limited to: one benefit, per Insured Person, per lifetime

- 4. BENEFITS** – Benefits are payable as stated in the POLICY SCHEDULE – SCHEDULE OF BENEFITS, while an Insured Person’s coverage is in force under the Policy. Unless otherwise stated in the Policy, all benefits are subject to the benefit amounts and limitations shown in the POLICY SCHEDULE - SCHEDULE OF BENEFITS, the Exclusions and Limitations, and all other provisions of the Policy.

Lump-Sum Hospital Confinement Benefit

When an Insured Person is Hospital Confined due to an Accidental Injury, We will pay the Lump-Sum Hospital Confinement Benefit shown in the POLICY SCHEDULE – SCHEDULE OF BENEFITS. Benefit is payable once per Insured Person, per Policy Year.

Accidental Injury Emergency Room Treatment Benefit

When an Insured Person receives treatment of an Accidental Injury at a Hospital Emergency Room, We will pay the Accidental Injury Emergency Room Treatment Benefit shown in the POLICY SCHEDULE - SCHEDULE OF BENEFITS.

Accidental Injury Urgent Care Center Treatment Benefit

When an Insured Person receives treatment of an Accidental Injury at an Urgent Care Center, We will pay the Accidental Injury Urgent Care Center Treatment Benefit shown in the POLICY SCHEDULE - SCHEDULE OF BENEFITS.

Major Diagnostic Exam Benefit

When an Insured Person receives a diagnostic CT Scan, MRI or EEG in a Hospital or Urgent Care Center that is related to an Accidental Injury, We will pay the Major Diagnostic Exam Benefit shown in the POLICY SCHEDULE – SCHEDULE OF BENEFITS.

Accidental Injury Follow-up Treatment Benefit

When an Insured Person receives treatment of an Accidental Injury at a Hospital Emergency Room or Urgent Care Center and later requires additional follow-up treatment, We will pay the Accidental Injury Follow-up Treatment Benefit shown in the POLICY SCHEDULE - SCHEDULE OF BENEFITS. Accidental Injury Follow-up Treatment is in lieu of and **not** in addition to the Accidental Injury Follow-up Physical Therapy Benefit, per individual date of service, and does not include chiropractic or alternative medicine services.

Accidental Injury Follow-up Physical Therapy Benefit

When an Insured Person receives treatment of an Accidental Injury at a Hospital Emergency Room or Urgent Care Center and later requires additional follow-up physical therapy treatment, We will pay the Accidental Injury Follow-up Physical Therapy Treatment Benefit shown in the POLICY SCHEDULE - SCHEDULE OF BENEFITS. Accidental Injury Physical Therapy Follow-up Treatment is paid in lieu of and **not** in addition to the Accidental Injury Follow-up Treatment Benefit, per individual date of service.

Outpatient Surgery Benefit

When an Insured Person receives Surgical Treatment of an Accidental Injury at an Outpatient Surgery Facility, We will pay the Outpatient Surgery Benefit shown in the POLICY SCHEDULE - SCHEDULE OF BENEFITS. If more than one Surgery is performed through the same incision during the same operation, only one Outpatient Surgery Benefit will be payable.

Accidental Loss of Life, Limb or Sight Benefit

If an Accidental Injury causes an Insured Person to suffer a loss of life, Loss of Limb, or Loss of Sight, We will pay the Accidental Loss of Life, Limb or Sight Benefit shown in the POLICY SCHEDULE - SCHEDULE OF BENEFITS. Benefit is payable once per Insured Person, per lifetime.

5. EXCLUSIONS AND LIMITATIONS – We will not provide any benefits for loss caused by, resulting from or in connection with:

1. Sickness, including but not limited to pregnancy and childbirth;
2. Any care not Medically Necessary (except as specifically provided herein) or benefits which are not specifically provided for in the Policy;
3. Any care received outside of the United States;
4. Hospital Confinement for childbirth, including routine or normal newborn child care;
5. Accidental Injuries that do not First Occur while the Policy is in force for the Insured Person;
6. Minor injuries that are safely and routinely treated at home, including, but not limited to: minor cuts, scrapes and bruising, first degree burns, minor sprains or strains;
7. Services for which no charge is made;

8. Infections of any kind regardless of how contracted, including those resulting from Surgery, except bacterial infection that is the direct result of an accidental cut or wound or accidental ingestion of a contaminated substance, independent of any underlying Sickness or condition;
 9. Any act of war, declared or undeclared;
 10. Active military duty in the service of any country;
 11. Participation in a riot, civil commotion or insurrection;
 12. Suicide, attempted suicide, or any intentionally self-inflicted injury, while sane or insane;
 13. Mental or Nervous Disorders;
 14. Having Cosmetic Surgery or other elective procedures that are not Medically Necessary;
 15. Operating any motorized passenger vehicle for wage, compensation or profit;
 16. Being intoxicated or under the influence of intoxicants, or any narcotics, unless administered upon the advice of a Physician;
 17. Commission of or attempt to commit a felony or being engaged in an illegal occupation;
 18. Mountaineering using ropes and/or other equipment, parachuting, hang gliding, racing any type of vehicle in an organized or unorganized event, sky diving, scuba diving below 130 feet, motorized racing, para-sailing, para-planing, experimental aviation, ultra-light flying, base jumping, bungee jumping, heli-skiing or heli-snowboarding; and
 19. Travel in or descent from any vehicle or device for aerial navigation, except as a fare paying passenger in an aircraft operated by a commercial airline (other than a charter airline) certified by the U.S. Federal Aviation Administration (FAA), on a regularly scheduled passenger trip.
- 6. RENEWABILITY** – The Policy is guaranteed renewable, subject to the Company’s right to discontinue or terminate the coverage as provided in the TERMINATION OF COVERAGE section of the Policy. The Company reserves the right to change the applicable table of premium rates on a Class Basis.
- 7. BEGINNING OF COVERAGE** - Once We have approved Your application based upon the information You provided therein, the Effective Date of Coverage for You and those Eligible Dependents listed in the application and accepted by Us will be the Policy Date shown in the POLICY SCHEDULE.

8. TERMINATION OF COVERAGE –

You

Your coverage will terminate and no benefits will be payable under the Policy:

1. At the end of the month for which premium has been paid (subject to the Grace Period);
2. If Your mode of premium is monthly, at the end of the period through which premium has been paid following Our receipt of Your request of termination;
3. If Your mode of premium is other than monthly, upon the next monthly anniversary day following Our receipt of Your request of termination. Premium will be refunded for any amounts paid beyond the termination date;
4. On the date You:
 - a. perform an act or practice that constitutes fraud, subject to the Time Limit on Certain Defenses provision appearing under the General Provisions section of this Policy; or
 - b. make an intentional misrepresentation of material fact, relating in any way to the coverage provided under the Policy, including claims for benefits under the Policy, subject to the Time Limit on Certain Defenses provision appearing under the General Provisions section of this Policy;
5. On the date We elect to discontinue this plan or type of coverage. We will give You at least 90 days written notice before the date coverage will be discontinued. You will be offered an option to purchase any other similar coverage that We offer without regard to health status;
6. On the date We elect to discontinue all coverage in Your state. We will give You and the Commissioner at least 180 days written notice before the date coverage will be discontinued; or
7. On the date an Insured Person is no longer a permanent resident of the United States.

Premium will only be refunded for any full months paid beyond the termination date.

Covered Dependents

Your Covered Dependent’s coverage will terminate under the Policy on:

1. The date Your coverage terminates, except as provided in the Special Continuation Provision For Your Dependent provision;

2. At the end of the month following the date such dependent ceases to be an Eligible Dependent;
3. At the end of the month following the date of Our receipt of Your request of termination; or
4. On the date the Covered Dependent:
 - a. performs an act or practice that constitutes fraud, subject to the Time Limit on Certain Defenses provision appearing under the General Provisions section of this Policy; or
 - b. has made an intentional misrepresentation of material fact, relating in any way to the coverage provided under the Policy, including claims for benefits under the Policy, subject to the Time Limit on Certain Defenses provision appearing under the General Provisions section of this Policy.

Premium will only be refunded for any full months paid beyond the termination date.

The attainment of the Limiting Age for an Eligible Dependent will not cause coverage to terminate while that person is and continues to be both:

1. Incapable of self-sustaining employment by reason of mental retardation or physical handicap, as determined by the Department of Behavioral Health and Developmental Disabilities; and
2. Chiefly Dependent on You for support and maintenance. For the purpose of this provision "Chiefly Dependent" means the Eligible Dependent receives the majority of his or her financial support from You.

We will require that You provide written proof that the dependent child is in fact a disabled and dependent person within 31 days after his or her attainment of the Limiting Age. Thereafter, We may require such written proof not more frequently than annually after the two-year period following the child's attainment of the Limiting Age. In the absence of such proof, We may terminate the coverage of such person after the attainment of the Limiting Age.

- 9. PREMIUMS** – We reserve the right to change the table of premiums, on a Class Basis, becoming due under the Policy at any time and from time to time; provided, We have given You written notice of at least 60 days prior to the effective date of the new rates.

Premium Due (at time of application) \$ _____