HealthSelect Benefit Highlights:
· $10 Doctor Visit Pre-Pay*
· Inpatient Hospital Coverage
· Outpatient Accident Coverage
· Emergency Room Coverage
· Accidental Death & Dismemberment Coverage
· Prescription Drug Coverage
· Critical Illness & Term Life

Limited Medical Plans starting at only:

$76.50 per month

Also Available:
· Buy-up to $50,000 CriticalMed plan
· Dental Plan
· Discount HealthCare Card*

Ternian Services: *
· $10 Doctor Visit Pre-Pay
· Consult A Doctor
· Care24 Nurseline and EAP
· PHCS PPO Network Discounts

* This service is not insurance and is not provided by AXIS Global Accident and Health Insurance Company.

Enroll Now! Time is limited.

WEB Enrollment: Go to http://StudentInsuranceUSA.com, then click on the AACC Part-time Employee link.
PHONE Enrollment: Call 1-800-214-7224 & mention AACC.

For questions BEFORE enrollment please call: 1-800-214-7224
For questions AFTER enrollment please call: 1-800-964-7096

Search PHCS network providers at: www.myternian.com or call 1-866-750-7427
(You DO NOT need to use these providers – they provide discounts should you choose to visit them. You can visit ANY licensed physician and present your insurance card – you may qualify for a discount. But regardless, you still have insurance coverage as outlined in this brochure.)

Who can enroll?
All Part-time employees in Active Service and eligible dependents.

When can I enroll?
Within 30 days of your hire date or during the annual open enrollment period.

When will coverage begin?
First of the month following enrollment.

When will coverage end?
The earlier of: 1. The date the Policy terminates; 2. The date the employee’s Active Service ends; or 3. The period ends for which premium has been paid.

NOTICE: The Limited Medical Plans are a combination of limited scope, fixed indemnity, and accident insurance plans which do not provide Major Medical or Comprehensive Medical coverage.
Which Insurance Plan is Best for You?

Ternian Insurance Group offers a suite of products that is specifically designed to meet a wide variety of medical, budget, and lifestyle needs. The programs range from an inexpensive discount-only healthcare card up to a broad selection of limited fixed indemnity insurance plans. Ternian does not offer major medical or comprehensive coverage. However, plans are tailored to help you with everyday medical expenses so that you can see a doctor, get a prescription, cover an unexpected accident, or get help with a hospitalization.

First, ask yourself the following questions. If you answer “YES” to one or more, then Ternian has a plan that can help you! Next, review the Benefits at a Glance section for more details and pricing to determine which insurance plan is right for you to enroll in.

1. Are you currently uninsured? If so, consider the following:

   HealthSelect  □ Yes  □ No
   I would like limited medical insurance coverage to help with basic medical expenses.
   For protection against basic, minor-medical expenses. You’ll get doctor office visit pre-pay for as little as $10 and help with other common expenses like prescriptions and lab/x-rays. Coverage is also included to help with accidents and hospitalization.
   HealthSelect Plans start at $76.50 per month.

   CriticalMed  □ Yes  □ No
   I would like limited medical insurance coverage to help with catastrophic medical expenses.
   For those less concerned about day-to-day, minor-medical expenses but looking for protection against a major event. CriticalMed does not cover basic expenses like doctor office visits and routine lab/x-rays, but it does provide a set-level of catastrophic coverage with fixed indemnity payments totaling $50,000 for a covered accident, hospitalization, and critical illness. CriticalMed Plans start at $83.35 per month.

   HealthSelect & CriticalMed  □ Yes  □ No
   I would like limited fixed indemnity insurance coverage to help with BOTH basic and catastrophic medical expenses.
   To maximize your coverage, you can enroll in both HealthSelect and CriticalMed. With both plans, you will receive coverage to help with basic, minor medical expenses and have a set-level of catastrophic coverage to help protect you against a major event.
   The cost of both plans combined starts at $159.85 per month.

2. Are insurance options just too expensive? If so, consider the following:

   PatientPlus Card*  □ Yes  □ No
   I would like membership in a healthcare savings program for me and my entire family.
   If you or your dependents are uninsured right now and you just can’t afford any of the health insurance options available to you, then the PatientPlus Card can provide an affordable way for you to receive discounts on healthcare services. This plan is not insurance, but it does provide 10-40% discounts at participating network doctors, hospitals, pharmacies, dentists and vision care providers.
   PatientPlus Card is only $10.29 per month to cover your entire family.

   *Not provided by ACE American Insurance Company

Value-Added Services, Savings, and Online Tools!

All of Ternian’s limited fixed indemnity plans include the following services* to enhance your plan value and provide increased savings:

- PHCS Network – Access to Network discounts at over 568,000 participating PHCS Network physicians and hospitals with discounts up to 40%.
- ScriptSave® Prescription Drug Savings Program – instant savings on brand name and generic medications at over 53,000 participating pharmacies. Savings average 22%, with potential savings of up to 50% (based on national program savings data).
- New Directions Behavioral Health – 24/7 access to care. We provide managed behavioral healthcare, employee assistance, organizational consulting, and health coaching programs for members throughout the nation.
- Consult a Doctor – On-demand 24/7 phone, email, and video access to U.S. based licensed physicians for information, advice, and treatment including prescription medication when appropriate. Services are available anytime, anywhere. Members can use it from home, work or on the road.

* These services are not insurance and are not provided by AXIS Global Accident and Health Insurance Company.

WEB Enrollment: Go to http://StudentInsuranceUSA.com, then click on the AACC Part-time Employee link.
PHONE Enrollment: Call 1-800-214-7224 & mention AACC.
**Benefits at a Glance**
This information is a brief description of the important features of the insurance plan. It is not a contract of insurance. The terms and conditions of coverage are set forth in the policies issued in the state in which policy is delivered. Complete details may be found in the policies on file at your employer’s office. The policy is subject to the laws of the state in which it is issued. Coverage may not be available in all states or certain terms may be different if required by state law. Please keep this information as a reference.

**HealthSelect**
Provides limited medical coverage for accidents, illness, and specified disease to help cover basic, minor-medical expenses.

### Ternian HealthSelect Indemnity Plans

<table>
<thead>
<tr>
<th>MONTHLY RATES</th>
<th>Plan 1 - Basic</th>
<th>Plan 2 - Choice</th>
<th>Plan 3 - Max</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$76.50</td>
<td>$143.17</td>
<td>$180.38</td>
</tr>
<tr>
<td>Employee +1</td>
<td>$157.59</td>
<td>$294.19</td>
<td>$370.56</td>
</tr>
<tr>
<td>Family</td>
<td>$221.71</td>
<td>$413.54</td>
<td>$520.78</td>
</tr>
</tbody>
</table>

**INPATIENT**
- Hospital Confinement
  - Day 1 benefit amount: $1,000 x 1 day
  - Days 2+ benefit amount per day: $500 x 5 days
  - Surgery benefit amount (incl. maternity) - per surgery: $1,000 x 1 surgery
  - Anesthesia benefit amount - per surgery: $250 x 1 surgery

**OUTPATIENT**
- Physician Office Visit Pre-pay
  1. Benefit amount per visit: $10
  2. Wellness benefit amount per visit: $65 x 10 visits
  3. Well baby care (up to age 4) benefit amount per visit: N/A
  4. Benefit % payable: 80%
  5. Deductible per accident: $0
- Emergency Room (sickness) benefit amount per visit: $175 x 2 visits
- Surgery benefit amount per surgery: N/A
- Anesthesia benefit amount - per surgery: N/A
- Diagnostic, X-ray, Lab - benefit amount per test
  1. Class I: Laboratory - Blood work, CMP, Lipid Panel: $35 x 2 tests
  2. Class II: X-ray, ECG, Pap/PSA tests, all other diagnostic: $75 x 2 tests
  3. Class III: Ultrasound, Mammogram: $125 x 1 test
  4. Class IV: CT, PET, MRI: $250 x 1 test

**PRESCRIPTION**
- Retail - Generic RX co-pay: $10
- Retail - Preferred Brand RX co-pay: $30
- Mail Order - Generic RX co-pay: $30
- Mail Order - Preferred Brand RX co-pay: $90
- Monthly benefit maximum - INDIVIDUAL: $100
- Total potential Prescription benefit per year - INDIVIDUAL: $1,200 per year

**LIFE / AD&D / CRITICAL ILLNESS**
- Critical Illness benefit amount payable for 10 conditions: N/A
- Accidental Death & Dismemberment benefit amount*: $10,000/5,000/1,000
- Term Life Insurance**: benefit amount*: $5,000/2,000/1,000

**OTHER SERVICES**
- Telephonic Doctor Office Visits - $38 Fee
- Care24: EAP and Nurseline
- PHCS PPO Discounts

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(1) The office visit pre-pay is a service through the PHCS PPO Networks.
(2) This service is not insurance and is not provided by AXIS Global Accident and Health Insurance Company.
(3) Term Life is underwritten by Minnesota Life Insurance Company.
CriticalMed Plan
A buy-up fixed indemnity and accident medical option if you enroll in HealthSelect and are looking for enhanced coverage for catastrophic events, OR, a stand-alone option (instead of HealthSelect) if you are willing to self-pay your day-to-day medical expenses because you are more concerned about major events.

Ternian CriticalMed Indemnity Plans

MONTHLY RATES

<table>
<thead>
<tr>
<th>Plan</th>
<th>$15,000 Plan</th>
<th>$50,000 Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$83.35</td>
<td>$140.96</td>
</tr>
<tr>
<td>Employee +1</td>
<td>$171.65</td>
<td>$289.76</td>
</tr>
<tr>
<td>Family</td>
<td>$241.44</td>
<td>$407.39</td>
</tr>
</tbody>
</table>

INPATIENT
Hospital Confinement benefit amount per day
$1,000 x 10 days
Additional ICU benefit amount per day
$1,000 x 5 days
$2,000 x 20 days
$1,000 x 10 days

OUTPATIENT Accident Only Coverage
Benefit Maximum, per year up to
80%
Deductible per year
$1,500
$5,000

Accidental Death & Dismemberment
$15,000 Emp
$10,000 Sp
$1,000 Ch
$50,000 Emp
$10,000 Sp
$1,000 Ch

CRITICAL ILLNESS
Benefit Maximum
Payable for 10 conditions: Cancer, Heart Attack, Renal Failure, Stroke, Major Organ Transplant, Multiple Sclerosis, Coronary Artery Bypass Surgery, Alzheimer’s, ALS, Terminal Illness
$15,000
$50,000

OTHER SERVICES (*)
Care24: EAP and Nurseline
Yes
Yes
PHCS PPO Discounts
Yes
Yes

(*) These services are not insurance and are not provided by AXIS Global Accident and Health Insurance Company

WEB Enrollment: Go to http://StudentInsuranceUSA.com, then click on the AACC Part-time Employee link.
PHONE Enrollment: Call 1-800-214-7224 & mention AACC.
**PatientPlus Card**

A low-cost healthcare option that provides a discount medical card designed for you if you cannot afford, or are just not interested in the HealthSelect and CriticalMed insurance plans.

### PatientPlus Card

**MONTHLY RATES**

<table>
<thead>
<tr>
<th></th>
<th>$10.29</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Employee + Family</strong></td>
<td></td>
</tr>
</tbody>
</table>

**The PatientPlus Card offers these valuable features:**

- Know physician and prescription prices before you go
- Receive 10-40% savings on:
  1. PHCS Health Network – 400,000 Physicians and Specialists
     - 50,000 Hospitals and Facilities
  2. ScriptSave – 53,000 Pharmacies
  3. Coast to Coast Vision – 12,000 Vision Care Providers
  4. Aetna Dental Access – 71,000 Dentists
- New Directions Behavioral Health
- Consult a Doctor
- Review patient satisfaction ratings by DrScore
- Physician and Hospital quality information
- Medical condition research
- Patient advocacy resources

*THE PATIENTPLUS CARD IS NOT INSURANCE and is not provided by AXIS Global Accident and Health Insurance Company.*

**WEB Enrollment:** Go to [http://StudentInsuranceUSA.com](http://StudentInsuranceUSA.com), then click on the AACC Part-time Employee link.

**PHONE Enrollment:** Call 1-800-214-7224 & mention AACC.
## Dental Plan

- $1,000/Plan Year (Sub-limits of $500 Periodontics and $500 Orthodontics)
- No deductibles. Schedule of benefits plan with indemnity reimbursement per procedure.
- No waiting periods for Preventive, Diagnostic, Minor Restorative, and General Anesthesia.
- 12 month waiting period on Major Restorative, Periodontics, Oral Surgery, and Orthodontia.
- Use any dentist, but save 10-50% with Careington discount dental provider network.

### Ternian Dental Plan

<table>
<thead>
<tr>
<th>MONTHLY RATES</th>
<th>Employee Only</th>
<th>Employee +1</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>$23.00</td>
<td>$49.45</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$67.85</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Dental Benefits</th>
<th>Maximum Plan Year Limit</th>
<th>$1,000</th>
<th>Periodontics</th>
<th>$500 maximum</th>
<th>Orthodontics</th>
<th>$500 maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type 1: Preventive &amp; Diagnostic</td>
<td>Oral exams, Including prophylaxis</td>
<td>$36</td>
<td>Bitewings, per film</td>
<td>$5</td>
<td>X-Ray, panoramic or cephalometric</td>
<td>$36</td>
</tr>
<tr>
<td>Sealants / topical fluoride</td>
<td>$11</td>
<td>Space maintainers</td>
<td>$108</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Type 2: Major Restorative</td>
<td>Crowns, bridges &amp; dentures</td>
<td>$180</td>
<td>Pre-fabricated crowns</td>
<td>$60</td>
<td>Crown build-up procedures</td>
<td>$48</td>
</tr>
<tr>
<td>Type 3: Minor Restorative</td>
<td>Fillings</td>
<td>$42</td>
<td>Crowns, bridges &amp; denture repair</td>
<td>$24</td>
<td>Relining or rebasing dentures</td>
<td>$60</td>
</tr>
<tr>
<td>Type 4: Endodontics</td>
<td>Root canals, apicoectomies</td>
<td>$192</td>
<td>Root amputation</td>
<td>$96</td>
<td>Therapeutic pulpotomy, retrograde fillings, apexification, hemisection</td>
<td>$48</td>
</tr>
<tr>
<td>Type 5: Periodontics</td>
<td>Lifetime maximum</td>
<td>$500</td>
<td>Tissue grafts or bone surgery</td>
<td>$96</td>
<td>Gingivectomy (per quadrant)</td>
<td>$60</td>
</tr>
<tr>
<td></td>
<td>Periodontal scaling, periodontal splinting, root planning, gingival curettage (per quadrant)</td>
<td>$36</td>
<td>Gingivectomy (per tooth)</td>
<td>$24</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Type 6: Oral Surgery</td>
<td>Surgeries Level 1 (Ex. Removal of exostosis)</td>
<td>$120</td>
<td>Surgeries Level 2 (Ex. Removal of impacted tooth)</td>
<td>$66</td>
<td>Surgeries Level 3 (ex. Simple Extraction)</td>
<td>$36</td>
</tr>
<tr>
<td>Type 7: General Anesthesia and IV</td>
<td>IV, first half hour general, each</td>
<td>$72</td>
<td>Additional 1/4 hour general</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Type 8: Orthodontia</td>
<td>Per course of treatment</td>
<td>$500</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

WEB Enrollment: Go to [http://StudentInsuranceUSA.com](http://StudentInsuranceUSA.com), then click on the AACC Part-time Employee link.

PHONE Enrollment: Call 1-800-214-7224 & mention AACC.
What’s Not Covered

For HealthSelect and CriticalMed, we will not pay benefits for any loss, injury or sickness that is caused by, or results from:

- Pre-existing Conditions occurring within the first 12 months of coverage (applies to Hospital Confinement and Surgery and Anesthesia benefits only). “Pre-existing Condition” means an illness, disease, or other condition of the Covered Person, that was treated, diagnosed or required medications in the 6 month period before the Covered Person’s coverage became effective under this Policy.
- Intentionally self-inflicted injury, suicide or attempted suicide.
- War or any act of war, whether declared or not.
- Service in the military, naval or air service of any country or international organization.
- Piloting or serving as a crew member or riding in any aircraft except as a fare-paying passenger on a regularly scheduled or charter airline.
- Commission of, or attempt to commit, a felony.
- Commission of or active participation in a riot, or insurrection.
- Bungee cord jumping, parachuting, skydiving, parasailing, hang-gliding.
- Flight in, boarding or alighting from any aircraft except as a fare-paying passenger on a regularly scheduled commercial airline.
- An accident if the covered person is the operator of a motor vehicle and does not possess a valid motor vehicle operator’s license, except while participating in Driver’s Education Program.
- Medical or surgical treatment, diagnostic procedure, administration of anesthesia, or medical mishap or negligence, including malpractice. (This exclusion applies to the Accidental Death and Dismemberment benefit only.)
- Travel or activity outside the United States, Canada or Mexico, except for a Medical Emergency.
- Travel in any aircraft owned, leased or controlled by the Policyholder, or any of its subsidiaries or affiliates. An aircraft will be deemed to be “controlled” by the Policyholder if the aircraft may be used as the Policyholder wishes for more than 10 straight days, or more than 15 days in any year.
- Alcoholism, drug addiction or the use of any drug or narcotic except as prescribed by a Doctor unless specifically provided herein.
- Repair or replacement of existing dentures, partial dentures, braces, fixed or removable bridges, or other artificial dental restoration.
- Repair, replacement, examinations for, prescriptions, or the fitting of eyeglasses or contact lenses.
- While the covered person is legally intoxicated (as determined by that state’s laws) or while under the influence of any drug unless administered under the advice and consent of a Doctor.
- Elective Abortion. Elective Abortion means an abortion for any reason other than to preserve the life of the female upon whom the abortion is performed.
- Mental and Nervous Disorders.
- Cosmetic surgery, except for reconstructive surgery needed as the result of an injury or sickness.
- Experimental or Investigational drugs, services, supplies or any procedure held to be experimental or investigatory by Us at the time the procedure is done.
- Treatment for being overweight, gastric bypass or stapling, intestinal bypass, and any related procedures, including complications.
- Sexual reassignment surgery, sexual transformation surgery, sexual transgendering surgery.
- Services related to sterilization, reversal of a vasectomy or tubal ligation; in vitro fertilization and diagnostic treatment of infertility or other problems related to the inability to conceive a child, unless such infertility is a result of a covered Injury or Sickness.
- Treatment or services provided by a private duty nurse, unless provided for in the Policy.
- Organ or tissue transplants and related services.
- Personal comfort or convenience items.
- Rest or custodial cures.
- Hearing aids.
- Radial keratotomy.
- Treatment by a family member or member of the Covered Person’s household.
- Routine dental care and treatment, except for treatment of Injury as specified in the Policy.

For HealthSelect and CriticalMed, we will not pay benefits for any loss, injury or sickness that is caused by, or results from:

1. Suicide or attempted suicide, intentionally self-inflicted injury.
2. War or any act of war, whether declared or not.
3. A Covered Accident that occurs while on active duty service in the military, naval or air force of any country or international organization. Upon Our receipt of proof of service, We will refund any premium paid for this time. Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days.
4. Sickness, disease, or any bacterial infection, except one that results from an accidental cut or wound or pyogenic infections that result from accidental ingestion of contaminated substances.
5. Piloting or serving as a crew member or riding in any aircraft except as a fare-paying passenger on a regularly scheduled or charter airline.
6. Injury that occurs while the Covered Person is legally intoxicated (as determined by that state’s law) or while under the influence of any drug unless administered under the advice and consent of a Doctor.
7. Medical or surgical treatment, diagnostic procedure, administration of anesthesia, or medical mishap or negligence, including malpractice.
8. Commission of, or attempt to commit, a felony.
9. Aggravation or re-injury of a prior Injury the Covered Person suffered prior to his or her coverage effective date, unless We receive a written medical release from the Covered Person’s Doctor.

In addition to the above Exclusions, We will not pay Accident Medical Expense Benefits for any loss, treatment or services resulting from or contributed to by:

- Treatment by persons employed or retained by the Policyholder, or by any Immediate Family or member of the Covered Person’s household.
- Treatment of sickness, disease or infections except pyogenic infections or bacterial infections that result from the accidental ingestion of contaminated substances.
- Treatment of hernia, Osgood-Schlatter’s Disease, osteochondritis, appendicitis, osteomyelitis, cardiac disease or conditions, pathological fractures, congenital weakness, detached retina unless caused by an injury, or mental disorder or psychological or psychiatric care or treatment (except as provided in the Policy), whether or not caused by a Covered Accident.
- Pregnancy, childbirth, miscarriage, abortion or any complications of any of these conditions.
- Mental and nervous disorders (except as provided in the Policy).
- Damage to or loss of dentures or bridges, or damage to existing
orthodontic equipment (except as specifically covered by the Policy).

- expenses incurred for treatment of temporomandibular or craniomandibular joint dysfunction and associated myofacial pain (except as provided by the Policy).
- Injury covered by Workers’ Compensation, Employer’s Liability Laws or similar occupational benefits or while engaging in activity for monetary gain from sources other than the Policyholder.
- cosmetic surgery, except for reconstructive surgery needed as the result of an injury.
- any elective treatment, surgery, health treatment, or examination, including any service, treatment or supplies that: (a) are deemed by us to be experimental; and (b) are not recognized and generally accepted medical practices in the United States.
- eyeglasses, contact lenses, hearing aids, examinations or prescriptions for them, or repair or replacement of existing artificial limbs, orthopedic braces, or orthotic devices.
- expenses payable by any automobile insurance Policy without regard to fault. (This exclusion does not apply in any state where prohibited.)
- conditions that are not caused by a Covered Accident.
- participation in any activity or hazard not specifically covered by the Policy.
- any treatment, service or supply not specifically covered by the Policy.

**In addition, Critical Illness Benefits will not be paid for:**

- Injury or Sickness, other than one of the Covered Illnesses, even though such Injury or Sickness may have been complicated by one of the Covered Illnesses;
- Any complication of Human Immunodeficiency Virus (HIV) infection or any variance thereof including AIDS and AIDS Related Complex;
- The use, existence or escape of nuclear weapons, material or ionizing radiation from or contamination by radioactivity from any nuclear fuel or waste from the combustion of nuclear fuel;
- Misuse of medication or the abuse of drugs or intoxicants;

Any Preexisting Condition, except where coverage has been in effect for a period of twenty-four (24) consecutive months following the covered person’s effective date of coverage. “Preexisting Condition” means a Sickness suffered by a covered person for which he or she sought or received medical advice, consultation, investigation, or diagnosis, or for which treatment was required or recommended by a Doctor during the 24 months immediately prior to the covered person’s effective date of coverage, that directly or indirectly causes the condition to occur within the first 24 months from the covered person’s most recent effective date of coverage.

**No Prescription Drug Benefits will be paid for:**

- All over-the-counter products and medications unless shown in the definition of Prescription Drug. This includes, but is not limited to, electrolyte replacement, infant formulas, miscellaneous nutritional supplements, and all other over-the-counter products and medications.
- Blood glucose meters and insulin injecting devices.
- Depo-Provera; condoms, contraceptive sponges, and spermicides; sexual dysfunction drugs.
- Biologicals (including allergy tests); blood products; growth hormones; hemophiliac factors; MS injectables; immunizations; and all other injectables unless shown in the definition of Prescription Drug.
- Medical supplies and durable medical equipment.
- Liquid nutritional supplements; pediatric Legend Drug vitamins; prescribed versions of Vitamins A, D, K, B12, Folic Acid, and Niacin – used in treatment verses as a dietary supplement; and all other Legend Drug vitamins and nutritional supplements.
- Anorexiants; any cosmetic drugs including, but not limited to, Renova and skin pigmentation preps; any drugs or products used for the treatment of baldness; and topical dental fluorides.
- Refills in excess of that specified by the prescribing Doctor, or refills dispensed after one year from the original date of the prescription.
- Any drug labeled “Caution – limited by Federal Law for Investigational Use” or experimental drugs.
- Any drug which the Food and Drug Administration has determined to be contraindicated for the specific treatment.
- Drugs needed due to conditions caused, directly or indirectly, by a covered person taking part in a riot or other civil disorder; or the covered person taking part in the commission of a felony.
- Drugs needed due to conditions caused, directly or indirectly, by declared or undeclared war or any act of war; or drugs dispensed to a covered person while on active duty service in any armed forces.
- Any expenses related to the administration of any drug.
- Drugs or medicines taken while in or administered by a Hospital or any other health care facility or office.
- Drugs covered under Worker’s Compensation, Medicare, Medicaid or other governmental program.
- Drugs, medicines or products which are not medically necessary.
- Diaphragms; erectile dysfunction Legend Drugs; and infertility Legend Drugs.
- Epi-Pen, Epi-Pen Jr., Ana-Kit, Ana-Guard; Glucagon-auto injection; and Imitrex-auto injection.
- Smoking deterrents, Legend or over-the-counter drugs.
- Replacement of stolen medication (except under circumstances approved by us), or lost, spilled, broken or dropped Prescription Drugs.
- Vacation supplies of Prescription Drugs (except under circumstances approved by us).
- All newly marketed pharmaceuticals or currently marketed pharmaceuticals with a new FDA approved indication for a period of one year from such FDA approval for its intended indication.

**No Dental indemnity Benefits will be paid for expenses incurred:**

- For services and supplies not listed in the Coverage Schedule, not recognized as essential for the treatment of the condition according to accepted standards of practice or considered experimental.
- For cosmetic procedures, including but not limited to veneers and bleaching of teeth and procedures performed primarily for cosmetic reasons.
- For services related to, performed in conjunction with, or resulting from a non-covered procedure.
- For charges in excess of the Usual and Customary rate.
- For any treatment program which began prior to the date the Insured is covered under the Policy.
- For crowns, inlays and onlays on teeth that can be restored by direct placement materials.
- For the replacement of crowns, bridges, dentures, inlays or onlays that can be restored to normal function.
- For the replacement of crowns, bridges, inlays, onlays or prosthetic appliance within 5 years from the date of last placement.
- For any unmarried child age 19 and over unless he is dependent upon you for support and you claim as an exemption on your federal income tax and/or while a full-time student. A full-time student is one who is enrolled for 12 semester hours of credit in an accredited junior college, college, or university. Any exemption will end at age 26.
- For service or supplies payable under any medical expense, auto or no-fault plan.
• For any condition covered under any Worker’s Compensation Act or similar law.
• For services applied without cost by any municipality, county or other political subdivision or for which there would be no charge in the absence of insurance.
• During any waiting period we require. When you voluntarily end your insurance without a qualifying event and re-enroll at a later date, your waiting period is 2 years and begins on the date your coverage first ended.
• For services that are applied toward the satisfaction of a Deductible, if any.
• For services subject to a waiting period that were incurred during the waiting period.
• For charges resulting from changing from one provider to another while receiving treatment, or from receiving treatment from more than one provider for one dental procedure to the extent that the total charges billed exceed the amount incurred if one provider had performed all services.
• For hospital facility charges for any dental procedure, including but not limited to: emergency room charges, surgical facility charges, hospital confinement.
• For drugs or the dispensing of drugs.
• For oral hygiene instruction; plaque control; acid etch; prescription or take-home fluoride; broken appointments; completion of a claim form; OSHA/Sharps fees (Occupational Safety & Health Agency); or diagnostic photographs (except for orthodontic purposes), unless included within the Coverage Schedule.
• For implants; myofunctional therapy; athletic mouth guards; precision or semi-precision attachments; treatment of fractures, cysts, tumors, or lesions; maxillofacial prosthesis; orthognathic surgery; TMJ dysfunction; cleft palate; or anodontia.
• For orthodontia, unless included within the Coverage Schedule.
• For services to replace teeth that were missing (extracted or congenitally) prior to the effective date of coverage on Our Plan. Abutment teeth will be reviewed for eligibility of prosthetic benefits.
• For composite, resin, or white fillings on posterior primary teeth. Benefits will be reduced to that of an amalgam or silver filling.
• For sealants not applied to permanent bicuspid or molar; applied at age 15 or older; applied 3 years from a previous sealant application; applied to a decayed tooth.
• For lab fees for higher metals or porcelain crowns, bridges, inlays, or onlays, unless included within the Coverage Schedule.

Pre-existing Condition Limitation

The Insurance Company will not pay Disability Benefits for any period of Disability caused by or contributed to by, or resulting from, a Pre-existing Condition. A “Pre-existing Condition” means an Injury or Sickness for which the Employee incurred expenses, received medical treatment, care or services including diagnostic measures, took prescribed drugs or medicines, or for which a reasonable person would have consulted a physician within 12 months before his or her most recent effective date of insurance. The Pre-existing Condition Limitation will apply to any added benefits or increase in benefits. It will not apply to a period of Disability that begins after an Employee is in Active Service for at least 12 months after his or her most recent effective date of insurance or the effective date of any added or increased benefits.

The Pre-Existing Condition Limitation will not apply to an Employee covered under a Prior Plan who satisfied the Pre-existing Condition limitation, if any, under that plan. If an Employee, covered under a Prior Plan, did not fully satisfy the Pre-existing Condition limitation of that plan, credit will be given for any time that was satisfied. Time will not be credited for any day an Employee is not actively at work due to his or her Injury or Sickness. The Pre-existing Condition Limitation will be extended by the number of days the Employee is not actively at work due to his or her Injury or Sickness.

IMPORTANT NOTICE: Insurance policies providing certain health insurance coverage issued or renewed on or after September 23, 2010 are required to comply with all applicable requirements of the Patient Protection and Affordable Care Act (PPACA). However, there are a number of insurance coverages that are specifically exempt from the requirements of PPACA. AXIS Global Accident and Health Insurance Company maintains that the Limited Accident and Sickness Plan presented in this brochure is “fixed Indemnity insurance”, and is therefore, exempt from the requirements of PPACA.