

### HI-AME-AD&D Disclaimers

The Hospital Indemnity benefit, Accident Medical Expense benefit and Accidental Death & Dismemberment benefit are provided under a Group Accident Only Insurance policy underwritten by Guarantee Trust Life Insurance Company (GTL), Glenview, IL on Form Series MP-1400 (or MP-1300) and issued to Health Depot Association as the group master policyholder. All members of The Health Depot Association are eligible to receive these benefits. This insurance is not basic health insurance or major medical coverage and is not designed as a substitute for basic health insurance or major medical coverage. The Group Accident Only Insurance is subject to terms, definitions, condition, exclusions, and limitations of the group policy. Benefits may vary as required by state law and benefits may not be available in all states. This brochure contains only a brief description of coverage and is not a contract. For complete details of coverage, please refer to the certificate. GTL does not provide nor is affiliated with the discount programs provided as a part of membership in The Health Depot Association. Coverage becomes effective on the date provided in the membership material. The insurer has the right to increase premium rates and has the option to cancel coverage. This insurance is not available in AK, HI, ME, MD, MN, MO, MT, NV, NH, NY, NC, OR, SD, UT, WA..

Dependent Child(ren) are covered from birth to 26 years old.

Spouse includes Common Law Marriage Partner, Domestic Partner or Civil Union Partner if legally recognized in the governing jurisdiction.

**<sup>1</sup> Accident Medical Expense Benefit does not pay for reinjury or complications of an injury caused or contributed to by a condition that existed before the Accident.**

This benefit pays in excess of any other insurance coverage you may have for the expenses you are charged by a hospital, doctor, or certain other charges, up to a maximum of the amount listed if you are injured in a Covered Accident. GTL will pay based on the Reasonable and Customary charges for Medically Necessary treatment of a Covered Injury incurred by the Covered Person resulting from a Covered Accident, after the \$250.00 Deductible is satisfied. The first treatment or service must occur within 60 days of the Covered Accident and all subsequent treatments must be incurred within 12 Months of the Covered Accident. Benefits will be paid up to the amount stated in the Schedule of Benefits.

**<sup>2</sup> Accidental Death and Dismemberment** Benefits are provided as shown in the Schedule of Benefits and pays the member or beneficiary up to the benefit amount listed for the member's death or loss of certain body parts in a Covered Accident.

---

### HI-AME-AD&D Exclusions & Limitations

#### The Policy does not provide benefits for:

- Treatment, services or supplies which:
  - Are not Medically Necessary;
  - Are not prescribed by a Doctor as necessary to treat an Injury;
  - Are determined to be Experimental/Investigational in nature;
  - Are received without charge or legal obligation to pay;
  - Are received from persons employed or retained by any Family Member, unless otherwise specified; or
  - Are not specifically listed as Covered Charges in the Policy.
- Injury by acts of war, whether declared or not.
- Injury received while traveling or flying by air, except as a fare-paying passenger and not as a pilot or crew member, on a regularly scheduled commercial airline.
- Injury covered by Worker's Compensation, Employer Liability law or Occupational Disease Act or Law.
- Dental treatment, except as specifically stated.
- Injury sustained while committing or attempting to commit a felony.
- Prescription Drugs except as specifically stated.
- Suicide or attempted suicide while sane or insane.
- Intentionally self-inflicted Injury.
- Loss resulting from being legally intoxicated or under the influence of alcohol as defined by the laws of the state or jurisdiction in which the Injury occurs.
- Loss resulting from being under the influence of any drugs or narcotic unless administered on the advice of a Doctor.
- Injury sustained while participating in or practicing for any professional, intercollegiate or sports activity, except as specifically provided.
- Injury which occurs while a Covered Person is on active duty service in any armed forces. Reserve or National Guard active duty for training is not excluded unless it extends beyond 31 days.
- Injury sustained flying in an ultra-light, hang gliding, parachuting or bungee-cord jumping, by flight in a space craft or any craft designed for navigation above or beyond the earth's atmosphere.
- Injury sustained while driving or riding on vehicles for off-road use including but not limited to all-terrain vehicles (ATV's).
- Injury sustained where a Covered Person is the operator and does not possess a current and valid motor vehicle operator's license, except in a Driver's Education Program.
- Treatment in any Veteran's Administration or federal Hospital, except if there is a legal obligation to pay.
- Cosmetic surgery, except for reconstructive surgery on an injured part of the body.
- Covered Charges incurred outside of the United States or its possessions
- Competing in motor sports races or competitions;
- Competing in water sports races or competitions;
- Testing cars/trucks on any racetrack or speedway;
- Handling, storing or transporting explosives;
- Scaling up cliffs or mountain walls;
- Spelunking (exploring caves);
- Handling or working with dangerous animals.
- Injury sustained while water skiing or surfboarding;
- Injury sustained while snow skiing or snowboarding;
- Injury sustained while roller blading or skateboarding;
- Injury sustained while participating in a rodeo.
- Reinjury or complications of an Injury caused or contributed to by a condition that existed before the Accident.
- Repetitive motion injuries, strains, hernia, tendonitis, bursitis and heat exhaustion not related to a specific Injury.

The following rates apply for the coverage underwritten by Guarantee Trust Life Insurance Company as part of your membership in the Health Depot CareGuard membership. The rates by plan are: HD CareGuard 1- 500 HI/2500 AME/20000 AD&D; Member = \$XX.XX, Member + Spouse = \$XX.XX, Member + Child(ren) = \$XX.XX, Family = \$89.95. HD CareGuard 2- 1000 HI/5000 AME/25000 AD&D; Member = \$31.46, Member + Spouse = \$62.92, Member + Child(ren) = \$47.19, Family = \$94.39.

Coverage is subject to termination in accordance with the Association Group Master Policy provisions. Notice of termination provided to the Association is considered notification to all Association Members and will not be sent to you individually by GTL.

#### CLAIMS ASSISTANCE

Guarantee Trust Life Insurance Company  
P.O. Box 1148  
Glenview, IL 60025  
Email to: AMEClaims@gtlic.com  
(800) 338-7452