

Disclaimers

Health Depot Association is a membership organization organized under the nonprofit corporations laws of the State of Arizona. These benefits are provided under a group accident insurance policy underwritten by Catlin Insurance Company, Inc. under Policy Form Series: AHAG 051 (In LA, AHAG AS050) and issued to **Health Depot Association** as the group master policyholder. You must be a member of Health Depot Association to access 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.** This brochure contains only a brief description of coverage and is not a contract. All benefits provided by this insurance are subject to the terms, definitions, exclusions and limitations of the group policy and any riders. In some circumstances benefits provided will vary as required by state law. The insurer has the right to increase premium rates and has the option to cancel coverage. **This insurance is not available in AK, CO, CT, DC, HI, ID, IN, KS, LA, ME, MD, MA, MN, MO, MT, NV, NH, NJ, NM, NY, NC, ND, OR, RI, SD, TN, TX, UT, VT, WA, WI.**

The Group Accident Insurance benefits provide off-the-job coverage only.

Spouse includes Domestic Partner if a lawful spouse. Dependent Child(ren) are covered from birth to 19 years old; up to 23 years old if enrolled in a school as a full-time student and primarily supported by the Member.

¹**Group Accident Medical Insurance contains a Pre-Existing Condition limitation. Please read your Certificate carefully for full details.**

Any benefits payable under the Additional Accident Benefits are paid in addition to any other Accidental Death and Dismemberment benefits payable. We will pay the Usual and Customary charges for Medically Necessary Covered Medical Services after the Deductible is satisfied incurred by the Covered Person resulting from a Covered Accident. The first treatment or service must occur within 90 days of the Covered Accident and all subsequent treatments must be incurred within 52 weeks of the Covered Accident. Benefits will be paid up to the amount stated in the Schedule of Benefits.

²Accidental Death and Dismemberment benefits are provided under the coverages listed. Any benefits payable under them are as shown in the Schedule of Covered Losses and are not paid in addition to any other Accidental Death and Dismemberment benefits.

Exclusions & Limitations

In addition to any benefit-specific exclusions, benefits will not be paid for any Covered Injury or Covered Loss which, directly or indirectly, in whole or in part, is caused by or results from any of the following unless coverage is specifically provided for by name in the Description of Benefits Section:

1. Intentionally self-inflicted Injury, suicide or any attempt thereof while sane or insane;
2. Commission or attempt to commit a felony or an assault;
3. Commission of or active participation in: a riot; insurrection; or Terrorist Act;
4. Bungee jumping; parachuting; skydiving; parasailing; hang-gliding;
5. Declared or undeclared war or act of war;
6. Terrorism or Terrorist Acts;
7. Flight in, boarding or alighting from an Aircraft or any craft designed to fly above the Earth's surface, except as:
 - A. A fare-paying passenger on a regularly scheduled commercial or charter airline;
 - B. A passenger in a non-scheduled, private Aircraft used for pleasure purposes with no commercial intent during the flight;
 - C. Passenger in a military Aircraft flown by the Air Mobility Command or its foreign equivalent;
8. Travel in or on any off-road motorized vehicle not requiring licensing as a motor vehicle;
9. Participation in any motorized race or contest of speed;
10. 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;
11. Sickness; disease; bodily or mental infirmity; bacterial or viral infection or medical or surgical treatment thereof; except for any bacterial infection resulting from: an accidental external cut or wound; or accidental ingestion of contaminated food;
12. Medical or surgical treatment; diagnostic procedure; administration of anesthesia; or medical mishap or negligence, including malpractice;
13. 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;
14. The Covered Person's intoxication as determined according to the laws of the jurisdiction in which the Covered Accident occurred;
15. Voluntary ingestion of any narcotic; drug; poison; gas; or fumes; unless: prescribed or taken under the direction of a Physician; and taken in accordance with the prescribed dosage;
16. Injuries compensable under: Workers' Compensation law; or any similar law;
17. 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;

Exclusions & Limitations

Accident Medical Benefit Rider Exclusions

In addition to the General Exclusions stated in the Policy, We will not cover charges under this Rider for:

1. Pre-Existing Conditions;
2. Treatment by persons employed or retained by the Policyholder, or by any Immediate Family Member or member of the Covered Person's household;
3. Treatment of: sickness; disease; or infection except: pyogenic infection; or viral or bacterial infections that result from the accidental ingestion of contaminated food substance;
4. Treatment of: hernia; Osgood-Schlatter's Disease; osteochondritis; appendicitis; osteomyelitis; cardiac disease or conditions; pathological fractures; congenital weakness; detached retina unless caused by a Covered injury or mental disorder; or psychological or psychiatric care/counseling or treatment (except as provided in the Policy), whether or not caused by a Covered Accident;
5. Pregnancy; childbirth; miscarriage; abortion; or any complication of: childbirth; miscarriage; or abortion; unless due to a Covered Injury;
6. Mental and Nervous Disorder (except as provided in the Policy);
7. Damage to or loss of dentures or bridges; or damage to existing orthodontic equipment (except as specifically covered by the Policy);
8. Charges incurred for treatment of temporomandibular or craniomandibular joint dysfunction and associated myofascial pain (except as provided by the Policy);
9. Charges for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
10. Charges for injuries caused while: riding in or on; entering into or alighting from; or being struck by a 2 or 3-wheeled motor vehicle; or a motor vehicle not designed primarily for use on public streets or highways;
11. Participation in or practice for: interscholastic tackle football; intercollegiate sports; semi-professional sports; or professional sports (unless specifically covered under the Policy);
12. Covered Medical Charges for which the Covered Person would not be responsible for in the absence of this Policy;
13. Conditions that are not caused by a Covered Accident;
14. Any elective: treatment; surgery; health treatment; or examination; (including any: service; treatment; or supplies that: (a) are deemed by Us to be experimental; or (b) are not recognized and generally accepted medical practices in the United States;
15. Charges payable by any automobile insurance policy without regard to fault (this exclusion does not apply in any state where prohibited);
16. Orthopedic appliance used mainly to protect an Injury so that a Covered Person can take part in the Covered Activity;
17. Treatment of injuries that result over a period of time (such as: blisters; tennis elbow; etc.);
18. Treatment or services provided by a private duty nurse;
19. Replacement of artificial: limbs; eyes; larynx; dental devices; or any other prosthetic appliances;
20. Blood; blood plasma; or blood storage; except charges by a Hospital for processing or administration of blood;
21. Cosmetic; plastic; or restorative surgery; except needed as a result of the Covered Injury;
22. Any: treatment; service; or supply not specifically covered by the Policy;
23. Personal comfort or convenience items, such as but not limited to: Hospital telephone charges; television rental; or guest meals;
24. Charges incurred for: eye examinations; eye glasses; contact lenses; or hearing aids or the: fitting; repair; or replacement of these items;
25. Routine physical examinations and related medical services; elective treatment or surgery; or investigative treatments of procedures;
26. A Medical Repatriation;
27. Charges for rest cures or custodial care;
28. Treatment in any: Veteran's Administration; Federal or state facility; unless there is a legal obligation to pay;
29. Services or treatment provided by an infirmary operated by the Policyholder;
30. Treatment of an injury resulting from or contributing to by: frostbite; fainting; or seizures; or heatstroke; or heat exhaustion;
31. Aggravation of an injury the Covered Person suffered before participating in the activity, unless We receive a written medical release from the Covered Person's Physician;

CLAIMS ASSISTANCE

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