

Limitations-Waiting Periods

Coverage under this Blanket Group Specified Disease/Illness Insurance Policy is limited as provided by the definitions, limitations, exclusions, and terms contained in each and every Section of this Blanket Group Specified Disease/Illness Insurance Policy, as well as the following limitations and waiting periods:

1. Covered Medical & Surgical Services Benefits under this Blanket Group Specified Disease/Illness Insurance Policy for any Insured who is eligible for or has coverage under Medicare, and/or amendments thereto, regardless of whether such Insured is enrolled in Medicare shall be limited to only the Usual and Customary Expenses for services, supplies, care or treatment covered under this Blanket Group Specified Disease/Illness Insurance Policy that are not or would not have been payable or reimbursable by Medicare and/or its amendments (assuming such enrollment), subject to all provisions, limitations, exclusions, reductions and maximum benefits set forth in this Blanket Group Specified Disease/Illness Insurance Policy; and
2. Any Covered Medical & Surgical Services payable under this Blanket Group Specified Disease/Illness Insurance Policy will be reduced by fifty percent (50%) when the applicable Insured is age sixty-five (65) or older, based on the Insured's most recent birthday, on the date the Benefit becomes payable.

3. Any treatment, medical service, surgery, medication, equipment, claim, or loss Provided and received under the Hospital Room & Board Benefits, Hospital Intensive Care Unit Room & Board Benefits, Hospital Surgeon Benefits, Hospital Anesthesiologist Surgery Benefits, Outpatient Surgeon Benefits, and Outpatient Anesthesiologist Surgery Benefits, as a result of an Insured's Pre-existing Condition are not covered under this Blanket Group Specified Disease/Illness Insurance Policy unless such treatment, medical service, surgery, medication, equipment, claim, or loss constitutes Covered Medical & Surgical Services Provided to and received by such Insured more than twelve (12) months after the Effective Date, and are not otherwise limited or excluded by this Blanket Group Specified Disease/Illness Insurance Policy or any riders, endorsements, or amendments attached to this Blanket Group Specified Disease/Illness Insurance Policy.

Exclusions

Coverage under this Blanket Group Specified Disease/Illness Insurance Policy is limited as provided by the definitions, limitations, exclusions, and terms contained in each and every Section of this Blanket Group Specified Disease/Illness Insurance Policy. In addition, this Blanket Group Specified Disease/Illness Insurance Policy does not provide coverage for the amount of any professional fees or other medical expenses or charges for treatments, care, procedures, services or supplies incurred for the diagnosis, care or treatment charged to an Insured or any payment obligation for Us under this Blanket Group Specified Disease/Illness Insurance Policy for any of the following, all of which are excluded from coverage:

1. any cost item, charge or expense which does not constitute Covered Expenses;
2. any Bodily Injuries suffered by an Insured;
3. any disease, ailment, illness or Specified Disease/Illness that is not a Specified Disease/Illness;
4. any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured before the Blanket Group Specified Disease/Illness Insurance Policy Issue Date and the Primary Insured Effective Date;
5. any treatments, care, procedures, services or supplies which are not specifically enumerated in the SPECIFIED DISEASE/ILLNESS BENEFITS AND CLAIM PROCEDURES section of this Blanket Group Specified Disease/Illness Insurance Policy;
6. any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured after an Insured's coverage under this Blanket Group Specified Disease/Illness Insurance Policy terminates, regardless of when the Specified Disease/Illness or disease occurred;
7. any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured and contained on a billing statement to the Insured which exceeds the amount of the Maximum Allowable Charge;
8. any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured, which You or Your covered family members are not required to pay;
9. any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured for which the Insured and/or any covered family members are not legally liable for payment;
10. any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured for which the Insured and/or any covered family members were once legally liable for payment, but from which liability the Insured and/or family members were forgiven and released by the applicable Provider without payment or promise of payment;
11. Specified Diseases/Illnesses due to any act of war (whether declared or undeclared);
12. any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured from any state or federal government agency, including the Veterans Administration unless, by law, an Insured must pay for such services;

13. any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured as a result of experimental procedures or treatment methods not approved by the American Medical Association or other appropriate medical society;
14. drugs or medication not used for a Food and Drug Administration ("FDA") approved use or indication;
15. administration of experimental drugs or substances or investigational use or experimental use of Prescription Drugs except for any Prescription Drug prescribed to treat a covered chronic, disabling, lifethreatening Specified Disease/Illness, but only if the investigational or experimental drug in question:
 - a. has been approved by the FDA for at least one indication; and
 - b. is recognized for treatment of the indication for which the drug is prescribed in:
 1. a standard drug reference compendia; or
 2. substantially accepted peer-reviewed medical literature.
 - c. drugs labeled "Caution - limited by Federal law to investigational use;"
16. any professional and medical services Provided an Insured in treatment of a Specified Disease/Illness caused or contributed to by such Insured's being intoxicated or under the influence of any drug, narcotic or hallucinogens unless administered on the advice of a Provider, and taken in accordance with the limits of such advice;
17. any eyeglasses, contact lenses, radial keratotomy, lasik surgery, hearing aids and exams for their prescription or fitting;
18. any Cochlear implants;
19. Specified Disease/Illness while serving in one of the branches of the armed forces of the United States of America;
20. Specified Disease/Illness while in a foreign country and serving on active duty in one of the branches of the armed services of the United States of America;
21. Specified Disease/Illness while serving on active duty in the armed forces of any foreign country or any international authority;
22. any voluntary abortions, abortifacients or any other drug or device that terminates a pregnancy;
23. any services Provided by You or a Provider who is a member of an Insured's family;
24. any medical condition excluded by name or specific description by either this Blanket Group Specified Disease/Illness Insurance Policy or any riders, endorsements, or amendments attached to this Blanket Group Specified Disease/Illness Insurance Policy;

Blanket Group Specified Disease/Illness Benefits - Limitations, Exclusions & Non-Waiver

25. any cosmetic surgery or reconstructive procedures, except for Medically Necessary cosmetic surgery or reconstructive procedures performed under the following circumstances: (i) where such cosmetic surgery is incidental to or following surgery resulting from Bacterial Infection or Viral Infection, (ii) to correct a normal bodily function in connection with the treatment of a covered Specified Disease/Illness, or (iii) such cosmetic surgery constitutes Breast Reconstruction that is incident to a Mastectomy; provided any of the above occurred while the Insured was covered under this Blanket Group Specified Disease/Illness Insurance Policy;
26. Prescription Drugs or other medicines and products used for cosmetic purposes or indications;
27. Outpatient Prescription Drugs that are dispensed by a Provider, Hospital or other state-licensed facility;
28. Prescription Drugs produced from blood, blood plasma and blood products, derivatives, Hemofil M, Factor VIII, and synthetic blood products, or immunization agents, biological or allergy sera, hematinics, blood or blood products administered on an Outpatient basis;
29. level one controlled substances;
30. Prescription Drugs that are classified as anabolic steroids or growth hormones;
31. compounded Prescription Drugs;
32. allergy kits intended for future emergency treatment of possible future allergic reactions;
33. replacement of a prior filled Prescription for Prescription Drugs that was covered and is replaced because the original Prescription was lost, stolen or damaged;
34. Prescription Drugs that are classified as psychotherapeutic drugs, including antidepressants;
35. any treatment, care, procedures, services or supplies for breast reduction or augmentation or complications arising from these procedures;
36. any treatment, care, procedures, services or supplies for voluntary sterilization, reversal or attempted reversal of a previous elective attempt to induce or facilitate sterilization;
37. any treatment, care, procedures, services or supplies for treatment of infertility, including fertility hormone therapy and/or fertility devices for any type fertility therapy, artificial insemination or any other direct conception;
38. any treatment, care, procedures, services or supplies for any operation or treatment performed, Prescription or medication prescribed in connection with sex transformations or any type of sexual or erectile dysfunction, including complications arising from any such operation or treatment;
39. any treatment, care, procedures, services or supplies for appetite suppressants, including but not limited to, anorectics or any other drugs used for the purpose of weight control, or services, treatments, or surgical procedures rendered or performed in connection with an overweight condition or a condition of obesity or related conditions;
40. any treatment, care, procedures, services or supplies (including Prescription Drugs) incurred for the diagnosis, care or treatment of Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD);
41. any treatment, care, procedures, services or supplies incurred for the diagnosis, care or treatment of Mental, Nervous and Emotional Disorders;
42. any treatment, care, procedures, services or supplies incurred for the diagnosis, care or treatment of autism spectrum disorder;
43. any treatment, care, procedures, services or supplies incurred for the diagnosis, care or treatment of Alcoholism, addiction to illegal drugs or substances, and/or abuse or illegal drugs or substances;
44. any treatment care, procedures, services or supplies incurred for the diagnosis, care or treatment of cirrhosis of the liver;
45. any treatment, care, procedures, services or supplies incurred for the diagnosis, care or treatment of routine maternity or any other expenses related to normal labor and delivery, including routine nursery charges and well-baby care;
46. any contraceptives, oral or otherwise, whether medication or device, regardless of intended use;
47. any fluoride products;
48. any intentional misuse or abuse of Prescription Drugs, including Prescription Drugs purchased by an Insured for consumption by someone other than such Insured;
49. any programs, treatment or procedures for tobacco use cessation;
50. any charges for blood, blood plasma, or derivatives that has been replaced;
51. any treatment, care, procedures, services or supplies of Temporomandibular Joint Disorder (TMJ) and Craniomandibular Disorder (CMD);
52. any treatment received outside of the United States; and
53. any services or supplies for personal convenience, including Custodial Care or homemaker services, except as provided for in this Blanket Group Specified Disease/Illness Insurance Policy.

Non-Waiver

Expenses that are mistakenly or erroneously paid by Us under any Section or provision of this Blanket Group Specified Disease/Illness Insurance Policy shall not:

1. constitute a waiver of or modification to any conditions, terms, definitions or limitations contained in the Blanket Group Specified Disease/Illness Insurance Policy, specifically including, but not by way of limitation, the definition of Specified Diseases/Illnesses, Specified Disease/Illness, Medical Necessity or Covered Expenses, the limitation of coverage under the Blanket Group Specified Disease/Illness Insurance Policy for Pre-existing Conditions, as well as any exclusion, limitation and/or exclusionary riders which may be attached to the Blanket Group Specified Disease/Illness Insurance Policy, or otherwise operate to alter, amend, affect, abridge or modify the Blanket Group Specified Disease/Illness Insurance Policy to which it is attached;
2. create or establish coverage of any medical condition, illness, or disease under the Blanket Group Specified Disease/Illness Insurance Policy or under any exclusion, limitation and/or exclusionary riders which may be attached to the Blanket Group Specified Disease/Illness Insurance Policy; or
3. affect, alter, amend, abridge, constitute or act as a waiver of the Company's ability to rely upon, assert and apply such terms, definitions, limitations or exclusions of the Blanket Group Specified Disease/Illness Insurance Policy or any amendments thereto.