



FUNDAMENTAL
CARE®

Health coverage is within your reach

LIMITED MEDICAL

"No Deductible" Limited Medical Plans



Association for
Better Health

THIS INSURANCE PROVIDES LIMITED BENEFITS. LIMITED BENEFITS PLANS ARE INSURANCE PRODUCTS WITH REDUCED BENEFITS AND ARE NOT INTENDED TO BE AN ALTERNATIVE TO OR INTEGRATED WITH COMPREHENSIVE COVERAGE. FURTHER, THIS INSURANCE DOES NOT COORDINATE WITH ANY OTHER INSURANCE PLAN. IT DOES NOT PROVIDE MAJOR MEDICAL OR COMPREHENSIVE MEDICAL COVERAGE AND IS NOT DESIGNED TO REPLACE MAJOR MEDICAL INSURANCE. FURTHER, THIS INSURANCE IS NOT MINIMUM ESSENTIAL BENEFITS AS SET FORTH UNDER THE PATIENT PROTECTION AND AFFORDABLE CARE ACT.

FUNDAMENTAL CARE

Comparing Your Insurance Plan Options

HIGH DEDUCTIBLE HEALTH PLANS

High Deductible Health Plans reduce costs by limiting coverage for basic expenses through high deductibles, co-insurance, co-pays for visits or procedures, excluding procedures and frequently, limiting the annual number of physician visits reimbursed prior to the deductible. The advantage they have is no annual or lifetime benefits.

FUNDAMENTAL CARE MEDICAL PLAN BENEFITS

Fundamental Care is a limited fixed-indemnity and accident medical plan designed to provide a mid-level medical benefit for association members who are not covered by a major medical plan. Coverage levels are higher than mini-med plans but still less than major medical. Various levels of plans provide total potential fixed-indemnity, accident medical payments and reimbursements of \$15,000 to \$100,000 per year at a premium that is 25% to 40% less than the cost of a major medical plan. Plus, PPO discounts, telephonic and video doctor visits, and Rx copays.

WHEN ONE SIZE DOES NOT FIT ALL

Both types of plans can lower the cost of medical insurance. Demographics, employee income, employer contribution amounts, and medical histories are among the metrics that would play a part in determining which option offers the most value for your employees.

MAJOR MEDICAL PLANS AND FUNDAMENTAL CARE HAVE A VERY DIFFERENT APPROACH

Major Medical plans cover more costly and catastrophic events, expecting the individual to pay for minor medical events. Fundamental Care has no deductible and focuses on the commonly occurring expenses, but does not offer coverage for more serious or catastrophic events. Following is a conceptual comparison of these two very different approaches.

Medical Expenses	\$5,000	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000 +
Fundamental Care	Covers up to \$50,000 of expenses (scheduled per event)						Catastrophic not covered	
Major Medical **	Normal deductible (\$2,500 - \$5,000)		Covers 80% to 100% of costs after deductibles (100% after out-of-pocket maximum)					

LIMITED MEDICAL

"When I asked my agent for affordable healthcare, he showed me a high deductible major medical plan. I would have to pay thousands out of pocket before I was reimbursed for anything other than a few office visits. If I had thousands to spend, I wouldn't need insurance so badly. I need a plan that helps cover my expenses on day one!"

**Working adults average \$6,632 annually in medical expenses.
Less than 5 percent of insured individuals incur over \$17,402
annually in medical expenses.¹**

PLEASE NOTE: This is not an employer sponsored benefit plan. Association membership is required to be eligible for the Contractor Benefits Program which offers member benefits and nationwide discounts for only \$5.95 per month association dues. Depending on state of residence, insurance policies are issued to the Association for Better Health or the Alliance for Consumers USA. To access and review the association member benefits, go to: www.associationservice.org

¹ Centers for Medicare and Medicaid Services: Research, Statistics, Data & Systems. Selected dates - 2012. 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 (See § 2791 of the Public Health Services Act).

Sunday morning you are trimming trees in your backyard	You fall from the ladder and dislocate your shoulder	After an ER visit, x-rays, shoulder sling, physical therapy, and pain meds	Total cost of accident \$3,800	Limited Medical Pays YOU \$3,040
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The above example is based on a scenario for Limited Medical Plan.

Cost of accident \$3,800. Plan pays 80% (\$3,040). Member pays 20% (\$760).

The insurance products described in this brochure are underwritten by First Continental Life and Accident Insurance Company.

FCL Limited Medical - Fundamental Care

Limited Medical Plans

Plan 1
Plan 2
Plan 3
Plan 4

Important Information: Each insured member and each insured family member receives the following benefits each coverage year:

INPATIENT

Indemnity payable for sickness and accident				
Day 1 hospital confinement benefit amount per day	\$1,000 per day x 1 day	\$2,000 per day x 1 day	\$3,000 per day x 1 day	\$4,000 per day x 1 day
Days 2+ hospital confinement benefit amount per day	\$500 per day thereafter	\$1,000 per day thereafter	\$1,000 per day thereafter	\$1,000 per day thereafter
Maximum benefit	5 days per year	5 days per year	5 days per year	10 days per year
Surgery benefit amount (incl. maternity) per day	\$1,000/day x 1 day	\$1,000/day x 1 day	\$2,000/day x 1 day	\$2,000/day x 1 day
Anesthesia benefit amount per day	\$250/day x 1 day	\$250/day x 1 day	\$500/day x 1 day	\$500/day x 1 day
ICU benefit amount per day	N/A	\$1,000/day x 10 days	\$1,000/day x 10 days	\$1,000/day x 10 days
Accident Medical - payable for accident only	\$5,000 per year	\$5,000 per year	\$10,000 per year	\$10,000 per year
Benefit % payable	80% U&C; \$0 Deductible	80% U&C; \$0 Deductible	80% U&C; \$0 Deductible	80% U&C; \$0 Deductible

OUTPATIENT(1)

Physician office visit pre-pay (2)	\$10	\$10	\$10	\$10
Benefit amount per day	\$75 per day x 3 days	\$85 per day x 3 days	\$85 per day x 3 days	\$85 per day x 3 days
Annual Physical (Wellness) amount per day	N/A	N/A	N/A	\$150 per day x 1 day
Well child care (age 4 or below) amount per day	N/A	N/A	N/A	\$100 per day x 1 day
Accident maximum benefit amount per year up to;	\$5,000 per year	\$5,000 per year	\$10,000 per year	\$10,000 per year
Benefit % payable	80% U&C; \$0 Deductible	80% U&C; \$0 Deductible	80% U&C; \$0 Deductible	80% U&C; \$0 Deductible
Emergency Room (sickness) benefit amount per day	\$200 per day x 1 day	\$300 per day x 1 day	\$400 per day x 1 day	\$500 per day x 2 days
Surgery benefit amount per day	N/A	\$500/day x 1 day	\$1,000/day x 1 day	\$1,000/day x 1 day
Anesthesia benefit amount per day	N/A	\$125/day x 1 day	\$250/day x 1 day	\$250/day x 1 day
Diagnostic, x-ray, lab benefit amount per day				
Class I: Laboratory- Blood work, CMP, Lipid Panel, ECG, Pap/PSA, urinalysis and all other laboratory tests	\$25 per day x 2 days	\$25 per day x 2 days	\$30 per day x 2 days	\$30 per day x 2 days
Class II: Radiology, Ultrasound, Mammogram, Sonogram, Angiogram	\$40 per day x 2 days	\$40 per day x 2 days	\$75 per day x 2 days	\$125 per day x 2 days
Class III: Imaging, CT, PET	\$60 per day x 1 days	\$100 per day x 1 days	\$150 per day x 1 day	\$150 per day x 1 day
Class IV: Other Diagnostic tests - Endoscopy, Bronchoscopy, Colonoscopy without Biopsy, MRI	N/A	N/A	\$400 per day x 1 day	\$500 per day x 1 day

PRESCRIPTION BENEFIT

Retail - Generic Rx Copay	\$30 or less	\$10	\$10	\$10
Retail - Preferred Brand Rx Copay	N/A	N/A	\$30	\$30
Mail Order - Generic Rx Copay	N/A	\$30	\$30	\$30
Mail Order - Preferred Brand Rx Copay	N/A	N/A	\$90	\$90
Monthly benefit maximum - MEMBER/FAMILY	N/A	\$300/\$600	\$200/\$400	\$200/\$400

AD&D

Accidental Death & Dismemberment benefit amount	\$25k/\$5k/\$1k	\$25k/\$5k/\$1k	\$25k/\$5k/\$1k	\$25k/\$5k/\$1k
CRITICAL ILLNESS (3)				
Critical Illness benefit amount	N/A	N/A	N/A	N/A

OTHER SERVICES

First Health PPO Discounts	Yes	Yes	Yes	Yes
Discount Rx	Yes	Yes	Yes	Yes
MDLive Telemedicine	Yes	Yes	Yes	Yes
Curalinc EAP	Yes	Yes	Yes	Yes
My E-Wellness	Yes	Yes	Yes	Yes
ABH Association Member Benefits	Yes	Yes	Yes	Yes
Member Only	\$168	\$228	\$296	\$349
Member+Spouse	\$231	\$338	\$458	\$550
Member+Child(ren)	\$252	\$367	\$502	\$608
Member+Family	\$315	\$477	\$664	\$810

(1) Fixed Hospital Indemnity, Accident Medical, Critical Illness and AD&D Plans are underwritten by First Continental Life and Accident Insurance Company. (2) The office visit pre-pay is through First Health PPO Network.

(3) (Payable for 10 conditions: Cancer, Heart Attack, Renal Failure, Stroke, Major Organ Transplant, Multiple Sclerosis, Coronary Artery Bypass Surgery, Alzheimer's, ALS, Terminal Illness)

NOTICE The insurance described in this proposal provides limited benefits. Limited benefit plans are insurance products with reduced benefits and are not an alternative to or integrated with comprehensive coverage. This insurance does not coordinate with any other insurance plan. It does not provide major medical or comprehensive medical coverage and is not designed to replace major medical insurance. Further, this insurance is not minimum essential benefits as set forth under the Patient Protection and Affordable Care Act. Coverage is subject to exclusions and limitations, and are not available in all US states. Product availability and plan design features, including eligibility requirements, descriptions of benefits, exclusions or limitations may vary depending on local country or US state laws. Full terms and conditions of coverage, including effective dates of coverage, benefits, limitations, and exclusions, are set forth in the policy. Please see full brochure for plan rates, exclusions, and illustrations. This page is a summary of the plans and benefits available under this program.

THE FUNDAMENTAL CARE GAP COVERAGE PLAN



Fundamental Care Gap Coverage provides first-dollar coverage for individuals who are currently enrolled in a high deductible health insurance plan and are financially unprepared to cover the cost of deductibles and coinsurance due to unexpected medical expenses.

The simple and affordably priced insurance plan provides first-dollar coverage to help supplement costs related to an accident, hospital confinement or critical illness. Coverage limits are designed to closely match the out-of-pocket maximums of an individual employer plan.

The benefit helps individuals with more comprehensive coverage under a high deductible health plan.

Mark has an HDHP (high deductible health plan) with Gap Coverage as a supplement plan.

He suffers a heart attack and is hospitalized for 5 days.

Gap Coverage pays out to bridge the deductible Mark must meet.

Mark's deductible is completely covered.

**MARK'S
HEALTHCARE
COVERAGE
'GAP' IS
CLOSED**

Deductible Assistance Plans

OUTPATIENT ACCIDENT COVERAGE Annual Maximum Deductible per Accident Paid at	\$2,500 \$0 100% U&C	\$5,000 \$0 100% U&C
INPATIENT BENEFIT Day 1 cash benefit Day 2+ cash benefit per day	\$500 per day x 1 day \$500 per day x 4 days	\$1,000 per day x 1 day \$800 per day x 5 days
CRITICAL ILLNESS Payable for 10 conditions: Cancer, Heart Attack, Renal Failure, Stroke, Major Organ Transplant, Multiple Sclerosis, Coronary Artery Bypass Surgery, Alzheimer's, ALS, and Terminal Illness	\$2,500	\$5,000
ACCIDENTAL DEATH & DISMEMBERMENT Member Spouse Child(ren)	\$5,000 \$2,000 \$1,000	\$10,000 \$5,000 \$1,000
OTHER SERVICES First Health PPO Network MD Live Telemedicine SupportLinc EAP	Yes Yes Yes	Yes Yes Yes
Member Only Member+Spouse Member+Child(ren) Member+Family	\$50 \$75 \$84 \$108	\$70 \$110 \$123 \$163

Active Lifestyle Accident Plan

BENEFIT OUTPATIENT Accident maximum benefit amount per year up to: INPATIENT Accident maximum benefit amount per year up to: Benefit % payable Deductible per Accident	\$10,000 \$10,000 80% U&C \$0
AOTHER SERVICES First Health PPO Network MD Live Telemedicine SupportLinc EAP	Yes Yes Yes
Member Only Member+Spouse Member+Child(ren) Member+Family	\$40 \$52 \$57 \$70

Critical Illness Plan

CRITICAL ILLNESS Member Benefit Payable for 10 conditions: Cancer, Heart Attack, Renal Failure, Stroke, Major Organ Transplant, Multiple Sclerosis, Coronary Artery Bypass Surgery, Alzheimer's, ALS, and Terminal Illness	\$15,000
Member Only Member+Spouse Member+Child(ren) Member+Family	\$30 \$40 \$44 \$54



Fundamental Care Limited Medical includes the following services to enhance your plan value and provide increased service.*

Association for Better Health - Fundamental Care is available to members of the Association for Better Health. Through the collective purchasing power of membership, a holistic benefit program has been developed to enable members to receive a wide variety of discounts, privileges, and services. Membership benefits are designed to provide the resources, education, and roadmap to achieve and maintain a healthy lifestyle.

First Health PPO Network

Access to network discounts to more than 5,000 hospitals and 590,000 physicians and health care professionals. Service provides members affordable access to physicians by allowing them to pay a \$10 office visit pre-pay before insurance benefits are applied.

MDLIVE

Provides anytime access to board-certified doctors and pediatricians from where it's most convenient - home, office, or on the go. You can have a virtual consult to diagnose non-emergency medical issues over the phone or through secure video on your computer or smartphone.

SupportLinc

The comprehensive Employee Assistance Program (EAP) is provided by SupportLinc and offers professional referrals, assessments and short-term counseling for life's everyday issues.

DataRx provides innovative Pharmacy Benefit Administration (PBA) solutions to organizations across the United States. DataRx partners with insurance carriers and other organizations to offer the highest quality, most cost-effective prescription services.

ScriptSave®

Members enjoy instant savings for their entire household on brand name and generic prescriptions. Savings average 22%, with potential savings up to 50% on brand name and generic prescriptions at over 50,000 participating pharmacies.

MYeWELLNESS

Now you can easily manage your health at your convenience. Guidance on exercise, nutrition and health risk prevention as well as additional wellness resources. Personal health benefits and services may also be part of your program.

StuLo

StuLo is a package of financial wellness benefits created by employee benefits professionals. Through a collaboration of industry-leading partners, StuLo provides the best benefit value in the marketplace for financial wellness and student loan debt relief.

PLEASE NOTE: This is not an employer sponsored benefit plan. Association membership is required to be eligible for member benefits and nationwide discounts for only \$5.95 per month association dues. To access and review association member benefits, go to: www.associationservice.org

This plan is not available in all states.



LIMITED INDEMNITY LIMITATIONS

PRE-EXISTING CONDITION LIMITATION

We will not pay benefits for charges, services, or supplies incurred as a result of a Pre-Existing Condition within the Pre-Existing Condition Period stated on the

Schedule of Benefits (12 months). Benefits under this Certificate are not payable in connection with a Pre-Existing Condition for the following Benefits;

1. Daily Hospital Confinement Benefit;
2. Daily Intensive Care Benefit; and
3. Surgery and Anesthesia Benefit

No consideration will be given to prior group limited medical indemnity coverage in determining the effect of Pre-Existing Conditions on benefits payable. A claim for benefits diagnosed after the Pre-Existing Condition Period will not be reduced or denied on the grounds that it is caused by a Pre-Existing Condition.

PREGNANCY LIMITATION

We will not pay benefits for Hospital Confinement, Hospital Intensive Care Unit Confinement or Hospital Admission Benefit for any Confinement caused by or occurring as a result of the Insured's normal pregnancy or childbirth within the first 9 months after the Certificate Effective Date. Confinement as a result of Complications of Pregnancy will be covered to the same extent as any other Sickness. After coverage has been in force for 9 months following the Certificate Effective Date, benefits for a Confinement caused by or occurring as a result of the Insured's normal pregnancy or childbirth will be payable in accordance with the terms and conditions of the Policy.

EXCLUSIONS

The Policy does not provide any benefits for the following:

- (1) services or supplies that are not Medically Necessary, even if prescribed, recommended, or approved by a Physician;
- (2) intentionally self-inflicted Injury or suicide attempt while sane or insane;
- (3) voluntary abortion except, with respect to You or Your Dependent Spouse or Domestic Partner:
 - (a) where You or Your Dependent Spouse's or Domestic Partner's life would be endangered if the fetus were carried to term, or
 - (b) where medical complications have arisen from abortion;
- (4) procedures, services, or drugs related to artificial insemination, in vitro or test tube fertilization, including any related testing;
- (5) procedures, services, or drugs for exogenous obesity or weight control;
- (6) services for purchase and fitting of hearing aids;
- (7) services and supplies related to smoking cessation;
- (8) charges for food, food supplements, or vitamins;
- (9) charges related to marriage, family, child, career, social adjustment, pastoral, or financial counseling;
- (10) services related to therapy, supplies, treatment or counseling for sexual dysfunction or inadequacies that do not have a physiological or organic basis; The policy does provide benefits for Medically Necessary treatment, drugs, services or supplies related to gender transition (including gender dysphoria), medically appropriate gender-specific services, and other related dysfunctions;
- (11) procedures, services, or drugs for the reversal of a tubal ligation or a vasectomy;
- (12) charges for rental or purchase of durable medical equipment;
- (13) Injury or Sickness resulting from
 - (a) an act of war, declared or undeclared, while serving in any Armed Forces or an auxiliary unit thereto;
 - (b) active participation in a riot, civil commotion, civil disobedience or unlawful assembly;

- (c) committing a felony;
 - (d) participation in a contest of speed in a power-driven vehicle, parachuting, parasailing, bungee jumping, scuba diving, stunt driving, rock climbing, flying ultra-light aircraft, skydiving, hang gliding or any hazardous sports activity for exhibition purposes;
 - (e) air travel, except as a fare-paying passenger on a commercial airline; or
 - (f) the Insured being intoxicated or under the influence of any narcotic unless the narcotic is administered on the advice of a Physician;
- (14) cosmetic surgery or elective surgery except organ donation or Medically Necessary gender reassignment, including any expenses related to Hospital Confinement, unless due to a covered Injury or Sickness;
 - (15) any Treatment, drugs, or surgery considered Investigational or Experimental by the American Medical Association, the Health Care Finance Administration, or the Federal Drug Administration;
 - (16) any Injury or Sickness occurring while the Insured is in the service of the Armed Forces of any country. Orders to active military service for training purposes of two months or less will not constitute service in the Armed Forces. When the Insured provides Us notice of entering the Armed Forces, We will return to the Insured pro rata any premium paid, less any benefits paid, for any period during which the Insured is in such service;
 - (17) an Injury or Sickness for which the Insured receives benefits under Workers' Compensation or similar coverage or for which the Insured would receive benefits under Workers' Compensation if the employer had enrolled the Insured for such coverage and the Insured and employer had cooperated in filing a claim under that coverage;
 - (18) dental or vision services, including but not limited to treatment, surgery, extractions or x-rays, unless:
 - (a) resulting from an Injury occurring while the Insured's coverage is in force and if performed within 12 months of the date of such Injury;
 - (b) due to congenital disease or anomaly of a newborn Dependent Child;
 - (c) dental services or oral surgery due to excision of impacted third molars, closed or open reduction of fractures, or dislocation of the jaw; or
 - (d) services are provided by the Dental Benefit Rider or Vision Benefit Rider and all required additional premium has been paid.
 - (19) any charges incurred prior to the Certificate Effective Date or in excess of the Benefit Year Maximums shown on the Schedule of Benefits;
 - (20) pregnancy of a Dependent Child, except Complications of Pregnancy;
 - (21) routine examinations, such as health exams, periodic check-ups or routine physicals unless specifically stated in the Schedule of Benefits; or
 - (22) routine newborn care and nursery charges, including charges incurred for routine Hospital Confinement unless specifically stated in the Schedule of Benefits;
 - (23) treatment for Mental or Nervous Disorders, unless specifically stated in the Schedule of Benefits; or
 - (24) treatment for Substance Abuse, unless specifically stated in the Schedule of Benefits.

ACCIDENT MEDICAL EXPENSE LIMITATIONS

The Company will pay Accident Medical Expense Benefits for the Covered Medical Expenses listed below that result directly, and from no other cause, from a Covered Injury. Outpatient Accident Medical Expense Benefits are only payable:

1. when Covered Medical Expenses incurred exceed any applicable Deductible specified in the Schedule of Benefits;
2. as long as the first Covered Medical Expense has been incurred within the number of days specified in the Schedule of Benefits;
3. until the Maximum Benefit Period shown in the Schedule of Benefits has expired;
4. until Benefits paid equal the Benefit Maximum shown in the Schedule of Benefits.

No benefits will be paid for any Covered Medical Expenses incurred that are in excess of Usual and Customary Charges.

Common Exclusions: In addition to any benefit or coverage specific exclusion, benefits will not be paid for any 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 while sane or insane;
2. Commission or attempt to commit a felony or an assault;
3. Commission of or active participation in a riot or insurrection;
4. War or acts of war, declared or undeclared, while serving in the military or any auxiliary unit thereto.;
5. An injury or sickness 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, the Company will refund any premium paid for this time on a pro-rata basis. Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days;
6. Flight in, boarding or alighting from an Aircraft except as a fare-paying passenger on a regularly scheduled commercial or charter airline;
7. 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;
8. 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;
9. Medical or surgical treatment, diagnostic procedure, administration of anesthesia, or medical mishap or negligence, including malpractice unless it occurs during treatment of injuries sustained in a Covered Injury;
10. The Insured Person's intoxication. The Insured Person is conclusively deemed to be intoxicated if the level in his blood exceeds the amount at which a person is presumed, under the law of the locale in which the accident occurred, to be under the influence of alcohol if operating a motor vehicle, regardless of whether he is in fact operating a motor vehicle, when the injury occurs. An autopsy report from a licensed medical examiner, law enforcement officers report, or similar items will be considered proof of the Insured Person's intoxication;
11. Aggravation or re-injury of a prior injury the Insured Person suffered prior to His Coverage Effective Date, unless the Company receives a written medical release from the Insured Person's Physician
12. 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.

In addition, benefits will not be paid for services or treatment rendered by any person who is:

1. employed or retained by the Policyholder;
2. living in the Insured Person's household;
3. an Immediate Family Member of either the Insured Person or the Insured Person's spouse;
4. the Insured Person.

Excluded Expenses: In addition to the Common Exclusions, The Company will not pay Outpatient Accident Medical Expense Benefits for any Covered Medical

Expense, treatment or services resulting from or contributed to by:

1. treatment of sickness, disease or infections except pyogenic infections or bacterial infections that result from the accidental ingestion of contaminated substances;
2. treatment of hernia, Osgood-Schlatter's Disease, osteochondritis, appendicitis;
3. osteomyelitis, cardiac disease or conditions, pathological fractures, congenital weakness;
4. detached retina unless caused by a Covered Accident;
5. mental disorder or psychological or psychiatric care or treatment whether or not caused by a Covered Accident;
6. pregnancy, childbirth, miscarriage, abortion or any complications of any of these conditions;

7. mental and nervous disorders;
8. damage to or loss of dentures or bridges, or damage to existing orthodontic equipment;
9. expenses incurred for treatment of temporomandibular or craniomandibular joint dysfunction and associated myofacial disorders;
10. injury covered by Workers' Compensation, Employer's Liability Laws or similar occupational benefits, including any insurance policy that provides benefits to the [Insured Person] for injuries resulting from an occupational accident, or while engaging in activity for monetary gain from sources other than the [Policyholder].
11. all surgery, including cosmetic and elective surgery;
12. any elective treatment, 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;
13. eyeglasses, contact lenses, hearing aids, examinations or prescriptions for them, or repair or replacement of existing artificial limbs, orthopedic braces, or orthotic devices;
14. expenses payable by any automobile insurance policy without regard to fault;
15. conditions that are not caused by a Covered Accident; or
16. any treatment, service or supply not specifically covered by the Certificate.
17. injuries paid under medical payment coverage or no-fault coverage contained in an automobile insurance policy or liability insurance policy.

CRITICAL ILLNESS LIMITATIONS

PRE-EXISTING CONDITION LIMITATION

Benefits under this Certificate are not payable in connection with a Pre-Existing Condition. This Pre-Existing Condition Limitation shall not apply to a Diagnosis commencing after the earlier of:

1. the end of a continuous period of 24 months commencing on or after the Insured Person's Coverage Effective Date, during all of which the Insured Person has received no medical advice or treatment in connection with such disease or physical condition; and
2. the end of the two-year period commencing on the Insured Person's Coverage Effective Date.

COMMON EXCLUSIONS

In addition to any benefit or coverage specific exclusion, benefits will not be paid for any 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. the Insured Person's suicide or intentional self inflicted injury or Sickness, while sane or insane;
2. the Insured Person's being under the influence of an excitant, depressant, hallucinogen, narcotic, and other drug, or intoxicant including those taken as prescribed by a Physician;
3. the Insured Person's commission of or attempt to commit an assault or felony;
4. the Insured Person's engaging in an illegal activity or occupation;
5. the Insured Person's voluntary participation in a riot;
6. any illness, loss or condition specifically excluded from the definition of any Critical Illness;
7. a Critical Illness that was initially Diagnosed before the Coverage Effective Date;
8. war, whether declared or not, while serving in the military or any auxiliary unit.;
9. balloon angioplasty, laser relief of an obstruction, and/or other intra-arterial procedure unless covered under this Certificate; or
10. any injury or Sickness covered under any state or federal Worker's Compensation, Employer's Liability law or similar law.