

EMPLOYEE ENROLLMENT GUIDE

HealthSelect

Limited benefit medical plan



Protection for commonly occurring medical expenses

NPC International

Enroll by

WEB: <https://www.npcenroll.com/>

PHONE: 1-800-492-3633

ternian 
An AXIS Capital Company

What is HealthSelect?

Why choose HealthSelect?

Medical and hospital expenses can add up quickly. HealthSelect offers fixed-indemnity and accident medical insurance designed to help you offset commonly occurring medical expenses.



Guaranteed issue

No medical questions asked at enrollment. Family member coverage is also available.



Financial protection

Provides you with cash benefits to help offset out-of-pocket costs for medical expenses related to covered accidents and serious illnesses.



Competitive rates

Rates are based on group demographics by state, not-age rated. Allows employees in many situations access to coverage.

What is covered?

HealthSelect provides a set limit of benefits to help manage medical expenses arising from hospital visits, physician office visits, lab tests, and other health-related needs.



Inpatient Medical

Pays a daily benefit for covered hospitalizations.



Outpatient

Benefits paid to offset the unexpected medical expenses that may result from a covered accidental injury.



Prescription

Retail and mail order prescription benefits up to a maximum monthly benefit.



Critical Illness and AD&D

Indemnity benefits for covered accidents and illnesses.



Supplemental Services*

Medical PPO Network, Pharmacy Network, Teladoc, and EAP.

The HealthSelect limited medical plan described in this document is not basic health insurance or major medical coverage. The HealthSelect plan is comprised of a package of group insurance policies which are issued on a separate and non-coordinating basis and include inpatient hospital fixed indemnity; outpatient accident-only; critical illness; Accidental Death and Dismemberment.

* THE SERVICES DESCRIBED ABOVE ARE NOT INSURANCE AND ARE NOT PROVIDED BY AXIS INSURANCE COMPANY.

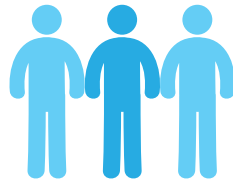
Why Choose HealthSelect

Cash benefits to help offset your out-of-pocket medical expenses.

No one is immune from the inability to cope with unexpected medical expenses.

\$1,400

the average individual annual out-of-pocket spending on medical services.¹



1 in 3 adults with health care coverage

avoided medical tests, treatment, follow-up care, and prescription drugs — because they couldn't afford the out-of-pocket costs.²

THE UNFORTUNATE FACTS



44%
of adults

say they could not cover an emergency expense costing \$400.³



26%
of adults

reported that someone in their household had problems paying medical bills.⁴

66%

of adults reporting problems

say it is because of a one-time or short-term medical expense such as an ER visit or hospital stay.⁴

¹ <https://www.consumeraffairs.com/news/report-consumers-out-of-pocket-medical-expenses-rising-042717.html>

² Commonwealth Fund, Biennial Health Insurance Survey, 2016

³ Federal Reserve System, Report on the Economic Well-Being of U.S. Households in 2016, May 2017

⁴ The Burden of Medical Debt: Results from the Kaiser Family Foundation/NY Times Medical Bills Survey, January 2016

Supplemental Services*

Valuable services and savings available to your employees through HealthSelect



First Health PPO Medical Network

Access to Network discounts at more than 5,000 hospitals and 590,000 physicians and healthcare professionals. Members receive affordable access to physicians with a \$10 office visit pre-pay before insurance benefits are applied.



Pharmacy Network

RxSense provides innovative Pharmacy Benefit Administration (PBA) solutions to organizations across the US offering high quality, cost-effective prescription services. Members have access to unsurpassed service and superior savings on a wide variety of prescription drugs.



Prescription Discount Program

With ScriptSave, receive instant prescription savings on brand name and generic medications. Savings average 22%, with potential savings of up to 50% at over 500,000 participating pharmacies.



Telehealth Program

Teladoc provides 24/7 access to a national network of US board-certified doctors by phone or online for information, advice, and treatment, including prescriptions for common medical concerns.



Employee Assistance Program

SupportLinc provides 24/7 access to professional counselors by phone, video and web chat to provide professional referrals, assessments and up to 3 face-to-face sessions for personal and work-related concerns.

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Frequently Asked Questions

Benefit Choices

MEC Basic

MEC Buy-Up (MEC Choice)

About your enrollment

Who can enroll?

All employees.

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 60 days of employment.

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.

When will I get my ID card?

You will receive your ID card within 10 business days of your employer approved enrollment. You will receive a separate ID card for each product you enroll in.

How do I know my PHONE or WEB enrollment has been processed?

If you enroll by phone or web you will receive a confirmation email.

Who do I call if I have questions?

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

How do I find a First Health network provider?

Please visit www.myternian.com or call 1-800-226-5116.

Is this major medical or comprehensive medical coverage?

No. This Limited Benefit Medical Plan is a combination of limited scope, fixed indemnity, and accident-only coverages which provide limited benefits for accidents, illness, and specified diseases to help cover basic, minor medical expenses.

HealthSelect Plan Details

Limited Benefit Medical Plan

Self-funded Minimum Essential Coverage (MEC) ¹		
ACA required Preventive Care / Screening / Immunization Benefits	The Minimum Essential Coverage plan covers 100% of the government's listed Preventive and Wellness benefits when you visit an in-network provider. It is a self-funded plan offered by your employer.	
Limited Benefit Medical provided by AXIS Insurance Company	MEC Basic	MEC Buy-Up (MEC Choice)
Inpatient¹		
Hospital confinement benefit		
Day 1	\$500 per day x 1 day	\$1,000 per day x 1 day
Day 2+	\$200 per day x 19 days	\$400 per day x 29 days
Surgery benefit (incl. maternity)	\$500 per day x 1 day	\$500 per day x 2 days
Anesthesia benefit	\$125 per day x 1 day	\$125 per day x 2 days
Accident medical benefit (per year)	NA	NA
ICU benefit	\$200 per day x 10 days	\$400 per day x 60 days
Outpatient¹		
Physician office visit		
Pre-pay	\$10	\$10
Benefit amount	\$60 per day x 5 days	\$75 per day x 10 days
Accident medical benefit (maximum per year)	\$3,000	\$5,000
Benefit % payable	80% U&C	80% U&C
Deductible per accident	\$0	\$0
Emergency Room (sickness) benefit	\$150 per day x 1 day	\$200 per day x 2 days
Surgery benefit	\$100 per day x 1 day	\$200 per day x 2 days
Anesthesia benefit	\$25 per day x 1 day	\$50 per day x 2 days
Diagnostic, X-ray, lab benefit		
Class I: Laboratory – Blood work, CMP, Lipid panel, ECG, PAP/PSA, Urinalysis and all other lab tests	\$30 per day x 2 days	\$30 per day x 2 days
Class II: Radiology, Ultrasound, Mammogram, Sonogram, Angiogram	\$50 per day x 2 days	\$60 per day x 2 days
Class III: Imaging CT, PET	NA	\$150 per day x 1 day
Prescription¹		
Retail Generic/preferred brand co-pay		\$10 / N/A
Mail order Generic/preferred brand co-pay	Discount Only	\$30 / N/A
Maximum benefit (per month) Individual/family		\$200/\$400
AD&D benefit¹		
Employee	\$15,000	\$20,000
Spouse	\$5,000	\$5,000
Children	\$1,000	\$1,000
Supplemental assistance*		
Teladoc: unlimited telephonic doctor visits with no consultation fee	Included	Included
SupportLinc Employee Assistance Program		
First Health PPO Network discounts		
Monthly Rates (all benefits and services)		
Employee Only	\$56.58	\$103.64
Employee + Spouse	\$129.93	\$210.19
Employee + Child(ren)	\$121.89	\$184.67
Employee + Family	\$184.26	\$280.40

¹The Minimum Essential Coverage and Minimum Value Plan options are not underwritten by AXIS Insurance Company, they are self-funded plans offered by the Employer. The inpatient hospital fixed indemnity, outpatient accident-only, critical illness and AD&D benefit plans are underwritten by AXIS Insurance Company. Prescription insurance, if offered, is provided by RxSense and is not underwritten by AXIS Insurance Company. Coverage is subject to exclusions and limitations, and may not be available in all US states and jurisdictions. 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.

***THE SUPPLEMENTAL SERVICES LISTED ARE NOT INSURANCE AND ARE NOT PROVIDED BY THE UNDERWRITING COMPANIES SHOWN HERE.**

NOTICE

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. THIS INSURANCE IS NOT MINIMUM ESSENTIAL BENEFITS AS SET FORTH UNDER THE PATIENT PROTECTION AND AFFORDABLE CARE ACT. IF YOU DON'T HAVE MINIMUM ESSENTIAL COVERAGE, YOU MAY OWE ADDITIONAL PAYMENT WITH YOUR TAXES.

Minimum Essential Coverage (MEC) Preventive Care Benefits

The Plan covers preventive and wellness services for eligible adults and children, and women's preventive services in compliance with the Affordable Care Act of 2010 (ACA), the regulations promulgated thereunder, and as amended from time.

In addition to the below, a description of preventive services can be found at the following websites:

<https://www.healthcare.gov/coverage/preventive-care-benefits/>;

<https://www.uspreventiveservicestaskforce.org/Page/Name/uspstf-a-and-b-recommendations/>;

<https://www.cdc.gov/vaccines/hcp/acip-recs/index.html>;

https://www.aap.org/en-us/Documents/periodicity_schedule.pdf; <https://www.hrsa.gov/womensguidelines/>.

Recommended ages, frequency and populations are for example only. Coverage will be in accordance with current recommendations under the ACA or, if none, with reasonable medical judgment. Unless otherwise noted, frequency will be presumed to be annual.

Subject to the Plan's provisions, limitations and exclusions, the following are covered benefits when received at an In-Network Provider with no cost-sharing.

Preventive Care Services for Adults.

Wellness or office exams billed by Physicians with the below services or with a covered preventive diagnosis are covered under the Plan.

Charges for covered Preventive Services:

1. Abdominal aortic aneurysm one-time screening for men of specified ages who have ever smoked, ages 65-75.
2. Alcohol misuse screening and counseling, ages 18 and older.
3. Aspirin use to prevent cardiovascular disease for men and women of certain ages, ages 50-59.
4. Blood pressure screening for all adults, ages 18 and older.
5. Colorectal cancer screening for adults over 50.
6. Depression screening for adults.
7. Diabetes (Type 2) screening for adults with high blood pressure.
8. Hepatitis B screening for people at high risk, including people from countries with 2% or more Hepatitis B prevalence, and U.S.-born people not vaccinated as infants and with at least one parent born in a region with 8% or more Hepatitis B prevalence.
9. Hepatitis C screening for adults at increased risk, and one time for everyone born 1945-1965.
10. HIV screening everyone ages 15-65, and other ages at increased risk.
11. Immunization vaccines for adults.
(NOTE: Doses, recommended ages, and recommended populations vary):
 - Diphtheria
 - Hepatitis A
 - Hepatitis B
 - Herpes Zoster
 - Human Papillomavirus
 - Influenza (Flu Shot)
 - Measles, Mumps, Rubella
 - Meningococcal
 - Pneumococcal
 - Tetanus, Diphtheria, Pertussis
 - Varicella (Chickenpox)
12. Lung cancer screening for adults 55-80 at high risk for lung cancer because they're heavy smokers or have quit in the past 15 years.
13. Obesity screening and counseling.
14. Sexually Transmitted Infection (STI) prevention counseling for adults at higher risk.
15. Syphilis screening for all adults at higher risk.
16. Tobacco use screening for all adults and cessation interventions for tobacco users.

17. Statin use for the primary prevention of cardiovascular disease in adults. The USPSTF recommends that adults without a history of cardiovascular disease (CVD) (eg, symptomatic coronary artery disease or ischemic stroke) use a low- to moderate-dose statin for the prevention of CVD events and mortality when all of the following criteria are met: 1) they are aged 40 to 75 years; 2) they have one or more CVD risk factors (ie, dyslipidemia, diabetes, hypertension, or smoking); and 3) they have a calculated 10-year risk of a cardiovascular event of 10% or greater.
18. Latent tuberculosis infection screening for asymptomatic adults at increased risk for infection.

Preventive Care Services for Children

Wellness or office exams billed by Physicians with the below services or with a covered preventive diagnosis are covered under the Plan.

Recommended Well Baby/Child Visit Schedule:

- Ages: 0 to 11 months – 6 visits
- Ages: 1 to 4 years – 7 visits
- Ages: 5 to 10 years – annual visits
- Ages: 11 to 14 years – annual visits
- Ages: 15 to 17 years – annual visits

Charges for covered Preventive Services:

1. Alcohol and Drug use assessments for adolescents.
2. Autism screening for Children at 18 and 24 months.
3. Behavioral assessments for Children (ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years).
4. Blood pressure screening for Children (ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years).
5. Depression screening for adolescents.
6. Developmental screening for Children under age 3.
7. Dyslipidemia screening for Children at higher risk of lipid disorders (ages: 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years).
8. Fluoride chemoprevention supplements for Children without fluoride in their water source.
9. Gonorrhea preventive medication for the eyes of all newborns.
10. Hearing screening for all newborns.
11. Height, Weight and Body Mass Index measurements for Children (ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years).
12. Hematocrit or Hemoglobin screening for all Children.

13. Hemoglobinopathies or sickle cell screening for newborns.
14. HIV screening for adolescents at higher risk.
15. Hypothyroidism screening for newborns.
16. Immunization vaccines for Children from birth through age 18. *(NOTE: Doses, recommended ages, and recommended populations vary):*
 - Diphtheria, Tetanus, Pertussis (Whooping Cough)
 - Haemophilus influenzae type b
 - Hepatitis A
 - Hepatitis B
 - Human Papillomavirus (PVU)
 - Inactivated Poliovirus
 - Influenza (Flu Shot)
 - Measles
 - Meningococcal
 - Pneumococcal
 - Rotavirus
 - Varicella (Chickenpox)
17. Lead screening for Children at risk of exposure.
18. Medical history for all Children throughout development (ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years).
19. Obesity screening and counseling.
20. Oral health risk assessment for young Children (ages: 0 to 11 months, 1 to 4 years, 5 to 10 years).
21. Phenylketonuria (PKU) screening for newborns.
22. Sexually Transmitted Infection (STI) prevention counseling and screening for adolescents at higher risk.
23. Tuberculin testing for Children at higher risk of tuberculosis (ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years).
24. Vision screening for all Children.

Preventive Care Services for Women (Including Pregnant Women or Women Who May Become Pregnant).

Wellness or office exams billed by Physicians with the below services or with a covered preventive diagnosis are covered under the Plan annually or as needed to include pre-natal visits.

Charges for covered Preventive Services as listed below:

1. Breast cancer genetic test counseling (BRCA) counseling for women at higher risk.
2. Breast cancer mammography screenings every 1 to 2 years for women over 40.
3. Breast cancer chemoprevention counseling for women at higher risk.

4. Breastfeeding comprehensive support and counseling from trained providers, as well as access to breastfeeding supplies for pregnant and nursing women.
5. Cervical cancer screening for sexually active women.
6. Chlamydia infection screening for younger women and other women at higher risk.
7. Contraception: Food and Drug Administration-approved contraceptive methods, sterilization procedures, and patient education and counseling, as prescribed by a health care provider for women with reproductive capacity (not including abortifacient drugs used for non-surgical abortions). This does not apply to health plans sponsored by employers who have religious and/or moral objections to covering contraceptives.
8. Depression screening for women during pregnancy and in the postpartum period.
9. Domestic and interpersonal violence screening and counseling for all women.
10. Folic acid supplements for women who may become pregnant.
11. Gestational diabetes screening for women 24 to 28 weeks pregnant and those at high risk of developing gestational diabetes.
12. Gonorrhea screening for all women at higher risk.
13. Hepatitis B screening for pregnant women at their first prenatal visit.
14. Human Immunodeficiency Virus (HIV) screening and counseling for sexually active women.
15. Human Papillomavirus (HPV) DNA test every 3 years for women with normal cytology results who are 30 or older.
16. Osteoporosis screening for women over age 60 depending on risk factors.
17. Rh incompatibility screening for all pregnant women and follow-up testing for women at higher risk.
18. Sexually Transmitted Infections (STI) counseling for sexually active women.
19. Syphilis screening for all pregnant women or other women at increased risk.
20. Tobacco use screening and interventions for all women, and expanded counseling for pregnant tobacco users.
21. Screening for asymptomatic bacteriuria in pregnant women at 12 to 16 weeks' gestation or at their first prenatal visit, if later.
22. Well-woman visits to get recommended services for women under 65.
23. Preeclampsia screening in pregnant women with blood pressure measurements throughout pregnancy.

The Minimum Essential Coverage plan is not underwritten by AXIS Insurance Company, it is a self-funded plan offered by the Employer.

What's Not Covered

Under the Group Hospital Indemnity We will not pay for any loss, injury or sickness that is caused by, or results from:

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. Declared or undeclared war or act of war;
5. Release, whether or not accidental, or by any person unlawfully or intentionally, of nuclear energy or radiation, including sickness or disease resulting from such release;
6. 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. Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days;
7. Travel or activity outside the United States, Canada or Mexico, except for a Medical Emergency;
8. Flight in, boarding or alighting from an Aircraft except as: a fare-paying passenger on a regularly scheduled commercial or charter airline; a passenger in a non-scheduled, private Aircraft used for pleasure purposes with no commercial intent during the flight;
9. 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;
10. Bungee-cord jumping, parachuting, skydiving, parasailing, hang-gliding;
11. 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;
12. 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 officer's report, or similar items will be considered proof of the Insured Person's intoxication;
13. An Accident if the Insured Person is the operator of a motor vehicle and does not possess a valid motor vehicle operator's license, unless: (a) the Insured Person holds a valid learners permit and (b) the Insured Person is receiving instruction from a driver's education instructor;
14. Alcoholism, drug addiction or the use of any drug or narcotic except as prescribed by a Physician unless specifically provided herein;

15. Repair or replacement of existing dentures, partial dentures, braces, fixed or removable bridges, or other artificial dental restoration;
16. Repair, replacement, examinations for prescriptions or the fitting of eyeglasses or contact lenses;
17. 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;
18. Mental and nervous disorders;
19. Elective surgery or cosmetic surgery, except for reconstructive surgery needed as the result of a Covered Injury or Covered Sickness;
20. Experimental or Investigational drugs, services, supplies. For the purposes of this exclusion, "Experimental or Investigational" means medical services, supplies or treatments provided or performed in a special setting for research purposes, under a treatment protocol or as part of a clinical trial (Phase I, II or III). The covered service will also be considered Experimental or Investigational if the Insured Person is required to sign a consent form that indicates the proposed treatment or procedure is part of a scientific study or medical research to determine its effectiveness or safety. Medical treatment, that is not considered standard treatment by the majority of the medical community or by Medicare, Medicaid or any other government financed programs or the National Cancer Institute regarding malignancies, will be considered Experimental or investigational. A drug, device or biological product is considered Experimental or Investigational if it does not have FDA approval or approval under an interim step in the FDA process, i.e., an investigational device exemption or an investigational new drug exemption;
21. Treatment for being overweight, gastric bypass or stapling, intestinal bypass, and any related procedures, including complications;
22. Sexual reassignment surgery, sexual transformation surgery, sexual transgendering surgery;
23. 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 Covered Sickness;
24. Treatment or services provided by a private duty nurse;
25. Organ or tissue transplants and related services;
26. Personal comfort or convenience items;
27. Rest or custodial cures;
28. Hearing aids;
29. An Injury or Sickness for which the Insured Person is paid benefits under any Workers' Compensation or occupational disease law or under any insurance policy that provides benefits to the Insured Person for injuries resulting from an occupational accident.

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; or
4. The Insured Person.

Under the Accident Medical Expense Policy We will not pay for loss, injury or sickness that is caused by, or results from:

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. Declared or undeclared war or act of war;
5. Release, whether or not accidental, or by any person unlawfully or intentionally, of nuclear energy or radiation, including sickness or disease resulting from such release;
6. 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. Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days;
7. Flight in, boarding or alighting from an Aircraft except as a fare-paying passenger on a regularly scheduled commercial or charter airline;
8. 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;
9. 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;
10. 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;
11. 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;
12. 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;

What's Not Covered (continued)

13. 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; or
4. The Insured Person.

In addition to the above Exclusions, Under the Accident Medical Expense Policy, We will not pay for any loss, 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 (except as provided in the Policy) 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 (except as specifically covered by the Policy.)
9. Expenses incurred for treatment of temporomandibular or craniomandibular joint dysfunction and associated myofascial 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 (This exclusion does not apply in any state where prohibited.)

15. Conditions that are not caused by a Covered Accident;
16. Any treatment, service or supply not specifically covered by the Certificate; or
17. Injuries paid under medical payment coverage or no-fault coverage contained in an automobile insurance policy or liability insurance policy.

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

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. Any Pre-existing 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. "Pre-existing 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 Physician 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.
***Will vary by state.**
6. the Insured Person's voluntary participation in a riot;
7. any illness, loss or condition specifically excluded from the definition of any Critical Illness;
8. a Critical Illness that was initially Diagnosed before the Coverage Effective Date;
9. war, whether declared or not;
10. balloon angioplasty, laser relief of an obstruction, and/or other intra-arterial procedure unless covered under this Certificate; or
11. any injury or Sickness covered under any state or federal Workers' Compensation, Employer's Liability law or similar law.

No Prescription Drug Benefits will be paid for:

1. 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.
2. Blood glucose meters and insulin injecting devices.
3. Depo-Provera; condoms, contraceptive sponges, and spermicides; sexual dysfunction drugs.
4. Biologicals (including allergy tests); blood products; growth hormones; hemophilic factors; MS injectable; immunizations; and all other injectable unless shown in the definition of Prescription Drug.
5. Medical supplies and durable medical equipment.

6. 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.
7. Anorexiant; 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.
8. Refills in excess of that specified by the prescribing Physician, or refills dispensed after one year from the original date of the prescription.
9. Any drug labeled "Caution – limited by Federal Law for Investigational Use" or experimental drugs.
10. Any drug which the Food and Drug Administration has determined to be contraindicated for the specific treatment.
11. 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.
12. 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.
13. Any expenses related to the administration of any drug.
14. Drugs or medicines taken while in or administered by a Hospital or any other health care facility or office.
15. Drugs covered under Worker's Compensation, Medicare, Medicaid or other governmental program.
16. Drugs, medicines or products which are not medically necessary.
17. Diaphragms; erectile dysfunction Legend Drugs; and infertility Legend Drugs.
18. Epi-Pen, Epi-Pen Jr., Ana-Kit, Ana-Guard; Glucagon-auto injection; and Imitrex-auto injection. Smoking deterrents, Legend or over-the-counter drugs.
19. Replacement of stolen medication (except under circumstances approved by us), or lost, spilled, broken or dropped Prescription Drugs.
20. Vacation supplies of Prescription Drugs (except under circumstances approved by us).
21. 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.

*** Prescription benefits provided are not underwritten by AXIS Insurance Company but are underwritten by an A.M. Best Rated Carrier.**

Please note that certain exclusions and limitations listed in the "What's Not Covered" sections may vary by state law.

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