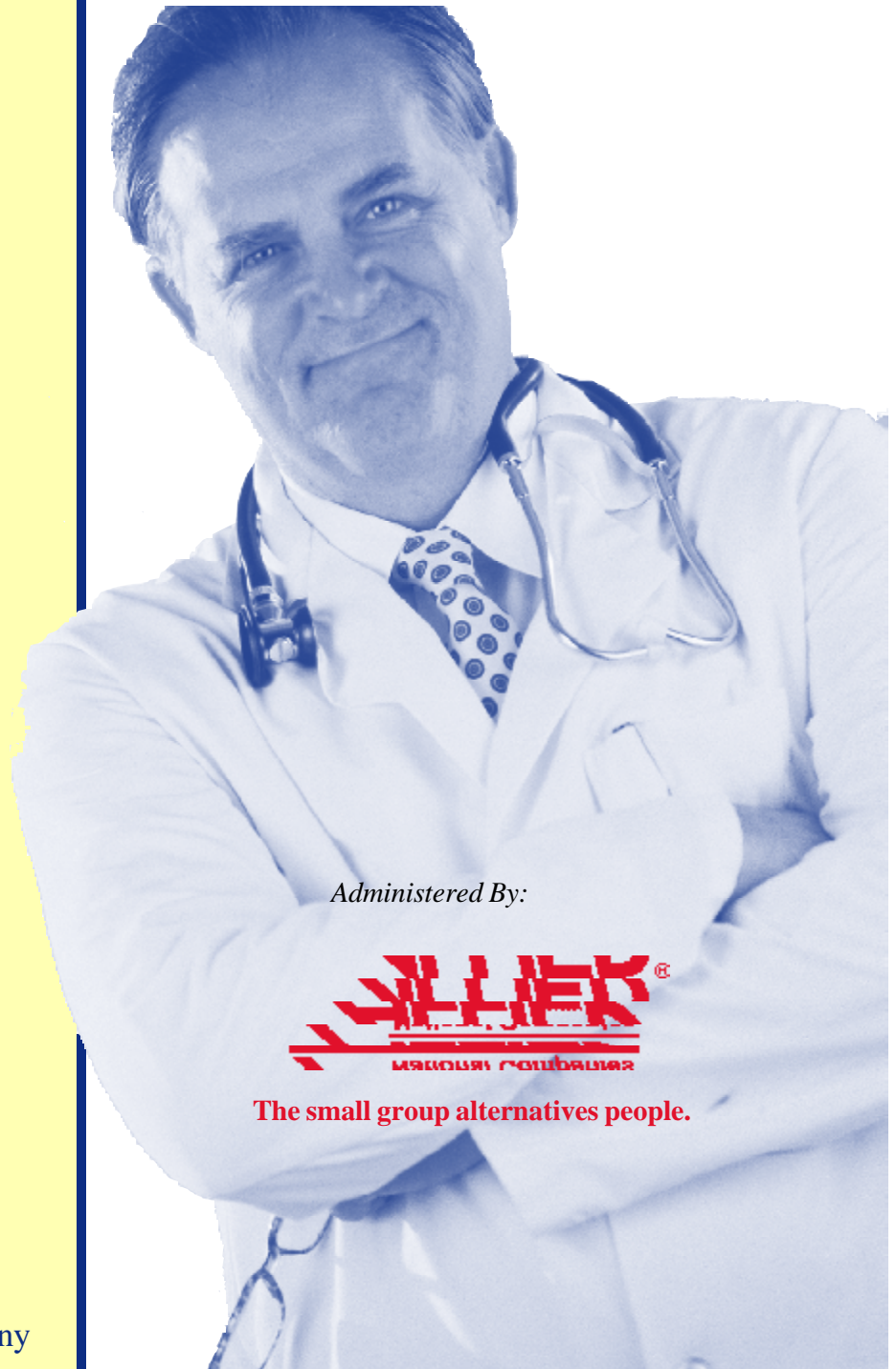




# Plan Disclosure

- Horizons<sup>®</sup> Major Medical
- Horizons<sup>®</sup> Cost Saver
- Horizons<sup>®</sup> Cost Saver PLUS Major Medical



*Administered By:*



**The small group alternatives people.**

Underwritten By:  
Guarantee Trust Life Insurance Company

# Horizons® Health Plans—Common Provisions for All Plans

The following information describes the Horizons® Health Plans policy benefits, limitations, exclusions and requirements. Exact provisions for the plan are contained in the master policy. Each insured employee will receive a Certificate of Insurance which contains a detailed explanation of the plan provisions. Some provisions, benefits, exclusions or limitations listed in this guide may vary depending on the state in which the employer is located.

Final rates and eligibility for all groups are determined at the time of underwriting. DO NOT cancel current coverage until your new group coverage has been approved in writing by Allied.

Please contact Allied Sales Support at 1-800-825-7531, extension 885, for up-to-date information on your state and for special underwriting situations.

## Participation, Contribution Requirements and Eligibility

A minimum of two (2) insured employees is required at all times and a minimum employee participation of 75% of the eligible employees must be enrolled. Any employee who waives

coverage because they have a qualifying existing coverage is not counted in the above participation totals (unless the qualifying coverage is another plan with that same employer). However, at least 50% of the full-time employees, except in OK, must participate in the plan on the case effective date for the group to be considered eligible. The employer must contribute a minimum of 25% of each employee's premium costs. There is no minimum participation requirement for dependents.

**Eligibility:** An eligible employee means a person directly employed and actively at work (including approved medical leave) on a full-time basis in the regular business of and compensated by regular periodic wages for service by the employer. Full-time is 30 hours per week (24 hours in OK and 25 hours in OH).

Eligible dependents are an employee's legal spouse who is not legally separated or divorced from the employee and is not a member of the armed forces; and an employee's unmarried children, including step children, legally adopted or foster children,

under the age of 24 (regardless of whether a full-time student) who are primarily dependent (at least 50%) on the employee for support and maintenance.

## Waivers

Waivers must be completed for ALL eligible employees and/or dependents not enrolling for coverage. If the waiver is because of qualifying existing coverage, the waiver will not count against calculation of the group's participation. An employee's failure to complete a waiver could jeopardize his or her future rights to coverage.

## Effective Dates and Rates

A group may request any effective date provided that a complete application is received in our office no later than five working days following that date. Receipt of 100% of employee enrollment forms or waivers is mandatory before coverage can be approved. In all circumstances, coverage is not in effect until approval is granted in writing by Allied National.

A group that has coverage effective on dates other than the first of the month will have its second month's premium prorated,

## Horizons® Cost Saver and Horizons® Cost Saver PLUS Major Medical Only

### Eligible Expenses

Eligible Expense is the Maximum Allowable Charge for the following services. Benefits for some covered expenses may vary according to state law and benefit plan selected. All benefits shown apply to any applicable calendar year maximum benefit.

**Doctor's Office Visits:** The Office Visit benefit applies to the following services when performed in the doctor's office - office visits, consultations, immunizations, mammograms, pap smears plus most diagnostic and surgical services costing less than \$200. After the office visit copay, these services are paid at 100% in-network or 80% out-of-network. Any listed service that costs more than \$200, or other services not listed, even if performed in the doctor's office and on the same bill as the Office Visit, are considered Other Professional Services and are subject to deductible, copay and coinsurance.

**Out of Network Charges from Non-PPO Providers:** Paid at 80% if injury or sickness occurs outside the PPO service area while traveling for 30 days or less, or while permanently residing outside the service area, or while attending school full time outside the service area (dependent child only); or when receiving services at a PPO hospital from a Non-PPO provider.

**Routine Exams & Immunizations for Children:** Subject to schedule of visits outlined in policy.

**Lifetime Maximum:** Gold-\$750,000; Silver-\$500,000; Bronze-\$250,000

**Calendar Year Maximum Treatment Days** for Inpatient Hospital Confinement for Nervous, Emotional or Mental Disorders or Disease Care (Including Alcoholism and Chemical Dependency Care): 31 days in any 12 month period.

**Lifetime Maximum for Alcohol and Chemical Dependency Care:** \$10,000

**Calendar Year Maximum Visits** for Outpatient Care for Nervous, Emotional or Mental Disorders or Disease Care (Including Alcoholism and Chemical Dependency Care): 10 visits

**Physical Diagnosis or Treatment of Infertility Conditions:** \$500 Lifetime Benefit

**Hospice Care Lifetime Maximum Benefit:** One benefit period not to exceed six months

**Home Health Care Calendar Year Maximum Benefit:** 20 Visits

**Pregnancy Care Benefit for Employee or Spouse Only:** Payable same as any other sickness (If elected. Optional for groups of 5 or more.) No well baby benefit included.

**Complications of Pregnancy:** Payable same as any other sickness

**Calendar Year Maximum Visits:** Orthopedic Manipulation: 10 visits; Occupational Therapy and Speech Therapy: 10 visits

**Covered Expenses also include Maximum Allowable Charges for the following medically necessary expenses:** Hospital and surgical services by a physician; Inpatient R.N. services; services by an anesthetist or physical therapist; X-ray or radiation therapy; X-ray exams and test; Ambulatory Surgical Center charges; blood, blood plasma, oxygen, anesthesia and their administration; initial artificial limbs or eyes to replace natural limbs or eyes lost while insured under this plan; casts, splints, surgical dressings, trusses, braces, crutches and the rental of durable mechanical medical equipment not to exceed purchase price; initial eyeglasses or contact lens(es) required as a result of cataract(s) surgery; breast reconstruction surgery and prosthesis required as a result of mastectomy(ies) performed while insured under this policy.

See the Certificate of Insurance for complete Plan details.

so that future coverage months begin on the first of the month.

#### **Multi Location Groups**

Groups with multiple locations need to be rated by Allied at the home office with the total employee count and PPO selection for each location.

#### **Dependent Rating**

Horizons Health Plans use an “all” children rate. When a group has a higher than normal average number of children per employee, rates may be increased to compensate for the number of children.

#### **Pre-Existing Conditions**

A pre-existing condition is a Bodily Injury or Sickness, whether a physical or mental condition, regardless of the cause for the condition, for which medical advice, diagnosis, care or treatment was recommended or received by an Insured Person within the six (6) month period ending on the Enrollment Date. Medical advice, diagnosis, care or treatment will be taken into account only if it is recommended by or received from an individual licensed or similarly authorized to

provide such services under state law and operating within the scope of practice authorized by state law. A pregnancy existing on or before the Enrollment Date is not considered a pre-existing condition. No benefits are payable for a pre-existing condition until a continuous period of: (a) twelve (12) months (IN - 9 months, KS - 90 days) from the Enrollment Date, with respect to other than Late Applicants, and (b) eighteen (18) months (IN - 15 months) with respect to Late Applicants, has elapsed.

For Horizons Major Medical Plans only, a pre-existing conditions benefit allowance of \$500 will be provided to an Insured Person who does not qualify for credit towards satisfying his/her pre-existing condition exclusion period as described above.

#### **Takeover Benefits**

Takeover benefits allow a group to switch coverage while maintaining valuable credit toward such things as deductibles and pre-existing condition exclusion periods.

Takeover benefits provide:

- Credit for prior “creditable coverage” applied towards the pre-existing condition limitation if there has not been a break in coverage exceeding 62 days (in KS and TX—63 days). The “portability” provisions apply to all initial insureds and subsequent *timely* additions to a group. Creditable coverage includes individual plans so even new employees can qualify.
- Credit towards any deductible satisfied under the employer’s prior plan during the current calendar year, or the 90 days prior to the effective date—whichever is longer.

#### **LabOne® Benefits**

Horizons Health Plans (except HSAs) extend the insureds benefit by automatically enrolling them in the Lab Card® Program, which provides outpatient lab testing at no charge when done at a LabOne facility or at a doctor’s office that sends the tests to a LabOne facility. It is a voluntary program, meaning that insureds can choose not to have their testing done using their LabOne Card, however the insured will be responsible

## Provisions

### Horizons Cost Saver PLUS Major Medical Eligible Expenses

The following benefit provisions override similar limitations in the Horizons Cost Saver policy as described to the left when an individual becomes eligible for major medical benefits.

- Lifetime Maximum – \$2,000,000
- Calendar Year Maximum – \$1,000,000 except where indicated otherwise.
- Organ transplants – limited to \$1,000,000 maximum lifetime benefit when participating in an approved Health Care Coordination care plan. If not participating in an approved plan, benefits are limited to 50% coinsurance to a maximum benefit of \$100,000. Human organ or tissue donor expenses are limited to \$10,000.
- Extended Care facility – not to exceed a daily benefit of \$125 or 60 days.
- Air Ambulance – transportation per trip: Maximum benefit \$5,000.

See the Certificate of Insurance for complete Plan details.

In addition to the plan provisions listed in the yellow section above, Horizons Cost Saver and Horizons Cost Saver PLUS Major Medical have the following plan provisions:

#### **Life Extra Optional Coverage and Life Only Coverage**

##### **Horizons Cost Saver**

Life Extra Optional Coverage is available for Horizons Cost Saver. If elected by the employer, a level \$10,000 is available for each employee (dependent life is automatically provided if life extra coverage is elected: spouse—\$5,000; child >6 months—\$2,000; child <6 months, \$500). If elected by the employer, life extra coverage must be taken for all covered employees.

Life Only coverage is not available for Horizons Cost Saver.

##### **Horizons Cost Saver PLUS Major Medical**

Life Extra Optional Coverage and Life Only Coverage (for those not electing medical coverage) are available for Horizons Cost Saver PLUS Major Medical. See “Life Extra Optional Coverage and Life Only Coverage Options” under the “Horizons Major Medical Only Plan Provisions” section of this Plan Disclosure for details.

#### **Medical Underwriting**

Employees enrolling in the **Horizons Cost Saver Plan** do not undergo medical underwriting. Employees fill out a simple enrollment form without medical questions. There are no rate ups at underwriting time due to medical history.

**The Horizons Cost Saver PLUS Major Medical Plan** requires evidence of insurability for each employee and their family members. Acceptance and final rates can only be determined after submission to Allied underwriting. Any existing health insurance should not be terminated until approval and final rates have been provided in writing by Allied.

#### **Group Size**

Horizons Cost Saver is available for groups of two or more.

Horizons Cost Saver PLUS Major Medical is for groups of 2-50. However, larger groups for Horizons Cost Saver PLUS Major Medical may be considered. Contact Allied Sales Support at 1-800-825-7531, ext. 885, for larger groups under this Plan.

for their coinsurance or copay for laboratory charges.

### Prescription Drug Coverage

Each insured employee will receive a prescription drug ID card that can be used at over 35,000 participating pharmacies across the nation including most of the major national chains. Insureds may also purchase maintenance drugs through the mail. The following Prescription Drug restrictions apply:

- Copay, deductible and coinsurance amounts do not count toward satisfaction of deductible and out-of-pocket costs under the major medical plan.
- Benefits are based upon the contracted price or the Maximum Allowable Cost (MAC) as determined by the Prescription Drug Card Service (PDCS). MAC is the ceiling price set by the PDCS on the generic equivalents of a brand name drug.
- If a brand name drug is prescribed with no substitutions allowed, the insured pays the applicable brand name copay and coinsurance. If a brand name drug is

requested by the insured when the prescription allows generic substitutions, the insured is also responsible for the additional cost difference between the brand name drug and the generic alternative.

### Pre-Notification

Horizons Health Plans assist the insured person and his or her family with medical education material, high-risk monitoring programs, and coordination of treatment plans and costs with doctors and hospitals. These services help ease a patient through the medical process and control expenses to the benefit of all insureds.

Horizons Health Plans require that insureds give pre-admission notification in the following instances:

- Within 30 days from the date of diagnosis of a pregnancy.
- Outpatient surgery exceeding \$1,000 (not required with Horizons Cost Saver).
- Inpatient admission and treatment.
- Human organ or tissue transplants.

### Rating and Renewal Disclosure

Premiums are subject to change every twelve months. The same rate table for each rating period will be used for all new and renewing employers. Each employer's premium may vary from the rate table due to health status, claims experience and duration of coverage as allowed by state law.

Employer participation in the Plan is on a monthly renewable basis. In addition to the reasons for termination of coverage detailed in the policy, the Insurance Company may a) discontinue the Plan in its entirety in any state provided they discontinue coverage for all similarly situated employees in that state, provide at least 90 days advance notice of discontinuance and offer the option to purchase any other group health insurance coverage offered in that state or b) discontinue offering all health insurance coverage in the small group market in a state by providing at least 180 days advance notice of non-renewal.

See the Certificate of Insurance for complete Plan details.

## Horizons® Major Medical Only Provisions

In addition to the plan provisions listed in the yellow section above, Horizons Major Medical Plans have the following plan provisions:

### Life Extra Optional Coverage and Life Only Coverage

Life Extra Optional Coverage and Life Only Coverage (for those not electing medical coverage) are available for Horizons Major Medical and Horizons Cost Saver PLUS Major Medical. In addition to the term life coverage, these provide accidental death and dismemberment coverage for the **insured\*** that pays three ways:

- Full benefits for accidental death
- The full amount of the life benefit for multiple loss of hands, feet, limbs or eyesight
- One-half the amount if one loss occurs

Life benefit amounts are available in \$1,000 units from \$10,000 to \$50,000. These benefits reduce by 35% at age 65, and the resulting amounts are reduced by an additional 35% every five years thereafter to a minimum benefit of \$1,000.

You can select life coverage benefits for employees based on one of the following:

- A. INCOME** - Benefits can equal one-half, one, two or three times the employee's annual earnings rounded to the nearest \$1,000.

**B. JOB CLASS** - Benefit levels can be arranged by job titles. If benefits are set up according to class, each class must have at least two employees and the benefit for each class may be no more than 2 1/2 times the benefit of the next lower class.

**C. INCOME CLASS** - Benefits can reflect a company's pay scale with a prearranged benefit amount set for each pay level.

**D. FLAT AMOUNT** - All eligible employees can be covered for the same benefit amount.

If the employer elects Life Extra Coverage, all employees must take the coverage and dependents insured for health coverage also receive Dependent Life Benefits. An employee electing Life Only coverage (available for those not electing medical coverage) will also be insuring his or her dependents for Dependent Life Benefits. Benefit amounts are:

Spouse ..... \$5,000  
Child 6 months of age or greater ... \$2,000  
Child less than 6 months of age ..... \$500

\*Accidental death and dismemberment coverage is not available for dependents.

### Participation for Life Extra and Life Only

1. All employees insured under the health portion of the coverage are covered with Life Extra if elected by the employer; and
2. Any employee not taking health coverage may apply for Life Only by fully completing an evidence of insurability application.

### Medical Underwriting

Horizons Major Medical Plans are medically underwritten. Final rates are based on a review of all applicable medical information. Coverage is contingent upon meeting all eligibility requirements and acceptance of final rates. Do not cancel current coverage until coverage has been approved in writing by Allied.

*(Continued on Next Page)*

# Horizons® Major Medical (Continued)

## Horizons Major Medical Plans—Eligible Expenses

Eligible Expense is the Maximum Allowable Charge for the following services. Benefits for some covered expenses may vary according to state law and benefit plan selected.

**Doctor's Office Visits:** The Office Visit benefit applies to the following services when performed in the doctor's office - office visits, consultations, immunizations, mammograms, pap smears plus most diagnostic and surgical services costing less than \$200. After the In-Network Office Visit Copay, these services are paid at 100% In-Network or 80% Out-of-Network. Out-of-Network Office Visits are subject to two times the Copay and applicable Out-of-Network coinsurance. Any listed service that costs more than \$200, or other services not listed, even if performed in the doctor's office and on the same bill as the Office Visit, are subject to deductible, copay and coinsurance.

**Out of Network charges from Non-PPO Providers:** Paid at lesser of 80% or In-Network Coinsurance if injury or sickness occurs outside the PPO service area while traveling for 30 days or less, or while permanently residing outside the service area, or while attending school full time outside the service area (dependent child only); or when receiving services at a PPO hospital from a Non-PPO provider. Applies to Out-of-Network Deductible and Out-of-Pocket.

**Routine Exams & Immunizations for Children:** Subject to schedule of visits outlined in policy.

### Hospital Daily Rate (Including Nursing Charges)

Ward & Semi-Private: ..... Full Amount up to Semi-Private Room  
Observation Room: ..... Semi-Private Room Prorated  
Intermediate Care Unit and Step-Down Unit: ..... 2X Semi-Private Room  
Private Room: ..... Semi-Private Room  
Intensive Care Unit: ..... 3X Semi-Private Room  
Skilled Nursing Unit: ..... Full Amount up to 50% Semi-Private Room  
Extended Care Facility ..... Daily Rate not to exceed a daily benefit of \$125 or 60 days during any Calendar Year.

**Lifetime Maximum Aggregate Benefit** (except as otherwise indicated in the Schedule of Benefits): \$2,000,000

**Calendar Year Maximum Aggregate Benefit** (except as otherwise indicated in the Schedule of Benefits): \$1,000,000

**Lifetime Maximum Benefit per Human Organ or Tissue Transplant** if Insured Person is being treated in accordance with an approved care Plan under Health Care Coordination: \$1,000,000. If Insured Person is not under Health Care Coordination: 50% of charges to maximum benefit of \$100,000. Human Organ or Tissue Transplant from a Donor: \$10,000

**Aggregate Benefit for Alcoholism and Chemical Dependency:** Lifetime Maximum of \$10,000

**Calendar Year Maximum Treatment Days** for Inpatient Hospital Confinement for Nervous, Emotional or Mental Disorders or Disease Care (Including Alcoholism and Chemical Dependency Care): 31 days

**Calendar Year Maximum Visits** for Outpatient Care for Nervous, Emotional or Mental Disorders or Disease Care (Including Alcoholism and Chemical Dependency Care): 26 visits

**Physical Diagnosis or Treatment of Infertility Conditions:** \$500 Lifetime Benefit

**Hospice Care Lifetime Maximum Benefit:** One benefit period not to exceed six months

**Home Health Care Calendar Year Maximum Benefit:** 40 Visits

**Ground Ambulance- transportation per trip:** Maximum Benefit \$500

**Air Ambulance- transportation per trip:** Maximum Benefit \$5,000

**Pregnancy Care Benefit for Employee or Spouse Only:** Payable same as any other sickness (if elected.)

**Complications of Pregnancy:** Payable same as any other sickness

**Well Baby Care:** Two days payable same as any other sickness

### Calendar Year Maximum Visits:

Orthopedic Manipulation: 20 visits

Occupational Therapy and Speech Therapy: 20 visits

### OUT-OF-NETWORK LIMITATIONS:

**Office Visit Copay\*:** Two times In-Network Copay then Out-of-Network coinsurance applied.

**Deductible:** Additional deductible: \$1,000 on Traditional PPO Plan, one times In-Network deductible on Premium Advantage Plan. No family limit for Out-of-Network Deductibles.

**Out-of-Pocket Maximum\*\*:** Additional, equal to two times In-Network Out-of-Pocket Maximum. Family limit is two times individual limit.

\*\*With the No Deductible Plan all Out-of-Network copays are two times In-Network copays. Family limit for Out-of-Pocket Maximum for In-Network and Out-of-Network services is two times the individual limit.

**Covered Expenses also include Maximum Allowable Charges for the following medically necessary expenses:** Hospital and surgical services by a physician; Inpatient R.N. services; services by an anesthetist or physical therapist; X-ray or radiation therapy; X-ray exams and test; Ambulatory Surgical Center charges; blood, blood plasma, oxygen, anesthesia and their administration; initial artificial limbs or eyes to replace natural limbs or eyes lost while insured under this plan; casts, splints, surgical dressings, trusses, braces, crutches and the rental of durable mechanical medical equipment not to exceed purchase price; initial eyeglasses or contact lens(es) required as a result of cataract(s) surgery; breast reconstruction surgery and prosthesis required as a result of mastectomy(ies) performed while insured under this policy.

See the Certificate of Insurance for complete Plan details.



911 Broadway, Kansas City, MO 64105

[www.alliednational.com](http://www.alliednational.com)

**1-800-825-7531**

Sales Support, ext. 885

Customer Service, ext. 881

## Limitations and Exclusions for All Horizons Health Plans

Unless specific exceptions to the following limitations and exclusions are made, no benefits shall be payable for any expenses caused by, incurred for, or resulting from:

- a. Bodily Injury or Sickness which arises out of or in the course of any employment for wage or profit (except for Insured Persons insured for the Optional Occupational Major Medical Expense Insurance Benefit for Corporate Officers, Owners and Partners), nor for a Bodily Injury or Sickness for which the Employee has or had a right to compensation under any Worker's Compensation or occupational disease law;
- b. Services or supplies for which no charge is made or for which the Insured Person is not required to pay;
- c. Pregnancy (unless the Insured Employee's eligible Participating Employer has elected the Optional Pregnancy Benefit), except that Complications of Pregnancy shall be considered a Sickness under the Policy;
- d. War or any act of war, or participation in a riot, or the commission of an assault or felony;
- e. Cosmetic surgery nor any treatment for ensuing complications; cosmetic surgery includes but is not limited to: (1) surgery to the upper and lower eyelid; (2) augmentation mammoplasty; (3) full or partial facial lifts; (4) dermal or chemo abrasion; (5) scar revision; (6) otoplasty; (7) lift, stretch or reduction of abdomen, buttocks, thighs or upper arm; (8) silicone injections to any part of the body; and (9) rhinoplasty; unless such surgery is required for a condition resulting from congenital defects or birth abnormalities or from Bodily Injury, and (except for a newborn child) such Bodily Injury occurred while the Insured Person was insured under this Part;
- f. Reduction mammoplasty that is not Medically Necessary;
- g. Elective surgery which is not Medically Necessary, except for Eligible Expenses incurred by an Insured Person for vasectomies, tubal ligations or hysterectomies when recommended and prescribed by a Doctor;
- h. Prevention or correction of teeth irregularities and malocclusion of jaws by wire appliances, braces or other mechanical aids, or any other care, repair, removal, replacement or treatment of or to the teeth or any surrounding tissues, except:
  - 1) treatment made necessary by Bodily Injury to Sound and Natural teeth incurred while the Insured Person was insured under this Part; or
  - 2) for the excision of partial bony or full bony impacted teeth or of a tumor or cyst, or an incision and drainage of an abscess or cyst;
- i. Treatment or surgery as the result of temporomandibular joint dysfunction;
- j. Treatment or surgery as the result of

- prognathism, retrognathism, micrognathism, or any treatment or surgery to reposition the maxilla (upper jaw), mandible (lower jaw), or both maxilla and mandible;
- k. Penile implant, reconstruction of vasectomy, or reconstruction of tubal ligation;
- l. Keratotomies or other surgical procedures to correct refractive errors, or examinations for and the cost of eyeglasses, contact lens or hearing aids;
- m. Exogenous or morbid obesity, including but not limited to:
  - 1) weight reduction programs of any type;
  - 2) all surgical procedures for the purpose of or as the result of weight reduction of an Insured; and
  - 3) all surgical procedures for reconstruction, repair or reversal of gastric or jejunoileal bypass as a result thereof;
- n. Repair or replacement of artificial limbs or eyes, except when made Medically Necessary by physical bodily change as recommended and prescribed by a Doctor;
- o. Inpatient prescription drugs which are not directly related to a specific diagnosis, not Medically Necessary or legally obtainable without a written prescription by a Doctor; nor any Outpatient drugs (prescription or non-prescription);
- p. Expenses incurred for periodic physical examinations other than for child supervision services which are not directly related to treatment of a Bodily Injury or Sickness, except as provided for in the Schedule of Benefits;
- q. Expenses arising from the treatment of a Bodily Injury or Sickness for which the Insured Person is not under the regular care of a Doctor or which are not authorized or prescribed by a Doctor;
- r. Services furnished by a Hospital or institution which:
  - 1) does not meet the definition specified in the Policy;
  - 2) is owned or operated by the United States Government or any agency thereof or is owned or operated by any State, Province or any other political subdivision unless there is a legal obligation for the Insured Person to pay in the absence of insurance;
- s. Expenses for treatment, paring or removal of corns, calluses or toenails (other than partial or complete removal of nail roots) except when prescribed by a Doctor who is treating the Insured Person for a metabolic disease, such as diabetes mellitus or a peripheral-vascular disease such as arteriosclerosis; or treatment of the feet by posting or strapping, or range of motion studies, or orthotics;
- t. Expenses incurred as the result of attempted suicide or intentionally self-inflicted Bodily Injury or Sickness while sane or insane;
- u. Expenses incurred on a date on which the Insured Person is not insured;
- v. Treatment of infertility by artificial insemination, in vitro fertilization of an ovum and/or

- development of an embryo in a laboratory, or use of fertility drugs; except that benefits shall be payable for medical or surgical services which are Medically Necessary for the physical diagnosis or treatment of infertility of an Insured Person as set forth in the Policy;
- w. Services received or supplies purchased outside the United States unless the charges are incurred while traveling on business or for pleasure, provided the procedure or treatment is approved for use in the United States and the claim is submitted in English or with English translation;
- x. Any medical procedure or drug considered Experimental Treatment;
- y. Services or supplies which are not Medically Necessary;
- z. Custodial or Convalescence Care;
- aa. An organ or tissue transplant or replacement, except those organ or tissue transplants or replacements specified under "Eligible Expense"; or for or related to transplantation of animal or artificial organs or tissues;
- bb. Any service or supply in connection with the implant of an artificial organ, including the implant of the artificial organ;
- cc. Any organ which is sold rather than donated to the Insured Person;
- dd. Any service or supply in connection with autologous bone marrow transplantation for treatment of any disease other than acute lymphocytic leukemia, acute non-lymphocytic leukemia, Hodgkin's disease, non-Hodgkin's lymphoma, neuroblastomas and breast cancer when combined with high dose chemotherapy;
- ee. Any service or supply in connection with autotransfusion/transplantation of autologous stem cells for the treatment of leukopenia from any cause;
- ff. Any service or supply in connection with identification of a donor from a local, state or national listing;
- gg. Any services or supplies in connection with cigarette smoking cessation;
- hh. Any service which is not documented in the Insured Person's medical file;
- ii. A Pre-Existing Condition, until a continuous period of: (a) twelve (12) months (IN-9 months, KS-90 days) from the Enrollment Date, with respect to other than Late Applicants, and (b) eighteen (18) months (IN- 15 months) with respect to Late Applicants, has elapsed during which insured;
- jj. Treatment, drugs, or devices for sexual dysfunction;
- kk. Hypnotherapy when used to treat conditions that are not recognized as Nervous, Mental or Emotional Disorder by the American Psychiatric Association;
- ll. Consultations and/or treatment provided over the Internet; or
- mm. Services related to narcotic maintenance for opiate addiction.