FEDERAL INSURANCE COMPANY
Whitehouse Station, New Jersey

INDIVIDUAL HOSPITAL INDEMNITY INSURANCE
OUTLINE OF COVERAGE
Policy Form AH-60410-TX

(1) *Read Your Policy Carefully* — This outline of coverage provides a very brief description of the important features of your Policy. This is not the insurance contract and only the actual Policy provisions will control. The Policy itself sets forth in detail the rights and obligations of both you and your insurance company. It is, therefore, important that you READ YOUR POLICY CAREFULLY!

(2) [IMPORTANT NOTICE TO PERSONS ON MEDICARE

- THIS INSURANCE DUPLICATES SOME MEDICARE BENEFITS
- THIS IS NOT MEDICARE SUPPLEMENT INSURANCE

This insurance pays a fixed dollar amount, regardless of your expenses, for each day you meet the Policy conditions. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

This insurance duplicates Medicare benefits when:

- any expenses or services covered by the Policy are also covered by Medicare (Medicare generally pays for most or all of these expenses).

Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:

- hospitalization
- physician services
- hospice care
- other approved items and services

BEFORE YOU BUY THIS INSURANCE

- Check the coverage in all health insurance policies you already have.
- For more information about Medicare and Medicare Supplement insurance, review the *Guide to Health Insurance for People with Medicare*, available from the insurance company.
- For help in understanding your health insurance, contact your state insurance department or state senior insurance counseling program.]

(3) *Hospital Indemnity Coverage* — Policies of this category are designed to provide, to persons insured, coverage in the form of a fixed daily benefit during periods of hospitalization resulting from a covered accident or sickness, subject to any limitations set forth in the Policy. Such policies do not provide any benefits other than the fixed daily indemnity for hospital confinement and any additional benefit described below.

(4) *Benefits* —

Hospital Admission Indemnity Benefit

We will pay a Hospital Admission Benefit if a Covered Person is admitted to a Hospital and Confined due to Sickness or Accident.

Daily Benefit Amount:	$[10-10,000]
Maximum Number of Days per Covered Person per Plan Year:	[1-5]

[Accidental Death and Dismemberment

We will pay the Accidental Death & Dismemberment Indemnity Benefit Amount if an Accident results in a covered Loss. The Accident must occur while a Covered Person is insured under this Policy, while it is in force. The Loss must occur within one (1) year after the Accident.

Maximum Amount per Covered Person: $[1,000-500,000]]

[Advanced Diagnostic Test Indemnity Benefit

We will pay the Advanced Diagnostic Test Indemnity Benefit when a Covered Person has one of the following tests performed: Angiogram/Arteriogram, DEXA Scan, EEG, Myelogram, CT Scan, MRI Scan, or PET Scan, Ultrasound. Such tests must be ordered by a Physician and be related to an Accident or Sickness. This insurance does not pay for tests performed while confined in a Hospital.

Benefit Amount:	$[50-5,000] per day limited to 1 test per day
Maximum Number of Days per Covered Person per Plan Year:	[1-10]]

[Ambulance Indemnity Benefit[:] [Air][/][Ground or Water]

We will pay the Ambulance Indemnity Benefit Amount if the Covered Person requires the use of an ambulance service [by [ground or water][and][or][air]] as a result of an Accident or Sickness.

[Daily Benefit Amount Air:	$[25 to 2,000] per day limited to 1 trip per day]
[Daily Benefit Amount Ground or Water:	$[25-2,000] per day limited to 1 trip per day]
Maximum Number of Days per Covered Person per Plan Year:	[1-30]]

[Anesthesia Indemnity Benefit

We will pay the Anesthesia Indemnity Benefit if a Covered Person receives Anesthesia for an In-Hospital or Out-Patient surgical procedure that is covered under this policy.

Benefit Amount per In-Hospital Surgical Procedure per Covered Person:	$[50-5,000] per day a Surgical Procedure is performed, limited to 1 benefit per 24-hour period
Maximum Number of Days per Covered Person per Plan Year:	[1-30]
Benefit Amount per Out-Patient Surgical Procedure per Covered Person:	$[50-5,000] per day a Surgical Procedure is performed, limited to 1 benefit per 24-hour period
Maximum Number of Days per Covered Person per Plan Year:	[1-30]]

[Audiologic Health Indemnity Benefit

We will pay the Audiological Evaluation Daily Benefit Amount when a Covered Person undergoes an Audiological Evaluation. We will pay Hearing Aid Daily Benefit Amount when a Covered Person fills a prescription for a new Hearing Aid(s). We will pay the Hearing Aid Repair Daily Benefit Amount if a Covered Person has a Hearing Aid(s) repaired or replaced, or requires new components of Hearing Aid(s) such as ear molds.

Audiological Benefit Waiting Period:	[0-60] days
Audiological Evaluation Daily Benefit Amount:	$[10-1,500] per day limited to one service per day
Maximum Number of Days per Covered Person per Plan Year:	[1-5] days
Hearing Aid Daily Benefit Amount:	$[10-2,500] per day limited to one service per day
Maximum Number of Days per Covered Person per Plan Year:	[1-2] days
Hearing Aid Repair Daily Benefit Amount:	$[10-500] per day limited to one service per day
Maximum Number of Days per Covered Person per Plan year:	[1-10] days]]

[Behavioral Health Visit Indemnity Benefit

We will pay the Behavioral Health Visit Indemnity Benefit Amount for a Behavioral Health visit in an outpatient setting. Outpatient setting includes office visits to a Physician, Medical Professional, or Behavioral Health Provider for consultations or cognitive therapy consultations in individual, group or family therapy settings. Office visits include Telemedicine consultation for Behavioral Health Services.

Behavioral Health Waiting Period:	[0-60] days
Daily Benefit Amount:	$[25-1,000] limited to one visit per day
Maximum Number of Days per	

Covered Person per Plan Year:	[1-52] days]

[Critical Illness Indemnity Benefit

We will pay the Critical Illness Indemnity Benefit when a Covered Person is Diagnosed by a Physician as having a Covered Critical Illness.

Critical Illness Benefit Waiting Period:	[30-90] days, [30-90] days for cancer
[Cancer	
Type 1 Cancer Benefit Amount:	$[1,000-100,000] Insured and Spouse $[250-25,000] Dependent Child[ren]
[Type 2 Cancer Benefit Amount:	$[1,000-100,000] Insured and Spouse $[250-25,000] Dependent Child[ren]]
[Benign Tumor Benefit Amount:	$[250-25,000] Insured and Spouse $[62.50-6,250] Dependent Child[ren]]
[Skin Cancer Benefit Amount:	$[250-25,000] Insured and Spouse $[62.50-6,250] Dependent Child[ren]]
[Cancer Recurrence Benefit Amount:	$[500-50,000] Insured and Spouse $[125-12,500] Dependent Child[ren]]]
[Heart	
Heart Attack Benefit Amount:	$[1,000-100,000] Insured and Spouse $[250-25,000] Dependent Child[ren]
[Coronary Artery Bypass Surgery Benefit Amount:	$[500-50,000] Insured and Spouse $[125-12,500] Dependent Child[ren]]
[Heart Valve Repair/Replacement Surgery:	$[500-50,000] Insured and Spouse $[125-12,500] Dependent Child[ren]
[Ruptured Aneurysm:	$[500-50,000] Insured and Spouse $[125-12,500] Dependent Child[ren]
[Kidney	
Total Loss of Kidney Function (Renal Failure):	$[1,000-100,000] Insured and Spouse $[250-25,000] Dependent Child[ren]]
[Organ Transplant	
Major Organ Transplant Benefit Amount:	$[1,000-100,000] Insured and Spouse $[250-25,000] Dependent Child[ren]]
[Paralysis	
Paralysis Benefit Amount:	$[1,000-100,000] Insured and Spouse $[250-25,000] Dependent Child[ren]]
[Stroke	
Stroke Benefit Amount:	$[1,000-100,000] Insured and Spouse $[250-25,000] Dependent Child[ren]]
Maximum Critical Illness Lifetime Benefit:	$[1,000-100,000]]

[Dental Indemnity Benefit

We will pay the Daily Benefit Amount for Preventive Services when a Covered Person receives Preventive Services under the supervision of a Dentist. We will pay the Daily Benefit Amount – Dental Basic Services when a Covered Person receives Basic Services under the supervision of a Dentist. We will pay the Daily Benefit Amount – Major Services when a Covered Person receives Major Services under the supervision of a Dentist.

[Dental Benefit Waiting Period:	[0-60] days
Daily Benefit Amount – Preventive Services:	$[25-500] per day limited to 1 visit per day
Maximum Number of Days Preventive Services per Plan Year:	[1-5]
Daily Benefit Amount – Basic Services:	$[20-2,500] per day limited to 1 procedure per day
Maximum Number of Days Basic Services per Plan Year:	[1-5]
Daily Benefit Amount – Major Services:	$[20-2,500] per day limited to 1 visit per day

Maximum Number of Days Major Services per Plan Year:	[1-5]]

[Diagnostic X-Ray & Laboratory Indemnity Benefit

We will pay the Diagnostic X-Ray and Laboratory Indemnity Benefit when the Covered Person has diagnostic x-ray and laboratory tests performed. Such tests and diagnostic x-rays must be ordered by a Physician and be related to an Accident or Sickness. This insurance does not pay for x-rays or laboratory tests performed while Confined in a Hospital. In addition, if a test is payable under the Advanced Diagnostic Test Indemnity Benefit, it will be paid under that Benefit and not this Benefit. A diagnostic x-ray and laboratory tests performed due to Accident must be done within thirty (30) days of the Accident, causing an Injury.

Benefit Amount per x-ray:	$[25-1,000] per day limited to 1 service per day
Maximum Number of Days per Covered Person per Plan Year:	[1-10]
Benefit Amount per laboratory test:	$[25-1,000] per day limited to 1 service per day
Maximum Number of Days per Covered Person per Plan Year:	[1-10]]

[Emergency Room Indemnity Benefit

We will pay the Emergency Room Daily Benefit Amount if an Accident or Sickness causes the Covered Person to require and receive Emergency Medical Care in an emergency room of a Hospital.

Daily Benefit Amount:	$[100-2,000] per day limited to 1 visit per day
Maximum Number of Days per Plan Year:	[1-5]]

[Family Care Indemnity Benefit

We will pay the Family Care Indemnity Benefit Amount for each day an expense is incurred for Family Care if provided at a Family care Center during a Confinement of an adult Covered Person for which a benefit is payable under this Policy.

Family Care Daily Benefit Amount:	$[20-500]
Maximum Number of Days per Covered Person per Plan Year:	[5-15] days]

[Fracture Indemnity Benefit ([Open/Closed] Reduction)

We will pay the Fracture Benefit Amount when a Covered Person's Accident results in a Fracture.

Ankle (medial or lateral malleolus):	$[350/700-6,000/12,000]
Body of vertebrae:	$[1,000/2,000-6,000/12,000]
Bones of face (except mandible or maxilla):	$[425/850-6,000/12,000]
Bones of nose:	$[425/850-6,000/12,000]
Coccyx:	$[250/500-6,000/12,000]
Finger, toe:	$[75/150-6,000/12,000]
Foot (except toes):	$[350/700-6,000/12,000]
Forearm (radius and/or ulna):	$[425/850-6,000/12,000]
Hand, Wrist (except fingers):	$[350/700-6,000/12,000]
Hip:	$[1,750/3,500-6,000/12,000]
Kneecap (patella):	$[350/700-6,000/12,000]
Leg (tibia and/or fibula):	$[1,000/2,000-6,000/12,000]
Lower jaw, mandible (except alveolar process):	$[350/700-6,000/12,000]
Pelvis (includes ilium, ischium, pubis acetabulum except Coccyx):	$[1,000/2,000-6,000/12,000]
Rib:	$[250/500-6,000/12,000]
Shoulder blade (scapula), collarbone (clavicle):	$[350/700-6,000/12,000]
Skull (except bones of face or nose) depressed skull fracture:	$[2,500/5,000-6,000/12,000]
Thigh (femur):	$[1,750/3,500-6,000/12,000]
Upper arm between elbow and shoulder (humerus):	$[425/850-6,000/12,000]
Upper jaw, maxilla (except alveolar process):	$[425/850-6,000/12,000]
Vertebral processes:	$[350/700-6,000/12,000]]

[Dislocation Indemnity Benefit – [Open/Closed] Reduction with Anesthesia

We will pay the Dislocation Benefit Amount if a Covered Person's Accident results in a Dislocation.

Ankle or foot (other than toes):	$[1,000/2,000-5,000/10,000]
Bone or bones of the hand (other than fingers):	$[350/700-5,000/10,000]
Collarbone (acromioclavicular and separation):	$[125/250-5,000/10,000]
Collarbone (sternoclavicular):	$[600/1,200-5,000/10,000]
Elbow:	$[350/700-5,000/10,000]
Hip:	$[2,500/5,000-5,000/10,000]
Knee (except patella):	$[1,250/2,500-5,000/10,000]
Lower jaw:	$[350/700-5,000/10,000]
One toe or finger:	$[125/250-5,000/10,000]
Shoulder (glenohumeral):	$[350/700-5,000/10,000]
Wrist:	$[350/700-5,000/10,000]]

[Inflation Protection Rider

We will increase a Covered Person's benefit amount for indemnity benefit amounts payable under the Policy and all Riders. The increase is calculated by multiplying the Benefit Amount by: 1) [1-25%]; and 2) the number of full calendar years elapsed since the Covered Person elected coverage under the Policy.]

Maximum Percentage Increase: [50-100]%]

[In-Hospital Indemnity Benefit

We will pay the In-Hospital Benefit Amount for each day a Covered Person is In-Hospital due to a Sickness or Accident. The first day of a Hospital stay must occur within 30 days of the Accident, causing the Injury.

Daily Benefit Amount:	$[25-10,000]
Maximum Number of Days per Period of Confinement:	[31-60]
Maximum Number of Days per Plan Year:	[31-365]]

[Intensive Care Unit Admission Indemnity Benefit

We will pay an Intensive Care Unit Admission Benefit if a Covered Person is admitted to a Hospital Intensive Care Unit and Confined due to Sickness or Accident.

Daily Benefit Amount:	$[10-10,000]
Maximum Number of Days per Covered Person per Plan Year:	[1-5]]

[Intensive Care Unit Indemnity Benefit
We will pay the daily Intensive Care Unit Benefit Amount for each day of Confinement if an Accident or Sickness causes a Covered Person to be Confined in an Intensive Care Unit. This benefit is paid in addition to the In-Hospital Benefit Amount. The first day of Confinement in the Intensive Care Unit must occur within 30 days of the Accident.

Daily Benefit Amount:	[$40-$10,000]
Maximum Number of Days per Period of Confinement:	[31-60]
Maximum Number of Days per Plan Year:	[31-365]]

[Loss of Income Daily Benefit (covers Insured [and Spouse] only)

We will pay the Loss of Income Benefit Amount for each day: 1) the Covered Person is Confined in a Hospital as a result of a covered Sickness or Injury for which In-Hospital Indemnity Benefits are payable under the Policy; 2) the Confinement first occurs after the Loss of Income Benefit Waiting Period; and 3) the Covered Person suffers loss of income during the period of Confinement and presents Proof of Loss of Wages. If a Covered Person is not personally confined in a Hospital but is unable to work because the Covered Person's Spouse, Domestic Partner or Dependent Child is confined as an inpatient in a Hospital as a result of a covered Sickness or injury, We will pay the Loss of Income Benefit for each day the Covered Person is unable to work due to such confinement, provided that such Spouse, Domestic Partner or Dependent Child is a Covered Person under the Policy.

Loss of Income Benefit Waiting Period: [0-3] days

Daily Benefit Amount:	$[20-5,000] per day confined
Maximum Number of Days per Confinement:	[2-60] days]

[Mental Health Indemnity Benefit

We will pay the Mental and Nervous Disorder Facility Confinement Daily Benefit Amount for each day a Covered Person is confined to a Mental and Nervous Disorder Facility. [We will pay the Mental and Nervous Disorder Outpatient Daily Benefit Amount if a Covered Person receives Treatment on an outpatient basis for a Mental and Nervous Disorder.]

Facility Confinement Daily Benefit Amount:	$[100-10,000]
Maximum Number of Days per Confinement:	[1-60] days
Maximum Number of Days per Covered Person per Plan Year:	[1-60] days
[Outpatient Follow-Up Daily Benefit Amount:	$[50-5,000] per day limited to one visit per day
Maximum Number of Days per Covered Person per Plan Year:	[1-60] days]]

[Observation Room Indemnity Benefit

We will pay the Observation Room Benefit Amount for each day a Covered Person, if as the result of a Medical Emergency, receives treatment in an Emergency Room and as a result is held in an Observation Room without being admitted as an inpatient due to a Sickness or Accident. The treatment in the Emergency Room must occur within 30 days of the Accident, causing the injury.

Daily Benefit Amount:	$[100-5,000] per day
Maximum Number of Days per Covered Person per Plan Year:	[5-15] days]

[Pet Care Indemnity Benefit

We will pay the Pet Care Indemnity Benefit Amount for each day an expense is incurred for overnight boarding of one or more Eligible Pets at a Pet Boarding Facility during a Confinement of an adult Covered Person for which a benefit is payable under this Policy.

Pet Care Daily Benefit Amount:	$[10-250]
Maximum Number of Days per Covered Person per Plan Year:	[5-15] days]

[Physician Office Visit Indemnity Benefit

We will pay the Physician Office Visit Indemnity Benefit Amount for a Physician office visit as a result of an Accident or Sickness. The visit must be made to the Physician's office or clinic. The visit to a Physician's office must occur within [30][60][90] days of the Accident, causing an Injury.

Daily Benefit Amount:	[$25-$100] limited to 1 visit per day
Maximum number of Days per Plan Year:	[1-20]

[Prescription Drug Indemnity Benefit

We will pay the Benefit Amount for each day a Covered Person fills a prescription for a Prescription Drug through an appropriately licensed retail or mail order pharmacy, as the result of an Accident or Sickness.

Daily Benefit Amount Generic:	$[5-50] per day limited to [1-5] prescription(s) per day per plan year
[Daily Benefit Amount Brand:	$[5-50] per day limited to [1-5] prescription(s) per day per plan year]
Maximum Number of Days per Covered Person per Plan Year Generic [and Brand]:	[1-48]]

[Recuperation Indemnity Benefit Rider

We will pay the Recuperation Indemnity Benefit for each day a Covered Person is In-Hospital due to a Sickness or Accident and receives a benefit under the In-Hospital Indemnity Benefit. The Recuperation Indemnity Benefit will be paid after the Covered Person is discharged from the Hospital.

Daily Benefit Amount:	$[20-5,000] per day confined
[Maximum Number of Days per Covered Person per Confinement:	[2-90] days]]

[Second Opinion Indemnity Benefit

In the event the Covered Person's Hospital is required to obtain a Second Opinion as it relates the Covered Person's treatment, We will pay a Second Opinion Indemnity Benefit when: 1) the Covered Person is Confined in the Hospital that requires such Second Opinion; and 2) the Covered Person is receiving concurrent benefits under the In-Hospital Indemnity Benefit or the Intensive Care Unit Benefit.

Benefit Amount:	$[25-500]]

[Substance Abuse Indemnity Benefit

We will pay the Substance Abuse Facility Confinement Daily Benefit Amount shown in the Schedule of Benefits, for each day a Covered Person is confined to a Substance Abuse Facility. [We will pay the Substance Abuse Outpatient Daily Benefit Amount if a Covered Person receives Treatment on an Outpatient basis for Substance Abuse.

Daily Benefit Amount:	$[50-5,000]
Maximum Number of Days per Confinement:	[1-60] days
Maximum Number of Days per Covered Person per Plan Year:	[1-60] days
[Outpatient Follow-Up Daily Benefit Amount:	$[50-5,000] per day limited to one visit per day
Maximum Number of Days per Covered Person per Plan Year:	[1-60] days]]

[Surgical Indemnity Benefit

We will pay the Surgical Indemnity Benefit if a Covered Person has a surgical procedure performed while In-Hospital or on an outpatient basis in an Outpatient Unit. A surgical procedure due to Accident must occur within 30 days of the Accident, causing an injury.

Benefit Amount per In-Hospital Surgical Procedure per Covered Person:	$[500-10,000] per day a Surgical Procedure is performed, limited to 1 benefit per 24-hour period
Maximum Number of Days per Covered Person per Plan Year:	[1-30]
Benefit Amount per Out-Patient Surgical Procedure per Covered Person:	$[500-10,000] per day a Surgical Procedure is performed, limited to 1 benefit per 24-hour period
Maximum Number of Days per Covered Person per Plan Year:	[1-30]]

[Telemedicine Indemnity Benefit

We will pay the Telemedicine Indemnity Benefit amount, as shown in the Schedule of Benefits, for each day a Covered Person receives treatment for an Accident or Sickness from a Physician or Medical Professional through Telemedicine or Telehealth Services. The Telemedicine or Telehealth Services must be provided in lieu of a Physician's Office Visit.

Daily Benefit Amount:	$[25-500] per day limited to 1 visit per day
Maximum Number of Days per Covered Person per Plan Year:	[1-20]]

[Therapy Services Visit Indemnity Benefit

We will pay the Therapy Services Visit Indemnity Benefit Amount, as shown in the Schedule of Benefits, for a Therapy Services visit as a result of an Accident or Sickness. The therapy must be prescribed by a Physician or Medical Professional or recommended by a Physician or Medical Professional. The visit for Therapy Services must occur within [30, 60] days of the Accident causing an injury.

Daily Benefit Amount:	$[10-500] limited to 1 visit per day

Maximum Number of Days per
Covered Person per Plan Year: [1-30] days]

[Urgent Care/Retail Clinic Indemnity Benefit

We will pay the Urgent Care Facility Visit Indemnity Benefit Amount for an Urgent Care Facility visit as a result of an Accident or Sickness.

Daily Benefit Amount: $[25-500] per day limited to 1 visit per day
Maximum Number of Days per
Covered Person per Plan Year: [1-20]]

[Vision Indemnity Benefit

We will pay the Daily Benefit Amount – Vision Exam when a Covered Person undergoes a Vision Examination by an Optometrist or Ophthalmologist. We will pay the Daily Benefit Amount – Corrective Lenses if a Covered Person fills a prescription for Corrective Lenses. We will pay the Outpatient Ocular Surgery Benefit if a Covered Person undergoes an Outpatient Ocular Surgery.

Daily Benefit Amount – Vision Exam: $[25-500] per day limited to 1 visit per day
Maximum Number of Days
Vision Exam per Plan Year: [1-5]
[Daily Benefit Amount
Corrective Lenses: $[25-500] per day limited to 1 visit per day
Maximum Number of Days
Corrective Lenses per Plan Year: [1-5]
[Waiting Period for Corrective Lenses: [0-60] days]]
[Daily Benefit Amount
Outpatient Ocular Surgery: $[25-500] per day limited to 1 Outpatient Ocular surgery Procedure per day
Maximum Number of Days
Outpatient Ocular Surgery
per Covered Person per Plan Year: [1-5]

[Waiting Period for Outpatient Ocular Surgery: [0-60] days]]

[Wellness, Preventive Test, and Health Screening Indemnity Benefit

We will pay the Wellness, Preventive Test, and Health Screening Indemnity Benefit Amount for each day a Covered Person undergoes a Routine Examination, Preventive Test, and Health Screening.

Daily Benefit Amount: $[25-500] limited to one visit per day
Maximum Number of Days per
each Covered Person per Plan Year: [1-10] days per each Covered Person per Plan Year
Maximum Number of Days per
all Covered Person per Plan Year: [1-10] days per all Covered Person per Plan Year]

(5) Exclusions and Limitations — This insurance does not apply to:
1) any Accident caused by or resulting from, directly or indirectly, the Covered Person entering, flying or exiting any aircraft while acting or training as a pilot or crew member. This exclusion does not apply to passengers who temporarily perform pilot or crew functions in a life-threatening emergency.
2) cosmetic surgery or care or treatment solely for cosmetic purposes, or complications therefrom. This exclusion does not apply to cosmetic surgery resulting from an Accident if initial treatment of the Covered Person is begun within twelve (12) months of the date of the Accident or to treat congenital defects in covered newborns.
3) to any Accident or Sickness caused by or resulting from, directly or indirectly, the Covered Person's commission or attempted commission of a felony or being engaged in an illegal occupation.
4) any Accident or Sickness caused by or resulting from, directly or indirectly any occurrence while the Covered Person is incarcerated.
5) sex changes or the reversal of tubal ligation and vasectomies, artificial insemination, in vitro fertilization, and test tube fertilization, including any related testing, medications, or Physician's services, unless required by law.
6) any Accident caused by or resulting from, directly or indirectly, the Covered Person being intoxicated, at the time of an Accident. Intoxication is defined by the laws of the jurisdiction where such Accident occurs.

7) alcoholism or drug or substance abuse. In addition, the insurance does not apply to any confinement in a detoxification facility or drug or alcohol rehabilitation facility that is not also a Hospital or part of a Hospital.
8) Accident or Sickness caused by or resulting from, directly or indirectly, the Covered Person being under the influence of any narcotic or other controlled substance at the time of the loss. This exclusion does not apply if any narcotic or other controlled substance is taken and used as prescribed by a Physician.
9) any treating Physician who is a Covered Person, an Immediate Family Member, or the Covered Person's employer or business partner.
10) any benefits for Sickness caused by or resulting from a Covered Person's Pre-existing Condition if the Sickness occurs during the first 12 months (6 months if the Covered Person is age 65 or older when this Policy is issued) that a Covered Person is insured under this Policy.
11) [normal pregnancy. Complications of Pregnancy are covered as any other Sickness.]
12) pregnancy of a Dependent Child, unless required by law.
13) any Accident caused by or resulting from, directly or indirectly, the Covered Person participating in any professional sporting activity for which the Covered Person received a salary or prize money.
14) any rest care or custodial care or treatment for any Accident or Sickness.
15) any Accident or Sickness caused by or resulting from, directly or indirectly, the Covered Person participating in military action while in active military service with the armed forces of any country or established international authority.
16) and no benefits are payable related to, the Covered Person's suicide, attempted suicide or intentionally self-inflicted injury.
17) voluntary abortion, except with respect to You or Your covered Spouse where such person's life would be endangered if the fetus were carried to term.
18) any Accident or Sickness caused by or resulting from, directly or indirectly, war, undeclared war, civil war, insurrection, rebellion, revolution, warlike acts by a military force or personnel, any action taken in hindering or defending against any of these or any consequences of any of these acts regardless of any other direct or indirect cause or event, whether covered or not, contributing in any sequence to the loss.
19) any Accident or Sickness arising out of and in the course of any occupation for compensation, wage or profit which are paid under Occupational Disease Law, Workers Compensation or similar law.

REDUCTION OF BENEFIT AMOUNT FOR ALL BENEFITS PROVIDED: If a Covered Person is age 65 or older on the date of a loss covered under this Policy, the benefit otherwise payable will be reduced according to the following schedule:

Age on Date of Loss:	Amount of Benefit Amount after Reduction:
65	50% of the Benefit Amount otherwise payable to the Covered Person

(6) *Renewability*— The Policy may be renewed at Our option. This Policy is in force for the full Term for which the Premium has been paid, subject to Our limited right to terminate coverage as set forth in the provision entitled "Termination Date of Insurance".

TERMINATION DATE OF INSURANCE
Insurance will end on the earliest of:
1. the Anniversary Date shown in the Schedule of Benefits;
2. the date the period ends for which premium is paid, subject to the Grace Period provision.
3. the date You turn 75 years of age.

Insurance for Your Dependent Covered Person automatically terminates on the earliest of:
1. the Termination Date shown in the Schedule of Benefits;
2. the date the period ends for which premium is paid, subject to the Grace Period provision;
3. the date on which a person no longer meets the definition of Dependent;
4. the date that coverage ends for the Policyholder; or
5. the date that the Dependent Covered Person turns 75 years of age.

Termination of this Policy will not affect a claim for loss which occurs while this Policy is in effect. This extension of benefits beyond the period this Policy was in force may be predicated upon the continuous total disability of the Covered Person, limited to the duration of the policy benefit period, payment of the maximum benefits or to a time period of not less than three months.

(7) *Premium Rates and Grace Period* - Subject to any required regulatory approval, the Company has the right to adjust the premium rates on any renewal date on or after the Policy has been in force for at least one year. Any change in premium rate will not be made for reasons of age, sex or condition of health, or in any manner which would affect single policies. The Company will provide written notice at least 60 days prior to any changes in the rates. The premium rates will not be adjusted more than once in any 365-day period.

Total Annual Premium: ${XXX}

A grace period of thirty-one (31) days from the premium due date for the payment of premium due. The Policy will continue in force during the grace period. If the premium is not paid by the end of the grace period, the Policy will terminate. If a claim is filed during the grace period, the Company has the right to deduct the premium due from the Benefit Amount otherwise payable.

Policyholder Service

For questions concerning Your coverage or assistance in filing a claim, contact Us at [202 Halls Mill Road, Whitehouse Station, NJ 08889] or call us at [1-800-123-4567].