

## Association benefits include:

- > **Hearing Service Plan** EPIC Hearing Health Care brings you discounts and saving up to 50% off on testing and diagnostics and batteries not covered by major medical insurance. Between 35% - 65% off on name-brand hearing aids and products to protect and improve your hearing
- > **Emergency Travel Assistance** (Not available in Florida) Members receive numerous benefits when traveling more than 100 miles from your home. Emergency Evacuation/Repatriation, Transportation of escort & more
- > **Medical Cost Advocate** Consumers are faced with increased responsibility for health care costs. You don't have the time or experience to become a health care expert. Now you and your family have a partner to reduce health care costs through the power of expert review and negotiation before or after your expense had taken place.
- > **24/7 Nurse Hot-line** (Not available in Florida)
- > **Medical Emergency Data Card** In an emergency, getting vital information to medical personnel quickly could be critical. Gateway Medicaid keeps your medical profile handy at all times.
- > **DBM** Members have access to DiaTri's Concierge diagnostic scheduling service. Members get LIVE assistance in locating and scheduling diagnostic services in their immediate community; MRI, PET, CT EMG and a variety of lab services
- > **AT&T Premier Wireless Discount Program** NACHP members can save 8% per month on their ATT wireless bill.
- > **Members on Vacation** NACHP members receive discounts on air travel, hotel rooms, Cruises, car rentals and many more not available to the general public.
- > **Website Design and Hosting** NACHP members receive a 25% discount on all design and hosting services from Ke Solutions.
- > **Identity Theft Protection** - Members receive up to \$2500 reimbursement for expenses incurred that are a result of the theft of your identity.
- > **Child ID Safety Network** - Members receive the peace-of-mind that a photo and description are available for authorities when seconds count.
- > **Accudiet** - Members receive special pricing on accudiet.com, the all-in-one interactive toolkit for the personalized diet.
- > **Vitamins** - Members are provided a complete line of quality vitamins, nutritional supplements, herbal remedies, and generic over-the-counter medicines at discount prices.
- > **GEWDC** - Provides members and industry Alliance stakeholders with access to a wide range of Value-Added and cost effective programs designed to help improve operational Productivity, Efficiency and Effectiveness while reducing operating costs and enhancing PROFITABILITY.
- > **WebCE** - a leading nationwide provider of Continuing Education for insurance professionals provides state-approved self-study CE courses to satisfy your CE requirements online at a 10% discount!
- > **Global Education Systems** - Members receive a 20% discount on over 4000 courses averaging 3+ hours per course.
- > **University of Health Care** - Members receive 20% discount on the most comprehensive healthcare and job safety course content available on the web, from top experts.
- > **Hospital Indemnity** - \$250 per day when a member is hospitalized

## NACHP does not accept any illness enrollments in the following states...NY,VA

### Limited Insurance Benefits Included in Membership

The following limited insurance benefits are under the Group Hospital Indemnity Insurance policy and is an added benefit of your membership featuring:

<p><b>Hospital Room &amp; Board and General Nursing Services (in lieu of ICU/CCU):</b></p> <p>Coverage is provided for room, board, miscellaneous medical Hospital charges, and general nursing services for each day a Covered Person is confined to a Hospital due to Injury or Sickness during a Period of confinement for a Maximum of 31 days (Maximum Benefits for ALL Hospital and ICU/CCU Confinements: 31 days per policy). For purposes of this benefit, "Period of Confinement" means one continuous Hospital Confinement or two or more separate Hospital Confinement for the same or a related cause that are each separated by less than 180 days. If a Covered Person is admitted as an inpatient into a Hospital on a Friday or a Saturday on a non emergency basis and the procedure for which such person is admitted is not performed on the day of or the day after admission, we will not pay the Hospital charges for room and board, miscellaneous Hospital charges, or general nursing services for the initial Friday or Saturday preceding the procedure. Issue age Under 80.</p>	<p><b>\$250</b></p>
<p><b>Intensive and Cardiac Care Unit (in lieu of Hospital Room and Board):</b></p> <p>Coverage is provided for room, board, miscellaneous medical Hospital charges, and general nursing services for each day a Covered Person is confined to a Hospital due to Injury or Sickness during a Period of confinement for a Maximum of 31 days (Maximum Benefits for ALL Hospital and ICU/CCU Confinements: 31 days per policy). For purposes of this benefit, "Period of Confinement" means one continuous Hospital Confinement or two or more separate Hospital Confinement for the same or a related cause that are each separated by less than 180 days. If a Covered Person is admitted as an inpatient into a Hospital on a Friday or a Saturday on a non emergency basis and the procedure for which such person is admitted is not performed on the day of or the day after admission, we will not pay the Hospital charges for room and board, miscellaneous Hospital charges, or general nursing services for the initial Friday or Saturday preceding the procedure. Issue age Under 80.</p>	<p><b>\$500</b></p>

All benefits provided by this insurance are subject to the terms, definitions, conditions, exclusions and limitations, or the group policy. To obtain more information about this insurance, please visit our website at [www.NACHP.com](http://www.NACHP.com) or call 1-702-425-5749 and ask to speak to a licensed agent.

All members of the PowerPlan Program are enrolled into the National Alliance of Consumers and Healthcare Professionals (NACHP) to be eligible to receive this benefits. The insurance benefits are underwritten by United States Fire Insurance Company under The Group and Blanket Accident & Health Insurance Trust / Group Policy Number (AH27330-003) / Certificate Holder: the National Alliance of Consumers and Healthcare Professionals. Coverage becomes effective on the date provided in your membership materials.

**THIS IS NOT BASIC HEALTH INSURANCE. THIS OFFER INCLUDES DISCOUNTS AND/OR SERVICES PLUS ADDED LIMITED BENEFIT INDEMNITY INSURANCE. NONE OF THESE, INDIVIDUALLY OR IN COMBINATION ARE A SUBSTITUTE FOR BASIC HEALTH COVERAGE, MAJOR MEDICAL INSURANCE OR ANY OTHER MEDICAL EXPENSES REIMBURSEMENT INSURANCE PLAN.**

# HOSPITAL INDEMNITY PROGRAM

Benefits are provided for Covered Expenses, to all Covered Persons when medical treatment, services, and supplies are Medically Necessary for the care or treatment of an Injury or Sickness that occurs while the coverage is in force for the Covered Person. Covered Expenses are incurred on the date that the service is performed.

## CLAIM PROVISIONS

### NOTICE OF CLAIM:

Verbal or Written notice must be given to us or to our authorized administrator within 30 days after a covered loss occurs or begins, or as soon as reasonable possible. CALL 800-992-8044. Notice should include Your Name and Member Number and the Covered Person's name and address, a receipt showing the expenses you paid, and any other necessary information that is reasonably required. Written notice can be mailed to NACHP 16476 Wild Horse Creek Road, Chesterfield, MO 63017

### CLAIM FORMS:

After receiving notice of claim, the Covered Person will be sent forms for filing proof of loss. If you do not received claim forms within 15-days after providing your written notice, the proof of loss requirements will be met by submitting, within the time required under PROOF OF LOSS, a written statement of the nature and extent of the loss.

### PROOF OF LOSS:

Written proof of loss must be furnished within 90-days after notice of claims has been submitted. Failure to furnish written proof of loss within that time frame will neither invalidate nor reduce any claim if proof is furnished as soon as reasonably possible. Proof must, in any case, be furnished not more than 1-year from the date of the loss, except in the absence of legal capacity.

### TIME OF PAYMENT OF THE CLAIMS:

Benefits payable under this Certificate will be paid promptly upon receipt of due written proof of loss.

## GENERAL EXCLUSIONS

### Benefits will not be paid for charges or loss caused by, or resulting from, any of the following

1. Suicide or any intentionally self-inflicted Injury;
2. Any drug, narcotic, gas or fumes, or chemical substance voluntarily taken, administered, absorbed or inhaled unless prescribed by, and taken according to the directions of, a Doctor (accidental ingestion of a poisonous substance is not excluded.);
3. Commission, or attempt to commit, a felony;
4. Participation in a riot or insurrection;
5. Driving under the influence of a controlled substance, unless administered on the advice of a Doctor;
6. Driving while Intoxicated. "Intoxicated" will have the meaning determined by the laws in the jurisdiction of the geographical area where the loss occurs.
7. Declared or undeclared war or act of war;
8. Nuclear reaction or the release of nuclear energy. However, this exclusion will not apply if the loss is sustained within 180-days of the initial incident and:
  - I. The loss was caused by fire, heat, explosion or other physical trauma which was a result of the release of nuclear energy; and
  - II. The Covered Person was within a 25-mile radius of the site of the release either:
    - a. At the time of the release; or
    - b. Within 24-hours of the start of the release; or
    - c. Occurs while he is in the issue state of this Certificate;
9. Routine health checkups or immunizations for Covered Person aged 6 and older; expenses for allergies, allergy serum or allergy testing, unless specifically provided for in this Certificate;
10. Surgery to correct vision or hearing; eyeglasses, contact lenses and hearing aids, braces, appliances, or examinations or prescriptions therefore; (11)Dental care, x-rays, or treatment other than Injury to sound, natural teeth and gums resulting from an accidental Injury and rendered within 6-months of the Injury;
12. Spinal manipulations and manual manipulative treatment or therapy;
13. Weight loss or modification and complications arising there from, including surgery and any other form of treatment for the purpose of weight loss or modification;
14. Restcures or custodial care, or treatment of sleep disorders;
15. Treatment, services or supplies received outside of the U.S. except for acute Sickness or Injury sustained during the first 30-days of travel outside the U.S.;
16. Normal pregnancy or childbirth, except for Complications of Pregnancy;
17. Any drug, treatment, or procedure that either promotes or prevents conception or childbirth regardless of what the drug, treatment, or procedure was originally prescribed or intended for;
18. Blood or Blood plasma, except for charges by a Hospital for the processing or administration of blood;
19. Treatment of temporomandibular joint (TMJ) disorders involving the installation of crowns, pontics, bridges or abutments, or the installation, maintenance or removal of orthodontic or occlusal appliances or equilibration therapy;
20. Cosmetic surgery. This Exclusion does not apply to reconstructive surgery
  - a. On an injured part of the body following trauma, infection or other disease of the involved part;
  - b. Of a congenital disease or anomaly of a covered dependent newborn or adopted infant; or
  - c. On a non-diseased breast to restore and achieve symmetry between two breasts following a covered Mastectomy;
21. The repair or replacement of existing artificial limbs, orthopedic braces, or orthotic devices; dentures, partial dentures, braces or fixed or removable bridges;
22. Treatment or removal of warts, moles, boils, skin blemishes or birthmarks, bunions, acne, corns, calluses, the cutting and trimming of toenails, care for flat feet, fallen arches or chronic foot strain;

## PRE-EXISTING CONDITION LIMITATIONS

Benefits are not provided for any loss caused by, or resulting from, a Pre-existing Condition, as defined, unless the loss is incurred at least 12 month after the Effective Date of coverage for a Covered Person. This provision does not apply to newborn or newly adopted children. The definition of a Pre-existing condition can be found in the DEFINITIONS section.

**Pre-existing Condition** means a medical condition, Injury or Sickness, not excluded by name or specific description, for which:

1. Medical advise, Consultation, care or treatment was recommended by, or received from, a Doctor within 12 Months immediately prior to the Effective Date of coverage for a Covered Person; or
2. Symptoms existed within 12Months immediately prior to the Effective Date of coverage for a Covered Person that would cause a reasonable person to seek Consultation, care or treatment from a Doctor.

## COVERED PERSON

**Covered Person** means You and any Eligible Dependent for whom proper premium payment has been made and who is, therefore insured under this certificate.

### Eligible means

1. Your lawful spouse; and
2. Your unmarried child or children who:
  - a) Reside in your home for more then 6-month a year;
  - b) Chiefly relies on you for support and maintenance; and
  - c) Who is under 19 years of age (the Limiting Age).

The Limiting Age will be extended from the child's 19<sup>th</sup> birthday through the child's 24<sup>th</sup> birthday provided they are enrolled in a schools as a full time student and attend classes regularly at an accredited college or university. "Child" includes stepchild, foster child, legally adopted child, a child of adoptive parents pending adoption proceedings, and natural child.

23. Personal items such as television, telephone, lotions, shampoos, extra beds, meals for guests, take home items, or other items for comfort and convenience;
24. Treatment of Mental or Nervous Disorders, or alcohol or substance abuse, unless specifically provided for under this Certificate;
25. Prescription medicines, unless specifically provided for under this Certificate;
26. Any Injury that is caused by flight or travel in, or upon
  - a. An aircraft or other, craft designed for navigation above or beyond the earth's atmosphere except as a fare paying passenger;
  - b. An ultra light, hang gliding, parachuting or bungi cord jumping;
  - c. A snowmobile;
  - d. Any two or three wheeled motor vehicle;
  - e. Any off road motorized vehicle not requiring licensing as a motor vehicle;
  - f. Any watercraft or other craft designed for water use above or beneath the water, except as a fare-paying passenger;
27. Any accidental Injury where the Covered Person is the operator of a motor vehicle and does not possess a current and valid motor vehicle operator's license (except in a Driver's Education Program);
28. Services, treatment or loss
  - a. Payable by any automobile insurance policy without regard to fault. (Does not apply in any state where prohibited);
  - b. Which a Covered Person would not have to pay if he did not have insurance;
  - c. Provided by a Doctor, Nurse or any other person who is employed or retained by a Covered Person or who is a member of a Covered Person's Immediate Family;
  - d. Covered by state or federal worker's compensation, employers liability, occupational disease law, or similar laws;
  - e. Injury or Sickness sustained while on active duty in the armed forces of any country. This does not include Reserve or National Guard duty for training. Upon receipt of proof of service, we will refund, any unearned premium paid on a pro rata basis;
29. Hemorrhoids, tonsils, adenoids, middle ear disorders, any disease or disorder of the reproductive organs unless the loss is incurred at least 6-months after the Covered Person becomes insured under this Certificate;
30. Elective treatment or surgery and treatment, procedures, products or services that are experimental or investigative. "Experimental or Investigative" means a drug, device or medical treatment or procedure that:
  - a. Cannot lawfully be marketed without approval of the United States Food and Drug Administration and approval for marketing has not been given at the time of being furnished;
  - b. Has Reliable Evidence indicating it is the subject of ongoing clinical trials or is under study to determine its maximum tolerated dose, toxicity, safety, efficacy, or its efficacy as compared with the standard means of treatments or diagnosis; or
  - c. Has Reliable Evidence indicating that the consensus of opinion among experts is that further studies or clinical trials are necessary to determine its maximum tolerated dose, toxicity, efficacy, or its efficacy as compared with the standard means of treatment or diagnosis."Reliable Evidence" means
  - I. published reports and articles in authoritative medical and scientific literature;
  - II. the written protocol(s) of the treating facility or the protocols of another facility studying substantially the same drug, device, medical treatment or procedure; or
  - III. the written informed consent used by the treating facility or by another facility studying substantially the same drug, device, or medical treatment or procedure.

NACHP Healthcare Specialist

Marketed by **Cash Doctor**<sup>®</sup>

6919 W. Broward Blvd Suite 207

Plantation, Florida 33317

Phone: 702-425-5749 Fax: 800-470-1416

Last Revision: 10/1/2010

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<p><b>Intensive and Cardiac Care Unit (in lieu of Hospital Room and Board):</b> Coverage is provided for room, board, miscellaneous medical Hospital charges, and general nursing services for each day a Covered Person is confined to a Hospital due to Injury or Sickness during a Period of confinement for a Maximum of 31 days (Maximum Benefits for ALL Hospital and ICU/CCU Confinements: 31 days per policy). For purposes of this benefit, "Period of Confinement" means one continuous Hospital Confinement or two or more separate Hospital Confinement for the same or a related cause that are each separated by less than 180 days. If a Covered Person is admitted as an inpatient into a Hospital on a Friday or a Saturday on a non emergency basis and the procedure for which such person is admitted is not performed on the day of or the day after admission, we will not pay the Hospital charges for room and board, miscellaneous Hospital charges, or general nursing services for the initial Friday or Saturday preceding the procedure. Issue age Under 65.</p>	<p><b>\$1000</b></p>

All benefits provided by this insurance are subject to the terms, definitions, conditions, exclusions and limitations, or the group policy. To obtain more information about this insurance, please visit our website at [www.NACHP.com](http://www.NACHP.com) or call 1-702-425-5749 and ask to speak to a licensed agent.

All members of the PowerPlan Program are enrolled into the National Alliance of Consumers and Healthcare Professionals (NACHP) to be eligible to receive this benefits. The insurance benefits are underwritten by United States Fire Insurance Company under The Group and Blanket Accident & Health Insurance Trust / Group Policy Number (AH27330-003) / Certificate Holder: the National Alliance of Consumers and Healthcare Professionals. Coverage becomes effective on the date provided in your membership materials.

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# HOSPITAL INDEMNITY PROGRAM

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## CLAIM PROVISIONS

### NOTICE OF CLAIM:

Verbal or Written notice must be given to us or to our authorized administrator within 30 days after a covered loss occurs or begins, or as soon as reasonable possible. CALL 800-992-8044. Notice should include Your Name and Member Number and the Covered Person's name and address, a receipt showing the expenses you paid, and any other necessary information that is reasonably required. Written notice can be mailed to NACHP 16476 Wild Horse Creek Road, Chesterfield, MO 63017

### CLAIM FORMS:

After receiving notice of claim, the Covered Person will be sent forms for filing proof of loss. If you do not received claim forms within 15-days after providing your written notice, the proof of loss requirements will be met by submitting, within the time required under PROOF OF LOSS, a written statement of the nature and extent of the loss.

### PROOF OF LOSS:

Written proof of loss must be furnished within 90-days after notice of claims has been submitted. Failure to furnish written proof of loss within that time frame will neither invalidate nor reduce any claim if proof is furnished as soon as reasonably possible. Proof must, in any case, be furnished not more than 1-year from the date of the loss, except in the absence of legal capacity.

### TIME OF PAYMENT OF THE CLAIMS:

Benefits payable under this Certificate will be paid promptly upon receipt of due written proof of loss.

## GENERAL EXCLUSIONS

### Benefits will not be paid for charges or loss caused by, or resulting from, any of the following

1. Suicide or any intentionally self-inflicted Injury;
2. Any drug, narcotic, gas or fumes, or chemical substance voluntarily taken, administered, absorbed or inhaled unless prescribed by, and taken according to the directions of, a Doctor (accidental ingestion of a poisonous substance is not excluded.);
3. Commission, or attempt to commit, a felony;
4. Participation in a riot or insurrection;
5. Driving under the influence of a controlled substance, unless administered on the advice of a Doctor;
6. Driving while Intoxicated. "Intoxicated" will have the meaning determined by the laws in the jurisdiction of the geographical area where the loss occurs.
7. Declared or undeclared war or act of war;
8. Nuclear reaction or the release of nuclear energy. However, this exclusion will not apply if the loss is sustained within 180-days of the initial incident and:
  - I. The loss was caused by fire, heat, explosion or other physical trauma which was a result of the release of nuclear energy; and
  - II. The Covered Person was within a 25-mile radius of the site of the release either:
    - a. At the time of the release; or
    - b. Within 24-hours of the start of the release; or
    - c. Occurs while he is in the issue state of this Certificate;
9. Routine health checkups or immunizations for Covered Person aged 6 and older; expenses for allergies, allergy serum or allergy testing, unless specifically provided for in this Certificate;
10. Surgery to correct vision or hearing; eyeglasses, contact lenses and hearing aids, braces, appliances, or examinations or prescriptions therefore; (11)Dental care, x-rays, or treatment other than Injury to sound, natural teeth and gums resulting from an accidental Injury and rendered within 6-months of the Injury;
12. Spinal manipulations and manual manipulative treatment or therapy;
13. Weight loss or modification and complications arising there from, including surgery and any other form of treatment for the purpose of weight loss or modification;
14. Restcures or custodial care, or treatment of sleep disorders;
15. Treatment, services or supplies received outside of the U.S. except for acute Sickness or Injury sustained during the first 30-days of travel outside the U.S.;
16. Normal pregnancy or childbirth, except for Complications of Pregnancy;
17. Any drug, treatment, or procedure that either promotes or prevents conception or childbirth regardless of what the drug, treatment, or procedure was originally prescribed or intended for;
18. Blood or Blood plasma, except for charges by a Hospital for the processing or administration of blood;
19. Treatment of temporomandibular joint (TMJ) disorders involving the installation of crowns, pontics, bridges or abutments, or the installation, maintenance or removal of orthodontic or occlusal appliances or equilibration therapy;
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21. The repair or replacement of existing artificial limbs, orthopedic braces, or orthotic devices; dentures, partial dentures, braces or fixed or removable bridges;
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## PRE-EXISTING CONDITION LIMITATIONS

Benefits are not provided for any loss caused by, or resulting from, a Pre-existing Condition, as defined, unless the loss is incurred at least 12 month after the Effective Date of coverage for a Covered Person. This provision does not apply to newborn or newly adopted children. The definition of a Pre-existing condition can be found in the DEFINITIONS section.

**Pre-existing Condition** means a medical condition, Injury or Sickness, not excluded by name or specific description, for which:

1. Medical advise, Consultation, care or treatment was recommended by, or received from, a Doctor within 12 Months immediately prior to the Effective Date of coverage for a Covered Person; or
2. Symptoms existed within 12Months immediately prior to the Effective Date of coverage for a Covered Person that would cause a reasonable person to seek Consultation, care or treatment from a Doctor.

## COVERED PERSON

**Covered Person** means You and any Eligible Dependent for whom proper premium payment has been made and who is, therefore insured under this certificate.

### Eligible means

1. Your lawful spouse; and
2. Your unmarried child or children who:
  - a) Reside in your home for more than 6-month a year;
  - b) Chiefly relies on you for support and maintenance; and
  - c) Who is under 19 years of age (the Limiting Age).

The Limiting Age will be extended from the child's 19<sup>th</sup> birthday through the child's 24<sup>th</sup> birthday provided they are enrolled in a schools as a full time student and attend classes regularly at an accredited college or university. "Child" includes stepchild, foster child, legally adopted child, a child of adoptive parents pending adoption proceedings, and natural child.

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  - b. An ultra light, hang gliding, parachuting or bungi cord jumping;
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  - d. Any two or three wheeled motor vehicle;
  - e. Any off road motorized vehicle not requiring licensing as a motor vehicle;
  - f. Any watercraft or other craft designed for water use above or beneath the water, except as a fare-paying passenger;
27. Any accidental Injury where the Covered Person is the operator of a motor vehicle and does not possess a current and valid motor vehicle operator's license (except in a Driver's Education Program);
28. Services, treatment or loss
  - a. Payable by any automobile insurance policy without regard to fault. (Does not apply in any state where prohibited);
  - b. Which a Covered Person would not have to pay if he did not have insurance;
  - c. Provided by a Doctor, Nurse or any other person who is employed or retained by a Covered Person or who is a member of a Covered Person's Immediate Family;
  - d. Covered by state or federal worker's compensation, employers liability, occupational disease law, or similar laws;
  - e. Injury or Sickness sustained while on active duty in the armed forces of any country. This does not include Reserve or National Guard duty for training. Upon receipt of proof of service, we will refund, any unearned premium paid on a pro rata basis;
29. Hemorrhoids, tonsils, adenoids, middle ear disorders, any disease or disorder of the reproductive organs unless the loss is incurred at least 6-months after the Covered Person becomes insured under this Certificate;
30. Elective treatment or surgery and treatment, procedures, products or services that are experimental or investigative. "Experimental or Investigative" means a drug, device or medical treatment or procedure that:
  - a. Cannot lawfully be marketed without approval of the United States Food and Drug Administration and approval for marketing has not been given at the time of being furnished;
  - b. Has Reliable Evidence indicating it is the subject of ongoing clinical trials or is under study to determine its maximum tolerated dose, toxicity, safety, efficacy, or its efficacy as compared with the standard means of treatments or diagnosis; or
  - c. Has Reliable Evidence indicating that the consensus of opinion among experts is that further studies or clinical trials are necessary to determine its maximum tolerated dose, toxicity, efficacy, or its efficacy as compared with the standard means of treatment or diagnosis."Reliable Evidence" means
  - I. published reports and articles in authoritative medical and scientific literature;
  - II. the written protocol(s) of the treating facility or the protocols of another facility studying substantially the same drug, device, medical treatment or procedure; or
  - III. the written informed consent used by the treating facility or by another facility studying substantially the same drug, device, or medical treatment or procedure.

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