Arizona Group Hospital Indemnity Insurance Exclusions and Limitations

1. PREEXISTING CONDITION LIMITATION

We will not pay any benefits under this SICKNESS – HOSPITAL BENEFITS section for sickness caused by or resulting from a covered person’s Preexisting Condition if the sickness occurs during the first 12 months that the covered person is insured under this certificate. However, a Preexisting Condition does not include any sickness for which there is no evidence that the sickness actually existed before coverage for the covered person becomes effective. This preexisting condition limitation does not apply to a child adopted by you or placed with you for adoption after your coverage becomes effective.

Preexisting Condition means a sickness for which, in the 12 months before a covered person becomes insured under this certificate:
• medical advice, treatment or care was sought by the covered person, or, was recommended by, prescribed by or received from a physician; or
• the covered person had symptoms, or any medical or physical conditions that would cause an ordinarily prudent person to seek diagnosis, care or treatment.

2. SICKNESS - EXCLUSIONS

We will not pay benefits under this Sickness – Hospital Benefits section of the certificate for any covered person’s sickness that is caused or contributed to by:
• the covered person’s voluntary use, by any means, of:
  • any drug, medication or sedative, unless it is:
    • taken or used as prescribed by a physician; or
    • an “over the counter” drug, medication or sedative taken as directed;
  • alcohol in combination with any drug, medication, or sedative; or
  • poison, gas, or fumes;
• the covered person’s suicide or attempted suicide (while sane or insane);
• the covered person’s intentionally self-inflicted injury;
• war, whether declared or undeclared; or act of war;
• the covered person’s active participation in an insurrection, rebellion, riot, or terrorist act;
• the covered person’s engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred; or
• dental or plastic surgery for cosmetic purposes, except when such surgery is performed to:
  • treat a sickness;
  • correct a disorder of normal bodily function or structure that was caused by a sickness for which coverage is not otherwise excluded under this certificate;
  • reconstruct a part of the body which was removed or disfigured as a result of a Sickness for which coverage is not otherwise excluded under this certificate;
• the covered person’s mental illness, or the diagnosis or treatment of such illness;
• the covered person’s alcoholism, drug addiction, chemical dependency or complications thereof;
• activities required by the covered person’s service in the armed forces or any auxiliary unit of the armed forces of any country or international authority; or
• routine, vaginal delivery of a child or children or delivery of a child or children by non-emergency Cesarean section.

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In addition, we will not pay benefits under this Sickness – Hospital Benefits section of this certificate for:
• a covered person while incarcerated in any type of penal or detention facility;
• any hospital admission or confinement outside the United States, Canada or Mexico; or
• routine nursing or well baby care for a newborn child.

3. ACCIDENT – EXCLUSIONS

We will not pay benefits for any loss for a covered person caused by the covered person’s sickness, or the diagnosis or treatment of such sickness, except for the covered person’s use of:
• any drug, medication or sedative that is taken or used as prescribed by a physician; or
• an “over the counter” drug, medication or sedative taken as directed.

We will not pay benefits for any loss for a covered person caused or contributed to by:
• the covered person’s voluntary use, by any means, of:
  • any drug, medication or sedative, unless it is:
    • taken or used as prescribed by a physician; or
    • an “over the counter” drug, medication or sedative taken as directed;
  • alcohol in combination with any drug, medication, or sedative; or
  • poison, gas, or fumes;
• the covered person’s suicide or attempted suicide (while sane or insane);
• the covered person’s intentionally self-inflicted injury;
• war, whether declared or undeclared; or act of war;
• the covered person’s active participation in an insurrection, rebellion, riot, or terrorist act;
• the covered person’s engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;
• the covered person’s infection, other than infection occurring in an external wound resulting from an injury;
• food poisoning;
• the covered person’s operation, while intoxicated, of a motor vehicle involved in the incident. For purposes of this exclusion:
  • intoxicated means that the Insured’s blood alcohol level met or exceeded .08%; and
  • motor vehicle means any vehicle that is powered by a motor, including, but not limited to: an automobile; a boat; a motorcycle; a truck; an all terrain vehicle; or a snow mobile;
• dental or plastic surgery for cosmetic purposes, except when such surgery is performed to:
  • treat an injury;
  • correct a disorder of normal bodily function or structure that was caused by an Injury for which coverage is not otherwise excluded under this certificate; or
  • reconstruct a part of the body which was disfigured or removed as a result of an Injury for which coverage is not otherwise excluded under this certificate;
• the covered person’s mental illness, or the diagnosis or treatment of such mental illness, except for the covered person’s use of:
  • any drug, medication or sedative that is taken or used as prescribed by a physician; or
  • an “over the counter” drug, medication or sedative taken as directed;
• activities required by the covered person’s service in the armed forces or any auxiliary unit of the armed forces of any country or international authority;
• the covered person’s travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight;
• the covered person parachuting or otherwise exiting from a motorized or non-motorized aircraft while such aircraft is in flight, except for self-preservation;
• the covered person riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
the covered person participating in any semi-professional or professional competitive athletic activity for which any type of compensation or remuneration is received; or
the covered person bungee jumping, base jumping, hang gliding, para-kiting, sail-gliding, scuba diving deeper than 130 feet; spelunking; or mountaineering including rock climbing using ropes and any other climbing equipment. For the purposes of this exclusion the term mountaineering does not include backpacking, mountain biking, hiking or trail running.

In addition, we will not pay benefits for:

- a covered person while incarcerated in any type of penal or detention facility; or
- any of the following outside of the United States, Canada or Mexico:
  - medical treatment;
  - hospital admission or confinement, or
  - inpatient stay in a rehabilitation facility.

4. BENEFIT REDUCTION DUE TO AGE

A benefit payable with respect a covered person will be reduced as described in the table below, based on the covered person’s Attained Age.

Attained Age means the covered person’s age:

- on the date of an accident, for all benefits that become payable because of the accident; and
- on the date of confinement, for all benefits that become payable under the Sickness – Hospital Benefits section.

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<thead>
<tr>
<th>Attained Age</th>
<th>Reduction Amount</th>
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<tbody>
<tr>
<td>65 to 69</td>
<td>Any benefit payable will be reduced by 25% of the amount listed for that benefit in the schedule if the covered person’s Attained Age is 65 to 69. For example, a $100 benefit, as listed in the schedule, will be paid at $75 if the covered person’s Attained Age is 67.</td>
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<tr>
<td>70 or older</td>
<td>Any benefit payable will be reduced by 50% of the amount listed for that benefit in the schedule if the covered person’s Attained Age is 70 or older. For example, a $100 benefit, as listed on the schedule, will be paid at $50 if the covered person’s Attained Age is 72.</td>
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The Benefit Reduction Due to Age does not apply to benefits payable for the health screening benefit.