

**Can you afford to
pay for the basics
of health care?**



**Colonial Health
AdvantageSM**
Limited Benefit Medical Plan

Now you have access to affordable coverage to help pay for those routine and not-so-routine health care costs that are a part of life.

*About one-quarter of uninsured adults go without needed care due to cost each year.**

Today, having access to health care coverage is not a nice-to-have, it's a necessity. Whether it's a night in the hospital, diagnostic tests, a prescription or a simple trip to the doctor...do you have the means to pay for what you need?

Our Colonial Health Advantage product can help. It provides limited benefits to help cover health care needs ranging from doctor's office visits to diagnostic tests and hospital confinement.

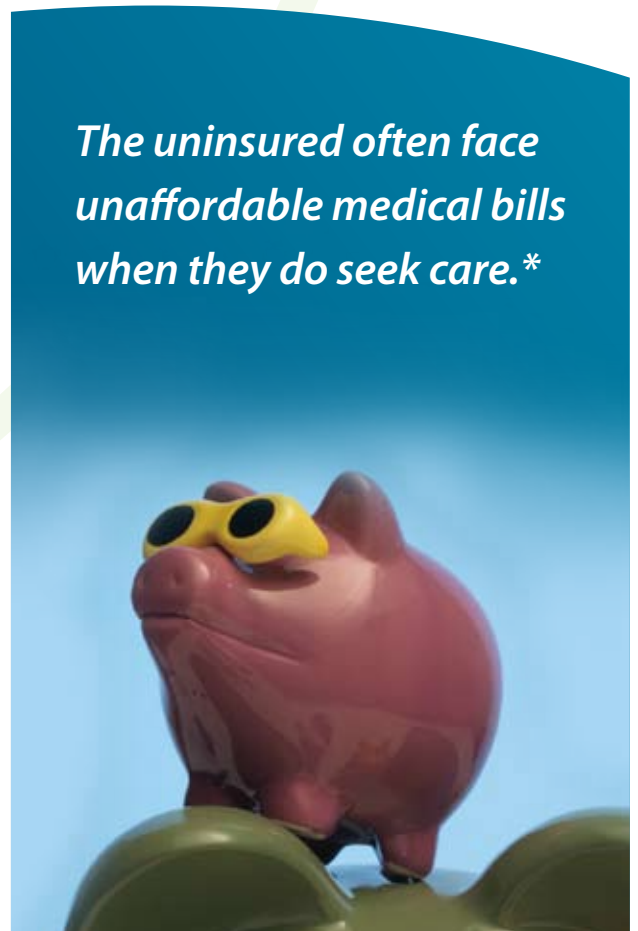
Colonial Health Advantage:

- **Helps cover the "basics"** – It pays limited benefits for specific services such as doctor's office visits; preventive or well-care visits; diagnostic, X-ray and laboratory; hospital confinement; and in some plans, prescription drugs.
- **Does not have deductibles** – It pays limited indemnity or "flat amount" benefits for specific health care services.
- **Offers affordable coverage for you, your spouse and your eligible dependent children** – so you can have comfort in knowing your family has some help with health care expenses.
- **Is simple to use** – As a covered insured, you receive an ID card to present to your health care providers. They file a claim for your expenses, and if there is any difference between their fee and the Colonial Health Advantage benefit they receive, you pay the difference.
- **Can save you additional money through NPPN**** – a large national provider network from Coalition America, which you have access to through the Colonial Health Advantage plan. Health care providers in the NPPN network charge discounted fees, so you may pay less out of your pocket after your Colonial Health Advantage benefit is applied if you use a participating provider.
- **Offers friendly, quality customer service and stability** from an industry leader in voluntary benefits.

*"Five Basic Facts on the Uninsured," The Kaiser Commission on Medicaid and the Uninsured, August 2008.

** NPPN is not underwritten by Colonial Life & Accident Insurance Company.

*The uninsured often face unaffordable medical bills when they do seek care.**



*Now, the coverage
you need is within
your reach.*

**For Colonial Health Advantage ID cards,
claims and related services, contact:**

Harrington Health, the benefits administrator
for our Colonial Health Advantage product.
Harrington Health is a nationally recognized
benefits administration expert with more than
50 years of outstanding customer service.

**300 W. Douglas Ave., 8th floor
Wichita, KS 67202
1.877.737.0769**

www.harringtonhealth.com



For all other requests, contact:

Colonial Life Customer Service Center
P.O. Box 1365
Columbia, SC 29202-1365
1.866.858.8978

coloniallife.com



*Colonial Life has been
making benefits count
for working Americans
for nearly 70 years.*

Benefit Worksheet

For use by Colonial Life Benefits Representative

Pre-tax

Coverage: (check one)

- | | |
|---|---|
| <input type="checkbox"/> Individual - Employee | <input type="checkbox"/> Employee and Spouse
(or Domestic Partner, if applicable in your state) |
| <input type="checkbox"/> One-Parent Family -
Employee and Dependent Children | <input type="checkbox"/> Two-Parent Family - Employee, Spouse
(or Domestic Partner, if applicable in your state)
and Dependent Children |

Plan Selected _____

Premium Per Pay Period \$ _____

Monthly Premium \$ _____

This is a Group Limited Benefit Hospital Confinement Indemnity and Accidental Death & Dismemberment Plan. It is not designed to replace a major medical, other comprehensive and/or catastrophic plan. This is limited coverage that may not provide a reimbursement for all medical expenses you may incur.

In GA and TX, this is a Hospital Confinement Indemnity Plan, and in KS, it is a Group Limited Benefit Accident and Sickness Fixed Indemnity Plan.

Learn more about these and all of the benefits Colonial Life has to offer at coloniallife.com

This brochure is not complete without the Outline of Coverage, form number LBMP-C-O, and state abbreviations, where used. (For example, in TX, form number LBMP-C-O-TX.)

This brochure highlights the benefits of policy form LBMP-P (including state abbreviations where applicable). This is not an insurance contract and only the actual policy provisions will control. The certificate sets forth in detail the rights and obligations of both you and us. It is, therefore, important that you READ YOUR CERTIFICATE CAREFULLY.

Colonial LifeSM
Making benefits count.

Colonial Life
1200 Colonial Life Boulevard
Columbia, South Carolina 29210
coloniallife.com

Colonial Life products are underwritten by Colonial Life & Accident Insurance Company, for which Colonial Life is the marketing brand. "Colonial Health Advantage" is a service mark of Colonial Life & Accident Insurance Company.

Colonial Health AdvantageSM

Standard Plus Plan

Group Hospital Confinement
Indemnity Insurance

Colonial LifeSM

Making benefits count.

With Colonial Health AdvantageSM, you have an ID card and access to affordable health care to help paySM for those everyday medical expenses. There are no deductibles, and you can save money if you use providers in the large national network that's available with the plan. The providers can file a claim for your expenses, and if there is any difference between their fee and the Colonial Health Advantage benefit they receive, you pay the difference.

Now, the coverage you need is within your reach.

Colonial Health AdvantageSM
Standard Plus Plan - GA

Plan Benefit	Description	Benefit Amount
Doctor's Office Visit	<ul style="list-style-type: none">If you incur charges from a doctor's office or urgent care facility for treatment of a sickness or for injuries that result from an accident.Includes 1 visit to the Emergency Room due to a sickness.Maximum: up to 6 days for each covered person, per calendar year.	\$55 per day
Preventive Care Visit	<ul style="list-style-type: none">If you incur charges from a doctor's office for preventive care.Preventive care is: immunizations; well baby doctor's office visits, including immunizations; routine physical exams; prostate cancer screenings; preventive doctor office visits; colorectal screenings; pap smears and mammograms.Maximum: up to 2 days for each covered person, per calendar year.	\$75 per day
Diagnostic Testing, X-ray & Lab	<ul style="list-style-type: none">If you incur charges for outpatient X-rays, lab work or diagnostic tests ordered by a doctor.Not payable for diagnostic tests, X-rays or lab work received while in a hospital.Maximum: up to 3 days for each covered person, per calendar year.	\$75 per day
Pharmacy	<ul style="list-style-type: none">After you pay a \$10 co-payment for each 30-day supply of a generic prescription drug obtained through a pharmacy, this benefit pays the charges that remain, up to the \$100 monthly maximum.A mail-order service is available for generic prescription drugs and may save you money.A discount for brand-name prescription drugs is available through pharmacies that participate in the Express Scripts® network.*Maximum: up to \$100 of benefits paid to the pharmacy for each covered person, per calendar month.	Remainder of prescription charge after insured pays \$10 co-pay; up to \$100 per month
Hospital Confinement	<ul style="list-style-type: none">If you incur charges for confinement and treatment in a hospital for a sickness or injuries received in an accident.Maximum: up to 60 days for each covered person, per calendar year.	\$200 per day
Hospital Intensive Care Unit	<ul style="list-style-type: none">If you incur charges for confinement and treatment in a hospital intensive care unit for a sickness or for injuries you receive in an accident.Maximum: up to 15 days for each covered person, per calendar year.	\$400 per day

*The brand discount is available through Express Scripts® and is not underwritten by Colonial Life & Accident Insurance Company.

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Plan Benefit	Description	Benefit Amount
Accident Lump-Sum	<ul style="list-style-type: none"> If you incur charges from a doctor's office, emergency room or urgent care facility for medical treatment of injuries you receive in an accident. Maximum: up to 3 covered accidents for each covered person, per calendar year. 	\$200 per covered accident
Ambulance/Air Ambulance	<ul style="list-style-type: none"> If you incur charges for transportation by a licensed professional ambulance or air ambulance company, to or from a hospital or between medical facilities, for treatment of a sickness or for injuries you receive in an accident. Maximum: up to 3 trips for each covered person, per calendar year. 	\$50 per trip
Accidental Death & Dismemberment	<ul style="list-style-type: none"> For suffering a loss, loss of use, or loss of life as the result of an accident. See your Outline of Coverage for definitions of "loss" and "loss of use." 	\$25,000 \$12,500 spouse (if covered); \$12,500 dependent child (if covered)

What does "per day" mean? "Per day" means that the benefit is payable "per day," not "per service." *For example:* You break your arm and go to the doctor on Wednesday. The doctor orders three different X-rays, and you do them all on that Wednesday. The benefit payable for the X-rays is the "per day" amount shown. The benefit is paid "per day," not "per X-ray."

The Group Hospital Confinement Indemnity and Accidental Death & Dismemberment Insurance Certificate is not comprehensive major medical or hospitalization insurance coverage, and is not a substitute or replacement for major medical insurance. This is limited coverage. The certificate does not provide a reimbursement for all medical expenses you may incur.

This document is not complete without the Outline of Coverage, form number LBMP1000-O-GA. Certificates have exclusions and limitations that may affect benefits payable. See the Outline of Coverage for complete details.

COLONIAL LIFE & ACCIDENT INSURANCE COMPANY

1200 Colonial Life Boulevard, P.O. Box 1365 Columbia, South Carolina 29202 (800) 325 - 4368

GROUP HOSPITAL CONFINEMENT INDEMNITY AND ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

Outline of Coverage

(Applicable to policy form LBMP-P-GA and certificate form LBMP-C-GA)

THIS IS GROUP HOSPITAL CONFINEMENT INDEMNITY AND ACCIDENTAL DEATH AND DISMEMBERMENT COVERAGE. BENEFITS ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES.

THIS IS NOT A SUBSTITUTE FOR COMPREHENSIVE HEALTH INSURANCE.

THIS IS NOT MEDICARE SUPPLEMENT COVERAGE. If you are eligible for Medicare, review the Guide To Health Insurance for People with Medicare available from the company.

Read your certificate carefully. This outline provides a very brief description of the important features of the Group Policy. This is not an insurance contract and only the actual policy provisions will control. The policy sets forth in detail the rights and obligations of the policyholder, you and us. The certificate describes the features of the coverage, lists any limitations or exclusions on coverage and explains how to file a claim against the coverage. It is, therefore, important that you READ YOUR CERTIFICATE CAREFULLY.

Benefits

Hospital Confinement Benefit **\$200 per day, up to a maximum of 60 days per covered person per calendar year**

We will pay the applicable benefit shown above for each day any covered person incurs charges for and is confined and receiving treatment in a hospital due to injuries received in an accident or due to a sickness.

Doctor Office Visit Benefit **\$55 per day, up to a maximum of 6 days per covered person per calendar year**

We will pay this benefit for a day when any covered person incurs charges for and requires services rendered by a doctor at a doctor's office or urgent care facility due to injuries sustained in an accident or due to a sickness. We will also pay this benefit for one day per covered person per calendar year on which services are rendered by a doctor at the Emergency Room due to a sickness, but that visit will count towards the maximum number of days allowed per calendar year.

Diagnostic Testing, X-ray, Lab Benefit **\$75 per day, up to a maximum of 3 days per covered person per calendar year**

We will pay this benefit for a day when any covered person incurs charges for and undergoes any type of diagnostic test, X-ray or lab work that was ordered by a doctor. This benefit is not payable for diagnostic testing, X-ray or Lab work received while a covered person is confined to a hospital.

Preventive Care Visit Benefit **\$75 per day, up to a maximum of 2 days per covered person per calendar year**

We will pay this benefit for a day when any covered person incurs charges for a doctor's office visit for preventive care. For purposes of this outline, preventive care is defined as: immunizations; well baby care, including immunizations; prostate cancer screenings; preventative doctor office visits; colorectal screenings; pap smears; mammograms; and routine physical exams.

Ambulance/Air Ambulance Benefit **\$50 per trip, up to a maximum of 3 trips per covered person per calendar year**

We will pay this benefit if any covered person incurs charges for and requires transportation by a licensed professional ambulance company by ground or air to or from a hospital or between medical facilities where treatment is received as the result of an accident or sickness.

Hospital Intensive Care Unit Confinement Benefit **\$400 per day, up to a maximum of 15 days per covered person per calendar year**

We will pay this benefit if any covered person incurs charges for and is confined to a hospital intensive care unit as the result of injuries received in an accident or due to a sickness.

Accident Lump-Sum Medical Benefit **\$200 per accident, up to a maximum of 3 accidents per covered person per calendar year**

We will pay this benefit if any covered person incurs charges for and receives treatment and/or advice by a doctor in a doctor's office, emergency room, or urgent care facility for injuries as the result of an accident and not for routine examinations, preventive testing or sick visits.

Accidental Death and Dismemberment Benefit **\$25,000 for Insured; \$12,500 for spouse, if covered; \$12,500 for dependent child, if covered, per accident**

We will pay this benefit if any covered person sustains, as the result of an accident, a loss or loss of use as defined below or an accidental loss of life. The loss must occur within 365 days after the date of an accident. We will pay the amount shown above for each loss, loss of use or accidental loss of life. However, we will not pay a separate benefit for a loss or loss of use of the same area due to the same accident.

Loss or loss of use means an injury that within 365 days of the accident results in total and irrecoverable: loss of both hands or both feet; or loss or loss of use of both arms or both legs; or loss of one hand and one foot; or loss or loss of use of one arm and one leg; or loss of the sight of both eyes; or loss of the hearing of both ears; or loss of the ability to speak. The *loss of use of an arm* means the loss of function of the entire arm from the shoulder to the hand. The *loss of use of a leg* means the loss of function of the entire leg from the hip to the foot. The *loss of sight* means both eyes are totally blind and that no sight can be restored. The *loss of hearing* means deafness in both ears, such that it cannot be corrected to any functional degree by any procedure, aid or device. The *loss of the ability to speak* means loss of audible communication, such that it cannot be corrected to any functional degree by any procedure, aid or device.

Pharmacy Benefit **Actual charges for generic prescription drugs remaining after payment of a \$10 co-payment for retail generic prescription drugs or \$30 for mail order generic prescription drugs for each prescription filled up to a maximum of \$100 per covered person per month**

We will pay this benefit if any covered person incurs charges for and has a prescription filled for a generic prescription drug subject to the following: a co-payment in the amount shown above will be applied to each prescription at the time it is filled and must be paid by the covered person; the prescription must be written and filled while the coverage is in force; dispensing limit and authorized refills are limited to a 30-day supply at a retail pharmacy and a 90-day supply at mail service; and we will pay no more than the maximum amount shown above. Benefits for brand name prescription drugs are not available.

Termination

The policy can be cancelled by the policyholder or us. Your coverage will terminate if the policy terminates, if your premium is not paid, if you are no longer eligible for the coverage, if your class is no longer included for insurance or if you ask us to end your coverage. For named insured and spouse or two-parent family coverage, coverage on your spouse will terminate on: the date the policy terminates; the end of the grace period following the premium due date we fail to receive the required premium for your spouse; the date the next premium is due after you ask us to end your spouse's coverage; the date you die; or the date the next premium is due after you divorce your spouse. For one-parent or two-parent family coverage, dependent children's coverage will terminate: the date the policy terminates; the end of the grace period following the premium due date we fail to receive the required premium for your dependent children; the date the next premium is due after you ask us to end your dependent children's coverage; or the date you die. Coverage will end on each child when he no longer qualifies as a dependent child.

Definitions

Accident means an unintended or unforeseen bodily injury sustained by a covered person, wholly independent of disease, bodily infirmity, illness, infection, or any other abnormal physical condition.

Brand Name Prescription Drug means a prescription drug that is: marketed under a proprietary, trademark-protected name; protected by a patent; and can be produced and sold only by the company holding the patent.

Calendar Year means the period beginning on the coverage effective date shown on the Certificate Schedule and ending on December 31 of the same year. Thereafter, it is the period beginning on January 1 and ending on December 31 of each following year.

Certificate means a document that describes the features of the coverage provided for the named insured and any other covered person. It lists any limitations or exclusions on coverage and explains how to file a claim against the coverage.

Co-payment means the specified dollar amount that must be paid by the covered person for each prescription drug at the time a prescription is filled.

Confined or Confinement means the assignment to a bed as a resident inpatient in a hospital on the advice of a doctor or for the purposes of the hospital confinement benefit only, confinement in an observation unit within a hospital for a period of no less than 20 continuous hours on the advice of a doctor.

Dependent Child means any natural children, step-children, legally adopted children, children placed into your custody for adoption, or children for whom you are ordered by a court to provide coverage who are: unmarried; under 26 years of age; and chiefly dependent on you or your spouse for support.

Doctor means a person, who: is licensed by the state to practice a healing art; and performs services for a covered person which are allowed by his license. For purposes of this definition, Doctor does not include any covered person or anyone related to any

Standard Plus

covered person by blood or marriage, a business or professional partner of any covered person, or any person who has a financial affiliation or a business interest with any covered person.

Generic Prescription Drug means a prescription drug that is therapeutically equivalent to a brand name prescription drug whose patent has expired.

Hospital means a place that: is run according to law on a full-time basis; provides overnight care of injured and sick people; is supervised by a doctor; has full-time nurses supervised by a registered nurse; and has at its locations or uses on a pre-arranged basis: X-ray equipment, a laboratory and an operating room where surgical operations take place.

Notwithstanding the above, a hospital is not: a nursing home; an extended care facility; a skilled nursing facility; a rest home or home for the aged; a rehabilitation center; a place for alcoholics or drug addicts; or an assisted living facility.

Hospital Intensive Care Unit means a place which: is a specifically designated area of the hospital called an intensive care unit that is restricted to patients who are critically ill or injured and who require intensive, comprehensive observation and care; is separate and apart from the surgical recovery room and from rooms, beds and wards customarily used for patient confinement; is permanently equipped with special lifesaving equipment for the care of the critically ill or injured; is under constant and continuous observation by a specially trained nursing staff assigned exclusively to the intensive care unit on a 24 hour basis; and has a doctor assigned to the intensive care unit on a full-time basis. A hospital intensive care unit that meets the definition above may include hospital units with the following names: Intensive Care Unit; Coronary Care Unit; Neonatal Intensive Care Unit; Pulmonary Care Unit; Burn Unit; or Transplant Unit. A hospital intensive care unit is not any of the following stepdown units: a progressive care unit; an intermediate care unit; a private monitored room; sub-acute intensive care unit; an observation unit; or any facility not meeting the definition of a hospital intensive care unit as defined in this certificate.

Investigational or Experimental means care, treatment, services or supplies not approved or recognized for the treatment of injury or sickness by any of the following: The American Medical Association; The United States Surgeon General; The United States Department of Public Health; The National Institute of Health; or Medicare.

Drugs are considered investigational or experimental if they are not: commercially available for purchase; and approved by the Food and Drug Administration for general use and recommended for that particular disease or condition and found to be safe and effective in formal clinical studies, the results of which have been published in a peer reviewed professional medical journal published in either the United States or Great Britain.

Medically Necessary means any services, tests, office visits, prescription drugs, or supplies: needed to diagnose, treat symptoms or medical conditions, or provide preventative care in a manner generally accepted by the medical community; ordered, prescribed, recommended, or approved by a doctor to diagnose or treat symptoms or a specific medical condition; not simply for the convenience of doctor or patient; and not used for investigational or experimental treatment.

Mental Illness means any diagnosed condition listed in the Diagnostic and Statistical Manual of Mental Disorders most recent edition, revised (DSM) for which treatment is commonly sought from a psychiatrist or mental health provider. Diagnoses described in the DSM will be considered mental illness, regardless of etiology.

Observation Unit means a specified area within a hospital, apart from the emergency room, where a patient can be monitored following outpatient surgery or treatment in the emergency room by a doctor; and which: is under the direct supervision of a doctor or registered nurse; is staffed by nurses assigned specifically to that unit; and provides care seven days per week, 24 hours per day.

Pre-existing Condition means an accident, a sickness or physical condition for which a covered person was treated, had medical testing, received medical advice or had taken prescription medication within twelve months before the coverage effective date.

Sickness means an illness, infection, disease or any other abnormal physical condition not caused by an accident. Sickness includes complications of pregnancy.

Skilled Nursing Care Facility means a place where a covered person goes to recover from an illness and that: is a legally operated facility that can be a wing or part of a hospital; operates 24 hours a day and will accept inpatients on an overnight basis; is supervised by a doctor; has a 24-hour a day nursing staff which is supervised by a registered nurse; and keeps written daily records for each patient. Notwithstanding the above, a skilled nursing care facility is not: a rest home or a home for the aged; a place that provides mostly custodial care; or a place for alcoholics or drug addicts.

Spouse means a person who is married to you on the day we issue your certificate or to whom you become married while this certificate is in force.

Substance Abuse means the psychological or physical dependence on, or addiction to alcohol, drugs and other controlled substances.

Urgent Care Facility means a place other than a doctor's office, hospital or emergency room that provides emergency care and treatment for sick or injured people.

GENERAL LIMITATIONS AND EXCLUSIONS

We will not pay benefits for the following charges, services, supplies or losses:

- Services or supplies not medically necessary, even if prescribed, recommended or approved by the covered person's doctor.
- Elective procedures or cosmetic surgery, including complications arising from elective or cosmetic surgery. This does not include procedures to correct congenital birth defects or anomalies of a child, or reconstructive surgery related to a sickness or

injuries received in an accident as long as the procedure is performed within 12 months from the date of the accident and while this coverage is in force.

- On-job accidents or sicknesses arising out of the course of any occupation for compensation, wage or profit or for which the covered person is entitled to benefits under any Worker's Compensation Law.
- Elective abortion, except where the life of the mother is in danger if the procedure is not performed.
- Pregnancy of a dependent child, including services rendered to her child after birth. This does not include treatment and services required due to complications of the pregnancy.
- Procedures or surgery, including complications arising from procedures or surgery, to have a sex change.
- Investigational or experimental procedures, surgery, or drugs, including procedures, surgeries or drugs for complications arising from having experimental or investigative procedures, surgeries, or drugs.
- Any procedure or surgery related to artificial insemination, in vitro or test tube fertilization, including any related testing, medications, or doctor's services.
- Treatment, surgery or medication for exogenous obesity or weight control.
- Routine eye exams, refractions, eyeglasses or contacts and their fitting.
- Any medication or procedure intended to enhance quality of vision that is not medically necessary to the treatment of an accidental injury or sickness.
- Charges for services provided outside the scope of the license of the institution or practitioner rendering service.
- Charges incurred prior to the covered person's coverage effective date or charges occurring after the termination of the coverage however, termination of coverage will not affect any claim that began while this coverage was in force.
- Services for purchase and fitting of hearing aids.
- Care or services furnished by a U.S. Government Hospital for which no charges are incurred. A **U.S. Government Hospital** means a hospital that is funded by the U.S. Government primarily for military enlisted personnel and their families and military veterans.
- Care or services for which the covered person is not obligated to pay. This does not apply if the covered person is eligible for or receiving medical assistance.
- Charges for services related to educational or vocational testing or training.
- Charges for services related to smoking cessation.
- Charges for food, food supplements or vitamins.
- Charges related to marriage, family, child, career, social adjustment, pastoral or financial counseling.
- Charges for services related to therapy, supplies or counseling for sexual dysfunction or inadequacies that do not have a physiological or organic basis.
- Unless as otherwise provided in the certificate of coverage by inclusion of a specific benefit for mental illness or substance abuse, charges for the treatment of mental illness or substance abuse.
- Treatment for routine dental care or dental procedures.
- Charges for the reversal of a tubal ligation or vasectomy.
- Charges for rental or purchase of durable medical equipment.
- Charges for care received outside the territorial limits of the United States, Puerto Rico, the Bahama Islands, the Virgin Islands, Bermuda, or Jamaica.

We will also not pay benefits if any covered person suffers a loss while:

- Committing or trying to commit suicide or his injuring himself intentionally, whether he is sane or not.
- Participating or attempting to participate in an illegal occupation or felony.
- Riding in or driving any motor-driven vehicle in an organized race, stunt show or speed test.
- Operating, learning to operate, serving as a crew member of or jumping, parachuting, or falling from any aircraft or hot air balloon, including those which are not motor-driven.
- Engaging in hang-gliding, bungee jumping, parachuting, sailgliding, parasailing, parakiting or any similar activities.
- Being intoxicated or under the influence of any narcotics unless administered on the advice of his doctor. Intoxication means that condition defined by the laws of the state or governing territory in which the loss occurs.
- Being involved in a war or any act of war, declared or undeclared.

Accidental Death and Dismemberment Exclusions and Limitations

In addition to the limitations and exclusions listed in the General Limitations and Exclusions section, we will not pay the Accidental Death and Dismemberment Benefit for loss, injury or sickness which results directly or indirectly, wholly or partly from:

- Disease or disorder of the body or mind.
- Medical or surgical treatment or diagnosis thereof.
- Injury occurring after termination of coverage.
- Bacterial infections, except pyogenic infections occurring in and as a result of an accidental wound
- Asphyxiation from voluntarily inhaling gas and not the result of the Covered Person's job.

- Voluntarily taking any drug or narcotic unless the drug or narcotic is prescribed by a Doctor.
- Heart attack, stroke or other circulatory disease or disorder, whether or not known or diagnosed, unless the immediate cause of loss is external trauma.

Pharmacy Benefit Exclusions and Limitations

In addition to the limitations and exclusions listed in the General Limitations and Exclusions section, we will not pay the Pharmacy Benefit for:

- Any over-the counter products and drugs;
- Brand name prescription drugs;
- Blood glucose meters and insulin injecting devices;
- Depo-Provera, condoms, contraceptive sponges, spermicides, diaphragms, and sexual dysfunction drugs;
- Blood products, growth hormones, hemophilic factors, MS injectables, immunizations, or any other injectables;
- Medical supplies and durable medical equipment;
- Liquid nutritional supplements;
- Vitamins, except for pre-natal vitamins;
- Cosmetic drugs such as skin pigmentation preps and drugs used to treat baldness;
- Topical dental fluorides;
- Drugs needed as the result of participating in activities excluded in the General Limitations and Exclusions section of the certificate;
- Expenses related to the administration of any drug;
- Drugs taken or administered while confined to a hospital;
- Drugs covered under Government programs such as Medicare or Medicaid;
- Drugs covered under Worker’s Compensation;
- Smoking deterrents;
- Vacation supplies and replacement of lost or stolen, spilled, broken or dropped drugs; and
- Refills in excess of that specified by the prescribing doctor, or refills dispensed after one year from the original date of prescription.

PRE-EXISTING CONDITIONS LIMITATION

In addition to the General Limitations and Exclusions listed above we also will not pay benefits for any charges, services, supplies or losses from a pre-existing condition as defined in this certificate, unless the covered person has satisfied the pre-existing condition limitation period shown on the Certificate Schedule.