

# LIMITED BENEFIT

Limited Benefit Health Insurance Plans for Employees, Small Business Owners, Families and Individuals

## Individual Plan 1

Texas

### Outpatient

Benefit Description	
Physician Office - Injury	\$100 per day
Physician Office - Sickness	\$50 per day 2 per calendar year
Wellness Benefit	\$50 per day 1 per calendar year
Emergency Room - Injury	\$100 per day 2 per calendar year
Emergency Room - Sickness	\$50 per day 1 per calendar year
Diagnostic, X-Ray, Lab - Injury	\$50 per test day
Diagnostic, X-Ray, Lab - Sickness	\$25 per test day 2 per calendar year
Ambulatory Surgical Center - Injury	\$100 per day
Ambulatory Surgical Center - Sickness	\$50 per day
Surgery	\$500 per day
Anesthesia	\$100 per day
Ambulance Services Ground - Injury	\$200 per day
Ambulance Services Ground - Sickness	\$100 per day 2 per calendar year
Ambulance Services Air - Injury	\$2,000 per day
Ambulance Services Air - Sickness	\$1,000 per day 2 per calendar year
Accidental Death	\$10,000
Accidental Death on Common Carrier	\$20,000
Dislocation Benefit	\$1,500 maximum*
Fracture Benefit	\$2,500 maximum*
Burn Benefit	\$10,000 maximum*
Critical Illness	\$5,000

### Inpatient

Benefit Description	
Hospital Confinement - Injury	\$1,000 per day
Hospital Confinement - Sickness	\$500 per day 365 day maximum per confinement
Intensive Care - Injury	\$2,000 per day
Intensive Care - Sickness	\$1,000 per day 30 day maximum per confinement
Surgery	\$500 per day
Anesthesia	\$100 per day
Continuous Care - Injury	\$500 per day
Continuous Care - Sickness	\$250 per day 30 day maximum per calendar year
Substance Abuse	\$100 per day 30 day maximum per calendar year
Mental Illness	\$100 per day 30 day maximum per calendar year

THE POLICY PROVIDES LIMITED BENEFITS. Benefits depend upon the plan selected and the premium will vary by plan. Policy form SL-VERSEPI2-TX has specific terms and conditions relating to coverage, including limitations and exclusions. The definitions of all plan benefits are defined in the policy.

\*This is the maximum amount payable for this Benefit. Please refer to the Schedule of Benefit amounts for more details.

# Exclusions and Limitations

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## **Waiting Period Limitation:**

Loss caused by or relating to sickness, a mental or nervous disorder or substance abuse will not be covered for the first 30 days after the effective date of each Covered Person.

## **Pre-existing Condition Limitation:**

Loss caused by or relating to a pre-existing condition is not covered for the first 12 months after the effective date of each Covered Person.

## **Exclusions:**

No coverage shall be provided and no benefits will be paid for any loss resulting in whole or in part from, or contributed to, or as a natural and probable consequence of any of the following:

1. suicide or any attempt at suicide or intentionally self-inflicted injury or any attempt at intentionally self-inflicted injury or any act of auto-eroticism, while sane or insane;
2. travel or flight in or on (including getting in or out of, or on or off of) any vehicle used for aerial navigation, if the Covered Person is:
  - a. riding as a passenger in any aircraft not intended or licensed for the transportation of passengers;
  - b. performing, learning to perform or instructing others to perform as a pilot or crew insured of any aircraft; or
  - c. riding as a passenger in an aircraft owned, leased or operated by the Covered Person's employer;
3. declared or undeclared war, or any act of declared or undeclared war;
4. full-time active duty in the armed forces, National Guard or organized reserve corps of any country or international authority. (Unearned premium for any period for which the Covered Person is not covered due to his/her active duty status will be refunded. Loss caused while on short-term National Guard or reserve duty for regularly scheduled training purposes is not excluded.);
5. any loss sustained or contracted in consequence of the Covered Person being intoxicated or under the influence of any narcotic unless the narcotic is administered on the advice of a physician;
6. the Covered Person's commission of or attempt to commit a felony;
7. the Covered Person being engaged in an illegal occupation;
8. services and supplies which are not medically necessary to treat a covered loss (other than as stated in the Wellness and Preventive Care Benefit);
9. services and supplies which are received without charge or legal obligation to pay or would not normally be paid in the absence of insurance;
10. services and supplies which are received outside of the United States of America, its possessions and territories;
11. dental care or treatment unless due to an injury to a sound and natural tooth;
12. cosmetic surgery or reconstructive surgery, including breast reduction and surgery to repair, replace, or remove breast implants; however, this exception does not apply when surgery is required:
  - a. to repair a birth defect of a child born to you and continuously covered under your Policy from birth; or
  - b. for reconstructive surgery following a covered mastectomy;
13. any covered loss that is covered under any state or federal Worker's Compensation, Policyholder's Liability law or similar law;
14. any mental or nervous disorder or substance abuse unless such coverage is expressly provided herein;
15. any procedure for refractive correction, eye refraction or the purchase or fitting of vision or hearing aids, cochlear implants and related devices;
16. pregnancy or maternity. Complications of pregnancy are not excluded;
17. participating in hazardous occupations or other activity including participating, instructing, demonstrating, guiding or accompanying others in the following: professional or semi-professional sports, extreme sports, organized body contact sports, parachute jumping, hot-air ballooning, hang-gliding, base jumping, mountain climbing, bungee jumping, scuba diving, sail gliding, parasailing, parakiting, rock or mountain climbing, cave exploration, parkour, racing including stunt show or speed test of any motorized or non-motorized vehicle, rodeo activities, or similar hazardous activities. Also excluded is injury received while practicing, exercising, undergoing conditional or physical preparation for such activity;
18. a custodial institution, domiciliary care or rest cures;
19. weight reduction or treatment of obesity, including exogenous, endogenous or morbid obesity; or
20. diagnosis or treatment (including surgery) of sexual dysfunctional disorders or inadequacy, or transsexual surgery.