



INSURER NAME:	Beazley Insurance Company, Inc.
INSURER ADDRESS: ADMINISTRATIVE OFFICE	c/o The Loomis Company 850 N. Park Road P.O. Box 7011 Wyomissing, PA 19610-6011
INSURER ADDRESS: NOTICE OF CLAIM	Administered by The Loomis Company P.O. Box 7011 Wyomissing, PA 19610-6011

CERTIFICATE OF INSURANCE

Beazley Insurance Company, Inc. (We, Us, Our) hereby certifies that it has issued and delivered to the Policyholder a group Policy, described on the Schedule of Benefits page. The group Policy covers certain eligible persons as described in the Policy.

This Certificate describes the benefits and provisions of the group Policy. It becomes Your Certificate of Insurance only if: 1) You are eligible for the insurance; 2) You are Actively In Service on the date it is to take effect if You are an Employee; and 3) You become insured and remain insured in accordance with the provisions of the Policy. The insurance is to be effective only if the required premium payments are made by You or on Your behalf to Us. No agent may change the Policy or waive any of its provisions.

IN WITNESS WHEREOF, We have caused this Certificate to take effect on the Certificate Effective Date.

Wayne K. Whitten
Secretary

QAM
President

GROUP LIMITED INDEMNITY CERTIFICATE

THIS IS A LIMITED BENEFIT CERTIFICATE. IT PROVIDES FIXED-PAYMENT BENEFITS. BENEFITS PROVIDED ARE NOT INTENDED TO COVER ALL HOSPITAL OR OTHER MEDICAL EXPENSES.

THIS CERTIFICATE IS NOT A MEDICARE SUPPLEMENT CONTRACT.

If You are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from the Company.

FIFTEEN DAY RIGHT TO EXAMINE CERTIFICATE

If You decide that You do not want this Certificate for any reason, You may return it to Us within fifteen (15) days after the date You receive it for a full refund of any premium paid. When it is returned, it will be considered void as though it were never issued.

The Policy is a contract between the Policyholder and the Company.

This Certificate is renewable at the option of the Company. Please read the Termination of Insurance provision of this Certificate.

READ YOUR CERTIFICATE CAREFULLY.

THIS IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. THIS IS NOT QUALIFYING HEALTH COVERAGE ("MINIMUM ESSENTIAL COVERAGE") THAT SATISFIES THE HEALTH COVERAGE REQUIREMENT OF THE AFFORDABLE CARE ACT. IF YOU DON'T HAVE MINIMUM ESSENTIAL COVERAGE, YOU MAY OWE AN ADDITIONAL PAYMENT WITH YOUR TAXES.

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SCHEDULE OF BENEFITS

INSURED NAME:		Please refer to the Coverage Section of the Member Portal.	
INSURED DEPENDENT NAME(S):		Please refer to the Coverage Section of the Member Portal.	
CERTIFICATE NUMBER:	Please refer to the Coverage Section of the Member Portal.	CERTIFICATE EFFECTIVE DATE:	1/01/2020
		PREMIUM DUE DATE:	First day of each month.
POLICYHOLDER NAME:	Hallmark Marketing Company, LLC	POLICYHOLDER NUMBER:	IB0230

ELIGIBILITY: ALL EMPLOYEES ACTIVELY IN SERVICE, AND SPOUSES OR DOMESTIC PARTNERS AND/OR DEPENDENT CHILD(REN) OF ELIGIBLE EMPLOYEES

PRE-EXISTING CONDITION PERIOD: None

BENEFIT(S)

BENEFIT AMOUNTS/MAXIMUMS

HOSPITAL CONFINEMENT BENEFIT

Benefit Amount	\$100 per Insured, per day
Calendar Year Maximum	30 days per Insured

HOSPITAL ADMISSION BENEFIT

Benefit Amount	\$1,000 per Insured, per day
Calendar Year Maximum	1 day per Insured

PHYSICIAN OFFICE/URGENT CARE FACILITY BENEFIT

Benefit Amount	\$50 per Insured, per day
Calendar Year Maximum	6 days per Insured

EMERGENCY ROOM - SICKNESS BENEFIT

Benefit Amount	\$100 per Insured, per day
Calendar Year Maximum for Sickness	1 day per Insured

EMERGENCY ROOM – INJURY BENEFIT

Benefit Amount	\$100 per Insured, per day
Calendar Year Maximum for Injury	3 days per Insured

Treatment for an Injury sustained as a result of an Accident must be received within 72 hours of the Accident.

DEFINITIONS

ACCIDENT means an event occurring by chance or unintentionally, independent of any Sickness.

ACTIVELY IN SERVICE means that You are:

- (1) performing in the usual manner, all of the Material and Substantial Duties of Your employment for the regularly scheduled number of hours on a scheduled work day; and
- (2) the Material and Substantial Duties are being performed at one of the places of business where You normally perform such duties or at some location to which Your employment sends You.

You will be said to be Actively in Service on a day that is not a scheduled work day only if You are able to perform in the usual manner all of the regular duties of Your employment if it were a scheduled work day.

CALENDAR YEAR means the period beginning on the Certificate Effective Date shown on the Schedule of Benefits 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 the individual Certificate issued to You. It describes Your coverage under the Policy.

CERTIFICATE EFFECTIVE DATE means the date shown on the Schedule of Benefits. The Certificate Effective Date will start at 12:01 a.m. at the main place of business of the Policyholder. If an Employee is not Actively in Service on the date coverage would otherwise become effective, the Certificate Effective Date will be the date on which the Employee is first thereafter Actively in Service.

COMPLICATIONS OF PREGNANCY means any of the following:

- (1) a condition that, while affected by pregnancy, is still classified by accepted medical standards as a Sickness apart from the normal bodily changes that accompany pregnancy;
- (2) a non-elective Caesarean section;
- (3) an extra-uterine or ectopic pregnancy; or
- (4) a spontaneous termination of pregnancy during a period of gestation in which a viable birth is not possible.

Complications of Pregnancy do not include: false labor, premature labor, high risk pregnancy or delivery, occasional spotting, Physician-prescribed rest, morning sickness or similar conditions that occur in a difficult pregnancy.

CONFINED OR CONFINEMENT means the assignment to a bed as a resident inpatient in a Hospital, or Confinement in an Observation Unit within a Hospital for a period of 23 or more continuous hours, on the advice of a Physician.

DEPENDENT CHILD(REN) means all of Your children who are unmarried and less than 26 years of age. However, if any Dependent Child is incapable of self-sustaining employment due to mental or physical handicap and is dependent on a parent(s) for support, such age limit of 26 shall not apply. Proof of such incapacity and dependency must be furnished to Us within 31 days following the Child's 26th birthday, and not more frequently than annually beginning 2 years after such Child attains the specified limiting age.

Child(ren) means Your biological children, stepchildren, adopted children, foster children or any child for whom You are required by a court or administrative order to provide health coverage.

DOMESTIC PARTNER means a person of the same or opposite sex who:

- (1) is at least 18 years old and legally capable to enter into a contract;
- (2) is not related by blood to You more closely than is permissible for marriage in the state of residence;
- (3) is not married or legally separated;
- (4) has not been party to an action or proceeding for divorce or annulment within the last 6 months, or has been a party to such an action or proceeding and at least 6 months have elapsed since the date of the judgment terminating the marriage;
- (5) is not currently in a domestic partnership with a different domestic partner and has not been in such a relationship for at least 6 months;
- (6) occupies the same residence as You;
- (7) has not entered into a domestic partnership relationship that is temporary, social, political, commercial or economic in nature; and
- (8) has entered into a Domestic Partnership Agreement with You.

DOMESTIC PARTNERSHIP AGREEMENT means an arrangement between You and another person of the same or opposite sex that includes 3 of the following:

- (1) joint lease, mortgage or deed;
- (2) joint ownership of a vehicle;
- (3) joint ownership of a checking account or credit account;
- (4) designation of the Domestic Partner as the beneficiary of Your life insurance or retirement benefits;
- (5) designation of the Domestic Partner as the beneficiary of Your will;
- (6) designation of the Domestic Partner as holding power of attorney for health care; and
- (7) shared household expenses.

EMERGENCY ROOM means a facility located on the premises of, or physically part of, a Hospital that provides initial Treatment to patients with Sickness or for Injury due to an Accident requiring immediate attention. An Emergency Room is specially equipped and staffed to provide emergency care.

EMPLOYEE means a person who is Actively in Service as an employee of the Policyholder.

HOSPITAL means a general acute care facility that meets all of the following:

- (1) it is licensed as a Hospital pursuant to applicable law;
- (2) it has organized facilities for the care and treatment to sick and injured persons on a resident or inpatient basis, including facilities for diagnosis and surgery;
- (3) it is managed under the supervision of a staff of one or more licensed Physicians; and
- (4) it provides 24-hour nursing services by or under the supervision of a graduate registered nurse (R.N.) on duty or call.

Hospital does not include any convalescent, nursing, rest or extended care facilities or facilities operated exclusively for treatment of the aged, drug addict or alcoholic, even though the facilities are operated as a separate institution by a Hospital.

INJURY means bodily injury due to an Accident sustained directly and independently of all other Accidents or Sickness. It includes all complications of and all Injuries from the same Accident.

INPATIENT SURGERY means a surgical procedure performed on an Insured who is Confined as a registered bed patient in a Hospital or other medical facility.

INSURED(S) means You and Your Spouse or Domestic Partner, and/or Your Dependent Child(ren) as indicated in the Schedule of Benefits.

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:

- (1) The American Medical Association;
- (2) The United States Surgeon General;
- (3) The United States Department of Public Health;
- (4) The National Institute of Health; or
- (5) Medicare.

Drugs are considered investigational or experimental if they are not:

- (1) commercially available for purchase; and
- (2) approved by the Food and Drug Administration for general use.

MATERIAL AND SUBSTANTIAL DUTIES means the duties that:

- (1) are normally required for the performance of Your employment; and
- (2) cannot be reasonably omitted or modified.

MEDICALLY NECESSARY means any services, tests, office visits, drugs, or supplies:

- (1) needed to diagnose, treat symptoms or medical conditions, or provide preventative care in a manner generally accepted by the medical community;
- (2) ordered, prescribed, recommended, or approved by a Physician to diagnose or treat symptoms or a specific medical condition;
- (3) not simply for the convenience of Physician or patient; and
- (4) not used for Investigational or Experimental Treatment.

MENTAL OR NERVOUS DISORDERS 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.

MENTAL OR NERVOUS DISORDERS TREATMENT FACILITY means a facility that provides inpatient Treatment for Mental or Nervous Disorders and which:

- (1) is established and operated pursuant to applicable state laws;
- (2) provides the following basic services:
 - (a) room and board;
 - (b) evaluation and diagnosis;
 - (c) counseling; and
- (3) has or maintains a written, specific, and detailed regimen requiring full-time residence and full-time participation by the Insured;

A Mental or Nervous Disorders Treatment Facility does not include a unit or wing within a Hospital, a half-way house, a group home, a recovery farm, or any similar facility.

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 Physician, and which:

- (1) is under the direct supervision of a Physician or registered nurse;
- (2) is staffed by nurses assigned specifically to that unit; and
- (3) provides care seven days per week, 24 hours per day.

PHYSICIAN means a practitioner of the healing arts who:

- (1) is practicing within the scope of his or her license in the state where so licensed; and
- (2) is not related to the Insured.

POLICY means the Policy issued to the Policyholder that covers the Insured.

POLICYHOLDER means the employer, association or other organization that holds the Policy.

PRE-EXISTING CONDITION means any sickness, disease, or physical condition that existed within the Pre-Existing Condition Period prior to the Insured's Certificate Effective Date. The sickness, disease or physical condition must have resulted in the Insured's receiving advice, diagnosis or Treatment from a Physician during this preceding time period. The Pre-Existing Condition Period is shown on the Schedule of Benefits.

SCHEDULE OF BENEFITS means the benefit schedule set forth in the Certificate.

SICKNESS means an illness or disease that starts while the Insured's coverage is in force. Sickness includes pregnancy and Complications of Pregnancy.

SKILLED NURSING CARE FACILITY means a place where an Insured goes to recover from a Sickness or Injury and that:

- (1) is a legally operated facility that can be part of a hospital;
- (2) operates 24 hours a day and will accept inpatients on an overnight basis;
- (3) is supervised by a Physician;
- (4) has a 24-hour a day nursing staff which is supervised by a registered nurse; and
- (5) keeps written daily records for each patient.

Notwithstanding the above, a Skilled Nursing Care Facility is not:

- (1) a rest home or a home for the aged;
- (2) a place that provides mostly custodial care; or
- (3) a place for alcoholics or drug addicts.

SPOUSE means the person recognized as Your spouse under the laws of the state in which You reside.

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

SUBSTANCE ABUSE TREATMENT FACILITY means a facility that provides inpatient Treatment for Substance Abuse and is a place which:

- (1) is established and operated pursuant to applicable state laws;
- (2) provides the following basic services:
 - (a) room and board;
 - (b) evaluation and diagnosis;
 - (c) counseling; and
- (3) has or maintains a written, specific, and detailed regimen requiring full-time residence and full-time participation by the Insured;

A Substance Abuse Treatment Facility does not include a unit or wing within a Hospital, a half-way house, a group home, a recovery farm, or any similar facility.

TREATMENT means consultation, care or services provided by a Physician including diagnostic measures and taking prescribed drugs and medicines.

URGENT CARE FACILITY means a free-standing facility that is engaged primarily in providing minor emergency and episodic, medical care. A Physician, a registered nurse and a registered x-ray technician must be in attendance at all times that the facility is open. It must be licensed as an Urgent Care Facility, if required by law.

YOU, YOUR means the insured Employee as shown on the Schedule of Benefits.

ELIGIBILITY AND EFFECTIVE DATE

ELIGIBILITY

All:

- (1) Employees who meet the definition of Actively in Service; or
 - (2) Employees, or eligible Spouse or Domestic Partner, and Dependent Children who meet the definition of Eligibility as stated on the Schedule of Benefits,
- are eligible to be insured under the Policy. Evidence of insurability acceptable to Us may be required.

ELIGIBILITY OF DEPENDENTS

An eligible Employee may enroll his or her Spouse or Domestic Partner and/or Dependent Child(ren). An individual cannot be covered as an Employee and a Spouse or Domestic Partner at the same time. A Dependent Child may only be covered by one Employee if both parents are Employees and covered separately under the Policy.

EFFECTIVE DATE

The Certificate Effective Date for an Employee is shown on the Schedule of Benefits.

The Certificate Effective Date for a Spouse or Domestic Partner, and/or Dependent Child(ren) is the date shown on the Schedule of Benefits subject to the following:

- (1) The Spouse or Domestic Partner and/or Dependent Child(ren) have applied for coverage and premium is paid;
- (2) The Spouse or Domestic Partner and/or Dependent Child(ren) are not hospital confined. If the Spouse or Domestic Partner and/or Dependent Child(ren) are hospital confined, coverage is effective at 12:00 a.m. Standard Time, on the day the Spouse or Domestic Partner and/or Dependent Child(ren) are no longer hospital confined if otherwise eligible for coverage on the date Your coverage became effective.
- (3) For a dependent eligible on or first acquired after Your Certificate Effective Date:
 - a) For newborn children and newborn adopted children, the Certificate Effective Date is the moment of birth. We must receive notification of birth within 31 days after the date of birth for coverage to continue for the newborn beyond the 31 day period. For newborn adopted children, a decree of adoption must be entered, unless extended by order of the court, and custody must continue pursuant to the decree of the court.
 - b) For other adopted children and foster children, the Certificate Effective Date is the date of placement in Your home. For adopted children, a decree of adoption must be entered, and You must continue to have custody pursuant to the decree of the court. We must receive notification of newly adopted children and foster children within 31 days from the date of placement into Your home for coverage to continue for the adopted children and foster children beyond the 31 day period.
 - c) For a Spouse or Domestic Partner or any other dependent eligible on or first acquired after Your Certificate Effective Date, the Certificate Effective Date is the date We assign after approving that enrollment form for his or her coverage.

BENEFITS

This section describes the benefits provided by the Policy. Benefits are subject to the terms, conditions, limitations, exclusions, and maximums in the Policy and Certificate, and shown on the Schedule of Benefits. Benefits are not payable for any Sickness or Injury that occurs, or Confinement that begins, prior to the Certificate Effective Date.

HOSPITAL CONFINEMENT BENEFIT

We will pay the benefit shown on the Schedule of Benefits if an Insured is Confined and receiving Treatment in a Hospital due to Sickness or Injury. Confinement in a Hospital must begin while this coverage is in force.

The Benefit Amount payable per day will not exceed the Hospital Confinement Benefit Amount for each day the Insured is Confined, subject to the maximum number of days per Calendar Year shown on the Schedule of Benefits.

The Hospital Confinement Benefit will not be paid for:

- (1) Emergency Room Treatment;
- (2) outpatient Treatment; or
- (3) Confinement of less than 23 hours in an observation unit.

HOSPITAL ADMISSION BENEFIT

We will pay the Benefit Amount shown on the Schedule of Benefits if an Insured is admitted and Confined to a Hospital due to Sickness or Injury.

The Benefit Amount payable per day will not exceed the Hospital Admission Benefit Amount, subject to the maximum number of days per Calendar Year shown on the Schedule of Benefits.

PHYSICIAN OFFICE/URGENT CARE FACILITY BENEFIT

We will pay the benefit shown on the Schedule of Benefits when an Insured incurs charges for and requires services rendered by a Physician at a Physician's office or Urgent Care Facility due to Sickness or Injury.

The Physician Office/Urgent Care Facility Benefit Amount is not payable for services rendered by a Physician while an Insured is Confined to a Hospital or receiving Treatment in an Emergency Room.

The Benefit Amount payable per day will not exceed the Physician Office/Urgent Care Facility Benefit Amount, subject to the maximum number of days per Calendar Year shown on the Schedule of Benefits.

EMERGENCY ROOM – SICKNESS BENEFIT

We will pay the Benefit Amount shown on the Schedule of Benefits when an Insured incurs charges for and receives Treatment rendered in an Emergency Room due to Sickness.

The Benefit Amount payable per day will not exceed the Emergency Room–Sickness Benefit Amount, subject to the maximum number of days per Calendar Year for Sickness shown on the Schedule of Benefits.

EMERGENCY ROOM – INJURY BENEFIT

We will pay the Benefit Amount shown on the Schedule of Benefits when an Insured incurs charges for and receives Treatment rendered in an Emergency Room for Injury due to an Accident. Treatment for an Injury sustained as a result of the Accident must be received within 72 hours of the Accident.

The Benefit Amount payable per day will not exceed the Emergency Room-Injury Benefit Amount, subject to the maximum number of days per Calendar Year for an Injury shown on the Schedule of Benefits.

LIMITATIONS

PRE-EXISTING CONDITION LIMITATION

We will not pay benefits for charges, services, or supplies incurred as a result of a Pre-Existing Condition within the Pre-Existing Condition Period stated on the Schedule of Benefits.

A claim for benefits diagnosed after the Pre-Existing Condition Period will not be reduced or denied on the grounds that it is caused by a Pre-Existing Condition.

EXCLUSIONS

The Policy does not provide any benefits for the following:

- (1) services or supplies that are not Medically Necessary, even if prescribed, recommended, or approved by a Physician;
- (2) intentionally self-inflicted Injury or suicide attempt while sane;
- (3) voluntary abortion except, with respect to You or Your Dependent Spouse or Domestic Partner:
 - (a) where You or Your Dependent Spouse's or Domestic Partner's life would be endangered if the fetus were carried to term, or
 - (b) where medical complications have arisen from abortion;
- (4) procedures, services, or drugs related to artificial insemination, in vitro or test tube fertilization, including any related testing;
- (5) procedures, services, or drugs for exogenous obesity or weight control;
- (6) services for purchase and fitting of hearing aids;
- (7) services and supplies related to smoking cessation;
- (8) charges for food, food supplements, or vitamins;
- (9) charges related to marriage, family, child, career, social adjustment, pastoral, or financial counseling;
- (10) services related to therapy, supplies, treatment or counseling for sexual dysfunction or inadequacies that do not have a physiological or organic basis; The policy does provide benefits for Medically Necessary treatment, drugs, services or supplies related to gender transition (including gender dysphoria), medically appropriate gender-specific services, and other related dysfunctions;
- (11) procedures, services, or drugs for the reversal of a tubal ligation or a vasectomy;
- (12) charges for rental or purchase of durable medical equipment;
- (13) Injury or Sickness resulting from
 - (a) an act of war, declared or undeclared;
 - (b) active participation in a riot, civil commotion, civil disobedience or unlawful assembly;
 - (c) committing a felony;
 - (d) participation in a contest of speed in a power driven vehicle, parachuting, parasailing, bungee jumping, scuba diving, stunt driving, rock climbing, flying ultra-light aircraft, skydiving, hang gliding or any hazardous sports activity for exhibition purposes;
 - (e) air travel, except as a fare-paying passenger on a commercial airline; or
 - (f) the Insured being intoxicated or under the influence of any narcotic unless the narcotic is administered on the advice of a Physician;
- (14) cosmetic surgery or elective surgery except organ donation or Medically Necessary gender reassignment, including any expenses related to Hospital Confinement, unless due to a covered Injury or Sickness;
- (15) any Treatment, drugs, or surgery considered Investigational or Experimental by the American Medical Association, the Health Care Finance Administration, or the Federal Drug Administration;
- (16) any Injury or Sickness occurring while the Insured is in the service of the Armed Forces of any country. Orders to active military service for training purposes of two months or less will not constitute service in the Armed Forces. When the Insured provides Us notice of entering the Armed Forces, We will return to the Insured pro rata any premium paid, less any benefits paid, for any period during which the Insured is in such service;
- (17) an Injury or Sickness for which the Insured receives benefits under Workers' Compensation or similar coverage or for which the Insured would receive benefits under Workers' Compensation if the employer had enrolled the Insured for such coverage and the Insured and employer had cooperated in filing a claim under that coverage;
- (18) dental or vision services, including but not limited to treatment, surgery, extractions or x-rays, unless:

- (a) resulting from an Injury occurring while the Insured's coverage is in force and if performed within 12 months of the date of such Injury;
 - (b) due to congenital disease or anomaly of a newborn Dependent Child; or
 - (c) dental services or oral surgery due to excision of impacted third molars, closed or open reduction of fractures, or dislocation of the jaw;
- (19) any charges incurred prior to the Certificate Effective Date or in excess of the Calendar Year Maximums shown on the Schedule of Benefits;
 - (20) pregnancy of a Dependent Child, except Complications of Pregnancy;
 - (21) routine examinations, such as health exams, periodic check-ups or routine physicals;
 - (22) treatment for Mental or Nervous Disorders, unless specifically stated in the Schedule of Benefits;
or
 - (23) treatment for Substance Abuse, unless specifically stated in the Schedule of Benefits.

TERMINATION OF INSURANCE

Your coverage will terminate on the earliest of:

- (1) the date the Policy is terminated;
- (2) the end of the last period for which premium has been paid in accordance with the Grace Period;
- (3) on the date You cease to be Actively in Service if You are an Employee, as defined in the Policy;
- (4) on the date You no longer meet the requirements for eligibility.

Coverage for an insured Spouse or Domestic Partner, and/or Dependent Child(ren) will terminate the earliest of:

- (1) the date the Policy is terminated;
- (2) the date Your coverage is terminated;
- (3) the end of the last period for which premium has been paid in accordance with the Grace Period;
- (4) the premium due date following the date the Spouse or Domestic Partner, and/or Dependent Child(ren) ceases to meet the definition of Spouse or Domestic Partner, and/or Dependent Child(ren);
- (5) the premium due date following the date We receive Your written request to terminate coverage for Your Spouse or Domestic Partner and/or Dependent Child(ren).

Termination of Insurance on any Insured shall be without prejudice to his rights as regarding any claim arising prior thereto.

We or the Policyholder may terminate the Policy on any date by written notice mailed or delivered. If We terminate the Policy for a reason other than non-payment of premium, the termination becomes effective on the later of the date stated in the notice or 45 days after We mail or deliver the written notice of such termination. However, We will not terminate the Policy prior to the first anniversary date of the Certificate Effective Date, except due to non-payment of premium. If any portion of the premium due is not paid, the Policy will terminate in accordance with the Grace Period provision. If the Policyholder terminates the Policy, the termination becomes effective on the later of the date stated in the notice or the date We receive the written notice of such termination. If the Policy is terminated, We will promptly refund any unearned premium, or the Policyholder will promptly pay any earned premium which has not yet been paid. Any unearned and earned premium will be calculated on a pro-rata basis.

Termination of the Policy will be without prejudice to the rights of any Insured as respects any claim arising during the period the Policy is in force.

The Policyholder has the sole responsibility to notify You of such termination.

COBRA CONTINUATION OF COVERAGE

The coverage may be continued in accordance with the Consolidated Omnibus Budget Reconciliation Act of 1986 (COBRA). It is the responsibility of the Policyholder to comply with COBRA.

PREMIUM CALCULATION AND PAYMENT

DIRECT BILL

If You are billed directly, Your premium is due and payable on or before the Premium Due Date shown on the Schedule of Benefits

The first premium is due on the Certificate Effective Date. Premiums after the first are due at the end of the period for which the preceding premium was paid. The due date for any additional premium for a dependent eligible on or first acquired after Your Certificate Effective Date will be 31 days after coverage for that dependent is required to begin.

Premiums may be paid to:

- (1) Our Administrative Office; or
- (2) Our authorized agent.

Payment of premium for a period before it is due will not guarantee that the coverage will remain in effect for that period.

We may change rates, subject to the Policy's Premium Rate Changes provision, not more frequently than once every 12 months. No such change in premium will be made unless 60 days prior notice is given to the Policyholder.

GRACE PERIOD

A grace period of 31 days will be allowed for each premium payment after the first premium. Coverage will remain in effect during the grace period. The coverage under the Policy will terminate as of the last day of the grace period if the premium has not been paid. The Policyholder must still pay all unpaid premium. This includes the premium due for the grace period. No grace period is provided after the Policyholder has given notice of intent to end the Policy.

CLAIM PROVISIONS

NOTICE OF CLAIM: Written notice of claim must be given to Us at the address listed on the first page of the Policy, or to Our designee. Such notice should be made within 30 days after any claim covered by the Policy. Failure to give notice within such time will not invalidate nor reduce any claim if it was not reasonably possible to give notice within the time required, provided written notice of claim is given as soon as reasonably possible.

CLAIM FORMS: Claim forms should be used for filing proof of loss. They will be sent to the Insured within 15 days of receipt of notice of claim. If claim forms are not supplied within 15 days, the Insured can give proof as follows:

- (1) in writing;
- (2) setting forth the nature and extent of the claim, including the Physician's diagnosis; and
- (3) within the time stated in the Proof of Loss Provision.

PROOF OF LOSS: Proof of loss must be given to Us within 180 days after the loss. Failure to furnish proof within the time required will not invalidate or reduce any claim if:

- (1) it was not reasonably possible to give proof in that time; and
- (2) the proof is given within one year from the date proof is otherwise required. This one year limit will not apply in the absence of legal capacity.

TIME OF PAYMENT OF CLAIMS: Benefits payable under the Policy will be paid promptly upon receipt of acceptable Proof of Loss, but in no event later than 30 days after receipt of Proof of Loss.

PAYMENT OF CLAIMS: All benefits will be payable to You unless assigned. Any accrued benefit unpaid at Your death may be paid to Your estate.

ASSIGNMENT OF BENEFITS: Benefits under the Policy may be assigned.

PHYSICAL EXAMINATION: We have the right to have the Insured examined as often as is reasonably necessary while a claim is pending. We will pay for such examination.

REIMBURSEMENT OF OVERPAYMENT: The Insured will be responsible for reimbursing Us for any payment of benefits in excess of the Calendar Year Maximums listed on the Schedule of Benefits. The Company will have 12 months from the date of payment to recover benefits in excess of the Calendar Year Maximums listed on the Schedule of Benefits.

The Insured will also be responsible for reimbursing Us for any overpayment resulting from fraud or an error in claim processing made by the Insured, Us or the plan administrator.

GENERAL PROVISIONS

ENTIRE CONTRACT-CHANGES: The entire contract shall include:

- (1) the Policy;
- (2) the application of the Policyholder;
- (3) the Certificates;
- (4) Your enrollment form, if any, attached to the Certificate; and
- (5) all riders, endorsements and amendments.

The terms of the Policy can be changed only by rider, endorsement or amendment signed by an executive officer of the Company. Any amendment that reduces or eliminates coverage must be requested in writing or signed by the Policyholder. No agent may change the Policy or waive its provisions.

All statements made by an Insured to obtain coverage under the Policy are considered representations and not warranties. No statement will be used to deny or reduce benefits or be used as a defense to a claim, unless a copy of the written instrument containing the statement is, or has been, furnished to the Insured. In the event of an Insured's death or incapacity, his or her beneficiary or applicable representative shall be given a copy.

CERTIFICATES: An individual Certificate will be issued for delivery to You. The Certificate will describe:

- (1) the benefits under the Policy;
- (2) to whom benefits will be paid; and
- (3) the limitations and terms of the Policy.

If more than one Certificate is issued under the Policy to You, only the last one issued will be in effect.

If there is a conflict between the Policy and the Certificate, the Policy will control.

ADDITIONAL COVERAGE WITH US: If an Insured is covered by more than one of Our Limited Medical Indemnity Policies or Certificates, We will only pay benefits for covered charges under one Limited Medical Indemnity Certificate. An Insured may choose which Certificate they wish to keep in force by sending Us written notice of their choice. We will return the premiums paid for any of the Insured's other Limited Medical Indemnity Certificates during the period there was more than one Policy or Certificate in force.

LEGAL ACTION: No legal action may be brought to recover under the Policy:

- (1) within 60 days after written Proof of Loss has been furnished as required; or
- (2) more than 3 years from the time written Proof of Loss is required to be furnished.

INCONTESTABILITY:

After two years from an Insured's Certificate Effective Date, no such statement will be used to contest the coverage or deny a claim for loss incurred commencing after the expiration of such two year period except in the case of fraud.

CLERICAL ERROR: A clerical error by the Policyholder will not end coverage or continue terminated coverage. In the event of such clerical error, a premium adjustment will be made.

MISSTATEMENT OF AGE: If an age has been misstated on the enrollment form, the benefits will be those the premium paid would have purchased at the correct age.

EXAMINATION OF THE POLICY: The Policy will be available for inspection at the Policyholder's office during regular business hours.

IMPORTANT NOTICE TO PERSONS ON MEDICARE
THIS IS NOT MEDICARE SUPPLEMENT INSURANCE

Some health care services paid for by Medicare may also trigger the payment of benefits from this policy.

This insurance pays a fixed 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.

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

- hospitalization
- physician services
- hospice
- outpatient prescription drugs if you are enrolled in Medicare Part D
- other approved items and services

This policy must pay benefits without regard to other health benefit coverage to which you may be entitled under Medicare or other insurance.

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 the Missouri Department of Insurance, Financial Institutions and Professional Registration (1-800-726-7390) or C.L.A.I.M. (Community Leaders Assisting the Insured of Missouri) at 1-800-390-3330.