

Georgia limitations and exclusions

**Georgia Pre-Existing Condition**

**Pre-Existing Condition** means a Sickness, Injury, or condition, including any related or resulting complications:

- a. For which medical advice, consultation, diagnosis, care, or treatment (includes receipt of services, supplies, or diagnostic tests) was received or recommended from a provider or prescription drugs were prescribed during the 1 years period immediately prior to the Covered Person's Effective Date, regardless of whether the condition was diagnosed, misdiagnosed or not diagnosed; or
- b. That produced signs or symptoms during the 1 year period immediately prior to the Covered Person's Effective Date.

The signs or symptoms were significant enough to establish manifestation or onset by one of the following:

- i. The signs or symptoms reasonably should have allowed or would have allowed a medical provider to diagnose the condition; or
- ii. The signs or symptoms reasonably should have caused or would have caused an ordinarily prudent person to seek medical advice, consultation, diagnosis, care, or treatment.

A pregnancy that exists on the day before the Covered Person's Effective Date will be considered a Pre-Existing Condition.

**Charges Not Covered by This Certificate**

This Certificate does not cover any of the following:

- Sickness and Injury resulting directly or indirectly from a Pre-Existing Condition or a complication resulting therefrom for the first 12 months following the Covered Person's Effective Date.
- Treatment, services, or supplies received before the Effective Date or after this Certificate terminates in accordance with the Termination provision.
- Treatment, services, or supplies not specifically listed as a Covered Services in the Benefits section.
- Complications of non-covered treatment, services, or supplies.

- Treatment, services, or supplies that are Experimental or Investigational Services.
- Treatment, services, or supplies provided while participating in a clinical trial.
- Charges for preventive services except as otherwise covered in the Benefits section.
- Prophylactic services, including prophylactic surgery or other procedures performed to prevent a disease process from becoming evident in the organ or tissue at a later date.
- Suicide or attempted suicide, Health Care Practitioner assisted suicide, or intentionally self-inflicted injury.
- War or any act of war; participation in the military service of any country.
- A Covered Person's voluntary attempt to commit, participation in, or commission of a felony, whether or not charged.
- Injury resulting from or related to being under the influence of:
  - Illegal narcotics or non-prescribed controlled substances.
  - Alcohol such that the Covered Person is intoxicated (where the blood-alcohol content meets or exceeds the legal presumption of intoxication under the law in the state where the Injury took place).
- Charges for routine eye exams, eyeglasses, and contact lenses.
- Eye surgery for cataracts, nearsightedness, farsightedness, or astigmatism.
- Charges for routine hearing exams.
- Cochlear implant, auditory prosthesis or other electrical, digital, mechanical or surgical means of enhancing, creating or restoring auditory comprehension.
- Snoring, sleep disorders, the treatment or prevention for hair loss, change in skin pigmentation, or cognitive enhancement.
- Gastric bypass, surgery for weight control, obesity or morbid obesity, including but not limited to any type of gastric bypass or other weight loss surgery, suction lipectomy.
- Custodial Care, respite care, rest care, supportive care, homemaker services, personal comfort or convenience of the Covered Person, the Covered Person's family, a Health Care Practitioner or a provider.
- Cosmetic Services, including but not limited to cosmetic or plastic surgery, except for Reconstructive Surgery.
- Capsular contraction, augmentation or reduction mammoplasty, except for Reconstructive Surgery.
- Mental Illness or Substance Abuse.
- An injury sustained while participating in, instructing, demonstrating, guiding or accompanying others in any hazardous activity, whether or not compensation is received including, but not limited to:

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- Parachute jumping.
  - Hang-gliding.
  - Bungee jumping.
  - Rodeo activities.
  - Racing any motorized vehicle or conveyance.
  - Rock or mountain climbing.
  - Skydiving.
  - Parkour.
- An injury sustained while participating in, instructing, demonstrating, guiding or accompanying others in any hazardous occupation or other activity for which compensation is received including, but not limited to:
    - Racing any non-motorized vehicle or conveyance.
    - Professional or semi-professional contact sports.
  - Injury sustained while participating in any inter-collegiate sport, contest or competition for any such sport, contest or competition.
  - Treatment, services, or supplies received outside of the United States or its possessions or Canada. Drugs or medications obtained from pharmacy provider sources outside the United States.
  - Treatment, services, or supplies resulting from or related to chronic pain disorders.
  - Foot conditions including, but not limited to, flat foot conditions, bunion, corns.
  - Reproductive or contraceptive treatment, services, or supplies including, but not limited to:
    - Pregnancy, except for Complications of Pregnancy.
    - Childbirth.
    - Fetal reduction surgery.
    - Infertility diagnosis and treatment.
    - Cryopreservation of sperm or eggs.
    - Surrogate pregnancy.
    - Umbilical cord stem cell or other blood component harvest.
    - Sterilization, drugs or devices used directly or indirectly to promote or prevent conception.
    - Abortion.
  - Treatment, services, or supplies, regardless of underlying causes, including, but not limited to:
    - Sex transformation.
    - Gender dysphoric disorder.
    - Gender reassignment.
    - Sexual function, dysfunction or inadequacy.
  - Dental treatment, services, or supplies.
  - Orthodontic treatment, services or supplies, including, but not limited to, dental braces and dental appliances.
  - Care for supporting structures of the teeth.
  - Temporomandibular or craniomandibular joint dysfunction.

- Maxillary or mandibular hypoplasia.
- Malocclusion or mandibular protrusion or recession.
- Maxillary or mandibular hyperplasia.
- Sclerotherapy or other treatment, services, or supplies resulting from or related to varicose veins or spider veins.
- Growth hormone therapy, including growth hormone medication and its derivatives or other drugs used to stimulate, promote or delay growth or to delay puberty to allow for increased growth.
- Allergies (including allergy testing, allergy shots, and allergy immunotherapy), except for Emergency treatment of allergic reactions.
- Services provided by or through any employer of a Covered Person or the employer of a Covered Person's Immediate Family member.
- Services provided by or through any Covered Person's Immediate Family member or any entity in which a Covered Person or their Immediate Family member receives, or is entitled to receive, any direct or indirect financial benefit, including but not limited to an ownership interest in any such entity.
- End stage kidney or end stage renal disease.
- Treatment, services, or supplies related to transplants and organ donation.
- Congenital conditions, except when provided to a newborn or newly adopted child who is a Covered Person.
- Products, drugs or medicines in the following categories, whether or not prescribed by a Health Care Practitioner:
  - Herbal or homeopathic medicines or products.
  - Minerals and vitamins.
  - Health and beauty aids.
  - Batteries.
  - Appetite suppressants.
  - Dietary or nutritional substances or dietary supplements.
  - Nutraceuticals.
  - Tube feeding formulas and infant formulas.
  - Medical foods.
  - Devices or supplies including, but not limited to, support garments, bandages and non-medical items regardless of intended use.
- Outpatient prescription drugs.