



Illinois limitations and exclusions

Illinois Pre-Existing Condition Exclusion

Charges resulting from a Pre-Existing Condition or a complication resulting therefrom.

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-year 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:

- Charges for treatment, services, or supplies rendered before the Effective Date or after this Certificate terminates in accordance with the Termination provision, except as provided in the Extension of Benefits provision.
- Charges for treatment, services, or supplies that are not specifically listed as a Covered Charge in the Benefits section.

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- Charges resulting from or related to a complication of non-covered treatment, services, or supplies.
- Charges that are:
 - a. Incurred for Experimental or Investigational Services.
 - b. In excess of the Maximum Allowable Amount.
 - c. In excess of a maximum benefit stated in the Certificate or Benefit Schedule.
 - d. Incurred while participating in a clinical trial except as covered in the Clinical Trials benefits.
 - e. Not Medically Necessary.
- Charges for preventive treatment, services, or supplies except as otherwise covered in the Benefits section.
- Prophylactic treatment, services, or supplies. Prophylactic means any surgery or other procedure performed to prevent a disease process from becoming evident in the organ or tissue at a later date.
- Charges for treatment, services, or supplies resulting from or related to:
 - a. Suicide or attempted suicide.
 - b. Health Care Practitioner assisted suicide.
 - c. Intentionally self-inflicted injury.
- Charges for treatment, services, or supplies to the extent that benefits are paid by Medicare or any other government law or program, except Medicaid (Medi-Cal in California); or medical coverage under any motor vehicle or no-fault insurance.
- Charges for treatment, services, or supplies eligible for benefits under worker's compensation, employers' liability, or similar laws.
- Charges for treatment, services, or supplies resulting from or related to:
 - a. War or any act of war.
 - b. Participation in the military service of any country.
- Charges for treatment, services, or supplies resulting from or related to the Covered Person's voluntary attempt to commit, participation in, or commission of a felony, whether or not charged.
- Charges for treatment, services, or supplies for Injury resulting from or related to the Covered Person's being under the influence of:
 - a. Illegal narcotics or non-prescribed controlled substances.
 - b. 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).

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- Charges for:
 - a. Eyeglasses; contact lenses; eye exams, except as covered in the Diabetes benefit; eye refraction; eye surgery for cataracts, nearsightedness, farsightedness, or astigmatism; vision therapy.
 - b. Any artificial hearing device, batteries, cochlear implant, auditory prosthesis, or other electrical, digital, mechanical, or surgical means of enhancing, creating, or restoring auditory comprehension.
 - c. Treatment, services, or supplies resulting from or related to: smoking cessation; snoring; sleep disorders; the treatment or prevention of hair loss; change in skin pigmentation; or cognitive enhancement.
 - d. Weight reduction or weight control programs or treatment; 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; physical fitness programs, exercise equipment or exercise therapy; health club or gym membership fees.
 - e. Nutritional and dietary counseling, except as covered in the Diabetes benefit; family counseling; marriage counseling.
 - f. Therapy, treatment, or testing for: learning disorders or disabilities or developmental delays; educational services; wilderness therapy programs; or, education-based residential treatment programs.
 - g. Applied behavior therapy or applied behavior analysis, except as covered in the Autism Spectrum Disorder benefit.
 - h. Hypnotherapy.
 - i. Custodial Care; respite care; rest care; supportive care; homemaker services.
 - j. Private duty nursing services rendered during Hospital confinement; standby Health Care Practitioners.
 - k. Treatment, services, or supplies that are primarily for the personal comfort or convenience of the Covered Person, the Covered Person's family, a Health Care Practitioner or a provider.
 - l. Sales tax or gross receipt tax; provider administrative expenses including, but not limited to, charges for claim filing, contacting utilization review organizations, or case management fees.
 - m. Missed appointments and telephone consultations.
 - n. Adjustments; manipulations; acupuncture; rolfing; cupping therapy; massage; biofeedback; neurotherapy; electrical stimulation; aversion therapy.
 - o. Non-medical items; self-care or self-help programs; stress management.
 - p. Aroma therapy; meditation or relaxation therapy; naturopathic medicine; homeopathic medicine.
- Charges for Cosmetic Services, including, but not limited to, chemical peels; cosmetic or plastic surgery, except for Reconstructive Surgery.
- Charges for capsular contraction, augmentation or reduction mammoplasty, except for Reconstructive Surgery.
- Treatment, services, or supplies resulting from or related to Mental Illness or Substance Abuse, except as covered in the Autism Spectrum Disorder benefit.

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- Treatment, services, or supplies resulting from or related to 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:
 - a. Parachute jumping.
 - b. Hang-gliding.
 - c. Bungee jumping.
 - d. Rodeo activities.
 - e. Racing any motorized or non-motorized vehicle or conveyance.
 - f. Rock or mountain climbing.
 - g. Skydiving.
 - h. Parkour.
- Treatment, services, or supplies resulting from or related to 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:
 - a. Skiing.
 - b. Horse riding.
 - c. Racing any non-motorized vehicle or conveyance.
 - d. Professional or semi-professional contact sports.
- Treatment, services, or supplies resulting from or related to Injury sustained while participating in any inter-collegiate sport, contest, or competition, or while practicing, exercising, undergoing conditioning or physical preparation for any such sport, contest, or competition.
- Expenses incurred outside of the United States or its possessions or Canada.
- Treatment, services, or supplies resulting from or related to chronic pain disorders.
- Charges resulting from or related to surgery for: ear tubes, tonsils, adenoids, hernia, sinuses, or deviated septum.
- Treatment, services, or supplies resulting from or related to hospice care except as covered in the Home Health Care benefit.
- Charges for treatment, services, or supplies resulting from or related to foot conditions (except as covered under the Diabetes benefit) including, but not limited to:
 - c. Flat foot conditions.
 - d. Foot supportive devices, including orthotics and corrective shoes.
 - e. Foot subluxation treatment.
 - f. Corns; calluses; fallen arches; weak feet; chronic foot strain; or toenails, except for ingrown toenails.
- Charges for cranial orthotic devices, except following cranial surgery.

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- Inpatient Drugs prescribed for treatment of a Sickness or an Injury that is not covered under this Certificate.
- Charges for Outpatient prescription drugs, except as otherwise covered in the Benefits section or covered under an Outpatient Prescription Drug Rider.
- Charges for genetic testing or genetic counseling.
- Charges resulting from or related to reproductive treatment, services, or supplies including, but not limited to:
 - a. Pregnancy, except for Complications of Pregnancy;
 - b. Childbirth;
 - c. Fetal reduction surgery.
 - d. Routine well baby care, including Hospital nursery charges at birth.
 - e. Abortion.
 - f. Infertility diagnosis and treatment.
 - g. Cryopreservation of sperm or eggs.
 - h. Surrogate pregnancy.
 - i. Umbilical cord stem cell or other blood component harvest.
 - j. Sterilization, drugs, or devices used directly or indirectly to promote or prevent conception.
- Charges resulting from or related to sexual treatment, services, or supplies, regardless of underlying causes, including, but not limited to:
 - a. Sex transformation.
 - b. Gender dysphoric disorder.
 - c. Gender reassignment.
 - d. Sexual function, dysfunction or inadequacy.
 - e. Treatment to enhance, restore or improve sexual energy, performance or desire.
- Charges for particular treatment, services, or supplies that are provided at no cost to the Covered Person, whether charged or not charged.
- Charges for:
 - a. Dental treatment, services, or supplies, except as covered in the Treatment of Dental Injury benefit.
 - b. Orthodontic treatment, services, or supplies, including, but not limited to, dental braces and dental appliances.
 - c. Care for supporting structures of the teeth.
- Charges for treatment, services, or supplies resulting from or related to:
 - a. Temporomandibular or craniomandibular joint dysfunction.
 - b. Maxillary or mandibular hypoplasia.
 - c. Malocclusion or mandibular protrusion or recession.

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- d. Maxillary or mandibular hyperplasia.
- Charges for treatment, services, or supplies resulting from or related to acne.
- Charges for sclerotherapy or other treatment, services, or supplies resulting from or related to varicose veins or spider veins.
- Charges for 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.
- Charges for:
 - a. Treatment, services, or supplies resulting from or related to allergies (including allergy shots or allergy immunotherapy), except for emergency treatment of allergic reactions.
 - b. Allergy testing.
- Charges for any over-the-counter products or drugs.
- Charges for any of the following:
 - a. Herbal or homeopathic medicines or products.
 - b. Minerals; vitamins.
 - c. Appetite suppressants.
 - d. Dietary or nutritional substances or dietary supplements.
 - e. Nutraceuticals.
 - f. Tube feeding formulas and infant formulas, except as covered in the Amino Acid-Based Elemental Formulacongenis benefit.
 - g. Medical foods, except as covered in the Amino Acid-Based Elemental Formulas benefit.
- Charges for treatment, services, or supplies provided by or through any employer of a Covered Person or the employer of a Covered Person's Immediate Family member.
- Charges for treatment, services, or supplies 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.
- Charges for treatment, services, or supplies (including all hardware and prosthesis) resulting from or related to joint replacement, unless related to an Injury.
- Charges for treatment, services, or supplies resulting from or related to end stage kidney or end stage renal disease.
- Charges for treatment, services, or supplies resulting from or related to any congenital condition, except when provided to a newborn or adopted child added who is a Covered Dependent or as covered in the Benefits section.

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RX RIDER – EXCLUSIONS

In addition to the exclusions of the plan to which this rider is attached (for the purposes of the plan exclusions, “treatment” includes Outpatient Prescription Drugs), we will not pay benefits under this rider:

- For Outpatient Prescription Drugs not on Our Drug List, except such drugs approved under the Drug List Exceptions provision.
- For Outpatient Prescription Drugs received at a Non-Participating Pharmacy.
- For Outpatient Prescription Drugs otherwise covered under the plan, including, but not limited to, oral chemotherapy drugs.
- For Outpatient Prescription Drugs prescribed for treatment of a Sickness or Injury that is not covered under the plan.
- For Outpatient Prescription Drugs dispensed in excess of the Supply Limits provision.
- For diagnostic kits and products.
- For duplicate prescriptions; replacement of lost, stolen, destroyed, spilled, or damaged prescriptions; prescriptions refilled more frequently than the prescribed dosage indicates.
- For:
 - a. Bulk powder/chemical drugs.
 - b. Drugs containing, or made of, bulk powder/chemicals.
 - c. Compounded medications made up of two or more active parts or ingredients which must be specially prepared by a licensed pharmacist pursuant to a prescription order.
 - d. Combination drugs or drug products manufactured and/or packaged together and containing one or more active ingredients that are not covered under this rider.
 - e. Combination drugs or drug products that are manufactured and/or packaged together, unless authorized by the Pharmacy Benefit Manager before they are dispensed.
 - f. Amounts above the Contracted Rate for a Participating Pharmacy.
- For Outpatient Prescription Drugs taken solely to prevent the transmission of disease during activities such as intercourse, sharing of needles, or direct or indirect exchange of bodily fluids.
- For DDAVP (desmopressin acetate) or other drugs used in the treatment of nocturnal enuresis (bedwetting) for a Covered Person under the age of 8.
- For drugs designed or used to diagnose, treat, alter, impact, or differentiate a Covered Person’s genetic make-up or genetic predisposition.
- For postage, handling, and shipping charges for any drugs.

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- For blood or blood products.
- For Outpatient Prescription Drugs obtained from Pharmacy provider sources online outside the United States.
- For contraceptives or devices other than oral contraceptives.
- For injectable Outpatient Prescription Drugs, except epinephrine injections.
- For any administrative charge for drug injections, or any administrative charges for any other drugs.

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