

Limited Benefit Group Supplemental Insurance

Issued by S.USA Life Insurance Company, Inc., a Prosperity Life Group Member Company.

Prepare Benefits, LLC

Effective: 03/01/2024

This supplemental coverage is designed to help fill out-of-pocket gaps caused by deductibles and co-pays that apply to certain medical expenses otherwise covered under your major medical plan.

INPATIENT AND OUTPATIENT BENEFIT – \$2,000 PER COVERED PERSON, 3 TIMES PER FAMILY

Benefits payable under the policy are limited to any health benefit plan deductible and coinsurance the Covered Person incurs under the health benefit plan for:

Inpatient

- Inpatient treatment for an Injury or Sickness (Includes Hospital Stays, Inpatient Procedures and Inpatient Physician Charges).
- Ground or Air Ambulance services.
- Pregnancy of Insured and any Covered Dependent.
- Treatment of Mental Illness and Substance Abuse.

Outpatient

- Outpatient treatment in a Hospital Emergency Room (Accident or Sickness).
- Outpatient treatment in an Urgent Care Facility (Accident or Sickness).
- Cancer Treatment performed in a Cancer Treatment Facility.
- Physical Therapy performed in a Physical Therapy Facility (Includes Speech and Occupational).
- Outpatient surgery performed in a Hospital Outpatient Facility an Ambulatory Surgical Center, or Physician's Office.
- Outpatient treatment performed in a Hospital Outpatient Facility or Physician's Office
- Ground or Air Ambulance services.
- Outpatient diagnostic testing performed in a Hospital Outpatient Facility, a Magnetic Resonance Imaging (MRI) Facility, or a Physician's Office (Includes Labs and X-rays).
- Durable Medical Equipment when prescribed by a Physician.
- Treatment of Mental Illness and Substance Abuse.
- Kidney Dialysis in a Hospital Outpatient Facility or Dialysis Treatment Center.
- Professional Fee for Physician Office Visits, including services of a Chiropractor at a Chiropractor's Office (Excludes Telemedicine).

EXCLUSIONS & LIMITATIONS

No Benefits are payable under the Policy for the following. In addition, the items listed below will not be recognized toward the satisfaction of the Policy Deductible if applicable:

- 1 any expenses incurred during any period the Covered Person does not have coverage under a Health Benefit Plan.
- 2 any loss for which the Covered Person is not required to pay a Health Benefit Plan Deductible, Health Benefit Plan Copayment . and/or Health Benefit Plan Coinsurance under the Covered Person's Health Benefit Plan.
- 3 any expense for which benefits are excluded under the Covered Person's Health Benefit Plan.
- 4 balance billing amounts charged by non-network providers under the Covered Person's Health Benefit Plan.
- 5 intentionally self-inflicted injury, suicide or attempted suicide.
- 6 home health care, rest care or rehabilitative care and treatment.
- 7 voluntary abortion except:
 - a. where the Covered Person's life would be endangered if the fetus were carried to term; or
 - b. where medical complications have arisen from abortion.
- 8 any Injury or Sickness as a result of participation in a riot, civil commotion, civil disobedience or unlawful assembly. This does not include a loss which occurs while acting in a lawful manner within the scope of authority.
- 9 participation in a contest of speed in power driven vehicles, parachuting, parasailing, bungee jumping, scuba diving, stunt driving, rock climbing, flying ultralight aircraft, skydiving, hang gliding or any hazardous sports activity for exhibition purposes.
- 10 Injury or Sickness as a result of air travel, except;
 - a. as a fare-paying passenger on a commercial airline on a regularly scheduled route; or
 - b. as a passenger for transportation only and not as a pilot or crew member.
- 11 benefits provided under Medicare or other governmental program, except Medicaid.
- 12 confinement in a Hospital or other treatment provided in a facility operated by an agency of the US government or one of its agencies, unless the Covered Person is legally required to pay for the services.
- 13 dental care or treatment except for treatment due to an Injury to Sound Natural Teeth within twelve (12) months of the Injury and except for dental care or treatment necessary due to congenital disease or anomaly.
- 14 eyeglasses, contact lenses, hearing aids, and examinations for the prescription or fitting of those items.
- 15 cosmetic surgery, except cosmetic surgery shall not include reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection or diseases of the involved part, and reconstructive surgery because of congenital disease or anomaly of a covered Dependent Child which has resulted in a functional defect.
- 16 any Injury to which a contributing cause was the Covered Person's commission of or attempt to commit a felony or to which a contributing cause was the Covered Person's being engaged in an illegal occupation.
- 17 any Injury sustained or contracted in consequence of the Covered Person being under the influence of alcohol as defined by the state in which the Injury occurs or under the influence of any narcotic unless administered on the advice of a Physician.
- 18 any Injury incurred while a Covered Person is serving in the Armed Forces or any unit auxiliary thereof. Upon notice and proof of service in such forces, the Company will return the prorated portion of the premium paid for any such period of service.
- 19 any Injury covered by any state or Federal workers' compensation, employers' liability or occupational disease law.
- 20 Services or treatment provided by a Physician who is a Covered Person or an Immediate Family Member (Covered Person's spouse or the parent, child, brother or sister of the Covered Person or the Covered Person's spouse), 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.
- 21 Prescription Drugs.
- 22 Telemedicine.

The coverage is continually renewable so long as the Master Group Policy (Policy) is in force. Unless terminated earlier by request, the Named Insured's coverage will terminate upon (earliest of) their death, nonpayment of premium, termination of the Policy or underlying Health Benefit Plan, loss of eligibility, or entrance into full-time active duty in the armed forces. Unless terminated earlier by request, Dependent coverage terminates upon (earliest of) the Dependent's death, termination of the Named Insured's coverage, or loss of eligibility as a Dependent.

This brochure is a brief summary of the plan's benefits. It is not an insurance contract. The Policy and Certificates issued thereunder are your insurance contract and fully describe the rights and duties of the policyholder, covered persons, and S.USA. Premiums will vary according to the selection made. A qualified major medical plan must be in place during the period of coverage. Underwritten by S.USA Life Insurance Company, Inc. a member company of Prosperity Life Group, administered by Bay Bridge Administrators and distributed by National Agency Solutions. Form U-BROGAPFL23_NAS01 10/2023 for use with Policy LGGAPPUEFL20 (Large Group). Revision Date November 1, 2023.