

SERFF Tracking Number: ACEH-126228683 State: Arkansas
Filing Company: ACE American Insurance Company State Tracking Number: 42937
Company Tracking Number: SDH-MAJOR MEDICAL EXPENSE
TOI: H04 Health - Blanket Accident/Sickness Sub-TOI: H04.001 Student
Product Name: SDH-Major Medical Expense
Project Name/Number: SDH-Major Medical Expense/SDH-Major Medical Expense

Filing at a Glance

Company: ACE American Insurance Company

Product Name: SDH-Major Medical Expense SERFF Tr Num: ACEH-126228683 State: ArkansasLH
TOI: H04 Health - Blanket Accident/Sickness SERFF Status: Closed State Tr Num: 42937
Sub-TOI: H04.001 Student Co Tr Num: SDH-MAJOR State Status: Approved-Closed
MEDICAL EXPENSE

Filing Type: Form

Co Status: Reviewer(s): Rosalind Minor
Authors: Karen Moore, Anne HickeyDisposition Date: 07/29/2009
Date Submitted: 07/14/2009 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: SDH-Major Medical Expense
Project Number: SDH-Major Medical Expense
Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Authorized
Date Approved in Domicile:
Domicile Status Comments: Pennsylvania, our
domiciliary state, does not require the filing of
forms intended for issue in the Commonwealth
of Pennsylvania (PA Notice 96-1).

Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:
Filing Status Changed: 07/29/2009

Market Type: Group
Group Market Size: Large
Group Market Type: Blanket
Explanation for Other Group Market Type:
State Status Changed: 07/29/2009
Corresponding Filing Tracking Number:

Deemer Date:

Filing Description:

July 14, 2009

SERFF Tracking Number: ACEH-126228683 *State:* Arkansas
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Re: ACE American Insurance Company
NAIC #: 626-22667 / FEIN #: 95-2371728

Student Health Insurance Policy
Supplemental Amendment, Major Medical Expense Benefit, AH-12837-MME

Dear Commissioner:

We submit the form filing referenced above on behalf of ACE American Insurance Company for your review and approval prior to use in your state. This form is new and not intended to replace any forms currently on file.

The Amendment, AH-12837-MME, adds an Optional Major Medical Expense Benefit that may be elected by the Policyholder Educational Institution. The Amendment will be issued in conjunction with our currently filed and approved Student Health Insurance Policy, AH-10748(AR), approved by your Department on October 31, 2001.

The Amendment also includes additional optional exclusions that may be selected by the Policyholder for a Student Health Policy in your state.

I appreciate the time spent on this filing and trust that you will find everything in order. If there are questions or if additional information is required, please do not hesitate to contact me directly at 215.640.4285 or e-mail anne.hickey@acegroup.com.

Regards,
Anne V. Hickey

Company and Contact

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Filing Contact Information

Anne Hickey, Compliance Analyst anne.hickey@acegroup.com
 436 Walnut Street (215) 640-4285 [Phone]
 Philadelphia, PA 19106 (215) 640-5548[FAX]

Filing Company Information

ACE American Insurance Company CoCode: 22667 State of Domicile: Pennsylvania
 PO Box 1000 Group Code: 626 Company Type:
 436 Walnut Street
 Philadelphia, PA 19106 Group Name: State ID Number:
 (215) 640-5123 ext. [Phone] FEIN Number: 95-2371728

Filing Fees

Fee Required? Yes
 Fee Amount: \$20.00
 Retaliatory? No
 Fee Explanation: One form filing times twenty equals twenty
 Per Company: No

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|--------------------------------|---------|----------------|---------------|
| ACE American Insurance Company | \$20.00 | 07/14/2009 | 29187948 |

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Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|-----------------|----------------|------------|----------------|
| Approved-Closed | Rosalind Minor | 07/29/2009 | 07/29/2009 |

Objection Letters and Response Letters

| Objection Letters | | | | Response Letters | | |
|---------------------------|----------------|------------|----------------|------------------|------------|----------------|
| Status | Created By | Created On | Date Submitted | Responded By | Created On | Date Submitted |
| Pending Industry Response | Rosalind Minor | 07/23/2009 | 07/23/2009 | Anne Hickey | 07/29/2009 | 07/29/2009 |

SERFF Tracking Number: ACEH-126228683 *State:* Arkansas
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Product Name: SDH-Major Medical Expense
Project Name/Number: SDH-Major Medical Expense/SDH-Major Medical Expense

Disposition

Disposition Date: 07/29/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: ACEH-126228683 State: Arkansas
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| Item Type | Item Name | Item Status | Public Access |
|----------------------------|---|--------------------|----------------------|
| Supporting Document | Flesch Certification | Approved-Closed | Yes |
| Supporting Document | Application | Approved-Closed | Yes |
| Form (revised) | Amendment-Major Medical Expense Benefit & Supplemental Exclusions | Approved-Closed | Yes |
| Form | Amendment-Major Medical Expense Benefit & Supplemental Exclusions | Replaced | Yes |

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Project Name/Number: SDH-Major Medical Expense/SDH-Major Medical Expense

Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 07/23/2009

Submitted Date 07/23/2009

Respond By Date

Dear Anne Hickey,

This will acknowledge receipt of the captioned filing.

Objection 1

- Amendment-Major Medical Expense Benefit & Supplemental Exclusions (Form)

Comment:

There is an exclusion for TMJ. Please review ACA 23-79-150 which states that every health carrier shall offer optional coverage in its health care plans for medical treatment of musculoskeletal disorders affecting any bone or joint in the face, neck, or head, including temporomandibular joint disorder and craniomandibular disorder. Treatment shall include both surgical and nonsurgical procedures.

The law further states that the policyholder shall accept or reject the optional coverage in writing on the application and that the application shall specifically and conspicuously inform the policyholder that rejection of the option means that covered benefits provided to insureds or enrollees will not include temporomandibular joint disorder or craniomandibular disorder.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

Response Letter

Response Letter Status Submitted to State

Response Letter Date 07/29/2009

Submitted Date 07/29/2009

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Project Name/Number: SDH-Major Medical Expense/SDH-Major Medical Expense

Dear Rosalind Minor,

Comments:

Dear Rosalind Minor,

Response 1

Comments: I am writing in reference to the Amendment filed under AH-12837-MME, which was rejected on July 23, 2009 on the basis that the amendment included an optional exclusion for the treatment of temporomandibular joint dysfunction and associated myofacial pain. ACA 23-79-150 states that every health carrier shall offer optional coverage in its health care plans for medical treatment of musculoskeletal disorders affecting any bone or joint in the face, neck, or head, including temporomandibular joint disorder and craniomandibular disorder.

Please note optional information is contained in brackets, []. This information may be in or out at the election of the Policyholder based on the plan of benefits selected. Variable information is contained in italics, { }. In no event will the information contained in these italics be less favorable to a Covered Person than the minimum standards set forth in your law.

Pursuant to ACA 3-79-150, we will add the optional temporomandibular joint disorder and craniomandibular disorder coverage to the application for the Policyholder to accept or reject. The following exclusion will only be included if the Policyholder rejects the optional benefit in writing on the application:

[2) Expense incurred for treatment of temporomandibular joint dysfunction and associated myofacial pain.]

Related Objection 1

Applies To:

- Amendment-Major Medical Expense Benefit & Supplemental Exclusions (Form)

Comment:

There is an exclusion for TMJ. Please review ACA 23-79-150 which states that every health carrier shall offer optional coverage in its health care plans for medical treatment of musculoskeletal disorders affecting any bone or joint in the face, neck, or head, including temporomandibular joint disorder and craniomandibular disorder. Treatment shall include both surgical and nonsurgical procedures.

The law further states that the policyholder shall accept or reject the optional coverage in writing on the application and that the application shall specifically and conspicuously inform the policyholder that rejection of the option means that covered benefits provided to insureds or enrollees will not include temporomandibular joint disorder or craniomandibular disorder.

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 Product Name: SDH-Major Medical Expense
 Project Name/Number: SDH-Major Medical Expense/SDH-Major Medical Expense

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

| Form Name | Form Number | Edition Date | Form Type | Action | Action Specific Data | Readability Score | Attach Document |
|---|-----------------|--------------|---|---------|----------------------|-------------------|---|
| Amendment-Major Medical Expense Benefit & Supplemental Exclusions | AH-12837-MME-AR | | Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider | Initial | | 50 | Major Medical Amendment and Exclusions for Student Health Policy-AR.pdf |

Previous Version

| | | | | | | | |
|---|--------------|--|---|---------|--|----|--|
| Amendment-Major Medical Expense Benefit & Supplemental Exclusions | AH-12837-MME | | Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider | Initial | | 50 | Major Medical Amendment and Exclusions for Student Health Policy.pdf |
|---|--------------|--|---|---------|--|----|--|

No Rate/Rule Schedule items changed.

SERFF Tracking Number: ACEH-126228683 *State:* Arkansas
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Product Name: SDH-Major Medical Expense
Project Name/Number: SDH-Major Medical Expense/SDH-Major Medical Expense

I appreciate the time spent on this filing and trust that you will find everything in order. If there are questions or if additional information is required, please do not hesitate to contact me directly at 302-476-6675 or e-mail anne.hickey@acegroup.com.

Sincerely,
Anne Hickey, Karen Moore

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 Product Name: SDH-Major Medical Expense
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Form Schedule

Lead Form Number: AH-12837-MME

| Review Status | Form Number | Form Type | Form Name | Action | Action Specific Data | Readability | Attachment |
|-----------------|-----------------|-----------------------------|---|---------|----------------------|-------------|---|
| Approved-Closed | AH-12837-MME-AR | Policy/Cont ract/Fratern al | Amendment-Major Medical Expense Benefit & Certificate: Supplemental Amendmen Exclusions t, Insert Page, Endorseme nt or Rider | Initial | | 50 | Major Medical Amendment and Exclusions for Student Health Policy-AR.pdf |



ACE American Insurance Company
 (A Stock Company)
 Philadelphia, PA 19106
 (Herein called We, Us, Our)

Amendment

[Policy Number: {SDH NXXXXXXXXX}]
 [Policyholder: {ABC School}]

[Effective Date: {August X, XXXX}]
 [{Amendment No.: 1}]

This Amendment form is made a part of the Policy to which it is attached as of the Effective Date shown above. If no Effective Date is shown, this Amendment takes effect as of the Policy Effective Date. This Amendment ends at the same time as the Policy. It is subject to all of the terms, limitations and conditions of the Policy, except as they are changed by it.

[Any changes in premium apply as of the first premium due date on or after the Effective Date of this Amendment.]

1. Under the Schedule of Benefits section, the following is added to the Policy:

[Optional] Major Medical Expense Benefit

[Aggregate] Maximum Amount

per Insured: *{ Variable, Any amount from: \$25,000 to \$1,000,000 }*

Coinsurance Rate: *{ Variable, Any percentage from: 80% to 100%, in increments of 10% } of Usual & Customary Charge*

2. Under the Description of Benefits section, the following benefit is added to the Policy:

[[OPTIONAL] MAJOR MEDICAL EXPENSE BENEFIT

Major Medical Expense Benefit payments will begin after the maximum benefit has been paid for a Covered Accident or Sickness under the [Basic] Accident and Sickness Expense Benefit. We will pay the coinsurance rate shown in the Schedule of Benefits for additional Medically Necessary Covered Expenses incurred, not to exceed the [Aggregate] Major Medical Maximum Amount per Insured.

The Major Medical Expense Benefit will not be paid for expenses incurred, for: {1) medical evacuation; and 2) repatriation benefits}. Additional Exclusions that apply to this Major Medical Expense Benefit are shown in the Exclusions section of the Policy.]

3. Under the Exclusions section, the following exclusions are added to the Policy:

[1) Services incurred prior to the Insured Person's Effective Date or during Hospital Confinement in one or more facilities which began prior to the Insured Person's Effective Date.]

{The following exclusion may only be included if the Policyholder rejects the offer for temporomandibular joint disorder and craniomandibular disorder as required under ACA 23-79-150}

[2] Expense incurred for treatment of temporomandibular joint dysfunction and associated myofascial pain.]

[3] Expense incurred after the date insurance terminates for an Insured Person except as may be specifically provided.]

[4] Medical services that are not Medically Necessary or that do not conform to medical standards of practice within the community. This includes services and supplies in connection with Experimental or Investigational Care for the terminally ill.]

[5] For services, supplies, or treatment, including any period of Hospital Confinement, which were not recommended, approved and certified as necessary and reasonable by a Doctor; or expenses nonmedical in nature.]

[6] Expenses incurred in connection with foot care only to improve comfort or appearance such as care for weak, strained or flat feet; subluxation; corns; calluses; bunions, except open cutting operations, routine care of toenails, except for the removal of the nail root and necessary services in treatment of metabolic or peripheralvascular disease, treatment of the instability and imbalance of the feet, and any tarsalgia, metatarsalgia. Expenses incurred for the care and treatment of injury or infection, or disease are not excluded.]

[7] Services or supplies primarily for educational, vocational, or training purposes, except the initial visit to diagnose and determine if a medical condition is causing a learning disability.]

[8] Expense incurred for allergy testing and allergy treatment.]

[9] Expense for any service or supply not specified in this Policy as a covered service.]

[10] Services not Medically Necessary.]

[11] For International Students, expenses incurred within the Insured Person's Home Country or Country of regular domicile.]

[12] Expense incurred for any service, treatment, or supply for the diagnosis or treatment of sexual dysfunction (including erectile dysfunction). This includes, but is not limited to, drugs except as noted, laboratory and x-ray tests, counseling, transsexual procedures or penile prostheses necessary due to any medical condition or organic disease. A penile prosthesis will be eligible for payment only after prostate surgery.]

[13] Expense incurred for, topical acne treatments, moles, nonmalignant warts or lesions, fertility medication, legend vitamins or food supplements, smoking deterrents, immunization agents, biological sera, drugs to promote or stimulate hair growth, experimental drugs, drugs dispensed in a rest home or hospital, except as provided under the Hospital Expense Benefit, pre-natal vitamins, except as specifically provided.]

[14] Expenses incurred for any experimental drug or drug combination which the Federal Food and Drug Administration (FDA) has not approved for and indication, or for any drug which the FDA has determined to be contraindicated for a particular condition.]

[15] Alternative health care, including but not limited to, acupuncture, except as specifically provided, acupressure, biofeedback, reflexology, and rolfing type services.]

[16] Services that have already been paid by another insurance carrier, even if those services would have otherwise been covered by this Plan.]

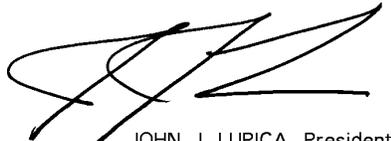
[17] Expense incurred for, tubal ligation, vasectomy, breast implants, breast reduction, sexual reassignment surgery, impotence (organic or otherwise), non-cystic acne, nonprescription birth control, submucous resection and/or surgical correction for deviated nasal septum, other than for required treatment of acute purulent sinusitis, circumcision, gynecomastia, hirsutism, or disorders or Attention Deficit Disorder.]

[18] Services that have already been paid by another insurance carrier, even if

those services would have otherwise been covered by this Plan.]

This Amendment ends at the same time as the Policy.

Signed for ACE American Insurance Company in Philadelphia, Pennsylvania.



JOHN J. LUPICA, President



GEORGE D. MULLIGAN, Secretary

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Project Name/Number: SDH-Major Medical Expense/SDH-Major Medical Expense

Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Satisfied -Name: Flesch Certification **Review Status:** Approved-Closed 07/29/2009
Comments:
Attachment:
Readability Certification.pdf

Bypassed -Name: Application **Review Status:** Approved-Closed 07/29/2009
Bypass Reason: Not Applicable to this filing
Comments:

ACE American Insurance Company

436 Walnut Street
Philadelphia, Pennsylvania 19106

READABILITY CERTIFICATION

SCHEDULE OF FORMS

I hereby certify that the following forms were tested for readability using the Rudolf Flesch Formula and achieved the following results.

July 2009

RE: Student Health Insurance Policy

| Form Number | Description | Score |
|--------------|---|-------|
| AH-12837-MME | Amendment- Major Medical Expense and Exclusions | 50.5 |



JOHN J. LUPICA, President

Person Responsible for this filing: Anne V. Hickey, Compliance Specialist
ACE USA Accident & Health Department
Anne.hickey@acegroup.com
215.640.4285

SERFF Tracking Number: ACEH-126228683 *State:* Arkansas
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Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

| Original Date: | Schedule | Document Name | Replaced Date | Attach Document |
|-----------------------|-----------------|---|----------------------|--|
| No original date | Form | Amendment-Major Medical Expense Benefit & Supplemental Exclusions | 07/14/2009 | Major Medical Amendment and Exclusions for Student Health Policy.pdf |



ACE American Insurance Company
 (A Stock Company)
 Philadelphia, PA 19106
 (Herein called We, Us, Our)

Amendment

[Policy Number: {SDH NXXXXXXXXX}]
 [Policyholder: {ABC School}]

[Effective Date: {August X, XXXX}]
 [{Amendment No.: 1}]

This Amendment form is made a part of the Policy to which it is attached as of the Effective Date shown above. If no Effective Date is shown, this Amendment takes effect as of the Policy Effective Date. This Amendment ends at the same time as the Policy. It is subject to all of the terms, limitations and conditions of the Policy, except as they are changed by it.

[Any changes in premium apply as of the first premium due date on or after the Effective Date of this Amendment.]

1. Under the Schedule of Benefits section, the following is added to the Policy:

[Optional] Major Medical Expense Benefit

[Aggregate] Maximum Amount

per Insured: *{ Variable, Any amount from: \$25,000 to \$1,000,000 }*

Coinsurance Rate: *{ Variable, Any percentage from: 80% to 100%, in increments of 10% } of Usual & Customary Charge*

2. Under the Description of Benefits section, the following benefit is added to the Policy:

[[OPTIONAL] MAJOR MEDICAL EXPENSE BENEFIT

Major Medical Expense Benefit payments will begin after the maximum benefit has been paid for a Covered Accident or Sickness under the [Basic] Accident and Sickness Expense Benefit. We will pay the coinsurance rate shown in the Schedule of Benefits for additional Medically Necessary Covered Expenses incurred, not to exceed the [Aggregate] Major Medical Maximum Amount per Insured.

The Major Medical Expense Benefit will not be paid for expenses incurred, for: {1) medical evacuation; and 2) repatriation benefits}. Additional Exclusions that apply to this Major Medical Expense Benefit are shown in the Exclusions section of the Policy.]

3. Under the Exclusions section, the following exclusions are added to the Policy:

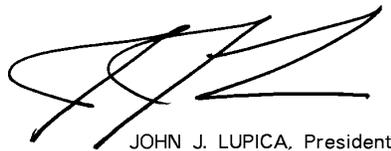
[1) Services incurred prior to the Insured Person's Effective Date or during Hospital Confinement in one or more facilities which began prior to the Insured Person's Effective Date.]

[2) Expense incurred for treatment of temporomandibular joint dysfunction and associated myofascial pain.]

- [3] Expense incurred after the date insurance terminates for an Insured Person except as may be specifically provided.]
- [4] Medical services that are not Medically Necessary or that do not conform to medical standards of practice within the community. This includes services and supplies in connection with Experimental or Investigational Care for the terminally ill.]
- [5] For services, supplies, or treatment, including any period of Hospital Confinement, which were not recommended, approved and certified as necessary and reasonable by a Doctor; or expenses nonmedical in nature.]
- [6] Expenses incurred in connection with foot care only to improve comfort or appearance such as care for weak, strained or flat feet; subluxation; corns; calluses; bunions, except open cutting operations, routine care of toenails, except for the removal of the nail root and necessary services in treatment of metabolic or peripheralvascular disease, treatment of the instability and imbalance of the feet, and any tarsalgia, metatarsalgia. Expenses incurred for the care and treatment of injury or infection, or disease are not excluded.]
- [7] Services or supplies primarily for educational, vocational, or training purposes, except the initial visit to diagnose and determine if a medical condition is causing a learning disability.]
- [8] Expense incurred for allergy testing and allergy treatment.]
- [9] Expense for any service or supply not specified in this Policy as a covered service.]
- [10] Services not Medically Necessary.]
- [11] For International Students, expenses incurred within the Insured Person's Home Country or Country of regular domicile.]
- [12] Expense incurred for any service, treatment, or supply for the diagnosis or treatment of sexual dysfunction (including erectile dysfunction). This includes, but is not limited to, drugs except as noted, laboratory and x-ray tests, counseling, transsexual procedures or penile prostheses necessary due to any medical condition or organic disease. A penile prosthesis will be eligible for payment only after prostate surgery.]
- [13] Expense incurred for, topical acne treatments, moles, nonmalignant warts or lesions, fertility medication, legend vitamins or food supplements, smoking deterrents, immunization agents, biological sera, drugs to promote or stimulate hair growth, experimental drugs, drugs dispensed in a rest home or hospital, except as provided under the Hospital Expense Benefit, pre-natal vitamins, except as specifically provided.]
- [14] Expenses incurred for any experimental drug or drug combination which the Federal Food and Drug Administration (FDA) has not approved for and indication, or for any drug which the FDA has determined to be contraindicated for a particular condition.]
- [15] Alternative health care, including but not limited to, acupuncture, except as specifically provided, acupressure, biofeedback, reflexology, and rolfing type services.]
- [16] Services that have already been paid by another insurance carrier, even if those services would have otherwise been covered by this Plan.]
- [17] Expense incurred for, tubal ligation, vasectomy, breast implants, breast reduction, sexual reassignment surgery, impotence (organic or otherwise), non-cystic acne, nonprescription birth control, submucous resection and/or surgical correction for deviated nasal septum, other than for required treatment of acute purulent sinusitis, circumcision, gynecomastia, hirsutism, or disorders or Attention Deficit Disorder.]
- [18] Services that have already been paid by another insurance carrier, even if those services would have otherwise been covered by this Plan.]

This Amendment ends at the same time as the Policy.

Signed for ACE American Insurance Company in Philadelphia, Pennsylvania.



JOHN J. LUPICA, President



GEORGE D. MULLIGAN, Secretary