

INSURER DISCLOSURE OF IMPORTANT POLICY PROVISIONS

Superior Plan

1. Your policy contains exclusions, listed in Section 8: WHAT WE DO NOT COVER: EXCLUSIONS. Your policy excludes coverage for diagnosis or treatment of any:
 - a. “Preexisting condition,” which means “any condition for which a veterinarian provided medical advice, the pet received treatment for, or the pet displayed signs or symptoms consistent with the stated condition prior to the effective date of a pet insurance policy or during any waiting period.”
 - b. “Hereditary disorder,” which means “an abnormality that is genetically transmitted from parent to offspring and may cause illness or disease.”
 - c. “Congenital anomaly or disorder,” which means “a condition that is present from birth, whether inherited or caused by the environment, which may cause or otherwise contribute to illness or disease.”

Other exclusions may apply. Please refer to the exclusions section of the policy for more information.

2. Your policy has these provisions that limit coverage:
 - a. Section 5 of your policy—DEDUCTIBLE—says: “We specify your deductible on the Declarations Page or Renewal Certificate of your policy. Your deductible will apply once to each incident during the policy term.” This section explains how we will apply your deductible.
 - b. Section 6 of your policy—CO-PAYMENT—says we specify your co-payment on the Declarations Page or Renewal Certificate of your policy. We will apply a co-payment to each claim.
 - c. The following waiting periods apply to your policy:
 - (1) Section 3 of your policy says that your policy will be in effect at the time and date shown on your Declarations Page or Renewal Certificate and your policy effective date will not be earlier than 14 days after we approve your application and receive your payment.
 - (2) Section 8. C. of your policy says that we will not pay for “the diagnosis, medical management or surgical correction of anterior cruciate ligament (ACL) damage or rupture to your pet that occurs during the first 12 calendar months this policy is in effect.”
 - d. Your policy contains limits that apply to each policy term, which is shown on your Declarations Page or Renewal Certificate.
 - (1) In Section 4.A, your policy says that for your covered veterinary services expenses to be eligible for payment under your policy, your pet’s condition must come within a primary diagnostic code listed on the Benefit Schedule of your policy. This Benefit Schedule contains separate limits for conditions or procedures that are covered by your policy, per incident.
 - (2) In Section 4.C., your policy says that we will not pay more than \$4,500 per incident and a maximum of \$14,000 in each policy term.
 - (3) On page 4 of the Benefit Schedule, your policy says that will not pay more than \$1,000 per incident for Specialized Diagnostic Tests conducted by your veterinarian.

3. We do not reduce coverage or increase premiums based on your claim history.
4. *Description of the basis or formula on which we determine claim payments under your policy.* We review all invoices for veterinary services and supporting forms and documentation you submit and determine whether the expenses you submit are covered under your policy. If your expenses meet the terms of the insuring agreement of your policy, we determine whether any other policy provision excludes or limits coverage. If you have complied with all policy terms and conditions and if the veterinary services expenses you submit to us are payable under your policy, we pay these expenses subject to all terms, conditions, limitations, and exclusions of your policy.
5. Your policy has a Benefit Schedule, located in the policy form booklet we send you—immediately following your coverage form. We use this Benefit Schedule in determining claim payment under your policy.

NOTICE: 30-DAY FREE LOOK: CANCELLATION BY RETURN OF POLICY

After you apply for insurance with us and we accept your application by issuing your policy to you, you may cancel your policy without charge as described in Section 10.E. of your policy. You must deliver or mail your policy to us, and tell us that you want to cancel your policy, within 30 days of your policy effective date as shown on your Declarations Page.

If we have not paid any claims nor advised you in writing that a claim will be paid under your policy, your policy will be considered void from the beginning and you and we will be in the same position as if a policy or contract had been not been issued. In this case, we will refund you all premiums you have paid us under your policy and charge you no additional premium under your policy. We will refund premium you have paid within 30 days from the date that you notify us of this cancellation.

If we have either paid any claim or advised you in writing that a claim will be paid under your policy, this 30-day free look under your policy is inapplicable and instead the policy provisions in Section 10.D. of your policy relating to cancellation will apply to any refund.

You may only take advantage of this 30-day free look period in the first term of your policy, within 30 days of your policy effective date as shown on your Declarations Page.