

INSURER DISCLOSURE OF IMPORTANT POLICY PROVISIONS
Major Medical Plan

1. Your policy contains exclusions, listed in Section 6: 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 list your deductible on the Declarations Page or Renewal Certificate of your policy. Your deductible applies to each policy term.” This section explains how we will apply your deductible.
 - b. The following waiting periods apply to your policy:
 - (1) Section 3 of your policy says that your policy is effective during the times and dates 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 6. E. of your policy says that we will not pay for “diagnosis or treatment of cruciate ligament or meniscal damage or rupture that occurs during the first twelve calendar months that this policy is in effect.”
 - (3) Section 7. of your policy provides Additional Coverage for diagnosis or medical treatment for specified ineligible conditions and for surgical expenses for specified ineligible conditions, up to limits specified in this section. Your policy says that we will not pay these expenses during the first twelve months that your policy is in effect.
 - c. Your policy contains several limits that apply each policy term, which is shown on your Declarations Page or Renewal Certificate.
 - (1) Section 4.A. of your policy says that for your covered veterinary expenses to be eligible for payment under your policy, your pet’s condition or procedure to treat this condition must be listed in the Benefit Schedule of your policy. This Benefit Schedule contains separate annual limits for conditions or procedures that are covered by your policy.
 - (2) Section 4.B. of your policy says that we apply your deductible to covered veterinary expenses that you incur during the policy term and we will pay these expenses up to the limit of one Column A Primary Diagnosis Allowance and any Column B Secondary Diagnosis Allowance that applies to your pet’s

condition. These Diagnosis Allowances are maximum amounts paid during each policy term, regardless of the number of incidents or treatments during the policy term.

- (3) Section 4.C. of your policy says that covered veterinary expenses from each incident are eligible for payment under only one Column A Primary Diagnosis Allowance and any applicable Column B Secondary Diagnosis Allowance. Additionally, this section says that in each incident, we will apply the Column A Primary Diagnosis Allowance of the predominant condition for which your pet received veterinary services. This section also says that we will not pay both a Column A Primary Diagnosis Allowance and a Column B Secondary Diagnosis Allowance under any Diagnosis Code that applies to the same condition.
 - (4) Section 4.D. of your policy says that all payments under any Diagnosis Allowance reduce the amount payable under that Diagnosis Allowance for any other covered veterinary expenses incurred during the policy term. Additionally, this section says that covered veterinary expenses that are paid under one Diagnosis Allowance are not payable under any other Diagnosis Allowance. This section also says that we will only pay veterinary expenses for diagnostic testing resulting in the diagnosis of a condition that is covered by this policy.
 - (5) Section 4.E of your policy says that will not pay more than \$1,650 in each policy term for Specialized Diagnostic Tests conducted by your veterinarian.
 - (6) In Section 7.A., we provide Additional Coverage for diagnosis or medical treatment expenses for specified ineligible conditions and your policy limits payment for this treatment to \$275 in each policy term. In Section 7.B., we also provide Additional Coverage for surgical expenses for specified ineligible conditions, and your policy limits payment for this treatment to \$550 in each policy term. No expenses are payable under Section 7 for any diagnosis or medical treatment or surgery that occurs in the first twelve months that your policy is in effect.
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.C. 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.B. 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.

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