# Insurer Disclosure of Important Policy Provisions Pet Health Insurance Policy

#### **Exclusions**

Please be advised that this policy excludes coverage due to **Pre-existing Conditions**.

**Pre-existing Condition(s)** means a condition for which any of the following are true prior to the effective date of a pet insurance policy or during a **Waiting Period**:

- **a.** A **Veterinarian** provided medical advice regarding the condition;
- **b.** The **Pet** received previous **Treatment** for the condition; or
- **c.** Based on information from verifiable sources, the **Pet** had signs or symptoms directly related to the condition for which a **Claim** is being made.

Chronic Conditions, Hereditary Disorders and Congenital Anomaly or Disorders are covered under the policy as long as the **Pet** is not symptomatic prior to the **Pet Original Start Date** or during the **Illness Waiting Period**.

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

#### **Coverage Disclosures**

Your **Deductible** is the annual amount you pay per **Pet** for **Treatments** covered by this policy before we will begin to reimburse you. We will apply the **Deductible** to your **Veterinary Expenses** and then apply your **Reimbursement Percentage** to the remainder to determine your **Claim** reimbursement.

**Annual Maximum** is the maximum amount we will reimburse you per **Pet** in a period of insurance. Regardless of the number of **Claims** made or covered **Injuries** or **Illnesses** that occur during the period of insurance, our total liability for each period of insurance for all covered benefits shall not exceed the amounts shown on the Schedule of Insurance under **Annual Maximum**. There is a \$1,000 **Annual Maximum** sub-limit for all **Treatment(s)** for Dental Illness.

Your premium may be impacted and could result in a possible increase based on your claim history, the age of the covered **Pet** or if you change your geographic location.

Your policy is fully administered by Embrace Pet Insurance Agency, LLC. and underwritten by American Modern Home Insurance Company.

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## Right to Examine and Return the Policy

You have 15 days from the day you receive this policy, certificate or rider to review it and return it to the company if you decide not to keep it. You do not have to tell the company why you are returning it. If you decide not to keep it, simply return it to the company at its administrative office or you may return it to the insurance producer that you bought it from as long as you have not filed a claim. You must return it within 15 days of the day you first received it. The company will refund the full amount of any premium paid within 30 days after it receives the returned policy, certificate or rider. The premium refund will be sent directly to the person who paid it. The policy, certificate or rider will be void as if it had never been issued.

## **Basis for Claims Payments**

Any **Claim** you make will be assessed fairly, reasonably and promptly against the information you provide and the terms of the policy.

All **Claims** must be submitted during the policy term that was in force when the **Claim** occurred or within sixty (60) days of the end of that term. If the **Claim** is not submitted within the required time frame, the **Claim** will be closed and not processed. You must provide all itemized invoices from your **Veterinary Provider** before we will reimburse you.

Your **Deductible** is an annual amount. We will apply the **Deductible** to your **Veterinary Expenses** and then apply your **Reimbursement Percentage** to the remainder to determine your **Claim** reimbursement.

An example with a \$1,200 covered amount, a \$100 annual deductible, and a 90% reimbursement percentage.

\$1,200 - \$100 = \$1,100

 $1.100 \times .9 = 990$  (reimbursed amount)

In the event a **Veterinary Expense** is for both covered and non-covered conditions, the **Veterinary Expense** may be split into a covered and a non-covered **Veterinary Expense** to calculate your **Claim** reimbursement.

An Explanation of Benefits form will be available to you on your MyEmbrace customer portal that shows how we determined the result of your **Claim**.

#### **Medical Examination**

Your **Pet** must have been examined by a **Veterinarian** in the twelve (12) months prior to the **Pet Original Start Date** as shown on the Schedule of Insurance or within fourteen (14) days after the **Pet Original Start Date**. Failure to do so will result in your policy defaulting to an **Accident** only policy. Meaning you will have no **Illness Coverage** and your **Illness Coverage** premium will be refunded.

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You may add Illness Coverage back onto your policy once a qualifying Veterinarian has examined your Pet and detailed records for the exam are available to us. This will result in your Illness Waiting Period end date changing to the date of the first exam. No Illness Coverage is available until a qualifying Veterinarian has examined your Pet, and Preexisting Conditions, if any, may be determined upon the date of the qualifying Veterinarian's Physical Examination.

## **Waiting Period**

The **Waiting Period** means the period of time specified in a pet insurance policy that is required to transpire before some or all of the **Coverage** in the policy begins.

This policy contains an **Illness Waiting Period**. The **Illness Waiting Period** is the fourteen (14) day period of time where the policy's **Coverage** is restricted. The **Illness Waiting Period** starts from the **Pet Original Start Date**. Conditions that occur during the **Illness Waiting Period** will be excluded from your policy's **Coverage** as **Pre-existing Conditions**. The **Illness Waiting Period** also applies again when there are **Coverage** increases but is waived for policy **Renewals** and optional **Coverage Renewals**.

No coverage is provided by this notice, nor can it be construed to replace any provision of your Policy. You should read your Policy and review the Declarations Page for complete information on the coverages you are provided. If there is a conflict between the Policy and this notice, THE PROVISIONS OF YOUR POLICY SHALL PREVAIL. PLEASE READ YOUR POLICY CAREFULLY.

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