



**CHOICEAMERICA™ PRE-EXISTING RIDER**

Attaching to and forming part of the Certificate of Insurance shown in the Declaration in consideration of Premium owed, purchased at time of Application for a minimum of thirty (30) days, and subject to all other Terms of the Policy, the Policy is hereby amended to include the following language:

The following section is added to the **BENEFIT SUMMARY** provision:

Deductible for Pre-existing Condition	
Per Pre-existing Condition	\$50 per incident
Pre-existing Conditions	
Subject to Deductible and Coinsurance unless otherwise noted Charges are Subject to Usual, Reasonable, and Customary Maximum Limits per Certificate Period up to the Maximum Period of Coverage	
Benefit	Limit per Pre-existing Condition
Emergency Room and/or Hospitalization	Maximum Limit: \$1,500
Laboratory and Radiology	Maximum Limit: \$1,000
Physician • Maximum Visits: 3	Maximum per Visit: \$150
Prescriptions	Maximum Limit: \$100

The following item in the **EXCLUSIONS** provision is deleted in its entirety:

- (3) **PRE-EXISTING CONDITIONS:** Charges arising or resulting directly or indirectly from or relating to any Pre-existing Condition, as herein defined

Within the **DEFINITIONS** provision, the definition for **Pre-existing Condition** is deleted in its entirety and replaced with the following:

**Pre-existing Condition:** Any Injury or Illness or any chronic, subsequent or recurring complication or consequence associated with or arising from an Injury or Illness where, at any time prior to the original Injury or Illness:

- (1) Medication (including drugs, medicines, special diets, injections or other forms of medication), advice or Treatment was sought by, recommended for or received by the Insured Person; whether or not the Insured Person was aware or should reasonably have been aware that he or she had the Injury or Illness
- (2) The Insured Person has experienced or displayed symptoms, whether or not he or she was aware or should reasonably have been aware he or she had the Injury or Illness
- (3) The Insured Person was aware or should reasonably have been aware he or she had the Injury or Illness; whether or not:
  - (i) the Injury or Illness has been investigated or diagnosed on or at any time prior to the Effective Date
  - (ii) the Injury or Illness was known or unknown to be connected to or related to the medication, advice or Treatment referred to subparagraph (1) or to the symptoms referred to subparagraph (2)
  - (iii) the Injury or Illness was historical or dormant or cured or resolved
  - (iv) the Injury or Illness was disclosed on the Application or any claim form or otherwise.