PRESIDIO
HEALTHCARE



TEXAS

FortressPlan

Affordable, reliable health insurance that protects life.

FP-BR-TX-PHIC-1025

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Overview

About Presidio

Presidio Healthcare provides reliable, family-focused health insurance, rooted in Christian values, dedicated to protecting every life. As the nation's first pro-life, Christian health insurance company, Presidio offers the simplicity and security of traditional health insurance without compromising your values.

What is the Plan?

The **Fortress**Plan bundles a Sickness Policy, Accident Policy and an optional Wellness Policy. Built on a national network, it offers flexible out-of-pocket maximums to provide the right level of protection while staying true to your values.

The FortressPlan covers pharmacy, maternity care, emergency services and more. Each plan level also offers an optional preventive and wellness policy with first-dollar fixed indemnity benefits. Designed to respect the dignity of every person, the FortressPlan aligns with the Ethical and Religious Directives for Catholic Health Care Services "ERDs".

The FortressPlan Policies do not provide major medical insurance coverage, and are neither Minimum Essential Coverage under federal law nor workers' compensation insurance under state law. The Policies provide only Accident and Sickness coverage (with optional Wellness add-on). The Policies pay in addition to any other in-force coverage. If insureds do not have Minimum Essential Coverage under federal law, an additional payment with their taxes may be required under federal law.



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Highlights

PRESIDIO HEALTHCARE

Flexible coverage, tailored to meet members' needs, from cancer to the common cold.

Built on a foundation of premier services with a nationwide network.



$0 Deductible Plans

First dollar benefits, no deductibles with transparent coinsurance — value every time you use it.

Real Insurance, Really

Not a healthcare sharing ministry program. It's 100% licensed health insurance, 100% Christian values.

MOOP Rollover

Half of the satisfied maximum-out-of-pocket rolls over at renewal — value when you don't use it.

Nationwide Network

Convenient access to more than 993,000 providers across 5,700 hospitals in the First Health® Network.

No Policy Maximums

Accident and Sickness policies provide financial protection with no limit on the maximum policy benefit.

Pharmacy Benefits

Drug costs are fully integrated into the out-of-pocket maximums. Prices are negotiated, managed and processed by industry experts.

24/7 Virtual Care

Enjoy the convenience of nationwide, 24/7 access to virtual primary and urgent care services.

Pro-life Providers

Easily discover, rate, and review healthcare providers who align with your personal values in your area.

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Summary



PRESIDIO HEALTHCARE

Jayne Benedict

MEMBER ID
ME1234567

GROUP ID
PH001

DEPENDENTS COVERED
Sam Benedict
Gabby Benedict
Carter Benedict
Lewis Benedict

MEMBER SERVICES
(855) 954-7001

Coverage: Family — TDI

PLAN DETAILS (In-network)	ACCIDENT	SICKNESS
Deductible	$0	$0
Coinsurance	50%	50%
Individual Max Out of Pocket	$5,000	$5,000
Family Max Out of Pocket	$10,000	$10,000

24/7 Virtual Primary & Urgent Care
(855) 954-9001 virtual.presidiocare.com

Pharmacy Benefits
Rx Valet Feel better. RxBIN: **026556** RxPCN: **SHIELD** RXGroup: **PH001**

Effective: 01.01.2026

First Health®

The table below is intended to be a concise summary of benefits for the **Fortress**Plan: a bundled Accident Policy and Sickness Policy. For a complete list of benefits and limitations, see pages 8 to 10.

Plan Options	Elite	Secure	Value	Essential
Annual Deductible	**$0**	**$0**	**$0**	**$0**
Coinsurance Percentage	**50%**	**50%**	**50%**	**50%**
Sickness MOOP [1] Family	**$2,500** $5,000	**$5,000** $10,000	**$7,500** $15,000	**$10,000** $20,000
Accident MOOP [1] Family	**$2,500** $5,000	**$5,000** $10,000	**$7,500** $15,000	**$10,000** $20,000
Virtual Primary & Urgent Care [2]	50% coinsurance Presidio pays 100% after you meet your MOOP			
Pregnancy & Maternity Care [3]	50% coinsurance Presidio pays 100% after you meet your MOOP			
Office & Specialist Visits	50% coinsurance Presidio pays 100% after you meet your MOOP			
Pharmacy Coverage	50% coinsurance Presidio pays 100% after you meet your MOOP			
Outpatient Services	50% coinsurance Presidio pays 100% after you meet your MOOP			
Emergency Care	50% coinsurance Presidio pays 100% after you meet your MOOP			
Urgent Care	50% coinsurance Presidio pays 100% after you meet your MOOP			
Annual & Lifetime Maximums	**No annual or lifetime policy maximums**			

[1] Accident and Sickness Policies have separate out-of-pocket maximums. [2] Preventive virtual primary care visits are also available starting at $10 per visit with negotiated discounts. [3] Pregnancy and maternity in the first year are subject to separate pregnancy deductible.

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Bundle

A bundled package that brings together sickness, accident and optional wellness coverage — offering you protection when you need it most.

A non-ACA package offering coverage across the three major medical claim types — sickness, accident and wellness — under separate policies. This structure provides flexible, customizable coverage tailored to meet the unique needs of each member.



Sickness Policy

Extensive coverage for a broad spectrum of conditions, ranging from serious illnesses like cancer, to more common ailments such as the cold. This policy ensures you're protected against a variety of health challenges, no matter how big or small.[1]

Accident Policy

Coverage for accidents and unexpected events, ranging from sports injuries to burns and beyond. Whether it's a minor mishap or a more serious accident, this policy ensures you're prepared for life's surprises with the protection you need.[1]

Wellness Policy

Optional fixed indemnity coverage that offers cash reimbursement for preventive care services, giving you extra financial support for routine checkups, screenings, and other preventive measures. It's a smart way to stay proactive about your health while keeping costs in check.[1]

[1] Subject to limitations and non-covered services of the Policies, see pages 8 to 10.

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Benefits

PRESIDIO HEALTHCARE

The tables below describe benefits covered under the separate respective policies, and are not intended to be an exhaustive list of benefits covered. For a complete list of benefits and limits, see pages 8 to 10.

Sickness & Accident Benefits	Sickness	Accident
Office Visits - Primary care & specialists	✓	✓
Prescription Drugs - Generic, brand, preferred brand & specialty drugs	✓	✓
Diagnostics - Blood work, X-rays, MRIs, PET scans, CT scans & more	✓	✓
Emergency - Urgent care, emergency room & medical transportation	✓	✓
Surgery - Surgeon & facility fees	✓	✓
Hospitalization - Provider & facility fees	✓	✓
Rehabilitation - Home health care, skilled nursing, hospice & equipment	✓	✓
Therapy - Physical, speech or occupational therapy	✓	✓
Maternity[1] - Pre-natal visits, imaging, delivery services & facility fees	✓	✓

Wellness Benefits (Optional Add-on)	Presidio Pays
Physical Examination	$200
Health Screening Diagnostic Labs	$50
Newborn Birth Screenings	$350
Infant Routine Pediatric Wellness	$200
Children Routine Immunization	$70
Mammogram	$350
PSA Test	$35
Colonoscopy	$1,100
Osteoporosis Screening	$225
Health Screening Chest X-ray	$200
EKG	$75
Stress EKG	$150

[1] Pregnancy and maternity in the first year are subject to separate pregnancy deductible.

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Scenarios

Examples of how a bundled package works as one.

Early retirement couple

FortressPlan - Secure 5000

- **$0** deductible
- **50%** coinsurance
- **$5,000** / $10,000 MOOP[1]

Scenario:

Jerry & Marcia joined Presidio after selling their business 3 years ago. Jerry had an **unexpected heart attack**. Example costs for emergency treatment and rehabilitation services = $128,647

Jerry & Marcia would pay:

Overall Deductible	$0
Accident Coinsurance	$0
Sickness Coinsurance	$5,000
Non-covered Expenses	$0
The total Jerry & Marcia would pay:	**$5,000**

Parents with school age kids

FortressPlan - Value 7500

- **$0** deductible
- **50%** coinsurance
- **$7,500** / $15,000 MOOP[1]

Scenario:

Mike & Sara's son suffered a **broken forearm** playing rugby and Sara found out she needs to have a **hysterectomy**. Example costs for treatment and rehabilitation services = $49,340

Mike & Sara would pay:

Overall Deductible	$0
Accident Coinsurance	$928
Sickness Coinsurance	$7,500
Non-covered Expenses	$0
The total Mike & Sara would pay:	**$8,428**

Newlyweds having a baby

FortressPlan - Elite 2500

- **$0** deductible
  - $5,000 first-year pregnancy deductible
- **50%** coinsurance
- **$2,500** / $5,000 MOOP[1]

Scenario:

Zach & Annie are **expecting their first child**. They enrolled in the FortressPlan only three months before becoming pregnant. Example costs for pre-natal care, ultrasounds and delivery services = $17,965

Zach & Annie would pay:

Overall Deductibles	$5,000
Accident Coinsurance	$0
Sickness Coinsurance	$2,500
Non-covered Expenses	$0
The total Zach & Annie would pay:	**$7,500**

Young healthy man

FortressPlan - Essential 10000 + Wellness

- **$0** deductible
- **50%** coinsurance
- **$10,000** MOOP[1]

Scenario:

Samuel elected to add-on the Wellness Policy when he enrolled. He sees his doctor annually and takes a **prescription for infrequent migraines**. Example costs for office visits and treatment = $394

Samuel would pay:

Overall Deductible	$0
Accident Coinsurance	$0
Sickness Coinsurance	$0
Wellness Indemnity	+ $200
Non-covered Expenses	$194
The total Samuel would pay:	**$194**

Scenarios above are for illustration purposes only. The complete terms of the coverage, including limitations and exclusions, and any state required provisions are in the Policies.

[1] Accident and Sickness Policies have separate out-of-pocket maximums.

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Services & Benefits

The information shown here and in any accompanying literature does not provide full details of the Policies. Different plan provisions may apply in certain states. This brochure is only a brief description of benefits available. The complete terms of the coverage, including limitations and exclusions, and any state required provisions are in the Policies. Capitalized words not defined in this brochure have the meanings ascribed to them in the applicable Policy.

Covered Sicknesses & Conditions

The Sickness Policy provides benefits for covered sicknesses. It does not cover accidental bodily injuries or preventive services like wellness exams and health screenings that would be covered under traditional ACA plans. Presidio Healthcare will pay expenses incurred for the following conditions:

- Adrenal Hypofunction (Addison's Disease)
- Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease)
- Arteriosclerosis
- Bacterial Infection
- Brain & Nervous System Disease
- Cancer
- Cardiovascular Disease
- Cystic Fibrosis
- Diabetes
- Endocrine System Disease
- Gastrointestinal Disease
- Heart Attack
- Hodgkin's Disease
- Hypertension
- Influenza
- Inherited Metabolic Disorder
- Jaundice
- Kidney & Urinary Tract Disease
- Liver & Biliary Tract Disease
- Leukemia
- Lymphoma
- Malignant Melanoma
- Musculoskeletal Disease
- Multiple Sclerosis
- Muscle Dystrophy
- Nephrolithiasis (Kidney Stones)
- Ophthalmology Disease
- Osteoarthritis
- Osteomyelitis
- Osteoporosis
- Otolaryngology Disease
- Poliomyelitis
- Pregnancy & Pregnancy Complications
- Pulmonary Disease
- Rheumatoid Arthritis
- Renal Failure
- Reproductive System Disease
- Sickle Cell Anemia
- Skin Cancer
- Skin Disease
- Sleep Apnea
- Stroke
- Toxic Epidermal Necrolysis
- Toxic Shock Syndrome
- Urinary Tract Obstructions
- Viral Infection

Benefits for Covered Services

Benefits for covered services under the respective Accident or Sickness Policy, as applicable:

- Doctor Office Visit
- Hospital Confinement: semi-private daily room & board
- Intensive Care Unit
- Hospital miscellaneous medications, prescription drugs, services & supplies
- Surgery
- Primary Surgeon
- Assistant Surgeon
- Second Surgical Opinion: Up to $250 of professional fees
- Anesthesiologist or Nurse Anesthetist
- Pathologist Fees (Sickness Policy Only)
- Breast Reconstruction (Sickness Policy Only: limited to 2 procedures per condition)
- Radiation & Chemotherapy (Sickness Policy Only)
- Occupational Therapy, Rehabilitation & Speech Therapy (Covered up to $50,000 per accident/condition, per year)
- Inpatient/Outpatient Laboratory & Diagnostic Tests
- Emergency Room Services
- Emergency Transportation to Hospital by Ambulance
- Medical Equipment & Supplies
- Physical Therapy: Covered up to 25 treatments or $50,000 per accident/condition, per year
- Organ Transplants
- Home Health Care: 364 day lifetime limit
- Hospice Care: 364 day lifetime limit
- Skilled Nursing Home: 364 day lifetime limit
- Outpatient Prescriptions
- Outpatient Medical Foods - Inherited Metabolic Disorder (Sickness Policy Only)
- Orthotic & Prosthetic Devices
- Ovarian Cervical Cancer Screening (Sickness Policy Only
- Diabetes Care & Dialysis (Sickness Policy Only)

Covered Wellness Services

The following screening benefits:

- Chest X-ray for Health Screenings
- Colonoscopy
- EKG & Stress EKG
- Health Screening Diagnostic Labs
- Infant Routine Pediatric Care
- Mammogram
- Newborn Birth
- Osteoporosis Screening
- Physical Examination
- PSA Test
- Routine Immunizations for Children

General Terms

Non-waiver

Expenses that are mistakenly applied by us to the applicable Calendar Year Deductible or erroneously paid by Us under any section or provision of the Accident, Sickness or Wellness Policy (as applicable) shall not:

- constitute a waiver of or modification to any conditions, terms, definitions or limitations contained in such Policy, specifically including, but not by way of limitation, the definition of Accident, Sickness or Condition, Medical Necessity or Covered Expenses, the limitation of coverage under such Policy for Pre-existing Conditions, as well as any exclusion, limitation and/or exclusionary riders which may be attached to such Policy, or otherwise operate to alter, amend, affect, abridge or modify the Policy to which it is attached;
- create or establish coverage of any medical condition, illness, or disease under such Policy or under any exclusion, limitation and/or exclusionary riders which may be attached to such Policy; or
- affect, alter, amend, abridge, constitute or act as a waiver of the Company's ability to rely upon, assert and apply such terms, definitions, limitations or exclusions of such Policy or any amendments thereto.

Premium Rate Adjustments

We will not raise Your premium rates on an individual basis due to your personal claims experience. We may raise your premium rates on Your Renewal Premium Class for all Policies in your state. Renewal Premiums are calculated based on several factors such as inflation-related costs, past claims experience of your class, change of benefits, and other factors permitted by state law.

Renewability

Coverage under the Accident, Sickness or Wellness Policies is guaranteed renewable.

Termination

Coverage will end upon the earlier of the following: the date You terminate coverage; with respect to Your child(ren), the month following such Insured's 25th birthday; with respect to Your spouse, the month following the effective date of Your divorce decree, or annulment; the due date of any unpaid Renewal Premium (subject to grace period); We are required by the order of an appropriate regulatory authority to non-renew or cancel the Policy; We cease offering and renewing coverage of the same form of coverage as such Policy in Your state; the date We receive due proof that fraud or intentional misrepresentation of material fact existed in applying for the Policy or in filing a claim under such Policy.

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Limitations & Waiting Periods

Accident & Sickness Policies Limitations & Waiting Periods

Coverage under the Accident and Sickness Policies is limited as provided by the definitions, limitations, exclusions, and terms contained in each and every section of the applicable Policy. In addition, any treatment, medical service, surgery, medication, equipment, claim, loss or expense received, purchased, leased or otherwise incurred as a result of an Insured's Pre-existing Condition is not covered under the Accident or Sickness Policies unless 1) such treatment, medical service, surgery, medication, equipment, claim, loss or expense constitutes Covered Expenses incurred by such Insured more than 12 months after the Issue Date (or 6 months for Insureds aged 65+ as of the Issue Date), and 2) such treatment, medical service, surgery, medication, equipment, claim, loss or expense are not otherwise limited or excluded by the applicable Policy or any riders, endorsements, or amendments attached to such Policy.

Wellness Policy Limitations

Coverage under the Wellness Policy is limited as provided by the definitions, limitations, exclusions, and terms contained in each and every section of the Wellness Policy, as well as the following limitations:

- Physical Examination - 1 Physical Examination per Insured per Calendar Year.
- Childhood Routine Immunizations - 10 covered immunizations per Insured per Calendar Year are available to Insureds under the age of 18 under the Childhood Routine Immunizations Wellness & Health Screening Benefit.
- Mammogram - 1 Mammogram Wellness & Health Screening Benefit per Calendar Year is available to female Insureds who are age 35 or older.
- PSA Test - 1 PSA Test Wellness & Health Screening Benefit per Insured per Calendar Year is available to male Insureds who are at least 50 years of age and asymptomatic, or at least 40 years of age with either a Family history of prostate cancer or another prostate cancer risk factor.
- Colonoscopy - 1 Colonoscopy Wellness & Health Screening Benefit per Insured per Calendar Year is available to Insureds at least 50 years of age and asymptomatic, or at least 40 years of age with either a Family history of colon cancer or another colon cancer risk factor.
- Osteoporosis Screening - 1 Osteoporosis Screening Wellness & Health Screening Benefit per Insured per Calendar Year is available to High Risk Female Insureds who are between the ages of 40 and 65 by undergoing a Bone Density Test.
- EKG - 1 EKG Wellness and Health Screening Benefit per Insured per Calendar Year is available to Insureds between ages of 50 and 65.
- Stress EKG - 1 Stress EKG Wellness and Health Screening Benefit per Insured per Calendar Year is available to Insureds at least 50 years of age and asymptomatic, or at least 40 years of age with either a Family history of cardiovascular disease or another cardiovascular disease risk factor.
- Diagnostic Laboratory Screening - 3 Diagnostic Laboratory Screenings per Insured per Calendar Year.
- Diagnostic Chest X-ray - 1 Diagnostic Chest X-ray's per Insured per Calendar Year.
- Infant Routine Pediatrics - 7 Infant Routine Pediatric Visits per age-appropriate Insured.

Non-covered Services

Accident & Sickness Policy Non-covered Services

Coverage under the Accident and Sickness Policies is limited as provided by the definitions, limitations, exclusions, and terms contained in each and every section of the applicable Policy. In addition, the Policies do not provide coverage for the amount of any professional fees or other medical expenses or charges for treatments, care, procedures, services or supplies incurred for the diagnosis, care or treatment charged to an Insured or any payment obligation for us under the applicable Policy (as specified below) for any of the following, all of which are excluded from coverage:

- any cost, item, charge or expense which does not constitute Covered Expenses;
- any services or supplies to the extent Medicare pays for the same;
- any medical condition excluded by name or specific description by either the Policy or any riders, endorsements, or amendments attached thereto;
- medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured:
  - to the extent the charges exceed the amount of the Maximum Allowable Charge;
  - for which any Insured and/or any covered family members are not legally liable for payment;
- eyeglasses, contact lenses, radial keratotomy, Lasik surgery and exams for their prescription or fitting;
- Cochlear implants;
- fluoride products;
- intentional misuse or abuse of Prescription Drugs, including Prescription Drugs purchased by an Insured for consumption by someone other than such Insured;
- programs, treatment or procedures for tobacco use cessation;
- any services or supplies for personal convenience, including Custodial Care or homemaker services, except as provided for in the Policy;
- any procedures, services or supplies for the following:
  - voluntary sterilization;
  - treatment of infertility or for fertility preservation by methods that involve: a) artificial insemination; b) extracorporeal conception; or c) the cryopreservation of gametes to be used in artificial insemination or extracorporeal fertilization, or that otherwise involve the creation, destruction, or cryopreservation of embryos;
  - any operation or treatment performed or medication prescribed in connection with sex transformations or any type of sexual or erectile dysfunction, including complications arising from any such operation or treatment;
  - appetite suppressants, including but not limited to, anorectics or any other drugs used for the purpose of weight control, or services, treatments, or surgical procedures rendered or performed in connection with an overweight condition or a condition of obesity or related conditions;
  - Alcoholism, addiction to illegal drugs or substances, and/or abuse of illegal drugs or substances;
  - cirrhosis of the liver; or
  - Temporomandibular Joint Disorder (TMJ) and Craniomandibular Disorder (CMD);
- any damage or harm to the physical structure of the body of an Insured:
  - resulting from any act of war (whether declared or undeclared);
  - that was intentionally self-inflicted;
  - to which a contributing cause was either the Insured's engagement in an illegal occupation, or the Insured's commission of or attempt to commit a felony;
  - occurring during any surgical procedure or operation performed in the treatment of any disease, illness, sickness or ailment;
  - occurring as a result of the intentional inhalation or ingestion of any poison, gas or fumes;
  - occurring as a result of the operation by an Insured of any motor vehicle without the permission/consent of the owner of such vehicle, or without a valid operator's license or permit;
  - occurring as a result of an Insured's participation in a riot, act of civil disobedience or insurrection; or
  - occurring as a result of an Insured's working for pay or profit.

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Non-covered Services (continued)

The following are also excluded, only under the Sickness Policy:

- any Bodily Injuries suffered by an Insured;
- any cosmetic surgery or reconstructive procedures, except for Medically Necessary cosmetic surgery or reconstructive procedures that: (i) are incidental to or following surgery resulting from Bacterial Infection or Viral Infection; (ii) are necessary to correct a normal bodily function in connection with the treatment of a covered Sickness / Condition or a congenital defect that qualifies as a Sickness / Condition; or (iii) constitutes Breast Reconstruction;
- medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured:
  - before the Issue Date or after an Insured's coverage under the Policy terminates (regardless of when the Sickness / Condition occurred);
  - from any state or federal government agency, including the Veterans Administration, unless, by law, an Insured must pay for such services;
- hearing aids
- contraceptives, oral or otherwise, whether medication, device or service, unless a prescription contraceptive coverage is necessary to preserve the life or health of the Insured;
- any procedures, services or supplies for the following:
  - breast reduction or augmentation that does not constitute Breast Reconstruction, or complications arising from these procedures; and
  - the diagnosis, care or treatment of Mental, Nervous and Emotional Disorders.

The following are also excluded, only under the Accident Policy:

- any disease, ailment, illness or sickness suffered by an Insured, except a covered Bacterial Infection;
- any cosmetic surgery or reconstructive procedures, except for Medically Necessary cosmetic surgery or reconstructive procedures that are: (i) incidental to or following surgery resulting from Bacterial Infection; or (ii) necessary to correct a normal bodily function in connection with the treatment of a covered Bodily Injury;
- medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured:
  - before the Issue Date or after an Insured's coverage under the Policy terminates (regardless of when the Bodily Injury occurred);
  - from any state or federal government agency, other than the Veterans Administration, unless, by law, an Insured must pay for such services;
- contraceptives, oral or otherwise, whether medication, device or service;
- any services, supplies, or drugs received outside the United States, except for those received during an Emergency;
- any procedures, services or supplies for the diagnosis, care or treatment of Mental, Nervous and Emotional Disorders without demonstrable organic disease;
- any damage or harm to the physical structure of the body of an Insured that did not occur Accidentally
- any damage or harm to the physical structure of the body of an Insured occurring while the Insured is:
  - serving on active duty in the armed forces of the United States (including the Active Reserves);
  - serving on active duty in one of the branches of the armed forces of any foreign country or any international authority;
  - resisting arrest by a law enforcement officer, or otherwise resisting incarceration by a municipality, or other political subdivision of a state, a state or the federal government;
  - incarcerated in a city or county jail or a state or federal penal institution;
  - engaged in hang gliding, paragliding, hot air ballooning or any other form of aviation, except as a fare paying passenger traveling on a regularly scheduled commercial airline flight;
  - engaged in the sport of avocation of bungee jumping, parachuting, rock climbing, para-sailing, para-kiting, or mountain climbing;
  - engaged in raising, caring for, handling or working with knowingly dangerous animals;
  - engaged, as a contestant (professional or amateur), in any rodeo event or participating at a rodeo as a rodeo clown;
  - participating, as a professional contestant, in any boxing, martial arts or mixed martial arts event, including the sanctioned practice thereof;
  - participating, as a professional or semi-professional contestant, in any sanctioned equestrian event;
  - participating, as driver or passenger contestant (professional or amateur), in any race competition, race, or speed contest, including sanctioned practice thereof, involving any land vehicle or water craft;
  - participating, as a professional contestant, in any race competition, race or speed contest, including sanctioned practice thereof, on snow skis or a snowboard;
  - participating on a wager in any knowingly hazardous activity; and
  - intoxicated or under the influence of alcohol or any drug, narcotic or hallucinogens unless administered via a prescription and on the advice of a Provider, and taken in accordance with the limits of such advice. An Insured is conclusively determined to be intoxicated by drug or alcohol if: (i) a chemical test administered in the jurisdiction where either the Accident occurred or the Insured was medically treated is at or above the legal limit set by that jurisdiction; or (ii) the level of alcohol was such that a person's coordination, ability to reason, was impaired, regardless of the legal limit set by that jurisdiction.

Wellness Policy Non-covered Services

Coverage under the Wellness Policy is limited as provided by the definitions, limitations, exclusions, and terms contained in each and every section of the Wellness Policy. In addition, the Policy does not provide any benefits in connection with treatments, care, procedures, services or supplies incurred for the diagnosis, care, or treatment for any of the following, all of which are excluded from coverage:

- any cost, item, charge or expense which does not constitute Covered Services;
- any services or supplies to the extent Medicare pays for the same;
- medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured:
  - in connection with any Bodily Injury, disease, ailment, illness or sickness;
  - before the Issue Date or after an Insured's coverage under the Policy terminates;
  - that are not enumerated in the Covered Services section of the Policy;
  - for which any Insured and/or any covered family members are not legally liable for payment;
  - from any state or federal government agency, including the Veterans Administration, unless, by law, an Insured must pay for such services; or
  - for the diagnosis, care or treatment of any neurosis, psychoneurosis, psychopathy, psychosis, or mental or emotional disorder of any kind, Alcoholism, and drug addiction or abuse;
- prescription drugs;
- eyeglasses, contact lenses, radial keratotomy, Lasik surgery, hearing aids and exams for their prescription or fitting;
- Cochlear implants;
- fluoride products;
- programs, treatment or procedures for tobacco use cessation; and
- any services, supplies, or drugs received outside the United States, except for those received during an emergency.

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Presidio Healthcare Insurance Company provides health insurance products that align with Christian, pro-life values.

Plans align with the Ethical and Religious Directives for Catholic Health Care Services “ERDs”.

Presidio Healthcare or Presidio are the marketing names for products underwritten by Presidio Healthcare Insurance Company.

presidiocare.com

PRESIDIO
HEALTHCARE

FP-BR-TX-PHIC-1024 REV A 10/24/2025 for use in TX with reference to policy forms:
TX-SERRA-ACC-FREEDOM-2025, **TX-SERRA-SD-FREEDOM-2025** & **TX-SERRA-WELL-2025**

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