Dentists, Blue Cross and Blue Shield Plans, insurance companies, governmental bodies or programs or other entities providing or administering insurance-type Benefits requesting the same. It is also a Covered Person's responsibility to furnish the Insurer information regarding a Covered Person's or a Covered Person's Dependents becoming eligible for Medicare, termination of Medicare eligibility or any change in Medicare eligibility status in order that the Insurer be able to make Claim Payments in accordance with MSP laws.

7. VALUE BASED DESIGN PROGRAMS

The Insurer and the Policyholder has the right to offer medical management programs, quality improvement programs, and health behavior wellness, maintenance, or improvement programs that allow for a reward, a contribution, a penalty, a differential in premiums, a differential in medical, prescription drug or equipment Copayments, Coinsurance, Deductibles, or costs, or a combination of these incentives or disincentives for participation in any such program offered or administered by the Insurer, or an entity chosen by the Insurer, to administer such programs. In addition, discount programs for various health and wellness-related or insurance-related items and services may be available from time-to-time. Such programs may be discontinued with or without notice.

For individuals in wellness programs who are unable to participate in these incentives or disincentives due to an adverse health factor shall not be penalized based upon an adverse health status and, unless otherwise permitted by law, the Insurer will allow a reasonable alternative to any individual for whom it is unreasonably difficult, due to a medical condition, to satisfy otherwise applicable wellness program standards.

Contact the Insurer for additional information regarding any value based programs offered by the Insurer.

Covered Persons may contact the Policyholder for additional information regarding any value base programs offered by the Policyholder.

8. TIME LIMIT ON CERTAIN DEFENSES

After two (2) years from the date of issue of this Policy no misstatements, except fraudulent misstatements, made by the applicant in the application for such Policy shall be used to void the Policy or to deny a Claim for illness or injury beginning after the expiration of such two (2) year period.

No Claim for an illness or injury beginning after two (2) years from the date of issue of this Policy shall be reduced or denied on the ground that a disease or physical condition not excluded from coverage by name or specific description effective on the date of loss had existed prior to the Effective Date of coverage of this Policy.

9. CONFORMITY WITH STATE STATUTES

This Policy provides, at a minimum, coverage as required by Illinois law. Laws in some other states require that certain Benefits or provisions be provided to Covered Persons if a Covered Person is a resident of their state when the policy that insures a Covered Person is not issued in a Covered Person's state. In the event any provision of this Policy, on its Effective Date, conflicts with the laws of the state in which a Covered Person permanently resides, a Covered Person will be provided the greater of the benefit under this Policy or that required under the laws of the state in which a Covered Person permanently resides.

10. ENTIRE CONTRACT

This Policy, including the application and any amendments and riders constitutes the entire contract of insurance and no change is valid unless approved by the executive officer of the Insurer and unless such approval be endorsed hereon and attached hereto.