



ISI PROTECT

International Student Health Insurance



*Committed
to you!*

Underwritten by HDI Global
Rated A by A.M. Best and A+ by Standard and Poor's
Administered by Point Comfort Underwriters



INTERNATIONAL
STUDENT
INSURANCE

Contents

Seeking Medical Care	3
General Information	4
Claims Information	5
Policy Benefits	6
Policy Pricing	10
Policy Exclusions	11

Notice

For further information on this Plan, visit www.InternationalStudentInsurance.com

Please keep this summary as a brief description of the important features of the plan. It is not a contract of insurance. This plan includes both insurance and non-insurance benefits. The terms and conditions of coverage are set forth in the Plan issued to you. For a detailed plan description, exclusions, and limitations please [view the plan on file](#). The Policy contains a complete description of all of the terms, conditions, and exclusions of the insurance plan as underwritten by HDI Global. The Policy will prevail in the event of any discrepancy between this Brochure and the Policy.

Note: This insurance is not subject to and does not provide certain insurance benefits required by the United States' Patient Protection and Affordable Care Act ("PPACA"). PPACA requires certain US citizens or US residents to obtain PPACA compliant health insurance, or "minimum essential coverage." PPACA also requires certain employers to offer PPACA compliant insurance coverage to their employees. Tax penalties may be imposed on U.S. residents or citizens who do not maintain minimum essential coverage, and on certain employers who do not offer PPACA compliant insurance coverage to their employees. In some cases, certain individuals may be deemed to have minimum essential coverage under PPACA even if their insurance coverage does not provide all of the benefits required by PPACA. You should consult your attorney or tax professional to determine whether the policy meets any obligations you may have under PPACA.

Privacy Statement

We know that your privacy is important to you and we strive to protect the confidentiality of your non-public personal information. We do not disclose any non-public personal information about our insureds or former insureds to anyone, except as permitted or required by law. We maintain appropriate physical, electronic and procedural safeguards to ensure the security of your non-public personal information. You may obtain a detailed copy of our privacy policy by calling us (877) 758-4391 or by visiting us at <https://www.internationalstudentinsurance.com>

Seeking Treatment



Telemedicine

The plan includes access to [Teladoc](#), virtual telemedicine through United Healthcare. If you have a minor or non-urgent medical need, you can use Teladoc to see a doctor or get a prescription from anywhere, at any time using your phone or computer. There is a copay per Teladoc visit, please see the benefit table below.



Campus Health Care

School on-campus health services are available to most members. The campus health center offers limited services for no or low cost to students. For other services, students must pay up front and then submit a claim for reimbursement by the insurance. Please contact your campus health center for further details.



Non-Emergency Care

For immediate care in non-emergency situations, you **SHOULD** go to a Walk-in Clinic, Urgent Care center or local doctor. Urgent Care and Walk-in Clinics are often the best places to seek medical care as you can walk right in and they require no appointment.

You **SHOULD NOT** go to the Emergency Room (ER) for this type of care unless it is a real emergency situation!



Emergency Care

The Emergency Room (ER) is designed for medical emergencies. If you need emergency care for any reason, please get to the nearest Emergency Room (ER) or call the emergency services (911 in the USA) for immediate treatment.



Prescription Drugs

Prescriptions filled at a [Magellan Rx Network](#) pharmacy will be paid at 100% after the copay. There is no need to pay upfront and submit for reimbursement when visiting a Magellan Rx pharmacy. The copay varies depending on the plan level - please see the table below for the copay on your specific plan level.



Doctors/Hospitals

This plan includes a network of medical professionals, including physicians and hospitals, known as the Preferred Provider Organization (PPO). This PPO is available through the [UnitedHealthCare Global PPO Network](#).

If you need to see a doctor or visit a hospital, you should utilize a PPO provider. While you are allowed to visit any provider of your choosing, if you use a PPO physician or facility, you may pay less money out-of-pocket.

General

Information

Enrollment

Enrollment and waivers can be done via our website at:

www.InternationalStudentInsurance.com

Toll Free (877) 758-4391

Direct +1 (904) 758-4391

Student Zone

Once you have purchased coverage, you can manage your policy online. Through your Student Zone, you'll be able to extend or renew your plan, track claims, locate a doctor/hospital and download copies of your insurance ID card and visa letter.

Your student zone is available at:

InternationalStudentInsurance.com/student-zone/

Cancellation/Refunds

You can cancel your policy and receive a full refund as long as we receive written notification prior to your certificate effective date. After the effective date of your policy, there is a \$25 cancellation fee and any whole unused months or unused days (depending on your payment method) will be refunded to you. No refunds are possible if claims are filed against the policy or if you are 60 days past your effective date.

ID Card

Once you are enrolled in the plan, you will receive an e-mail with all your policy documents and a copy of your PDF Insurance ID card. Carry your ID card with you at all times! You will need your card when you visit the campus health center, physician's office, urgent care, hospital, or pharmacy.

Pre-Existing Conditions

This plan includes coverage for pre-existing medical conditions after six (6) months on the First Class plan, after twelve (12) months on the Business Class and Economy Plus plan and there is no pre-existing condition coverage on the Economy plan. Please review the benefit table for full terms and conditions.

Eligibility

In order to be eligible for coverage and become an Insured Person under the Master Policy, a student or scholar must meet all of the following requirements:

1. Be at least twelve (12) years of age and not yet sixty-five (65) years of age
2. Complete, sign and submit an application as the Student or Scholar (or be listed there on by proxy)
3. Pay the required premium on or before the Certificate Effective Date
4. Receive written acceptance of his/her application
5. Be either
 - a) Full-time Student or Full-time Scholar at an educational institution; or within thirty-one (31) days of becoming such, and/or
 - b) Be in valid F-1 (including OPT) or J-1 status; or
 - c) Be a student age 19 or under enrolled in a secondary school;
6. Be temporarily residing outside his/her Home Country for the purpose of pursuing international educational activities
7. Must not have obtained residency status in the Host Country.

Terms of Coverage

Plan Participant's Effective Date

Coverage becomes effective 12:01am U.S. Eastern Time on the date requested on the application.

Plan Participant's Termination Date

Coverage terminates 11:59pm U.S. Eastern Time on the date requested on the application.

Maximum Enrollment Term

The maximum total coverage period for any one Covered Person cannot exceed 364 days per policy period. Coverage is renewable for up to 4 years.

Claims

Information

In-Network Claims

When seeking medical care within the UnitedHealthCare Global PPO Network, the medical provider will submit your claims electronically for processing. You will still need to follow these steps to get your claims processed and paid:

1. Download a claim form from the Student Zone.
2. Complete the claim form with all the details about your injury/illness. You will need to complete a new form for each new injury/illness. If your visit was the result of an accident, you'll also need to complete the accident questionnaire.
3. Submit your claim form to:

Email: travelclaims@pointcomfort.com

Point Comfort Underwriters, Inc
306 Prospect Street
Indianapolis, IN 46225, USA

Out-of-Network Claims

If you seek medical care from a provider that is outside the plans provider network, they will not be able to submit your bills directly. You will need follow these steps to get your claims processed and paid:

1. Download a claim form from the Student Zone.
2. Complete the claim form with all the details about your injury/illness. You will need to complete a new form for each new injury/illness.
3. Attach copies of your bills, receipts, lab charges and prescriptions.
4. Submit your claim form to:

Email: travelclaims@pointcomfort.com

Point Comfort Underwriters, Inc
306 Prospect Street
Indianapolis, IN 46225, USA

Explanation of Benefits

Once all your details are submitted, you will receive an Explanation of Benefits (EOB) that shows what the insurance company paid, and what is your responsibility to pay. If there is any patient responsibility, you will need to pay this amount directly to the medical provider that you sought medical care from.

If you have any questions about the claims process, please contact our team for assistance and support:

info@internationalstudentinsurance.com

Toll Free (877) 758-4391

Direct +1 (904) 758-4391



Policy

Benefits

	Economy	Economy Plus	Business Class	First Class
Maximum Benefit per Insured Person per Certificate Period	\$200,000	\$500,000	\$1,000,000	\$5,000,000
Maximum Benefit per Injury or Illness per Insured Person	\$100,000	\$250,000	\$300,000	\$500,000
	Eligible Medical Expenses Deductibles, Co-pays, and Coinsurance All Covered Eligible Medical Expenses are Subject to Deductible, Co-pays, and Coinsurance Unless Otherwise Indicated.			
Deductible	\$0	\$0	\$0	\$0
Emergency Room Co-Pay	\$350	\$250	\$150	\$100
Physician Office Co-Pay	\$100	\$75	\$50	\$25
Student Health Center/ Teladoc Co-Pay	\$35	\$25	\$10	\$5
Urgent Care/Walk-in Clinic Co-Pay	\$75	\$50	\$25	\$10
Physical Therapy/ Chiropractic Care Co-Pay	\$75	\$50	\$25	\$10
Outpatient Prescription Drugs Co-Pay Magellan Network	\$50	\$30	\$20	\$10
Coinsurance In-network, Inside USA	80% Coverage up to Maximum Benefit	80% Coverage up to \$5,000, then 100% up to Maximum Benefit		100% Coverage up to Maximum Benefit
Coinsurance Out-network, Inside USA	60% Coverage up to Maximum Benefit	70% Coverage up to Maximum Benefit	80% Coverage up to Maximum Benefit	90% Coverage up to Maximum Benefit

	Economy	Economy Plus	Business Class	First Class
	Eligible Medical Expenses Outpatient and Inpatient Services All Covered Eligible Medical Expenses are Subject to Deductible, Co-pays, and Coinsurance Unless Otherwise Indicated.			
Outpatient Facility Charges	Usual, Reasonable and Customary Charges (URC)			
Hospital Room and Board Including nursing and ancillary services	Usual, Reasonable and Customary Charges (URC)			
Intensive Care Unit	Usual, Reasonable and Customary Charges (URC)			
Operating, treatment and/or recovery room	Usual, Reasonable and Customary Charges (URC)			
Laboratory	Usual, Reasonable and Customary Charges (URC)			
Radiology/X-Rays	Usual, Reasonable and Customary Charges (URC)			
Professional Fees by Physician Including specialists, surgeons, anesthesiologists	Usual, Reasonable and Customary Charges (URC) Assistant surgeon fees subject to a maximum of 20% of covered primary surgeon fees			
Maternity Pre-natal, delivery, and post-natal care for a coverage pregnancy	No Coverage	In Network: Plan Pays 80% to \$5,000 Out Network: Plan Pays 60% to \$5,000	In Network: Plan Pays 80% to \$10,000 Out Network: Plan Pays 60% to \$10,000	In Network: Plan Pays 80% to Maximum Benefit Out Network: Plan Pays 60% to Maximum Benefit
Routine Care of a Newborn Per covered pregnancy	No Coverage	\$250	\$500	\$750
Therapeutic Termination of Pregnancy	\$500 After 90 Days of Continuous Coverage			
Dental Treatment	Accident - \$250 per Tooth; Maximum of \$500 (Involving associated face, skull, neck and/or jaw Injury) Acute Onset of Dental Pain - \$100 for Palliative Care Only (Certificate Period must be 30 or more days)			
Mental Health Disorders Inpatient	URC, up to a Maximum of \$2,500	URC to a Maximum of 30 Days		

	Economy	Economy Plus	Business Class	First Class
Mental Health Disorders Outpatient Coverage includes drug and alcohol abuse	\$50 per Visit; 1 Visit per day and 5 Total Visits	URC to a Maximum of 30 Days		
Vaccinations	No Coverage	No Coverage	No Coverage	\$150 for Covered Immunizations: Mumps, Rubella (MMR), Tetanus/Diphtheria/Pertussis (TDAP), Chicken Pox (Varicella), Hepatitis B, Meningitis (Meningococcal MCV4 and B), COVID-19/SARS-CoV-2 or any Other Vaccine Required by Your School Program (Documentation Required).
All Other Eligible Medical Expenses	Usual, Reasonable, and Customary (URC)			
	Eligible Medical Expenses Features All Covered Eligible Medical Expenses are Subject to Deductible, Co-pays, and Coinsurance Unless Otherwise Indicated.			
Benefit Period	60 Days if Hospitalized on Certificate Termination Date			
Incidental Trip Home	15 Days per 90 Days of Coverage Subject to a Maximum of \$5,000 if the US is the Home Country			
Pre-Existing Conditions Eligible Medical Expenses	No Coverage	Covered After 12 Months of Continuous Coverage	Covered After 6 Months of Continuous Coverage	
Pre-Existing Conditions Medical Evacuation and Repatriation of Remains	No Coverage	Covered as of Certificate Effective Date		
Acute Onset of a Pre-Existing Conditions	No Coverage	\$5,000	\$15,000	\$25,000
Wellness Benefit	No Coverage			\$150 for Covered Immunizations

	Economy	Economy Plus	Business Class	First Class
Terrorism	Usual, Reasonable and Customary Charges (URC)			
COVID-19 Including viral mutations	Usual, Reasonable and Customary Charges (URC)			
	Eligible Transportation Expenses All Covered Eligible Medical Expenses are Subject to Deductible, Co-pays, and Coinsurance Unless Otherwise Indicated.			
Local Ambulance	Illness: \$500 if Admitted as Inpatient Injury: \$500	Illness: \$750 if Admitted as Inpatient Injury: \$750		
Interfacility Ambulance Transfer	\$500	\$750		
Emergency Medical Evacuation	\$50,000	\$250,000	\$300,000	\$500,000
Emergency Reunion	\$1,000	\$3,000	\$5,000	\$5,000
Repatriation of Remains	\$25,000	\$50,000	\$50,000	\$50,000
Natural Disaster	No Coverage		\$100 per day; 7 Days Maximum	\$250 per day; 7 Days Maximum
	Other Expenses Subject to Deductible, Co-pays, and Coinsurance Unless Otherwise Indicated.			
Accidental Death & Dismemberment	No Coverage	\$25,000 Principal Sum (Family Maximum: \$250,000) Not subject to Deductible, Co-Pays and Coinsurance		
Personal Liability	No Coverage	No Coverage	No Coverage	\$200,000 Not subject to Deductible, Co-Pays and Coinsurance
School Sports Coverage Injuries sustained while participating in covered School Sports	No Coverage	\$5,000 per Injury	\$5,000 per Injury	\$5,000 per Injury
	Adventure Sports Optional Add-on Subject to Deductible, Co-pays, and Coinsurance Unless Otherwise Indicated.			
Adventure Sports Coverage Injuries sustained while participating in covered Adventure Sports	Not Available	Age 15-49: \$50,000 Maximum Age 50-59: \$25,000 Maximum Age 60-64: \$10,000 Maximum		

- This table is a summary of the plan benefits, for full details and policy wording please consult and download a [copy of the certificate of insurance](#)
- You will be responsible for all out of pocket expenses in excess of the insurance policy benefits based on the limitations contained in the Schedule of Medical Expense Benefits.

Policy

Pricing

Worldwide, including the USA

Monthly rates

	Economy	Economy Plus	Business Class	First Class
12 - 17 years old	\$29	\$58	\$100	\$177
18 - 24 years old	\$29	\$58	\$100	\$177
25 - 30 years old	\$66	\$95	\$232	\$395
31 - 40 years old	\$170	\$237	\$579	\$875
41 - 50 years old	\$300	\$495	\$1,000	\$1,595
51 - 64 years old	\$400	\$653	\$1,368	\$2,100

Adventure Sports rider available on Economy, Business Class and First Class plan - 20% additional premium.

For daily rates, and to run a free quote, please visit our website:

<https://www.internationalstudentinsurance.com/protect/apply/>

Policy

Exclusions

Unless expressly provided for herein, and in addition to all terms, clauses, conditions, restrictions and exclusions contained herein, all of the following claims, charges, expenses, reimbursements and/or circumstances are expressly excluded from coverage under this insurance and Underwriters shall have no liability or obligation for any coverage thereof or therefore. (All of the following Exclusions may apply to any claim hereunder; category headings are provided for convenient reference purposes only.)

A. War and Terrorism

1. Resulting directly or indirectly, proximately remotely occasioned by, contributed to or by, traceable to or arising in connection with the following:
 - a. The Insured Person's active and voluntary planning or coordination of or participation in any Act of Terrorism.
 - b. Any Act of Terrorism that takes place in a location, post, area, territory or country for which a Travel Warning or Emergency Travel Advisory related to an actual or potential Act of Terrorism was issued or in effect within the one hundred eighty (180) days prior to the Insured Person's arrival to said location, post, area, territory or country.
 - c. Any Act of Terrorism that takes place in a location, post, area, territory or country for which a Travel Warning or Emergency Travel Advisory related to an actual or potential Act of Terrorism becomes effective or is in effect on or after the Insured Person's arrival to said location, post, area, territory or country, and the Insured Person fails within a reasonable time, based on availability of appropriate transportation, and in no event more than fifteen (15) days (unless approved in advance by Underwriters) or refuses to heed such warning and thereafter remains in said location, post, area, territory or country.
2. Resulting directly or indirectly, proximately or remotely occasioned by, contributed to by, traceable to or arising in connection with the following:
 - a. War, invasion, act of foreign enemy hostilities, warlike operations (whether war be declared or not), or civil war.
 - b. Mutiny, riot, strike, military or popular uprising, insurrection, rebellion, revolution, military or usurped power.
 - c. Any act of any person acting on behalf of or in connection with any organization with activities directed towards the overthrow by force the Government de jure de facto or to the influencing of it by violence of any nature.

- d. Martial law or state of siege or any events or causes which determine the proclamation or maintenance of martial law or state of siege.
- e. Any use of radiological, chemical, nuclear or biological weapons or any other radiological, chemical, nuclear or biological events of any type (including in connection with an Act of Terrorism).
- f. War, whether declared or not, between any of the following countries: China, France, the United Kingdom, the Russian Federation and the United States.
- g. War in Europe, whether declared or not, in which any of the countries stated in (f) above or any armed forces thereof are engaged.
- h. Arising during the existence of abnormal conditions (whether physical or otherwise), whether or not directly or indirectly, proximately or remotely occasioned by, or contributed to by, traceable to or arising in connection with any of the occurrences set forth in this provision, shall be deemed and considered to be consequences for which Underwriters shall not be liable under this insurance, except to the extent that the Insured Person shall prove that such claim happened independently of the existence of such abnormal conditions and/or occurrences.

B. Pre-existing Condition(s)

1. Resulting from or relating, directly or indirectly, to any Pre-existing Condition, except as expressly provided for in PART IV, B., Pre-existing Condition(s) or C., Acute Onset of Pre-existing Condition(s), of this insurance.
2. Charges resulting from any Pre-existing Condition or Acute Onset of Pre-existing Condition while the Insured Person is in his or her Home Country.

C. General Exclusions

1. If Proof of Claim is not provided within the time specified in PART X — GENERAL CONDITIONS AND CONDITIONS PRECEDENT, D. Proof of Claim.
2. Claims of any nature that would expose the Underwriter and/or the Plan Administrator to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States.
3. Incurred more than thirty (30) days following the date of onset of Illness or date of Injury, unless covered services are incurred for treatment of the Illness or Injury within thirty (30) days following the date of onset of Illness or date of Injury.

4. Incurred prior to the Certificate Effective Date or after the Certificate Termination Date, unless expressly provided for under the provisions of this insurance.
 5. For treatment of any Illness or Injury when the purpose of traveling to the Host Country was to obtain treatment.
 6. For any services performed supplies provided by a Relative of the Insured Person or any person who ordinarily resides with the Insured Person.
 7. For services or supplies provided at no cost to the Insured Person and/or for which the Insured Person is not otherwise liable.
 8. Charges For expenses for which advance approval from Underwriters was not obtained by the Insured Person in accordance with the provisions of this insurance.
 9. For services not arranged by the Plan Administrator when required by the provisions of this insurance.
 10. Injury and/Illness sustained while under the influence of, or due wholly or partly to the effects of alcohol, liquor, intoxicating substance, narcotics or drugs, other than drugs prescribed by a Physician and taken in accordance with the Physician's instructions, but not including drugs prescribed for the treatment of Substance Abuse. This exclusion does not apply to treatment of Mental Health Disorders including Substance Abuse or to Eligible Transportation Expenses.
 11. For treatment of an Illness or Injury for which payment is made or available through a workers' compensation law or similar law.
 12. Charges which exceed the Usual, Reasonable and Customary charge for the service supply provided.
 13. For exposure to any non-medical nuclear or atomic radiation and/or radioactive material(s).
 14. Any Elective Surgery or Elective Treatment (including diagnostic procedures).
 15. Emergency Room treatment of a non-Emergency condition
 16. Specialty Medications
 17. Services and supplies that are not ordered or administered by a Physician.
 18. Services and supplies that are not expressly indicated as covered herein.
 19. Charges incurred by an Insured Person if the Insured Person checks out of a Hospital or other medical facility against medical advice or without the knowledge of the Physician or leaves before reaching a Medically Necessary endpoint of treatment. This exclusion applies to all charges incurred while in the Emergency Room or as an Inpatient and all charges incurred in respect of care for continuation of the condition(s) subsequent to the departure.
- D. Diagnosis-oriented Exclusions
1. Related in any way to birth defects, hereditary conditions and Congenital Disorders, including any conditions arising out of or resulting therefrom.
 2. For any service, supply, drug, treatment or procedure, that either diagnoses, promotes or prevents conception, insemination or birth, including without limitation, artificial insemination, contraceptives, treatment for infertility or impotency, vasectomy or reversal of vasectomy, sterilization or reversal of sterilization or surrogacy.
 3. Abortions, except to save the life of the mother and Therapeutic Termination of Pregnancy.
 4. For diagnosis and/ or treatment of fungal, viral or bacterial skin infection or inflammatory skin conditions. These include but are not limited to dermatitis, acne, rosacea, hives, rash, eczema, psoriasis, folliculitis, moles, warts, skin tags, herpes (including without limitation HSV-1 and HSV-2), carbuncle, furuncle, diseases of sebaceous glands, seborrhea, and hypertrophic and atrophic conditions of skin.
 5. For non-surgical care, diagnosis and/or treatment or supplies for the feet, including without limitation, orthopedic shoes, orthopedic prescription devices to be attached to or placed in shoes, treatment of weak, strained, flat, unstable or unbalanced feet, metatarsalgia, bone spurs, hammer toes or bunions, corns, calluses or toenails.
 6. For Accidental Death and/or Accidental Dismemberment resulting from or relating, directly or indirectly, or where there is a contribution from any of the following: (a) bodily or mental infirmity, Illness or disease; or (b) infection, other than infection occurring simultaneously with and as a direct result of the Accidental Injury.
 7. For weight modification or any Inpatient, Outpatient, Surgical Procedure, prescription or other treatment of obesity (including without limitation, morbid obesity), including without limitation, diagnostic tests and procedures, wiring of the teeth, all forms or procedures of bariatric Surgery, by whatever name called, or reversal thereof, including without limitation, intestinal bypass, gastric bypass, gastric banding, vertical banded gastroplasty, biliopancreatic diversion, duodenal switch or stomach reduction or stapling.
 8. For modifications of the physical body in order to change or improve or attempt to change or improve the psychological, mental or emotional well-being of the Insured Person, including without limitation, sex-change Surgery and Surgery relating to sexual performance or enhancement thereof.
 9. For eyeglasses, contact lenses, hearing aids or hearing implants and for any diagnostic test or procedure, treatment, service or supply, or examination or fitting related to these devices or for eye refraction for any reason.
 10. For orthoptics, visual eye training and eye Surgery, such as radial keratotomy, when the primary purpose is to correct nearsightedness, farsightedness, astigmatism.
 11. For diagnosis and/or treatment of the temporomandibular joint, including without limitation, TMJ syndrome, craniomandibular syndrome, chronic TMJ pain, orthognathic Surgery, Le-Fort Surgery or splint.

12. For diagnosis and/or treatment of venereal disease, including all Sexually Transmitted Diseases and conditions.
13. For Routine Physical Exams and treatment, including without limitation, vaccinations, immunizations, annual check-ups, the issue of medical certificates and attestations, and examinations as to suitability for employment or travel. This exclusion does not apply to routine care provided to Newborns, or immunizations covered under the plans indicated in the Schedule of Benefits and Limits.
14. For an Insured Person who was HIV+ on or before the Initial Certificate Effective Date, whether or not the Insured Person had knowledge of their HIV status prior to the Certificate Effective Date, and incurred in relation to or arising or resulting directly or indirectly from HIV, AIDS virus, AIDS related illnesses, ARC Syndrome, AIDS and/or any other illness arising or resulting from any complications or consequences of any of the foregoing.
15. Testing for HIV seropositivity to the AIDS virus, AIDS related illnesses, ARC Syndrome and/or AIDS.
16. For diagnostic tests and/or procedures, treatment, services or supplies that are not Medically Necessary, whether or not administered by or under the supervision of Physician, and products that can be purchased without a Physician's prescription.
17. For Surgeries, treatments, services or supplies for cosmetic or aesthetic reasons, except for reconstructive Surgery when such Surgery is Medically Necessary and directly related to and/or follows Surgery which was covered hereunder.
18. For diagnosis and/or treatment of any sleep disorder, including without limitation, sleep apnea and insomnia.
19. Treatment required as a result of complications or consequences of a treatment or condition not covered hereunder.
20. All charges resulting from or relating, directly or indirectly, to pregnancy, including without limitation, pre-natal care, delivery, post-natal care, care of Newborns, complications of pregnancy, miscarriage, complications of delivery and/or complications related to Newborns are excluded for Insured Persons under the plans indicated in the Schedule of Benefits and Limits.
21. All charges resulting from or relating, directly or indirectly, to Pregnancy, including without limitation, pre-natal care, delivery, post-natal care, care of Newborns, complications of Pregnancy, miscarriage, complications of delivery and/or complications related to Newborns are excluded for Insured Persons under Economy Plus, Business Class, and First Class unless conception occurs during the Certificate Period.
22. All charges related to care of Newborns are excluded unless the Delivery of the Newborn is covered hereunder.

E. Provider-oriented Exclusions

1. For cryogenic preservation and implantation or re-implantation of living cells.
2. For or in relation to organ or tissue or other transplants and/or related services and supplies.
3. For any efforts to keep a donor alive for a transplant procedure.
4. For telephone consultations, except Virtual Medicine Consultations through an approved telemedicine protocol system, or failure to keep a scheduled appointment.
5. For Surgeries, treatments, services or supplies that are Investigational, Experimental or for Research Purposes.
6. Incurred while confined primarily to receive Custodial Care.
7. For Educational or Rehabilitative care that specifically relates to training or retraining an Insured Person to function in a normal or near-normal manner. Such care may include, but is not limited to, job or vocational training, counseling, occupational therapy and speech therapy.
8. For speech, vocational, occupational, biofeedback, acupuncture, recreational, sleep or music therapy, holistic care of any nature, massage and kinesiotherapy.
9. For services, supplies, or treatment for hair loss, including without limitation, wigs, hair transplants or any drug that promises to promote hair growth, whether or not prescribed by a Physician.
10. For exercise and/or fitness programs or equipment, whether or not prescribed or recommended by a Physician.
11. For Hospice care.
12. For or related to genetic medicine, genetic testing, surveillance testing and/or wellness screening procedures for genetically predisposed conditions indicated by genetic medicine or genetic testing, including but not limited to amniocentesis, genetic screening, risk assessment, preventative and prophylactic Surgeries recommended by genetic testing and/or any procedures used to determine genetic pre-disposition, provide genetic counseling, or administration of gene therapy.
13. For testing that attempts to measure aspects of an Insured Person's mental ability, intelligence, aptitude, personality and stress management. Such testing may include, but is not limited to, psychometric, behavioral and educational testing.
14. For any artificial or mechanical devices designed to replace human organs temporarily or permanently after termination of Inpatient status.
15. For nonprescription drugs, medicines, vitamins, food extracts, or nutritional supplements; IV vitamin or herbal therapy, drugs or medicines not approved by the United States Food and Drug Administration or which are considered 'off-label' drug use, and for drugs or medicines not prescribed by a Physician.
16. Emergency Room treatment of a non-Emergency condition.
17. Specialty Medications.

F. Geographic Exclusions

1. Resulting from or relating, directly or indirectly, to epidemics, pandemics, public health emergencies, Natural Disasters or other disease outbreak conditions that may affect a person's health that are sustained and/or incurred in a location, post, area, territory or country for which a US Department of State Level 4 (do not travel) warning was issued or in effect within the thirty (30) days prior to the Insured Person's arrival to said location, post, area, territory or country. This exclusion does not apply to claims resulting from Covid 19 (including viral mutations) if the Insured Person has been fully vaccinated based on the current recommendations by the US Centers for Disease Control and Prevention (CDC) prior to their arrival to said location, post, area, territory or country.
2. Resulting from or relating directly or indirectly to epidemics, pandemics, public health emergencies, Natural Disasters or other disease outbreak conditions that may affect a person's health when, on or subsequent to the Insured Person's arrival to the affected location, the US Department of State issued a Level 4 (do not travel) warning, and the Insured Person fails within a reasonable time, based on availability of appropriate transportation, and in no event more than fifteen (15) days (unless approved in advance by Underwriters) or refuses to heed such warning and thereafter remains in the affected location. This exclusion does not apply to claims resulting from Covid 19 (including viral mutations) if the Insured Person has been fully vaccinated based on then current recommendations by the US Centers for Disease Control and Prevention (CDC) prior to their arrival to said location, post, area, territory or country.
3. In circumstances, as described in items 1. and 2. above, where Underwriters are providing coverage for claims resulting from Covid 19, such coverage shall terminate on the next natural expiration date for the Insured Person and no extensions of coverage beyond the Insured Person's next natural expiration date shall be granted.
4. Notwithstanding items 1., 2. and 3. above, Underwriters may, at their sole discretion and with no less than 15 days advance written notice to the Participating Organization and the Insured Person, require the Insured Person depart the location of a US Department of State Level 4 (do not travel) warning in the event the Underwriter determines that as a result of the epidemic, pandemic, public health emergency, Natural Disaster or other disease outbreak conditions, the medical facilities available to Insured Persons are no longer able to provide routine medical services and supplies to its patients.
5. Incurred in the Insured Person's Home Country, except Eligible Medical Expenses incurred during a covered Benefit Period or Incidental Trip Home..

G. Activity-oriented Exclusions

1. Resulting from or occurring during the commission of a violation of law by the Insured Person, including without limitation, the engaging in an illegal occupation or act, but excluding minor traffic violations.
2. Resulting or relating, directly or indirectly, from an Insured Person's operation of any motorized vehicle without possession of a valid motor vehicle operator's license (except while participating in a drivers' education program), or otherwise not in compliance with applicable laws and regulations including requirements for vehicle registration, insurance and protective gear.
3. Resulting or relating, directly or indirectly, from an Insured Person entering into or alighting from, operating or riding as a passenger any motorized land vehicle not designed primarily for and licensed for (if licensure is required by local authorities) use on public streets and highways.
4. Resulting or relating, directly or indirectly, from an Insured Person entering into or alighting from, operating, or riding as a passenger on any waterborne or submersible vessel not designed primarily for and licensed for (if licensure is required by local authorities) use on public waterways.
5. Resulting or relating, directly or indirectly, from an Insured Person's operation of any vehicle, whether or not motorized, after consumption of intoxicating liquor or drugs in excess of the applicable blood/ alcohol limit, other than drugs taken in accordance with a prescription and as directed by a Physician. For purposes of this Exclusion, "vehicle" shall include without limitation, motorized devices regardless of whether or not a driver or operator license is required (including watercraft and aircraft) and non-motorized bicycles and scooters for which no permit or license is required.
6. For travel, meals, transportation and/or accommodations except as expressly provided herein.
7. Resulting or relating, directly or indirectly, from the Insured Person's participation in Contact Sports unless the Contact Sport is undertaken as a School Sport and the Insured Person is covered under the plans indicated in the Schedule of Benefits and Limits.
8. Resulting or relating, directly or indirectly, from the Insured Person's participation in Amateur Athletics. This exclusion does not apply to:
 - a. Amateur Athletics undertaken as a School Sport under Economy Plus, Business Class and First Class.
 - b. Recreational downhill or cross-country snow skiing, provided such activity is not in violation of applicable laws, rules or regulations or away from prepared and marked inbound, patrolled territories or against the advice of the local ski school or local authoritative body.
 - c. Recreational Scuba-diving or sub-aqua pursuits to depths of less than 10 meters (Exclusions 15,

- 16, 27 and 18 do apply) if the Insured Person is certified by a recognized certifying agency and/or is accompanied by a qualified instructor.
9. Resulting or relating, directly or indirectly, from the Insured Person's participation in Professional Athletics.
 10. Resulting or relating, directly or indirectly, from the Insured Person's participation in Extreme Sports.
 11. Resulting or relating, directly or indirectly, from the Insured Person's participation in Adventure Sports, except as follows:
 - a. If the Insured Person has purchased the Adventure Sports option.
 - b. This Exclusion does not apply to recreational downhill or cross-country snow skiing or snowboarding providing such activity is not in any violation of applicable laws, rules or regulations or away from prepared and marked in-bound, patrolled territories or against the advice of the local ski school or local authoritative body.
 - c. This Exclusion does not apply to recreational Scuba-diving or sub-aqua pursuits to depths of less than 10 meters (Exclusions 15, 16, 17 and 18 do apply).
 12. Resulting or relating, directly or indirectly, from the Insured Person's participation in any sports or athletic or recreational activity undertaken against the advice or direction of any local authority or any qualified instructor or contrary to the rules, recommendations and procedures of a recognized governing body for the activity.
 13. Resulting or relating, directly or indirectly, from the Insured Person's participation in any activity undertaken in disregard or against the recommendations of a Physician or other healthcare professional.
 14. Resulting or relating directly or indirectly, from an Insured Person's participation in any Scuba-diving or sub-aqua pursuits if, during the immediately preceding twelve-month period the Insured Person has been treated as an Inpatient for any Mental Health Disorder, is on the waiting list or is scheduled for Inpatient treatment in a Hospital or any other medical facility, is Pregnant or has been given a terminal prognosis. This exclusion applies to all Insured Person's, including Insured Persons under the Adventure Sports option.
 15. Resulting or relating directly or indirectly from the Insured Person's participation in any athletic activity, including but not limited to Adventure Sports, involving any type of competition or record-breaking or training for such.
 16. Resulting or relating directly or indirectly from an Insured Person's participation in Scuba Diving or sub-aqua pursuits where a speargun or similar device is carried or used.
 17. Resulting or relating directly or indirectly from an Insured Person's participation in Scuba Diving or sub-aqua pursuits at night.

H. Dental Exclusions

1. For Dental Treatment, except as expressly provided for herein.
2. Resulting or relating, directly or indirectly, from wear and tear of teeth due to cavities and/or chewing or biting down on hard objects such as, but not limited to, pencils, ice cubes, nuts, popcorn and hard candies.
3. For Treatment of a Dental Injury without associated face, skull, neck and/or jaw Injury or that can be evaluated and treated in a Dental office.
4. For Dental Treatment relating, directly or indirectly, to oral care and maintenance, including without limitation, tooth repair by fillings, root canals, tooth removals and x-rays.

I. Personal Liability Exclusions

The Insured Person shall have no benefits or coverages for and Underwriters shall have no liability or obligation of any kind to pay or reimburse the Insured Person or any third person for, any charges, fees (including attorneys' fees), costs, expenses, damages, losses, judgments, claims or other liabilities incurred or sustained by or assessed against the Insured Person or any third person, if directly or indirectly relating to, arising from or in connection with any of the following acts, omissions, events, conditions, charges, consequences, occurrences or circumstances, all of which are expressly excluded from coverage under this insurance and all of which Underwriters will provide no benefits or coverages for and shall have no liability or obligation for same, and Underwriters will not pay or reimburse the Insured Person or any third person for any claims of any kind arising directly or indirectly from, happening through or as a consequence of:

1. Any damages, losses or claims caused in whole or in part by the Insured Person during any hunt or as a result of hunting.
2. Any criminal, fraudulent, deceptive, willful, reckless, malicious, or other unlawful acts or omissions committed the Insured Person or any acts or omissions committed by the Insured Person in connection with the violation or breach of any laws, statutes, ordinances, legal orders, rules or regulations to which the Insured Person is subject or by which the Insured Person is bound.
3. Any loss, damage, or claim arising or resulting from the use of any firearms, fireworks, explosives, welding equipment, propane tanks, or other flammables, deadly weapons, or hazardous implements.
4. The pursuit of any trade, business, profession, or employment activity.
5. Ownership, possession, control, or occupation of any land or building.
6. Ownership, possession, control, or use of any automobile, motorcycle, ATV, off-road vehicle, watercraft, aircraft, parachute, parasail, glider, or any other motorized, gravity induced, or self-propelled vehicle or craft of any kind;

7. Resulting from any fire, flood, wind, hail, water leak, gas leak, explosion, or other catastrophe or loss occurring in or about the residence or premises of any Relative, or in or about the residence or any other premises of which the Insured Person is the owner, lessee, invitee, licensee, occupant, or resident, or in or about any residence or premises which are contiguous or adjacent to any of the foregoing residences or premises.
8. The consequences of any breach, violation, or failure to perform any contractual undertakings or obligations of the Insured Person whether verbal or in writing.
9. Criminal or disciplinary proceedings, charges, arrests, indictments, or arraignments of any kind.
10. Shoplifting, vandalism, theft, conversion, misappropriation, public drunkenness, fighting or brawling, arson, or any malicious or intentional activity resulting in personal injury or destruction of property.
11. Gross negligence, fraud, bad faith, assault and battery, domestic disputes, and all other intentional torts or actions based or sounding in tort without regard to how named or presented.
12. Any collusion, conspiracy, deceit, or other fraudulent scheme or artifice to defraud or other fraudulent means or methods.
13. Fines, penalties, assessments, or claims by any governmental authorities or regulatory bodies including traffic fines or traffic violations or parking tickets, and the costs, fees, or expenses incurred by the Insured Person as a witness, custodian, or in any other non-party status in connection with responding to any order to appear in court, subpoena, subpoena duces tecum, notice of deposition, or any other nonparty legal or administrative proceeding or activity.
14. All non-compensatory damages including, without limitation, damages imposed as a punishment, punitive or exemplary damages, consequential damages, lost profits, criminal damages, excessive damages, expectancy damages, incidental damages, liquidated damages, presumptive damages, prospective damages, special damages, speculative damages, statutory damages, double, treble or other multiples of damages, and/or unliquidated damages, and all claims and damages for pain and suffering, loss of consortium, physical discomfort, mental or emotional distress, trauma, disfigurement, dismemberment, loss of use, or scarring.
15. Contractual or employer's liability or worker's compensation claims.
16. Animals or pets belonging to the Insured Person or any Relative, or in the care, custody, or control of the Insured Person or any Relative.
17. Intentionally committed acts caused or brought about by the Insured Person.
18. Arising or occurring while the Insured Person is, to any extent, under the influence of alcohol or drugs or due to the Insured Person's use of drugs, prescription medicines, narcotics, or tranquilizers not medically prescribed for the Insured Person by a licensed Physician.
19. Caused by the Insured Person's suicide or attempted suicide.
20. The Insured Person's participation in gambling, gaming, or betting of any kind.
21. The Insured Person's participation in any fights, brawls, criminal activity, or other unlawful activity.
22. During the practice or participation of sports, recreational endeavors, or athletics either as a professional, amateur or novice, unless performed solely for recreational purposes or during high school activities.
23. Contact Sports, Extreme Sports, Adventure Sports, School Sports or Professional Sports.
24. Occurring when the Insured Person is a passenger in an aircraft other than a commercial aircraft.
25. War, Hostilities, and War-Like Operations.
26. Thermal, mechanic, radioactive, and other effects due to any modification of the atomic structure of matter or the artificial acceleration of atomic particles or due to radiation from radio-isotopes or the use of nuclear or chemical materials.
27. Judgments or damage awards that have not been ordered, declared, or entered within twelve (12) months from the date of the act, omission, occurrence, or event causing personal injury or property damage or within twelve (12) months from the date of termination of coverage under the Certificate, whichever is earlier;
28. Any lawsuit, claim for benefits, enforcement action, complaint, or other civil or administrative proceeding of any kind brought by or on behalf of the Insured Person or any third person or Relative against Underwriters or the Plan Administrator including, without limitation, any lawsuit or proceeding alleging breach of contract, bad faith, or any tortious conduct of any kind, seeking equitable or declaratory relief, or otherwise seeking the recovery, enforcement or effectuation of any benefits or coverages under this Insurance.
29. Any loss, personal injury, property damage, or other claim arising or resulting from any act, omission, failure to act, event or other occurrence committed or occurring at any time prior to or subsequent to the Certificate Period,
30. Any personal injury, medical expense, damage or other loss suffered by a Relative except for damage to a Relative's personal property, which shall be limited to a maximum of \$2,500 and subject to the Deductible set forth in the Schedule of Benefits and Limits.