



ISI ADVANTAGESM

International Student Health Insurance



*Committed
to you!*

Underwritten by SiriusPoint Speciality Insurance Corporation
Rated A- (excellent) by A.M. Best and A- by Standard & Poor's
Administered by IMG® (International Medical Group®)



INTERNATIONAL
STUDENT
INSURANCE

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Notice

For further information on this Plan, visit <https://www.internationalstudentinsurance.com/isi-advantage>

Please keep this summary as a brief description of the important features of the plan. It is not a contract of insurance. 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 certificate of insurance online ([ISI Advantage Standard Plan](#), [ISI Advantage Platinum Plan](#)). The certificate contains a complete description of all of the terms, conditions, and exclusions of the insurance plan as underwritten by Sirius Specialty Insurance Corporation. 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 benefits required by, PPACA. On January 1, 2014, PPACA requires United States citizens, United States nationals and resident-alien to obtain PPACA compliant insurance coverage unless they are exempt from PPACA. Penalties may be imposed on persons who are required to maintain PPACA compliant coverage but do not do so.

Eligibility to purchase or renew this product, or its terms and conditions, may be modified or amended based upon changes to applicable law, including PPACA. Please note that it is solely your responsibility to determine if PPACA is applicable to you and the Company and IMG shall have no liability whatsoever, including for any penalties that you may incur, for your failure to obtain required PPACA compliant coverage.

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



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 should be filled at any available pharmacy and paid upfront directly to the pharmacy. Please keep copies of all your receipts and the prescription label and submit those to the claims team, along with a completed claim form for processing.



Doctors/Hospitals

In the USA 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 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 and claims will be submitted to the claims team for processing.

Outside of the USA, you are allowed to visit any provider of your choice.



Telemedicine

You are free to use any telemedicine provider of your choice to seek medical care. Please pay the provider directly and keep copies of all your receipts and submit those to the claims team for processing and reimbursement as per the plan policy conditions and exclusions.

A few popular telemedicine providers are:

- [Teladoc](#)
- [MeMD](#)
- [MDLive](#)

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, or within 5 days after the plan has started. After the 5-day review period of your policy starting, there is a \$50 cancellation fee and any whole unused months will be refunded to you. No refunds are possible if claims are filed against the policy.

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.

Eligibility

If an Insured Person is not eligible, this Certificate is void ab initio and all Premium paid will be refunded. In order to be eligible and qualified for coverage under this insurance, a person must meet all of the following requirements:

1. Be an active Participant, Spouse of the Participant, or Children traveling with the Participant and residing outside his/her primary Country of Residence for a temporary period of time, and if Destination Country is the United States, Insured Person must hold one of the following visa types: F1/F2, J1/J2, M1/M2 or A1/A2
2. Be at least thirty-one (31) days old but not yet sixty-five (65) years old
3. Complete and sign an Application as the Insured Person (or be listed thereon by proxy as an applicant and proposed Insured Person), and/or as the Insured Person's Spouse and/or Child
4. On the Effective Date and on subsequent renewal dates, be physically and legally residing in the Destination Country with the intent to reside there for at least thirty (30) days
5. Pay the required Premium on or before the Effective Date of Coverage
6. Receive written acceptance of his/her Application or renewal from the Company

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 as of 12:01 AM U.S. Eastern Time as of the next day following the end of the coverage period for which Premium has been fully paid.

Maximum Enrollment Term

The maximum total coverage period for any one Covered Person cannot exceed 365 days per policy period. Coverage is renewable for up to sixty (60) months.

Claims

Information

In-Network Claims

When seeking medical care within the UnitedHealthcare Network in the USA, 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 due to an accident, you'll also need to complete the accident questionnaire.
3. For improved user experience, communication, and efficiency, we recommend you submit your claim online via MyIMG. While most IMG products are available for online claims submissions, please continue to use forms and postal submissions for all other products. You can submit your claim form to:

IMG® (International Medical Group®)
P.O.Box 240429, Apple Valley, MN 55124 USA
customercare@imglobal.com

Out-of-Network Claims

If you seek medical care from a provider that is outside the plans provider network or outside the USA, 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. If your visit was due to an accident, you'll also need to complete the accident questionnaire.
3. Attach copies of your bills, receipts, lab charges and prescriptions.
4. For improved user experience, communication, and efficiency, we recommend you submit your claim online via MyIMG. While most IMG products are available for online claims submissions, please continue to use forms and postal submissions for all other products. You can submit your claim form to:

IMG® (International Medical Group®)
P.O.Box 240429, Apple Valley, MN 55124 USA
customercare@imglobal.com

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

	Standard Plan	Platinum Plan
Certificate Period of Coverage	365 Days Maximum Limit	365 Days Maximum Limit
Lifetime Maximum	\$500,000 - Student \$100,000 - Dependent (Spouse/Child)	\$1,000,000 - Student \$100,000 - Dependent (Spouse/Child)
Per Illness/Injury Maximum	\$300,000 - Student \$100,000 - Dependent (Spouse/Child)	\$500,000 - Student \$100,000 - Dependent (Spouse/Child)
	The per Illness or Injury limits accumulate towards the Maximum Limit.	
Area of Coverage	Worldwide excluding Insured Person's Country of Residence	
	Deductible for Eligible Medical Expenses	
Deductible Per Injury or Illness	\$100	\$25 - Inside the USA (PPO Network) \$50 - Inside the USA \$25 - Outside the USA
Student Health Center Copayment Not subject to Deductible Coinsurance 100%	\$5 per visit	\$5 per visit
	Coinsurance for Eligible Medical Expenses In addition to Deductible	
Coinsurance Treatment outside the USA	Plan pays 100% Insured pays 0%	Plan pays 100% Insured pays 0%
Coinsurance Treatment inside the USA	<u>In-Network:</u> Plan pays 100% Insured pays 0% <u>Out-Network:</u> Plan pays 80% Insured pays 20%	<u>In-Network:</u> Plan pays 100% Insured pays 0% <u>Out-Network:</u> Plan pays 80% Insured pays 20%

All coverage and benefits in the plan are in United States (U.S.) dollars. Benefits are subject to the exclusions and limitations and are payable only at Usual, Reasonable and Customary charges. This is a summary of a selection of plan benefits offered only as an illustration and does not supersede in anyway the Certificate of Insurance and governing policy documents (together the "Insurance Contract"). The Insurance Contract is the only source of the actual benefits provided.

	Pre-certification/ Pre-existing Conditions	
Pre-certification	<ul style="list-style-type: none"> • Interfacility Ambulance Transfer: No coverage if Pre-certification requirements are not met. • Emergency Medical Evacuation: No coverage if not approved by the Company. Refer to the EMERGENCY MEDICAL EVACUATION provision for complete requirements and coverage. • Maternity: 50% reduction of Eligible Medical Expenses if Pre-certification requirements are not met. • All other Treatments & supplies: 50% reduction of Eligible Medical Expenses if Pre-certification requirements are not met. • Deductible is taken after reduction. • Coinsurance is applied to remainder of the reduced amount. • Refer to PRE-CERTIFICATION REQUIREMENTS provision for a complete list of services that require Pre-certification. 	
Pre-existing Conditions	Charges are excluded until the Insured Person has maintained 12 months of continuous coverage under this insurance.	Charges are excluded until the Insured Person has maintained 6 months of continuous coverage under this insurance.
	Inpatient or Outpatient Services Subject to Deductible and Coinsurance unless otherwise noted Eligible Medical Expenses are limited to Usual, Reasonable and Customary Limits per Period of Coverage unless stated as Maximum Limit	
Eligible Medical Expenses	Up to the Period of Coverage limit	
Physician/ Specialist Visit	Up to the Period of Coverage limit Maximum Visits per day: 1 Surgery is not subject to the Maximum visit limit	
Hospital Emergency Room	Up to the Period of Coverage limit Injury: Not subject to Emergency Room Deductible Illness: Subject to a \$250 Deductible for each Emergency Room visit for Treatment that does not result in a direct Hospital admission.	
Hospitalization/ Room & Board	Up to the Period of Coverage limit Average semi-private room rate Includes nursing, miscellaneous and Ancillary Services	
Intensive Care	Up to the Period of Coverage limit	
Outpatient Surgical/ Hospital Facility	Up to the Period of Coverage limit	
Laboratory	Up to the Period of Coverage limit	
Radiology/X-Ray	Up to the Period of Coverage limit	

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only at Usual, Reasonable and Customary charges. This is a summary of a selection of plan benefits offered only as an illustration and does not supersede in anyway the Certificate of Insurance and governing policy documents (together the "Insurance Contract"). The Insurance Contract is the only source of the actual benefits provided.

Chemotherapy / Radiation Therapy	Up to the Period of Coverage limit	
Pre-admission Testing	Up to the Period of Coverage limit	
Surgery	Up to the Period of Coverage limit	
Reconstructive Surgery	Up to the Period of Coverage limit Surgery is incidental to or follows Surgery that was covered under the plan	
Assistant Surgeon	Up to the Period of Coverage limit 20% of the primary surgeon's eligible fee	
Anesthesia	Up to the Period of Coverage limit	
Maternity and Newborn Care	No Coverage	\$5,000 Maximum Limit Pre-natal care, delivery of a Newborn, and post-natal care of an Insured Person, including complications Newborn routine care during the first 31 days of life
Durable Medical Equipment	Up to the Period of Coverage limit	
Chiropractic Care	Up to the Period of Coverage limit Medical order or Treatment plan required	
Physical Therapy	Up to the Period of Coverage limit Maximum Visits per day: 1 Medical order or Treatment plan required	
Extended Care Facility	Up to the Period of Coverage limit Upon direct transfer from acute care Hospital	
Home Nursing Care	Up to the Period of Coverage limit Provided by a Home Health Care Agency Upon direct transfer from acute care Hospital	

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	Prescription Drugs and Medication Subject to Deductible and Coinsurance unless otherwise noted Eligible Medical Expenses are limited to Usual, Reasonable and Customary Limits per Period of Coverage	
Prescription Drugs and Medication	\$250,000 per person - Primary Insured \$100,000 per person - Spouse/Child Inpatient and Outpatient Surgery, Emergency Room, and Outpatient Office Visits Prescription Drugs and Medication: Up to the Period of Coverage Limit Retail Pharmacy Prescription Drugs and Medication: 50% coverage, 90 day dispensing maximum	
	Mental or Nervous / Substance Abuse Subject to Deductible and Coinsurance unless otherwise noted Eligible Medical Expenses are limited to Usual, Reasonable and Customary Limits per Period of Coverage unless stated as Maximum Limit	
Inpatient Mental or Nervous / Substance Abuse	\$10,000 Maximum Limit Not covered if incurred at the Student Health Center	
Outpatient Mental and Nervous / Substance Abuse	\$500 Maximum Limit, \$50 Maximum Limit per Day Not covered if incurred at the Student Health Center	
	Emergency Services NOT Subject to Deductible and Coinsurance unless otherwise noted Eligible Medical Expenses are limited to Usual, Reasonable and Customary Limits per Period of Coverage unless stated as Maximum Limit	
Emergency Local Ambulance	\$350 Period of Coverage Limit per Injury \$350 Period of Coverage Limit per Illness (resulting in an Inpatient Hospitalization for illness)	\$750 Period of Coverage Limit per Injury \$750 Period of Coverage Limit per Illness (resulting in an Inpatient Hospitalization for illness)
Emergency Medical Evacuation	\$500,000 Maximum Limit Must be approved in advance and coordinated by the Company	
Emergency Reunion	\$50,000 Maximum Limit Maximum Days: 15 Meal Maximum per day: \$25 Reasonable and necessary travel costs and accommodations Must be approved in advance by the Company	

All coverage and benefits in the plan are in United States (U.S.) dollars. Benefits are subject to the exclusions and limitations and are payable only at Usual, Reasonable and Customary charges. This is a summary of a selection of plan benefits offered only as an illustration and does not supersede in anyway the Certificate of Insurance and governing policy documents (together the "Insurance Contract"). The Insurance Contract is the only source of the actual benefits provided.

Interfacility Ambulance Transfer	Up to the Period of Coverage limit Up to the per Injury or Illness limit Services rendered in the United States Transfer must be a result of an Inpatient Hospital admission
Political Evacuation and Repatriation	\$10,000 Maximum Limit Must be approved in advance and coordinated by the Company
Return of Mortal Remains	\$50,000 Maximum Limit Local Burial / Cremation at place of death Maximum Limit: \$5,000 Return of Insured Person's Mortal Remains to Country of Residence Must be approved in advance by the Company
Repatriation for Medical Treatment	\$100,000 Maximum Limit
	Other Services Subject to Deductible and Coinsurance unless otherwise noted Eligible Medical Expenses are limited to Usual, Reasonable and Customary Limits per Period of Coverage unless stated as Maximum Limit
Accidental Death & Dismemberment	\$25,000 Principal Sum - Insured Person \$10,000 Principal Sum - Spouse \$5,000 Principal Sum - Child Not subject to Deductible and Coinsurance Death must occur within 90 days of the Accident Dismemberment: Sight of 1 eye - 50% Principal Sum 1 hand or 1 foot - 50% Principal Sum 1 hand and loss of sight of 1 eye - 100% Principal Sum 1 foot and loss of sight of 1 eye - 100% Principal Sum 1 hand and 1 foot - 100% Principal Sum Both hands or both feet - 100% Principal Sum Sight of both eyes - 100% Principal Sum
Dental Treatment	Period of Coverage Limit: \$350 (Treatment due to Unexpected pain to sound, natural teeth) Period of Coverage Limit per Injury: \$500 (Non-emergency Treatment at a Dental Provider due to an Accident)
Traumatic Dental Injury	Up to the Period of Coverage limit Treatment at a Hospital Facility due to an Accident Additional Treatment for the same Injury rendered by a Dental Provider will be paid at 100%
Incidental Trip	Up to the Period of Coverage limit Maximum days: 14 Country of Residence is outside the United States Refer to the INCIDENTAL TRIP provision for further details
Intercollegiate, Interscholastic, Intramural, and Club Sports	\$5,000 Period of Coverage Limit per Illness or Injury

Personal Liability	\$10,000 combined maximum limit. Injury to a third person: \$100 per injury deductible. Damage to a third person's property: \$100 per damage deductible. Secondary to any other insurance No coverage for Injury to a related Third Party or damage to related Third Person's property Refer to the PERSONAL LIABILITY provision for further details and requirements
Terrorism	\$50,000 Maximum Limit Not subject to Deductible and Coinsurance

All coverage and benefits in the plan are in United States (U.S.) dollars. Benefits are subject to the exclusions and limitations and are payable only at Usual, Reasonable and Customary charges. This is a summary of a selection of plan benefits offered only as an illustration and does not supersede in anyway the Certificate of Insurance and governing policy documents (together the "Insurance Contract"). The Insurance Contract is the only source of the actual benefits provided.

- This table is a summary of the plan benefits, for full details and policy wording please consult and download a copy of the description of coverage
 - [ISI Advantage Standard Plan](#)
 - [ISI Advantage Platinum Plan](#)
- 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

Standard Plan

Worldwide, including the USA

Monthly rates

	Student	Spouse	Child
Under 19 years old	\$72	\$377	\$90
19-23 years old	\$94	\$377	\$90
24-30 years old	\$110	\$418	\$90
31-40 years old	\$198	\$557	\$90
41-50 years old	\$321	\$575	\$90
51-64 years old	\$429	\$557	\$90

Worldwide, excluding the USA

Monthly rates

	Student	Spouse	Child
Under 19 years old	\$56	\$329	\$68
19-23 years old	\$63	\$329	\$68
24-30 years old	\$83	\$359	\$68
31-40 years old	\$126	\$479	\$68
41-50 years old	\$204	\$491	\$68
51-64 years old	\$272	\$479	\$68

Optional Add-On Rider

- Adventure sports - up to \$50,000 maximum limit
- Please visit our website to run a quote and for more information.

Optional Mobile Device Protection Rider

- Coverage for repair or replacement of your cell phone if it is lost, stolen or accidentally damaged on your trip.
- Please visit our website to run a quote and for more information.

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

<https://www.internationalstudentinsurance.com/student-health-advantage/apply/>

Platinum Plan

Worldwide, including the USA

Monthly rates

	Student	Spouse	Child
Under 19 years old	\$219	\$1,169	\$248
19-23 years old	\$288	\$1,169	\$248
24-30 years old	\$333	\$1,291	\$248
31-40 years old	\$597	\$1,719	\$248
41-50 years old	\$976	\$1,777	\$248
51-64 years old	\$1,303	\$1,719	\$248

Worldwide, excluding the USA

Monthly rates

	Student	Spouse	Child
Under 19 years old	\$173	\$1,017	\$187
19-23 years old	\$191	\$1,017	\$187
24-30 years old	\$251	\$1,112	\$187
31-40 years old	\$275	\$1,482	\$187
41-50 years old	\$619	\$1,522	\$187
51-64 years old	\$820	\$1,482	\$187

Optional Add-On Rider

- Adventure sports - up to \$50,000 maximum limit
- Please visit our website to run a quote and for more information.

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

<https://www.internationalstudentinsurance.com/student-health-advantage/apply/>

Policy

Exclusions

Except as expressly provided for in the BENEFIT SUMMARY, all Charges, costs, expenses and/or claims incurred by the Insured Person, and any claim for death or dismemberment benefits, and directly or indirectly relating to or arising or resulting from or in connection with any of the following acts, omissions, events, conditions, Charges, consequences, claims, Treatment (including diagnoses, consultations, tests, examinations and evaluations related thereto), services and/or supplies are expressly excluded from coverage under this insurance, and the Company shall provide no benefits or reimbursements and shall have no liability or obligation for any coverage thereof or therefor:

1. **ECONOMIC SANCTIONS:** The Company will not cover any person as an Insured Person if such cover would result in the Company being exposed 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 the United States of America.
2. **WAR; MILITARY ACTION:** The Company shall not be liable for and will not provide coverage or benefits for any claim or Charges incurred with respect to any Illness, Injury, death and dismemberment, or other consequence, whether directly or indirectly, proximately or remotely occasioned by, contributed to by, or traceable to or arising or incurred in connection with or as a result of any of the following acts or occurrences:
 - 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, insurgency, 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 of the Government de jure or de facto or to the influencing of it by violence of any type
 - 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).

Any claim, Charges, Illness, Injury or other consequence happening or 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 said occurrences shall be deemed and considered to be consequences for which the Company shall not be liable under the Master Policy or this Certificate, except to the extent that the Insured Person shall prove that such claim, Charges, Illness, Injury or other consequence happened independently of the existence of such abnormal conditions and/or occurrences.

3. **TERRORISM:** The Company shall not be liable for and will not provide coverage or benefits in excess of the amount shown in the BENEFIT SUMMARY for any claim or Charges, Illness, Injury or other consequence, whether directly or indirectly, proximately or remotely occasioned by, contributed to by, or traceable to or arising in connection with any act of Terrorism. Further, the Company shall not be liable for and will not provide any coverage or benefits for any claim, Charges, Illness, Injury or other consequence, whether directly or indirectly, proximately or remotely occasioned by, contributed to by, or 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 was issued or in effect on or within six (6) months prior to the Insured Person's date of arrival in 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 becomes effective or is in effect on or after the Insured Person's date of arrival in said location, post, area, territory or country, and the Insured Person unreasonably fails or refuses to heed such warning and thereafter remains in said location, post, area, territory or country.
4. **PRE-EXISTING CONDITIONS:** Charges resulting directly or indirectly from or relating to any Pre-existing Condition, (whether physical or mental, regardless of the cause of the condition) are excluded from coverage under this insurance until the Insured Person has maintained coverage under this insurance plan continuously for at least six (6) or twelve (12) months - depending on your selected plan.
5. **MATERNITY AND NEWBORN CARE:**
 - a) **Standard Plan:** All charges for pre-natal care, delivery, post-natal care, and care of Newborns, including complications of Pregnancy, miscarriage, complications of delivery and/or of Newborns, the Pregnancy is a result of in vitro fertilization (IVF),

- artificial insemination or conception was the direct result of infertility Treatment received by the Insured Person, the Spouse of the Insured Person or the father of the Newborn are excluded from this insurance.
- b) Platinum Plan - Charges for pre-natal care, delivery, post-natal care, and care of Newborns, are excluded from this insurance:
 - i) when conception occurred prior to the Effective Date of Coverage; and/or
 - ii) the Pregnancy is not the result of Natural Insemination
 - iii) the Pregnancy is a result of in vitro fertilization (IVF), artificial insemination or infertility Treatment by the Insured Person, Spouse of Insured Person or the father of the Newborn
 - iv) charges incurred by a Newborn or Child after discharge from the Hospital for an ongoing or subsequent Illness or Injury that is a consequence or in vitro fertilization (IVF) Pregnancy, artificial insemination or infertility Treatment by the Insured Person, Spouse of Insured Person or the father of the Newborn
 6. PREVENTATIVE CARE: Charges for Routine Physical Examinations and immunizations are excluded from coverage under this insurance
 7. Charges for any Treatment or supplies that are:
 - a) not incurred, obtained or received by an Insured Person during the Period of Coverage
 - b) not presented to the Company for payment by way of a completed Proof of Claim within one hundred eighty (180) days from the date such Charges are incurred
 - c) not administered or ordered by a Physician
 - d) not Medically Necessary for the diagnosis, care or Treatment of the physical or mental condition involved. This also applies when and if they are prescribed, recommended or approved by the attending Physician
 - e) provided at no cost to the Insured Person or for which the Insured Person is not otherwise liable
 - f) in excess of Usual, Reasonable, and Customary
 - g) related to Hospice care
 - h) incurred by an Insured Person who was HIV + on or before the Initial Effective Date of this insurance, whether or not the Insured Person had knowledge of his/her HIV status prior to the Effective Date, and whether or not the Charges are incurred in relation to or as a result of said status. This exclusion includes Charges for any Treatment or supplies relating to or arising or resulting directly or indirectly from HIV, AIDS virus, AIDS related Illness, ARC Syndrome, AIDS and/or any other Illness arising or resulting from any complications or consequences of any of the foregoing conditions
 - i) provided by or at the direction or recommendation of a chiropractor, unless ordered in advance by a Physician
 - j) performed or provided by a Relative of the Insured Person
 - k) not expressly included in the ELIGIBLE MEDICAL EXPENSES provision
 - l) provided by a person who resides or has resided with the Insured Person or in the Insured Person's home
 - m) required or recommended as a result of complications or consequences arising from or related to any Treatment, Illness, Injury, or supply received prior to coverage under this insurance or that is excluded from coverage or which is otherwise not covered under this insurance
 - n) for Congenital Disorders and conditions arising out of or resulting therefrom
 8. Charges incurred for failure to keep a scheduled appointment
 9. Telehealth or Telemedicine services not considered Medically Necessary as determined by the Company under the plan
 10. Charges incurred for Surgeries, Treatment or supplies which are Investigational, Experimental, and for research purposes
 11. Charges incurred 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, drugs, recombinant adeno-associated virus vector-based gene therapy, and other medication based Treatments associated with diagnosis related to genetic testing and discovery, 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
 12. Charges incurred 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
 13. Charges incurred for Custodial Care
 14. Charges incurred 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
 15. Charges for weight modification or any Inpatient, Outpatient, Surgical or other Treatment of obesity (including without limitation morbid obesity), including without limitation wiring of the teeth and 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
 16. Charges for modification of the physical body in order to change or improve or attempt to change or improve the physical appearance or psychological, mental or emotional well-being of the Insured Person (such as but

- not limited to sex-change Surgery or Surgery relating to sexual performance or enhancement thereof)
17. Charges or Treatment for cosmetic or aesthetic reasons, except for reconstructive Surgery when such Surgery is Medically Necessary and is directly related to and/or follows a Surgery which was covered under this insurance
 18. Elective Surgery or Treatment of any kind
 19. Charges incurred for any Treatment or supply that either promotes or prevents or attempts to promote or prevent conception, insemination (natural or otherwise) or birth, including but not limited to: artificial insemination; oral contraceptives; Treatment for infertility or impotency; vasectomy, or reversal of vasectomy; sterilization; reversal of sterilization; surrogacy or abortion
 20. Charges incurred for any Treatment or supply that either promotes, enhances or corrects or attempts to promote, enhance or correct impotency or sexual dysfunction
 21. Any Illness or Injury sustained while taking part in, practicing or training for: Amateur Athletics; Professional Athletics; or athletic activities that are sponsored by any Governing Body or Authority including but not limited to the National Collegiate Athletic Association, any other collegiate sanctioning or Governing Body or the International Olympic Committee
 22. Any Illness or Injury sustained while taking part in activities designated as Adventure Sports, which are limited to the following: abseiling; BMX; bobsledding; bungee jumping; canyoning; caving; hot air ballooning; jungle zip lining; parachuting; paragliding; parascending; rappelling; skydiving; spelunking; and windsurfing
 23. Any Illness or Injury sustained while taking part in activities designated as Extreme Sports, which include but are in no way limited to the following (and include any combination or derivative of the following): BASE jumping; big game hunting; cave diving; cliff diving; downhill mountain biking and racing; extreme skiing; freediving; free flying; free running; free skiing; freestyle scootering; gliding; heli-skiing; ice canoeing; ice climbing; kitesurfing; mixed martial arts; motocross; motorcycle racing; motor rally; mountaineering above elevation of 4500 meters from ground level; parkour; piloting a commercial or non-commercial aircraft; powerbocking; scuba diving or sub aqua pursuits below a depth of 40 meters; snowmobile racing; truck racing; whitewater kayaking or whitewater rafting Class VI and higher difficulty; and wingsuit flying
 24. Any Illness or Injury sustained while taking part in snow skiing, snowboarding or snowmobiling where the Insured Person is in violation of applicable laws, rules or regulations of a ski resort, out of bounds or in unmarked or unpatrolled areas
 25. Any Illness or Injury sustained while taking part in backcountry skiing
 26. Any Illness or Injury sustained while taking part in skiing off-piste
 27. Any Illness or Injury sustained while taking part in athletic or recreational activities where the Insured Person is not physically or medically fit or does not hold the necessary qualifications to engage in said activities
 28. Any Illness or Injury sustained while taking part in Collision Sports
 29. Any Illness or Injury sustained while participating in any sporting, recreational or adventure activity where such activity is 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 sport or activity
 30. Any Illness or Injury sustained while participating in any activity where such activity is undertaken in disregard of or against the recommendations, Treatment programs, or medical advice of a Physician or other healthcare provider
 31. Any Injury or Illness sustained as a result of being under the influence of or due wholly or partly to the effects of alcohol, liquor, intoxicating substance, narcotics or drugs other than drugs taken in accordance with Treatment prescribed and directed by a Physician but not for the Treatment of Substance Abuse
 32. Any Injury or Illness sustained while operating a moving vehicle after consumption of intoxicating liquor or drugs in excess of the applicable blood/alcohol legal limit, other than drugs taken in accordance with Treatment prescribed and directed by a Physician. For purposes of this exclusion, "vehicle" shall include 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
 33. Any willfully Self-inflicted Injury or Illness
 34. Any sexually transmitted or venereal disease
 35. Any testing for the following when not Medically Necessary: HIV, seropositivity to the AIDS virus, AIDS related Illnesses, ARC Syndrome, AIDS
 36. Any Illness or Injury 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
 37. Biofeedback, acupuncture, music, occupational, recreational, sleep, speech, or vocational therapy
 38. Orthoptics, visual therapy or visual eye training
 39. Any non-surgical Illness or Treatment of 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; and any Treatment or supplies for corns, calluses or toenails; except as otherwise expressly set forth
 40. Hair loss, including without limitation wigs, hair transplants or any drug that promises to promote hair growth, whether or not prescribed by a Physician
 41. Any sleep disorder, including without limitation sleep apnea
 42. Any exercise and/or fitness program or equipment, whether or not prescribed or recommended by a Physician
 43. Any exposure to any non-medical nuclear or atomic radiation, and/or radioactive material(s)
 44. Any organ or tissue or other transplant or related services, Treatment or supplies
 45. Any artificial or mechanical devices designed to replace human organs temporarily or permanently after termination of Inpatient status

46. Any efforts to keep a donor alive for a transplant procedure
47. Any Illness or Injury incurred in the Destination Country, Affected Area or Country of Residence as a result of a Public Health Emergency of International Concern, Epidemic, Pandemic, other disease outbreak, or Natural Disaster, that may affect an Insured Person's health, unless coverage is expressly provided under the PUBLIC HEALTH EMERGENCY provision of this insurance
This exclusion DOES NOT apply to Charges resulting from COVID-19/SARS-CoV-2.
48. Charges incurred for eyeglasses, contact lenses, hearing aids or hearing implants and Charges for any Treatment, supply, examination or fitting related to these devices, or for eye refraction for any reason
49. Charges incurred for eye Surgery, such as but not limited to radial keratotomy, when the primary purpose is to correct or attempt to correct nearsightedness, farsightedness, or astigmatism
50. Charges incurred for Treatment or supplies for temporomandibular joint (TMJ) including but not limited to TMJ syndrome, craniomandibular syndrome, chronic TMJ pain, orthognathic Surgery, Le-Fort Surgery or splints
51. Charges incurred in the Insured Person's Country of Residence, except as otherwise expressly provided for in this insurance
52. Charges incurred for any travel, meals, transportation and/or accommodations, except as otherwise expressly provided for in this insurance
53. Charges or expenses incurred 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 (FDA) or which are considered "off-label" drug use; and for drugs or medicines not prescribed by a Physician
54. Any Treatment for an Illness or Injury requiring an unapproved U.S. Food and Drug Administration (FDA) medical product, services, Surgery, Surgical Procedure, prescription Medication, drug, biological product, Durable Medical Equipment (DME) or device when an Emergency Use Authorization (EUA) is in place issued by the U.S. Food and Drug Administration (FDA)
55. Charges and all costs related to or arising from or in connection with all trips to the Destination Country undertaken for the purpose of securing medical Treatment or supplies
56. Charges incurred for Dental Treatment, except as specifically provided for hereunder
57. Wear and tear of teeth due to cavities and chewing or biting down on hard objects, such as but not limited to pencils, ice cubes, nuts, popcorn, and hard candies
58. Dental Injury without associated face, skull, neck and/or jaws Injury or that can be evaluated and treated in a dental office
59. Dental Treatment for services which provide oral care maintenance including tooth repair by fillings, root canals, tooth removal and x-rays
60. Charges for Treatment of an Illness or Injury for which payment is made or available through a workers' compensation law or a similar law
61. Charges incurred for massage therapy
62. Charges incurred at a Hospital or Facility when the Insured Person checks himself or herself out Against Medical Advice of their Physician or leaves before reaching a Medically Necessary specified endpoint of Treatment
63. Charges incurred for the Worsening of an Illness or Injury after the Insured Person left a Hospital or Facility Against Medical Advice or was a Discharge Against Medical Advice
64. Accidental Death or Dismemberment when the Insured Person's death or dismemberment is caused directly or indirectly by, results from, or where there is a contribution from, any of the following:
 - a) bodily or mental infirmity, Illness or disease
 - b) infection, other than infection occurring simultaneously with, and as a direct result of, the accidental Injury.
65. Bank charges and fees incurred by the Insured Person