

The ISI logo is a white square with the letters 'ISI' in a bold, purple, sans-serif font. The square is slightly offset to the right, revealing a second square underneath it.

ISI

EduAbroad

K-12 Platinum Plan

Group #SISIP00264611



USING YOUR INSURANCE PLAN

If you need to seek medical treatment, please follow these basic guidelines:

1. Seek care appropriately for the condition/situation that you are experiencing.
2. Choose an in-network medical provider to make billing easier.
3. Follow up with any claims, these are your responsibility!

Further information about seeking care is below:



Non-Emergency Care

If you do not have a medical emergency, you **SHOULD** go to a walk-in clinic or local doctor who can assist you with your medical needs. You **SHOULD NOT** go to the Emergency Room (ER).

You can call the assistance team prior to receiving any treatment and they will assist in locating a medical provider, or you can visit the online provider search tool in your student zone. Examples of non-emergency care include cold, flu, minor injuries and sickness.



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.

As with anything, we ask you to use your judgment with a situation. If you feel you need immediate emergency attention, please do not delay and go straight to the Emergency Room. However if you are unsure, or your condition is not severe, then either call the emergency services for assistance or visit a local doctor, urgent care center or walk-in clinic in your area.

Please Note – an additional \$250 Deductible will apply for each Emergency Room visit for an illness which does not result in a direct Hospital admission. Injuries are not subject to the deductible



ID Card

It is extremely important that you carry your insurance ID card with you at all times as this will identify to the provider treating you who your insurance is with. Your ID card will be given to you before you travel and should be kept with you at all times.



Providers

You can search for providers online in your student zone, or you may seek treatment from any provider you wish to visit. In-network providers will be able to submit your claims directly to the claims team for processing, however when you seek care outside of the network, you will need to pay for these services upfront and submit for reimbursement.

If you have been hospitalized, you need to contact the assistance team as soon as possible so they can monitor your medical care and arrange direct payment to the hospital.

Claims

When you seek care from within the plan's network and provide your ID card at the time of treatment, your claims will be sent to the claims team directly for processing.

For claims outside of the network or any prescription medications, you will need to pay the provider, and then submit your itemized bills and receipts to the claims team for processing.

We recommend submitting a claim form for each new injury/illness to speed up processing.

You can download a copy of the claim form from the student zone and submit it securely with your receipts to:

CustomerCare@IMGGlobal.com

or by mail or fax to:

International Medical Group, Inc.
Claims Department
P.O. Box 9162
Farmington Hills, MI 48333-9162
Fax +1 317 655 4505

Student Zone

The student zone is your one-stop resource for information, advice and assistance with your insurance plan.

- Video Overviews
- Healthcare Tips
- Seeking Treatment
- Provider Search
- Claim Forms
- Claims Tracking
- MyDocuments

[Student Zone](#)

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INSURANCE PLAN

BENEFITS

Benefits	Platinum
Maximum Limit per Period of Coverage	\$1,000,000
Maximum Limit Per Illness or Injury	\$500,000 The per Illness or Injury limit accumulates towards the Maximum Limit per Period of Coverage.
Deductible Per Illness or Injury	\$25 In-Network Within United States \$50 Out-of-Network Within United States \$25 International \$5 Co-pay per visit, Student Health Center and Urgent Care Clinic (not subject to deductible)
Coinsurance <ul style="list-style-type: none"> In addition to Deductible 	IMG pays 100% outside the USA IMG pays 100% within PPO network or at the Student Health Center or Urgent Care Clinic IMG pays 80% up to \$1,000, 100% thereafter in the USA, outside of the PPO Network
Pre-existing conditions	After 6 months of coverage
Acute Onset of Pre-Existing Condition	Up to \$25,000
Eligible Medical Expenses	In-Network & International: 100% Out-of-Network: 80%
Physician Visits/Services	In-Network & International: 100% Out-of-Network: 80%
Teladoc Consultation <ul style="list-style-type: none"> Applicable in the United States Not subject to Deductible and Coinsurance Mental or Nervous Disorders are not covered Coverage for a Teladoc Consultation is not a determination that any specific condition discussed, raised or identified during such consultation is covered under this insurance. The Company reserves the right to decline future claims relating to or arising from any condition discussed, raised or identified during a Teladoc Consultation where the Illness or Injury is directly or indirectly related to any Pre-existing Condition or is otherwise excluded under this Certificate of Insurance 	In-Network: 100% Out-of-Network & International: Not Applicable
Hospital Emergency Room <ul style="list-style-type: none"> 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 	In-Network & International: 100% Out-of-Network: 80%

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Hospitalization/Room and Board <ul style="list-style-type: none"> Average semi-private room Includes nursing, miscellaneous and Ancillary Services 	In-Network & International: 100% Out-of-Network: 80%
Intensive Care	In-Network & International: 100% Out-of-Network: 80%
Outpatient Surgical/Hospital Facility	In-Network & International: 100% Out-of-Network: 80%
Laboratory	In-Network & International: 100% Out-of-Network: 80%
Radiology/X-ray	In-Network & International: 100% Out-of-Network: 80%
Chemotherapy/Radiation Therapy	In-Network & International: 100% Out-of-Network: 80%
Pre-admission Testing	In-Network & International: 100% Out-of-Network: 80%
Surgery	In-Network & International: 100% Out-of-Network: 80%
Reconstructive Surgery <ul style="list-style-type: none"> Surgery is incidental to or follows Surgery that was covered under the Plan 	In-Network & International: 100% Out-of-Network: 80%
Assistant Surgeon <ul style="list-style-type: none"> 20% of the primary surgeon's eligible fee 	In-Network & International: 100% Out-of-Network: 80%
Anesthesia	In-Network & International: 100% Out-of-Network: 80%
Durable Medical Equipment	In-Network & International: 100% Out-of-Network: 80%
Chiropractic Care <ul style="list-style-type: none"> Medical order or Treatment plan required 	In-Network & International: 100% Out-of-Network: 80%
Physical Therapy <ul style="list-style-type: none"> Maximum Visits per Day: 1 Medical Order or Treatment plan required 	In-Network & International: 100% Out-of-Network: 80%
Extended Care Facility <ul style="list-style-type: none"> Upon direct transfer from acute care Hospital 	In-Network & International: 100% Out-of-Network: 80%
Home Nursing Care <ul style="list-style-type: none"> Provided by a Home Health Care Agency Upon direct transfer from an acute care Hospital 	In-Network & International: 100% Out-of-Network: 80%
Preventative Care <ul style="list-style-type: none"> Not subject to Deductible and Coinsurance 	\$400 limit per period of coverage In-Network & International: 100% Out-of-Network: 80%

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Prescription Drugs and Medication <ul style="list-style-type: none"> All categories listed under the Prescription Drugs and Medication Benefit accumulates towards the Maximum Limit per Period of Coverage Routine inoculations and vaccinations are not subject to this limit and fall under the Preventative Care benefit 	<p>Maximum Limit per Period of Coverage: \$250,000 per person. Accumulates towards the Certificate Maximum Limit.</p> <p>Inpatient and Outpatient Medication, Surgery and Physician Visits: In-Network & International: 100% Out-of-Network: 80%</p> <p>United States Retail Pharmacy Prescriptions: Generic: \$20 Brand Name: 50% Copayments are per 30-day supply Dispensing maximum: 90 days Universal RX (URX) prescription drug card MUST be utilized for all Outpatient prescription drugs in the United States.</p> <p>International Retail Pharmacy Prescriptions: International: 100% In-Network & Out-of-Network: Not Applicable</p>
Mental or Nervous/Substance Abuse Coverage <ul style="list-style-type: none"> Not Covered if incurred at the Student Health Center 	<p>Outpatient - \$50 per day / \$500 maximum limit Inpatient - \$10,000 maximum limit</p> <p>In-Network & International: 100% Out-of-Network: 80%</p>
Emergency Local Ambulance <ul style="list-style-type: none"> Subject to deductible 	<p>Injury – \$750 Illness and admitted – \$750 In-Network, Out-of-Network & International: 100%</p>
Emergency Medical Evacuation <ul style="list-style-type: none"> Must be approved in advance and coordinated by the company Not subject to deductible and coinsurance 	<p>\$500,000 (independent of maximum limit) In-Network, Out-of-Network & International: 100%</p>
Emergency Reunion <ul style="list-style-type: none"> Maximum Days: 10 Reasonable and necessary travel, accommodation, and meal expenses Maximum per day: \$225 Must be approved in advance by the Company Not subject to deductible and coinsurance 	<p>Maximum Limit: \$50,000 In-Network, Out-of-Network & International: 100%</p>
Interfacility Ambulance Transfer <ul style="list-style-type: none"> Services rendered in the United States Transfer must be a result of an Inpatient Hospitalization Not subject to deductible and coinsurance 	<p>In-Network & Out-of-Network: 100% International: Not Applicable</p>
Political Evacuation and Repatriation <ul style="list-style-type: none"> Must be approved in advance by the Company Not subject to deductible and coinsurance 	<p>Maximum limit: \$10,000 In-Network, Out-of-Network & International: 100%</p>
Return of Mortal Remains <ul style="list-style-type: none"> 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 Not subject to deductible and coinsurance 	<p>Maximum Limit: \$50,000 In-Network, Out-of-Network & International: 100%</p>

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AD&D <ul style="list-style-type: none"> Not subject to deductible and coinsurance Death must occur within 90 days of the Accident 	Accidental Death Principal Sum: \$25,000
Dental Treatment	Unexpected Pain to sound, natural teeth - \$350 Non-emergency Treatment by a Dental Provider due to an Accident - \$500 In-Network, Out-of-Network & International: 100%
Traumatic Dental Injury <ul style="list-style-type: none"> 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% 	In-Network & International: 100% Out-of-Network: 80%
Incidental Trip <ul style="list-style-type: none"> Maximum Days: 14 Insured Person's Country of Residence is not the United States 	In-Network & International: 100% Out-of-Network: 80%
Sports Coverage (interscholastic, intramural or club sports)	\$10,000 limit per injury In-Network & International: 100% Out-of-Network: 80%

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INSURANCE

PLAN EXCLUSIONS

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:** Notwithstanding any other Terms under this insurance, the Company shall not provide coverage or make any payments or provide any service or benefit to any Insured Person, beneficiary, or third party who may have any rights under this insurance to the extent that such coverage, payment, service, or benefit would violate 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:
 1. war, invasion, act of foreign enemy hostilities, warlike operations (whether war be declared or not), or civil war
 2. mutiny, riot, strike, military or popular uprising, insurrection, rebellion, revolution, military or usurped power
 3. 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
 4. martial law or state of siege or any events or causes which determine the proclamation or maintenance of martial law or state of siege
 5. 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:

 1. the Insured Person's active and voluntary planning or coordination of or participation in any act of Terrorism
 2. 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
 3. 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) months except and unless the charges resulted directly from an Acute Onset of a Pre-existing Condition, in which

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case the Charges will be covered only according to the Terms of the Acute Onset of Pre-existing Conditions provision.

- (5) MATERNITY AND NEWBORN CARE: 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 are excluded from this insurance.
- (6) Charges for any Treatment or supplies that are:
 - 1. Not incurred, obtained or received by an Insured Person during the Period of Coverage.
 - 2. 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.
 - 3. Not administered or ordered by a Physician.
 - 4. 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.
 - 5. Provided at no cost to the Insured Person or for which the Insured Person is not otherwise liable.
 - 6. In excess of Usual, Reasonable, and Customary.
 - 7. Related to Hospice care.
 - 8. 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.
 - 9. Provided by or at the direction or recommendation of a chiropractor, unless ordered in advance by a Physician.
 - 10. Performed or provided by a Relative of the Insured Person.
 - 11. Not expressly included in the ELIGIBLE MEDICAL EXPENSES provision.
 - 12. Provided by a person who resides or has resided with the Insured Person or in the Insured Person's home.
 - 13. 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.
 - 14. For Congenital Disorders and conditions arising out of or resulting therefrom.
- (7) Charges incurred for failure to keep a scheduled appointment.
- (8) Telehealth or Telemedicine services not considered Medically Necessary as determined by the Company under the plan
- (9) Charges incurred for Surgeries, Treatment or supplies which are Investigational, Experimental, and for research purposes.
- (10) 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 Treatments associated with diagnoses related to genetic testing and discovery, genetic screening, risk assessment, preventive 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.
- (11) 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.
- (12) Charges incurred for Custodial Care.
- (13) 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.
- (14) 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.
- (15) 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).

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- (16)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
- (17)Elective Surgery or Treatment of any kind.
- (18)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.
- (19)Charges incurred for any Treatment or supply that either promotes, enhances or corrects or attempts to promote, enhance or correct impotency or sexual dysfunction.
- (20)Except as specifically provided for in the INTERSCHOLASTIC SPORTS, INTRAMURAL SPORTS AND CLUB SPORTS provision, any Illness or Injury sustained while taking part in, practicing or training for: Amateur Athletics or athletic activities that are sponsored by any Governing Body or Authority including but not limited to the National Federation of State High School Association and any other sanctioning or Governing Body or the International Olympic Committee
- (21)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; wildlife safaris; and windsurfing.
- (22)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; 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 30 meters; snowmobile racing; truck racing; whitewater kayaking or whitewater rafting Class VI and higher difficulty; and wingsuit flying.
- (23)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.
- (24)Any Illness or Injury sustained while taking part in backcountry skiing.
- (25)Any Illness or Injury sustained while taking part in skiing off-piste.
- (26)Any Illness or Injury sustained while taking part in Collision Sports.
- (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 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.
- (29)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.
- (30)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.
- (31)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.
- (32)Any willfully Self-inflicted Injury or Illness.
- (33)Any sexually transmitted or venereal disease.
- (34)Any testing for the following when not Medically Necessary: HIV, seropositivity to the AIDS virus, AIDS related Illnesses, ARC Syndrome, AIDS.
- (35)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.
- (36)Biofeedback, acupuncture, music, occupational, recreational, sleep, speech, or vocational therapy.
- (37)Orthoptics, visual therapy or visual eye training.

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- (38)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.
- (39)Hair loss, including without limitation wigs, hair transplants or any drug that promises to promote hair growth, whether or not prescribed by a Physician.
- (40)Any sleep disorder, including without limitation sleep apnea.
- (41)Any exercise and/or fitness program or equipment, whether or not prescribed or recommended by a Physician.
- (42)Any exposure to any non-medical nuclear or atomic radiation, and/or radioactive material(s).
- (43)Any organ or tissue or other transplant or related services, Treatment or supplies.
- (44)Any artificial or mechanical devices designed to replace human organs temporarily or permanently after termination of Inpatient status.
- (45)Any efforts to keep a donor alive for a transplant procedure.
- (46)Any Illness or Injury incurred in the Host Country/Destination Country, Affected Area or Home Country/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.
- (47)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.
- (48)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.
- (49)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.
- (50)Charges incurred in the Insured Person's Country of Residence, except as otherwise expressly provided for in this insurance.
- (51)Charges incurred for any travel, meals, transportation and/or accommodations, except as otherwise expressly provided for in this insurance.
- (52)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 or which are considered "off-label" drug use; and for drugs or medicines not prescribed by a Physician.
- (53)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.
- (54)Charges incurred for Dental Treatment, except as specifically provided for hereunder.
- (55)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.
- (56)Dental Injury without associated face, skull, neck and/or jaws Injury or that can be evaluated and treated in a dental office.
- (57)Dental Treatment for services which provide oral care maintenance including tooth repair by fillings, root canals, tooth removal and x-rays.
- (58)Charges for Treatment of an Illness or Injury for which payment is made or available through a workers' compensation law or a similar law.
- (59)Charges incurred for massage therapy.
- (60)Charges incurred for Personal Liability legal fees or out-of-pocket costs associated and/or related to the determination and/or settlement of a legal liability.
- (61)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:
 - 1. Bodily or mental infirmity, Illness or disease.
 - 2. Infection, other than infection occurring simultaneously with, and as a direct result of, the accidental Injury.

Coverage is underwritten and issued by Sirius Specialty Insurance Corporation, rated "A-" (excellent) by A.M. Best and A- by Standard & Poor's (at the time of printing).

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