



ENVISAGE
GLOBAL INSURANCE

Global Horizons

2021-2022 Brochure
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Using Your Insurance

If you need to seek medical treatment, please be sure to seek care appropriately for the condition/situation that you are experiencing, as this will make the billing and payment process much smoother. Here are some guidelines for choosing appropriate medical care.



Teladoc

Your plan includes free access to Teladoc, virtual telemedicine. 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. Please [visit our website](#) for more 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.

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 and make sure to show it when you seek treatment. Your ID card will be emailed to you before you travel and should be kept with you at all times.



Doctor/Hospital Search

You have the freedom of choice to visit any provider you wish, however you are strongly encouraged to visit medical providers who are part of the insurance plan network, especially in the USA. This will allow direct billing and can remove the need for you to pay up front for medical expenses.

- Inside the USA, [you can search for a network provider online.](#)
- Outside the USA, you can seek treatment from any provider of your choices, pay up front and then file a claim for reimbursement.

Need Help?

You can either visit your Student Zone or call the 24-Hour assistance line:

Student Zone

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

[Student Zone](#)

24-Hour Assistance

IMG are available 24-hours a day to assist you with your insurance needs, including pre-certification, claims, emergency evacuation and much more.

You can contact IMG at:

Toll-free: (855) 731-9445
Direct Dial: + 1 (317) 927-6806
CustomerCare@IMGlobal.com



Benefit Summary

Benefit	Limit
Certificate Maximum Limit	365 days
Maximum Limit	\$5,000,000
Per Illness or Injury Limit	\$3,000,000
Area of coverage	Worldwide excluding Country of Residence
Deductible for Eligible Medical Expenses	
Deductible (per Illness or Injury)	\$0
Student Health Center Copayment Not subject to the per Illness/Injury Deductible	\$5
Coinsurance for Eligible Medical Expenses	
Coinsurance (in addition to deductible)	Plan pays 100% Insured pays 0%
Pre-Certification	
<ul style="list-style-type: none"> • Interfacility Ambulance Transfer: No coverage if Pre-certification requirements are not met. • Medical Evacuation: No coverage if not approved by the Company. Refer to the EMERGENCY MEDICAL EVACUATION provision for complete requirements and coverage. • All other Treatments & supplies: fifty percent (50%) reduction of Eligible Medical Expenses if Pre-certification requirements are not met. Maximum Penalty: \$1,000 • 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	
<p>Charges resulting directly or indirectly from or relating to any Pre-existing Condition that existed within thirty-six (36) months prior to the Effective Date are excluded until the Insured Person has maintained twelve (12) months of continuous coverage under this insurance.</p> <ul style="list-style-type: none"> • Period of Coverage Limit (after 12 months): \$500 • Maximum Limit: \$1,500 	
Inpatient or Outpatient Services	
Subject to Deductible 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	100%
Physician/Specialist Visit <ul style="list-style-type: none"> • Maximum Visits per Day: 1 • Unless visit is for a different medical/surgical specialty 	100%
Urgent Care <ul style="list-style-type: none"> • Not subject to Deductible 	100%
Walk-in Clinic <ul style="list-style-type: none"> • Not subject to Deductible 	100%

<p>Teladoc Consultation</p> <ul style="list-style-type: none"> • Only available for travel within the United States • Mental or Nervous Disorders are not covered • Not subject to Deductible and Coinsurance 	<p>100%</p> <p>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</p>
<p>Hospital Emergency Room</p>	<p>100%</p> <p>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.</p>
<p>Hospitalization / Room & Board</p> <ul style="list-style-type: none"> • Includes nursing, miscellaneous and Ancillary Services 	<p>100% Average semi-private room rate</p>
<p>Intensive Care</p>	<p>100%</p>
<p>Bedside Visit</p> <ul style="list-style-type: none"> • Not subject to Deductible 	<p>100%. Maximum Limit: \$1,500. Hospitalized in an Intensive Care Unit</p>
<p>Outpatient Surgical / Hospital Facility</p>	<p>100%</p>
<p>Laboratory</p>	<p>100%</p>
<p>Radiology / X-Ray</p>	<p>100%</p>
<p>Pre-Admission Testing</p>	<p>100%</p>
<p>Surgery</p>	<p>100%</p>
<p>Reconstructive Surgery</p> <ul style="list-style-type: none"> • Surgery is incidental to or follows Surgery that was covered under the Plan 	<p>100%</p>
<p>Assistant Surgeon</p>	<p>20% of the primary surgeon's eligible fee</p>
<p>Anesthesia</p>	<p>100%</p>
<p>Durable Medical Equipment</p>	<p>100%</p>
<p>Chiropractic Care</p> <ul style="list-style-type: none"> • Medical order or Treatment plan required 	<p>100%</p>
<p>Physical Therapy</p> <ul style="list-style-type: none"> • Maximum Visits per Day: 1 • Medical order or Treatment plan required 	<p>100%</p>
<p>Extended Care Facility</p> <ul style="list-style-type: none"> • Upon direct transfer from acute care Hospital 	<p>100%</p>
<p>Home Nursing Care</p> <ul style="list-style-type: none"> • Provided by a Home Health Care Agency • Upon direct transfer from an acute care Hospital 	<p>100%</p>

Prescription Drugs and Medications
 Subject to Deductible unless otherwise noted
 Eligible Medical Expenses are limited to Usual, Reasonable and Customary
 Limits per Period of Coverage unless stated as Maximum Limit

<p>Prescriptions</p>	<p>100%. Dispensing maximum: 90 days</p>
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Mental or Nervous / Substance Abuse
 Subject to Deductible unless otherwise noted
 Eligible Medical Expenses are limited to Usual, Reasonable and Customary
 Limits per Period of Coverage unless stated as Maximum Limit

<p>Inpatient Mental or Nervous / Substance Abuse</p> <ul style="list-style-type: none"> • Maximum Limit: \$10,000 • Not covered if incurred at the Student Health Center 	<p>100%</p>
<p>Outpatient Mental and Nervous / Substance Abuse</p> <ul style="list-style-type: none"> • Maximum Limit per day: \$50 • Maximum Limit: \$500 • Not covered if incurred at the Student Health Center 	<p>100%</p>

Limited High School and College Sports
 Subject to Deductible unless otherwise noted
 Eligible Medical Expenses are limited to Usual, Reasonable and Customary Limits per Period of Coverage unless stated as
 Maximum Limit

<p>Interscholastic Athletics, Intramural Sports and Club Sports</p>	<p>100% Up to the Maximum Limit</p>
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Baggage, Legal Assistance, and Personal Liability
 NOT Subject to Deductible unless otherwise noted
 Eligible Medical Expenses are subject to Usual, Reasonable and Customary Limits per Period of Coverage unless stated as
 Maximum Limit

<p>Baggage</p>	<ul style="list-style-type: none"> • Lost or Stolen Baggage: <ul style="list-style-type: none"> - \$250 Period of Coverage Limit • Lost or Stolen Valuables: <ul style="list-style-type: none"> - \$250 Period of Coverage Limit • Lost or Stolen Personal Papers: <ul style="list-style-type: none"> - \$250 Period of Coverage Limit
<p>Legal Assistance</p> <ul style="list-style-type: none"> • When the Insured Person receives a legal summons, threat of lawsuit, or other notice of a third-party claim regarding a personal Injury or property damage liability • For initial consultation 	<p>Attorney Binder Fee Period of Coverage Limit: \$500</p>
<p>Personal Liability</p> <ul style="list-style-type: none"> • Secondary to any other insurance 	<ul style="list-style-type: none"> • Injury to a Third Person: <ul style="list-style-type: none"> - \$100 Per Injury Deductible - \$2,000 Period of Coverage Limit • Damage to Third Person's Property or Per damage Deductible: <ul style="list-style-type: none"> - \$100 Per damage Deductible - \$500 Period of Coverage Limit • Not Eligible for Coverage: <ul style="list-style-type: none"> - Injury to a related third party - Damage to related third person's property

Emergency Services
 NOT Subject to Deductible unless otherwise noted
 Eligible Medical Expenses are limited to Usual, Reasonable and Customary
 Limits per Period of Coverage unless stated as Maximum Limit

<p>Emergency Local Ambulance</p> <ul style="list-style-type: none"> • Subject to Deductible • Injury • Illness resulting in a Hospitalization admission 	<p>100%</p>
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Emergency Medical Evacuation <ul style="list-style-type: none"> • Maximum Limit: \$50,000 • Must be approved in advance and coordinated by the Company 	100%
Emergency Reunion <ul style="list-style-type: none"> • Maximum Limit: \$15,000 • Maximum Days: 15 • Meal Maximum per day: \$25 • Reasonable and necessary travel costs and accommodations • Must be approved in advance by the Company 	100%
Interfacility Ambulance Transfer <ul style="list-style-type: none"> • Services rendered in the United States • Transfer must be a result of an Inpatient Hospitalization 	100%
Political Evacuation and Repatriation <ul style="list-style-type: none"> • Maximum Limit: \$10,000 • Must be approved in advance by the Company 	100%
Return of Mortal Remains <ul style="list-style-type: none"> • Return of Insured Person's Mortal Remains to Country of Residence • Must be approved in advance by the Company 	Maximum Limit: \$25,000 Local Burial / Cremation at place of death Maximum Limit: \$5,000

Other Services

NOT Subject to Deductible 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 <ul style="list-style-type: none"> • Principal Sum Maximum: \$25,000 • Death must occur within 90 days of the Accident 	Accidental Death: 100% of Principal Sum Accidental Dismemberment: Loss of; Sight of one eye - 50% principal sum One hand or one foot - 50% principal sum One hand and loss of sight of one eye - 100% principal sum One foot and loss of sight of one eye - 100% principal sum One hand and one 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 by a Dental Provider due to an Accident)
Traumatic Dental Injury <ul style="list-style-type: none"> • Subject to Deductible and Coinsurance • Up to the Maximum 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% 	100%
Incidental Trip <ul style="list-style-type: none"> • Country of Residence is outside the United States 	100%. Maximum days: 14
Terrorism	Maximum Limit \$50,000

Claims

Inside the USA

If you sought treatment from an in-network provider, and provided your insurance ID card at the time of treatment, they should be able to bill the IMG claims team directly with no payment up front.

PLEASE NOTE - After seeking treatment, even if you are not required to pay up front, please complete a claim form and email these documents to the claims email for processing.

Outside the USA

When outside the USA, please seek treatment from a provider that is nearest to you, pay for the services upfront and then submit a claim for reimbursement.

Prescription Medications

You will need to pay for any prescription medication up front and then submit the Rx information and receipt from the pharmacy with your claim to be reimbursed.

Claim Forms

You can download a copy of the claim form from the [Student Zone](#) and submit it with your receipts to:
Email - CustomerCare@IMGGlobal.com (recommended)

Fax: (+1) 317 655 4505

International Medical Group
Claims Department
P.O. Box 9162
Farmington Hills, MI 48333-9162 USA

Claims Update

Your claims tracking portal, MyIMG, is available in your [Student Zone](#) and allows you to view your claims activity and contact the claims team directly with any questions.

You can also email the claims team at CustomerCare@IMGGlobal.com for an update on any claims that have been submitted.

Pre-Certification

The following events need to be pre-certified by calling IMG directly:

- Interfacility Ambulance Transfer: No coverage if Pre-certification requirements are not met.
- Medical Evacuation: No coverage if not approved by the Company. Refer to the EMERGENCY MEDICAL EVACUATION provision for complete requirements and coverage.
- The following must always be Pre-certified for Medical Necessity by the Company through the Plan Administrator before admission or receiving the Treatments and/or supplies:
 - (a) Chemotherapy
 - (b) Extended Care Facility
 - (c) Home Nursing Care
 - (d) Inpatient Hospitalization
 - (e) Interfacility Ambulance Transfer
 - (f) Radiation Therapy
 - (g) Surgery or Surgical procedure
- If these treatment and supplies are not pre-certified: fifty percent (50%) reduction of Eligible Medical Expenses if Pre-certification requirements are not met. Maximum Penalty: \$1,000
- 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.

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:
 - 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 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 twelve (12) months
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. **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 provided at no cost to the Insured Person or for which the Insured Person is not otherwise liable
 - e. in excess of Usual, Reasonable, and Customary
 - f. related to Hospice care
 - g. 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 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, genetic screening, risk assessment, preventive and prophylactic surgeries recommended by genetic testing, and/or any procedures used to determine genetic predisposition, 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. Except as specifically provided for Interscholastic Athletics, Intramural Sports and Club Sports, 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 the National Collegiate Athletic Association, European Athletics, and 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; whitewater kayaking or whitewater rafting in water less than Class V difficulty; wildlife safaris; 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; 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 50 meters; snowmobile racing; truck racing; whitewater kayaking or whitewater rafting Class V 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. 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
55. Charges incurred for Dental Treatment, except as specifically provided for hereunder
56. 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
57. Dental Injury without associated face, skull, neck and/or jaws Injury or that can be evaluated and treated in a dental office
58. Dental Treatment for services which provide oral care maintenance including tooth repair by fillings, root canals, tooth removal and x-rays
59. Charges for Treatment of an Illness or Injury for which payment is made or available through a workers' compensation law or a similar law
60. Charges incurred for massage therapy
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:
 - 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.

PLEASE NOTE: This document is being provided for informational purposes only and does not supersede in any way the terms in the governing documents for your insurance plan. Please visit the [Student Zone](#) for a copy of your insurance certificate which includes the full plan wording and exclusions.