INTERNATIONAL STUDENT INSURANCE

Stockton University

Plan Number: EPDWN00535549

Plan Year: 2025-2026

July 05th 2025 - July 04th 2026

SEEKING
TREATMENT

If you need to seek medical care, please follow these simple instructions:

Telemedicine

The plan allows participants to use the telemedicine services of their choice and be reimbursed for their eligible expenses, per the benefits of the policy.

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's network. This will allow direct billing and can remove the need for you to pay upfront for medical expenses.

Inside the USA - UnitedHealthcare Network

Prescription Medications

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.

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 for immediate treatment.

PLEASE NOTE – an additional $500 Deductible will apply for each Emergency Room visit for an illness which does not result in a direct Hospital admission

CLAIMS
INFORMATION

In-Network Claims

When seeking medical care in-network, the medical provider will submit your claims for processing. You will still need to follow these steps to get your claims processed and paid:

1. Register your MyIMG Account.
2. Seek Treatment
    1. Find an in-network provider.
    2. Hand over your ID Card at the time of treatment.
3. Check on the status of your claim periodically through MyIMG.
4. For questions about your claims, contact IMG:

    USA Toll Free: (855) 731-9445 USA
    Direct: +1 (317) 927-6806
    Email: CustomerCare@IMGlobal.com

Out-of-Network Claims

If you seek medical care from a provider that is outside the plans provider network or you have paid for any medical expenses out of your own pocket, you will need follow these steps to get your claims processed and paid:

1. Register your MyIMG Account.
2. Seek Treatment
    1. Visit any provider of your choice.
    2. Pay for their services upfront.
    3. Submit copies of all medical records, invoices, bills, and receipts through your MyIMG account.
3. Check on the status of your claim periodically through MyIMG.
4. For questions about your claims, contact IMG:

    USA Toll Free: (855) 731-9445 USA
    Direct: +1 (317) 927-6806
    Email: CustomerCare@IMGlobal.com

STUDENT
ZONE

The Student Zone provides you with a one-stop resource for all your insurance needs and you should visit this to familiarize yourself with your insurance plan. It includes information such as:

- How to seek medical care
- Doctor/hospital search tool
- Claims documents
- Online claims tracking
- Access your policy documents

Visit your Student Zone:

Student Zone

ASSISTANCE
SERVICES

IMG is 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

Benefits	Limits
Certificate Period of Coverage	365 days
Maximum Limit	$5,000,000
Maximum Limit per illness or injury	$100,000 The per Illness or Injury limits accumulate towards the Maximum Limit
Area of Coverage	Worldwide, excluding the Insured Person's Country of Residence
Deductible for Eligible Medical Expenses	
Deductible	$0
Coinsurance for Eligible Medical Expenses	
Coinsurance • In addition to Deductible	**In-Network:** Plan pays 90%, Insured pays 10% Out-of-Pocket Maximum: $1,000 **Out-of-Network:** Plan pays 80%, Insured pays 20% Out-of-Pocket Maximum: Up to the Maximum Limit
Pre-Certification	
• Interfacility Ambulance Transfer: No coverage if Pre-certification requirements are not met. • Emergency Medical Evacuation: No coverage if not approved by the Company. • All other Treatments & supplies: 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.	
Pre-Existing Conditions	
Charges resulting directly or indirectly from or relating to any Pre-existing Condition that existed within 36 months prior to the Effective Date are excluded until the Insured Person has maintained 12 months of continuous coverage under this insurance. • Period of Coverage Limit (after 12 months): $500 • Maximum Limit: $1,500	
Inpatient or Outpatient Services NOT Subject to Deductible; Subject to 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	In-Network: 90% Out-of-Network: 80%
Physician / Specialist Visit • Maximum Visits per day: 1 (unless visit is for a different medical/surgical specialty)	In-Network: 90% Out-of-Network: 80%
Urgent Care	In-Network: 90% Out-of-Network: 80%

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 the 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.

Walk-in Clinic	In-Network: 90% Out-of-Network: 80%
Teladoc Consultation* • Not Subject to Deductible and Coinsurance • Mental or Nervous Disorders are not covered • Applicable in the United States only	100%
Hospital Emergency Room • Injury: Not subject to ER Deductible • Illness: Subject to a $500 Deductible for each ER visit for Treatment that does not result in direct Hospital admission	In-Network: 90% Out-of-Network: 80%
Hospitalization / Room & Board • Average semi-private room rate • Includes nursing, miscellaneous and Ancillary Services	In-Network: 90% Out-of-Network: 80%
Intensive Care	In-Network: 90% Out-of-Network: 80%
Bedside Visit • Maximum Limit $1,500 • Hospitalized in an Intensive Care Unit	In-Network: 90% Out-of-Network: 80%
Outpatient Surgical / Hospital Facility	In-Network: 90% Out-of-Network: 80%
Laboratory	In-Network: 90% Out-of-Network: 80%
Radiology / X-Ray	In-Network: 90% Out-of-Network: 80%
Pre-Admission Testing	In-Network: 90% Out-of-Network: 80%
Surgery	In-Network: 90% Out-of-Network: 80%
Reconstructive Surgery • Surgery is incidental to or follows Surgery that was covered under the plan	In-Network: 90% Out-of-Network: 80%
Assistant Surgeon • 20% of the primary surgeon's eligible fee	In-Network: 90% Out-of-Network: 80%
Anesthesia	In-Network: 90% Out-of-Network: 80%
Durable Medical Equipment	In-Network: 90% Out-of-Network: 80%
Chiropractic Care • Medical order or Treatment plan required	In-Network: 90% Out-of-Network: 80%
Physical Therapy • Maximum visits per day: 1 • Medical order or Treatment plan required	In-Network: 90% Out-of-Network: 80%
Extended Care Facility • Upon direct transfer from acute care Facility	In-Network: 90% Out-of-Network: 80%
Home Nursing Care • Provided by a Home Health Care Agency • Upon direct transfer from an acute care Facility	In-Network: 90% Out-of-Network: 80%

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Prescription Drugs and Medications NOT Subject to Deductible; Subject to Coinsurance unless otherwise noted Eligible Medical Expenses are limited to Usual, Reasonable and Customary Limits per Period of Coverage unless stated as Maximum Limit	
The following Prescription Drugs and Medication Period of Coverage limit accumulates toward the Maximum Limit	
Prescription Drugs and Medication • Obtained through Retail Pharmacy, Inpatient and Outpatient Surgery, Emergency Room and Outpatient Office Visits • Dispensing maximum for Retail Pharmacy: 90 days per prescription	In-Network: Not applicable Out-of-Network: 90% $250,000 Period of Coverage limit
Mental or Nervous / Substance Abuse NOT Subject to Deductible; Subject to 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 • Maximum Limit: $10,000 • Not covered if incurred at the Student Health Center	In-Network: 90% Out-of-Network: 80%
Outpatient Mental and Nervous / Substance Abuse • Maximum Limit per day: $50 • Maximum Limit: $500 • Not covered if incurred at the Student Health Center	In-Network: 90% Out-of-Network: 80%
Emergency Services NOT Subject to Deductible or 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 • Injury • Illness resulting in an Inpatient Hospital admission	100%
Emergency Medical Evacuation • Must be approved in advance and coordinated by the Company	$50,000 Maximum Limit
Emergency Reunion • Reasonable and necessary travel costs and accommodations • Must be approved in advance by the Company	$15,000 Maximum Limit Maximum Days: 15 Meal Maximum per Day: $25
Interfacility Ambulance Transfer • Up to the per Injury or Illness limit • Services rendered in the United States • Transfer must be a result of an Inpatient Hospital Admission	100%
Political Evacuation and Repatriation • Must be approved in advance by the Company	$10,000 Maximum Limit
Repatriation for Medical Treatment • Approved in advance and coordinated by the Company	$100,000 Maximum Limit
Return of Mortal Remains • Return of Insured Person's Mortal Remains to Country of Residence • Must be approved in advance by the Company	$25,000 Maximum Limit Local Burial / Cremation Maximum Limit: $5,000
Other Services NOT Subject to Deductible; Subject to Coinsurance unless otherwise noted Eligible Medical Expenses are limited to Usual, Reasonable and Customary Limits per Period of Coverage unless stated as Maximum Limit	
Incidental Trip • Maximum days: 14 • Country of residence is outside the United States	In-Network: 90% Out-of-Network: 80%

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Accidental Death & Dismemberment • Principal Sum Maximum Limit: $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 • Treatment due to Unexpected pain to sound natural teeth: $350 Maximum Limit • Non-emergency treatment at a Dental Provider due to an Accident: $500	In-Network: Not Applicable Out-of-Network: 90%
Traumatic Dental Injury • Subject 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%	In-Network: 90% Out-of-Network: 80%
Terrorism • Maximum Limit: $50,000	100%

**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.*

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 their 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 their Application or renewal from the Company

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PLAN
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:

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.

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.

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.

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.

Maternity and Newborn Care

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, are excluded from this insurance.

Preventative Care

Charges for Routine Physical Examinations and immunizations are excluded from coverage.

Other Exclusions

1. 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 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 their 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
2. Charges incurred for failure to keep a scheduled appointment
3. Telehealth or Telemedicine services not considered Medically Necessary as determined by the Company under the plan
4. Charges incurred due to fluctuations in exchange rates or for any bank charges the Insured Person incurs when a check, bank transfer, or payment is received from the Company
5. Charges incurred for Surgeries, Treatment or supplies which are Investigational, Experimental, and for research purposes
6. 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
7. 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
8. Charges incurred for Custodial Care
9. 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
10. 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
11. 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)
12. Charges or Treatment for cosmetic or aesthetic reasons, except for reconstructive Surgery when such Surgery is Medically Necessary and is directly related to and follows a Surgery which was covered under this insurance
13. Elective Surgery or Treatment of any kind
14. 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; reversal of vasectomy; sterilization; reversal of sterilization; surrogacy or abortion

15. Charges incurred for any Treatment or supply that either promotes, enhances or corrects or attempts to promote, enhance or correct impotency or sexual dysfunction
16. 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
17. 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
18. 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 40 meters; snowmobile racing; truck racing; whitewater kayaking or whitewater rafting Class VI and higher difficulty; and wingsuit flying
19. 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
20. any Illness or Injury sustained while taking part in backcountry skiing
21. any Illness or Injury sustained while taking part in skiing off-piste
22. 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
23. any Illness or Injury sustained while taking part in Collision Sports
24. 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
25. 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
26. 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
27. 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
28. any willfully Self-inflicted Injury or Illness
29. any sexually transmitted or venereal disease
30. any testing for the following when not Medically Necessary: HIV, seropositivity to the AIDS virus, AIDS related Illnesses, ARC Syndrome, AIDS
31. 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
32. biofeedback, acupuncture, music, occupational, recreational, sleep, speech, or vocational therapy
33. orthoptics, visual therapy or visual eye training
34. 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
35. hair loss, including without limitation wigs, hair transplants or any drug that promises to promote hair growth, whether or not prescribed by a Physician
36. any sleep disorder, including without limitation sleep apnea
37. any exercise and/or fitness program or equipment, whether or not prescribed or recommended by a Physician
38. any exposure to any non-medical nuclear or atomic radiation, and/or radioactive material(s)
39. any organ or tissue or other transplant or related services, Treatment or supplies
40. any artificial or mechanical devices designed to replace human organs temporarily or permanently after termination of Inpatient status
41. any efforts to keep a donor alive for a transplant procedure
42. 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.

43. 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
44. 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
45. 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
46. Charges incurred in the Insured Person's Country of Residence, except as otherwise expressly provided for in this insurance
47. Charges incurred for any travel, meals, transportation and/or accommodations, except as otherwise expressly provided for in this insurance
48. 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
49. 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)
50. 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
51. Charges incurred for Dental Treatment, except as specifically provided for hereunder
52. 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
53. Dental Injury without associated face, skull, neck and/or jaws Injury or that can be evaluated and Treated in a dental office
54. Dental Treatment for services which provide oral care maintenance including tooth repair by fillings, root canals, tooth removal and x-rays
55. Charges for Treatment of an Illness or Injury for which payment is made or available through a workers' compensation law or a similar law
56. Charges incurred for massage therapy
57. Charges incurred at a Hospital or Facility when the Insured Person checks themselves out Against Medical Advice of their Physician or leaves before reaching a Medically Necessary specified endpoint of Treatment
58. 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
59. 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.

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