



INTERNATIONAL  
STUDENT  
INSURANCE



Colorado State University

Plan Number: EPDWN00551762

Plan Year: 2026

March 1st, 2026 - February 28th, 2027

# SEEKING TREATMENT

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



## Telemedicine

Your plan includes free access to Teladoc, virtual telemedicine while inside the USA. 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.



## 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.



## 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



## 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 plans network. This will allow direct billing and can remove the need for you to pay up front for medical expenses.

Inside the USA - [UnitedHealthcare Network](#)

Outside the USA - [IMG IPA 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.



# 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@IMGGlobal.com](mailto:CustomerCare@IMGGlobal.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@IMGGlobal.com](mailto:CustomerCare@IMGGlobal.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@IMGGlobal.com](mailto:CustomerCare@IMGGlobal.com)

# BENEFIT

## SUMMARY

Benefit	Limits
Certificate Period of Coverage	365 days
Maximum Limit	\$5,000,000
Per Illness or Injury Limit	\$100,000 The per Illness or Injury limits accumulate towards the Maximum Limit.
Area of Coverage	Worldwide excluding Country of Residence
<b>Deductible for Eligible Medical Expenses</b>	
Deductible • per Illness or Injury	\$500
Student Health Center Copayment • Not subject to the per Illness/Injury Deductible • Copayment is not applicable if the Declaration states a \$0 Deductible	\$5
<b>Coinsurance for Eligible Medical Expenses</b>	
Coinsurance • in addition to Deductible	<b>In-Network, in the United States:</b> Plan pays 90%, Insured pays 100%, \$1,000 out-of-pocket maximum  <b>Out-of-Network, in the United States:</b> Plan pays 80%, Insured pays 20%, up to the maximum limit out-of-pocket maximum
Student Health Center Coinsurance	Plan pays 100%, Insured pays 0%
<b>Pre-Certification</b>	
<ul style="list-style-type: none"> <li>• Interfacility Ambulance Transfer: No coverage if Pre-certification requirements are not met.</li> <li>• Emergency Medical Evacuation: No coverage if not approved by the Company. Refer to the EMERGENCY MEDICAL EVACUATION provision for complete requirements and coverage.</li> <li>• All other Treatments &amp; supplies: fifty percent (50%) reduction of Eligible Medical Expenses if Pre-certification requirements are not met. Maximum Penalty: \$1,000</li> <li>• Deductible is taken after reduction.</li> <li>• Coinsurance is applied to remainder of the reduced amount.</li> <li>• Refer to PRE-CERTIFICATION REQUIREMENTS provision for a complete list of services that require Pre-certification.</li> </ul>	
<b>Pre-Existing Conditions</b>	
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.	
<ul style="list-style-type: none"> <li>• Period of Coverage Limit (after 12 months): \$500</li> <li>• Maximum Limit: \$1,500</li> </ul>	
<b>Inpatient or Outpatient Services</b>	
Subject to Deductible and Coinsurance unless otherwise noted Eligible Medical Expenses are limited to Usual, Reasonable and Customary Limits per Period of Coverage unless stated as Maximum Limit	
Eligible Medical Expenses	<b>In-Network:</b> 90% <b>Out-of-Network:</b> 80%

<b>Physician/Specialist Visit</b> <ul style="list-style-type: none"> <li>Maximum Visits per Day: 1</li> <li>Unless visit is for a different medical/surgical specialty</li> </ul>	<b>In-Network:</b> 90% <b>Out-of-Network:</b> 80%
<b>Urgent Care</b> <ul style="list-style-type: none"> <li>Not subject to Deductible</li> </ul>	\$50 Copayment <b>In-Network:</b> 90% <b>Out-of-Network:</b> 80%
<b>Walk-in Clinic</b> <ul style="list-style-type: none"> <li>Not subject to Deductible</li> </ul>	\$20 Copayment <b>In-Network:</b> 90% <b>Out-of-Network:</b> 80%
<b>Teladoc Consultation*</b> <ul style="list-style-type: none"> <li>Not Subject to Deductible and Coinsurance</li> <li>Only available for travel within the United States</li> <li>Mental or Nervous Disorders are not covered</li> </ul>	100%
<b>Hospital Emergency Room</b> <ul style="list-style-type: none"> <li><b>Injury:</b> Not subject to Emergency Room deductible</li> <li><b>Illness:</b> Subject to a <b>\$500 Deductible</b> for each Emergency Room visit for Treatment that does not result in a direct Hospital admission</li> </ul>	<b>In-Network:</b> 90% <b>Out-of-Network:</b> 80%
<b>Hospitalization / Room &amp; Board</b> <ul style="list-style-type: none"> <li>Average semi-private room rate</li> <li>Includes nursing, miscellaneous and Ancillary Services</li> </ul>	<b>In-Network:</b> 90% <b>Out-of-Network:</b> 80%
<b>Intensive Care</b>	<b>In-Network:</b> 90% <b>Out-of-Network:</b> 80%
<b>Bedside Visit</b> <ul style="list-style-type: none"> <li>Not subject to Deductible</li> <li>Hospitalized in an Intensive Care Unit</li> </ul>	\$1,500 Maximum Limit <b>In-Network:</b> 90% <b>Out-of-Network:</b> 80%
<b>Outpatient Surgical / Hospital Facility</b>	<b>In-Network:</b> 90% <b>Out-of-Network:</b> 80%
<b>Laboratory</b>	<b>In-Network:</b> 90% <b>Out-of-Network:</b> 80%
<b>Radiology / X-Ray</b>	<b>In-Network:</b> 90% <b>Out-of-Network:</b> 80%
<b>Pre-Admission Testing</b>	<b>In-Network:</b> 90% <b>Out-of-Network:</b> 80%
<b>Surgery</b>	<b>In-Network:</b> 90% <b>Out-of-Network:</b> 80%
<b>Reconstructive Surgery</b> <ul style="list-style-type: none"> <li>Surgery is incidental to or follows Surgery that was covered under the Plan</li> </ul>	<b>In-Network:</b> 90% <b>Out-of-Network:</b> 80%
<b>Assistant Surgeon</b> <ul style="list-style-type: none"> <li>20% of the primary surgeon's eligible fee</li> </ul>	<b>In-Network:</b> 90% <b>Out-of-Network:</b> 80%
<b>Anesthesia</b>	<b>In-Network:</b> 90% <b>Out-of-Network:</b> 80%
<b>Durable Medical Equipment</b>	<b>In-Network:</b> 90% <b>Out-of-Network:</b> 80%
<b>Chiropractic Care</b> <ul style="list-style-type: none"> <li>Medical order or Treatment plan required</li> </ul>	<b>In-Network:</b> 90% <b>Out-of-Network:</b> 80%

<b>Physical Therapy</b> <ul style="list-style-type: none"> <li>• Maximum Visits per Day: 1</li> <li>• Medical order or Treatment plan required</li> </ul>	<b>In-Network:</b> 90% <b>Out-of-Network:</b> 80%
<b>Extended Care Facility</b> <ul style="list-style-type: none"> <li>• Upon direct transfer from acute care Hospital</li> </ul>	<b>In-Network:</b> 90% <b>Out-of-Network:</b> 80%
<b>Home Nursing Care</b> <ul style="list-style-type: none"> <li>• Provided by a Home Health Care Agency</li> <li>• Upon direct transfer from an acute care Hospital</li> </ul>	<b>In-Network:</b> 90% <b>Out-of-Network:</b> 80%
<b>Prescription Drugs and Medications</b> Subject to Deductible and Coinsurance unless otherwise noted Eligible Medical Expenses are limited to Usual, Reasonable and Customary Limits per Period of Coverage	
The following Prescription Drugs and Medication Period of Coverage limit accumulates towards the Maximum Limit.	
<b>Prescription Drugs and Medication</b> <ul style="list-style-type: none"> <li>• Obtained through Retail Pharmacy, Inpatient and Outpatient Surgery, Emergency Room and Outpatient Office Visits</li> <li>• Dispensing maximum for Retail Pharmacy: 90 days per prescription</li> </ul>	\$250,000 limit per person <b>In-Network:</b> N/A <b>Out-of-Network:</b> 90%
<b>Mental or Nervous / Substance Abuse</b> Subject to Deductible and Coinsurance unless otherwise noted Eligible Medical Expenses are limited to Usual, Reasonable and Customary Limits per Period of Coverage unless stated as Maximum Limit	
<b>Inpatient Mental or Nervous / Substance Abuse</b> <ul style="list-style-type: none"> <li>• Not covered if incurred at the Student Health Center</li> </ul>	\$10,000 Maximum Limit <b>In-Network:</b> 90% <b>Out-of-Network:</b> 80%
<b>Outpatient Mental or Nervous / Substance Abuse</b> <ul style="list-style-type: none"> <li>• Not covered if incurred at the Student Health Center</li> </ul>	\$50 Maximum Limit per day \$500 Maximum Limit <b>In-Network:</b> 90% <b>Out-of-Network:</b> 80%
<b>Emergency Services</b> NOT Subject to Deductible and Coinsurance unless otherwise noted Eligible Medical Expenses are limited to Usual, Reasonable and Customary Limits per Period of Coverage unless stated as Maximum Limit	
<b>Emergency Local Ambulance</b> <ul style="list-style-type: none"> <li>• Subject to Deductible</li> <li>• Injury</li> <li>• Illness resulting in a Hospitalization admission</li> </ul>	100%
<b>Emergency Medical Evacuation</b> <ul style="list-style-type: none"> <li>• Must be approved in advance and coordinated by the Company</li> </ul>	\$50,000 Maximum Limit
<b>Emergency Reunion</b> <ul style="list-style-type: none"> <li>• Maximum Days: 15</li> <li>• Meal Maximum per day: \$25</li> <li>• Reasonable and necessary travel costs and accommodations</li> <li>• Must be approved in advance by the Company</li> </ul>	\$15,000 Maximum Limit
<b>Interfacility Ambulance Transfer</b> <ul style="list-style-type: none"> <li>• Up to the per Injury or Illness limit</li> <li>• Services rendered in the United States</li> <li>• Transfer must be a result of an Inpatient Hospitalization</li> </ul>	100%
<b>Political Evacuation and Repatriation</b> <ul style="list-style-type: none"> <li>• Must be approved in advance by the Company</li> </ul>	\$10,000 Maximum Limit

<b>Repatriation for Medical Treatment</b> <ul style="list-style-type: none"> <li>• In addition to the plan per Illness or Injury limit</li> <li>• Approved in advance and coordinate by the Company.</li> </ul>	\$100,000 Maximum Limit
<b>Return of Mortal Remains</b> <ul style="list-style-type: none"> <li>• Local Burial / Cremation at place of death, Maximum Limit: \$5,000</li> <li>• Return of Insured Person's Mortal Remains to Country of Residence</li> <li>• Must be approved in advance by the Company</li> </ul>	\$25,000 Maximum Limit
<b>Other Services</b> NOT Subject to Deductible and Coinsurance unless otherwise noted Eligible Medical Expenses are limited to Usual, Reasonable and Customary Limits per Period of Coverage unless stated as Maximum Limit	
<b>Accidental Death &amp; Dismemberment</b> <ul style="list-style-type: none"> <li>• Principal Sum Maximum: \$25,000</li> <li>• Death must occur within 90 days of the Accident</li> </ul>	<b>Accidental Death:</b> 100% of Principal Sum  <b>Accidental Dismemberment:</b> Loss of; <ul style="list-style-type: none"> <li>• Sight of one eye - 50% principal sum</li> <li>• One hand or one foot - 50% principal sum</li> <li>• One hand and loss of sight of one eye - 100% principal sum</li> <li>• One foot and loss of sight of one eye - 100% principal sum</li> <li>• One hand and one foot - 100% principal sum</li> <li>• Both hands or both feet - 100% principal sum</li> <li>• Sight of both eyes - 100% principal sum</li> </ul>
<b>Dental Treatment</b>	<b>Treatment due to Unexpected pain to sound natural teeth:</b> \$350 Period of Coverage Limit <b>Non-emergency Treatment due to an Accident:</b> \$500 Period of Coverage Limit per Injury  <b>In-Network:</b> N/A <b>Out-of-Network:</b> 90%
<b>Traumatic Dental Injury</b> <ul style="list-style-type: none"> <li>• Subject to Deductible and Coinsurance</li> <li>• Up to the Maximum Limit</li> <li>• Treatment at a Hospital Facility due to an Accident</li> <li>• Additional Treatment for the same Injury rendered by a Dental Provider will be paid at 100%</li> </ul>	<b>In-Network:</b> 90% <b>Out-of-Network:</b> 80%
<b>Incidental Trip</b> <ul style="list-style-type: none"> <li>• Country of Residence is outside the United States</li> <li>• Maximum of 14 days</li> </ul>	<b>In-Network:</b> 90% <b>Out-of-Network:</b> 80%
<b>Terrorism</b>	\$50,000 Maximum Limit

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.

*\* 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:

- (a) 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 the program is based in the United States, the Insured Person must hold one of the following visa types: F1/F2, J1/J2, M1/M2 or A1/A2. If the program is based outside of the United States, the Insured Person must hold a similar visa type required within the Destination Country.
- (b) be at least thirty-one (31) days old but not yet sixty-five (65) years old
- (c) 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
- (d) 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
- (e) pay the required Premium on or before the Effective Date of Coverage
- (f) receive written acceptance of their Application or renewal from the Company

**EXTENSION PERIOD:** If an Insured Person is in the United States on a valid J1 visa, an extension period in the United States will be allowed for a maximum of thirty (30) days beyond the end of their educational or cultural exchange program.

## Pre-Certification

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

**GENERAL REQUIREMENTS:** To comply with the Pre-certification requirements of this insurance for the Treatments and/or supplies or services listed in the SPECIFIC REQUIREMENTS provision, above, the Insured Person or their Physician or healthcare provider must perform all of the following:

- (a) contact the Company through the Plan Administrator at the contact information below and on the Insured Person's ID card, as soon as possible and before the Treatment or supply is to be obtained.
  - Inside the United States: +1.800.628.4664
  - Outside the United States: +1.317.655.4500 (Collect if necessary)
  - E-mail: [precertification@imglobal.com](mailto:precertification@imglobal.com)
  - Website: [www.imglobal.com/member/precertification](http://www.imglobal.com/member/precertification)
- (b) comply with the instructions of the Company and submit any information or documents required by the Company
- (c) notify all Physicians, Hospitals and other healthcare providers that this insurance contains Pre-certification requirements and ask them to fully cooperate with the Company.

# 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 under this insurance

### 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 such Charges are incurred
  - c) not administered or ordered by a Physician
  - d) not Medically Necessary for the diagnosis, care or Treatment of the physical or mental condition involved. This also applies when and if they are prescribed, recommended or approved by the attending Physician
  - e) provided at no cost to the Insured Person or for which the Insured Person is not otherwise liable
  - f) in excess of Usual, Reasonable, and Customary
  - g) related to Hospice care
  - h) incurred by an Insured Person who was HIV + on or before the Initial Effective Date of this insurance, whether or not the Insured Person had knowledge of his/her HIV status prior to the Effective Date, and whether or not the Charges are incurred in relation to or as a result of said status. This exclusion includes Charges for any Treatment or supplies relating to or arising or resulting directly or indirectly from HIV, AIDS virus, AIDS related Illness, ARC Syndrome, AIDS and/or any other Illness arising or resulting from any complications or consequences of any of the foregoing conditions

- i) provided by or at the direction or recommendation of a chiropractor, unless ordered in advance by a Physician
  - j) performed or provided by a Relative of the Insured Person
  - k) not expressly included in the ELIGIBLE MEDICAL EXPENSES provision
  - l) provided by a person who resides or has resided with the Insured Person or in the Insured Person's home
  - m) required or recommended as a result of complications or consequences arising from or related to any Treatment, Illness, Injury, or supply received prior to coverage under this insurance or that is excluded from coverage or which is otherwise not covered under this insurance
  - n) for Congenital Disorders and conditions arising out of or resulting therefrom
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, 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/or 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 athletic activities that are sponsored by any Governing Body or Authority including the National Collegiate Athletic Association (NCAA), the National Association of Intercollegiate Athletics (NAIA), and the National Junior College Athletic Association (NJCAA), or 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; 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; big game hunting; cave diving; cliff diving; downhill mountain biking and racing; extreme skiing; freediving; free flying; free running; free skiing; freestyle scootering; gliding; heli-skiing; ice canoeing; ice climbing; kitesurfing; mixed martial arts; motocross; motorcycle racing; motor rally; mountaineering and trekking above elevation of 4500 meters; 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 Professional Athletics
  24. any Illness or Injury sustained while taking part in Collision Sports
  25. any Illness or Injury sustained while taking part in Organized Sports
  26. 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
  27. 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
  28. 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
  29. 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
  30. any willfully Self-inflicted Injury or Illness
  31. any sexually transmitted or venereal disease
  32. any testing for the following when not Medically Necessary: HIV, seropositivity to the AIDS virus, AIDS related Illnesses, ARC Syndrome, AIDS
  33. 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
  34. biofeedback, acupuncture, music, occupational, recreational, sleep, speech, or vocational therapy
  35. orthoptics, visual therapy or visual eye training
  36. 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
37. hair loss, including without limitation wigs, hair transplants or any drug that promises to promote hair growth, whether or not prescribed by a Physician
  38. any sleep disorder, including without limitation sleep apnea
  39. any exercise and/or fitness program or equipment, whether or not prescribed or recommended by a Physician
  40. any exposure to any non-medical nuclear or atomic radiation, and/or radioactive material(s)
  41. any organ or tissue or other transplant or related services, Treatment or supplies
  42. any artificial or mechanical devices designed to replace human organs temporarily or permanently after termination of Inpatient status
  43. any efforts to keep a donor alive for a transplant procedure
  44. 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.
  45. 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
  46. 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
  47. 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
  48. Charges incurred in the Insured Person's Country of Residence, except as otherwise expressly provided for in this insurance
  49. Charges incurred for any travel, meals, transportation and/or accommodations, except as otherwise expressly provided for in this insurance
  50. 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
  51. 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)
  52. 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
  53. Charges incurred for Dental Treatment, except as specifically provided for hereunder
  54. 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
  55. Dental Injury without associated face, skull, neck and/or jaws Injury or that can be evaluated and treated in a dental office
  56. Dental Treatment for services which provide oral care maintenance including tooth repair by fillings, root canals, tooth removal and x-rays
  57. Charges for Treatment of an Illness or Injury for which payment is made or available through a workers' compensation law or a similar law
  58. Charges incurred for massage therapy
  59. Charges incurred at a Hospital or Facility when the Insured Person checks himself or herself out Against Medical Advice of their Physician or leaves before reaching a Medically Necessary specified endpoint of Treatment
  60. 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
  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