



INTERNATIONAL
STUDENT
INSURANCE

Neosho County Community College
Insurance Plan Brochure
EPG0000294510



*Committed
to you!*

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



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

MG 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@IMGGlobal.com

INSURANCE PLAN

BENEFITS

Benefits	Limit
Maximum Limit	\$5,000,000
Maximum Limit per Illness or Injury	\$200,000 The per Illness or Injury limits accumulate towards the Maximum Limit.
Deductible per Injury/Illness	\$0
Student Health Center Copayment	\$0
ER Deductible per Injury/Illness	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.
Coinsurance	100% after the Deductible, up to the Maximum Limit
Pre-certification	<ul style="list-style-type: none"> • Interfacility Ambulance Transfer: No coverage if Pre-certification requirements are not met. • Emergency Medical Evacuation: No coverage if not approved by the Company. Refer to the EMERGENCY MEDICAL EVACUATION provision for complete requirements and coverage. • 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. • Refer to the plan certificate for a complete list of services that require Pre-certification
Inpatient or Outpatient Services NOT Subject to Deductible and Coinsurance unless otherwise noted Eligible Medical Expenses are limited to Usual, Reasonable and Customary Limits per Period of Coverage unless stated as Maximum Limit	
Pre-existing Conditions	Period of Coverage Limit (after 3 months): \$10,000 Maximum Limit: \$1,500
Eligible Medical Expenses	100%
Physician / Specialist Visit	Maximum Visits per day: 1, unless visit is for a different medical/surgical specialty
Teladoc Consultation	100% for covered conditions. Mental or nervous disorders are not covered
Urgent Care	100%

Walk-in Clinic	100%
Hospitalization / Room and Board	100%. Average Semi-Private Room Rate. Includes nursing, miscellaneous and Ancillary Services
Intensive Care	100%
Bedside Visit	Maximum Limit: \$1,500. If hospitalized in an Intensive Care Unit
Outpatient Surgical / Hospital Facility	100%
Laboratory	100%
Radiology / X-ray	100%
Pre-admission Testing	100%
Surgery	100%
Reconstructive Surgery	100%. Surgery is incidental to or follows Surgery that was covered under the plan
Assistant Surgeon	20% of the primary surgeon's eligible fee
Anesthesia	100%
Durable Medical Equipment	100%
Chiropractic Care - Medical order or Treatment plan required	100%
Physical Therapy - Medical order or Treatment plan required	100% Maximum Visits per day: 1
Extended Care Facility - Upon direct transfer from acute care Hospital	100%
Home Nursing Care	100%. Provided by a Home Health Care Agency. Upon direct transfer from an acute care Hospital
Prescription Drugs and Medication	100%. Dispensing Day Maximum: 90 per prescription

Mental or Nervous / Substance Abuse

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

Inpatient Mental or Nervous / Substance Abuse - Not covered if incurred at the Student Health Center	Maximum Limit: \$10,000
Outpatient Mental and Nervous / Substance Abuse - Not covered if incurred at the Student Health Center	Maximum Limit per day: \$50. Maximum Limit: \$500

Emergency Services

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

Emergency Local Ambulance	100% injury. Illness resulting in a Hospitalization admission
Emergency Medical Evacuation	\$50,000. Must be approved in advance and coordinated by the Company
Emergency Reunion	\$15,000 for reasonable and necessary travel costs and accommodations. Maximum days: 15. Meal maximum per day: \$25. Must be approved in advance by the Company
Interfacility Ambulance Transfer - Services rendered in the United States	100%. Transfer must be a result of an Inpatient Hospital admission
Political Evacuation and Repatriation	\$10,000. Must be approved in advance by the Company
Repatriation for Medical Treatment - Maximum Limit: \$100,000 - Approved in advance and coordinated by the Company	100%
Return of Mortal Remains	Up to \$25,000. Local Burial/Cremation: \$5,000. Return of Insured Person's Mortal Remains to Country of Residence. Must be approved in advance by the Company

Other Services

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

Accidental Death & Dismemberment	Principal Sum Maximum: \$25,000. Death must occur within 90 days of the Accident Accidental Death: 100% of Principal Sum
Dental Treatment due to Unexpected Pain to Sound Natural teeth	Period of Coverage Limit: \$350
Non-emergency Dental Treatment due to an Accident	Period of Coverage Limit per Injury: \$500 for Treatment at a Dental Provider
Traumatic Dental Injury - Treatment at a Hospital Facility due to an Accident	100% up to the Maximum Limit Additional Treatment for the same Injury rendered by a Dental Provider will be paid at 100%
Incidental Trip - Country of residence is outside the United States	100%. Maximum days: 14
Terrorism	Maximum limit: \$50,000

Interscholastic Athletics, Intramural Sports and College Club Sports Add On Rider	Up to \$10,000 limit
Lost or Stolen Baggage, Valuables, Personal Papers Add On Rider	\$250 each category Period of Coverage Limit
Legal Assistance Add On Rider	Attorney Binder Fee Period of Coverage Limit: \$500 for initial consultation
Personal Liability Add On Rider	\$2,000 limit per period of coverage for injury to a third person, \$100 deductible per injury. \$500 limit per period of coverage for damage to a third person's property, \$100 deductible per damage.

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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

Pre-Certification Requirements

Pre-certification is a general determination of Medical Necessity only, and all such determinations are made by the Company (acting through its authorized agents and representatives) in reliance and based upon the completeness and accuracy of the information provided by the Insured Person and/or his/her Relatives, guardians and/or healthcare providers at the time of Pre-certification. The Company reserves the right to challenge, dispute and/or revoke a prior determination of Medical Necessity based upon subsequent information obtained. Pre-certification is not an assurance, authorization, preauthorization, or verification of Treatment or coverage, a verification of benefits, or a guarantee of payment. The fact that Treatment or supplies are Pre-certified by the Company does not guarantee the payment of benefits, the availability of coverage, or the amount of or eligibility for benefits. The Company's consideration and determination of a Pre-certification request, as well as any subsequent review or adjudication of all medical claims submitted in connection therewith, shall remain subject to all of the Terms of this insurance, including exclusions for Pre-existing Conditions and other designated exclusions, benefit limitations and sub-limitations, and the requirement that claims be Usual, Reasonable and Customary. Any consideration or determination of a Pre-certification request shall not be deemed or considered as the Company's approval, authorization or ratification of, recommendation for, or consent to any diagnosis or proposed course of Treatment. Neither the Company nor the Plan Administrator (nor anyone acting on their respective behalves) has any authority or obligation to select Physicians, Hospitals, or other healthcare providers for the Insured Person, or to make any diagnosis or medical Treatment

decisions on behalf of the Insured Person, and all such decisions must be made solely and exclusively by the Insured Person and/or his/her family members or guardians, treating Physicians and other healthcare providers. If the Insured Person and his/her healthcare providers comply with the Pre-certification requirements of the Master Policy and this Certificate, and the Treatment or supplies are Pre-certified as Medically Necessary, the Company will reimburse the Insured Person for Eligible Medical Expenses up to the amount shown in the benefit summary incurred in relation thereto, subject to all Terms of this insurance. Eligibility for and payment of benefits are subject to all of the Terms of this insurance.

Specific Requirements

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 his/her 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: acm@imglobal.com
Website: 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.

Loss of coverage / Benefits for non-compliance of Pre-certification requirements

If the Insured Person or his/her healthcare providers do not comply with the Pre-certification requirements for the Treatment or supplies identified in the specific requirements subparagraphs above, or if such Treatment or supplies are not Pre-certified:

- a. Eligible Medical Expenses incurred with respect to said Treatment and/or supplies will be reduced by the amount shown in the benefit summary.
- b. The Deductible will be subtracted from the remaining amount.
- c. Coinsurance will be applied.

Emergency Pre-Certification

In the event of an Emergency Hospital admission, Pre-certification must be completed within forty-eight (48) hours after the admission, or as soon as is reasonably possible.

INSURANCE

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:

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).
3. 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.
4. 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.
5. 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 three (3) months.
6. 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.
7. Preventative Care. Charges for Routine Physical Examinations and immunizations are excluded from coverage under this insurance.
8. Charges for any Treatment or supplies that are:
 1. Not incurred, obtained or received by an Insured Person during the Period of Coverage.
 2. Not presented to the Company for payment by way of a completed Proof of Claim within one hundred eighty (180) days from the date such Charges are incurred.
 3. Not administered or ordered by a Physician.
 4. Not Medically Necessary for the diagnosis, care or Treatment of the physical or mental condition involved. This also applies when and if they are prescribed, recommended or approved by the attending Physician.
 5. Provided at no cost to the Insured Person or for which the Insured Person is not otherwise liable.
 6. In excess of Usual, Reasonable, and Customary.
 7. Related to Hospice care.

8. Incurred by an Insured Person who was HIV + on or before the Initial Effective Date of this insurance, whether or not the Insured Person had knowledge of his/her HIV status prior to the Effective Date, and whether or not the Charges are incurred in relation to or as a result of said status. This exclusion includes Charges for any Treatment or supplies relating to or arising or resulting directly or indirectly from HIV, AIDS virus, AIDS related illness, ARC Syndrome, AIDS and/or any other illness arising or resulting from any complications or consequences of any of the foregoing conditions.
9. Provided by or at the direction or recommendation of a chiropractor, unless ordered in advance by a Physician.
10. Performed or provided by a Relative of the Insured Person.
11. Not expressly included in the eligible medical expenses provision.
12. Provided by a person who resides or has resided with the Insured Person or in the Insured Person's home.
13. Required or recommended as a result of complications or consequences arising from or related to any Treatment, illness, injury, or supply excluded from coverage or which is otherwise not covered under this insurance.
14. For Congenital Disorders and conditions arising out of or resulting therefrom.
15. Charges incurred for failure to keep a scheduled appointment.
16. Telehealth or Telemedicine services not considered Medically Necessary as determined by the Company under the plan
17. Charges incurred for Surgeries, Treatment or supplies which are Investigational, Experimental, and for research purposes.
18. 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.
19. Charges incurred for testing that attempts to measure aspects of an Insured Person's mental ability, intelligence, aptitude, personality and stress management. It may include but is not limited to psychometric, behavioral and educational testing.
20. Charges incurred for Custodial Care.
21. 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.
22. 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.
23. 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).
24. 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.
25. Elective Surgery or Treatment of any kind.
26. 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.
27. Charges incurred for any Treatment or supply that either promotes, enhances or corrects or attempts to promote, enhance or correct impotency or sexual dysfunction.
28. 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.
29. 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.
30. 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.
31. 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.
32. Any illness or Injury sustained while taking part in backcountry skiing.
33. Any illness or Injury sustained while taking part in skiing off-piste.
34. 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.
35. Any illness or Injury sustained while taking part in Collision Sports.
36. 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.
37. 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.

38. 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.
39. 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
40. Any willfully Self-inflicted Injury or Illness.
41. Any sexually transmitted or venereal disease.
42. Any testing for the following when not Medically Necessary: HIV, seropositivity to the AIDS virus, AIDS related Illnesses, ARC Syndrome, AIDS.
43. 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.
44. Biofeedback, acupuncture, music, occupational, recreational, sleep, speech, or vocational therapy
45. Orthoptics, visual therapy or visual eye training.
46. 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.
47. Hair loss, including without limitation wigs, hair transplants or any drug that promises to promote hair growth, whether or not prescribed by a Physician.
48. Any sleep disorder, including without limitation sleep apnea.
49. Any exercise and/or fitness program or equipment, whether or not prescribed or recommended by a Physician.
50. Any exposure to any non-medical nuclear or atomic radiation, and/or radioactive material(s).
51. Any organ or tissue or other transplant or related services, Treatment or supplies.
52. Any artificial or mechanical devices designed to replace human organs temporarily or permanently after termination of Inpatient status.
53. Any efforts to keep a donor alive for a transplant procedure.
54. 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
55. 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.
56. 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.
57. 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.
58. Charges incurred in the Insured Person's Country of Residence, except as otherwise expressly provided for in this insurance.
59. Charges incurred for any travel, meals, transportation and/or accommodations, except as otherwise expressly provided for in this insurance.
60. Charges or expenses incurred for nonprescription drugs, medicines, vitamins, food extracts, or nutritional supplements; IV vitamin or herbal therapy; drugs or medicines not approved by the United States Food and Drug Administration or which are considered "off-label" drug use; and for drugs or medicines not prescribed by a Physician.
61. 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)
62. 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.
63. Charges incurred for Dental Treatment, except as specifically provided for hereunder.
64. 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.
65. Dental Injury without associated face, skull, neck and/or jaws Injury or that can be evaluated and treated in a dental office.
66. Dental Treatment for services which provide oral care maintenance including tooth repair by fillings, root canals, tooth removal and x-rays.
67. Charges for Treatment of an Illness or Injury for which payment is made or available through a workers' compensation law or a similar law.
68. Charges incurred for massage therapy.
69. 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
70. 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
71. 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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