

 International  
Student Insurance

La Sierra University  
SHAAH00264517

**Student Health Advantage**  
2022/2023



*Committed  
to you!*

# USING YOUR INSURANCE PLAN

If you need to seek medical treatment, please be sure to seek care appropriately for the condition/situation that you are experiencing. Choosing the correct medical provider will make your experience much better, and it will make the billing and payment process much smoother. Here are some guidelines for choosing appropriate medical care.



## NON-EMERGENCY SITUATIONS

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.

When you need to seek in-person non-emergency care, for conditions such as a cold, the flu or minor injuries and sickness, please visit a local doctor, urgent care treatment center or walk-in medical clinic. They will be best placed to assist you in a timely manner, and you will likely pay less out of pocket. To locate a doctor or clinic, use the online search tool in your student zone or call IMG for appropriate in-network providers in your area.



## EMERGENCY SITUATIONS

If you need to seek emergency care, please go to the nearest hospital emergency room or call the emergency services (911 in the USA) for immediate assistance. Examples of emergency care include serious accidents or sickness, and any condition that requires an ambulance.

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

**Please Note** – use of the emergency room will be subject to an **\$250** deductible.



## ID-CARD

It is extremely important that you carry your insurance ID card with you at all times and provide this to the doctor, clinic or hospital at the time of treatment. Failure to do this will result in bills being sent directly to you for payment. Your insurance ID card will be provided to you prior to traveling, and you can download a new copy in your student zone.



## DOCTOR/HOSPITAL SEARCH

Whether inside or outside the USA you have the freedom of choice to visit any doctor, clinic or hospital you wish, however you are **strongly encouraged** to visit medical providers who are part of the insurance plan network. This will allow direct billing and can remove the need for you to pay up front for medical expenses. Providers can be located online by visiting: <https://www.internationalstudentinsurance.com/network/img/uhc.php>



## CLAIMS PROCESS

When seeking medical care please use the following guidelines to submit your claims to the insurance company:

### Inside the USA

- At the providers office, give them your insurance ID card.
- Pay your deductible/ copay (if you have one).
- In-network providers will bill directly to IMG, out of network providers will require you to pay upfront.
- Complete a claim form and submit that to IMG via email

### Outside the USA

- Call IMG directly before you seek treatment, they will help you locate a provider and will assist in setting up direct billing.
- Otherwise, please seek treatment from any provider you wish, pay for services up front and then submit a claim for reimbursement.

### Prescription Medications

You will need to pay for all your medications upfront and then either submit a claim form, with your receipts, or add them to your existing claims.

### Claim Submission

Claim forms can be obtained in your student zone, and should be submitted electrically to: [customercare@imglobal.com](mailto:customercare@imglobal.com)



## TRAVEL ASSISTANCE SERVICES

If you need help or assistance during your insurance coverage period, help is a phone call away for items such as:

- Provider Listings
- Claims Update
- Emergency Assistance
- Medical Monitoring

USA Toll Free 1 (800) 628-4664

International +1 (317) 655-4500

Email: [customercare@imglobal.com](mailto:customercare@imglobal.com) (24 business hour response time)



## STUDENT ZONE

For more detailed information about your insurance plan, including full policy conditions and exclusions, a copy of your insurance ID card and useful information about your insurance plan, please visit:

<https://administrators.internationalstudentinsurance.com/zones/La-Sierra-2020/>

# INSURANCE PLAN

## BENEFITS

Benefit			
Lifetime Maximum	\$500,000		
Per Injury/Illness Maximum	\$300,000		
Benefit Levels	In-Network (USA)	Out-of-Network (USA)	International
Deductible - Per injury/illness	\$25	\$25	\$25
Coinsurance - In addition to deductible	Plan pays 100% of eligible expenses, up to the policy maximum after the deductible. Insured pays 0%	Plan pays 80% of eligible expenses, up to the policy maximum, after the deductible. Insured pays 20%	Plan pays 100% of eligible expenses, up to the policy maximum, after the deductible. Insured pays 0%
Out of Pocket Maximum	\$0	\$1,000	\$0
Student Health Center - Not subject to deductible	\$5 Copayment per visit. Plan pays 100% of eligible expenses, up to the policy maximum, after the copayment. Insured pays 0%		
Pre-Certification			
<ul style="list-style-type: none"> <li>• Interfacility Ambulance Transfer: No coverage if Pre-certification requirements are not met.</li> <li>• Medical Evacuation: No coverage if not approved by the Company. Refer to the EMERGENCY MEDICAL EVACUATION provision for complete requirements and coverage.</li> <li>• Maternity: 50% reduction of Eligible Medical Expenses if Pre-certification requirements are not met.</li> <li>• All other Treatments &amp; supplies: 50% reduction of Eligible Medical Expenses if Pre-certification requirements are not met.</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>			
Pre-Existing Conditions			
Charges are excluded until the Insured Person has maintained 6 months of continuous coverage under this insurance.			
Inpatient or Outpatient Services			
Subject to Deductible and Coinsurance unless otherwise noted Eligible Medical Expense are limited to Usual, Reasonable, and Customary Limits are per Period of Coverage unless stated as Maximum Limit			
	In-Network (USA)	Out-of-Network (USA)	International
Eligible Medical Expenses	100%	80%	100%
Physician Visits / Services <ul style="list-style-type: none"> <li>• Maximum Visits per Day: 1</li> <li>• Surgery is not subject to the maximum visit limit</li> </ul>	100%	80%	100%
Teledoc Consultations** <ul style="list-style-type: none"> <li>• Not subject to deductible and coinsurance</li> <li>• Mental or Nervous Disorders are not covered</li> </ul>	100%	N/A	N/A

Hospital Emergency Room <ul style="list-style-type: none"> <li>• <b>Injury:</b> Not subject to Emergency Room Deductible</li> <li>• <b>Illness:</b> Subject to a \$250 Deductible for each Emergency Room visit for Treatment that does not result in a direct Hospital admission.</li> </ul>	100%	80%	100%
Hospitalization / Room & Board <ul style="list-style-type: none"> <li>• Average semi-private room rate</li> <li>• Includes nursing, miscellaneous and Ancillary Services</li> </ul>	100%	80%	100%
Intensive Care	100%	80%	100%
Outpatient Surgical / Hospital Facility	100%	80%	100%
Laboratory	100%	80%	100%
Radiology / X-ray	100%	80%	100%
Chemotherapy / Radiation Therapy	100%	80%	100%
Pre-admission Testing	100%	80%	100%
Surgery	100%	80%	100%
Reconstructive Surgery <ul style="list-style-type: none"> <li>• Surgery is incidental to or follows Surgery that was covered under the Plan</li> </ul>	100%	80%	100%
Assistant Surgeon <ul style="list-style-type: none"> <li>• 20% of the primary surgeon's eligible fee</li> </ul>	100%	80%	100%
Anesthesia	100%	80%	100%
Durable Medical Equipment	100%	80%	100%
Chiropractic Care <ul style="list-style-type: none"> <li>• Medical order or treatment plan required</li> </ul>	100%	80%	100%
Physical Therapy <ul style="list-style-type: none"> <li>• Maximum Visits per Day: 1</li> <li>• Medical order or treatment plan required</li> </ul>	100%	80%	100%
Maternity and Newborn Care <ul style="list-style-type: none"> <li>• Maximum Limit: \$5,000</li> <li>• Newborn routine care during the first 31 days of life</li> </ul>	80%	60%	100%
Extended Care Facility <ul style="list-style-type: none"> <li>• Upon direct transfer from acute care Hospital</li> </ul>	100%	80%	100%
Home Nursing Care <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>	100%	80%	100%
<b>Preventative Care Services</b> NOT Subject to Deductible and Coinsurance unless otherwise noted Eligible Medical Expense are limited to Usual, Reasonable, and Customary Limits are per Period of Coverage unless stated as Maximum Limit			
Combined Limit	\$250 Maximum		
Routine Examinations	100%	100%	100%
Immunizations	100%	100%	100%

## Prescriptions

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

<b>United States</b> <ul style="list-style-type: none"> <li>● Not subject to deductible and coinsurance</li> <li>● Copayments are per 30-day supply</li> <li>● Dispensing maximum: 90 days</li> <li>● Prescriptions \$500 and higher will require Universal Rx (URX) to obtain prior authorization from the Company</li> </ul>	Universal Rx (URX) Prescription Drug Card MUST be utilized for all Outpatient Prescription Drugs in the United States.  URX Prescription Card Retail Pharmacy Copayments <ul style="list-style-type: none"> <li>● Generic: \$20</li> <li>● Brand Name: \$40</li> </ul>
<b>International</b>	Coinsurance: 100% Subject to Deductible and Coinsurance Dispensing Maximum: 90 days

## Mental or Nervous / Substance Abuse

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

	In-Network (USA)	Out-of-Network (USA)	International
<b>Inpatient Mental or Nervous / Substance Abuse</b> <ul style="list-style-type: none"> <li>● Maximum Limit: \$20,000</li> <li>● Not covered if incurred at the Student Health Center</li> </ul>	100%	80%	100%
<b>Outpatient Mental or Nervous / Substance Abuse</b> <ul style="list-style-type: none"> <li>● Maximum Limit per Day: \$50</li> <li>● Maximum Limit: \$500</li> <li>● Not covered if incurred at the Student Health Center</li> </ul>	100%	80%	100%

## Emergency Services

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

	In-Network (USA)	Out-of-Network (USA)	International
<b>Emergency Local Ambulance</b> <ul style="list-style-type: none"> <li>● Period of Coverage Limit per Injury: \$350</li> <li>● Period of Coverage Limit per Illness \$350 (resulting in an Inpatient Hospitalization)</li> </ul>	100%	100%	100%
<b>Emergency Medical Evacuation</b> <ul style="list-style-type: none"> <li>● Maximum Limit: \$500,000</li> <li>● Must be approved in advance and coordinated by the Company</li> </ul>	100%	100%	100%
<b>Emergency Reunion</b> <ul style="list-style-type: none"> <li>● Maximum Limit: \$50,000</li> <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>	100%	100%	100%
<b>Interfacility Ambulance Transfer</b> <ul style="list-style-type: none"> <li>● Services rendered in the United States</li> <li>● Transfer must be a result of an Inpatient Hospitalization</li> </ul>	100%	100%	Not Applicable
<b>Political Evacuation and Repatriation</b> <ul style="list-style-type: none"> <li>● Maximum Limit: \$10,000</li> <li>● Must be approved in advance by the Company</li> </ul>	100%	100%	100%

Return of Mortal Remains <ul style="list-style-type: none"> <li>Maximum Limit: \$50,000</li> <li>Local Burial / Cremation at place of death <ul style="list-style-type: none"> <li>Maximum Limit: \$5,000</li> </ul> </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>	100%	100%	100%																
<b>Other Services</b> Subject to Deductible and Coinsurance unless otherwise noted Eligible Medical Expense are limited to Usual, Reasonable, and Customary Limits are per Period of Coverage unless stated as Maximum Limit																			
	In-Network (USA)	Out-of-Network (USA)	International																
Accidental Death & Dismemberment <ul style="list-style-type: none"> <li>Not subject to Deductible and Coinsurance</li> <li>Death must occur within 90 days of the Accident</li> </ul>	<u>Accidental Death Principal Sum:</u> Insured Person: \$25,000 Spouse: \$10,000 Child: \$5,000  <u>Accidental Dismemberment Loss:</u> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="text-align: right; width: 20%;"><u>Percent of Principal Sum</u></th> </tr> </thead> <tbody> <tr><td>Sight of one eye</td><td style="text-align: right;">50%</td></tr> <tr><td>One hand or one foot</td><td style="text-align: right;">50%</td></tr> <tr><td>One hand and the loss of sight of one eye</td><td style="text-align: right;">100%</td></tr> <tr><td>One foot and the loss of sight of one eye</td><td style="text-align: right;">100%</td></tr> <tr><td>One hand and one foot</td><td style="text-align: right;">100%</td></tr> <tr><td>Both hands or both feet</td><td style="text-align: right;">100%</td></tr> <tr><td>Sight of both eyes</td><td style="text-align: right;">100%</td></tr> </tbody> </table>				<u>Percent of Principal Sum</u>	Sight of one eye	50%	One hand or one foot	50%	One hand and the loss of sight of one eye	100%	One foot and the loss of sight of one eye	100%	One hand and one foot	100%	Both hands or both feet	100%	Sight of both eyes	100%
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Dental Treatment <ul style="list-style-type: none"> <li>Period of Coverage Limit: \$350 (Treatment due to Unexpected pain to sound, natural teeth)</li> <li>Period of Coverage Limit per Injury: \$500 (Non-emergency Treatment by a Dental Provider due to an Accident)</li> </ul>	Not Applicable	80%	100%																
Traumatic Dental Injury <ul style="list-style-type: none"> <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>	100%	80%	100%																
Incidental Trip <ul style="list-style-type: none"> <li>Maximum Days: 14</li> <li>Insured Person's Country of Residence is not the United States</li> <li>Refer to the INCIDENTAL TRIP provision for further details</li> </ul>	100%	80%	100%																
Intercollegiate, Interscholastic, Intramural, or Club Sports <ul style="list-style-type: none"> <li>Period of Coverage Limit per Illness or Injury: \$5,000</li> </ul>	100%	80%	100%																
Personal Liability <ul style="list-style-type: none"> <li>Secondary to any other insurance</li> <li>No coverage for Injury to a related Third Party or damage to related Third Person's property.</li> <li>Refer to the PERSONAL LIABILITY provision for further details and requirements</li> </ul>	Combined Maximum Limit: \$10,000  Injury to Third Person: <ul style="list-style-type: none"> <li>Per Injury Deductible: \$100</li> </ul> Damage to Third Person's property: <ul style="list-style-type: none"> <li>Per damage Deductible: \$100</li> </ul>																		
Terrorism <ul style="list-style-type: none"> <li>Not subject to Deductible and Coinsurance</li> <li>Maximum Limit: \$50,000</li> </ul>	100%	100%	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 Preexisting Condition or is otherwise excluded under this Certificate of Insurance.*

# 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).  
Any claim, Charges, illness, injury or other consequence happening or arising during the existence of abnormal conditions (whether physical or otherwise), whether or not directly or indirectly, proximately or remotely occasioned by, or contributed to by, traceable to, or arising in connection with, any of the said occurrences shall be deemed and considered to be consequences for which the Company shall not be liable under the Master Policy or this Certificate, except to the extent that the Insured Person shall prove that such claim, Charges, illness, injury or other consequence happened independently of the existence of such abnormal conditions and/or occurrences.
3. TERRORISM: The Company shall not be liable for and will not provide coverage or benefits in excess of the amount shown in the BENEFIT SUMMARY for any claim or Charges, illness, injury or other consequence, whether directly or indirectly, proximately or remotely occasioned by, contributed to by, or traceable to or arising in connection with any act of Terrorism. Further, the Company shall not be liable for and will not provide any coverage or benefits for any claim, Charges, illness, injury or other consequence, whether directly or indirectly, proximately or remotely occasioned by, contributed to by, or traceable to or arising in connection with the following:
  - a. the Insured Person's active and voluntary planning or coordination of or participation in any act of Terrorism
  - b. any act of Terrorism that takes place in a location, post, area, territory or country for which a Travel Warning or Emergency Travel Advisory was issued or in effect on or within six (6) months prior to the Insured Person's date of arrival in said location, post, area, territory or country
  - c. any act of Terrorism that takes place in a location, post, area, territory or country for which a Travel Warning or Emergency Travel Advisory becomes effective or is in effect on or after the Insured Person's date of arrival in said location, post, area, territory or country, and the Insured Person unreasonably fails or refuses to heed such warning and thereafter remains in said location, post, area, territory or country.
4. PRE-EXISTING CONDITIONS: Charges resulting directly or indirectly from or relating to any Pre-existing Condition, defined as a medical or health condition (whether physical or mental, regardless of the cause of the condition) for which medical advice, diagnosis, care, or Treatment was recommended or received during the six (6) month period ending on the Effective Date, are excluded from this insurance until the earlier of the following dates:
  - a. the date that the number of days, beginning on the Effective Date, exceeds one hundred eighty (180) days
  - b. the date that the number of days beginning on the Effective Date, when added to the number of days of Creditable Coverage beginning on the first day following any Significant Break in Creditable Coverage and ending on the Effective Date applicable to the individual, exceeds one hundred eighty (180) days



5. MATERNITY AND NEWBORN CARE: Charges for pre-natal care, delivery, post-natal care, and care of Newborns, are excluded from this insurance:
  - a. when conception occurred prior to the Effective Date of Coverage; and/or
  - b. the Pregnancy is not the result of Natural Insemination
6. 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 excluded from coverage or which is otherwise not covered under this insurance
  - n. for Congenital Disorders and conditions arising out of or resulting therefrom
7. Charges incurred for failure to keep a scheduled appointment
8. Telehealth or Telemedicine services not considered Medically Necessary as determined by the Company under the plan
9. Charges incurred for Surgeries, Treatment or supplies which are Investigational, Experimental, and for research purposes
10. Charges incurred related to genetic medicine, genetic testing, surveillance testing and/or wellness screening procedures for genetically predisposed conditions indicated by genetic medicine or genetic testing, including, but not limited to amniocentesis, genetic screening, risk assessment, preventive and prophylactic surgeries recommended by genetic testing, and/or any procedures used to determine genetic pre-disposition, provide genetic counseling, or administration of gene therapy
11. Charges incurred for testing that attempts to measure aspects of an Insured Person's mental ability, intelligence, aptitude, personality and stress management. Such testing may include but is not limited to psychometric, behavioral and educational testing
12. Charges incurred for Custodial Care
13. Charges incurred for Educational or Rehabilitative Care that specifically relates to training or retraining an Insured Person to function in a normal or near-normal manner. Such care may include but is not limited to job or vocational training, counseling, occupational therapy and speech therapy
14. Charges for weight modification or any Inpatient, Outpatient, Surgical or other Treatment of obesity (including without limitation morbid obesity), including without limitation wiring of the teeth and all forms or procedures of bariatric Surgery by whatever name called, or reversal thereof, including without limitation intestinal bypass, gastric bypass, gastric banding, vertical banded gastroplasty, biliopancreatic diversion, duodenal switch, or stomach reduction or stapling
15. Charges for modification of the physical body in order to change or improve or attempt to change or improve the physical appearance or psychological, mental or emotional well-being of the Insured Person (such as but not limited to sex-change Surgery or Surgery relating to sexual performance or enhancement thereof)
16. Charges or Treatment for cosmetic or aesthetic reasons, except for reconstructive Surgery when such Surgery is Medically Necessary and is directly related to and/or follows a Surgery which was covered under this insurance
17. elective Surgery or Treatment of any kind
18. Charges incurred for any Treatment or supply that either promotes or prevents or attempts to promote or prevent conception, insemination (natural or otherwise) or birth, including but not limited to: artificial insemination; oral contraceptives; Treatment for infertility or impotency; vasectomy, or reversal of vasectomy; sterilization; reversal of sterilization; surrogacy or abortion

19. Charges incurred for any Treatment or supply that either promotes, enhances or corrects or attempts to promote, enhance or correct impotency or sexual dysfunction
20. 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 (except as otherwise expressly provided within the BENEFIT SUMMARY sub-limit for INTERCOLLEGIATE, INTERSCHOLASTIC, INTRAMURAL, OR CLUB SPORTS)
21. any Illness or Injury sustained while taking part in activities designated as Adventure Sports, which are limited to the following: abseiling; BMX; bobsledding; bungee jumping; canyoning; caving; hot air ballooning; jungle zip lining; parachuting; paragliding; parascending; rappelling; skydiving; spelunking; whitewater kayaking or whitewater rafting in water less than Class V difficulty; wildlife safaris; and windsurfing
22. any Illness or Injury sustained while taking part in activities designated as Extreme Sports, which include but are in no way limited to the following (and include any combination or derivative of the following): BASE jumping; cave diving; cliff diving; downhill mountain biking and racing; extreme skiing; freediving; free flying; free running; free skiing; freestyle scootering; gliding; heli-skiing; ice canoeing; ice climbing; kitesurfing; mixed martial arts; motocross; motorcycle racing; motor rally; mountaineering above elevation of 4500 meters from ground level; parkour; piloting a commercial or non-commercial aircraft; powerbocking; scuba diving or sub aqua pursuits below a depth of 30 meters; snowmobile racing; truck racing; whitewater kayaking or whitewater rafting Class V and higher difficulty; and wingsuit flying
23. any Illness or Injury sustained while taking part in Professional Athletics
24. any Illness or Injury sustained while taking part in snow skiing, snowboarding or snowmobiling where the Insured Person is in violation of applicable laws, rules or regulations of a ski resort, out of bounds or in unmarked or unpatrolled areas
25. any Illness or Injury sustained while taking part in backcountry skiing
26. any Illness or Injury sustained while taking part in skiing off-piste
27. any Illness or Injury sustained while taking part in athletic or recreational activities where the Insured Person is not physically or medically fit or does not hold the necessary qualifications to engage in said activities
28. any Illness or Injury sustained while taking part in Collision Sports (except as otherwise expressly provided within the BENEFIT SUMMARY sub-limit for INTERCOLLEGIATE, INTERSCHOLASTIC, INTRAMURAL, OR CLUB SPORTS)
29. any Illness or Injury sustained while participating in any sporting, recreational or adventure activity where such activity is undertaken against the advice or direction of any local authority or any qualified instructor or contrary to the rules, recommendations and procedures of a recognized governing body for the sport or activity
30. any Illness or Injury sustained while participating in any activity where such activity is undertaken in disregard of or against the recommendations, Treatment programs, or medical advice of a Physician or other healthcare provider
31. any Injury or Illness sustained as a result of being under the influence of or due wholly or partly to the effects of alcohol, liquor, intoxicating substance, narcotics or drugs other than drugs taken in accordance with Treatment prescribed and directed by a Physician but not for the Treatment of Substance Abuse
32. any Injury or Illness sustained while operating a moving vehicle after consumption of intoxicating liquor or drugs in excess of the applicable blood/alcohol legal limit, other than drugs taken in accordance with Treatment prescribed and directed by a Physician. For purposes of this exclusion, "vehicle" shall include motorized devices regardless of whether or not a driver or operator license is required (including watercraft and aircraft) and non-motorized bicycles and scooters for which no permit or license is required
33. any willfully Self-inflicted Injury or Illness
34. any sexually transmitted or venereal disease
35. any testing for the following when not Medically Necessary: HIV, seropositivity to the AIDS virus, AIDS related illnesses, ARC Syndrome, AIDS
36. any Illness or Injury resulting from or occurring during the commission of a violation of law by the Insured Person, including, without limitation, the engaging in an illegal occupation or act, but excluding minor traffic violations
37. biofeedback, acupuncture, music, occupational, recreational, sleep, speech, or vocational therapy
38. orthoptics, visual therapy or visual eye training
39. any non-surgical Illness or Treatment of the feet, including without limitation: orthopedic shoes; orthopedic prescription devices to be attached to or placed in shoes; Treatment of weak, strained, flat, unstable or unbalanced feet metatarsalgia, bone spurs, hammer toes or bunions; and any Treatment or supplies for corns, calluses or toenails
40. hair loss, including without limitation wigs, hair transplants or any drug that promises to promote hair growth, whether or not prescribed by a Physician
41. any sleep disorder, including without limitation sleep apnea
42. any exercise and/or fitness program or equipment, whether or not prescribed or recommended by a Physician
43. any exposure to any non-medical nuclear or atomic radiation, and/or radioactive material(s)
44. any organ or tissue or other transplant or related services, Treatment or supplies

45. any artificial or mechanical devices designed to replace human organs temporarily or permanently after termination of Inpatient status
46. any efforts to keep a donor alive for a transplant procedure
47. any illness or injury incurred in the Destination Country, Affected Area or Country of Residence as a result of a Public Health Emergency of International Concern, Epidemic, Pandemic, other disease outbreak, or Natural Disaster, that may affect an Insured Person's health, unless coverage is expressly provided under the PUBLIC HEALTH EMERGENCY provision of this insurance **This exclusion DOES NOT apply to Charges resulting from COVID-19/SARS-CoV-2.**
48. Charges incurred for eyeglasses, contact lenses, hearing aids or hearing implants and Charges for any Treatment, supply, examination or fitting related to these devices, or for eye refraction for any reason
49. Charges incurred for eye Surgery, such as but not limited to radial keratotomy, when the primary purpose is to correct or attempt to correct nearsightedness, farsightedness, or astigmatism
50. Charges incurred for Treatment or supplies for temporomandibular joint (TMJ) including but not limited to TMJ syndrome, craniomandibular syndrome, chronic TMJ pain, orthognathic Surgery, Le-Fort Surgery or splints
51. Charges incurred in the Insured Person's Country of Residence, except as otherwise expressly provided for in this insurance
52. Charges incurred for any travel, meals, transportation and/or accommodations, except as otherwise expressly provided for in this insurance
53. Charges or expenses incurred for nonprescription drugs, medicines, vitamins, food extracts, or nutritional supplements; IV vitamin or herbal therapy; drugs or medicines not approved by the United States Food and Drug Administration or which are considered "off-label" drug use; and for drugs or medicines not prescribed by a Physician
54. any drug purchased at a United States Pharmacy which is not through and is required under the Universal RX Card Program
55. 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
56. Charges incurred for Dental Treatment, except as specifically provided for hereunder
57. 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
58. Dental Injury without associated face, skull, neck and/or jaws Injury or that can be evaluated and treated in a dental office
59. Dental Treatment for services which provide oral care maintenance including tooth repair by fillings, root canals, tooth removal and x-rays
60. Charges for Treatment of an illness or injury for which payment is made or available through a workers' compensation law or a similar law
61. Charges incurred for massage therapy
62. Charges incurred for Personal Liability legal fees or out-of-pocket costs associated and/or related to the determination and/or settlement of a legal liability
63. 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.

This brochure contains only a consolidated and summary description of all current Student Health Advantage benefits, conditions, limitations and exclusions. A certificate containing the complete Certificate Wording with all terms, conditions and exclusions will be included in your student zone.