



**ENVISAGE**  
GLOBAL INSURANCE



Alliance Strategies

Plan Year: 2026

May 1st 2026 - October 31st 2027

ALAB-up-A26, GEOV-up-A26, TELO-up-A26

# Seeking Medical Care

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

## Telemedicine

Your plan includes 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.



## 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. An additional **\$250 Co-pay** will apply for each Emergency Room visit if you are not admitted as an inpatient.

### Please Note

Emergency Treatment is only covered for services and supplies provided to an Insured Person while in an Emergency Room when the following conditions are met:

- A Physician instructs the patient to report to the Emergency Room immediately for Emergency care; or
- The severity of symptoms upon presentation to the Emergency Room is at a level that would lead a reasonable person with an average understanding of health and medicine to believe they were experiencing an Emergency.



## 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](#)



## Prescription Medications

Your plan includes access to the Prime Therapeutics Network for prescription drugs. Most major pharmacies are part of this network, so you simply present your insurance ID Card, pay your copay and that is it! The rest should be taken care of by the network and the insurance company.

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.



# Claims Information

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## 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. Complete the Claimant Questionnaire through the [online claims submission portal](#).
  1. Complete the Claimant Questionnaire once per injury/illness with all the details about your visit.
  2. Include any relevant documents, including medical records, itemized bills, and any receipts from your visit.
  3. **This needs to be submitted within 180 days from your visit for your claim to be considered for coverage.**
2. Track the status of your claims through the [UHC Claims Tracking Portal](#) or by contacting Point Comfort Directly:  
**Email:** [travelclaims@pointcomfort.com](mailto:travelclaims@pointcomfort.com)  
**Toll-Free:** (833) 483-0001  
**Direct:** +1 (317) 210 2010

## 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. Complete the Claimant Questionnaire through the [online claims submission portal](#).
  1. Complete the Claimant Questionnaire once per injury/illness with all the details about your visit.
  2. Include any relevant documents, including medical records, itemized bills, and any receipts from your visit.
  3. **This needs to be submitted within 180 days from your visit for your claim to be considered for coverage.**
2. Contact Point Comfort to check on the status of your claims.  
**Email:** [travelclaims@pointcomfort.com](mailto:travelclaims@pointcomfort.com)  
**Toll-Free:** (833) 483-0001  
**Direct:** +1 (317) 210 2010

# Student Zone

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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 submission instructions
- Claims tracking details
- Access your policy documents

Visit your Student Zone:

[Student Zone](#)

# Assistance

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Point Comfort 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 Point Comfort at:

- USA Toll Free: (833) 483-0001
- USA Direct: +1(317) 210-2010
- Email: [travelclaims@pointcomfort.com](mailto:travelclaims@pointcomfort.com)



# Benefit Summary

| Benefit                                                                                                                                                                                                                                               | Upgrade plan                                                                                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| Coverage Area                                                                                                                                                                                                                                         | Worldwide, including the USA                                                                               |
| Medical Maximum                                                                                                                                                                                                                                       | \$500,000                                                                                                  |
| Age                                                                                                                                                                                                                                                   | 14 days through 59 years                                                                                   |
| <b>Deductible, Co-pays and Coinsurance</b><br>All Eligible Medical Expenses are subject to Deductible, Co-pays, Coinsurance, and Maximum Benefit unless otherwise indicated<br>(Copays do not apply toward satisfaction of Deductible or Coinsurance) |                                                                                                            |
| Deductible                                                                                                                                                                                                                                            | \$50 per injury / illness                                                                                  |
| Teladoc Telemedicine                                                                                                                                                                                                                                  | Covered; not subject to Deductible                                                                         |
| Emergency Medical Treatment in Emergency Room                                                                                                                                                                                                         | \$250 Co-pay (waived if admitted as inpatient)                                                             |
| Urgent Care Clinic or Walk-In Clinic                                                                                                                                                                                                                  | \$50 Co-pay                                                                                                |
| Outpatient Prescription Drugs                                                                                                                                                                                                                         | \$20 Co-pay, in network, generic preferred through Prime Therapeutics                                      |
| Coinsurance - claims incurred in US in network                                                                                                                                                                                                        | Plan pays 100% of network discounted charges                                                               |
| Coinsurance - claims incurred in US out of network                                                                                                                                                                                                    | Plan pays 100% of Usual, Reasonable and Customary charges                                                  |
| <b>Features</b>                                                                                                                                                                                                                                       |                                                                                                            |
| Acute Onset of Pre-existing Conditions                                                                                                                                                                                                                | \$5,000 Limit                                                                                              |
| <b>Professional Services</b><br>(Subject to Deductible, Coinsurance and Maximum Benefit)                                                                                                                                                              |                                                                                                            |
| Physician Hospital Visits                                                                                                                                                                                                                             | 100%                                                                                                       |
| Physical Therapy / Chiropractic Care                                                                                                                                                                                                                  | \$50 per visit, maximum of 10 visits                                                                       |
| Surgeon/Anesthesiologist/Anesthesia                                                                                                                                                                                                                   | 100%<br>Assistant Surgeon - 20% of surgeon fees                                                            |
| <b>All other Inpatient and Outpatient Services</b><br>(Subject to Deductible, Coinsurance and Maximum Benefit)                                                                                                                                        |                                                                                                            |
| Outpatient Facility                                                                                                                                                                                                                                   | 100%                                                                                                       |
| Hospital Room and Board                                                                                                                                                                                                                               | 100%, subject to average semi-private room rate<br>Includes nursing, miscellaneous, and Ancillary Services |
| Intensive Care Unit                                                                                                                                                                                                                                   | 100%                                                                                                       |
| Operating room, treatment room and/or recovery room                                                                                                                                                                                                   | 100%                                                                                                       |
| Outpatient Laboratory                                                                                                                                                                                                                                 | 100%                                                                                                       |
| Outpatient Radiology/x-rays                                                                                                                                                                                                                           | 100%                                                                                                       |

|                                  |                                                                       |
|----------------------------------|-----------------------------------------------------------------------|
| Durable Medical Equipment        | 100% (includes standard wheelchair and/or standard Hospital bed only) |
| Reconstructive Surgery           | 100% if incidental to or following a covered Surgery                  |
| Chemotherapy / Radiation Therapy | 100%                                                                  |
| Pre-admission Testing            | 100%                                                                  |
| Home Nursing Care                | 100%, subject to a maximum of 10 days                                 |
| Hospice Care                     | 100%, subject to a maximum of 180 days                                |

#### Dental Treatment

(Subject to Deductible, Coinsurance and Usual, Reasonable and Customary charges unless otherwise indicated)

|                 |                                                                                                                                                                                        |
|-----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Dental Pain     | Acute Onset - \$100 maximum, palliative care only and must have 30 days or more coverage                                                                                               |
| Dental Accident | \$100 per tooth, \$300 maximum in a dental office, Covered for treatment in the emergency room following a covered Accident (involving associated face, skull, neck and/or jaw Injury) |

#### Mental Health

(Not subject to Deductible, Coinsurance and Maximum Benefit unless otherwise indicated)

|                |                                   |
|----------------|-----------------------------------|
| Office Visits  | \$50 maximum per visit, 10 visits |
| Inpatient Care | \$10,000 Maximum                  |

#### Transportation Expenses

(Not subject to Deductible, Coinsurance and Maximum Benefit unless otherwise indicated)

|                                  |                                                                                                     |
|----------------------------------|-----------------------------------------------------------------------------------------------------|
| Local Ambulance                  | Injury: 100%<br>Illness: 100% if admitted<br>Subject to deductible, coinsurance and maximum benefit |
| Interfacility Ambulance Transfer | 100%<br>Subject to deductible, coinsurance and maximum benefit                                      |
| Emergency Medical Evacuation     | \$250,000 Limit                                                                                     |
| Medical Repatriation             | \$50,000 Limit                                                                                      |
| Emergency Reunion                | \$7,500 Limit after 5 days inpatient hospitalization                                                |
| Repatriation of Mortal Remains   | \$50,000                                                                                            |
| Local Burial/Cremation           | \$5,000 in lieu of Repatriation of Mortal Remains                                                   |
| Trip Interruption                | \$5,000                                                                                             |

#### Additional Benefits

|                                  |                                                                                  |
|----------------------------------|----------------------------------------------------------------------------------|
| Accidental Death & Dismemberment | Ages 18 to 59 - Principal Sum \$5,000<br>Under 18 - Principal Sum \$1,250        |
| Lost Checked Luggage             | Actual Cash Value not to exceed \$50 any one item, subject to a maximum of \$250 |
| Personal Liability               | \$25,000                                                                         |

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

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To become an Insured Person, the individual must meet all of the following requirements. If an Insured Person does not in reality meet these requirements, all coverage under the Master Policy is void ab initio and all premiums paid will be refunded

1. Be an employee, member, sponsored volunteer or other affiliated participant of the Participating Organization designated in the Certificate provided to the Insured Person.
2. Be at least fourteen (14) days old and not older than the age specified in Schedule included in the Certificate provided to the Insured Person.
3. Complete, sign and submit an Application/enrollment as the Insured Person (or be listed thereon by proxy) and receive written acceptance of Application.
4. Pay the required premium on or before the Certificate Effective Date and any subsequent premium due date.
5. As of the Certificate Effective Date must have legally departed their Home Country and be temporarily residing outside their Home Country for the purpose of pursuing international volunteer, cultural, educational or temporary employment or internship activities.
6. Must not have established a permanent residency in the Host Country.

## Pre-Certification

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The following medical expenses must always be Pre-Certified before admission or receiving services and/or supplies:

1. Inpatient care
2. Any Surgery or Surgical Procedure
3. Care in an Extended Care Facility
4. Home Nursing Care
5. Hospice Care
6. Durable Medical Equipment
7. Computerized Tomography (CAT Scan, CT Scan)
8. Magnetic Resonance Imaging (MRI)
9. Ultrasound
10. Positron emission tomography scan (PET)
11. Chemotherapy/Radiation Therapy
12. Interfacility Ambulance Transfer
13. Inpatient Mental Health Treatment
14. Physical Therapy

In the event of an Emergency Hospital admission, Pre-certification must be made within forty-eight (48) hours after the admission, or as soon as is reasonably possible but no later than one week thereafter. **If the Insured Person and/or their Medical Providers do not comply with the Pre-Certification Requirements and/or the expenses are not Pre-Certified, eligible medical expenses will be reduced by 50%.**

To start the Pre-Certification process, please contact PCU directly:

- From within the US :+1-833-483-0001
- Collect International Calls: +1-317-210-2010
- Email: [PCTravelAuth@pointcomfort.com](mailto:PCTravelAuth@pointcomfort.com)
- Online: [www.pointcomfortportal.com/alliance-strategies](http://www.pointcomfortportal.com/alliance-strategies)

# Exclusions

Unless expressly provided for herein, and in addition to all terms, clauses, conditions, restrictions and exclusions contained herein, all of the following claims, charges, expenses, reimbursements and/or circumstances are expressly excluded from coverage under this insurance and Underwriters shall have no liability or obligation for any coverage thereof or therefor. (All of the following Exclusions may apply to any claim hereunder; category headings are provided for convenient reference purposes only.)

## General Exclusions

1. Other Coverage - Underwriters shall not be liable or obligated to provide any coverage or benefits or to pay or reimburse any claims if there is any other insurance, membership benefit, state and/or federal government program (including without limitation Medicare, Medicaid, Veterans Administration and CHAMPUS), right of contribution, recoupment or recovery contract, or any other third-party obligation or liability for provision of benefits ("Other Coverage") which would, or would but for the existence of this insurance, be available or obligated to provide such benefit or to pay or reimburse or provide indemnity for such claim, except where benefit amounts provided under Other Coverage are less than the applicable benefit amount insured hereunder, in which case Underwriters will pay the difference between the benefit amounts provided under Other Coverage and the benefit amount of this insurance, subject always to the applicable Deductible, Co-pays, Coinsurance and all other term, clauses, conditions, provisions and Exclusions of this insurance. Underwriters shall not pay any claim in respect to treatment, services or supplies furnished by any program or agency funded by any government.
2. Any Illness or Injury when the purpose of traveling to the Host Country was to obtain treatment.
3. Services or supplies provided by a relative of the Insured Person or any person who ordinarily resides with the Insured Person.
4. Services or supplies provided at no cost to the Insured Person and/or for which the Insured Person is not otherwise liable.
5. Treatment of an Illness or Injury for which payment is made or available through a workers' compensation law or similar law.
6. Claims of any nature that would expose the Underwriter and/or the Plan Administrator to 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 United States.
7. Charges which exceed the Usual, Reasonable and Customary charge for the service or supply provided.
8. Services or supplies that are not Medically Necessary, whether or not administered by or under the supervision of a Physician, and products that can be purchased without a Physician's prescription.
9. Incurred by an Insured Person after the Insured Person checks themselves out of a Hospital, Emergency Room or other facility against the advice of the treating Physician, or who leaves before reaching the end of Medically Necessary care for that Injury or Illness or any condition related directly or indirectly to or arising from that Injury or Illness. All coverage hereunder with respect to that Injury or Illness shall be forfeited immediately upon the Insured Person's departure from the Hospital, Emergency Room or other facility.
10. Incurred more than thirty (30) days following the date of onset of Illness or date of Injury, unless covered services are incurred for treatment of the Illness or Injury within thirty (30) days following the date of onset of Illness or date of Injury.
11. Elective Treatment
12. Specialty Medications
13. Surgeries, treatments, services or supplies that are Investigational, Experimental or for Research Purposes. These are terms used to describe procedures, services or supplies that are by nature or composition, or are used or applied, in a way which deviates from generally accepted standards of current medical practice.
14. Resulting directly or indirectly, proximately or remotely occasioned by, contributed to or by, traceable to or arising in connection with the Insured Person's active and voluntary planning or coordination of or participation in any Act of Terrorism.
15. Resulting directly or indirectly, proximately or remotely occasioned by, contributed to by, traceable to or arising in connection with an Act of War.
16. Resulting directly or indirectly, proximately or remotely occasioned by, contributed to by, traceable to or arising in connection with 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).

## Pre-existing Condition(s)

Resulting from or relating, directly or indirectly, to any Pre-existing Condition, except as expressly provided for in Schedule or, if applicable, in the Acute Onset of Pre-existing Condition provision of this insurance.

## Diagnosis-oriented Exclusions

1. Related in any way to birth defects, hereditary conditions and Congenital Disorders, including any conditions arising out of or resulting therefrom.
2. Any service, supply, drug, treatment or procedure, that either diagnosis, promotes or prevents conception, insemination or birth, including without limitation, artificial insemination, contraceptives, treatment for infertility or impotency, vasectomy or reversal of vasectomy, sterilization or reversal of sterilization, surrogacy and abortion.
3. Resulting from or relating, directly or indirectly, to pregnancy, including without limitation, pre-natal care, delivery, post-natal care, care of Newborns, complications of pregnancy, miscarriage, complications of delivery and/or complications related to Newborns.
4. Any service, supply, drug, treatment or procedure that either diagnoses, promotes, enhances or corrects or attempts to diagnose, promote, enhance or correct impotency or sexual dysfunction.
5. Diagnosis and/or treatment of Sexually Transmitted Diseases.
6. Diagnosis and/or treatment of fungal, viral or bacterial skin infection or inflammatory skin conditions, including without limitation, dermatitis, acne, rosacea, hives, rash, eczema, psoriasis, folliculitis, moles, warts, skin tags, herpes (including HSV-1 and HSV-2) carbuncle, furuncle, diseases of sebaceous glands, seborrhea, and hypertrophic and atrophic conditions of skin.
7. Non-Surgical care, diagnosis and/or treatment or supplies for 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, corns, calluses or toenails. This Exclusion does not apply to treatment of an Injury to the foot due to a covered Accident.
8. Diagnosis and/or treatment of Mental Health Disorders unless expressly herein included.
9. Weight modification or any Inpatient, Outpatient, Surgical Procedure or other treatment of obesity (including morbid obesity), including without limitation, diagnostic tests and procedures, wiring of the teeth, 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.
10. Modifications of the physical body in order to change or improve or attempt to change or improve the psychological, mental or emotional well-being of the Insured Person, including without limitation, sex-change Surgery and Surgery relating to sexual performance or enhancement thereof.
11. Eyeglasses, contact lenses, hearing aids or hearing implants and any diagnostic test or procedure, treatment, service or supply, or



- examination or fitting related to these devices or for eye refraction for any reason.
12. Orthoptics, visual eye training, and eye Surgery, such as radial keratotomy, when the primary purpose is to correct nearsightedness, farsightedness or astigmatism.
  13. Diagnosis and/or treatment of the temporomandibular joint, including without limitation, TMJ syndrome, craniomandibular syndrome, chronic TMJ pain, orthognathic Surgery, Le-Fort Surgery or splint.
  14. 14. Routine Physical Exams and treatment, including without limitation, vaccinations, immunizations, annual check-ups, the issue of medical certificates and attestations, and examinations as to suitability for employment, travel or any activity.
  15. Diagnosis and/or treatment of Substance Abuse or addiction or conditions that may be attributed Substance Abuse or addiction and direct consequences thereof.
  16. Surgeries, treatments, services or supplies for cosmetic or aesthetic reasons, except for reconstructive Surgery when such Surgery is Medically Necessary and directly related to and/or follows Surgery which was covered hereunder.
  17. Diagnosis and/or treatment of any sleep disorder, including without limitation, sleep apnea.
  18. Diagnosis and/or treatment of any infection of the urinary tract, including without limitation, infection of the kidney, ureter, bladder, prostate or urethra, and any complication, medical condition or other illness resulting from or relating, directly or indirectly thereto, that occurs within ninety (90) days of the Certificate Effective Date and that requires treatment of the Insured Person in a Hospital as an Inpatient.
  19. Treatment required as a result of complications or consequences of a treatment or condition not covered hereunder.
  20. Services, supplies, or treatment for hair loss, including without limitation, wigs, hair transplants or any drug that promises to promote hair growth, whether or not prescribed by a Physician.
  21. Organ or tissue or other transplants and/or related services and supplies and for any efforts to keep a donor alive for a transplant procedure.
  22. Any artificial or mechanical device designed to replace human organs temporarily or permanently after termination of Inpatient status.
  23. Accidental Death and/or Accidental Dismemberment resulting from or relating, directly or indirectly, or where there is a contribution from any of the following: (a) bodily or mental infirmity, illness or disease; or (b) infection, other than infection occurring simultaneously with and as a direct result of the Accidental Injury.
  24. Testing, serologic or otherwise, for the HIV virus, AIDS, and/or AIDS related illnesses.
  25. For an Insured Person who was HIV+ on or before the Certificate Effective Date, whether or not the Insured Person had knowledge of their HIV status prior to the Certificate Effective Date, and incurred in relation to or arising or resulting directly or indirectly from the HIV virus, AIDS, AIDS related illnesses, and/or any other illness arising or resulting from any complications or consequences of any of the foregoing.

#### **Provider-oriented Exclusions**

1. Cryogenic preservation and implantation or re-implantation of living cells.
2. Telephone consultations, except Virtual Medicine Consultations through an approved telemedicine protocol system, or failure to keep a scheduled appointment.
3. Incurred while confined primarily to receive Custodial Care.
4. Educational or Rehabilitative Care.
5. Speech, vocational, occupational, biofeedback, acupuncture, recreational, sleep or music therapy, holistic care of any nature, massage and kinesitherapy
6. Exercise or fitness programs or equipment, whether or not prescribed or recommended by a Physician.
7. 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, preventative and prophylactic Surgeries recommended by genetic testing and/or any procedures used to determine genetic pre-disposition, genetic counseling, or administration of gene therapy.

8. 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.
9. Nonprescription drugs, medicines, vitamins, food extracts, or nutritional supplements; IV vitamin or herbal therapy, drugs or medicines not approved by the US Food and Drug Administration, or which are considered "off-label" drug use, and for drugs or medicines not prescribed by a Physician.

#### **Geographic Exclusions**

1. Resulting from or relating, directly or indirectly, to epidemics, pandemics, public health emergencies, Natural Disasters or other disease outbreak conditions that may affect a person's health that are sustained and/or incurred in a location for which a US Department of State Level 4 (do not travel) warning was issued or in effect within the thirty (30) days prior to the Insured Person's arrival to said location. This exclusion also applies in the event the US Department of State issues a Level 4 (do not travel) warning after the Insured Person's arrival to said location and the Insured Person fails within a reasonable time, based on availability of appropriate transportation, and in no event more than fifteen (15) days (unless approved in advance by Underwriters) or refuses to heed such warning and thereafter remains in the affected location.
2. Resulting from or relating, directly or indirectly, Any Act of Terrorism that takes place in a location for which a Travel Warning or Emergency Travel Advisory related to an actual or potential Act of Terrorism was issued or in effect within the one hundred eighty (180) days prior to the Insured Person's arrival to said location. This exclusion also applies in the event a Travel Warning or Emergency Travel Advisory related to an actual or potential Act of Terrorism is in effect on or after the Insured Person's arrival to said location and the Insured Person fails within a reasonable time, based on availability of appropriate transportation, and in no event more than fifteen (15) days (unless approved in advance by Underwriters) or refuses to heed such warning and thereafter remains in the affected location.
3. Incurred in the Insured Person's Home Country except as specifically provided for herein.

#### **Activity-oriented Exclusions**

1. Resulting from or occurring during the commission of a violation of law by the Insured Person, including without limitation, engaging in an illegal occupation or act, but excluding minor traffic violations.
2. Resulting or relating, directly or indirectly, from willfully self-inflicted Injury or Illness and/or suicide or attempted suicide whether sane or insane.
3. Resulting or relating, directly or indirectly, from an Insured Person's operation of a any moving vehicle without possession of a valid vehicle operator's license if licensure is required by local authorities and except while participating in a drivers' education program. If the Marine Activities Option is in effect, this exclusion does not apply to Personal Watercraft that are operated without possession of a valid operator's license in locations where licensure is not required by local authorities.
4. Resulting or relating, directly or indirectly, from an Insured Person entering into or alighting from, operating or riding as a passenger on any motorized vehicle not designed primarily for and licensed for (if licensure is required by local authorities) use on public streets, highways or waterways. This exclusion does not apply to Personal Watercraft while operating in locations where licensure of Personal Watercraft is not required by local authorities if the Marine Activities Option is in effect.
5. Resulting or relating, directly or indirectly, from an Insured Person's operation of any moving vehicle, after consumption of intoxicating liquor or drugs in excess of the applicable legal blood/alcohol limit, other than drugs taken in accordance with a prescription and as directed by a Physician. For purposes of this Exclusion, "moving vehicle" shall include without limitation, 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.

6. Resulting or relating, directly or indirectly, from the Insured Person's participation in Contact Sports. This exclusion does not apply to School Sports if the School Sports option is in effect.
7. Resulting or relating, directly or indirectly, from the Insured Person's participation in Professional Athletics.
8. Resulting or relating, directly or indirectly, from the Insured Person's participation in Extreme Sports. This exclusion does not apply to the Extreme Sports specifically included as Covered Water Sports If the Marine Activities Option is in effect.
9. Resulting or relating, directly or indirectly, from the Insured Person's participation in Adventure Sports unless the person has purchased the Adventure Sports Option. If the Insured Person has purchased the Marine Activities Option, this exclusion does not apply to Adventure Sport(s) specifically included as Covered Water Sports.
10. Downhill or cross-country snow skiing or snowboarding undertaken in violation of applicable laws, rules or regulations or away from prepared and marked in-bound, patrolled territories or against the advice of the local ski school or local authoritative body. This exclusion applies to all individuals including those who have purchased the Adventure Sports Option.
11. Scuba-diving or sub-aqua pursuits if, during the immediately preceding twelve (12) months, the Insured Person (i) has been treated as an Inpatient for any Mental Health Disorder, (ii) is on the waiting list or scheduled for Inpatient treatment in a Hospital or any other medical facility, (iii) is pregnant or (iv) has been given a terminal prognosis. This exclusion applies to all individuals including those who have purchased the Adventure Sports Option or the Marine Activities Option.
12. Scuba-diving or sub-aqua pursuits at night or where a speargun or similar device is carried or used. This exclusion applies to all Insured Persons, including those who have purchased the Adventure Sports Option or the Marine Activities Option.
13. Resulting or relating, directly or indirectly, from the Insured Person's participation in Covered Water Sports, unless the Marine Activities Option is in effect.
14. Resulting or relating, directly or indirectly, from the Insured Person's participation in any sports or athletic or recreational activity 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 activity or in disregard or against the recommendations of a Physician or other healthcare professional.
15. Resulting or relating directly or indirectly from the Insured Person's participation in any athletic activity involving any type of competition or record-breaking or training for such. This Exclusion does not include School Sports if the School Sports Option is in effect.
2. Any loss, damage, or claim arising or resulting from hunting, the use of any firearms, fireworks, explosives, welding equipment, propane tanks, or other flammables, deadly weapons, or hazardous implements.
3. The pursuit of any trade, business, profession, or employment activity including without limitation the consequences of any breach, violation, or failure to perform any contractual undertakings or obligations of the Insured Person whether verbal or in writing.
4. Ownership, possession, control, or occupation of any land or building, or use of any automobile, motorcycle, ATV, off-road vehicle, watercraft, aircraft, parachute, parasail, glider, or any other motorized, gravity-induced, or self-propelled vehicle or craft of any kind.
5. Resulting from any fire, flood, wind, hail, water leak, gas leak, explosion, or other catastrophe or loss occurring in or about the residence or premises of any Relative, or in or about the residence or any other premises of which the Insured Person is the owner, lessee, invitee, licensee, occupant, or resident or in or about any residence or premises which are contiguous or adjacent to any of the foregoing residences or premises.
6. Gross negligence, fraud, bad faith, assault and battery, domestic disputes, and all other intentional torts or actions based or sounding in tort without regard to how named or presented.
7. Any collusion, conspiracy, deceit, or other fraudulent scheme or artifice to defraud or other fraudulent means or methods.
8. Fines, penalties, assessments, or claims by any governmental authorities or regulatory bodies including traffic fines or traffic violations or parking tickets, and the costs, fees, or expenses incurred by the Insured Person as a witness, custodian, or in any other non-party status in connection with responding to any order to appear in court, subpoena, subpoena duces tecum, notice of deposition, or any other nonparty legal or administrative proceeding or activity.
9. All non-compensatory damages including, without limitation, damages imposed as a punishment, punitive or exemplary damages, consequential damages, lost profits, criminal damages, excessive damages, expectancy damages, incidental damages, liquidated damages, presumptive damages, prospective damages, special damages, speculative damages, statutory damages, double, treble or other multiples of damages, and/or unliquidated damages, and all claims and damages for pain and suffering, loss of consortium, physical discomfort, mental or emotional distress, trauma, disfigurement, dismemberment, loss of use, or scarring.
10. Contractual or employer's liability or worker's compensation claims.
11. Animals or pets belonging to the Insured Person or any Relative, or in the care, custody, or control of the Insured Person or any Relative
12. Arising or occurring while the Insured Person is, to any extent, under the influence of alcohol or drugs or due to the Insured Person's use of drugs, prescription medicines, narcotics, or tranquilizers not medically prescribed for the Insured Person by a licensed Physician.
13. Caused by the Insured Person's suicide or attempted suicide.
14. The Insured Person's participation in gambling, gaming, or betting of any kind.
15. During the practice or participation of sports, Recreational endeavors, or athletics either as a professional, amateur or novice, unless performed solely for Recreational purposes or during high school activities. This includes without limitation Contact Sports, Extreme Sports, Adventure Sports, Covered Water Sports or Professional Sports.
16. Occurring when the Insured Person is a passenger in an aircraft other than a commercial aircraft.
17. Judgments or damage awards that have not been ordered, declared, or entered within twelve (12) months from the date of the act, omission, occurrence, or event causing personal Injury or property damage or within twelve (12) months from the date of termination of coverage under the Certificate, whichever is earlier.
18. Any lawsuit, claim for benefits, enforcement action, complaint, or other civil or administrative proceeding of any kind brought by or on behalf of the Insured Person or any third person or Relative against Underwriters or the Plan Administrator including, without limitation, any lawsuit or proceeding alleging breach of contract, bad faith, or any tortious conduct of any kind, seeking equitable or declaratory relief, or otherwise seeking the recovery, enforcement or effectuation of any benefits or coverages under this insurance.

#### **Dental Exclusions**

1. Resulting or relating, directly or indirectly, from wear and tear of teeth due to cavities and/or chewing or biting down on hard objects such as, but not limited to, pencils, ice cubes, nuts, popcorn and hard candies.
2. For Traumatic Dental Treatment resulting from a covered Accident, performed in a Hospital, unless the Insured Person sustained associated face, skull, neck and/or jaw Injury.
3. For Dental Treatment relating, directly or indirectly, to oral care and maintenance, including without limitation, tooth repair by fillings, root canals, tooth removals and x-rays.

#### **Personal Liability Exclusions**

Underwriters will not pay or reimburse the Insured Person or any third person for any claims of any kind arising directly or indirectly from, happening through or as a consequence of:

1. Any criminal, fraudulent, deceptive, willful, reckless, malicious, or other unlawful acts or omissions committed by the Insured Person or any acts or omissions committed by the Insured Person in connection with the violation or breach of any laws, statutes, ordinances, legal orders, rules or regulations to which the Insured Person is subject or by which the Insured Person is bound. This includes, without limitation any criminal or disciplinary proceedings, charges, arrests, indictments, or arraignments of any kind.

19. Any loss, personal Injury, property damage, or other claim arising or resulting from any act, omission, failure to act, event or other occurrence committed or occurring at any time prior to or subsequent to the Certificate Period.
20. Any personal Injury, medical expense, damage or other loss suffered by a Relative except for damage to a Relative's personal property, which shall be limited to a maximum of \$2,500 and subject to the Deductible set forth in the Schedule

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.